



Australian Government

Australian Institute of
Health and Welfare

AIHW

People with disability in Australia

2020



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1. Summary



1. Summary

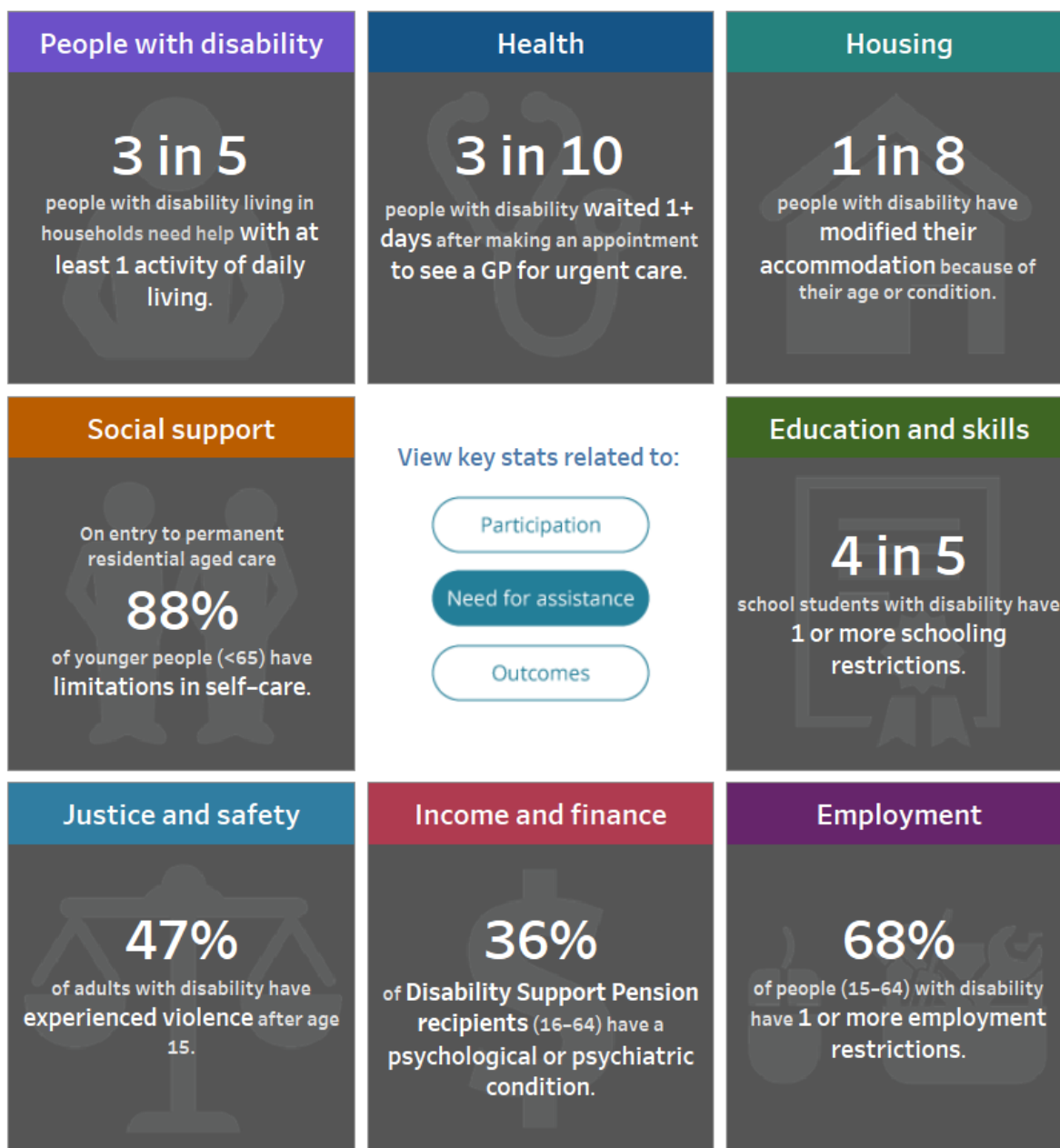
Like everyone, people with disability want a high quality of life. To achieve this, they seek access to, and pursue outcomes across, all areas of life, such as education, employment, healthcare, housing and justice.

While many people with disability routinely and actively participate in these areas, some face challenges doing so. This is influenced by factors such as the nature of the opportunities, services and assistance available to them; the accessibility of their environment; and their experiences of discrimination (see [Defining disability](#)).

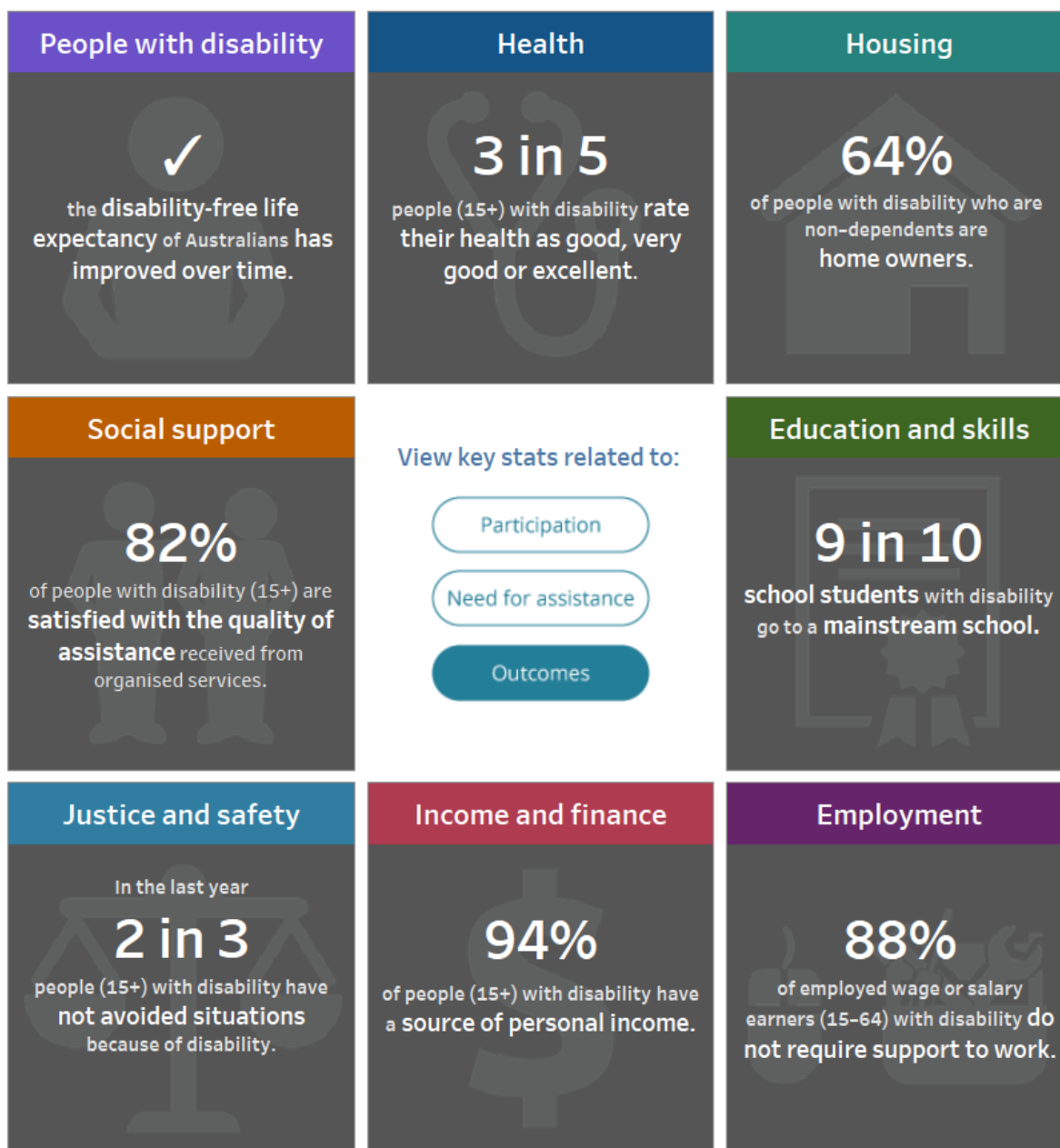
Living with disability in Australia



Living with disability in Australia



Living with disability in Australia



2. About this report



2. About this report

Disability affects many people, directly or indirectly. It may be a life-altering event or experience. It may have large or small effects on people's daily lives. Increasingly, disability is recognised as something that affects most people, to varying degrees and at different life stages. Disability is an umbrella term for impairments, activity limitations and participation restrictions; all of which can interact with a person's health condition(s) and environmental and/or individual factors to hinder their full and effective participation in society on an equal basis with others.

Capturing the diverse experiences of people with disability in a reporting context is challenging. People with disability are not a homogeneous group. They have different types and levels of disability; come from all demographic and socioeconomic groups; and interact, in varying degrees, with every aspect of life in Australia across a multitude of social policy and program areas. This is compounded by differing understandings of what disability is and how to best capture it in data.

2020 update

This web report was first released on 3 September 2019. It included a broad range of data from the 2015 Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC). In 2020, a major update to the web report was released. In the update, the 2015 SDAC data are replaced with data from the 2018 SDAC (including [199 supplementary data tables](#)).

Other updates performed in 2020 include:

- [introducing supplementary data tables](#) from the
 - National Disability Insurance Scheme
 - National Aged Care Data Clearinghouse
- updating data from the
 - Disability Services National Minimum Data Set
 - Australian Government Housing Data Set
 - National Housing Assistance Data Repository
 - Specialist Homelessness Services Collection
 - Nationally Consistent Collection of Data on School Students with Disability
 - Total Vocational Education and Training (TVET) Students and Courses Collection
 - Higher Education Student Data Collection
 - TVET Student Outcomes Collection
 - Student Experience Survey
 - Payment Demographic Data
 - Administrative income support data

- using data from the
 - Household Income and Labour Dynamics in Australia Survey
 - Youth Survey Disability Report
 - Graduate Outcomes Survey.

What this report does

This report uses the AIHW's person-centred reporting framework to draw together information from a range of sources to look at the experiences of people with disability in everyday life (see [Person-centred reporting framework](#)). In drawing this information together, the report also highlights key data gaps that need to be filled (see [Key data gaps](#)).

The report is part of a wider system of data and reporting about people with disability in Australia. As such, rather than duplicate other efforts, it refers readers to other resources throughout. This includes to the:

- Productivity Commission's annual [Report on Government Services](#)—information on equity, effectiveness and efficiency of government services in Australia relating to people with disability
- Department of Social Services—progress under the National Disability Strategy and National Disability Agreement (NDA)
- National Disability Insurance Agency's (NDIA) [quarterly reporting](#) on the National Disability Insurance Scheme (NDIS)—information on the NDIS in each jurisdiction.

The online report format makes it possible to readily update existing information and to add new content as data become available.

What this report does not do

This report does not include detailed information about several areas of significant interest to people with disability, their families and carers. This includes information about: carers; the disability workforce; the experiences of specific groups within the disability population; information on pathways and transitions (for example, from school to work); and interactions between different life areas in determining outcomes for people with disability.

Some of these areas will be covered in subsequent releases of this report. For some, however, little or no data are readily available and these will require data development or linkage of data before information can be reported (see [Key data gaps](#)).

This report was written using data collected before the COVID-19 situation emerged in Australia in early 2020. High quality data will be even more important in future as we seek to understand the impact on people with disability of the virus itself, the direct and indirect effects of the isolation requirements put in place in response to the virus, and the long-term economic and social impacts of the shutdown.

Person-centred reporting framework

Person-centred reporting is an opportunity to improve the evidence base around people with disability. It does this by placing the person at the core of understanding why experiences vary, even for people who may have similar conditions and support needs.

This report uses the AIHW's person-centred reporting framework. This framework summarises the broad areas across which people pursue life outcomes, and the common social policies and programs (both disability-specific and mainstream) related to everyday life (Figure ABOUT.1). The individual components may interact, and the level of interaction and associated outcomes will differ with individual circumstances and environmental factors (see [Defining disability](#)).

Figure ABOUT.1: Domains used in the AIHW person-centred reporting framework

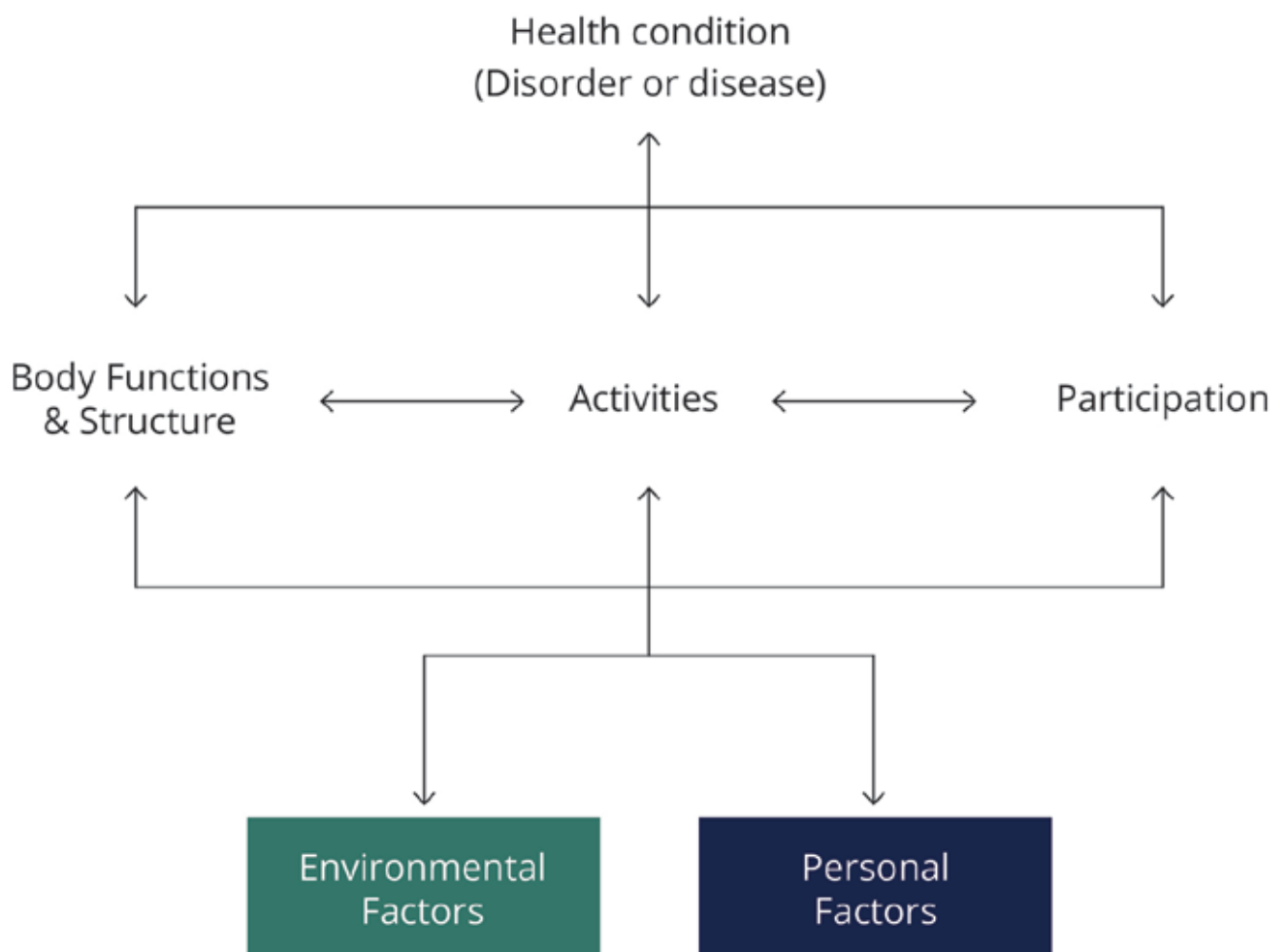


Defining disability

In Australia, many data collections identify disability based on concepts from the World Health Organization's (WHO) [International Classification of Functioning, Disability and Health](#) (ICF).

The ICF conceptualises a person's level of functioning, in terms of body functions and structures, activities and participation, as a dynamic interaction between their health condition(s) and environmental and/or personal factors (Figure ABOUT.2; WHO 2001). Disability is an umbrella term for impairments of body function or structure, activity limitations or participation restrictions.

Figure ABOUT.2: International Classification of Functioning, Disability and Health



Source: Modified from WHO 2001.

People experience different degrees of impairment, activity limitation and participation restriction. Disability can be related to genetic disorders, illnesses, accidents, ageing, injuries or a combination of these factors. Importantly, how people experience disability is affected by environmental factors—including the opportunities, services and assistance they can access—as well as by personal factors and community attitudes.

The definition and identification of disability used in each collection can vary, depending on the collection's type and purpose. For instance, definitions in population surveys vary between different types of surveys as well as from those used to determine eligibility for support services or payments. For example:

- the Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC) uses a comprehensive set of questions to determine disability and is considered the gold standard of disability identification in Australia
- other ABS surveys, such as the National Health Survey, use a shorter set of questions to identify disability (the Short Disability Module)
- the NDIS bases eligibility on a narrower concept of disability in terms of people who have a significant impairment to their functional capacity.

Some data collections, such as on hospital admissions, do not identify disability at all.

The incomplete and inconsistent identification of people with disability across data sources presents challenges to our understanding of disability, including the extent to which people with disability interact with mainstream and other services (see [Key data gaps](#)).

Definitions of disability used in this report

This report uses 21 sources of data on people with disability. The definition of disability and the population scope for each of these data sources is presented in the supplementary data table [Definitions of disability](#).

The most robust method is used by the ABS SDAC. The SDAC is a large survey designed to measure the entire spectrum of disability and has the most comprehensive measure. Disability identification and severity is established through more than 120 questions, progressing through a number of steps to first identify if a person has a disability and then, the severity of that disability.

References

WHO (World Health Organization) 2001. International Classification of Functioning, Disability and Health (ICF). WHO. Geneva. <https://www.who.int/classifications/icf/en/>

The disability policy environment

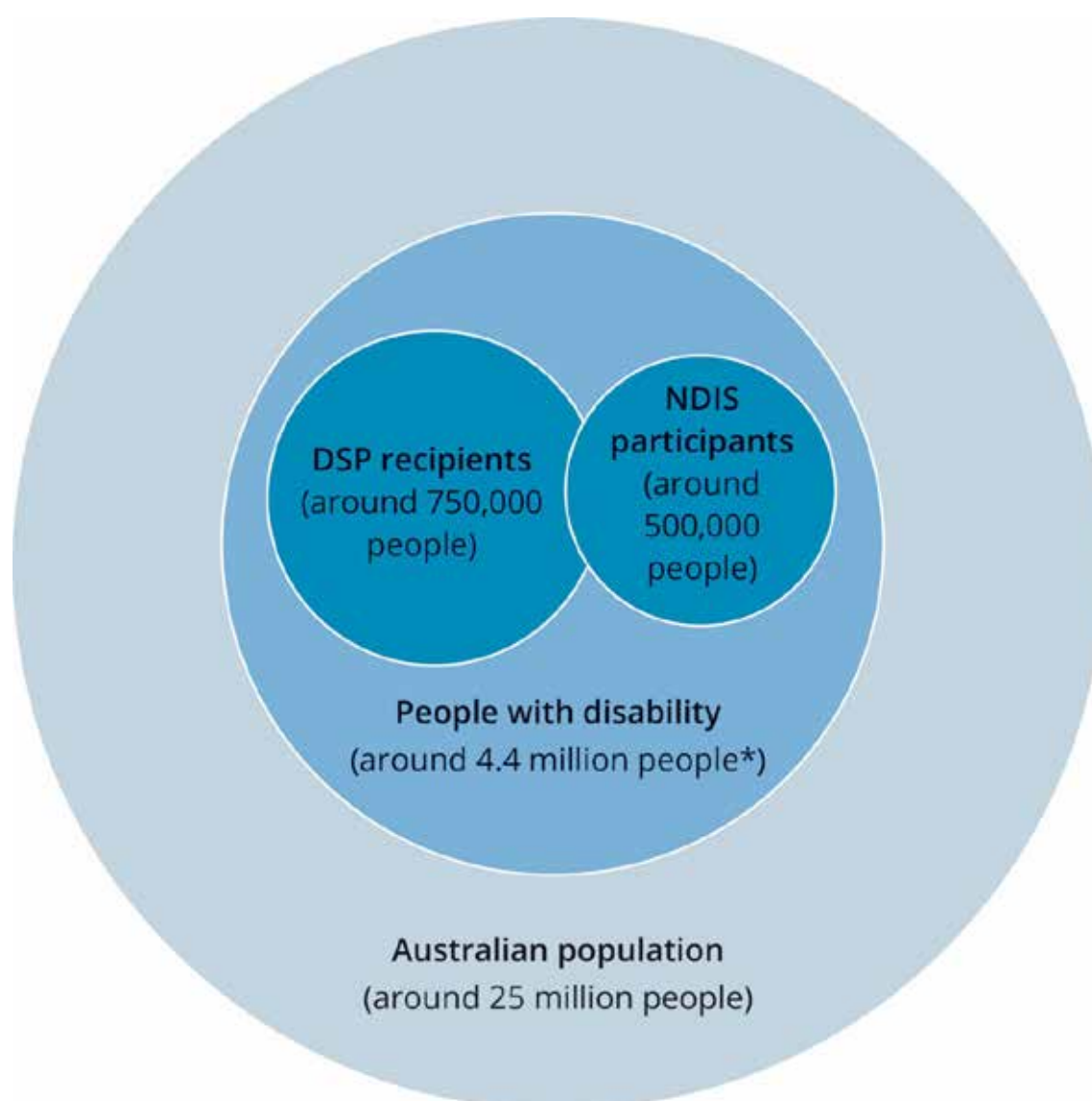
The disability policy environment has been significantly reviewed and changed in recent years, especially in relation to service delivery. This includes:

- consultation to replace the [National Disability Strategy 2010–2020](#)
- the implementation of the [National Disability Insurance Scheme \(NDIS\)](#)
- the establishment of the [NDIS Quality and Safeguards Commission](#)
- the Productivity Commission's (PC) [Review of the National Disability Agreement](#)
- the establishment of a [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#).

Common themes running through these changes and review recommendations include:

- the accessibility of mainstream services for people with disability
- the quality and safety of services in specialist and mainstream service settings
- the readiness of the market and workforce to deliver support services
- acknowledgment that specialist disability support services, such as those delivered through the NDIS, are only one part of a broader and interacting system of supports (see [Person-centred reporting framework](#) for examples of broader system components)
- recognition that improving the wellbeing of people with disability and their carers requires collaboration across multiple sectors and stakeholders, with responses that meet the needs of all people with disability, including, but not limited to, those accessing the NDIS (Figure ABOUT.3)
- the need to strengthen performance frameworks and reporting to more meaningfully measure progress in key wellbeing measures and the limitations of current data in supporting such measures.

Figure ABOUT.3: Key disability segments in the Australian population



*Of the 4.4 million people with disability, around 1.4 million have severe or profound disability.

DSP = Disability Support Pension

NDIS = National Disability Insurance Scheme

Note: People with disability may access specialist and/or mainstream services.

United Nations Convention on the Rights of Persons with Disabilities

Australia ratified the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD) in 2008. Its purpose is to 'promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all people with disabilities, and to promote respect for their inherent dignity' (UN 2008).

The National Disability Strategy is the main mechanism for the implementation of the UN CRPD in Australia. Its principles are also reflected in the [Australian Human Rights Commission Act 1986](#) and in the mechanisms for the delivery of services to people with disability (such as the NDA and NDIS).

National Disability Strategy

The National Disability Strategy (NDS) 2010–2020 is the mechanism under which the principles underpinning the UN CRPD are incorporated into policies and programs in Australia (DSS 2011).

The NDS covers all people with disability, irrespective of whether they need or use specialist disability services. In particular, the strategy is intended to drive improvements in access to mainstream services, to promote a more inclusive approach to the design of policies and programs, and to ensure that all people with disability can participate and fulfil their potential as equal citizens.

A [new NDS](#) to go beyond 2020 is being developed in consultation with stakeholders.

National Disability Insurance Scheme

In 2010, the Australian Government asked the Productivity Commission to carry out a public inquiry into a long-term disability care and support scheme. In July 2012, in response to the inquiry's final report, the Australian Government introduced the NDIS.

The NDIS fundamentally changes the way disability supports are provided and is widely regarded as a once-in-a-generation reform. Its key principles focus on improved outcomes for people with disability, their families and carers, driven by participant choice and control (NDIA 2018).

The NDIS provides 'reasonable and necessary supports' to help people with 'significant and permanent' disability. It is based on an insurance model, and each individual seeking access is assessed against common criteria. Eligible individuals receive a funding package to buy the supports identified in their individualised plan.

The NDIS has been progressively implemented by the National Disability Insurance Agency (NDIA) from 2013. At full implementation, it is expected to provide services to about 500,000 Australians (478,000 aged under 65).

NDIS Quality and Safeguards Commission

The NDIS Quality and Safeguards Commission (NDIS Commission) is an independent agency established in July 2018 to improve the quality and safety of NDIS supports and services.

On establishment, the jurisdiction of the NDIS Commission was New South Wales and South Australia. On 1 July 2019, the NDIS Commission's jurisdiction expanded to cover Queensland, Victoria, Tasmania, the Australian Capital Territory and the Northern Territory. The NDIS Commission will have full national coverage from 1 December 2020 when Western Australia transitions to its jurisdiction. The NDIS Commission replaces the disparate and varied state and territory regulatory arrangements and establishes a single national regulator responsible for provider registration, complaints, reportable incidents, oversight of behaviour support and compliance and enforcement. States and territories retain responsibility for implementing NDIS worker screening, the authorisation of restrictive practices and community visitor schemes.

National Disability Agreement

The NDA was first agreed by all states and territories and the Australian Government in 2008. It replaced earlier iterations of Australian Government and state and territory agreements for providing disability services.

The NDA sets out the roles and responsibilities for funding and providing specialist services. It is one of a series of agreements between the Australian and state and territory governments covering major areas like health, education and housing. These agreements provide a framework and measurement approach for tracking progress of agreed performance indicators.

In 2018, the PC conducted a [review into the NDA](#), releasing a study report in early 2019. Key findings included that:

- the NDA is no longer fit-for-purpose, with no apparent progress in improving outcomes for people with disability
- a revised NDA should have an overarching agreement for all aspects of disability policy, not just the provision of specialist disability services
- specialist disability services are not the only services people with disability require
- issues exist in the interface between specialist and mainstream services
- a gap analysis is needed for greater clarity around roles and responsibilities in delivering services to people with disability (PC 2019).

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

On 5 April 2019, the [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#) was announced. Its terms of reference cover what should be done to:

- prevent, and better protect, people with disability from experiencing violence, abuse, neglect and exploitation
- achieve best practice in reporting and investigating of, and responding to violence, abuse, neglect and exploitation
- promote a more inclusive society that supports the independence of people with disability and their right to live free from violence, abuse, neglect and exploitation.

The Commission covers all forms of violence against, and abuse, neglect and exploitation of, people with disability, in all settings and contexts.

References

DSS (Department of Social Services) 2011. National Disability Strategy 2010–2020. Canberra: DSS. <https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-disability-strategy-2010-2020>

NDIA (National Disability Insurance Agency) 2018. National Disability Insurance Agency annual report 2017–18. Geelong: NDIA. <https://www.ndis.gov.au/about-us/publications/annual-report>

PC (Productivity Commission) 2019. Review of the National Disability Agreement: Productivity Commission study report, January 2019. Canberra: PC. <https://www.pc.gov.au/inquiries/completed/disability-agreement/report>

UN (United Nations) 2008. From Concept to Reality: Promoting Universal Human Rights of Persons with Disabilities. Viewed 24 August 2020, <https://www.un.org/development/desa/disabilities/from-concept-to-reality-promoting-universal-human-rights-of-persons-with-disabilities.html>

WHO (World Health Organization) 2001. International Classification of Functioning, Disability and Health (ICF). Geneva: WHO. <https://www.who.int/classifications/icf/en/>

3. People with disability



3. People with disability

The disability population is diverse. It encompasses people with varying types and levels of disability across all socioeconomic and demographic groups.

Knowing how many people in Australia have disability, and their characteristics, can improve our understanding of how the experiences of people with disability vary. It also helps to plan and provide the supports, services and communities that enable people with disability to participate fully in everyday life.

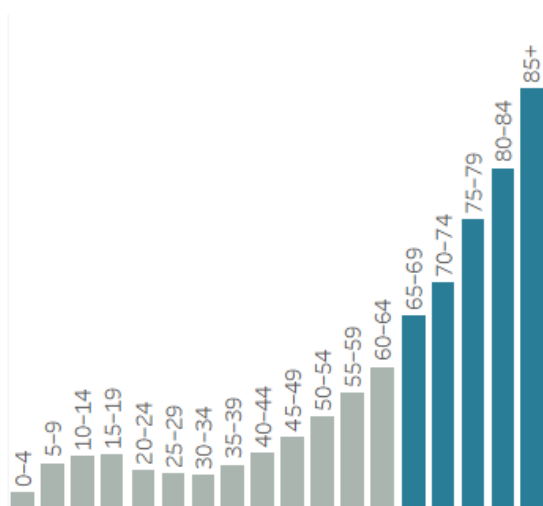
PREVALENCE OF DISABILITY

About

4.4 million

people have **disability**.

The **prevalence** of disability generally increases with age and more than doubles between the ages of 65 and 85+.

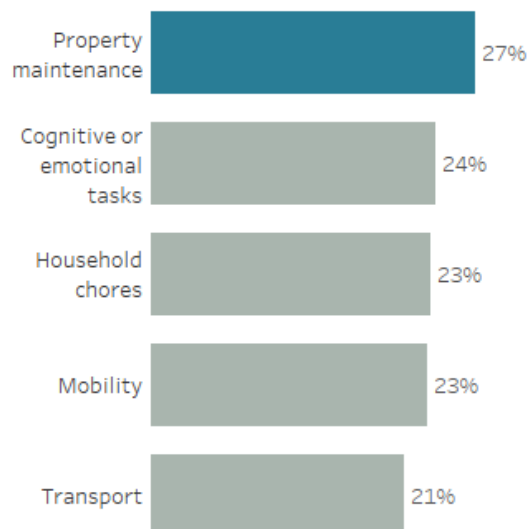


ACTIVITIES & ASSISTANCE

30%

of people with disability living in households **need help with health care**.

Help is also commonly needed with:



LIFE EXPECTANCY & DISABILITY

People born in 2018
can expect to live about

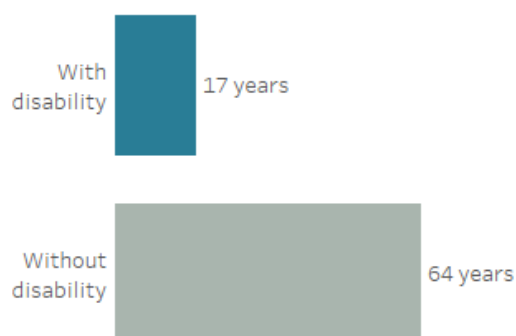
21%

of their lives with **some level of disability**.

Select sex

- ☒ Males
☐ Females

Males born in 2018 can expect to live 80.7
years. Of those years they can expect to live:



Prevalence of disability

1. 1 in 6 (18%) people in Australia have disability (about 4.4 million people).
2. 1 in 3 (32%) people with disability have severe or profound disability (about 1.4 million).
3. For 3 in 4 (77%) people with disability, their main form of disability is physical.
4. For 1 in 4 (23%) people with disability, their main form of disability is mental or behavioural.

Around 1 in 6 (18%) people in Australia—or about 4.4 million—have disability. This is also known as 'disability prevalence'. Another 22% of people in Australia have a long-term health condition but no disability, and the remaining 60% have no disability or long-term health condition (ABS 2019a).

What is disability prevalence?

Disability prevalence is the number or proportion of the population living with disability at a given time.

Prevalence rates can be age-specific (for a particular age group) or age-standardised (controlling for age, so that populations with different age profiles can be compared).

In this report we provide age-specific data on people with disability. This approach was selected to better allow comparison of people with and without disability.

What affects prevalence?

Factors including changes to population survival rates (such as increased or decreased life expectancy), as well as survival rates for specific health conditions, can affect disability prevalence. It can also be affected by the age at which a health condition first occurs, and remission and rehabilitation rates.

The rate estimated by the national Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC) can vary, even when the actual prevalence might not, because of changes in social attitudes, government policy and survey methods.

Why is understanding prevalence important?

Knowing how many people are affected by disability, and their characteristics, informs planning for providing services and building inclusive communities through practices and policies enabling people with disability to participate fully in society.

Nearly 1 in 3 (32%) people with disability—about 1.4 million or 5.7% of the Australian population—have severe or profound disability. This means sometimes or always needing help with daily self-care, mobility or communication activities (ABS 2019a).

Survey of Disability, Ageing and Carers

Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

While the number of people with disability has risen (from about 4.0 million in 2009), the prevalence rate has decreased over this period (from 18.5% in 2009 to 17.7% in 2018, or from an age-standardised rate of 17.7% in 2009 to 16.1% in 2018) (ABS 2019a). This indicates that the increase in the number of people with disability has been slower than the increase in the total population.

Where can I find out more?

Detailed data tables are available at [Data](#).

For information on:

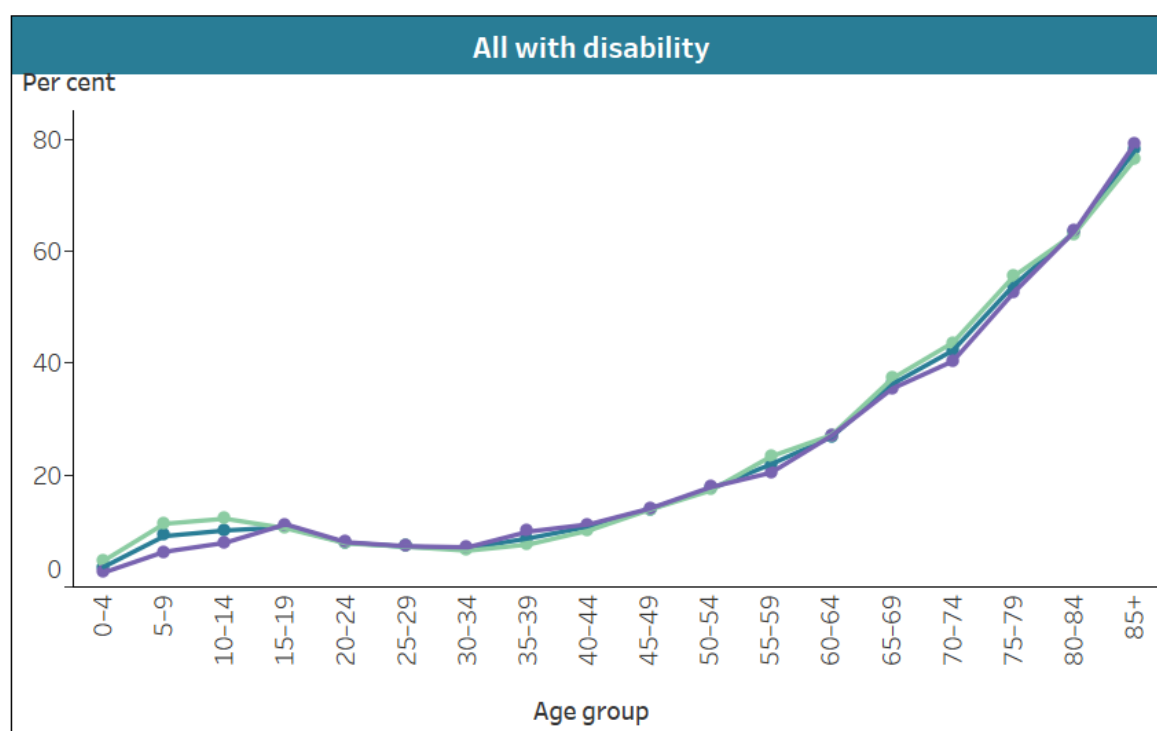
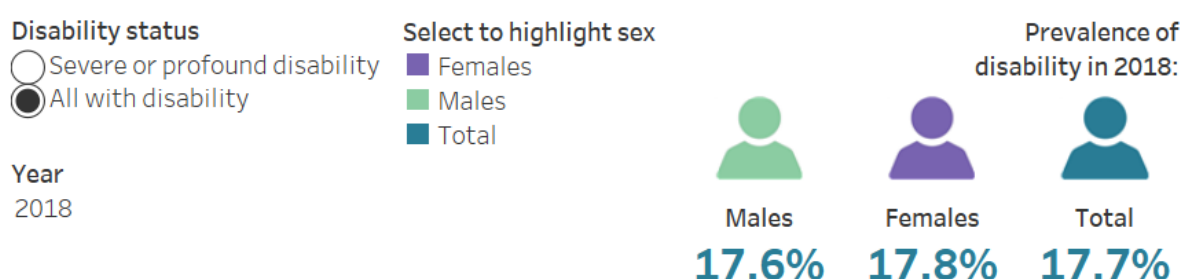
- prevalence of disability—[Prevalence](#)
- ABS SDAC—[ABS SDAC](#).

Sex and age

The prevalence of disability generally increases with age (Figure PREVALENCE.1). This means the longer people live, the more likely they are to experience some form of disability:

- 7.6% of children aged 0–14 years have disability
- 9.3% of people aged 15–24 years have disability
- 13% of people aged 15–64 years have disability
- 50% of people aged 65 years and over have disability (ABS 2019b).

Figure PREVALENCE.1: Prevalence of disability, by disability status, age group and sex, 2003, 2009, 2012, 2015 and 2018



Source: ABS 2019b; see also Table PREV2.
<http://www.aihw.gov.au>

The disability-free life expectancy of people in Australia (that is, the estimated years we can expect to live without disability) is increasing over time (see [Disability-free life expectancy](#) for more information).

Overall, the likelihood of experiencing disability varies by age but does not vary much by sex after childhood (Figure PREVALENCE.1):

- 9.5% of males and 5.7% of females aged 0–14 years have disability
- 9.2% of males and 9.5% of females aged 15–24 years have disability
- 13% of males and females aged 15–64 years have disability
- 49% of males and 50% of females aged 65 years and over have disability (ABS 2019b).

But when looked at by level of disability, differences can be seen among children and people in older age groups:

- 6.0% of males and 3.0% of females aged 0–14 years have severe or profound disability
- 3.6% of males and 3.3% of females aged 15–24 years have severe or profound disability
- 3.2% of males and females aged 15–64 years have severe or profound disability
- 15% of males and 20% of females aged 65 years and over have severe or profound disability (ABS 2019b).

The Australian population is ageing, with 16% of the population aged 65 and over (Figure PREVALENCE.2). Half (50%) of people aged 65 and over have disability. The increased prevalence in disability with age (Figure PREVALENCE.1), combined with the ageing population, leads to a large proportion (44%) of people with disability in Australia who are aged 65 and over (ABS 2019b).

Figure PREVALENCE.2: Population distribution, by disability status, age group and sex, 2018



Source: ABS 2019b; see also table PREV3.
<http://www.aihw.gov.au>

Main health condition

For about 3 in 4 (77%) people with disability, their main form of disability (that is, their main condition or the one causing the most problems) is physical. This includes diseases of the:

- musculoskeletal system and connective tissue (30%), such as back problems and arthritis
- ear and mastoid process (8.4%), such as hearing loss and tinnitus
- circulatory system (6.3%), such as heart disease and stroke
- nervous system (6.7%), such as cerebral palsy and multiple sclerosis (ABS 2019b).

For the remaining 1 in 4 (23%), their main form of disability is mental or behavioural, including:

- intellectual and developmental (6.5%), such as intellectual disability and autism
- mood affective (3.8%), such as depression
- dementia and Alzheimer disease (2.6%) (ABS 2019a, 2019b).

The rate (or prevalence) of disability within specific health conditions is not covered in this section. For information on this for selected chronic conditions see [Chronic conditions and disability](#).

What is the relationship between health conditions and disability?

The relationship between a health condition and a person's experience of disability is often complex.

Disability is a multi-dimensional concept that involves the interaction between a health condition and:

- environmental factors, such as community attitudes and access to services
- personal factors, such as a person's age and sex.

These factors interact with a health condition to have positive or negative influences on a person's ability to perform everyday activities and participate in community life. As such, people with similar health conditions can have quite different experiences of disability; and the same health condition may contribute to disability in one person but not in another.

For more information, see [Defining disability](#) and the World Health Organization's [International Classification of Functioning, Disability and Health](#) (ICF).

Causes of disability

The causes of disability are complex and often unidentified. The most common cause of disability is that the main condition 'just came on' (21%), followed by diseases, illnesses or hereditary conditions (15%) and accidents and injuries (12%).

Of the 1 in 8 people with disability who are disabled as a result of an accident or injury, the incident most commonly happened on the road (30%) or at work (29%), followed by at home (18%) and sporting venues (7.6%) (ABS 2019b).

References

Australian Bureau of Statistics (ABS) 2019a. Disability, ageing and carers, Australia: summary of findings, 2018. ABS cat. no. 4430.0. Canberra: ABS.
<https://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0>

ABS 2019b. Microdata: disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of TableBuilder data.

Activities people need help with

1. 1 in 3 (30%) people with disability living in households need help with health care.
2. 1 in 4 (27%) people with disability living in households need help with property maintenance.
3. 1 in 4 (23%) people with disability living in households need help with household chores.
4. 1 in 2 (48%) people with disability aged 5 and over living in households have a schooling or employment restriction.

People with disability may need assistance to participate in social and economic life. Knowing what these activities are can help with planning services and building inclusive communities.

Survey of Disability, Ageing and Carers

Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Three in 5 (60%) people with disability living in households need help with at least 1 of 10 activities of daily living (ABS 2019a). The most common are health care, property maintenance and household chores (Table ACTIVITIES.1).

Where can I find out more?

Detailed data tables are available at [Data](#).

For information on:

- ABS SDAC—[ABS SDAC](#).

Type of accommodation

The SDAC collects for people living in households and in cared accommodation.

Households

In the SDAC, households refer to private dwellings including self-cared accommodation for the retired or aged, and other private dwellings, including houses, flats, home units, garages, tents and other structures used as private places of residence.

Cared accommodation

Cared accommodation is usually long term and may be institutional in style. In the SDAC, cared accommodation includes hospitals, residential aged care, cared components of retirement villages, aged care hostels, psychiatric institutions, and other homes (such as group homes for people with disability). To be included the person must have been, or is expected to be, a resident of the cared accommodation for 3 months or more. The accommodation must include all meals for its occupants and provide 24-hour access to assistance for personal and/or medical needs (ABS 2019a).

The majority of people with disability live in households:

- 99% (or 2.4 million) aged 0–64 live in households and the remaining 0.6% (or 13,500) live in cared accommodation
- 91% (or 1.8 million) aged 65 and over live in households and the remaining 9.0% (or 174,000) live in cared accommodation (ABS 2019b).

Table ACTIVITIES.1: Type of activity people with disability living in households need help with, 2018 (%)

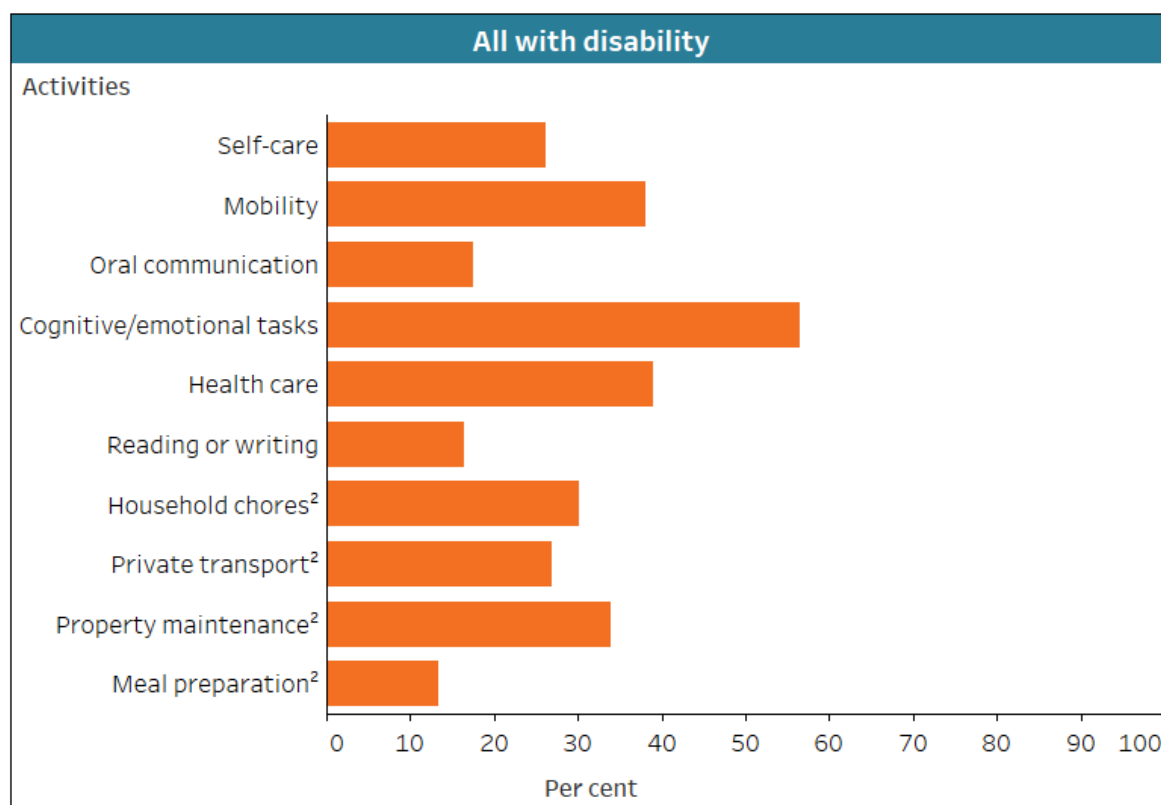
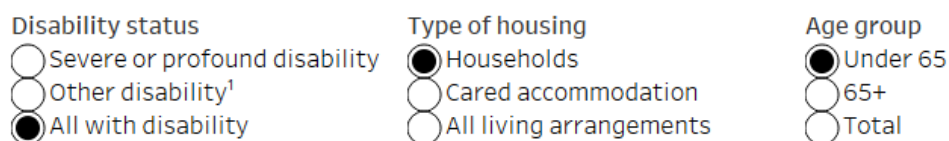
Type of activity	All with disability	Who need help with at least 1 activity
Health care	29.9	50.0
Property maintenance	27.1	45.3
Household chores	23.4	39.1
Mobility	23.0	38.5
Transport	21.1	35.4
Cognitive or emotional tasks	23.7	39.7
Self-care	15.2	25.4
Reading or writing tasks	9.5	15.8
Meal preparation	8.8	14.8
Communication	7.3	12.2

Source: ABS 2019a, 2019b.

People with disability living in cared accommodation (such as in residential aged care or hospital) usually have a higher need for assistance than those living in households. An estimated 91% of people with severe or profound disability living in cared accommodation, for example, always need help with at least 1 core activity (self-care, mobility or communication), compared with 48% of people with severe or profound disability living in households (ABS 2019b). See [Type of housing](#) for more information on people living in cared accommodation versus in households.

The types of support people with disability need vary according to their age, sex and level of disability (figures ACTIVITIES.1 and ACTIVITIES.2).

Figure ACTIVITIES.1: Activities where assistance is needed for people with disability who need help with at least 1 activity, by disability status, type of housing and age group, 2018



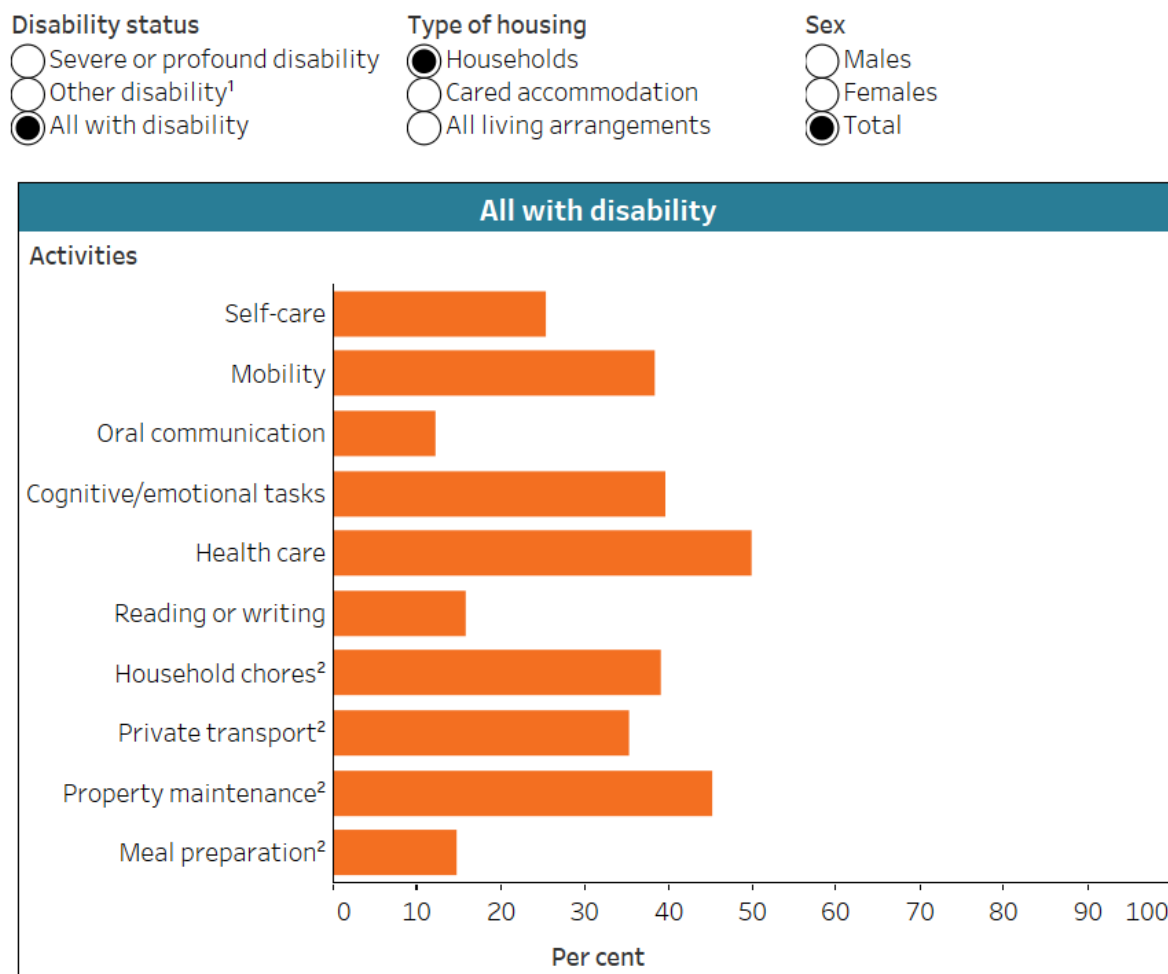
¹No data were collected for self-care, mobility and oral communication.

²Collected for people living in households only.

Source: ABS 2019b; see also tables ACTI1–ACTI3.

<http://www.aihw.gov.au>

Figure ACTIVITIES.2: Activities where assistance is needed for people with disability who need help with at least 1 activity, by disability status, type of housing and sex, 2018



¹No data were collected for self-care, mobility and oral communication.

²Collected for people living in households only.

Source: ABS 2019b; see also tables ACTI4–ACTI6.

<http://www.aihw.gov.au>

People with disability may also have restrictions that specifically make it difficult to participate in schooling or employment. For example, of people with disability living in households, an estimated:

- 1 in 2 (48%) aged 5 and over have a schooling or employment restriction
- 4 in 5 (80%) aged 5–18 who attend school have specific restrictions related to their schooling
- 1 in 2 (47%) aged 15–64 studying for a non-school qualification have specific restrictions related to education
- 2 in 3 (68%) aged 15–64 have specific restrictions related to employment (ABS 2019b).

What is an employment or schooling restriction?

Having a schooling or employment restriction means the person with disability experiences some level of difficulty, requires the assistance of another person, or needs aids or special equipment to participate in education or employment.

See [ABS SDAC](#) and [Education](#) and [Employment](#) for more information on people with schooling and employment restrictions.

References

ABS (Australian Bureau of Statistics) 2019a. Disability, ageing and carers, Australia: summary of findings, 2018. ABS cat. no. 4430.0. Canberra: ABS.

<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0>

ABS 2019b. Microdata: disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of TableBuilder data.

Disability-free life expectancy

1. Boys born in 2018 can expect to live 21% (17 years) of their overall life expectancy with some level disability.
2. Girls born in 2018 can expect to live 22% (19 years) of their overall life expectancy with some level of disability.
3. Men aged 65 in 2018 can expect to live 53% (11 years) of their remaining lives with some level of disability.
4. Women aged 65 in 2018 can expect to live 54% (12 years) of their remaining lives with some level of disability.

People in Australia are living longer. Our state of health in later years has important implications for population health and for Australia's health and care systems.

Life expectancy is a valuable indicator of overall population health. It measures how many years, on average, a person at any given age, can expect to live. However, life expectancy alone cannot provide insight into the quality of life during those years. For this reason, 'health expectancy' measures are often also used.

Health expectancy is a general term describing the expected years a person will spend in various health states—in this section, the estimated years spent living with and without disability.

Overall, the disability-free life expectancy of people in Australia—the estimated years we can expect to live without disability—has increased in recent years.

How do we measure life and health expectancy?

Life expectancy is one of the most common ways to measure and assess the population's overall health. It is expressed as the:

- number of years a newborn baby is expected to live, or
- expected years of life remaining for a person at a given age.

Life expectancy is estimated from population death rates. It is the number of years of life left for a person at a particular age if death rates do not change. For more information on life expectancy, see [AIHW life expectancy and deaths](#).

The estimates of health expectancies presented in this section are expressed using 4 main measures. These are the expected years of life lived:

- with disability (all levels)
- with severe or profound core activity limitation (a subset of years of life with disability)
- without disability (all levels)
- without severe or profound core activity limitation (a subset of years of life without disability).

These estimates have been calculated using the Sullivan Method (Sullivan 1971). Health expectancies calculated using this method are the average number of remaining years, at a particular age, a population can expect to live with different levels of disability or without disability.

For more information see [AIHW Life expectancy and disability in Australia: appendixes A–C](#). In this section, unpublished Australian Bureau of Statistics (ABS) abridged life tables are used with unpublished age- and sex-specific disability prevalence rates from the ABS' Survey of Disability, Ageing and Carers (SDAC).

It is important to note that disability does not necessarily equate to poor health or illness. Also, expected years living with disability should not be considered as being of less value than years without disability. For example, in the early stages of disability associated with paraplegia, a person might also experience poor health, but once their condition is stable, they might enjoy good health, particularly if they do not require medical services and can participate in many life areas.

Survey of Disability, Ageing and Carers

Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Where can I find out more?

Detailed data tables are available at [Data](#).

For information on the:

- disability-free life expectancy—[Disability-free life expectancy](#) and [AIHW Disability-free life expectancy](#)
- ABS SDAC—[ABS SDAC](#).

At birth

Boys born in 2018 can expect to live an average of around 81 years. Of this time, an estimated:

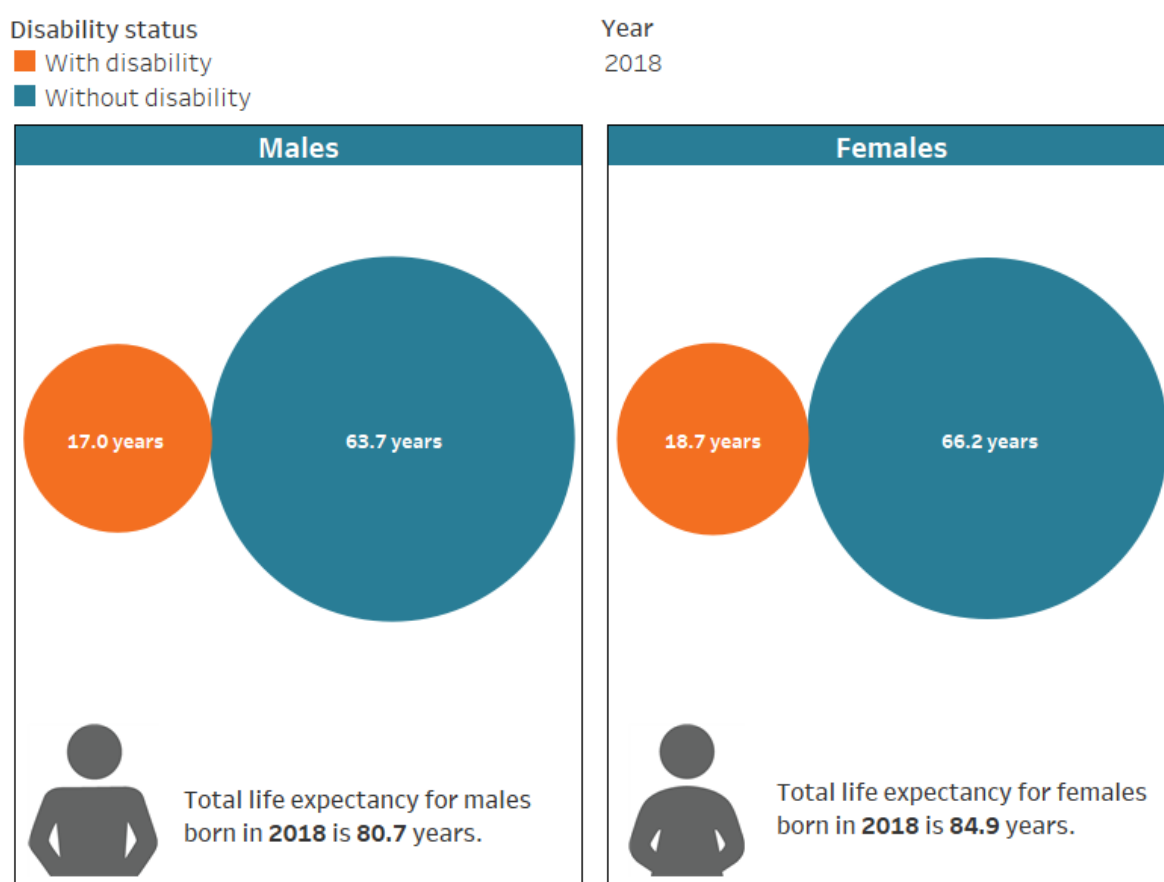
- 64 years will be lived free of disability (Figure LIFE EXPECTANCY.1)
- 17 years will be with some level of disability, including around 5.5 years with severe or profound disability (Figure LIFE EXPECTANCY.2).

Girls born in 2018 can expect to live an average of around 85 years. Of this time, an estimated:

- 66 years will be lived free of disability (Figure LIFE EXPECTANCY.1)
- 19 years will be with some level of disability, including around 7.2 years with severe or profound disability (Figure LIFE EXPECTANCY.2).

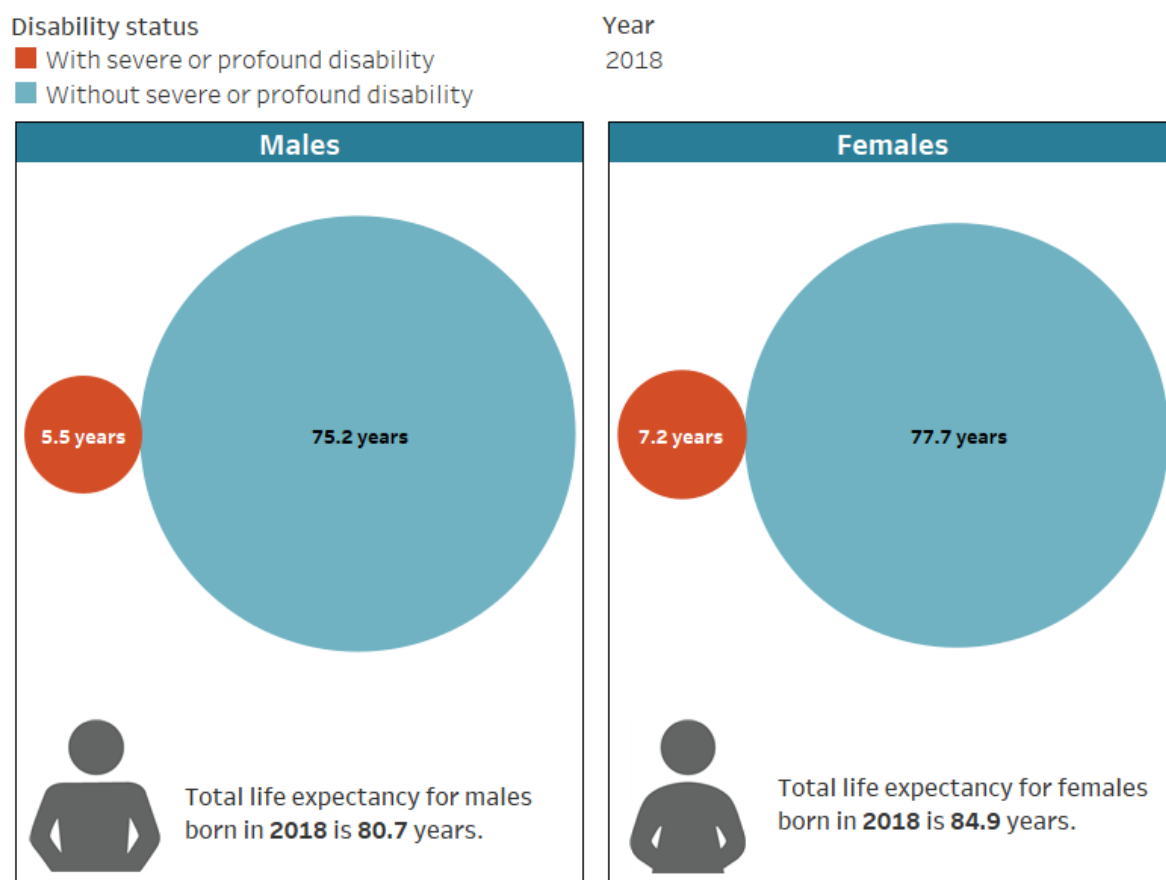
For people born in 2018, this equates to living around one-fifth of their life with some level of disability (21% for males and 22% for females).

Figure LIFE EXPECTANCY.1: The number of years a person can expect to live without and with disability, by sex, for people born in 2003, 2009, 2012, 2015 and 2018



Source: AIHW analysis of unpublished ABS SDAC 2003, 2009, 2012, 2015 and 2018 data; and of unpublished ABS abridged Australian life tables 2001–2003, 2007–2009, 2010–2012, 2013–2015 and 2016–2018; see also Table DFLE1.
<http://www.aihw.gov.au>

Figure LIFE EXPECTANCY.2: The number of years a person can expect to live without and with severe or profound disability, by sex, for people born in 2003, 2009, 2012, 2015 and 2018



Source: AIHW analysis of unpublished ABS SDAC 2003, 2009, 2012, 2015 and 2018 data; and of unpublished ABS abridged Australian life tables 2001–2003, 2007–2009, 2010–2012, 2013–2015 and 2016–2018; see also Table DFLE1.
<http://www.aihw.gov.au>

At age 65

Focusing on health expectancy at age 65 is a useful measure for monitoring healthy ageing within the population.

Men aged 65 in 2018 can expect to live, on average, another:

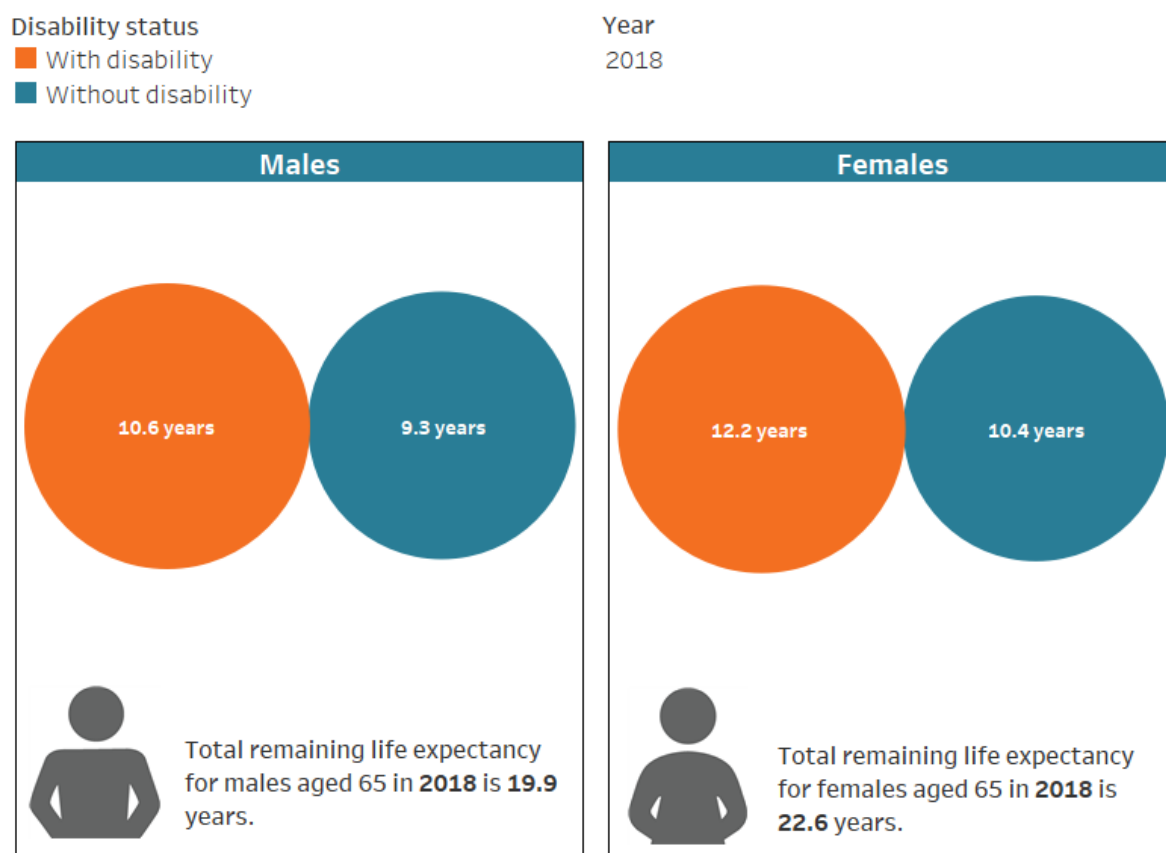
- 9.3 years without disability (Figure LIFE EXPECTANCY.3)
- 11 years with some level of disability, including around 3.5 years with severe or profound disability (Figure LIFE EXPECTANCY.4).

Women aged 65 in 2018 can expect to live, on average, another:

- 10 years without disability (Figure LIFE EXPECTANCY.3)
- 12 years with some level of disability, including around 5.5 years with severe or profound disability (Figure LIFE EXPECTANCY.4).

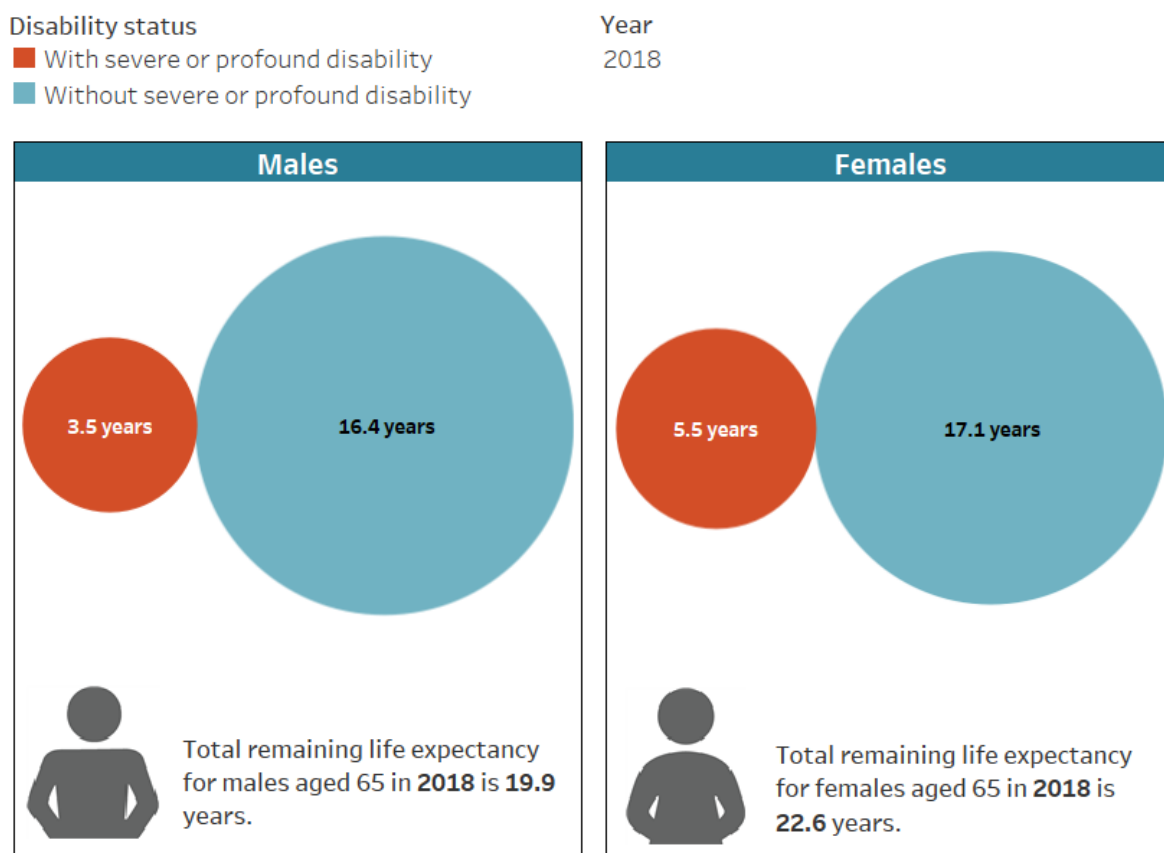
For people aged 65 in 2018 this equates to living just over half of their remaining lives with some level of disability (53% for men and 54% for women).

Figure LIFE EXPECTANCY.3: The number of years a person can expect to live without and with disability, by sex, for people aged 65 in 2003, 2009, 2012, 2015 and 2018



Source: AIHW analysis of unpublished ABS SDAC 2003, 2009, 2012, 2015 and 2018 data; and of unpublished ABS abridged Australian life tables 2001–2003, 2007–2009, 2010–2012, 2013–2015 and 2016–2018; see also Table DFLE2.
<http://www.aihw.gov.au>

Figure LIFE EXPECTANCY.4: The number of years a person can expect to live without and with severe or profound disability, by sex, for people aged 65 in 2003, 2009, 2012, 2015 and 2018



Source: AIHW analysis of unpublished ABS SDAC 2003, 2009, 2012, 2015 and 2018 data; and of unpublished ABS abridged Australian life tables 2001–2003, 2007–2009, 2010–2012, 2013–2015 and 2016–2018; see also Table DFLE2.
<http://www.aihw.gov.au>

Throughout life and over time

It is no surprise that, as individuals age, the number of years they have without disability reduces. Over time, however, the number of estimated years living without disability at any age has increased for men and women (Figure LIFE EXPECTANCY.5).

Men aged:

- 25–29 in 2003 can expect to live an additional 37 years without disability, increasing to 42 years for men of that age in 2018
- 50–54 in 2003 can expect to live an additional 17 years without disability, increasing to 20 years for men of that age in 2018
- 75–79 in 2003 can expect to live an additional 3.3 years without disability, increasing to 4.4 years for men of that age in 2018.

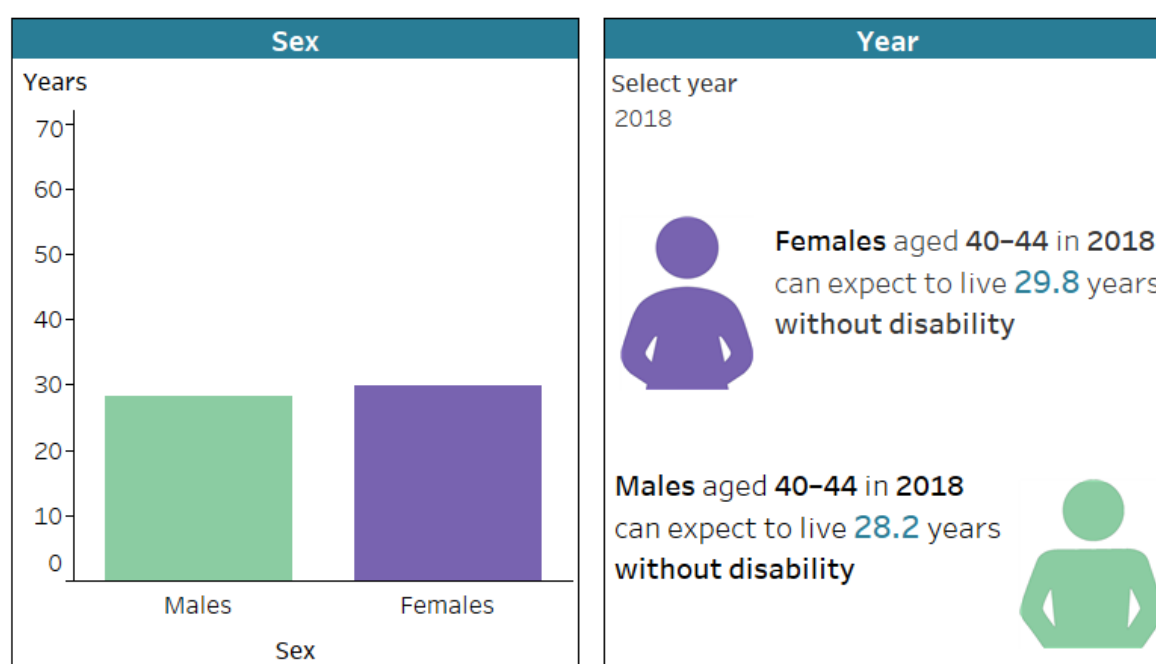
Women aged:

- 25–29 in 2003 can expect to live an additional 40 years without disability, increasing to 43 years for women of that age in 2018
- 50–54 in 2003 can expect to live an additional 18 years without disability, increasing to 21 years for women of that age in 2018
- 75–79 in 2003 can expect to live an additional 3.9 years without disability, increasing to 4.9 years for women of that age in 2018.

Figure LIFE EXPECTANCY.5: The number of years a person can expect to live without disability, by age in 2003 and age in 2018, and sex

Select an age group

40–44



Source: AIHW analysis of unpublished ABS SDAC 2003 and 2018 data; and of unpublished ABS abridged Australian life tables 2001–2003 and 2016–2018; see also Table DFLE3.
<http://www.aihw.gov.au>

Gender gap

The gender gap in the expected years living without:

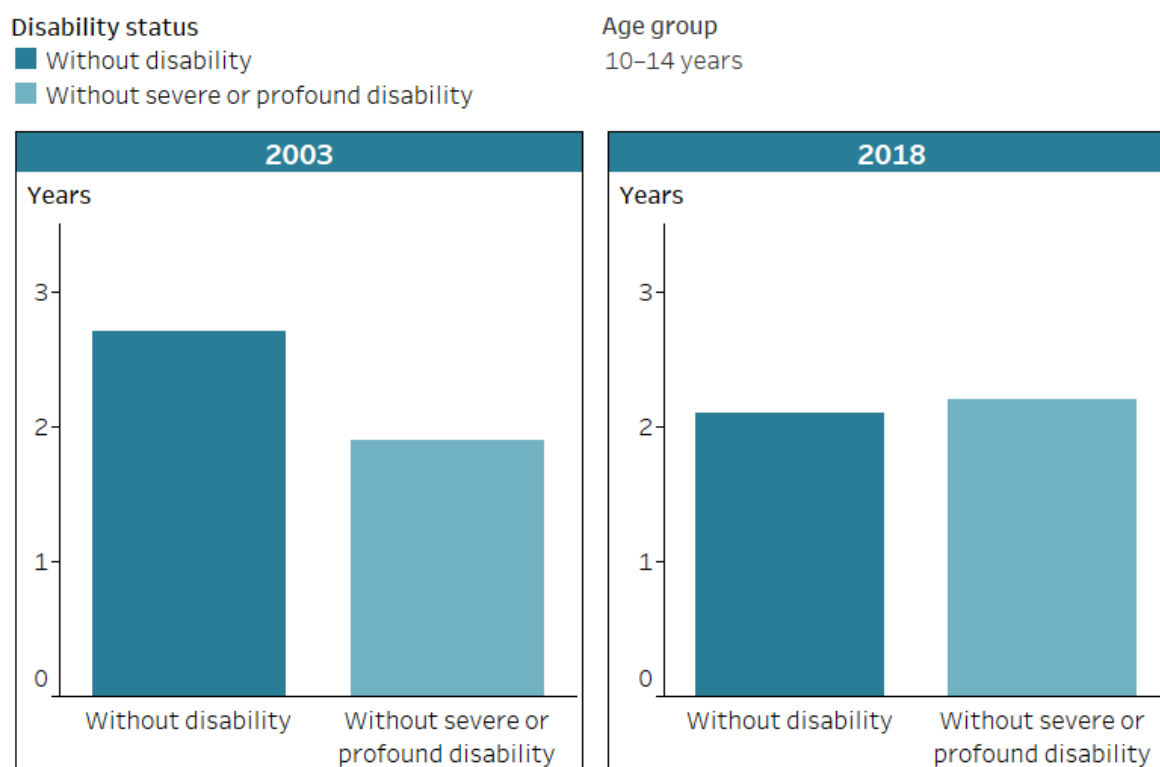
- overall disability narrowed in most age groups between 2003 and 2018
- severe or profound disability remained stable for most age groups (Figure LIFE EXPECTANCY.6).

This is likely the result of greater gains in life expectancy for men than for women over that period combined with known sex differences and changes in disability prevalence.

Gender gap in health expectancies

Gender gap in health expectancies is the number of years difference between the expected years for men and expected years for women.

Figure LIFE EXPECTANCY.6: The difference between males and females in number of years expected to live without disability and without severe or profound disability, by age in 2003 and age in 2018



Source: AIHW analysis of unpublished ABS SDAC 2003 and 2018 data; and of unpublished ABS abridged Australian life tables 2001–2003 and 2016–2018; see also Table DFLE4.
<http://www.aihw.gov.au>

Changes in disability prevalence over time

The expected years of living with and without disability have been estimated using the combined data sources of mortality (life tables) and disability prevalence rates. Because of this, examining patterns and changes in disability prevalence rates can shed light on the patterns and trends in health expectancies. See also [Prevalence](#) for more information.

Between 2003 and 2018, the crude rates of disability and of severe or profound core activity limitation generally decreased for both sexes, and especially for older people (aged 65 and over).

Because the likelihood of disability increases with age, and the age structure of a population may change over time, age-standardised rates allow for meaningful comparison of the underlying prevalence rate over time. Between 2003 and 2018, the age-standardised rates of disability and of severe or profound core activity limitation generally decreased, and particularly for older people (ABS 2019a).

Overall, while males made greater gains than females in terms of decreases in the overall prevalence of disability, females made greater gains in terms of decreases in severe or profound core activity limitation (ABS 2019b).

The average number of years of life expected in full health varies by socioeconomic level. People aged 65 living in the lowest socioeconomic areas can expect to have a shorter life expectancy and a smaller percentage of life in full health than those in the highest (more advantaged) socioeconomic areas (AIHW 2020).

References

Australian Bureau of Statistics (ABS) 2019a. Disability, ageing and carers, Australia: summary of findings, 2018. ABS cat. no. 4430.0. Canberra: ABS.

<https://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0>

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Australian Institute of Health and Welfare (AIHW) 2020. Australia's health 2020: data insights. Cat. no. AUS 231. Canberra: AIHW. doi:10.25816/5f05371c539f3

Sullivan DF 1971. A single index of mortality and morbidity. Health Services and Mental Health Administration Health reports 86(4):347–354.

4. Health

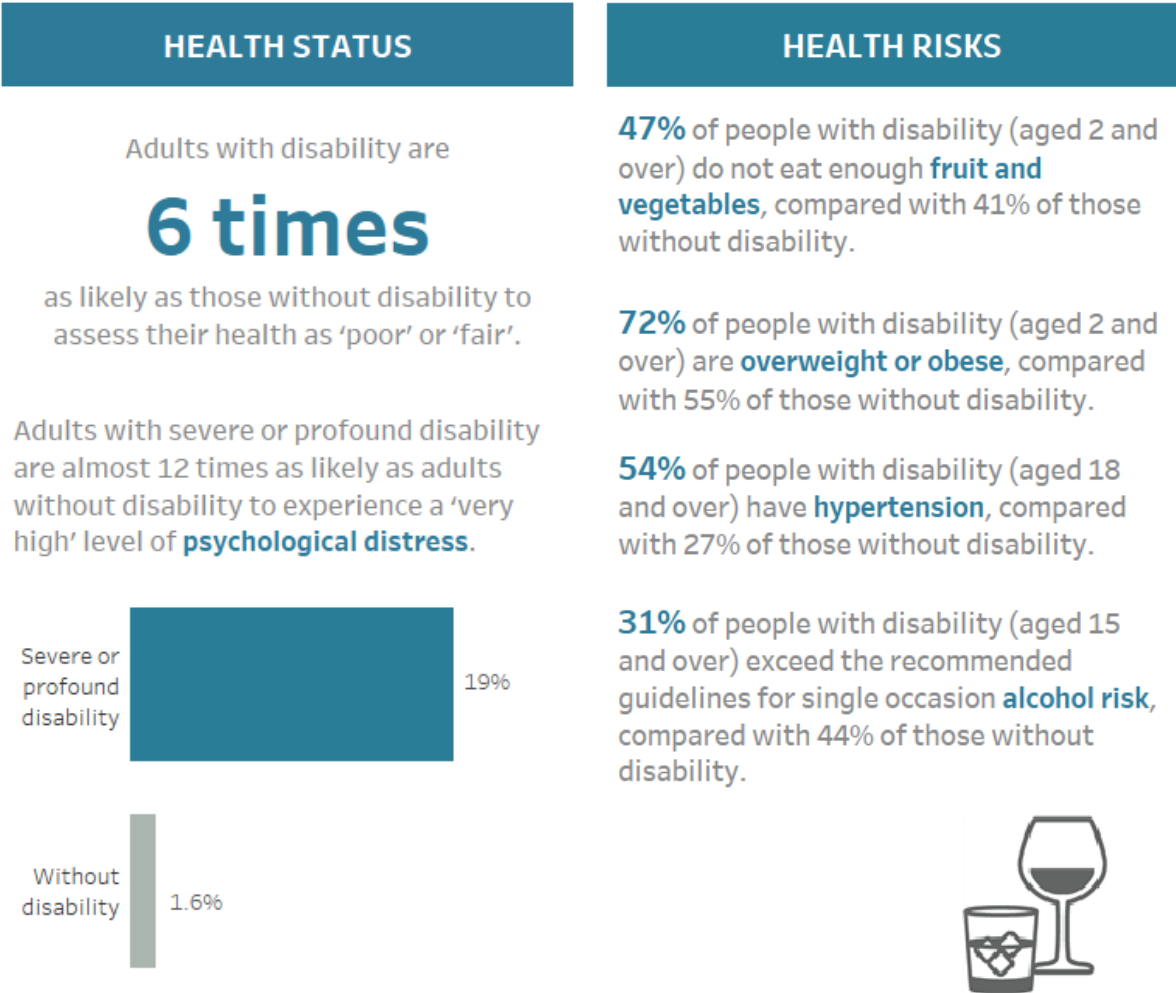


4. Health

Disability and health have a complex relationship. Long-term health conditions might lead to disability, and disability can contribute to health problems (see [Defining disability](#)). The nature and level of a person's disability can also influence their health. For example, it may limit access to, and participation in, social and physical activities.

In general, people with disability report poorer general health and higher levels of psychological distress than people without disability. People with disability also have higher rates of some modifiable health risk factors and behaviours, such as poor diet and tobacco smoking, than people without disability.

This domain explores aspects of health for people with disability, from health status, to health risk factors and behaviours, to use of health services, and barriers to accessing health services.

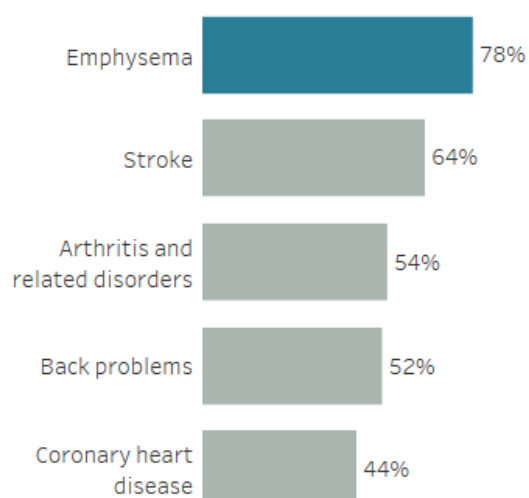


CHRONIC CONDITIONS

2.8 million

Australians with 1 or more of 8 selected **chronic conditions** also have disability.

Around 4 in 5 people with emphysema as their main chronic condition have disability.



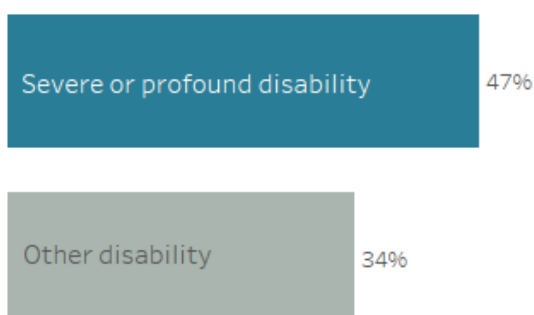
ACCESS TO HEALTH SERVICES

7.6%

of people aged 65 and under with disability delayed or did not see a GP when needed to because of cost.



People with severe or profound disability (47%) are more likely than other people with disability (34%) to see **3 or more health professionals** for the same condition.



Health status

1. 24% of adults with disability rate their health as excellent or very good (65% of adults without disability).
2. 42% of adults with disability experience a low level of psychological distress (70% of adults without disability).
3. 42% of adults with disability rate their health as fair or poor (7.0% of adults without disability).
4. 32% of adults with disability experience a high or very high level of psychological distress (8.0% without disability).

One way to measure health is to ask people how they feel about their health, their state of mind and their life in general. This section looks at the health status of people with disability based on 2 common survey tools:

- self-assessed health status
- Kessler Psychological Distress Scale (K10).

These indicate that people with disability experience poorer general health and higher levels of psychological distress than people without disability.

National Health Survey

The data used in this section are largely from the Australian Bureau of Statistics' (ABS) 2017–18 National Health Survey (NHS). The NHS was designed to collect information about the health of people, including:

- prevalence of long-term health conditions
- health risk factors such as smoking, overweight and obesity, alcohol consumption and physical activity
- demographic and socioeconomic characteristics (ABS 2018a).

The NHS uses the ABS' Short Disability Module to identify disability. While this module provides useful information about the characteristics of people with disability relative to those without, it is not recommended for use in measuring disability prevalence.

While the module applies similar criteria to that used to identify disability in the ABS' Survey of Disability, Ageing and Carers (SDAC), it uses a reduced set of questions and is not considered as effective in identifying disability. In particular, it overestimates the number of people with less severe forms of disabilities (ABS 2018b).

The Short Disability Module produces an estimate of disability known as 'disability or restrictive long-term health condition'. In this section, people with disability or restrictive long-term health condition are referred to as 'people with disability'.

The NHS considers that a person has disability if they have 1 or more conditions which have lasted, or are likely to last, for at least 6 months and restrict everyday activities.

Disability is further classified by whether a person has a specific limitation or restriction and then by whether the limitation or restriction applies to core activities or only to schooling or employment.

The level of disability is defined by whether a person needs help, has difficulty, or uses aids or equipment, with 3 core activities—self-care, mobility, and communication—and is reported for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

The NHS collects data from people in private dwellings and does not include people living in institutional settings, such as aged care facilities. It may underestimate disability for some groups, such as people aged 65 and over, and those with severe or profound disability.

ABS SDAC

The ABS SDAC also collects information on the health status of people with disability. It does not, however, for people without disability, so comparisons between people with and without disability cannot be made. Data using SDAC are included in the supplementary data tables for comparison.

Where can I find out more?

Detailed data tables are available at [Data](#).

More information on:

- health status of the general Australian population—[AIHW](#)
- ABS NHS—[ABS NHS](#) and [ABS NHS user guide](#)
- SDAC—[ABS SDAC](#).

General health

An estimated two-thirds (65%) of adults without disability consider their health as excellent or very good (Figure STATUS.1). This is not the case for people with disability, with only one-quarter (24%) rating their health as excellent or very good.

Self-assessed health status

Self-assessed health status is a commonly used measure of overall health in which a person is asked to compare their own health with others around them.

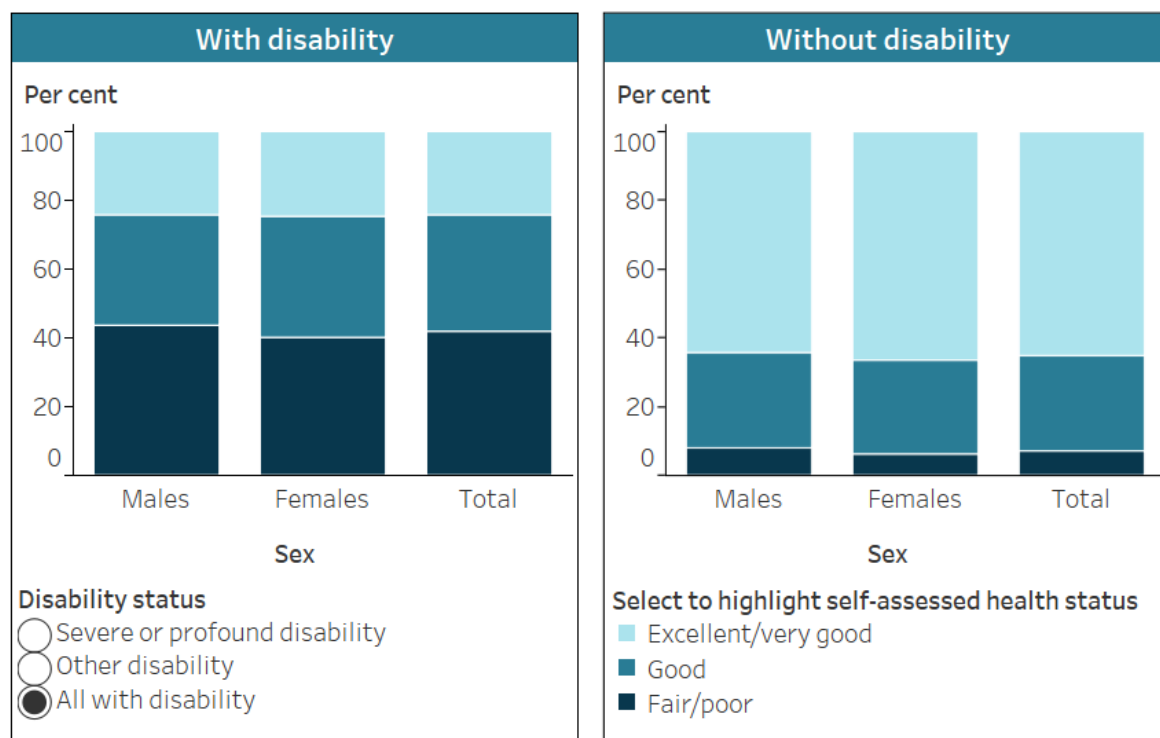
The measure reflects a person's perception of their own health at a given point and provides a broad picture of a population's overall health. It has some limitations, including being influenced by factors such as a person's access to health services (for example, to diagnosis and treatment), and level of education.

In the ABS NHS, self-assessed health status is collected for people aged 15 and over against a 5-point scale from excellent through to poor. The supplementary data tables accompanying this section include data for adults, as presented on this page, and those aged 15 and over.

Figure STATUS.1: Self-assessed health status¹ of adults, by disability status, age group and sex, 2017–18

Select to view by sex or age group

Sex



¹Self-assessed health status collected for people aged 18 and over living in households.

Source: ABS 2019; see also tables STAT4 and STAT5.

<http://www.aihw.gov.au>

In general, adults with disability rate their health as poorer than adults without disability:

- adults with disability (42%) are 6 times as likely as those without disability (7.0%) to assess their health as fair or poor
- adults with severe or profound disability (62%), are almost 9 times as likely as adults without disability (7.0%), and almost twice as likely as adults with other disability (37%) to assess their health as fair or poor
- men with disability (44%) are around 6 times as likely as men without disability (7.9%) to assess their health as fair or poor
- women with disability (40%) are around 7 times as likely as women without disability (6.0%) to assess their health as fair or poor (Figure STATUS.1).

There was little difference between health status of older (aged 65 and over) and younger (aged 18–64) adults with disability (Figure STATUS.1).

Mental health

Self-reported psychological distress is an important indication of the overall mental health of a population. Most (an estimated 70%) adults without disability experience a low level of psychological distress (Figure STATUS.2). This is not the case for adults with disability, of whom less than half (42%) experience a low level of psychological distress.

Kessler Psychological Distress Scale (K10)

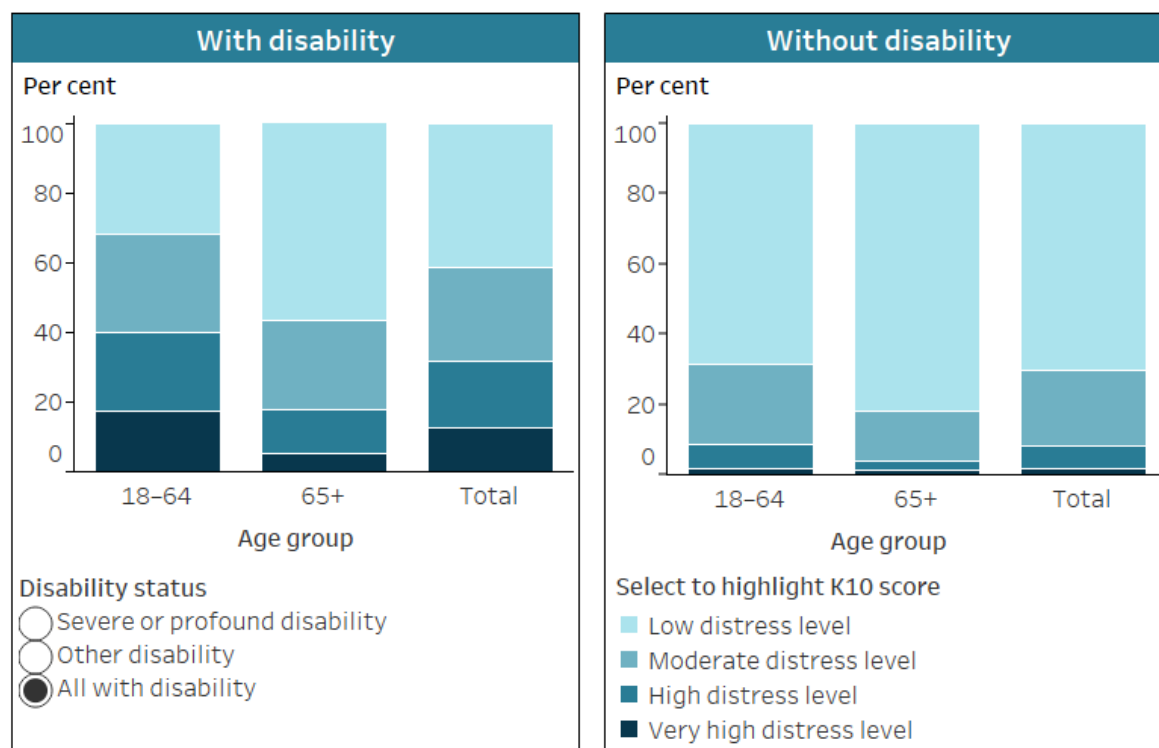
The Kessler Psychological Distress Scale (K10) is a set of 10 questions used to measure non-specific psychological distress in people. It uses a set of 10 questions about negative emotional states that participants in the survey may have experienced in the 4 weeks leading up to their interview. Higher levels of psychological distress indicate that a person may have, or is at risk of developing, mental health issues.

The ABS NHS K10 is collected for people aged 18 and over.

Figure STATUS.2: Psychological distress (K10 score)¹ for adults, by disability status, age group and sex, 2017–18

Select to view by age group or sex

Age group



* Relative standard error of 25–50% and should be used with caution.

¹K10 score collected for people aged 18 and over living in households.

Source: ABS 2019; see also tables STAT7 and STAT8.

<http://www.aihw.gov.au>

In general, adults with disability experience higher levels of psychological distress than those without disability. This is particularly true for those with severe or profound disability. For example, high or very high levels of psychological distress are more likely to be experienced by:

- adults with disability (32%), who are 4 times as likely as those without disability (8.0%)
- adults with severe or profound disability (40%), who are more likely than adults with other forms of disability (30%)
- men with disability (31%), who are around 5 times as likely as those without disability (6.8%)
- women with disability (32%), who are around 3 times as likely as women without disability (9.2%) (Figure STATUS.2).

Younger adults (aged 18–64) with disability are more likely to experience a higher level of psychological distress than older adults (aged 65 and over) with disability (Figure STATUS.2).

According to disability group, the most likely to experience a high or very high level of psychological distress are adults with:

- psychological disability (76%)
- intellectual disability (60%)
- head injury, stroke or brain damage (55%).

The least likely to experience this are adults with:

- sensory disability (sight, hearing or speech) (28%)
- physical disability (33%) (ABS 2019).

References

ABS (Australian Bureau of Statistics) 2018a. National Health Survey: first results, 2017–18. ABS cat. no. 4324.0.55.001. Canberra: ABS.

<http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.001>.

ABS 2018b. ABS sources of disability information, 2012–2016. ABS cat. no. 4431.0.55.002. Canberra: ABS.

<https://www.abs.gov.au/ausstats/abs@.nsf/mf/4431.0.55.002>.

ABS 2019. Microdata: National Health Survey, 2017–18. ABS cat. no. 4364.0.55.001. Canberra: ABS. Findings based on AIHW analysis of the main unit record file (MURF).

Health risk factors and behaviours

1. 47% of people aged 2 and over with disability do not eat enough fruit and vegetables, compared with 41% without.
2. 72% of people aged 2 and over with disability are overweight or obese, compared with 55% without.
3. 72% of people aged 15 and over with disability do not do enough physical activity, compared with 52% without.
4. 18% of people aged 15 and over with disability smoke daily, compared with 12% without.

Health risk factors and behaviours—such as poor diet, physical inactivity, tobacco smoking and excessive alcohol consumption—can have a detrimental effect on a person's health (see [Health status](#) for information on the general health of people with disability).

Many health problems experienced by the Australian population, including by people with disability, can be prevented or reduced by decreasing exposure to modifiable risk factors where possible.

People with disability generally have higher rates of some modifiable health risk factors and behaviours than people without disability. But there can be particular challenges for people with disability in modifying some risk factors, for example, where extra assistance is needed to achieve a physically active lifestyle, or where medication increases appetite or impacts drinking behaviours.

What are health risk factors and behaviours?

Health risk factors are attributes, characteristics or exposures that increase the likelihood of a person developing a disease or health disorder. They can be behavioural or biomedical.

Behavioural risk factors are those that individuals have the most ability to modify—for example, diet, tobacco smoking and alcohol consumption.

Biomedical risk factors are bodily states that pose direct and specific risks for health—for example, overweight and obesity and high blood pressure. They are often influenced by health behaviours, such as diet and physical activity, but can also be influenced by genetic, socioeconomic and psychological factors.

Modifying behavioural and biomedical risk factors can reduce an individual's risk of developing chronic conditions and result in large health gains by reducing illness and rates of death.

National Health Survey

The data used in this section are from the Australian Bureau of Statistics' (ABS) National Health Survey (NHS) 2017–18. The NHS was designed to collect information about the health of people, including:

- prevalence of long-term health conditions
- health risk factors (such as smoking, overweight and obesity, alcohol consumption and physical activity)
- demographic and socioeconomic characteristics (ABS 2018a).

The NHS uses the ABS' Short Disability Module to identify disability. This produces an estimate of disability known as 'disability or restrictive long-term health condition'. In this section, people with disability or restrictive long-term health condition are referred to as 'people with disability'.

The NHS considers that a person has disability if they have 1 or more conditions which have lasted, or are likely to last, for at least 6 months and restrict everyday activities. Disability is further classified by whether a person has a specific limitation or restriction and then by whether the limitation or restriction applies to core activities or only to schooling or employment.

The level of disability is defined by whether a person needs help, has difficulty, or uses aids or equipment, with 3 core activities—self-care, mobility, and communication—and is reported for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

The Short Disability Module is not as effective as the ABS' Survey of Disability, Ageing and Carers (SDAC) in identifying disability as it overestimates the number of people with less severe forms of disabilities (ABS 2018b). The module provides useful information about the characteristics of people with disabilities relative to those without but is not recommended for use in estimating disability prevalence.

The NHS collects data from people in private dwellings and not from people living in institutional settings, such as aged care facilities. As such, it may underestimate disability for some groups, such as people aged 65 and over, and those with severe or profound disability.

For more information, see the [NHS user guide](#).

Where can I find out more?

Detailed data tables are available at [Data](#). These include data on risk factors broken down by sex, broad age group and disability group.

Information on:

- health risk factors and behaviours for the general Australian population—[AIHW Behaviours & risk factors](#)
- ABS NHS and SDAC—[ABS NHS](#) and [ABS SDAC](#)
- dietary guidelines—[National Health and Medical Research Council \(NHMRC\)](#).

Food and nutrition

Food and beverages (our diet) play an important role in overall health and wellbeing. Good dietary choices:

- contribute to quality of life
- help maintain a healthy body weight
- protect against infection
- reduce the risk of developing chronic conditions.

Health conditions often affected by diet include:

- overweight and obesity
- coronary heart disease
- stroke
- high blood pressure
- some forms of cancer
- type 2 diabetes.

Fruit and vegetables

Australia has national guidelines that provide advice on the amount and types of foods to eat to promote health and wellbeing.

Australian dietary guidelines recommend that adults eat 2 serves of fruit and at least 5 serves of vegetables per day. They recommend, for children and adolescents, depending on age and sex, 1 to 2 serves of fruit and 2½ to 5½ serves of vegetables per day. Guidelines are different for pregnant and breastfeeding women.

The guidelines do not apply to people needing special dietary advice for a medical condition, or to the frail elderly. As such, they should be treated with caution for some people with disability (for example, those with medical conditions requiring a special diet).

See [National Health and Medical Research Council \(NHMRC\)](#) for more information.

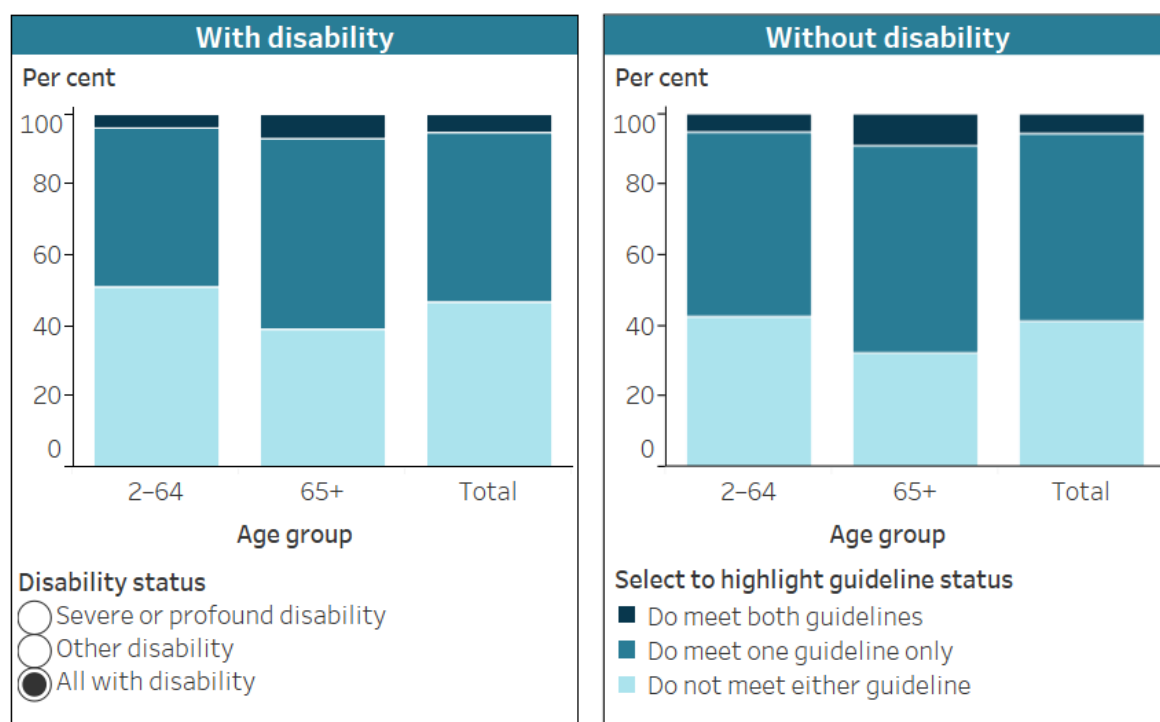
In the ABS NHS, adequacy of intake (consumption) is based on whether a respondent's reported usual daily fruit or vegetable intake meets or exceeds the NHMRC recommendation. It is collected for people aged 2 and over.

Many people, including those with disability, do not eat enough fruit and vegetables for optimum health and wellbeing. Based on self-reported data, around 1 in 2 (47%) people aged 2 and over with disability eat less than the recommended serves of fruit and less than the recommended serves of vegetables each day, and are more likely than people without disability (41%) to not meet the guidelines (Figure RISK.1).

Figure RISK.1: Consumption¹ of fruit and vegetables², by disability status, age group and sex, 2017–18

Fruit and vegetable consumption
Fruits and vegetables

Select to view by age group or sex
Age group



* Relative standard error of 25–50% and should be used with caution.

¹People aged 2 and over living in households.

²Based on 2013 National Health and Medical Research Council (NHRMC) guidelines.

Source: ABS 2019; see also tables RISK1, RISK2, RISK7, RISK8, RISK13 and RISK14.

<http://www.aihw.gov.au>

Males aged 2 and over with disability (53%) are more likely than females aged 2 and over with disability (41%) to not eat enough fruit or vegetables each day.

Younger adults with disability are more likely than older adults with disability to not eat enough fruit or vegetables each day. Around 1 in 2 (53%) younger adults (aged 18–64) with disability eat less than the recommended serves of fruit or vegetables each day, compared with around 1 in 3 (39%) older people (aged 65 and over) with disability.

As this is consistent with patterns for the overall population, this likely reflects age rather than disability status (see [AIHW food and nutrition](#) for more information).

There was little difference by disability group—around half of people aged 2 and over across all disability groups do not eat enough fruit or vegetables (ranging from 45% for those with sensory disability to 52% with psychological disability).

Sugar-sweetened and diet drinks

Australian dietary guidelines recommend limiting intake of discretionary items, such as sugar-sweetened drinks and diet drinks, as they tend to have little nutritional value.

Limiting intake may help manage some health conditions.

What are sugar-sweetened and diet drinks?

The ABS NHS includes information on the usual daily consumption, in the previous week, of selected sugar-sweetened drinks and diet drinks.

Sugar-sweetened drinks include soft drinks, cordials, sports drinks or caffeinated energy drinks. This may include soft drinks in ready-to-drink alcoholic beverages but excludes fruit juice, flavoured milk, sugar-free drinks, or coffee and hot tea.

Diet drinks have artificial sweeteners in place of sugar. These include diet soft drinks, cordials, sports drinks or caffeinated energy drinks. This may also include diet soft drinks in ready-to-drink alcoholic beverages but excludes non-diet drinks, fruit juice, flavoured milk, water or flavoured water, or coffee and tea flavoured with sugar replacements (for example, the brand Equal).

Some people, including those with disability, consume sugar-sweetened drinks and diet drinks daily. Based on self-reported data, an estimated:

- 12% of people aged 2 and over with disability consume sugar-sweetened drinks daily, compared with 7.8% of people without disability
- 6.3% of people aged 2 and over with disability consume diet drinks each day, compared with 3.5% of people without disability (Figure RISK.2).

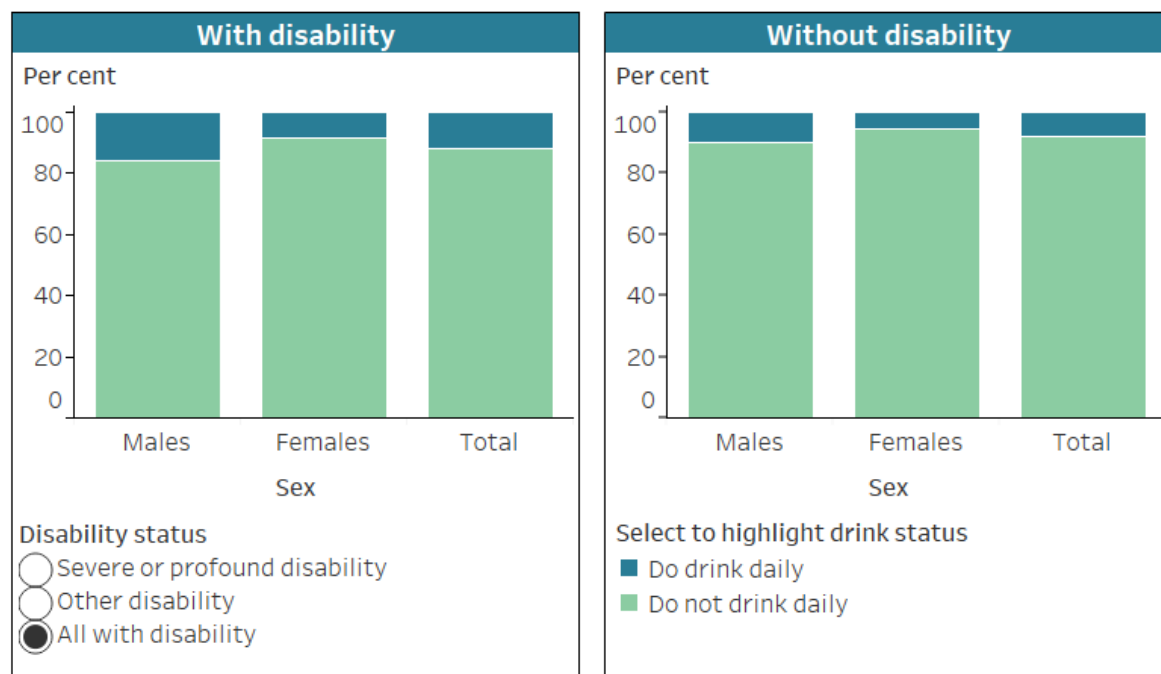
Figure RISK.2: Consumption¹ of sugar-sweetened² and diet drinks³, by disability status, age group and sex, 2017–18

Drink type

Sugar-sweetened drink

Select to view by age group or sex

Sex



* Relative standard error of 25–50% and should be used with caution.

¹People aged 2 and over living in households.

²Includes soft drinks, cordials, sports drinks or caffeinated energy drinks. May include soft drinks in ready to drink alcoholic beverages.

³Includes diet soft drinks, cordials, sports drinks or caffeinated energy drinks. May include diet soft drinks in ready to drink alcoholic beverages.

Source: ABS 2019; see also tables RISK19, RISK20, RISK25 and RISK26.

<http://www.aihw.gov.au>

Younger people (aged 2–64) with disability are more likely than older people (aged 65 and over) with disability to consume sugar-sweetened and diet drinks daily:

- 14% compared with 7.0% consume sugar-sweetened drinks daily
- 6.8% compared with 5.3% consume diet drinks daily (Figure RISK.2).

Weight

Maintaining a healthy weight is important for good health. Not maintaining a healthy weight—such as being underweight, overweight or obese—is a risk factor for lower life expectancy and the development of chronic conditions, such as:

- cardiovascular disease
- type 2 diabetes
- some musculoskeletal conditions
- some cancers.

What is healthy weight?

Healthy weight can be measured in several ways, including the commonly used body mass index (BMI) and waist circumference. These are valuable tools at broader population level, but they have some limitations for measuring healthy weight for certain groups of people, including for some people with disability. For example, these measures do not account for the effects of medications taken by, or the long-term health conditions of, some people with disability that may contribute to weight gain or increased waist circumference.

For more information on healthy weight, see [AIHW overweight and obesity](#).

Body mass index

BMI is an internationally recognised standard for classifying weight in adults (healthy weight range, underweight, overweight or obese). It is calculated by dividing a person's weight in kilograms by the square of their height in metres.

However, because BMI does not distinguish between the proportion of weight due to fat or muscle, it is less accurate for assessing healthy weight in some groups, such as for some people with disability. For example, for people with physical disability, muscle wasting may occur and BMI may be slightly lower. This results in a person without weight issues being erroneously classified as underweight or a person with increased body fat being classified as within the healthy weight range.

In the ABS NHS, BMI is calculated for people aged 2 and over. Different cut-offs for BMI categories are used for adults versus children. Physical measurement of height and weight is voluntary in the NHS. In 2017–18, 34% of adult participants in the NHS did not have their height and/or weight measured. For these participants, height and weight were imputed (ABS 2018a).

Waist circumference

Waist circumference can be also used to indicate health risk. It measures the amount of fat carried around your middle and can be used along with BMI. In general, a higher waist measurement is associated with an increased risk to health.

However, waist circumference may not be accurate in some situations, including if a person has a medical condition involving enlargement of the abdomen.

In the ABS NHS, waist circumference is measured for men and women and assigned to 3 categories—not at risk, at increased risk, and at substantially increased risk of developing chronic conditions. Different cut-offs are used for men versus women. On this page those with increased risk and substantially increased risk are reported on as 1 group and referred to as 'at increased risk'.

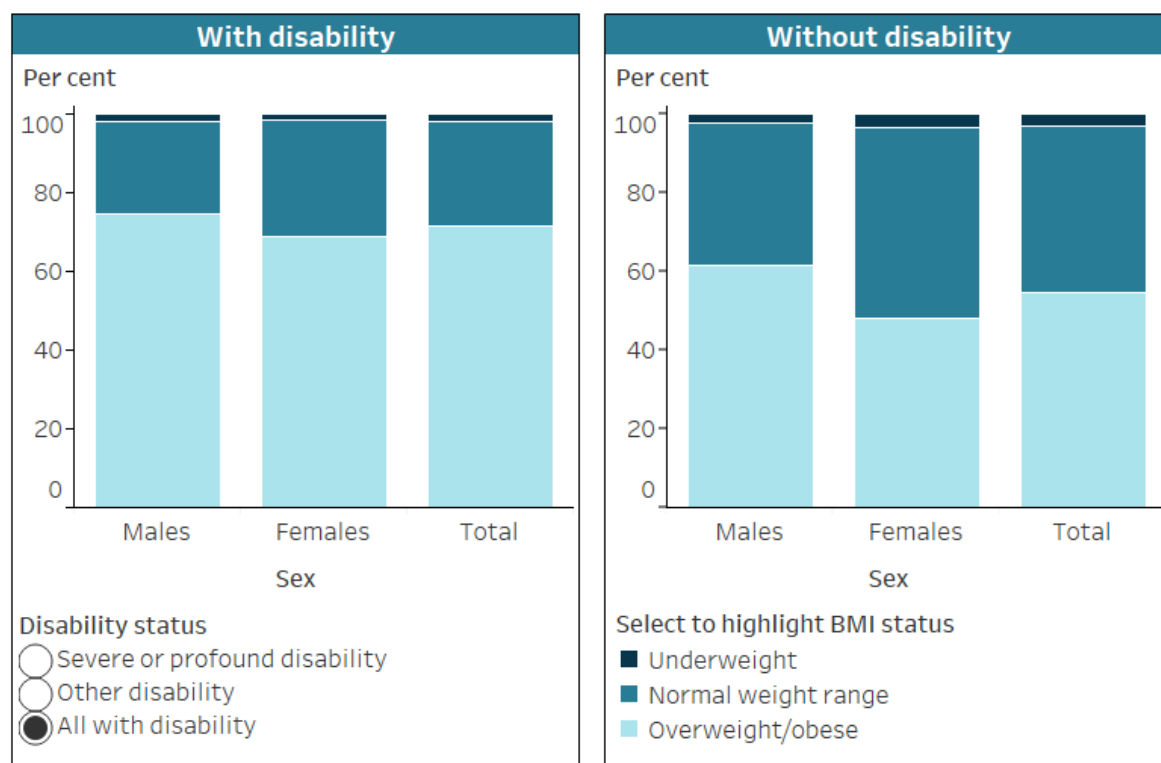
Physical measurement of waist circumference is voluntary in the NHS. In 2017–18, 35% of adult participants in the NHS did not have their waist circumference measured. For these participants, waist circumference was imputed (ABS 2018a).

Based on measured data, people aged 2 and over with disability are more likely to be overweight or obese (72%) than those without disability (55%) (Figure RISK.3). Rates are similar between those with severe or profound disability and others with disability.

Figure RISK.3: Body Mass Index (BMI)^{1 2}, by disability status, age group and sex, 2017–18

Select to view by age group or sex

Sex



* Relative standard error of 25–50% and should be used with caution.

Categories that are not shown have a relative standard error greater than 50% and are considered too unreliable for general use.

¹People aged 2 and over living in households.

²Derived from measured height and weight.

Note: For respondents who did not have their height, weight or both measured, imputation was used to obtain height, weight and BMI scores.

Source: ABS 2019; see also tables RISK31 and RISK32.

<http://www.aihw.gov.au>

Males aged 2 and over with disability (75%) are more likely than females aged 2 and over with disability (69%) to be overweight or obese (Figure RISK.3). As this is consistent with patterns for the overall population, this likely reflects the sex of the person rather than their disability status.

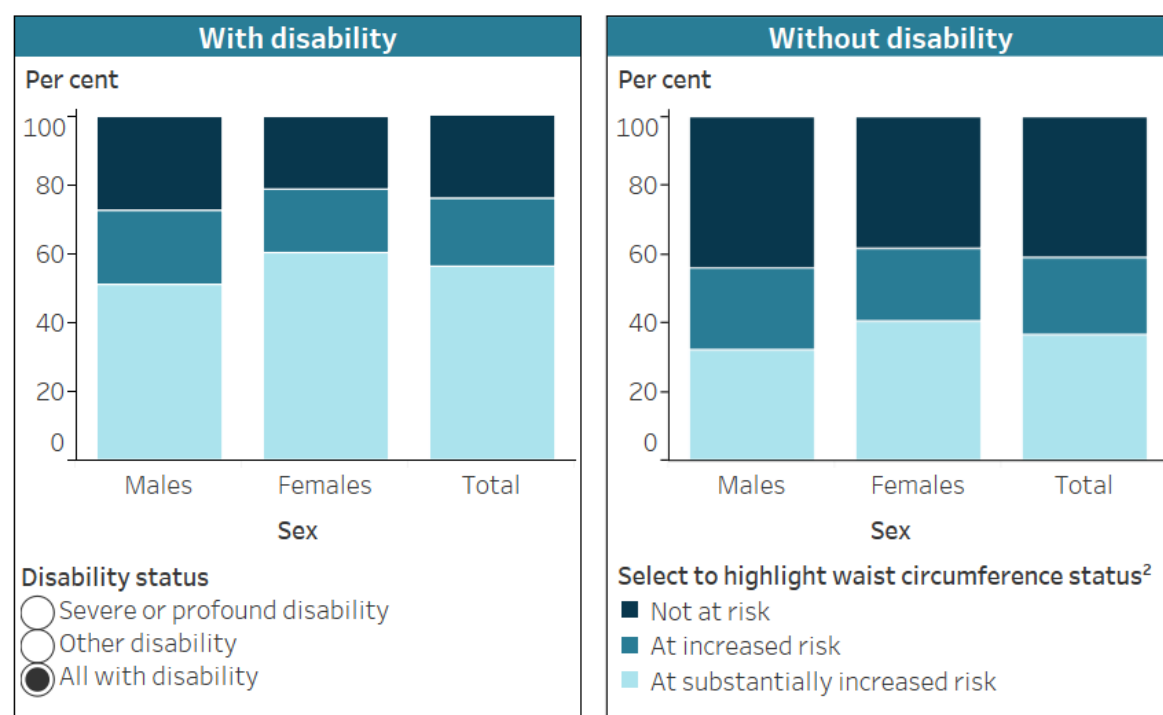
Older people (aged 65 and over) with disability (79%) are more likely than younger people (aged under 65) (68%) to be overweight or obese (Figure RISK.3).

Based on measured waist circumference, adults with disability (76%) are more likely than those without (59%) to have an increased or substantially increased risk of developing chronic conditions (Figure RISK.4).

Figure RISK.4: Waist circumference¹, by disability status, age group and sex, 2017–18

Select to view by age group or sex

Sex



¹People aged 18 and over living in households.

²'Not at risk' refers to a waist circumference of less than 94cm for men and less than 80cm for women; 'increased risk' refers to a waist circumference of more than or equal to 94 cm for men and more than or equal to 80cm for women; 'substantially increased risk' refers to a waist circumference of more than or equal to 102cm for men and more than or equal to 88cm for women.

Note: For respondents who did not have their waist circumference measured, imputation was used.

Source: ABS 2019; see also tables RISK37 and RISK38.

<http://www.aihw.gov.au>

Women with disability (79%) are more likely than men with disability (73%) to be at increased risk, of developing chronic conditions, based on waist circumference (Figure RISK.4). As this is consistent with patterns for the overall population, this likely reflects the sex of the person rather than their disability status.

Older people (aged 65 and over) with disability (85%) are more likely than younger people (aged 18–64) with disability (70%) to be at increased risk based on waist circumference (Figure RISK.4).

Physical activity

Getting enough exercise is an important factor in maintaining good physical and mental health and wellbeing.

What is physical activity?

Physical activity includes just about any movement resulting in energy expenditure, such as:

- taking part in a deliberate exercise or sport, like running or swimming
- incidental movement, like hanging out the washing
- work-related activity, like lifting.

Australia's Physical Activity and Sedentary Behaviour Guidelines recommend:

- the minimum levels of physical activity required for health benefits
- the maximum amount of time an adult (aged 18–64) should spend on sedentary behaviours to achieve optimal health outcomes (Department of Health 2019).

There are different recommendations for each age group. This acknowledges that different amounts of physical activity are required at various stages of life for maximum health benefits.

These guidelines are aimed at everyone irrespective of cultural background, gender or ability. However, they may not be appropriate for people with some forms of disability and may not fully take into account that, for some groups of people with disability, such as those with mobility issues, getting enough exercise can be particularly challenging. Physical activity for people with disability or chronic or acute medical conditions is still important, but the type and amount should be appropriate to an individual's ability and based on advice from health care practitioners.

In the ABS NHS, people aged 15 and over are asked to report the intensity, duration and number of sessions spent on physical activity during the week before the survey (including at work). There are 4 domains of physical activity:

- walking for transport
- walking for fitness, sport or recreation
- moderate exercise
- vigorous exercise.

Based on the guidelines, this report defines not enough physical activity as:

- children and adolescents aged 15–17 who did not complete at least 60 minutes of physical activity per day
- adults aged 18–64 who did not complete 150 minutes of moderate to vigorous physical activity across 5 or more days in the last week
- adults aged 65 and over who did not complete at least 30 minutes of physical activity per day on 5 or more days in the last week.

For more information on physical activity, see [AIHW physical activity](#).

Many people, including those with disability, are not getting enough exercise. Based on self-reported data, nearly three-quarters (72%) of people aged 15 and over with disability do not do enough physical activity (including at work) for their age, compared with just over half (52%) of those without disability (Figure RISK.5).

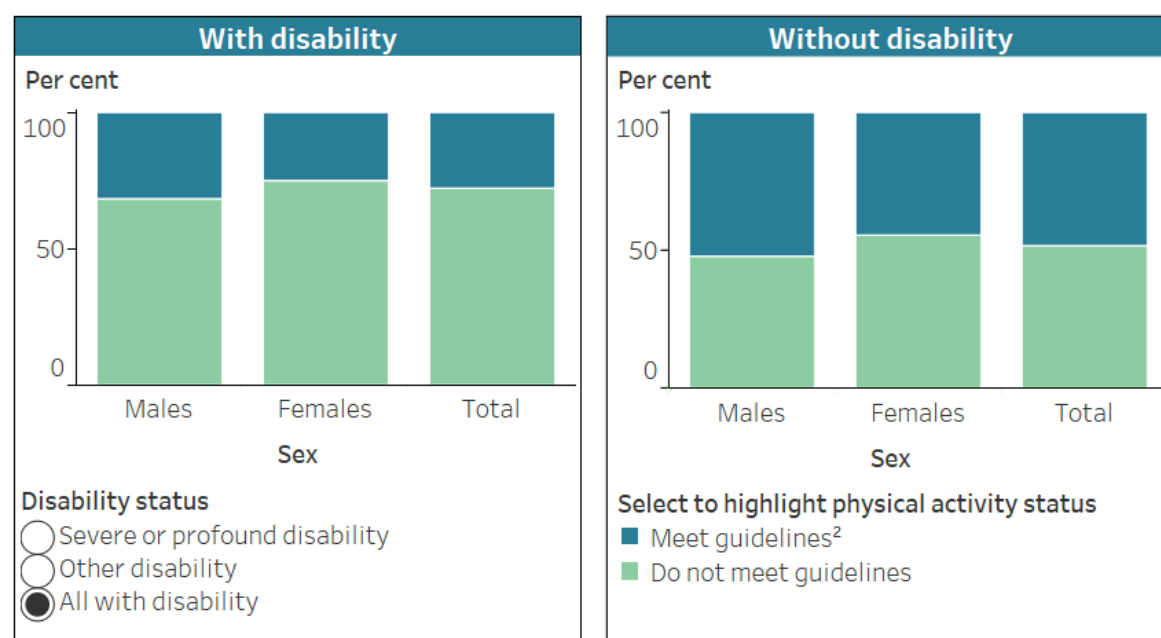
This was particularly the case for older people with disability:

- 65% of adults with disability aged 18–64 do not do enough physical activity, compared with 48% without disability
- 83% of older adults with disability (aged 65 and over) do not do enough physical activity, compared with 62% without disability (ABS 2019).

Figure RISK.5: Physical activity¹, by disability status, age group and sex, 2017–18

Select to view by age group or sex

Sex



¹People aged 15 and over living in households.

²Refers to people who did sufficient physical activity (including at work) in the 7 days prior to interview.

• For ages 15–17, this is defined as undertaking any physical activity for at least 60 minutes on each day in the last week.

• For ages 18–64, this is defined as undertaking any physical activity equal to or greater than 150 minutes over 5 or more days in the last week.

• For adults aged 65 and over, this is defined as completing 30 minutes or more of any physical activity on at least 5 days per week.

Source: ABS 2019; see also tables RISK40 and RISK41.

<http://www.aihw.gov.au>

Most people of both sexes do not get enough exercise, but females aged 15 and over with disability (25%) are slightly less likely than males aged 15 and over with disability (32%) to meet the recommended guidelines (Figure RISK.5). As this is consistent with patterns for the overall population, this likely reflects the sex of the person rather than their disability status.

Blood pressure

High blood pressure—also known as hypertension—is a major risk factor for chronic conditions including:

- stroke
- coronary heart disease
- heart failure
- chronic kidney disease.

Risk factors for high blood pressure include:

- poor diet (particularly a high salt intake)
- obesity
- excessive alcohol consumption
- insufficient physical activity.

What is high blood pressure?

Blood pressure is the force exerted by the blood on the walls of the arteries. It is written as systolic/diastolic (for example, 120/80 mmHg, stated as '120 over 80').

In the ABS NHS, measured blood pressure is collected from people aged 18 and over (adults) at the time of their interview. High blood pressure is defined as including any of the following:

- systolic blood pressure greater than or equal to 140 mmHg
- diastolic blood pressure greater than or equal to 90 mmHg
- receiving medication for high blood pressure.

Uncontrolled high blood pressure is defined as measured systolic blood pressure of 140 mmHg or more, or diastolic blood pressure of 90 mmHg or more, irrespective of the use of blood pressure medication. It increases the risk of serious health problems.

Controlled high blood pressure refers to people taking blood pressure medications who have a normal blood pressure reading.

Physical measurement of blood pressure is voluntary in the NHS. In 2017–18, 32% of adult participants in the NHS did not have their blood pressure measured. For these participants, blood pressure was imputed (ABS 2018a).

Based on measured data, among adults with disability:

- 54% (more than half) have hypertension, comprised of
 - 32% with uncontrolled (or high) blood pressure
 - 21% with controlled blood pressure.

This is far higher than for adults without disability, of whom:

- 27% have hypertension, comprised of
 - 20% with uncontrolled blood pressure
 - 7.5% with controlled blood pressure (Figure RISK.6).

There was little difference by level of disability or sex but older adults (aged 65 and over) with disability (43%) are more likely than younger adults (aged 18–64) with disability (26%) to have uncontrolled blood pressure, similar to the pattern among those without disability.

Figure RISK.6: Blood pressure status¹, by disability status, age group and sex, 2017–18

Select to view by age group or sex

Sex

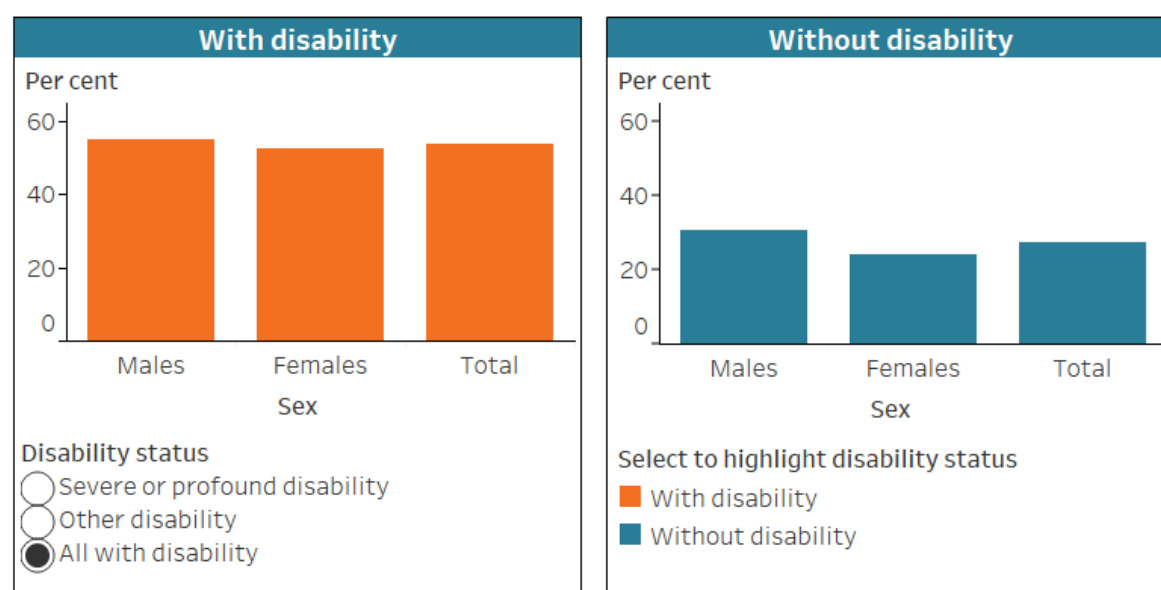
Blood pressure category

- ☐ Controlled blood pressure
- ☐ Uncontrolled blood pressure²
- ☒ All high blood pressure



53.7%

of people aged 18+ with disability have hypertension³, while **46.3%** do not.



¹People aged 18 and over living in households.

²Uncontrolled blood pressure is defined as measured systolic blood pressure of 140 mmHg or more, or diastolic blood pressure of 90 mmHg or more, irrespective of the use of blood pressure medication.

³Hypertension includes uncontrolled (or high) blood pressure and controlled blood pressure.

Note: Imputation was used to obtain blood pressure for respondents who did not have their blood pressure measured.

Source: ABS 2019; see also tables RISK49 and RISK50.

<http://www.aihw.gov.au>

Tobacco smoking

Tobacco smoking is an important cause of preventable ill health and death in Australia. It is a leading risk factor for the development of many chronic conditions and premature death.

Health conditions often affected by tobacco smoking include many types of cancer, respiratory disease and heart disease.

What is tobacco smoking?

Tobacco smoking is the smoking of tobacco products, including packet cigarettes, roll-your-own cigarettes, cigars or pipes.

In the ABS NHS, people aged 15 and over are asked:

- if they currently smoke
- if they were ex-smokers or had never smoked
- about the frequency of their smoking
- about the quantity and type of tobacco smoked.

Because daily smoking presents the greatest health risk, the results presented on this page relate to people who were daily smokers at the time of the survey.

For more information, see [AIHW smoking](#).

About 1 in 6 (18%) people aged 15 and over with disability smoke daily (based on self-reported data) (Figure RISK.7). They are more likely to do so than people without disability (12%).

Figure RISK.7: Daily tobacco smoking status¹, by disability status, age group and sex, 2017–18

Select to view by age group or sex

Sex



¹People aged 15 and over living in households.

²Respondent who reported at the time of interview that they regularly smoked one or more cigarettes, cigars or pipes per day.

Source: ABS 2019; see also tables RISK52 and RISK53.

<http://www.aihw.gov.au>

Males aged 15 and over with disability (22%) are more likely to smoke daily than their female counterparts (15%) (Figure RISK.7). As this is consistent with patterns for the overall population, this likely reflects the sex of the person rather than their disability status.

Younger people (aged 15–64) with disability (25%) are more likely to smoke daily than their older counterparts (aged 65 and over) (8.2%) (Figure RISK.7).

Alcohol consumption

Harmful levels of alcohol consumption are a major health issue and are associated with increased risk of chronic conditions and injury.

What is risky alcohol consumption?

Alcohol consumption refers to the consumption of drinks containing ethanol, commonly referred to as alcohol. The quantity, frequency or regularity with which alcohol is drunk provides a measure of the level of alcohol consumption.

The National Health and Medical Research Council's (NHMRC) [guidelines for alcohol consumption](#) provide advice on reducing risks to health from drinking alcohol. Alcohol-related risk is defined as:

- lifetime risk for alcohol consumption is more than 2 standard drinks per day
- single occasion risk for alcohol consumption is more than 4 standard drinks on a single occasion.

For more information, see [AIHW alcohol](#).

Based on self-reported data, 1 in 7 (14%) people aged 15 and over with disability consume, on average, more than 2 standard drinks of alcohol per day, increasing their lifetime risk of harm from alcohol consumption (Figure RISK.8). This compares with 1 in 6 (16%) people aged 15 and over without disability.

Around 1 in 3 (31%) people aged 15 and over with disability consumed more than 4 standard drinks of alcohol on a single occasion in the past year, increasing their risk of alcohol-related injury arising from that occasion (Figure RISK.9). This compares with nearly 1 in 2 (44%) people aged 15 and over without disability.

Figure RISK.8: Lifetime alcohol risk^{1 2}, by disability status, age group and sex, 2017–18

Select to view by age group or sex

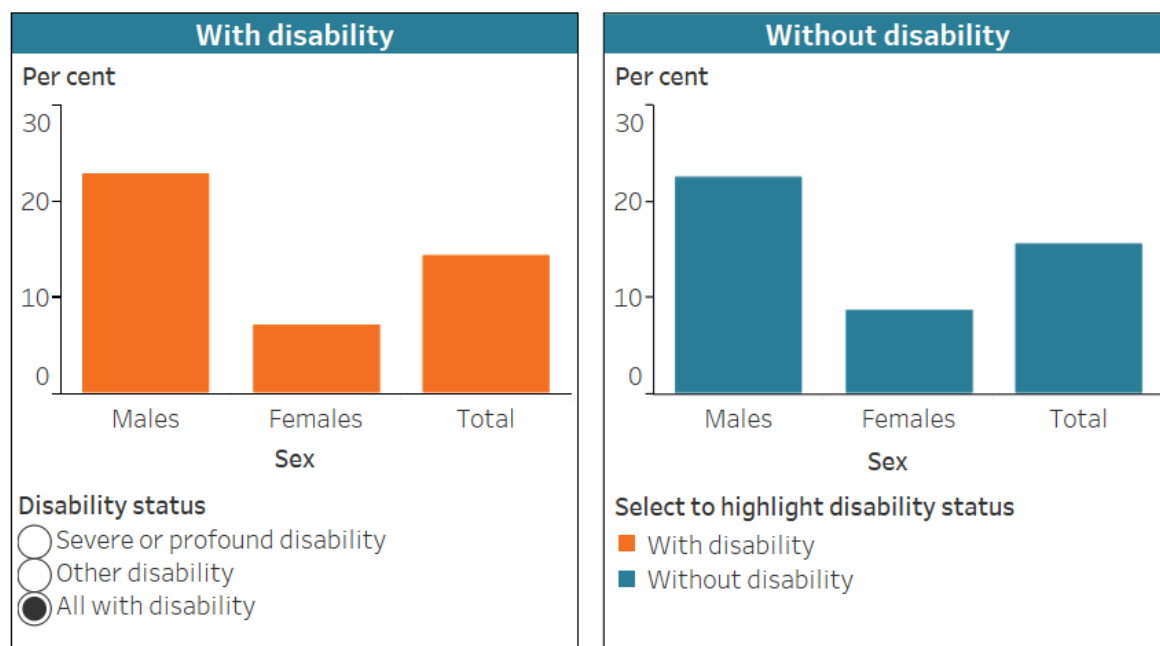
- ☐ Age group
☒ Sex



14.4%

of people aged 15+ with disability do exceed the recommended guidelines of lifetime alcohol risk.

People who exceed recommended guidelines³:



¹People aged 15 and over living in households.

²Assessed using average daily consumption of alcohol for persons aged 15 years and over, derived from the type, brand, number and serving sizes of beverages consumed on the three most recent days of the week prior to interview, in conjunction with the total number of days alcohol was consumed in the week prior to interview.

³National Health and Medical Research Council (NHMRC) 2009 guidelines for the consumption of alcohol. Lifetime risk for alcohol consumption is more than 2 standard drinks per day.

Source: ABS 2019; see also tables RISK58 and RISK59.

<http://www.aihw.gov.au>

Figure RISK.9: Single occasion alcohol risk^{1,2}, by disability status, age group and sex, 2017–18

Select to view by age group or sex

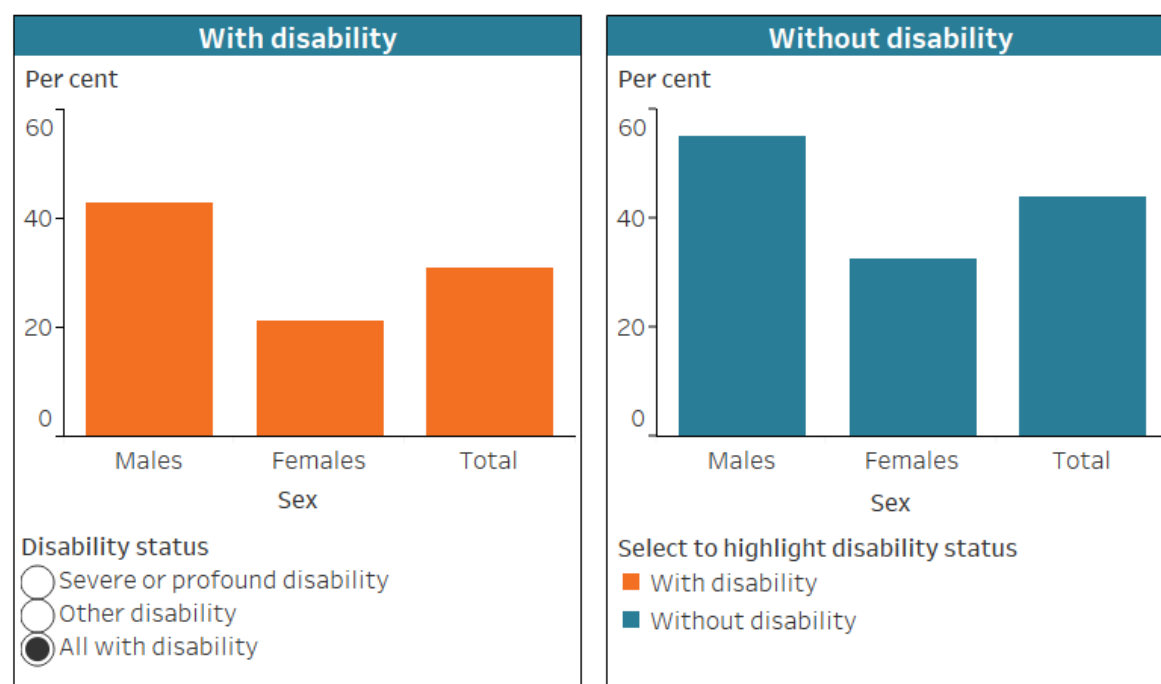
- ☐ Age group
☒ Sex



31.1%

of people aged 15+ with disability do exceed the recommended guidelines of single occasion alcohol risk.

People who exceed recommended guidelines³:



¹People aged 15 and over living in households.

²Assessed using questions on the number of times in the last 12 months a person's consumption exceeded specified levels.

³National Health and Medical Research Council (NHMRC) 2009 guidelines for the consumption of alcohol. Single occasion risk for alcohol consumption is more than 4 standard drinks on a single occasion.

Source: ABS 2019; see also tables RISK64 and RISK65.

<http://www.aihw.gov.au>

People aged 15 and over with severe or profound disability are less likely to drink at risky levels than those with other disability:

- 8.0% consumed more than 2 standard drinks of alcohol per day on average, compared with 16% (Figure RISK.8)
- 19% consumed more than 4 standard drinks of alcohol on a single occasion, compared with 34% (Figure RISK.9).

Males aged 15 and over with disability are far more likely than their female counterparts to drink at risky levels:

- 23% consumed more than 2 standard drinks of alcohol per day on average, compared with 7.3% (Figure RISK.8)
- 43% consumed more than 4 standard drinks of alcohol on a single occasion, compared with 21% (Figure RISK.9).

As this is consistent with patterns for the overall population, this likely reflects the sex of the person rather than their disability status.

For lifetime alcohol risk, there is little difference between younger (aged 15–64) and older (aged 65 and over) people with disability (15% compared with 14%). But younger people with disability are far more likely than older people with disability to drink at risky levels on a single occasion (40% compared with 16%) (figures RISK.8 and RISK.9). As this is consistent with patterns for the overall population, this likely reflects age rather than disability status.

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Chronic conditions and disability

1. 50% (half or 2.8 million) of people with 1 or more of 8 selected chronic conditions also have disability.
2. 78% with emphysema as their main condition have disability.
3. 64% with stroke as their main condition have disability.
4. 9.8% with asthma as their main condition have disability.

Chronic health conditions are often associated with some level of disability. This section explores how many people with 1 or more of 8 selected chronic conditions have disability, and how severe this disability is.

Chronic conditions looked at are:

- coronary heart disease
- stroke
- diabetes
- arthritis and related disorders
- back pain and problems
- osteoporosis
- asthma
- emphysema.

These chronic conditions were selected because they are common, pose significant health problems, have been the focus of recent AIHW surveillance efforts and, in many instances, action can be taken to prevent their occurrence. See [AIHW chronic disease](#) for more information.

What are chronic conditions?

Chronic conditions are generally characterised by their long-lasting and persistent effects. They are not usually immediately life threatening but are a common cause of premature death (AHMAC 2017). They have complex and multiple causes, usually come on gradually, and become more common with age. Chronic conditions are often associated with reduced quality of life and limitations in daily living.

Chronic health conditions are the leading cause of illness, disability and death in Australia. About 5.5 million people in Australia are affected by at least 1 of the 8 chronic health conditions covered in this section. For most (3.7 million), the condition is reported as their main health condition (the condition causing them the most problems) (ABS 2019).

Chronic conditions often coexist with some form of disability:

- half (50%, or 2.8 million) of people with at least 1 selected chronic condition also have disability
- 40% (1.5 million) of people who have 1 selected chronic condition as their main condition also have disability (ABS 2019).

It cannot be assumed that disability is a consequence of a chronic health condition. As such, this section only describes the associations between disability and the selected chronic conditions and does not describe a causal relationship.

What is the relationship between health conditions and disability?

There is a 2-way relationship between health conditions and disability. People with a health condition are more likely to develop disability, and people with disability are more likely to develop a health condition.

Not everyone with a health condition will develop disability, and people with the same health condition who have disability may also experience different forms and level of disability. See [Defining disability](#) for more information on the relationship between health conditions and disability.

Survey of Disability, Ageing and Carers

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The level of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

The SDAC also collects data on long-term health conditions. For people who report more than 1 long-term condition, the condition causing the most problems is identified as the main condition. However, because the SDAC is designed to estimate the prevalence (or rate) of disability—not the prevalence of health conditions in a population—the prevalence of long-term conditions is generally lower than for other surveys. Also, information based on self-reported data relies on survey participants being aware of and accurately reporting their health conditions.

Where can I find out more?

Detailed data tables are available at [Data](#).

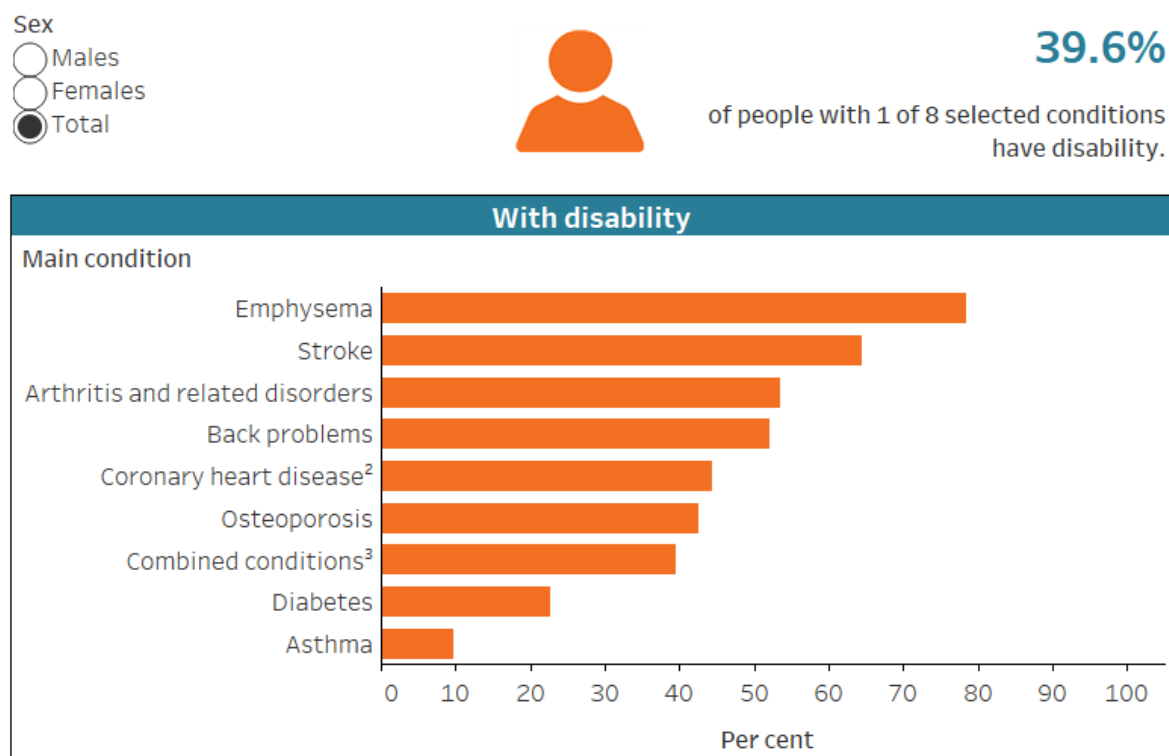
More information on:

- disability and chronic conditions—[AIHW Chronic conditions and disability 2015](#)
- chronic disease—[AIHW Chronic disease](#)
- SDAC—[ABS SDAC](#).

Prevalence of disability within selected chronic conditions

The prevalence of disability for each selected chronic condition, as a main condition, varies widely (Figure CHRONIC.1). Among selected chronic conditions, people with asthma are the least likely to have disability (9.8%). People with emphysema (78%) or stroke (64%) are the most likely to have disability.

Figure CHRONIC.1: Prevalence of disability among people with selected chronic conditions¹, by main condition and sex, 2018



¹People with one or more long-term condition.

²Includes angina and myocardial infarction (heart attack).

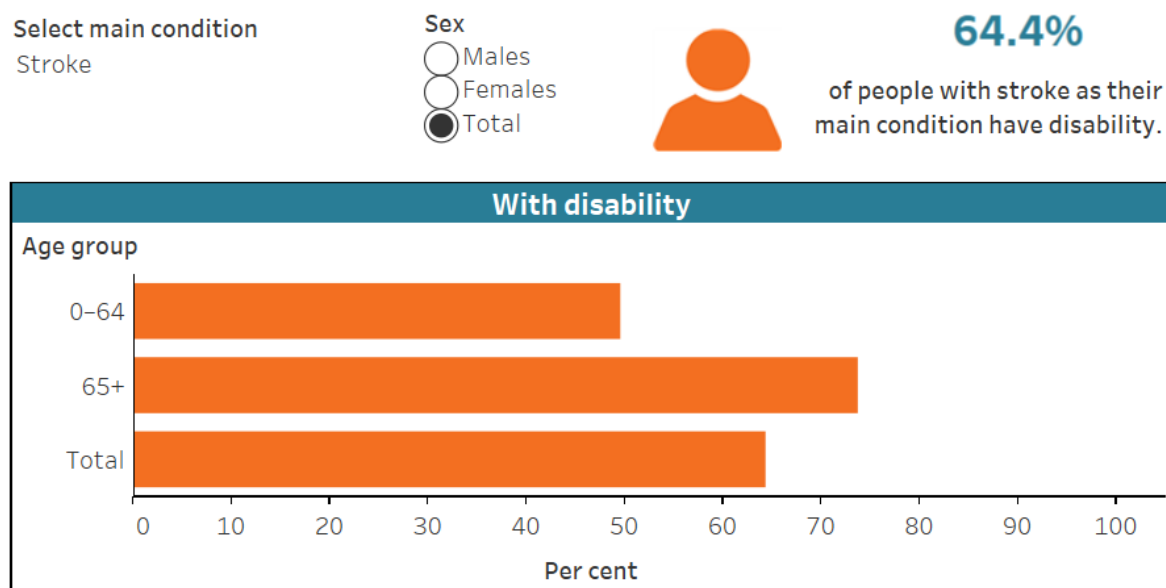
³Includes angina, myocardial infarction (heart attack), stroke, diabetes, arthritis and related disorders, back problems (dorsopathies), osteoporosis, asthma, and emphysema.

Source: ABS 2019; see also tables CHRON1, CHRON1a and CHRON1b.

<http://www.aihw.gov.au>

For most of the 8 chronic conditions there is little difference between males and females in how likely a person is to have disability (Figure CHRONIC.1). The largest difference is for people with emphysema—86% of females with emphysema also have disability, compared with 70% of males.

Figure CHRONIC.2: Prevalence of disability among people with selected chronic conditions¹, by main condition, age group and sex, 2018



* Relative standard error of 25–50% and should be used with caution.

Categories that are not shown have a relative standard error greater than 50% and are considered too unreliable for general use.

¹People with one or more long-term condition.

²Includes angina and myocardial infarction (heart attack).

³Includes angina, myocardial infarction (heart attack), stroke, diabetes, arthritis and related disorders, back problems (dorsopathies), osteoporosis, asthma, and emphysema.

Source: ABS 2019; see also tables CHRON1, CHRON1a and CHRON1b.

<http://www.aihw.gov.au>

The prevalence of chronic conditions and disability both increase with age (see [Prevalence](#), and [AIHW chronic disease](#)). Reflecting this, older people (aged 65 and over) with each selected chronic condition are generally more likely than younger people (those aged under 65) to have disability (Figure CHRONIC.2).

While the prevalence of disability within chronic conditions generally increases with age, some chronic conditions are more likely associated with disability at all ages. The largest increase in disability within a chronic condition as people get older occurs for:

- asthma (rising from 7.0% for those aged under 65, to 34% for those 65 and over)
- back problems (rising from 44% to 69%).

The smallest increase in disability within a chronic condition as people get older occurs for emphysema (rising from 74% to 79%).

Level of disability associated with selected chronic conditions

The level of disability associated with the 8 selected chronic conditions varies. Some conditions have lower levels of impact (in terms of people's need for assistance in carrying out core activities), and others a high level.

What are core activity limitations?

The level of a person's disability is based on the degree to which the 'core activities of daily living' (self-care, mobility and communication) are affected. 'No core activity limitation' includes people who have disability but no specific limitation or restriction, those who have disability related to restrictions in schooling or employment, and those who have a long-term health condition but no disability.

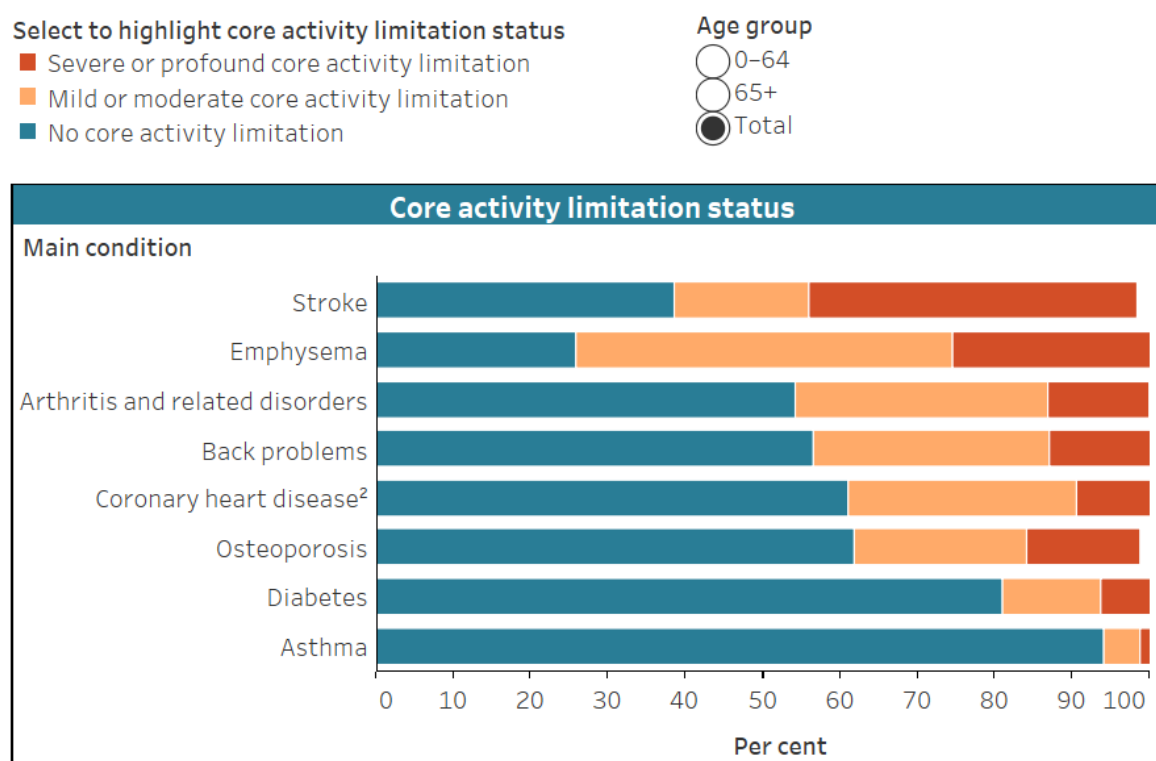
Of the selected chronic conditions, stroke is associated with a high level of disability:

- 42% people with stroke have severe or profound core activity limitation
- 17% have mild or moderate core activity limitation
- 39% have no core activity limitations, but may still have disability not related to core activities.

Of the selected chronic conditions, asthma is associated with the lowest level of disability:

- 1.5% of people with asthma have severe or profound core activity limitation
- 4.6% have mild or moderate core activity limitation
- 94% have no core activity limitation, but may still have disability not related to core activities (Figure CHRONIC.3).

Figure CHRONIC.3: Severity of core activity limitation¹, by main condition and age group, 2018



* Relative standard error of 25–50% and should be used with caution.

Categories that are not shown have a relative standard error greater than 50% and are considered too unreliable for general use.

¹People with one or more long-term condition.

²Includes angina and myocardial infarction (heart attack).

Note: Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table CHRON7.

<http://www.aihw.gov.au>

References

ABS (Australian Bureau of Statistics) 2019. Microdata: disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of TableBuilder data.

AHMAC (Australian Health Ministers' Advisory Council) 2017. National Strategic Framework for chronic conditions. Canberra: Australian Government.

Access to health services

1. 1 in 13 (7.6%) people aged under 65 with disability delay or do not see a GP when needed because of cost.
2. 1 in 2 (47%) people aged 5–64 with disability who need health care assistance only receive informal assistance.
3. 1 in 4 (24%) people aged 15–64 with disability wait longer than they feel acceptable to get an appointment with a GP.
4. 1 in 4 (26%) people aged under 65 with disability visit a hospital emergency department each year.

Like everyone, people with disability have health-care needs, access health services to meet them, and have varying health-related experiences. They use a range of mainstream health services, such as GPs, medical specialists, dentists and hospitals. Their care may require coordination between different health professionals.

People with disability may also rely on informal care, such as that provided by family and friends, to meet or supplement their health-care needs.

Survey of Disability, Ageing and Carers

Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

The patient experience information collected in the SDAC does not include health professionals other than GPs, medical specialists and dental professionals. Hence, it is not possible to examine from this survey whether some needs for non-hospital health services were met by other health professionals, such as nurses, pharmacists or other allied health professionals.

The patient experience information collected in the SDAC is collected from people with disability living in households. It is not collected from people without disability. Hence comparisons with people without disability cannot be directly made.

Where can I find out more?

Detailed data tables are available at [Data](#).

More information on the ABS SDAC—[ABS SDAC](#).

Use of mainstream health services

Table ACCESS.1 provides a snapshot of the use of mainstream health services by people with disability aged under 65 living in the community.

Table ACCESS.1: Use of selected health services by people with disability^(a), 2018

	Most (92%) see a GP ^(b)
	1 in 5 (20%) see a GP for urgent medical care ^(b)
	2 in 3 (63%) see a medical specialist ^(b)
	Half (51%) see a dental professional ^(b)
	1 in 4 (26%) visit a hospital emergency department ^(b)
	1 in 5 (22%) get admitted to hospital ^(b)
	2 in 5 (38%) see 3 or more health professionals for the same condition ^(b)
	7 in 10 (71%) have a health professional help coordinate their care when they see 3 or more health professionals for the same condition ^(c)
	2 in 3 (64%) who need help with health-care activities receive informal services ^(d)
	2 in 5 (41%) who need help with health-care activities receive formal services ^(d)

(a) People with disability aged 64 and under living in households.

(b) For own health in the last 12 months.

(c) People who have seen 3 or more health professionals for the same condition for their own health in the last 12 months.

(d) People with disability aged 5–64 living in households including those who received both formal and informal services.

Source: ABS 2019a; see also tables ACCE1, ACCE2, ACCE25, ACCE26, ACCE29 and ACCE30.

How does the use of mainstream health services by people with disability compare with people without disability?

The patient experience information in the SDAC is only collected from persons with disability and primary carers (living in households). It is not therefore possible to compare with people without disability. However, AIHW analysis of self-reported information from the ABS' National Health Survey 2014–15, which uses the ABS' Short Disability Module, suggests that people with disability aged under 65 have higher rates of use of:

- GPs (93% compared with 82% of those without disability)
- medical specialists (58% compared with 26%)
- hospital emergency departments (20% compared with 10%) (ABS 2016a).

Use of Medicare Benefits Schedule services

Without data linkage it is not possible to examine in detail how people with disability use health services, with the exception of self-reported survey data (such as that presented in this section). This is because health data collections generally have no 'flag' to identify the disability status of service recipients or patients.

To highlight how linked data can fill information gaps, this box presents data from the ABS' 2011 Multi-Agency Data Integration Project (MADIP) data asset.

The 2011 MADIP includes:

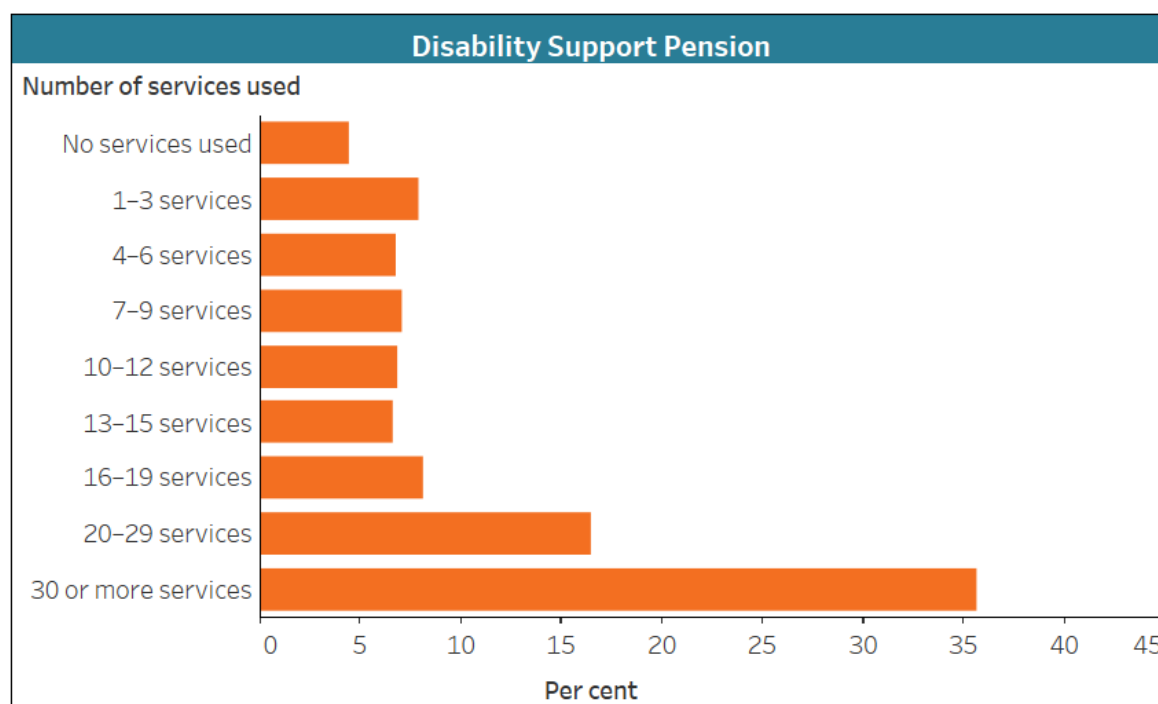
- de-identified information about everyone who participated in the Census of Population and Housing on 9 August 2011 and who had an active Medicare enrolment on that date
- some information about the services they received in 2011 under the Medicare Benefits Schedule (MBS)
- information from the 2011 Census of Population and Housing, Personal Income Tax data for tax returns for 2010–11
- social security and related information to identify if income support payments were received in September 2011.

For more information on MADIP, see [ABS MADIP](#).

In 2011, compared with people who received no income support, people who received the Disability Support Pension (DSP) were:

- more likely to be frequent users of MBS services—more than one-third (36%) used 30 or more MBS services, compared with 8% (Figure ACCESS.1)
- more likely to have regular GP visits—more than half (52%) had more than 6 un-referred attendances at a GP, compared with 17%
- more likely to have no out-of-pocket expenses—almost half (49%) had no out-of-pocket costs for all MBS services compared with 43%
- less likely to have out-of-pocket expenses of \$100 or more—3% were \$100 or more out of pocket for un-referred GP visits, compared with 11%, and 19% were more than \$100 out of pocket for all MBS services compared with 30%.

Figure ACCESS.1: Number of MBS¹ services used, by income support, age group and sex, 2011



¹Medicare Benefits Schedule

Source: AIHW analysis of MADIP Basic Extract 2011; see also Table ACCE39.

<http://www.aihw.gov.au>

Medicare Benefits Schedule

MBS services can include, but are not limited to, GP and medical specialist consultations, pathology tests, diagnostic imaging and optometry services. They do not include public hospital services, almost all dental care, and many allied health services.

Unreferred attendances at a GP are a sub-category of the broad grouping 'all MBS services'.

Difficulties accessing health services

Service accessibility depends on many factors. Some people with disability experience difficulties in accessing health services, barriers include:

- unacceptable or lengthy waiting times
- cost
- inaccessibility of buildings
- discrimination by health professionals.

They may also experience issues caused by lack of communication between the health professionals treating them.

Table ACCESS.2 provides a snapshot of difficulties accessing health services for people with a disability aged under 65 living in the community.

Table ACCESS.2: Difficulties accessing health services for people with disability^(a), 2018

	1 in 4 (24%), who see a GP, wait longer than they feel is acceptable to get an appointment ^{(b)(c)}
	3 in 10 (29%) wait 1 or more days after making an appointment to see a GP for urgent medical care ^(b)
	1 in 13 (7.6%), who need to see a GP, delay or do not go because of cost ^(b)
	1 in 3 (31%), who see a medical specialist, wait longer than they feel is acceptable to get the appointment ^{(b)(c)}
	1 in 22 (4.6%), who need to see a medical specialist, do not go mainly because of cost ^(b)
	1 in 8 (13%), who need to see a dental professional, are placed on a public dental waiting list ^(b)

Table ACCESS.2: continued

	7 in 10 (70%), who have been on a public dental waiting list ^(b) , wait 1 month to more than 1 year before receiving dental care
	3 in 10 (28%), who need to see a dental professional, delay or do not go because of cost ^(b)
	1 in 28 (3.6%), who need to go to hospital, delay or do not go because of cost ^(b)
	1 in 8 (12%) feel a GP could have provided care for their most recent visit to a hospital emergency department ^(b)
	1 in 5 (21%) who see 3 or more health professionals for the same health condition report issues caused by lack of communication between health professionals ^(b)
	1 in 29 (3.5%) experience discrimination by health staff (GP, nurse, hospital staff) ^{(b)(c)}
	1 in 8 (12%) have difficulty accessing medical facilities (GP, dentist, hospital) ^{(b)(d)}
	1 in 8 (13%) who need help with health-care activities have no source of assistance (formal or informal) ^(e)
	1 in 5 (18%) who need help with health-care activities have their need for assistance only partly met or not met at all ^(e)

(a) People with disability aged 64 and under living in households.

(b) In the last 12 months.

(c) People with disability aged 15–64 living in households.

(d) People with disability aged 5–64 living in households who need assistance or have difficulty with communication or mobility.

(e) People with disability aged 5–64 living in households.

Source: ABS 2019a; see also tables ACCE3, ACCE4, ACCE5, ACCE6, ACCE7, ACCE8, ACCE9, ACCE10, ACCE11, ACCE12, ACCE13, ACCE14, ACCE15, ACCE16, ACCE17, ACCE18, ACCE19, ACCE20, ACCE21, ACCE22, ACCE27, ACCE28, ACCE29, ACCE30, ACCE31, ACCE32, ACCE35, ACCE36, ACCE37 and ACCE38.

How does access to health services by people with disability compare with people without disability?

As the patient experience information in the ABS SDAC is only collected from people with disability and their carers, it is not possible to make comparisons with people without disability.

While not directly comparable, information from the ABS' Patient Experience Survey, which looks at the use of health services by the general Australian population, suggests that people with disability are more likely to face barriers such as cost when accessing some types of health services. For example, in the last 12 months:

According to the 2018 SDAC, of people with disability aged 15–64:

- 8.7% delay or do not see a GP when needed; and
- 32% delay or do not see a dental professional when needed;

because of cost (ABS 2019a).

According to the 2018–19 Patient Experience Survey, of the general Australian population aged 15–64:

- 4.1% delay or do not see a GP when needed; and
- 20% delay or do not see a dental professional when needed;

because of cost (ABS 2019b).

Remoteness

People with disability aged under 65 living in the community in *Outer regional* and *Remote* areas are less likely than those living in *Major cities* to see a GP, medical specialist, or dentist (Figure ACCESS.2). But they are more likely to visit a hospital emergency department.

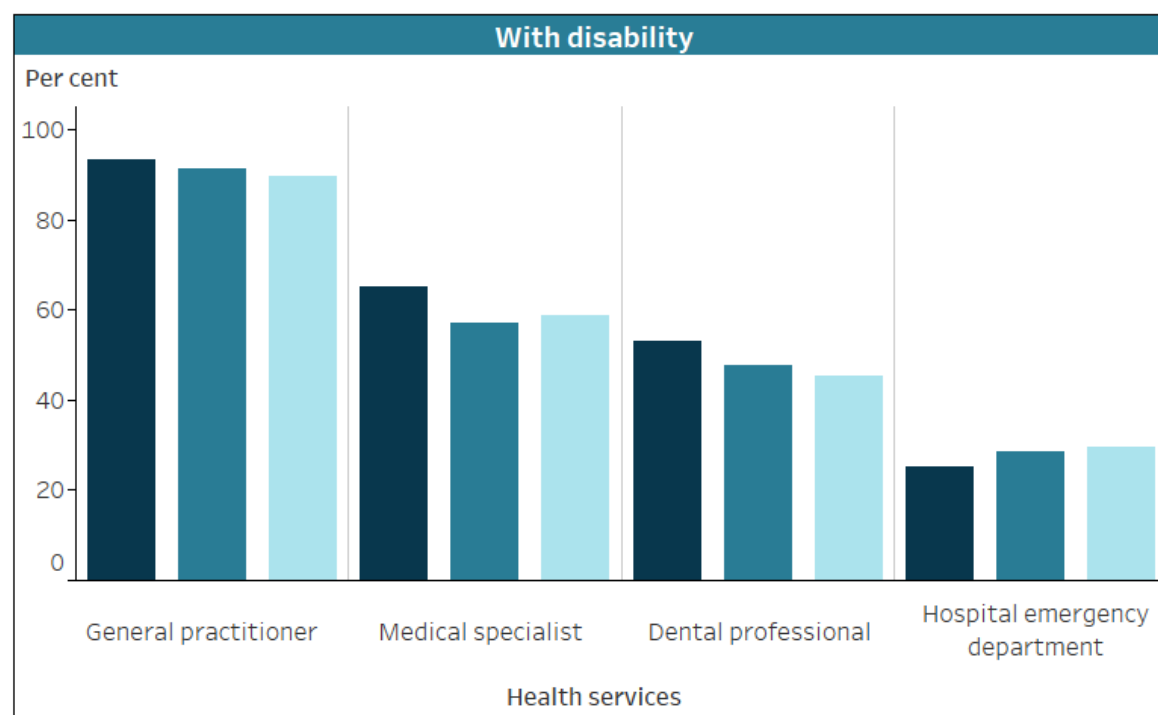
How is remoteness defined?

The remoteness categories used in the ABS SDAC are defined by the Australian Statistical Geography Standard Remoteness Structure (ABS 2016b). Remoteness Areas divide Australia into 5 classes of remoteness on the basis of a measure of relative access to services.

Figure ACCESS.2: Use of selected health services by people with disability¹, by remoteness, 2018

Select to highlight remoteness

- Major cities
- Inner regional
- Outer regional and remote



¹People aged 64 and under with disability living in households.

Source: ABS 2019a; see also Table ACCE2.

<http://www.aihw.gov.au>

Table ACCESS.3 provides a snapshot of use of health services by people with disability aged under 65 living in the community in *Outer regional* and *Remote* areas compared with those living in *Major cities*.

Table ACCESS.3: Access of health services in *Major cities* and *Outer regional and Remote* areas by people with disability^(a), 2018

		 Outer regional and Remote	 Major cities
	Visit a hospital emergency department for care they feel could be provided by a GP ^{(b)(c)}	12%*	11%
	Go to a hospital emergency department instead of a GP ^{(b)(c)} , and time of day or day of week is the main reason	15%	11%
	Wait longer than they feel acceptable for an appointment with a GP ^{(b)(d)}	34%	21%
	Wait longer than 1 day to see a GP for urgent medical care ^(b)	36%	29%
	Face difficulties caused by lack of communication between health professionals ^{(b)(e)}	32%	19%
	Receive only informal assistance for health-care activities ^(f)	54%	45%
	Have difficulty accessing medical facilities (GP, dentist or hospital) ^{(b)(g)}	13%	11%
	Wait longer than they feel acceptable for an appointment with a medical specialist ^{(b)(h)}	37%	30%
	Wait 6 months or more on public dental waiting list before receiving dental care ^{(b)(i)}	64%	35%
	Experience discrimination from health staff (GP, nurse, hospital staff) ^{(b)(j)}	8.0%	2.7%

* Relative standard error of 25%–50% and should be used with caution.

Table ACCESS.3 (continued): Access of health services in *Major cities* and *Outer regional* and *Remote* areas by people with disability^(a), 2018

- (a) People with disability aged 64 and under living in households.
- (b) In the last 12 months.
- (c) For most recent visit to emergency department.
- (d) People aged 15–64 who saw a GP in the last 12 months.
- (e) People who saw 3 or more health professionals for the same health condition.
- (f) People aged 5–64 who needed help with health-care activities.
- (g) People aged 5–64 who need assistance or have difficulty with communication or mobility.
- (h) People aged 15–64 who saw a medical specialist in the last 12 months.
- (i) People who had been on a public dental waiting list in the last 12 months. Excluding people who are still waiting.
- (j) People aged 15–64.

Source: ABS 2019a; see also tables ACCE6, ACCE8, ACCE12, ACCE18, ACCE22, ACCE24, ACCE28, ACCE30, ACCE36 and ACCE38.

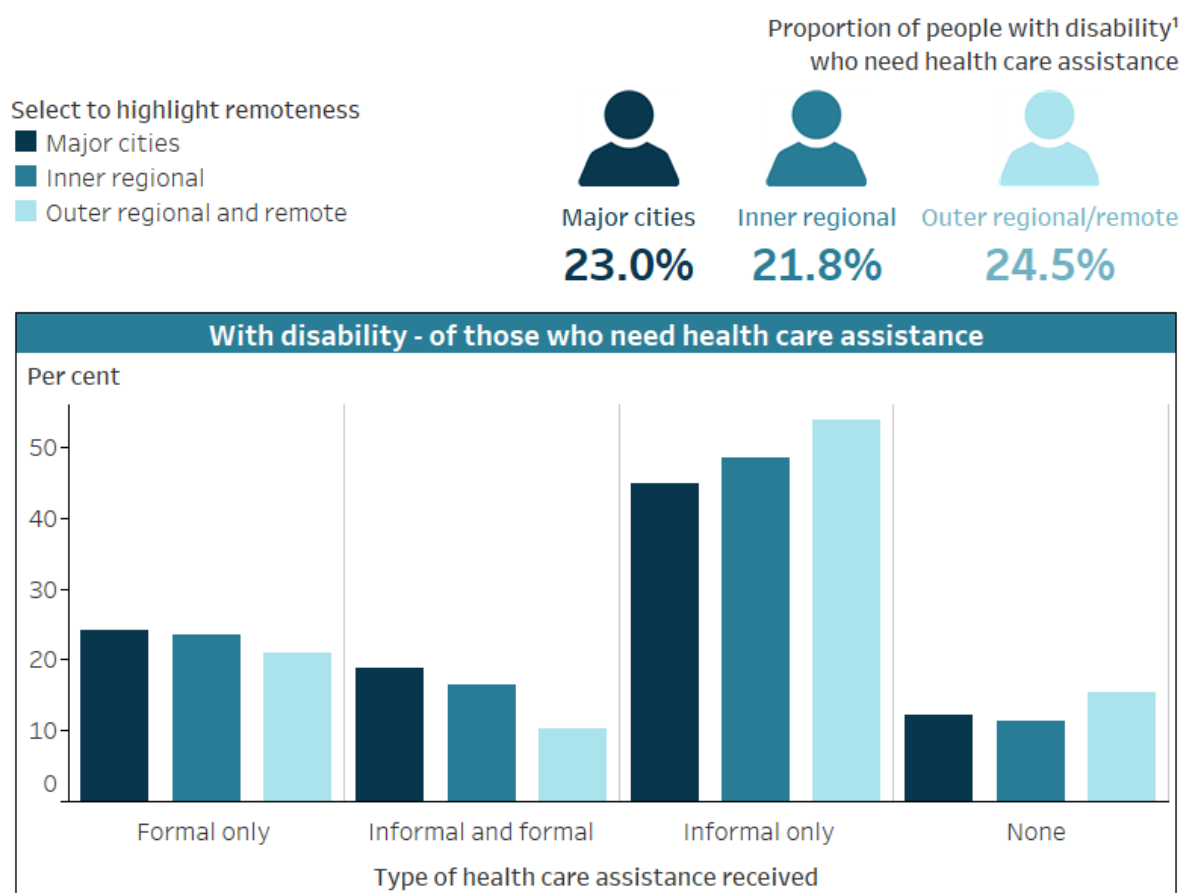
The higher rate of use of hospital emergency departments for non-hospital services in *Outer regional* and *Remote* areas partly occurs within a broader context of health services supply—type, volume and geographical distribution. Data from the National Health Workforce Dataset show that the number of health professionals per 100,000 population generally decreases as remoteness increases. In 2017, the rate of medical specialists, allied health professionals and dentists decreased with remoteness (AIHW 2019).

Other factors for understanding these differences include a higher proportion of people with disability living in *Outer regional* and *Remote* areas reporting that:

- they only receive informal assistance when they need help with health care
- they have experienced issues caused by a lack of communication between health professionals
- they have experienced discrimination from health staff (including GP, nurse, and hospital staff) (ABS 2019a).

This suggests that some people with disability in these areas may use a hospital emergency department as their point of contact with the health system because of the unavailability of other health services or a lack of communication or understanding about what services are available.

Figure ACCESS.3: Type of health care assistance received by people with disability¹, by remoteness, 2018



*Relative standard error of 25–50% and should be used with caution.

¹People aged 5–64 with disability living in households who need health care assistance.

Source: ABS 2019a; see also Table ACCE30.

<http://www.aihw.gov.au>

Level of disability

People aged under 65 with severe or profound disability living in the community are more likely than those with other disability to use health services, particularly medical specialists (Figure ACCESS.4).

This group is also more likely to:

- see 3 or more health professionals for the same condition
- have a health professional help coordinating their care
- face difficulties caused by lack of communication among health professionals.

Those without severe or profound disability are slightly more likely to report cost as the reason they delay seeing or do not see a GP or dental professional.

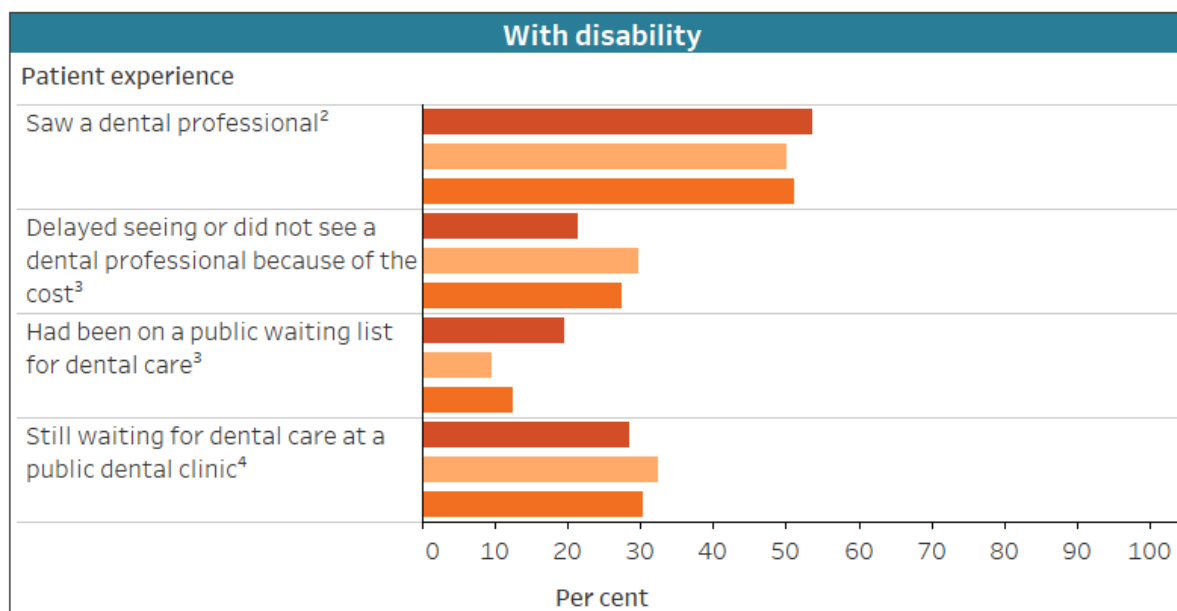
Figure ACCESS.4: Patient experience¹ of people with disability, by service and disability status, 2018

Select service

- ☐ General practitioner (GP)
- ☐ Medical specialist
- ☒ Dental professional
- ☐ Hospital
- ☐ Coordination of care

Select to highlight disability status

- ☒ Severe or profound disability
- ☐ Other disability
- ☐ All with disability



*Relative standard error of 25–50% and should be used with caution.

¹In the last 12 months.

²Of people aged 64 and under with disability living in households.

³Of people aged 64 and under with disability living in households who needed to see a dental professional in the last 12 months.

⁴Of people aged 64 and under with disability living in households who had been on a public dental waiting list in the last 12 months.

Source: ABS 2019a; see also tables ACCE1, ACCE13, ACCE15 and ACCE17.

<http://www.aihw.gov.au>

References

ABS (Australian Bureau of Statistics) 2016a. Microdata: National Health Survey, 2014–15, TableBuilder. ABS cat. no. 4324.0.55.001. Canberra: ABS. AIHW analysis of TableBuilder data.

ABS 2016b. Australian Statistical Geography Standard (ASGS): Volume 5 – remoteness structure, July 2016. ABS cat. no. 1270.0.55.005. Canberra: ABS.
<http://www.abs.gov.au/ausstats/abs@.nsf/mf/1270.0.55.005>

ABS 2019a. Microdata: disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of TableBuilder data.

ABS 2019b. Patient experiences in Australia: summary of findings, 2018–19. ABS cat. no. 4839.0. Canberra: ABS. <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4839.0>

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5. Social support

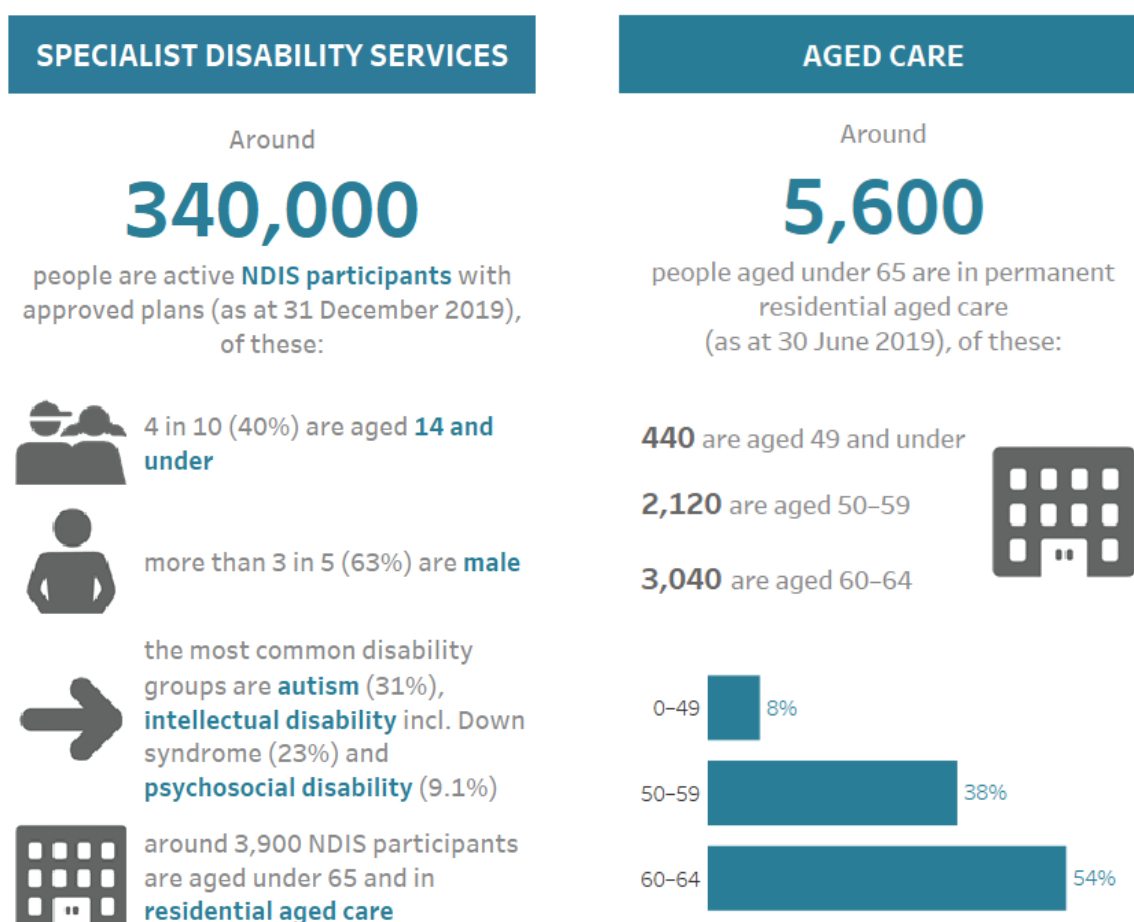


5. Social support

Australia has a wide range of social support services to help people in times of need. Services are provided by government and non-government organisations, professionals and volunteers.

Many people, including those with disability, use these services intermittently throughout their life—for example, in times of unemployment, relationship breakdown or housing crisis. Others may need longer-term support to participate fully in all facets of life.

In this domain, social support refers to government-funded support provided by specialist disability services and aged care services. However, social support can include many other aspects, such as [Housing assistance](#) and [Income support](#).



Specialist disability support services

1. About 157,000 people received open employment services under the National Disability Agreement (NDA) in 2018–19.
2. Around 339,000 people were active participants in the National Disability Insurance Scheme (NDIS) at 31 December 2019.
3. More than 3 in 5 (63%) active NDIS participants are male.
4. 4 in 10 (40%) active NDIS participants are aged 14 and under.

People with disability who need support can use specialist disability services, mainstream services, and/or be supported by informal carers. They may also receive financial assistance to help with daily activities (see [Income support](#) for more information on financial assistance).

This section focuses on one part of this broader, and interacting, system of supports—specialist disability support services funded or provided by government.

In 2018–19, support was provided to people with disability under both the National Disability Agreement (NDA) and the National Disability Insurance Scheme (NDIS). In that year total government expenditure on specialist disability services provided under the NDA decreased to \$4.2 billion in 2018–19, from \$6.7 billion in 2017–18 (SCRGSP 2020). In the same time, committed support to the NDIS increased, from \$7.7 billion in 2017–18, to \$14.5 billion in 2018–19 (NDIA 2019).

Specialist disability support services are now largely provided through the NDIS. Most, but not all, NDA services, and the people using them, have transitioned to the NDIS. This section provides information on:

- all services provided under the NDA up to 30 June 2019, when most services transitioned to the NDIS
- eligibility for and service provision in the NDIS
- met and unmet need for formal services (from the Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC)).

What are specialist disability support services?

Specialist disability support services help people with disability participate fully in daily life. They may supplement other support a person receives, such as that provided by mainstream services, the community and/or informal carers.

Disability support services may include:

- assistive technology (for example, wheelchairs, hearing aids, voice-recognition computer software)
- case management
- early childhood intervention services
- life skills development
- specialist accommodation and home modifications
- support to live in the community (for example, personal care and domestic assistance)
- support to participate in community activities
- respite care
- employment services.

Specialist disability support services are primarily aimed at people aged under 65, but support is also available to eligible people aged 65 and over.

Disability service provision is changing

In 2013, the NDIS was introduced in trial sites. It is being progressively rolled out across Australia from July 2016, with the scheme scheduled to be fully operational by 2020. At that point, the NDIS is expected to have largely replaced the provision of services under the NDA, except open employment services.

The NDIS changes how services are provided to people with disability. Eligibility is assessed against common criteria. Each participant receives an individual support plan and a funding package to pay for their support. The NDIS is not means tested and is an uncapped (demand-driven) scheme (Buckmaster 2017). Under the NDA, eligibility requirements varied between states and territories and service providers were mostly funded to deliver places in a set number of assistance programs.

Where can I find out more?

Detailed data tables are available at [Data](#).

NDA

Information on the use of specialist services under the NDA were collected and reported by the Australian Institute of Health and Welfare (AIHW) in the Disability Services National Minimum Data Set (DS NMDS). For more information, see [AIHW Disability services](#) and [AIHW Disability Services National Minimum Data Set](#).

NDIS

Data on the NDIS is collected and reported by the National Disability Insurance Agency (NDIA)—an independent statutory agency whose role is to implement the NDIS. The [NDIS](#) website provides information about the scheme for people with disability, families and carers, services providers and the wider community. For the latest data on the NDIS see [Data and insights](#) and [Quarterly reports](#).

ABS SDAC

Information on the Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC) is available at [ABS SDAC](#).

Use of disability services

Data on the use of disability services, including on met and unmet need for services, are available in the [Productivity Commission's Report on Government Services](#).

Support provided under the National Disability Agreement

In 2018–19, around 230,000 people used National Disability Agreement (NDA) specialist disability support services, at a cost of \$4.2 billion (AIHW 2020). This is 5.3% of the estimated 4.4 million people with disability in Australia (ABS 2019a; AIHW 2020).

The number of NDA service users has decreased in recent years as eligible service users progressively move to the National Disability Insurance Scheme (NDIS)—down from 280,000 in 2017–18 and 331,000 in 2016–17.

Of NDA service users:

- the average age was 39
- most (95%) were aged under 65
- almost 3 in 5 (57%) were male
- 5.5% were Aboriginal and Torres Strait Islander people
- the most common disability groups were:
 - psychosocial (32% as a primary disability and 46% including primary and other significant disability)
 - physical (25% and 42%)
 - intellectual (15% and 18%)
- 1 in 3 (33% or 77,000) used services largely expected to move to the NDIS (AIHW 2020).

The most commonly used NDA services in 2018–19 were:

- open employment services (68%), which help people gain and/or retain employment in the open labour market
- community support (21%), which help people with disability live in a non-institutional setting (AIHW 2020) (Table SERVICES.1).

Table SERVICES.1: NDA service type outlets and service users by service group, 2018–19

Service group	Service type outlets ^(a)	Service users	Change in service users (2017–18 to 2018–19) (%)
Accommodation support	3,070	12,777	–54.9
Community support	1,339	48,131	–54.2
Community access	1,005	18,563	–47.9
Respite	799	12,933	–51.1
Open employment	3,612	156,789	15.2
Supported employment	243	7,692	–48.1
Advocacy, information, alternative forms of communication	190	..	..
Other support	93	..	..
Total	10,351	229,752	–18.0

.. Not applicable.

(a) A service type outlet (STO) delivers a specific NDA service type at or from a discrete location. An STO is managed by an 'agency', which is usually a legal entity funded under the NDA to provide 1 or more types of services at 1 or more locations.

Source: AIHW 2020.

How many NDA service users will move to the NDIS?

In the Disability Services National Minimum Data Set (DS NMDS), once a service user has an approved NDIS plan and funding is available through the NDIA, they are considered to have transitioned to the NDIS.

During 2018–19, around 29,200 NDA service users moved to the NDIS (as reported in the DS NMDS). This is in addition to the 82,400 who made the transition since the NDIS began in 2013–14 (AIHW 2020).

Most, but not all, NDA service users are expected to transition to the NDIS. Some will not be eligible, such as those aged 65 and over who are not already participants. Also, some specialist disability programs, such as open employment services, are not included in the NDIS and will continue to operate separately. In 2018–19, around:

- 10,800 NDA service users were aged 65 and over (or 4.7% of NDA service users)
- 153,000 NDA service users of any age only used open employment services (67%) (AIHW 2020).

In 2018–19, the remaining NDA service users were less likely, than those who transitioned to NDIS, to:

- have an intellectual or learning disability (41% compared to 69%)
- always or sometimes need assistance with activities of daily living (75% compared to 89%)
- use supported employment services (6.1% compared to 16%)
- have an informal carer (54% compared to 65%) (AIHW 2020).

NDIA data published on people with an approved and active NDIS plan will not match the DS NMDS data on NDA service users who moved to the NDIS. There are several reasons for this. In particular, NDIA data include people who have not been reported as part of the DS NMDS. This includes:

- those who used services not reported to the DS NMDS
- those referred directly to the NDIS
- NDA service users who exited NDA services before their NDIS plan approval date.

In such cases, people will not appear in the DS NMDS as having transitioned to the NDIS.

Support provided through the National Disability Insurance Scheme

The National Disability Insurance Scheme (NDIS) is designed to provide Australians with 'permanent and significant disability' with the 'reasonable and necessary support' needed to participate in everyday life.

Active participants

At 31 December 2019, there were around 339,000 active NDIS participants with approved plans (with another about 2,700 Early Childhood Early Intervention participants) (NDIA 2020).

Of those active NDIS participants at 31 December 2019:

- 4 in 10 (40% or 136,000) are aged 14 and under
- more than 3 in 5 (63% or 210,000) are male (excluding gender 'not stated')
- 7.6% (or 20,500) identify as Aboriginal or Torres Strait Islander people (excluding 70,800 with Indigenous status 'not stated')
- 67% live in *Major cities* and 1.4% live in *Remote and very remote* areas
- the most common disability groups are autism (31%), intellectual disability (23%, including those with Down syndrome) and psychosocial disability (9.1%)
- 28% have a low level of function, 44% have a medium level of function and 27% have a high level of function, in terms of level of disability
- 3,900 are younger people in residential aged care (aged under 65) (NDIA 2020).

See [NDIS quarterly reports](#) for the latest data.

How is remoteness defined?

The remoteness categories used in this section are based on the Modified Monash Model to define whether a location is a city, rural, remote or very remote (NDIA 2016). The classifications are based on the ABS' Australian Statistical Geography Standard – Remoteness Areas framework and utilise Census data. For more information see [Modified Monash Model](#).

Eligibility

At 31 December 2019, 85% (or 379,000) of applicants to the NDIS were ever eligible.

Eligibility varies by age and gender. More than 4 in 5 (86% or 368,000) applicants aged 64 and under were ever eligible for the NDIS. Almost half (47% or 178,000) ever eligible applicants are aged 18 and under:

- 15% (or 57,700) aged 6 and under
- 24% (or 92,400) aged 7–14
- 7.2% (or 27,400) aged 15–18.

Eligibility generally decreases with age for males and females:

- 98% of male applicants aged 6 and under were ever eligible compared with 78% aged 55–64
- 97% of female applicants aged 6 and under were ever eligible compared with 66% aged 55–64.

The majority of eligible applicants are males, although with increasing age, females make up a larger proportion:

- 70% (or 104,000) aged 14 and under (excluding gender 'not stated') are males
- 53% (or 25,900) aged 55–64 are males (Figure NDIS.1).

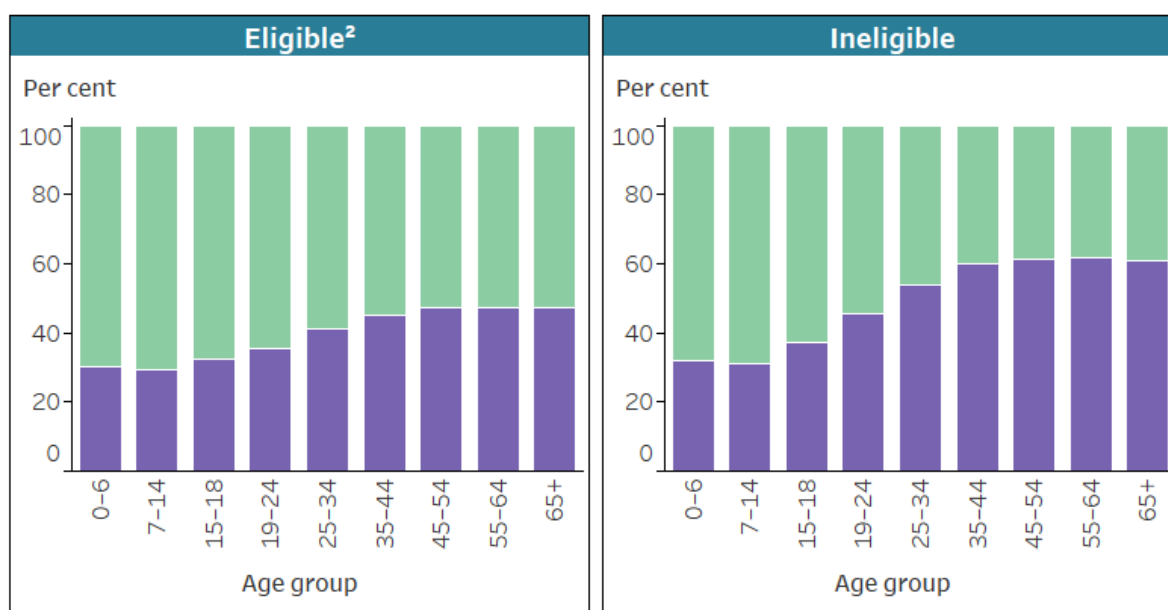
What does ever eligible mean?

Ever eligible is a count of people that have ever gained access to the NDIS. It includes people that have now had their access ceased or revoked. Access can be ceased or revoked for a number of reasons including: death, benefit early intervention conclude, self-elected exit.

Figure NDIS.1: Eligibility of NDIS applicants¹, by age group and gender, as at 31 December 2019

Select to highlight gender

■ Males
■ Females



¹Excludes gender 'not stated'.

²Ever eligible.

Source: National Disability Insurance Agency (NDIA) Business System; see also Table NDIS1.

<http://www.aihw.gov.au>

Eligibility does not vary by whether the applicant lives in an urban or remote location. Eligibility also does not vary by whether or not an applicant identifies as Aboriginal or Torres Strait Islander people.

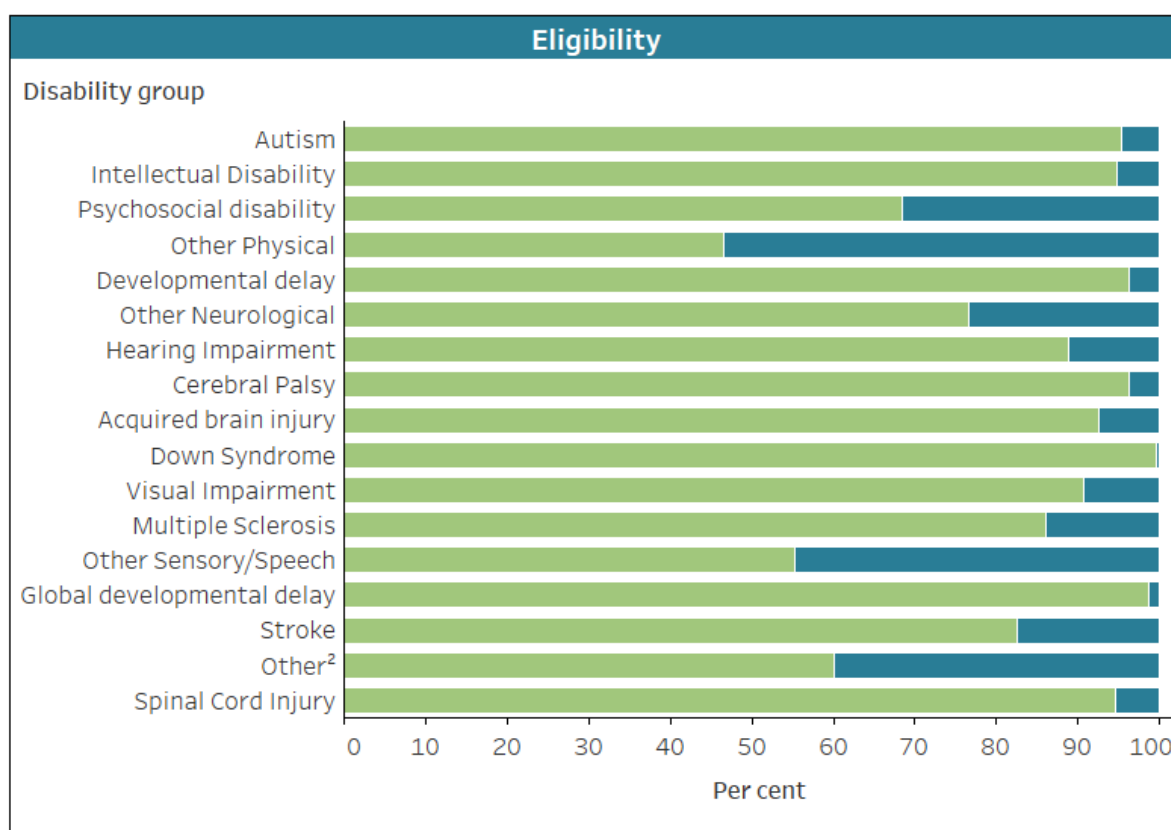
Eligibility does vary by disability group, for example of those aged 64 and under, for the 3 disability groups with the most applicants:

- 95% (or 112,000) of applicants with autism were ever eligible
- 95% (or 72,100) of applicants with intellectual disability were ever eligible
- 68% (or 34,100) of applicants with psychosocial disability were ever eligible (Figure NDIS.2).

Figure NDIS.2: Eligibility of NDIS applicants aged 0–64, by disability group, as at 31 December 2019

Select to highlight eligibility

■ Eligible¹ ■ Ineligible



¹Ever eligible.

²Includes missing.

Note: Disability group categories are listed from most applicants at the top to least applicants at the bottom.

Source: National Disability Insurance Agency (NDIA) Business System; see also Table NDIS2.

<http://www.aihw.gov.au>

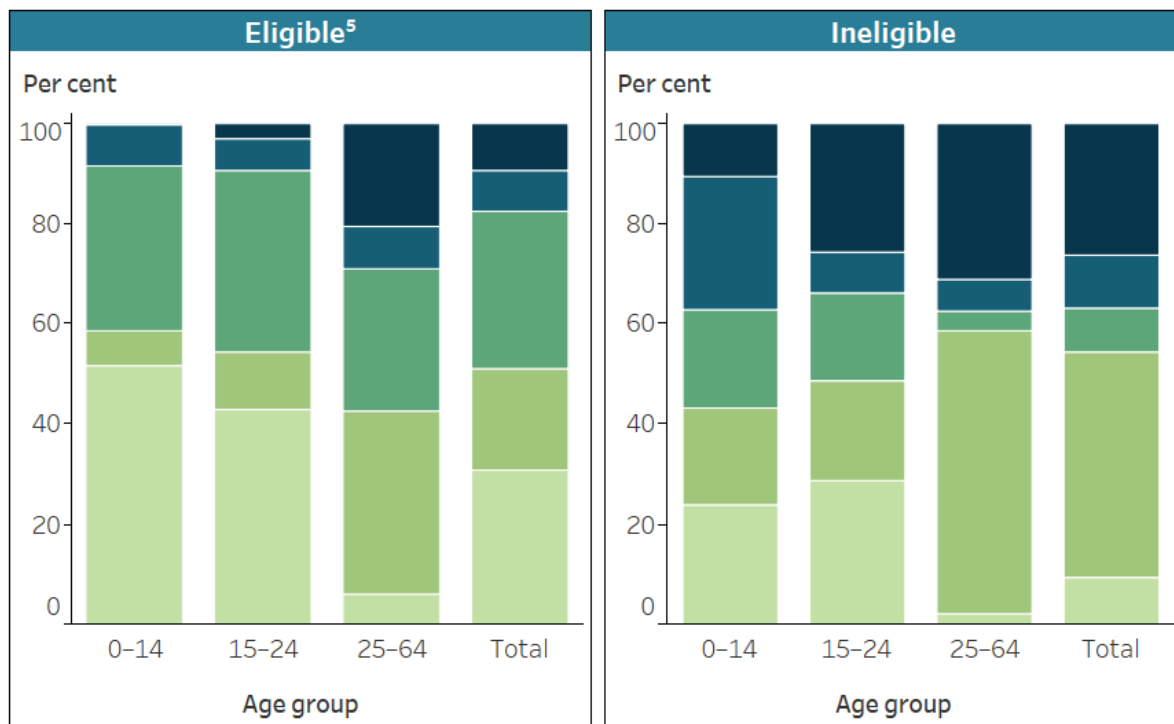
Differences in eligibility are also evident among disability groups by age group and gender. For example:

- 52% of ever eligible applicants aged 14 and under have autism and 0.2% have psychosocial disability
- 43% aged 15–24 have autism and 3.1% have psychosocial disability
- 5.9% aged 25–64 have autism and 21% have psychosocial disability (Figure NDIS.3).

Figure NDIS.3: Eligibility of NDIS applicants aged 0–64, by broad disability group¹ and broad age group, as at 31 December 2019

Select to highlight broad disability group

- Psychosocial disability
- Sensory/speech²
- Intellectual/learning³
- Physical/diverse⁴
- Autism



¹Excludes other and missing.

²Includes Hearing Impairment, Visual Impairment, and Other Sensory/Speech.

³Includes Intellectual Disability, Developmental delay, Global developmental delay, and Down Syndrome.

⁴Includes Acquired brain injury, Cerebral Palsy, Multiple Sclerosis, Spinal Cord Injury, Stroke, Other Neurological, and Other Physical.

⁵Ever eligible.

Source: National Disability Insurance Agency (NDIA) Business System; see also Table NDIS2.

<http://www.aihw.gov.au>

About the National Disability Insurance Scheme (NDIS)

The NDIS is a fundamental shift in the way Australians with significant and permanent disability access supports. It is founded in insurance principles to provide eligible Australians who have a permanent and significant disability, with the reasonable and necessary supports they need (NDIA 2019).

Once the NDIS is fully rolled out, the National Disability Insurance Agency (NDIA) estimates that the NDIS will provide around 500,000 Australians (478,000 aged under 65) with funding for supports and services. People with disability are directly funded under the NDIS, as distinct from the previous system of block funding to agencies and community organisations that provided disability support services under the National Disability Agreement (NDIA 2018).

Met and unmet need for formal services

An estimated 40% of people with disability living in households need assistance from formal providers (excluding those who do not know). These providers are most often private commercial organisations (for 61% of those receiving formal assistance) or government providers (46%) (a person can receive support from more than 1 provider) (ABS 2019b).

Survey of Disability, Ageing and Carers

Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this page as 'people with severe or profound disability'.

The SDAC includes some information on the level of service people with disability receive from formal (or organised) service providers. These data are provided here for context and are not intended to be a direct evaluation of specialist service provision under the National Disability Insurance Scheme (NDIS) or National Disability Agreement (NDA). In particular:

- the latest survey was conducted in 2018, which was part-way through the NDIS rollout
- not all formal services are specialist services
- formal services may or may not receive government funding.

Most (86%) people with disability who needed formal assistance with at least 1 activity received some support (from formal or informal sources). Most were satisfied with the quality and range of services:

- 82% of people with disability, aged 15 and over, who received formal assistance with at least 1 activity in the last 6 months were satisfied with the quality of service (where level of satisfaction could be determined)
- 73% of people with disability, aged 15 and over, who needed assistance with at least 1 activity from an organised service were satisfied with the range of services (where level of satisfaction could be determined) (ABS 2019b).

Not everyone with disability receives all the help they need from formal services. Common activities for which the need for formal assistance was unmet include:

- cognitive or emotional tasks (34% of people with disability living in households who need formal assistance with that activity)
- communication (31%)
- property maintenance (29%)
- household chores (26%)
- health care (15%)
- mobility (16%) (ABS 2019b).

The reasons given for not receiving any or more help from an organised service with at least 1 activity include:

- service costs too much (33% of people with disability with an unmet need for formal assistance)
- did not know of service (20%)
- will not ask or pride (14%)
- service does not provide sufficient hours (13%)
- no service available (12%)
- unable to arrange service (14%) (ABS 2019b).

NDIS outcomes framework

The NDIS outcomes framework questionnaires collect information on 8 life domains from participants, their families and their carers. It uses a lifespan approach to provide some measures of the medium- to long-term benefits to participants at different stages of life. This includes asking whether the NDIS has helped with various aspects of their life. For example, by 31 December 2019, for participants who have been in the NDIS for 3 years:

- 49% of participants aged 15 and over are able to participate in community and social activities
- 22% of participants aged 15 and over are able to participate in work
- 96% of parents and carers, of child participants aged 0 to before starting school, think the NDIS has improved their child's development (NDIA 2020).

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Younger people in residential aged care

1. Around 5,600 people aged under 65 are younger people in permanent residential aged care (at 30 June 2019).
2. Just over half (54%) of younger people in permanent residential aged care are males.
3. 7 in 10 (72%) younger people in permanent residential aged care, have a high level of need for help with behaviour.
4. On entry to permanent residential aged care, 9 in 10 (88%) people aged under 65 have limitations in self-care.

Government-subsidised aged care in Australia is provided based on need, not age. As such, sometimes even very young people take up permanent residential aged care to meet their care needs.

While for some people with disability, including some younger people, residential aged care is a setting of choice, generally younger people are considered to be better served by other services for their long-term care needs.

The [Younger People in Residential Aged Care—Action Plan](#) is an Australian Government initiative aimed at minimising the need for younger people to live in aged care facilities. Younger people who are eligible for the National Disability Insurance Scheme (NDIS), can also use their NDIS funding to access alternative accommodation and care arrangements.

What is meant by 'younger'?

There is no minimum age requirement to access government-subsidised aged care. For policy and planning purposes, however, people under the age of 65 years are considered 'younger' people in care.

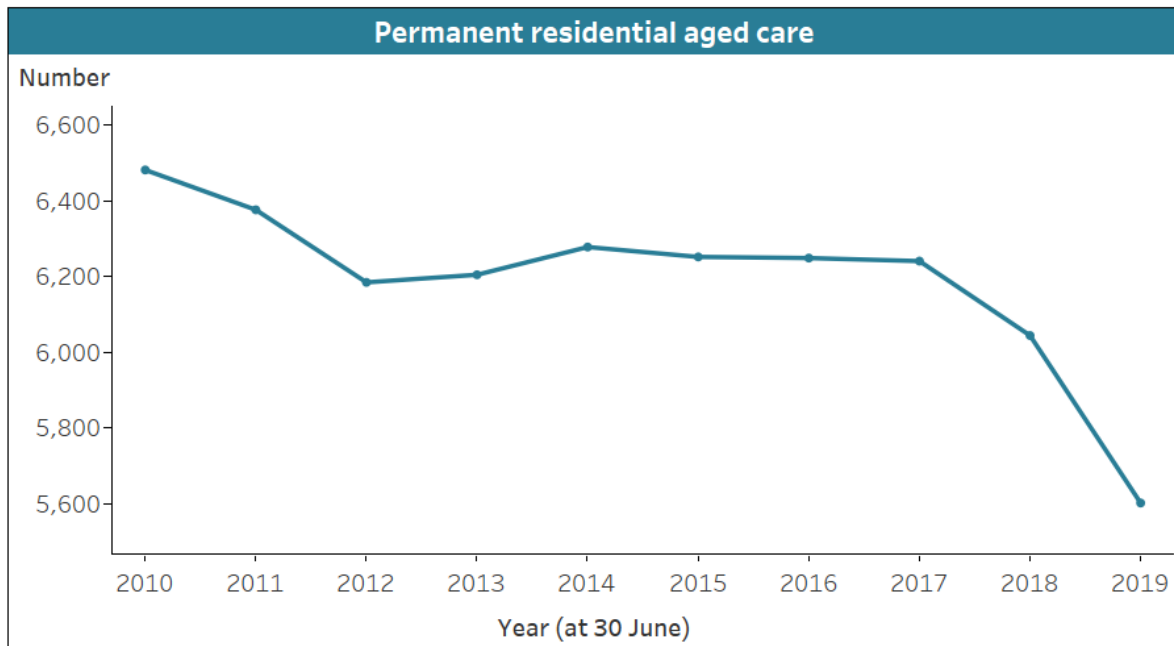
At 30 June 2019, 5,606 people aged under 65 were living in permanent residential aged care in Australia.

There is no direct way to identify disability using the available aged care data, nor is there information on why people enter (or stay in) permanent residential aged care.

On any given day, more than 5,500 younger people are in permanent residential aged care (about 3.1% of all people in permanent residential aged care at 30 June 2019). This has decreased since 2010 after being relatively stable, with around:

- 6,480 people aged under 65 in permanent residential aged care at 30 June 2010
- 6,280 at 30 June 2014
- 5,610 at 30 June 2019 (Figure RESIDENTIAL.1).

Figure RESIDENTIAL.1: People aged under 65 in permanent residential aged care, by year, 30 June 2010 to 30 June 2019



Source: National Aged Care Data Clearinghouse (NACDC) 2019; see also Table RESI2.
<http://www.aihw.gov.au>

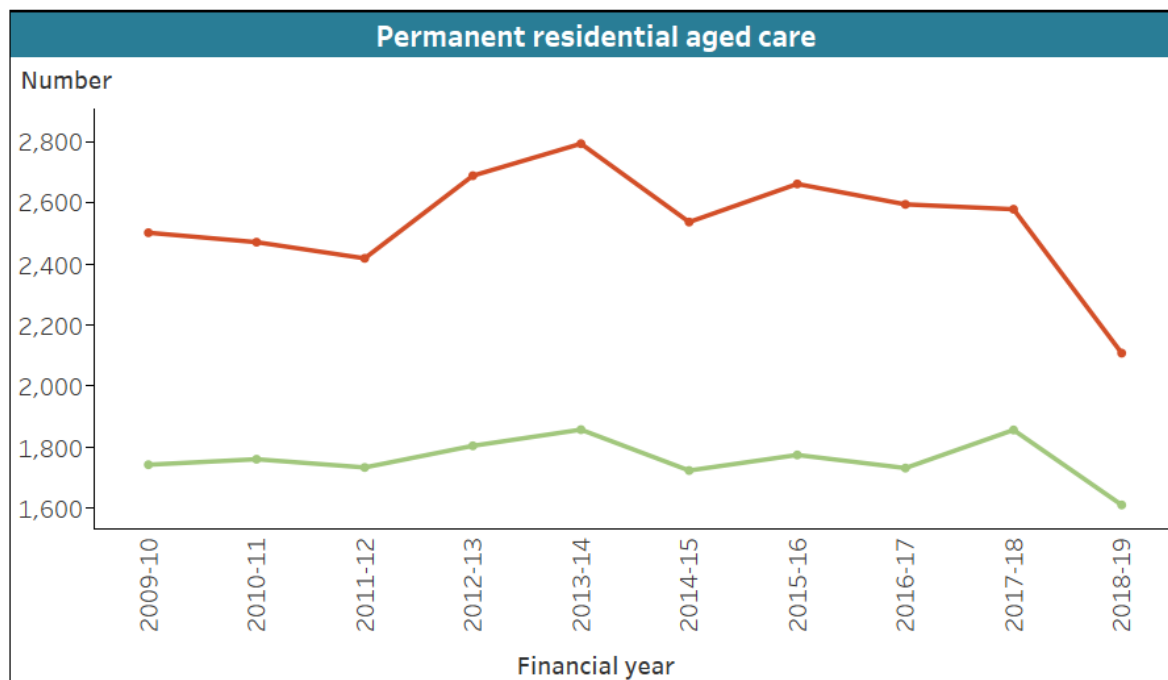
This was accompanied by a decrease over the same period in the number of admissions of people aged under 65 to permanent residential aged care (noting that an individual person can have more than 1 admission in a year, or across years):

- 2,510 in 2009–10
- 2,110 in 2018–19 (Figure RESIDENTIAL.2).

Figure RESIDENTIAL.2: Admissions and discharges from permanent residential aged care of people aged under 65, by year, 2009–10 to 2018–19

Select to highlight

- Admissions
- Discharges



Source: National Aged Care Data Clearinghouse (NACDC) 2019; see also Table RESI3.
<http://www.aihw.gov.au>

In addition to those people living in permanent residential aged care, on average, more than 2,000 younger people are admitted for respite residential aged care each year (2,200 people aged under 65 in 2018–19). Each stay in respite residential aged care is generally short, and younger people (aged under 65) also typically stay less than 4 weeks (64% in 2018–19).

To further understand the needs and characteristics of younger people living in residential aged care, the rest of this page uses administrative data from the AIHW's Pathways in Aged Care linked dataset and the National Aged Care Data Clearinghouse to describe:

- the activity limitations of people aged under 65 who first entered residential aged care
- the extent to which their main medical condition limits their daily activities
- their need for help with activities of daily living, behaviour and complex health care, of younger people in residential aged care
- their age and sex
- their Indigenous status
- their remoteness area.

Pathways in Aged Care link map

The best available measure of a person's functional limitations comes from the assessment undertaken by an Aged Care Assessment Team (ACAT, or Aged Care Assessment Services in Victoria). These teams assess and approve access to subsidised aged care programs, such as residential aged care. The result is an Aged Care Assessment Program (ACAP) assessment which aims to comprehensively assess people's needs and direct them to appropriate services (AIHW 2016).

To understand the assessment's association to take-up of care, it is necessary to link assessment data with residential aged care data. The AIHW's Pathways in Aged Care (PIAC) link map joins an aged care residents' ACAP assessment record with their residential aged care record. This enables analysis of their activity limitations and medical conditions as identified at the time of their latest ACAP assessment, before moving into permanent residential aged care.

The linkage of ACAP data to residential aged care data has only been completed up to June 2014. During 2013–14, around 8,700 people aged under 65 were in permanent residential aged care. This included around 2,300 people aged under 65 admitted to permanent residential aged care for the first time in this financial year. Of these, around:

- 230 (10%) were under 50 years
- 900 (40%) were 50–64 years
- 1,100 (50%) were 60–64 years (AIHW 2019a).

Aged Care Funding Instrument

Another view of people's care needs in permanent residential aged care is through the Aged Care Funding Instrument, which assesses the cost of care through a person's need for support with activities of daily living, behaviour and cognition, and complex health care. This assessment tool does not take a 'functional' approach like other disability measures do.

Where can I find out more?

Detailed data tables are available at [Data](#).

Information on:

- use of aged care services—[AIHW GEN](#)
- services the NDIS funds—[NDIS](#)
- people with disability from the most recent ABS SDAC—[ABS SDAC](#).

Activity limitations

Activity limitations reflect the difficulty a person has in executing a task or action.

Activity limitations in the Aged Care Assessment Program

In an ACAP assessment, a person is limited in an activity if they have difficulty carrying out the activity *and* require another person to assist or supervise.

The 10 recorded activity limitations can be divided into 'core' and 'other':

Core activities

- self-care—daily tasks to do with, for example, eating, dressing and toileting
- communication
- movement—for example, changing position or moving from chair or bed
- moving around—walking or otherwise moving between places at or away from home.

Other activities

- health care tasks—for example, taking medications or managing chronic health issues
- transport—driving or use of public transport
- social and community participation—including shopping, financial management and recreational activities
- assistance in domestic activities—managing household chores
- meal preparation
- home maintenance—such as basic house repairs and gardening.

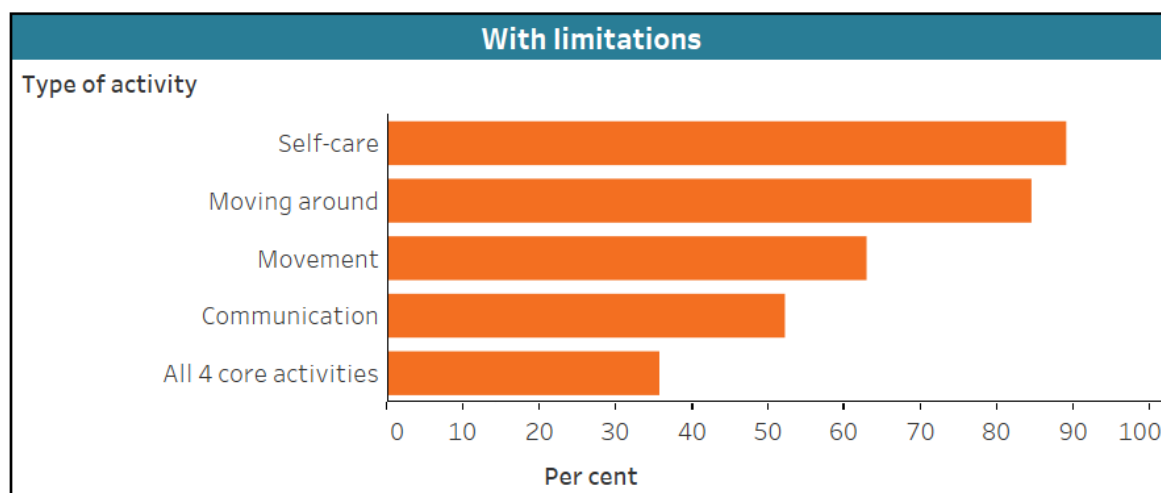
This assessment differs from the definition used in the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC), which uses 3 core activities—self-care, mobility, and communication—to determine severity of disability.

Core activities

Most younger people who enter permanent residential aged care have a limitation in 1 or more core activities (Figure RESIDENTIAL.3). The most common are related to self-care (88%) and moving around (77%). Fewer younger people (49%) have a limitation in movement, and fewer still have a limitation in communication (39%). About 1 in 4 (22%) have limitations in all 4 core activities defined by the Aged Care Assessment Program.

This varies by age. For example, those aged under 50 are more likely to have a core activity limitation than those aged 50–59 and 60–64. Almost 36% of those aged under 50 have an activity limitation in all 4 core activities, compared with 24% and 18% for those aged 50–59 and 60–64 respectively.

Figure RESIDENTIAL.3: Type of activity limitation for people aged under 65 who first entered permanent residential aged care, by activity type and broad age group, 2013–14



Source: AIHW analysis of PIAC 2014; see also Table RESI4.
<http://www.aihw.gov.au>

Other activities

Also common among younger people who enter permanent residential aged care are limitations relating to:

- transport (93%)
- health care tasks (92%)
- social or community participation (92%)
- domestic activities (87%)
- meal preparation (87%)
- home maintenance (73%) (Figure RESIDENTIAL.3).

Two in 3 (66%) have limitations in all 6 'other' activities.

Medical conditions

While multiple medical issues and health conditions often affect the need for care, investigating specific conditions commonly associated with particular needs can simplify the picture.

Medical conditions in Aged Care Assessment Program

The ACAP assessment records up to 10 diagnosed health conditions that impact on the person's need for assistance with activities of daily living and social participation. In the assessment, the disease or disorder listed first indicates the 'main' medical condition, which is the 1 with the greatest impact.

Overall, the most common main medical conditions of younger people in permanent residential aged care are:

- dementia (17%)
- cancer (13%)
- progressive neurological conditions, such as Huntington disease, Parkinson disease and motor neurone disease (10%)
- cerebrovascular disease (10%) (Table RESIDENTIAL.1).

These results vary by age. For those aged under 50, for example, the most commonly reported main condition is progressive neurological disorder (19%), followed by cancer (13%).

Table RESIDENTIAL.1: People who first entered permanent residential aged care aged under 65, main (first-listed) medical condition at assessment, by age group, 2013–14 (%)

Condition	Aged under 50	Aged 50–59	Aged 60–64	Total
Dementia	6.5	14.5	20.4	16.6
Cancer	12.5	12.8	12.7	12.7
Progressive neurological disorder	18.5	9.6	8.6	10.0
Cerebrovascular disease	11.6	9.7	9.6	9.9
Intellectual, chromosomal or developmental disorder	10.8	8.7	5.9	7.5
Depression, other mood disorder or psychosis	1.7	6.9	7.0	6.4
Other nervous system disorder	6.5	4.5	4.6	4.7
Head injuries	6.9	3.7	2.2	3.3
Other	6.5	4.5	4.6	4.7

Source: AIHW analysis of PIAC 2014.

Activity limitations by condition

Activity limitations of younger people in permanent residential aged care vary by medical condition. Almost 17% of people aged under 65, for example, have a main condition of dementia. Almost half (49%) of these have activity limitations in self-care and 1 or 2 other core activities (communication, movement, moving around) (Figure RESIDENTIAL.4).

Figure RESIDENTIAL.4: Core activity limitation for people aged under 65 who first entered permanent residential aged care, by main medical condition at assessment¹ and broad age group, 2013–14

Select main medical condition

Cerebrovascular disease

Select to highlight core activity limitations²

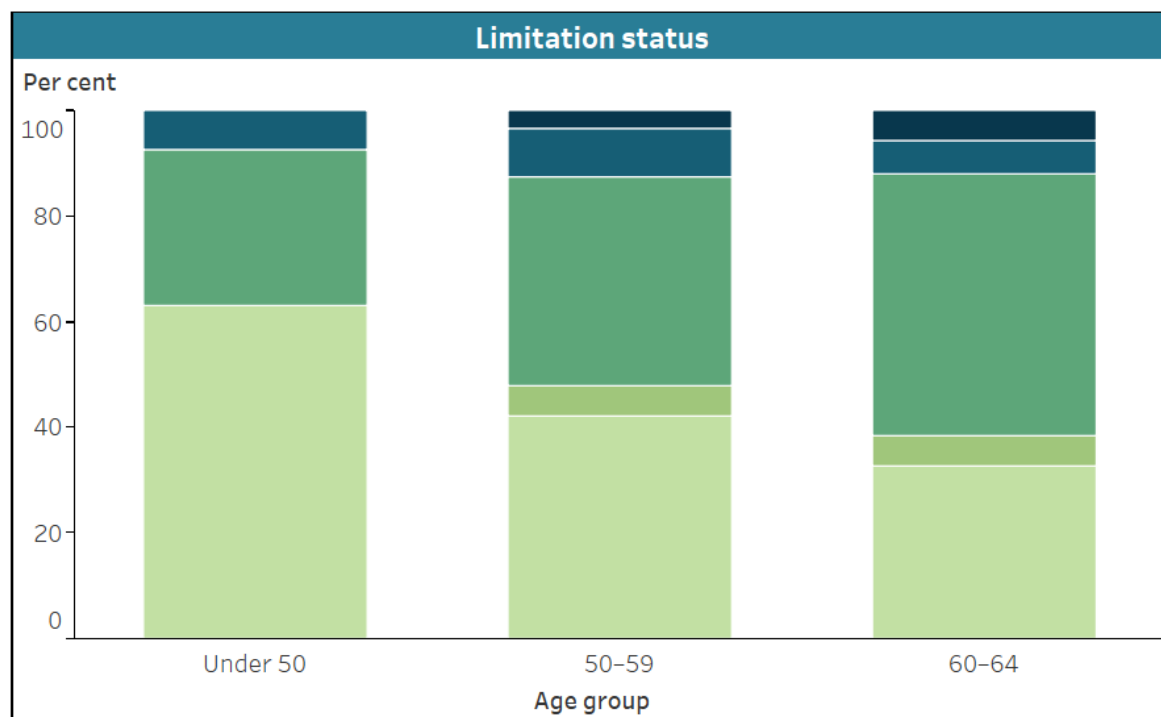
All 4 activities

Other combination

Self-care and one or two other

Self-care only

No limitation/not stated



¹First listed medical condition at assessment.

²Core activity limitations include self-care, communication, movement and moving around.

Source: AIHW analysis of PIAC 2014; see also Table RES15.

<http://www.aihw.gov.au>

Need for help

7 in 10 (72%) of the 5,606 younger people in permanent residential aged care have a high level of need for help with behaviour, for example cognitive skills, at 30 June 2019. More than half (56%) have a high level of need for help with activities of daily living, for example mobility. Half (50%) have a high level of need for help with complex health care.

The proportions for people aged 59 and under and those aged 60–64 in permanent residential aged care are similar for each ACFI level in all 3 categories (Figure RESIDENTIAL.5).

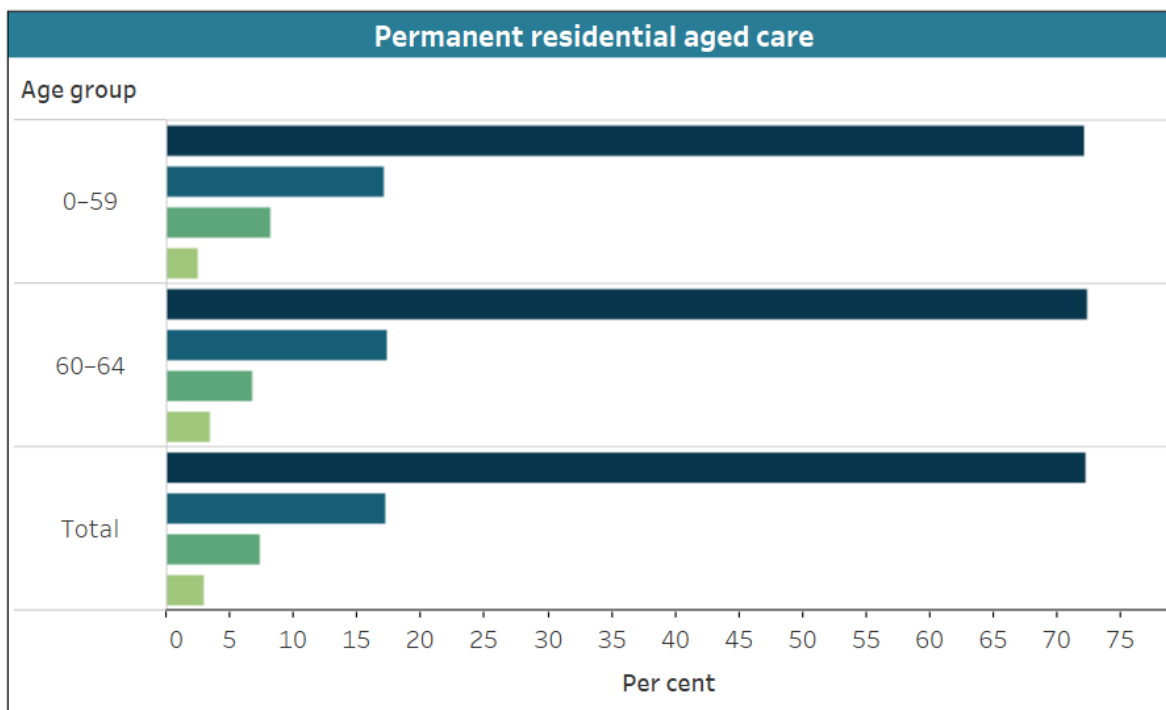
Figure RESIDENTIAL.5: People aged under 65 in permanent residential aged care, by Aged Care Funding Instrument (ACFI) level¹, broad age group and ACFI category, at 30 June 2019

ACFI category

- ☐ Activities of daily living
- ☒ Behaviour
- ☐ Complex health care

Select to highlight ACFI level

- ☒ High
- ☐ Medium
- ☐ Low
- ☐ Nil



¹Excludes ACFI level 'Not stated'.

Source: National Aged Care Data Clearinghouse (NACDC) 2019; see also Table RESI6.

<http://www.aihw.gov.au>

How is the level of need for help determined?

In this section, the Aged Care Funding Instrument (ACFI) level is used to categorise the level of help needed by each person in residential aged care. This information is used to calculate the funding received by the residential aged care provider. The ACFI is used to assess a person's need for support with activities of daily living, behaviour, and complex health care (Department of Health 2016). In each of the 3 domains, the person is assigned an ACFI level of need of high, medium, low or nil.

The Activities of Daily Living Domain includes need for help with nutrition, mobility, personal hygiene, toileting, and continence. The Behaviour Domain includes cognitive skills, wandering, verbal behaviour, physical behaviour, and depression. The Complex Health Care Domain includes the administration of medicines and health care procedures.

Demographics

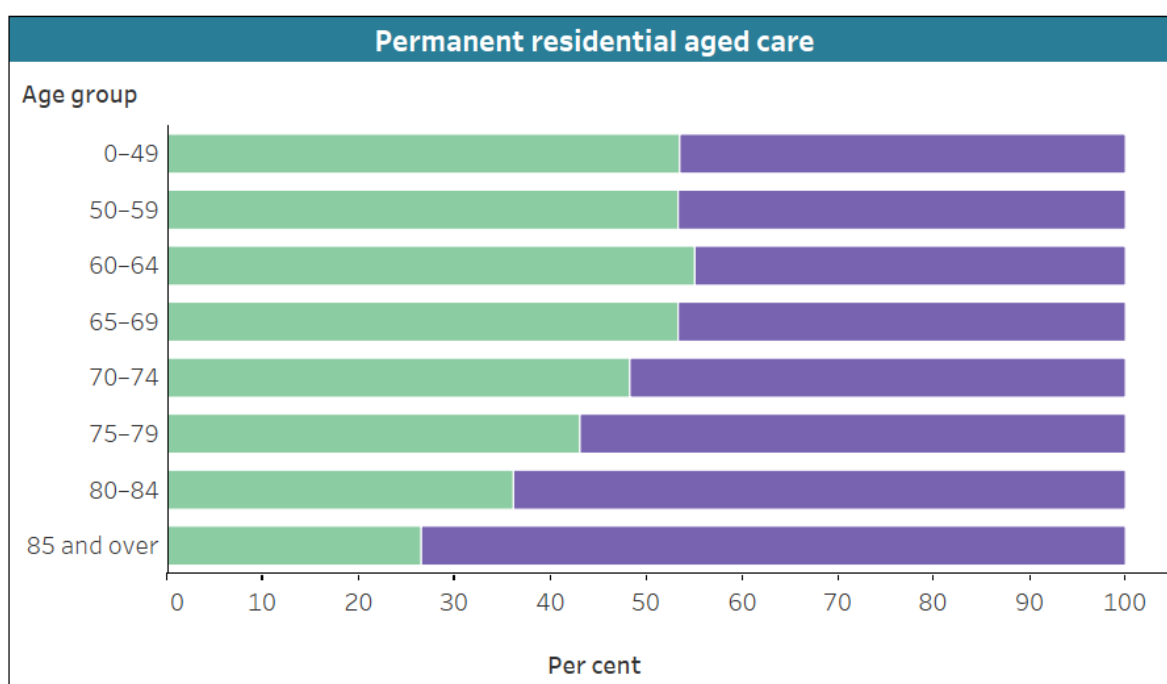
Sex and age

Just over half (54% or 3,000) of younger people in permanent residential aged care are males, at 30 June 2019—and is consistent for people aged 49 and under, 50–59, and 60–64. The pattern is very different for people aged 65 and over, where the majority (67%) of people in permanent residential aged care are females (Figure RESIDENTIAL.6).

Figure RESIDENTIAL.6: People in permanent residential aged care, by age group and sex, at 30 June 2019

Select to highlight sex

- Males
- Females



Source: National Aged Care Data Clearinghouse (NACDC) 2019; see also Table RESI1.
<http://www.aihw.gov.au>

Of the 3,000 younger males in permanent residential aged care, at 30 June 2019:

- 8% are aged 49 and under
- 37% are aged 50–59
- 55% are aged 60–64 (Figure RESIDENTIAL.7).

The pattern is similar for the 2,570 younger females in permanent residential aged care, at 30 June 2019:

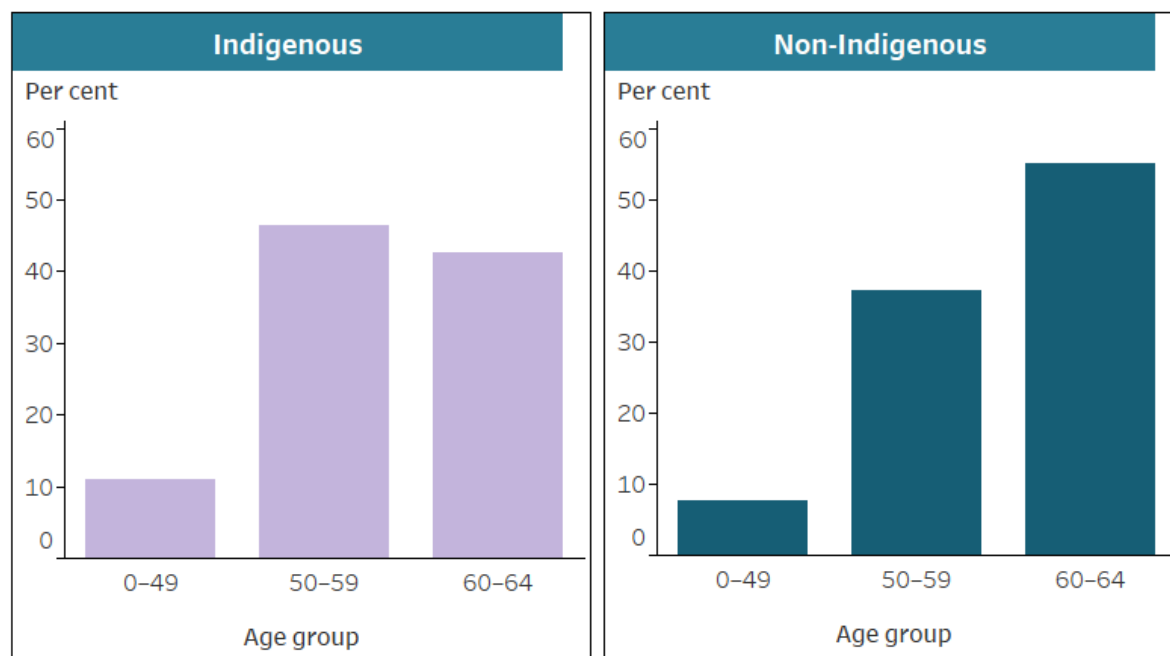
- 8% are aged 49 and under
- 39% are aged 50–59
- 53% are aged 60–64 (Figure RESIDENTIAL.7).

Figure RESIDENTIAL.7: People aged under 65 in permanent residential aged care, by age group, sex and Indigenous status¹, at 30 June 2019

Select to view by

☐ Sex

☒ Indigenous status



¹Due to the non-compulsory nature of self-identified Indigenous status, this number may be an underestimation of the true number using these programs.

Note: Access to aged care services in Australia is determined by need, rather than age. However, planning for aged care services takes into account the specific needs of the Indigenous population aged 50 and over and the non-Indigenous population aged 65 and over.

Source: National Aged Care Data Clearinghouse (NACDC) 2019; see also tables RESI1 and RESI8.

<http://www.aihw.gov.au>

Aboriginal and Torres Strait Islander people

The proportion of younger people in permanent residential aged care who identify as Aboriginal and/or Torres Strait Islander people (7.4% excluding Indigenous status 'not stated') is higher than the proportion of the total Australian population aged 0–64 who are Indigenous (3.8%) (ABS 2019). At 30 June 2019 (excluding Indigenous status 'not stated'):

- 10% of people aged 49 and under in permanent residential aged care identify as Indigenous
- 9.0% of people aged 50–59
- 5.8% of people aged 60–64 (Figure RESIDENTIAL.7).

By comparison, 1.0% of all people in residential aged care (including those aged 65 and over) identify as Aboriginal and/or Torres Strait Islander people (excluding Indigenous status 'not stated').

The Aboriginal and Torres Strait Islander population has a much younger age structure than the non-Indigenous population, due to higher rates of fertility and deaths occurring at younger ages. However, as with the general population, the Indigenous population is also ageing (AIHW 2019b).

Indigenous status

People in residential aged care are asked if they identify themselves as of Aboriginal and/or Torres Strait Islander origin. The question is not compulsory and may not be asked consistently, so the numbers reported in this section may be an underestimation of the true number of Indigenous people using these programs. Indigenous people may also access aged care services under the dedicated National Aboriginal and Torres Strait Islander Flexible Aged Care Program, and this can also affect the number of Indigenous people using 'mainstream' residential aged care.

What is meant by 'younger'?

Access to aged care services in Australia is determined by need, rather than age. However, planning for aged care services takes into account the specific needs of the Indigenous population aged 50 and over and the non-Indigenous population aged 65 and over (AIHW 2019b).

At 30 June 2019, 45 people aged under 50 were living in permanent residential aged care and identified themselves as Aboriginal and/or Torres Strait Islander people.

Remoteness

Of the 5,600 younger people in permanent residential aged care at 30 June 2019:

- 68% are in *Major cities*
- 21% are in *Inner regional areas*
- 8.8% are in *Outer regional areas*
- 1.3% are in *Remote areas*
- 0.6% are in *Very remote areas*.

These proportions are similar to the proportions of people who live in each of these remoteness areas (ABS 2020).

How is remoteness defined?

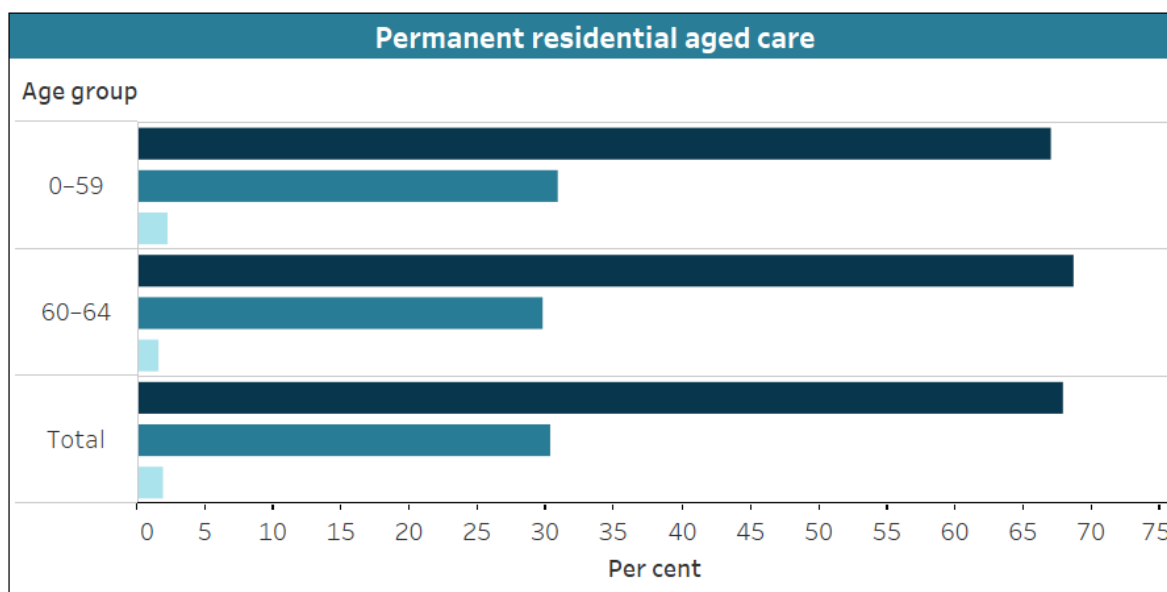
The remoteness categories used in this section are based on the ABS Australian Statistical Geography Standard (ASGS 2016). Records are distributed by Remoteness Area based on the location of the aged care service through which care was provided.

The proportions for people aged 59 and under and those aged 60–64 in permanent residential aged care are very similar for each remoteness area (Figure RESIDENTIAL.8).

Figure RESIDENTIAL.8: People aged under 65 in permanent residential aged care, by broad age group and remoteness¹, at 30 June 2019

Select to highlight remoteness

- Major cities
- Inner and outer regional
- Remote and very remote



¹Remoteness Area is based on the ABS Australian Statistical Geography Standard (ASGS 2016).

Note: Information about geographical location (remoteness) is based on location of service provider for all programs except Home and Community Care. Although the location of service outlets can be used to infer the location of care recipients, it is possible that outlets provide services to care recipients who live outside the outlets' jurisdictions or geographical areas.

Source: National Aged Care Data Clearinghouse (NACDC) 2019; see also Table RESI9.

<http://www.aihw.gov.au>

References

- ABS (Australian Bureau of Statistics) 2016. Australian Statistical Geography Standard (ASGS): Volume 5 – remoteness structure, July 2016. ABS cat. no. 1270.0.55.005. Canberra: ABS. <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1270.0.55.005>
- ABS 2019. Estimates and projections, Aboriginal and Torres Strait Islander Australians, 2006 to 2031. ABS cat. no. 3238.0. Canberra: ABS. AIHW analysis of estimates <https://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/3238.0>
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- AIHW (Australian Institute of Health and Welfare) 2016. National Aged Care Data Clearinghouse Data Dictionary. Version 1.0. Cat. no. AGE 80. Canberra: AIHW.
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- Department of Health 2016. Aged Care Funding Instrument (ACFI) user guide. Canberra: Department of Health. <https://www.health.gov.au/resources/publications/aged-care-funding-instrument-acfi-user-guide>

6. Justice and safety



6. Justice and safety

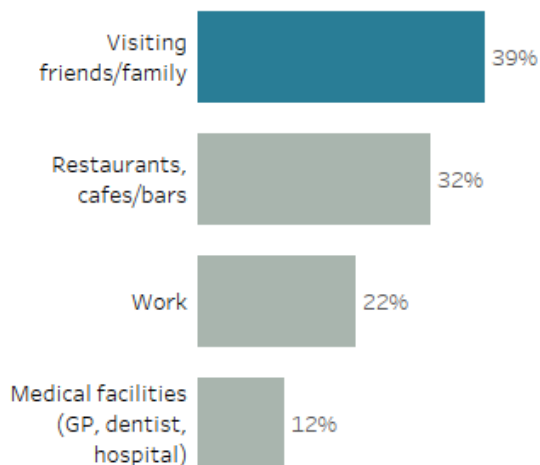
People with disability may experience higher rates of violence, abuse and neglect than people without disability. Some may also face barriers in asserting their rights before the law. Exploring the extent of violence experienced or perpetrated by people with disability, as well as their interactions with the justice system and the quality and safety of the supports they receive, can provide information to improve outcomes for this vulnerable group.

DISCRIMINATION

1 in 3

people aged 15 and over with disability have avoided situations because of their disability in the last year.

Commonly avoided **personal interactions** of those who avoided at least 1 situation



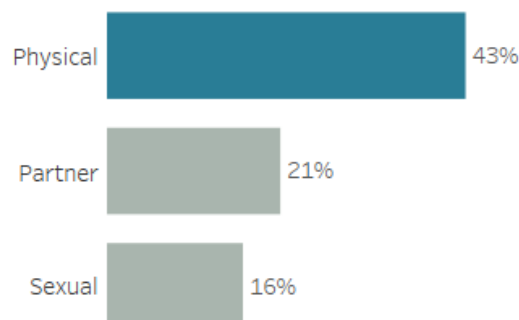
VIOLENCE

47%

of adults with disability have experienced violence after the age of 15, compared with 36% of those without disability.



More than 2 in 5 people with disability have experienced **physical violence** after the age of 15.



Disability discrimination

1. 44% of complaints received by the Australian Human Rights Commission are about disability discrimination.
2. 1 in 10 (9.6%) people aged 15 and over with disability have experienced disability discrimination in the last year.
3. 1 in 3 (33%) people aged 15 and over with disability avoided situations because of their disability in the last year.
4. 1 in 6 (17%) people aged 15 and over with disability have difficulty using public transport.

Discrimination happens when a person, or group of people, is treated less favourably than others because of their background or personal characteristics.

Experiencing discrimination makes participating in everyday life more difficult. It can affect education and employment opportunities and limit social interactions. A person unable to participate in everyday activities, or who avoids situations, may be at higher risk of adverse outcomes, including social isolation, unemployment and poor health.

What is disability discrimination?

Disability discrimination occurs when a person with disability is treated unequally, less favourably, or not given the same opportunities as other people because of their disability. The treatment may be direct or indirect.

Direct discrimination involves overt acts, often intentional, such as explicitly denying rights under the law or deliberately excluding people with disability from community life. For example, refusing a person entry to a café because they have a guide dog.

Indirect discrimination involves passive or unthinking acts. It can be unintentional or accidental. It occurs when a practice, policy or rule that applies to everyone causes unreasonable disadvantage to a person with disability. For example, if the only way to enter a public building is by a set of stairs, this indirectly discriminates against people with disability who use wheelchairs (AHRC 2012).

What is the law?

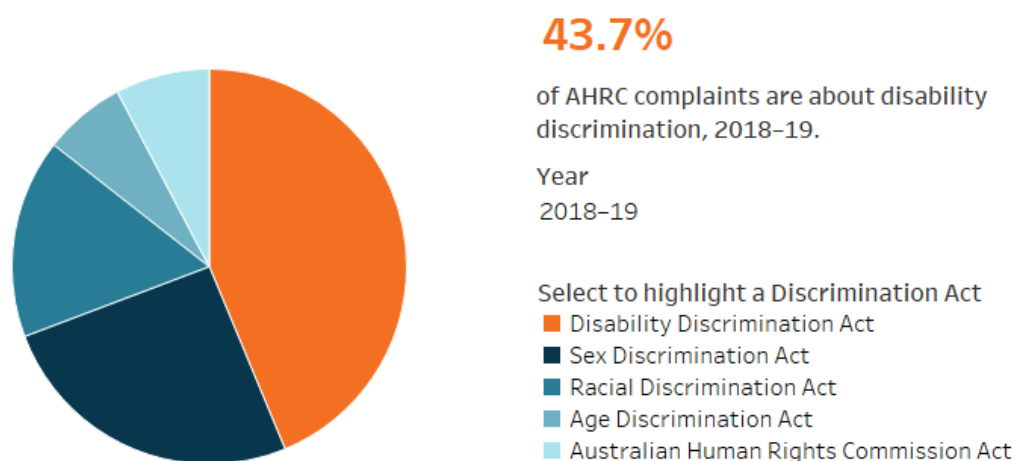
The [Disability Discrimination Act 1992](#) (Cwlth) makes it against the law to treat people unfairly because of their disability.

In the last year, an estimated:

- 1 in 4 (23%) people aged 15 and over with disability experienced some form of discrimination (including disability discrimination), compared with 1 in 6 (17%) without disability (ABS 2015).
- 1 in 10 (9.6%) people aged 15 and over with disability, living in households, experienced disability discrimination (ABS 2019a).

Disability discrimination complaints are consistently the largest category of complaints reported to the Australian Human Rights Commission (AHRC) (Figure DISCRIMINATION.1).

Figure DISCRIMINATION.1: Discrimination complaints received by the Australian Human Rights Commission (AHRC), by Act, 2013–14, 2014–15, 2015–16, 2016–17, 2017–18 and 2018–19



Source: AHRC 2019; see also Table DISC1.
<http://www.aihw.gov.au>

Survey of Disability, Ageing and Carers

Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC) 2018. The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

The SDAC includes information on the barriers people with disability can face in participating in everyday life in Australia. These discrimination data are collected for people with disability aged 15 and over living in households who had a personal interview. In the discrimination module, discrimination refers to people who felt they had been unfairly considered or treated because of their disability.

Unlike other modules in the SDAC, the discrimination module does not allow response by a proxy. A proxy is a person aged 15 years and over who answers the survey questions on behalf of someone who has been selected for interview. A proxy interview may be conducted:

- when the selected person is less than 15 years of age, or
- when the selected person is aged 15–17 years and parental consent to interview them personally has not been provided, or
- due to the selected person's illness, injury or language difficulties (ABS, 2019b).

Australian Human Rights Commission complaints data

Complaints data in this section are sourced from the AHRC, for 2018–19. This independent statutory organisation is set-up to protect and promote human rights in Australia and internationally.

People who experience discrimination can complain to the AHRC. Each year, the AHRC compiles data on these complaints and releases it [on its website](#). A complaint may raise several grounds and areas of discrimination and can be against 1 or more respondents.

Where can I find out more?

Detailed data tables are available at [Data](#).

More information on:

- ABS SDAC—[ABS SDAC](#)
- complaints to the AHRC, and the Disability Discrimination Act—[AHRC](#); a copy of the Act can be found in the [Federal Register of Legislation](#)
- ABS' General Social Survey (GSS)—[ABS GSS](#), includes information on a broader experience of discrimination (that is, not only disability discrimination) for people with and without disability (based on the ABS' Short Disability Module).

Sources of discrimination

People with disability may experience discrimination from various sources. In Australia, this discrimination most often occurs in relation to the provision of goods and services and employment. Experiencing discrimination in 1 area of life can result in people avoiding that particular situation as well as avoiding other situations.

Of the estimated 314,000 people aged 15 and over with disability, living in households, who experienced disability discrimination in the last year:

- 1 in 5 (21%) said it was by an employer
- 1 in 3 (34%) said it was by a person who provided goods or services (for example, health staff, bus and taxi drivers, hospitality staff, or sales assistants)—the biggest contribution being from health staff (22% of all people who experienced disability discrimination)
- 1 in 6 (15%) said it was by work colleagues (Table DISCRIMINATION.1).

Of the more than 2,000 disability discrimination complaints the AHRC received in 2018–19:

- 1 in 3 (35%) related to goods, services and facilities
- more than 1 in 4 (27%) to employment
- 1 in 8 (13%) to education (AHRC 2019).

Table DISCRIMINATION.1: Source of disability discrimination in the last 12 months^(a), by disability status, 2018 (%)

Source of discrimination	Severe or profound disability	Other disability	All with disability
Employer	13.9	25.9	20.7
Work colleagues	10.9	18.3	15.0
Family or friends	18.3	21.1	21.0
Providers of goods or services^(b)	43.7	26.6	34.0
Strangers in the street	22.9	15.9	18.3
Other sources^(c)	28.5	30.4	29.4
Total	100.0	100.0	100.0

(a) People aged 15 and over with disability living in households who had a personal interview and experienced disability discrimination.

(b) Includes health staff (GP, nurse, hospital staff), bus drivers/rail staff/taxi drivers, restaurant/hospitality staff, and sales assistants.

(c) Includes teacher or lecturer, and other.

Note: More than 1 source of discrimination may be reported. Components will not add to total.

Source: ABS 2019a; see also Table DISC3.

What is meant by situations?

In this section situations refer to work and study, service, hospitality and retail venues, social situations, public transport, and public places.

Other sources of discrimination

People with disability may also experience discrimination in terms of environmental or structural elements that limit their access to, and ability to participate in, the community. This is often indirect discrimination.

The physical environment, for example, can present a barrier to how some people with disability participate in community life. Public spaces, in particular, might have obstacles that make moving around the community and participating in everyday activities difficult. This includes accessing buildings or facilities. 1.3 million people with disability, aged 15 and over living in households, had challenges with mobility or communication. Of these people, around 1 in 3 (32% or 429,000) found it difficult to access buildings or facilities (ABS 2019a).

Difficulties accessing buildings or facilities are often related to the design of a structure or its surrounds. For example, of those who found it difficult to access a building or facility in the last year:

- around 2 in 3 (64% or 277,000 people) faced difficulty getting around the building, including with stairs, internal doors, corridor widths or obstructed walkways
- around 1 in 2 (47% or 203,000 people) faced difficulty with approach areas, including ramps, handrails and lighting
- 4 in 10 (41% or 175,000 people) had difficulty with car parking facilities (ABS 2019a).

The types of building or facilities these people most often had difficulty accessing in the last year are:

- shops and banks (63% or 270,000 people)
- medical facilities (44% or 187,000 people)
- restaurants and cafés (30% or 130,000 people)
- government buildings (26% or 113,000 people) (ABS 2019a).

Some people with disability also find it difficult to use public transport. About 1 in 6 (17% or 650,000) people aged 15 and over with disability, living in households, have difficulty using some or all forms of public transport. This includes:

- using steps (45% or 294,000 people)
- getting to stops or stations (27% or 176,000 people)
- finding a seat or standing (22% or 145,000 people)
- facing fear or anxiety (21% or 140,000 people) (ABS 2019a).

About 1 in 7 (14% or 518,000) people aged 15 and over with disability, living in households, are unable to use public transport at all. About 1% (36,000) do not leave home (ABS 2019a).

Large differences, in the likelihood of finding it difficult to use public transport, occur between people with severe or profound disability (37% or 382,000) and other people with disability (9.5% or 267,000), aged 15 and over living in households. One in 3 (34% or 343,000) people with severe or profound disability are unable to use public transport at all, compared with 1 in 16 (6.3% or 176,000) other people with disability (ABS 2019a).

Community and social participation

Discrimination directly affects a person's participation and inclusion in everyday activities. It can also lead to people avoiding everyday activities, such as going to school or work, attending events or seeking medical help. This, in turn, increases the risk that people with disability will experience social isolation, which can affect their overall health and wellbeing.

What is social isolation?

Social isolation is where a person has minimal contact with others. It differs from loneliness, which is a negative feeling or emotion a person has about having less social contact or connection than desired.

Research suggests that social isolation is associated with:

- poor health outcomes, such as increased mortality
- poorer health behaviours, such as smoking and physical inactivity
- undesirable biological effects, such as high blood pressure and inflammation (AIHW 2019).

See [Health risk factors and behaviours](#) for more information on risk factors and health for people with disability.

About 1 in 3 (33% or more than 1 million) people aged 15 and over with disability, living in households, avoided situations because of their disability in the last year. Of those who avoided at least 1 situation because of their disability:

- 39% avoided visiting family or friends
- 34% avoided going to shops and banks
- 32% avoided going to restaurants, cafés or bars
- 25% avoided using public transport
- 22% avoided work
- 20% avoided using public parks or recreation venues (Figure DISCRIMINATION.2).

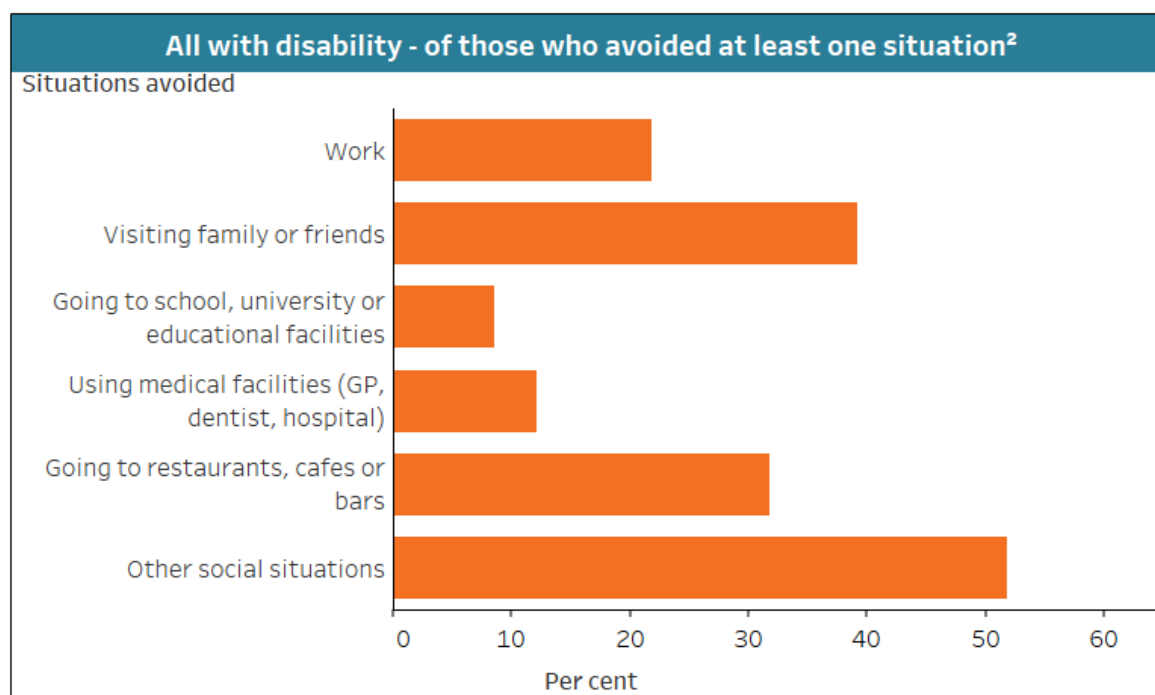
Large differences, in the likelihood of avoiding situations because of disability, occur between people with severe or profound disability and other people with disability, aged 15 and over living in households. Over half (52% or 370,000) of people with severe or profound disability avoided situations compared with 1 in 3 (28% or 713,000) other people with disability. Of those who avoided at least 1 situation because of their disability, 39% (143,000) of people with severe or profound disability avoided public transport compared with 17% (121,000) other people with disability (Figure DISCRIMINATION.2).

Figure DISCRIMINATION.2: Type of situation avoided for people with disability¹, by disability status, 2018

View by type of situation
☒ Personal interactions
☐ Public interactions

Disability status
☐ Severe or profound disability
☐ Other disability
☒ All with disability

33.1%
of all people¹ with disability have avoided at least one situation².



¹People with disability aged 15 and over living in households who had a personal interview.

²Avoided at least one situation because of their disability in the last 12 months.

Source: ABS 2019b; see also tables DISC9 and DISC10.

<http://www.aihw.gov.au>

People with disability are even more likely to avoid situations because of their disability if they have experienced discrimination. Around 4 in 5 (80% or 251,000) people aged 15 and over who have experienced disability discrimination in the last year also avoided situations because of their disability in that time (figures DISCRIMINATION.3 and DISCRIMINATION.4). This is compared with around 3 in 10 (28% or 834,000 people) who have not experienced discrimination.

People with severe or profound disability are even more likely to avoid situations if they have experienced discrimination (85%) and this varies depending on the situation avoided (Figure DISCRIMINATION.4).

Figure DISCRIMINATION.3: Whether have avoided at least one situation¹ for people with disability², by whether have experienced discrimination¹ and disability status, 2018

Select to highlight whether have experienced discrimination¹

■ Have experienced discrimination ■ Have not experienced discrimination



¹Because of their disability in the last 12 months.

²People with disability aged 15 and over living in households who had a personal interview.

Source: ABS 2019; see also Table DISC9.

<http://www.aihw.gov.au>

Figure DISCRIMINATION.4: Situations avoided for people with disability¹, by whether have experienced discrimination² and disability status, 2018

View by type of situation

- ☒ Personal interactions
☐ Public interactions

Disability status

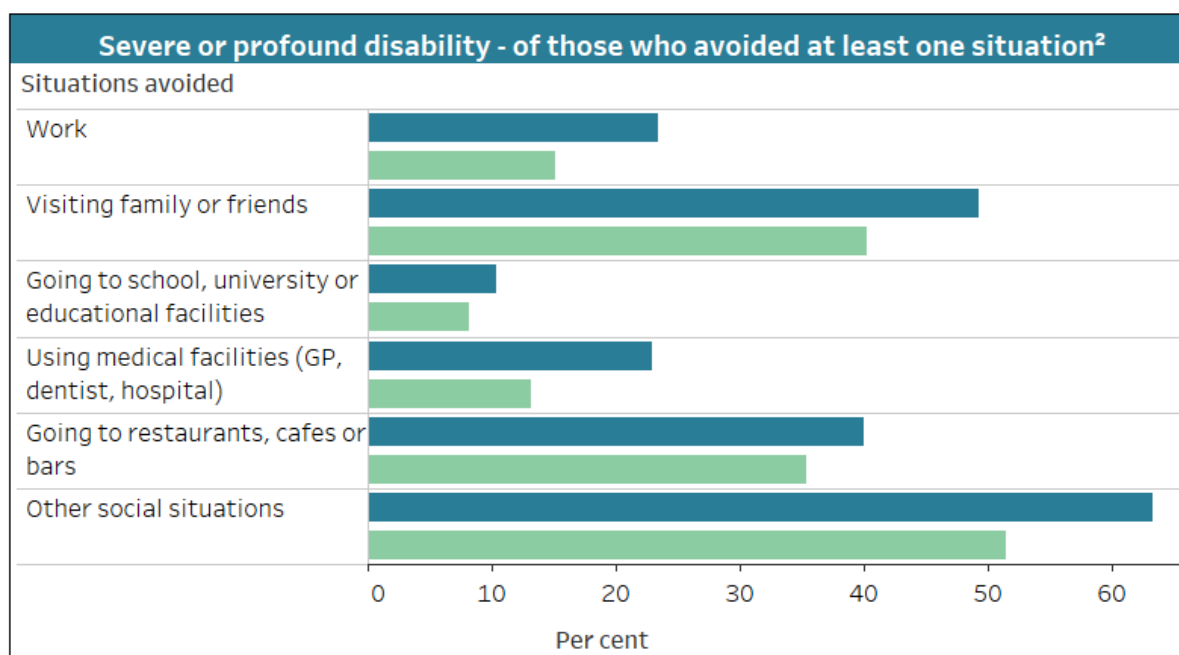
- ☒ Severe or profound disability
☐ Other disability
☐ All with disability

18.0%
of people¹ with severe or profound disability
have experienced discrimination²

Select to highlight

whether have experienced discrimination²

- ☒ Have experienced discrimination
☐ Have not experienced discrimination



* Relative standard error of 25%–50% and should be used with caution.

¹People with disability aged 15 and over living in households who had a personal interview.

²Because of their disability in the last 12 months.

Source: ABS 2019; see also Table DISC10.

<http://www.aihw.gov.au>

Disability group

Disability group is a broad categorisation of disability. It is based on underlying health conditions and on impairments, activity limitations and participation restrictions. It is not a diagnostic grouping, nor is there a one-to-one correspondence between a health condition and a disability group.

The ABS SDAC broadly groups disabilities depending on whether they relate to functioning of the mind or the senses, or to anatomy or physiology. Each disability group may refer to a single disability or be composed of a number of broadly similar disabilities. The SDAC identifies 6 separate groups based on the particular type of disability identified, these are:

- sensory (sight, hearing, speech)
- intellectual (difficulty learning or understanding)
- physical (including breathing difficulties, chronic or recurrent pain, incomplete use of limbs and more)
- psychosocial (including nervous or emotional conditions, mental illness, memory problems, and social or behavioural difficulties)
- head injury, stroke or acquired brain injury
- other (restrictions in everyday activities due to other long-term conditions or ailments) (ABS 2019b).

People with psychosocial disability (disability related to mental health conditions) are the most likely disability group to avoid situations because of their disability. An estimated 2 in 3 (67% or 413,000) people aged 15 and over, with psychosocial disability living in households, avoided situations in the last year, compared with 1 in 4 (25% or 277,000) with sensory and speech disability (ABS 2019a).

Females (35% or 610,000) with disability, living in households, were more likely to avoid situations because of their disability in the past year than males (31% or 475,000). This is more pronounced for females with psychosocial disability (69% or 231,000) compared with 64% (or 182,000) males (ABS 2019a).

People with psychosocial disability are also more likely to experience discrimination because of their disability. Around 1 in 4 (24% or 149,000) people aged 15 and over, living in households, with psychosocial disability experienced disability discrimination in the last year, compared with 1 in 17 (7.5% or 82,000 people) with sensory and speech disability (ABS 2019a).

Females (10% or 178,000) with disability, living in households, were more likely to experience disability discrimination in the past year than males (8.8% or 136,000). This is more pronounced for females with psychosocial disability (26% or 86,000) compared with 22% (or 63,000) of males (ABS 2019a).

People with psychosocial disability also account for the highest proportion of disability discrimination complaints the AHRC receives. A total of:

- 32% of complaints are by people with psychosocial disability
- 18% are by people with physical disability
- 9.3% are by people with intellectual or learning disability
- 9.0% are by people with sensory disability (AHRC 2019).

Education

People with disability are less likely to be engaged in education, particularly higher education, than people without disability (see [Education and skills](#) for more information). This can be influenced by experiencing discrimination, including:

- being explicitly denied educational rights, such as attending school
- not having reasonable adjustments made to the educational environment or tasks to make it possible for them to participate equally, such as modifying equipment or assessment procedures.

In the last year, of people aged 15 and over with disability living in households, an estimated:

- 1 in 32 (3.1% or 9,700) of those who experienced disability discrimination, have experienced disability discrimination from a teacher or lecturer
- 1 in 6 (17% or 31,000) attending a school or other educational institution experienced disability discrimination, inside or outside the education system
- 1 in 11 (8.6% or 93,000) of those who avoided situations because of disability, avoided going to school, university or an educational facility (ABS 2019a)—about 1 in 3 (35% or 32,000) of these experienced disability discrimination in that time (Table DISCRIMINATION.2).

Who does the SDAC capture?

The discrimination module of the SDAC is collected for people with disability aged 15 and over living in households who had a personal interview. The high age cut-off of 15 years and the necessity of it being a personal interview, means that only 182,000 students are included. These students may attend secondary school, university, TAFE or technical college, or other educational institutions such as business college and industry skills centres. See [Engagement in education](#) for more details.

Table DISCRIMINATION.2: Whether have experienced discrimination for those^(a) who avoided^(b) an educational facility^(c), 2018

Whether experienced discrimination	%	Estimate ('000)
Have experienced discrimination	34.6	32.1
Have not experienced discrimination	65.8	61.0
Total	100.0	92.7

(a) People aged 15 and over with disability living in households who had a personal interview.

(b) Because of their disability in the last 12 months.

(c) Including school, university or educational facility.

Source: ABS 2019a; see also Table DISC10.

Other sources of information

Children and Young People with Disability Australia (CYDA) conducted a small national education survey in 2019 of 505 young people with disability and families and caregivers of children with disability. The survey explored the experiences of inclusive education in Australia. Due to the design of this survey, it is not considered representative. There is the potential for bias and the results should be used with caution.

The majority of respondents were families of students with disability (97%) and the rest were students with disability. The survey had representation from all states and territories and students were: 68% males, 3.2% Indigenous, 61% aged 4–12 and 34% aged 13–18, 65% attending government school and 24% attending non-government school.

Some of the students and their families faced enrolment barriers, for example 63 students with disability had been refused enrolment. Of these, 32 students were refused by a government school and 16 students by a non-government school. Reasons provided for exclusion included schools advising families they lacked the necessary supports and resources (14 students), and some students had been denied enrolment on multiple occasions (13 students).

Some of the students (74 students) had been suspended in the previous 12 months. Some of these had been suspended multiple times (31 students).

Many students (203 students) were excluded from events or activities at school in the previous 12 months. Some of these were excluded from excursions (32 students), sports (25 students) and special events (22 students) (CYDA 2019).

Employment and income

Compared with people without disability, people with disability generally have:

- lower rates of labour force participation
- lower rates of employment
- higher rates of unemployment
- greater reliance on government pensions or benefits as their main source of income than people without disability.

See [Employment](#) and [Income](#) for more information.

Participation in employment and the ability to be financially independent, can be affected by experiencing discrimination. This can include people with disability:

- being directly denied employment
- having employers fail to provide reasonable adjustments in the workplace to enable them to work safely and productively, such as providing safe access to the workplace or assistive technology.

People who have experienced discrimination because of their disability are less likely to be employed than those who have not. An estimated 1 in 3 (34% or 89,000) working-age (aged 15–64) people with disability who have experienced discrimination in the last year are employed, compared with 1 in 2 (53% or 755,000) who did not (ABS 2019a).

People with disability who are unemployed (24%) are more likely to experience disability discrimination than people who are employed (11%). Similarly, people who are not in the labour force (20%) are more likely than those who are employed (Table DISCRIMINATION.3).

Table DISCRIMINATION.3: Labour force status of working-age people with disability^(a), by whether have experienced discrimination^(b), 2018 (%)

Labour force status	Have experienced discrimination	Have not experienced discrimination	Total
Employed	10.5	89.3	100.0
Full-time	9.0	90.7	100.0
Part-time	13.0	87.7	100.0
Unemployed	24.4	74.1	100.0
Not in the labour force^(c)	20.0	80.1	100.0

(a) Aged 15–64 living in households who had a personal interview.

(b) Because of their disability in the last 12 months.

(c) People who are not employed or unemployed. Includes people who undertake unpaid household duties or other voluntary work only, are retired, voluntarily inactive and those permanently unable to work.

Note: Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes. Due to these processes, figures may differ from those published by the ABS and across tables.

Source: ABS 2019a.

Of people aged 15–64 with disability who avoided situations in the last year, an estimated 3 in 10 (30% or 223,000) avoided going to work (ABS 2019a). About 1 in 3 (32% or 71,000) of these experienced some form of disability discrimination in that time:

- 1 in 5 (17%) from an employer or work colleague
- 1 in 5 (19%) from another source (Table DISCRIMINATION.4).

Table DISCRIMINATION.4: Whether have experienced discrimination for those^(a) who avoided work^(b), by source of discrimination, 2018

Source of discrimination	%	Estimate ('000)
Have experienced discrimination	31.9	71.1
Employer or work colleague	17.3	38.6
Other sources ^(c)	19.3	43.0
Have not experienced discrimination	68.0	151.5
Total	100.0	222.7

(a) People aged 15–64 living in households who had a personal interview.

(b) Because of their disability in the last 12 months.

(c) Other sources includes family or friends, teacher or lecturer, health staff (GP, nurse, hospital staff), bus drivers/rail staff/taxi drivers, restaurant/hospitality staff, sales assistants, strangers in the street, and other.

Note: A person may have experienced discrimination from more than 1 source, so components will not add to total. A person who experienced discrimination from more than 1 source is counted only once in aggregated totals.

Source: ABS 2019a.

Working-age people with disability who experience disability discrimination from an employer or colleague are twice as likely to avoid work as those who experience disability discrimination from another source, and around 4 times as likely as those who did not experience disability discrimination. In the last year, of people aged 15–64 with disability, an estimated:

- 45% (or 39,000) who experienced disability discrimination from an employer or work colleague, avoided work
- 21% (or 43,000) who experienced disability discrimination from another source, avoided work
- 11% (or 151,000) who did not experience disability discrimination, avoided work.

Australians with disability often have lower levels of income than people without disability (see [Income](#) for more information). Those who experience disability discrimination are even more likely to have lower incomes than those who have not—74% (or 169,000) aged 15–64 with disability who have experienced disability discrimination in the last year are in the bottom 5 personal income deciles (\$700 or less of personal weekly income), compared with 61% (or 746,000) who had not.

Health

People with disability who experience disability discrimination are almost twice as likely as those who do not to report poorer health. More than half (56% or 177,000) of people aged 15 and over with disability who have experienced disability discrimination in the last year rated their health as fair or poor, compared with 1 in 3 (33% or 982,000) who had not (Figure DISCRIMINATION.5).

Self-assessed health status

Self-assessed health status is a commonly used measure of overall health in which a person is asked to compare their own health with others around them.

It reflects a person's perception of their own health at a given point and provides a broad picture of a population's overall health. It has some limitations, including being influenced by factors such as a person's access to health services (for example, to diagnosis and treatment), and level of education.

In the ABS SDAC, self-assessed health status is collected for people aged 15 and over, with disability living in households who had a personal interview, against a 5-point scale from excellent through to poor.

People with disability who experience disability discrimination are more than twice as likely as those who have not to have high or very high levels of psychological distress. An estimated 67% (or 205,000) of people aged 18 and over with disability who have experienced disability discrimination in the last year have a high or very high level of psychological distress, compared with 27% (or 785,000) who had not (ABS 2019a).

Kessler Psychological Distress Scale (K10)

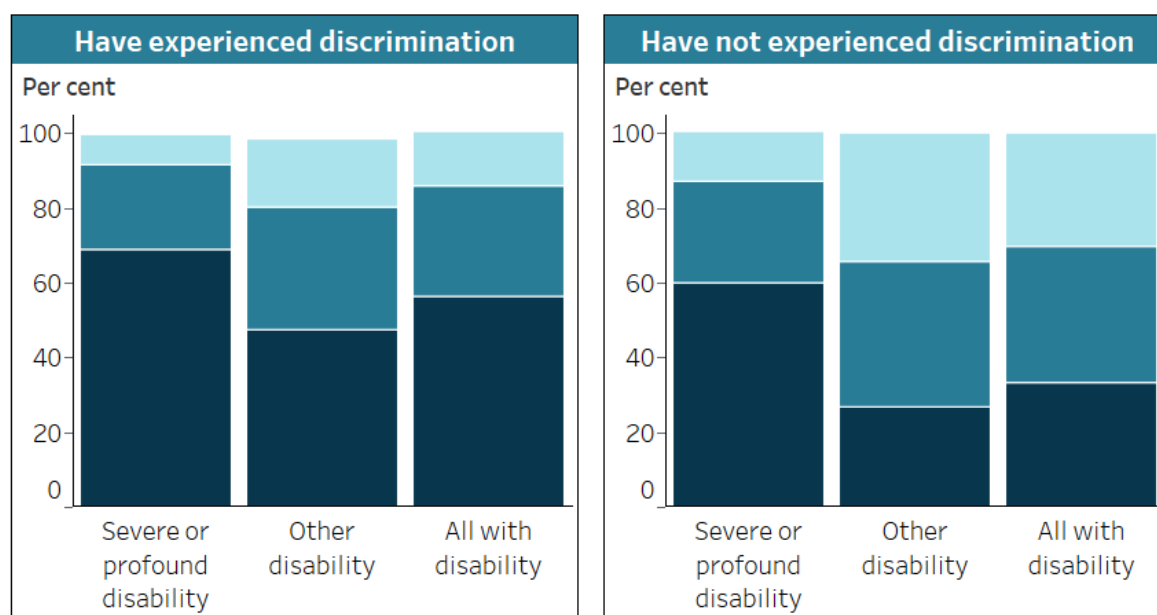
The Kessler Psychological Distress Scale (K10) is a survey device used to measure non-specific psychological distress in people. It uses a set of 10 questions about negative emotional states that participants in the survey may have experienced in the 4 weeks leading up to their interview. Higher levels of psychological distress indicate that a person may have, or is at risk of developing, mental health issues.

The ABS SDAC is collected for people with disability aged 18 and over who had a personal interview.

Figure DISCRIMINATION.5: Health status for people with disability¹, by type of health assessment, whether have experienced discrimination² and disability status, 2018

Type of health assessment
☒ Self-assessed health status
☐ K10 score

Select to highlight health status
☐ Excellent/very good
☒ Good
☒ Fair/poor



¹People with disability living in households who had a personal interview. Self-assessed health status collected for people aged 15 and over; K10 score collected for people aged 18 and over.

²Because of their disability in the last 12 months.

Note: Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also tables DISC17 and DISC18.

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Experiencing discrimination may also result in people with disability avoiding medical facilities. An estimated 1 in 8 (12% or 131,000) aged 15 and over with disability, who avoided a situation due to their disability, avoided medical facilities in the last year. About 1 in 3 (37% or 48,000) of this group experienced disability discrimination in that time:

- 1 in 7 (14%) from health staff
- 3 in 10 (29%) from other sources (Table DISCRIMINATION.5).

Table DISCRIMINATION.5: Whether have experienced disability discrimination for those^(a) who avoided^(b) medical facilities^(c), by source of discrimination, 2018

Source of discrimination	%	Estimate ('000)
Have experienced discrimination	36.5	48
From health staff (GP, nurse, hospital staff)	13.9	18.2
From other sources ^(d)	29.1	38.3
Have not experienced discrimination	64.8	85.2
Total	100.0	131.4

(a) Aged 15 and over living in households who had a personal interview.

(b) Because of their disability in the last 12 months.

(c) Including GP, dentist or hospital.

(d) Including employer, work colleagues, family or friends, teacher or lecturer, bus drivers/rail staff/taxi drivers, restaurant/hospitality staff, sales assistants, strangers in the street, and other.

Note: A person may have experienced discrimination from more than 1 source, so components will not add to total. A person who experienced discrimination from more than 1 source is counted only once in aggregated totals.

Source: ABS 2019a.

People with disability who experience disability discrimination from health staff are around twice as likely to avoid medical facilities as those who experience disability discrimination from another source and around 9 times as likely as those who did not experience disability discrimination. In the last year, an estimated:

- 26% (or 18,000) of people aged 15 and over with disability who experienced disability discrimination from health staff avoided medical facilities
- 14% (or 38,000) who experienced disability discrimination from another source avoided medical facilities
- 2.9% (or 85,000) who did not experience disability discrimination avoided medical facilities in that time (ABS 2019a).

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Violence against people with disability

1. 1 in 2 (47%) adults with disability have experienced violence after the age of 15.
2. 1 in 6 (16%) adults with disability have experienced sexual violence after the age of 15.
3. 2 in 5 (43%) adults with disability have experienced physical violence after the age of 15.
4. 1 in 5 (20%) adults with disability have experienced abuse before the age of 15.

Acts of violence can affect anyone. But some people, such as those with disability, may be especially vulnerable to experiencing violence.

What is violence, abuse and intimate partner violence?

Violence

Violence can take many forms. Two main types are:

- Sexual—behaviours of a sexual nature carried out against a person's will, such as sexual assault (for example, rape, indecent assault and attempts to force a person into sexual activity) or threat of sexual assault.
- Physical—incidents involving the use or threat of physical force with the intent to harm or frighten a person, such as physical assault or threat of physical assault.

Violence can be perpetrated by strangers or by someone the person knows.

In this section, violence is defined as any incident involving the occurrence, attempt or threat of physical or sexual assault.

Assaults may have occurred in conjunction with a robbery and includes incidents that occurred at work, at school or overseas. In this section, sexual assault excludes unwanted sexual touching, which is defined as [sexual harassment](#).

Abuse

Abuse can also take many forms. In this section, abuse refers to physical and sexual abuse of a child under the age of 15 years by an adult. These are defined as:

- Sexual—any act involving a child in sexual activity beyond their understanding or contrary to currently accepted community standards.
- Physical—any deliberate physical injury (including bruises) (ABS 2017a).

In this section, abuse excludes discipline that accidentally resulted in injury, emotional abuse, and physical and sexual abuse by someone under the age of 18.

Intimate partner violence

In this section, intimate partner includes current partner (who the respondent lives with), previous partner (who the respondent lived with), boyfriend/girlfriend/date and ex-boyfriend/ex-girlfriend (who the respondent never lived with). Intimate partner violence includes sexual and/or physical violence by an intimate partner.

In Australia, it is estimated that:

- more than one-third (37%) of adults who have experienced at least 1 incident of violence after the age of 15 have disability
- close to half (46%) who have experienced abuse before the age of 15 have disability (ABS 2017b).

Adults with disability are more likely to experience violence than those without disability. Of adults with disability, an estimated:

- 1 in 2 (47% or 2.7 million) have experienced violence after the age of 15, compared with 1 in 3 (36% or 4.5 million) without disability
- 1 in 5 (20% or 1.1 million) have experienced abuse before the age of 15, compared with 1 in 10 (11% or 1.3 million)
- 1 in 17 (5.8% or 332,000) have experienced violence sometime in the last year, compared with 1 in 19 (5.2% or 656,000)
- 3 in 4 (74% or 2.0 million) of those who experienced violence have experienced multiple incidents of violence, compared with 6 in 10 (62% or 2.8 million) (ABS 2017b).

Personal Safety Survey

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2016 Personal Safety Survey (PSS). This survey collects information from men and women aged 18 years and over about:

- since the age of 15—sexual and physical violence, current and previous partner violence and emotional abuse, and stalking
- before the age of 15—sexual and physical abuse, and witnessing violence between a parent and their partner
- lifetime—experience of sexual harassment, and general feelings of safety (ABS 2017a).

In the PSS, a person is considered to have disability if they had 1 or more conditions which have lasted, or are likely to last, for at least 6 months and restrict everyday activities. Disability is further classified by whether a person has a specific limitation or restriction and then by whether the limitation or restriction applies to core activities or only to schooling or employment.

The severity of disability is defined by whether a person needs help, has difficulty, or uses aids or equipment, with 3 core activities—self-care, mobility, and communication—and is reported for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

While the PSS is the best available source of data about the experience of violence and abuse, care should be taken when using it for estimates related to people with disability. Reasons include that:

- It uses the ABS' Short Disability Module to identify 'disability or restrictive long-term health condition'. This module is not as effective in identifying disability as the questions used in the ABS' Survey of Disability, Ageing and Carers (SDAC), and may overestimate the number of people with less severe forms of disability.
- A specific PSS requirement is that interviews are conducted in private. Where a respondent requires the assistance of another person to communicate with the interviewer, proxy interviews are conducted with a household member chosen by the person. The proxy interview only covers the compulsory component of the survey and these data are not released. Questions about sensitive topics from the voluntary component of the survey, including experiences of violence, are not asked in proxy interviews (ABS 2018). Therefore, it is likely that the PSS underrepresents those with profound or severe disability. In 2016, approximately 33% of respondents who reported a profound or severe disability, were not included in released data due to the use of a proxy or opting out (ABS 2017a).
- The PSS only collects from private dwellings and does not collect data from people living in institutional care settings.
- The PSS asks about long-term conditions and impacts on daily activities (disability) at the time of the survey, whereas questions on violence relate to either the last 12 months or a person's lifetime. It is therefore not possible to determine whether a person had disability at the time of experiencing violence. As such, disability should be interpreted as a characteristic of people at the time of the survey, and not at the time of the incident of violence; it is not possible to identify if disability is a risk factor for, or outcome of, experiencing violence; and care should be taken when making inferences for incidents, especially those that occurred more than 12 months ago (ABS 2017a).

Adults with disability, especially those with severe or profound disability, are more likely than adults without disability to experience all types of violence:

- 16% (935,000) of adults with disability have experienced sexual violence after the age of 15, compared with 9.6% (or 1.2 million) without disability
- 43% (2.5 million) have experienced physical violence, compared with 32% (4.1 million) without disability
- 21% (1.2 million) have experienced intimate partner violence, compared with 13% (1.7 million) without disability (Table VIOLENCE.1 and Figure VIOLENCE.1).

Table VIOLENCE.1: Prevalence of violence after age 15^(a) for adults^(b), by disability status^(c) and type of violence, 2016 (%)

Type of violence	Severe or profound disability	Other disability	All with disability	Without disability
Sexual violence^(d)	24.0	15.2	16.3	9.6
Physical violence^(e)	43.9	43.0	43.1	32.1
Intimate partner violence^(f)	28.5	19.7	20.8	13.2
Total who experienced violence	48.8	46.7	47.0	35.9

(a) Experience of violence after age 15 (in last year or previously). Includes sexual violence and physical violence.

(b) People aged 18 and over living in households.

(c) Disability status is determined at the time of the survey. It does not indicate whether a person had disability at the time of an incident of violence.

(d) Includes sexual assault and sexual threat.

(e) Includes physical assault and physical threat.

(f) Includes sexual and/or physical violence perpetrated by a current partner (living with), previous partner (has lived with), boyfriend/girlfriend/date and ex-boyfriend/ex-girlfriend (never lived with).

Note: Components may not add to total as people may experience multiple types of violence. A person who experienced sexual and physical violence is counted separately for each type of violence they experienced but only once in the aggregated total.

Source: ABS 2017b; see also Table VIOL3.

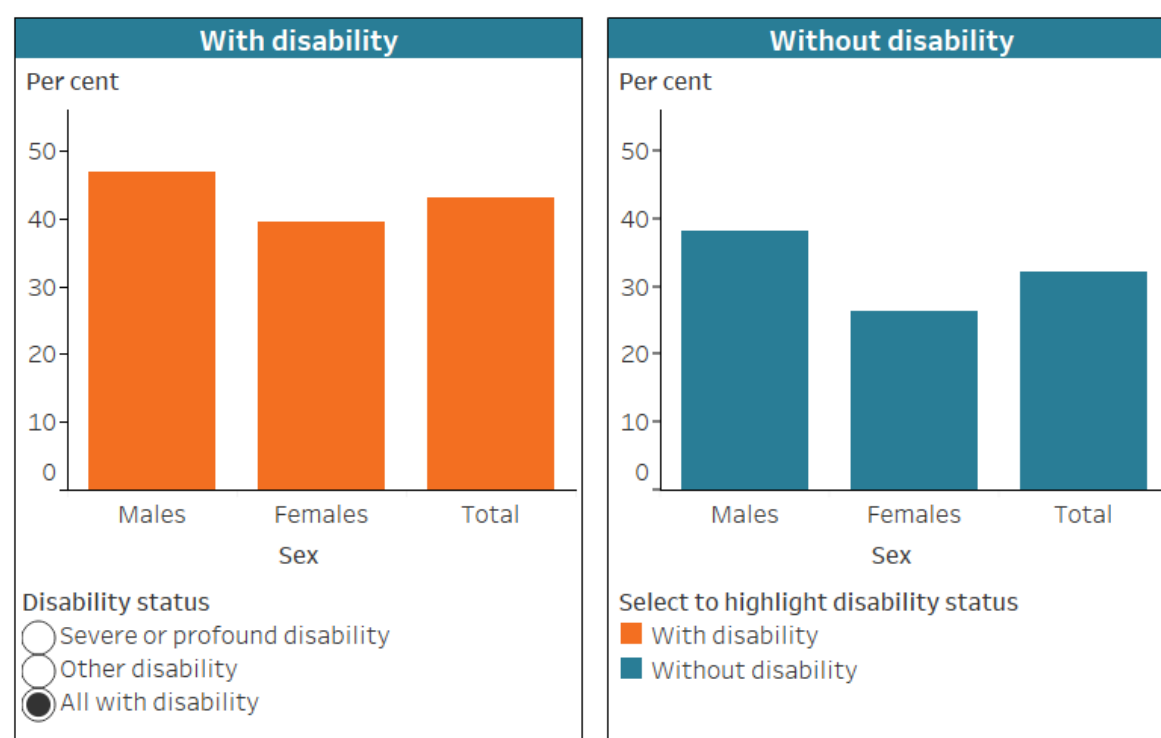
Women with disability report higher rates of sexual violence and intimate partner violence than their male counterparts. Men with disability report higher rates of physical violence (Figure VIOLENCE.1). This is also the case for adults without disability, although the rates are generally higher for men and women with disability than without:

- 1 in 4 (25% or 748,000) women with disability have experienced sexual violence after the age of 15, compared with 15% (or 978,000) without disability
- 1 in 14 (6.6% or 187,000) men with disability have experienced sexual violence after the age of 15, compared with 3.9% (or 241,000) without disability
- 2 in 5 (40% or 1.2 million) women with disability have experienced physical violence after the age of 15, compared with 26% (or 1.7 million) without disability
- Almost 1 in 2 (47% or 1.3 million) men with disability have experienced physical violence after the age of 15, compared with 38% (or 2.4 million) without disability.

Figure VIOLENCE.1: Prevalence of violence¹ for adults², by violence type, disability status³ and sex, 2016

Violence type

Physical violence⁵



¹Includes sexual violence and physical violence after age 15 (in the last 12 months or previously).

²People aged 18 and over living in households who had a personal interview.

³Disability status is determined at the time of the survey. It does not indicate whether a person had disability at the time of the incident of violence.

⁴Sexual violence includes sexual assault and sexual threat.

⁵Physical violence includes physical assault and physical threat.

⁶Intimate partner violence includes sexual and/or physical violence perpetrated by a current partner (living with), previous partner (has lived with), boyfriend/girlfriend/date and ex-boyfriend/ex-girlfriend (never lived with).

Note: Components may not add to total as people may experience multiple types of violence. A person who experienced sexual and physical violence is counted separately for each type of violence but only once in the aggregated total.

Source: ABS 2017b; see also Table VIOL3.

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Disability group

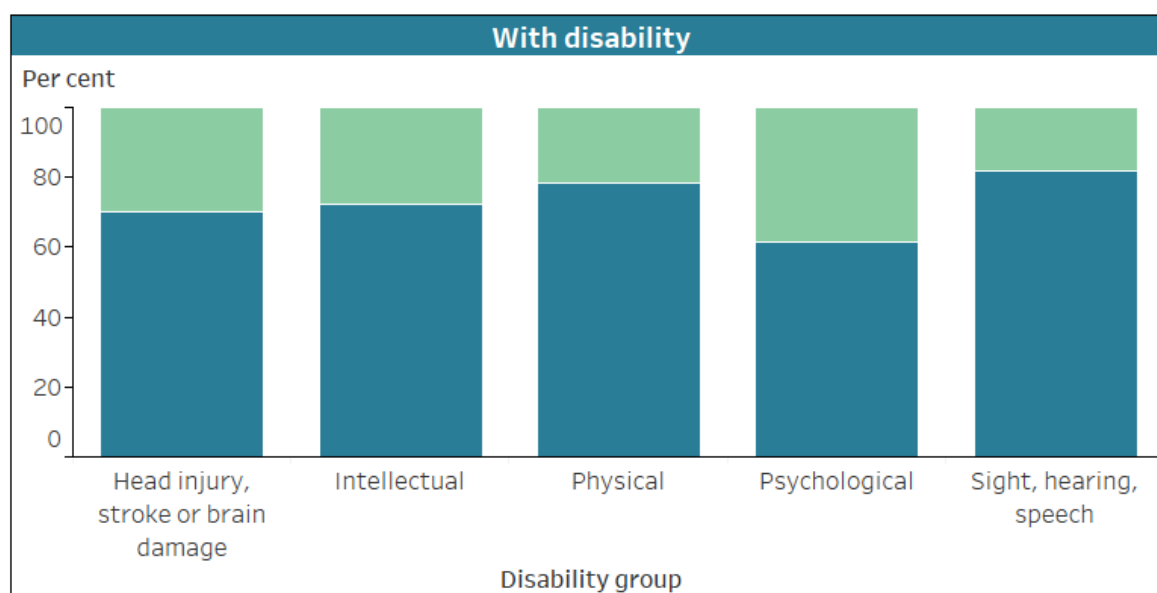
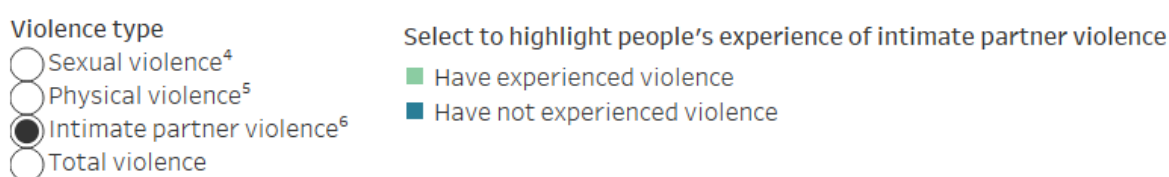
Disability group is a broad categorisation of disability. It is based on underlying health conditions and on impairments, activity limitations and participation restrictions. It is not a diagnostic grouping, nor is there a one-to-one correspondence between a health condition and a disability group.

Some people with disability—such as those with psychological or intellectual disability—are more likely to have experienced violence (Figure VIOLENCE.2). Of adults with disability, those most likely to have experienced violence after the age of 15 have:

- psychological disability (65% or 587,000 people)
- intellectual disability (62% or 295,000 people)
- head injury, stroke or brain damage (60% or 110,000 people).

This is almost double the rate of those without disability (36% or 4.5 million people).

Figure VIOLENCE.2: Prevalence of violence¹ for adults², by violence type and disability group³, 2016



¹Includes sexual violence and physical violence after age 15 (in the last 12 months or previously).

²People aged 18 and over living in households who had a personal interview.

³Disability status is determined at the time of the survey. It does not indicate whether a person had disability at the time of the incident of violence.

⁴Sexual violence includes sexual assault and sexual threat.

⁵Physical violence includes physical assault and physical threat.

⁶Intimate partner violence includes sexual and/or physical violence perpetrated by a current partner (living with), previous partner (has lived with), boyfriend/girlfriend/date and ex-boyfriend/ex-girlfriend (never lived with).

Note: Components may not add to total as people may experience multiple types of violence. A person who experienced sexual and physical violence is counted separately for each type of violence but only once in the aggregated total.

Source: ABS 2017b; see also Table VIOL4.

<http://www.aihw.gov.au>

Where can I find out more?

Detailed data tables are available at [Data](#).

Information on:

- people with disability who experience domestic and family violence—[AIHW Family, domestic and sexual violence in Australia: Continuing the national story 2019](#)
- the PSS—[ABS PSS](#).

Perpetrators of violence

Violence against people with disability is most often perpetrated by someone they know. For adults with disability, who have experienced violence after age 15, the most common perpetrators of violence are:

- more than 2 in 5 (44% or 1.1 million) by an intimate partner compared to 37% (or 1.7 million) of adults without disability
- more than 1 in 5 (22% or 598,000) by an acquaintance or neighbour compared to 16% (or 718,000)
- 1 in 7 (14% or 365,000) by a friend or housemate compared to 12% (or 528,000)
- 1 in 9 (11% or 301,000) by a parent compared to 8.4% (or 382,000) (Table VIOLENCE.2).

Table VIOLENCE.2: Relationship to perpetrator of violence for adults who experienced violence^(a), by disability status^(b), 2016 (%)

Relationship to perpetrator	With disability ^(b)	Without disability	Total
Known person	80.5	69.6	73.7
Intimate partner ^(c)	44.2	36.7	39.5
Parent	11.2	8.4	9.4
Child	1.7	*0.4	0.9
Sibling	5.3	3.0	3.8
Other relative/in-law	5.7	4.2	4.7
Friend or housemate	13.5	11.6	12.3
Acquaintance or neighbour	22.1	15.8	18.2
Other known person ^(d)	20.6	14.6	16.8
Stranger	43.1	47.9	46.1

* Estimate has a relative standard error of 25% to 50% and should be used with caution.

(a) People aged 18 and over who experienced violence after age 15. Includes sexual and physical violence.

(b) Disability status is determined at the time of the survey. It does not indicate whether a person had a disability at the time of an incident of violence.

(c) Includes current partner (living with), previous partner (has lived with), boyfriend/girlfriend/date and ex-boyfriend/ex-girlfriend (never lived with).

(d) Includes employer/manager/supervisor, co-worker, teacher/tutor, client/patient/customer, medical practitioner (for example, doctor, psychologist, nurse, counsellor), priest/Minister/Rabbi or other spiritual advisor, carer (includes non-family paid or unpaid helper), and other known person.

Note: Components may not add to totals as a person may experience violence by more than 1 perpetrator. A person who has experienced violence by more than 1 perpetrator is counted only once in the aggregate groups and totals.

Source: ABS 2017b; see also Table VIOL5.

Emotional abuse

An estimated 41% (or 1.5 million) of Australian adults who have experienced emotional abuse by a current or previous partner since the age of 15 have disability (ABS 2017b).

What is emotional abuse?

Emotional abuse refers to when a person is subjected to certain behaviours or actions aimed at preventing or controlling their behaviour, causing them emotional harm or fear.

These behaviours are intended to manipulate, control, isolate or intimidate the person they are aimed at. They are generally repeated behaviours and include psychological, social, economic and verbal abuse.

Examples include:

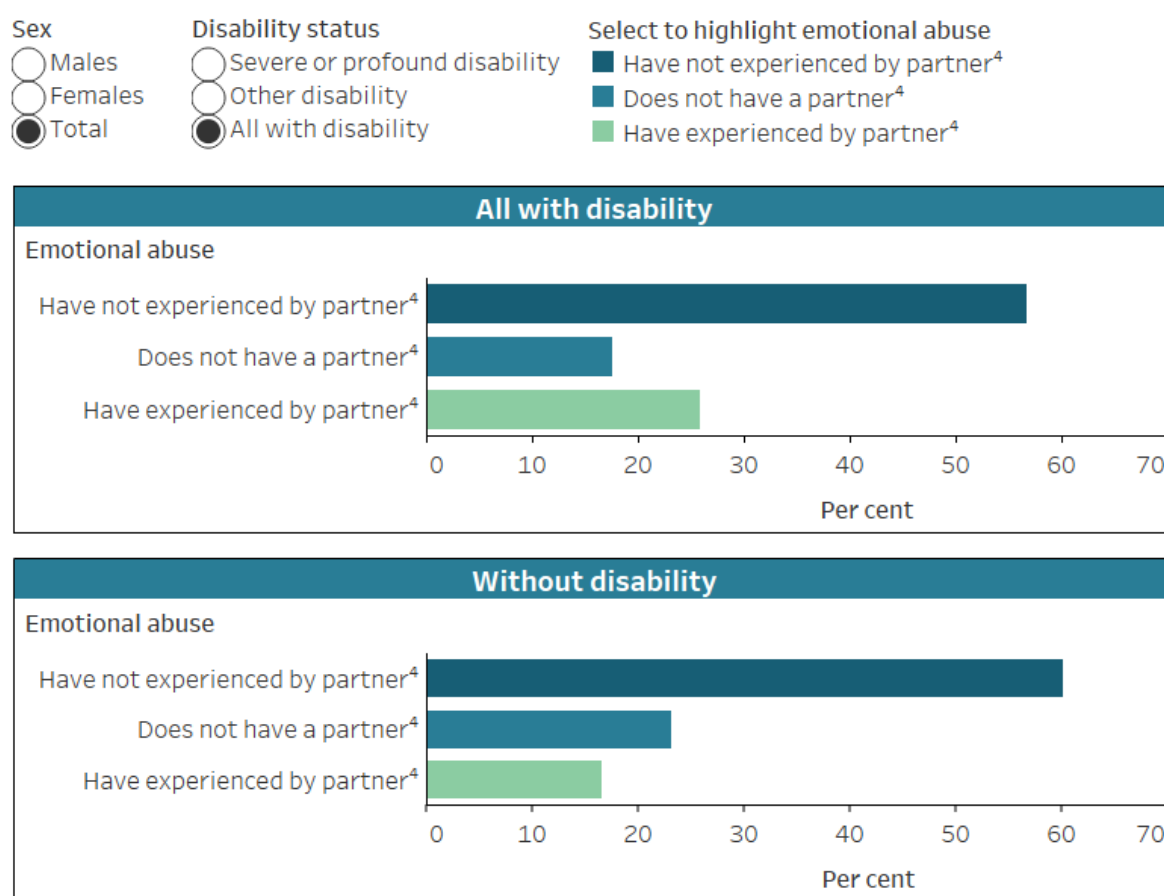
- controlling or trying to control a person from contacting family, friends or community
- constantly insulting a person to make them feel ashamed, belittled or humiliated
- shouting, yelling or verbally abusing a person to intimidate them
- lying to a person's children with the intent of turning their children against them
- threatening to take a person's children away from them (ABS 2017a).

The PSS collected information about men's and women's experiences of emotional abuse by a current and/or previous partner since the age of 15.

Adults with disability are more likely than those without to have experienced emotional abuse from a current or previous partner (Figure VIOLENCE.3). After the age of 15, emotional abuse by a current or previous partner has been experienced by an estimated:

- 1 in 4 (26% or 1.5 million) adults with disability, compared with 1 in 6 (17% or 2.1 million) adults without disability
- 1 in 3 (32% or 929,000) women with disability, compared with 19% (or 1.2 million)
- 1 in 5 (20% or 556,000) men with disability, compared with 14% (or 876,000).

Figure VIOLENCE.3: Prevalence of emotional abuse¹ for adults², by disability status³ and sex, 2016



¹Includes emotional abuse by a current partner and emotional abuse, after age 15, by a previous partner (in the last 12 months or previously).

²People aged 18 and over living in households who had a personal interview.

³Disability status is determined at the time of the survey. It does not indicate whether a person had disability at the time of the incident of emotional abuse.

⁴Current or previous partner.

Source: ABS 2017b; see also Table VIOL13.

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Adults with disability who were emotionally abused after the age of 15, by their most recently emotionally abusive previous partner, are more likely, than those without disability, to report they experienced:

- financial abuse—50% (or 591,000) with disability, compared with 37% (or 579,000) without disability
- deprivation of basic needs such as food, shelter, sleep or assistive aids—14% (or 172,000) with disability, compared with 8% (or 124,000)
- insults intended to cause shame or humiliation—56% (or 668,000) with disability, compared with 46% (or 707,000) (AIHW 2019).

Adults with disability who have experienced emotional abuse are more likely to experience emotional abuse from multiple previous partners. Almost 1 in 4 (24% or 282,000) of adults with disability, who have experienced emotional abuse from a previous partner after the age of 15, experienced such abuse from more than 1 partner, compared with 16% (or 244,000) without disability (AIHW 2019).

Sexual harassment

About one-third (35% or 2.5 million) of Australian adults who have experienced sexual harassment have disability (ABS 2017b).

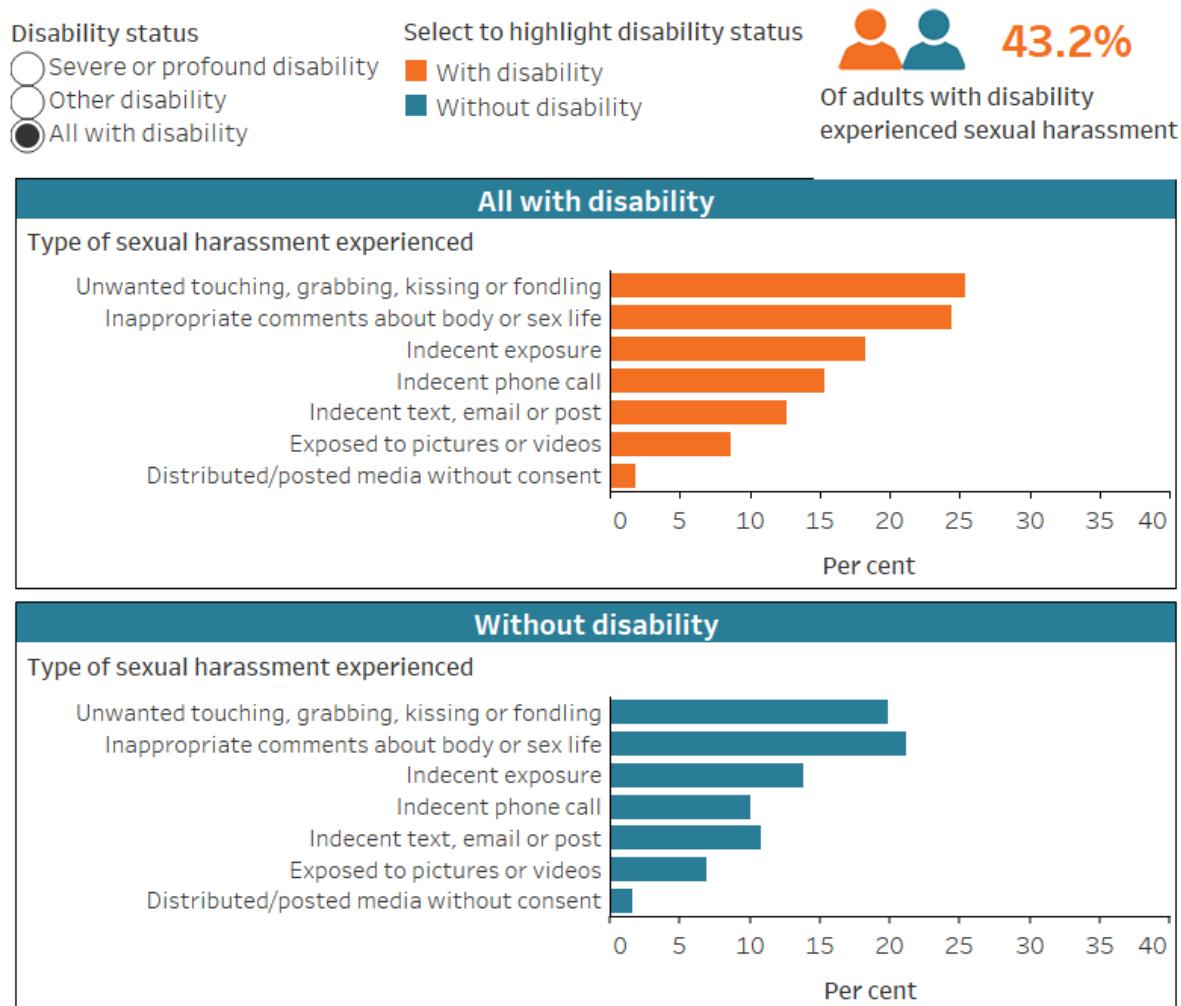
Sexual harassment

Sexual harassment refers to behaviours a person finds improper or unwanted, makes them feel uncomfortable, and are offensive due to their sexual nature. It includes:

- indecent messages, such as electronic messages and posts on social media, and written messages
- indecent exposure
- unwanted touching
- sharing images/videos of the person that are sexual in nature and without consent
- exposing the person to images/videos of sexual nature that they do not wish to see (ABS 2017a).

Adults with disability, particularly those with severe or profound disability, are more likely to experience sexual harassment than other Australians. About 43% of adults with disability (or 2.5 million), and 50% (or 360,000) with severe or profound disability, have experienced sexual harassment, compared with 37% (or 4.7 million) without disability (Figure VIOLENCE.4).

Figure VIOLENCE.4: Prevalence of sexual harassment¹ for adults², by disability status³, 2016



¹Includes sexual harassment in the last 12 months or previously.

²People aged 18 and over living in households who had a personal interview.

³Disability status is determined as at the time of the survey. It does not indicate whether a person had disability at the time of sexual harassment.

Source: ABS 2017b; see also Table VIOL18.

<http://www.aihw.gov.au>

Women with disability are more likely to experience sexual harassment than women without disability or men with or without disability. An estimated 57% (or 1.7 million) of women with disability have experienced sexual harassment, compared with:

- 51% (or 3.3 million) of women without disability
- 28% (or 799,000) of men with disability
- 23% (or 1.4 million) of men without disability.

Adults with psychological disability are more likely than adults with other types of disability to experience sexual harassment (62% or 557,000 compared with 43% or 2.5 million of adults with all types of disability).

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7. Housing



7. Housing

Housing plays a major role in the health and wellbeing of people with disability, by providing shelter, safety and security. The availability of affordable, sustainable and appropriate housing helps people with disability to participate in the social, economic and community aspects of everyday life.

Security of tenure

Security of tenure refers to the extent to which a household can stay in a home for reasonable periods if they wish to, provided they meet their legal obligations (such as paying the rent and looking after the property).

Some types of tenure are considered more secure than others. For example, owning your own home, especially without a mortgage, is usually more secure than renting in the private rental market.

A person who does not have access to affordable, secure and appropriate housing may experience several negative consequences, including [Homelessness](#), poor [Health](#), and lower rates of [Employment](#) and [Education](#).

Housing affordability

The term 'housing affordability' usually refers to the relationship between money spent on housing (house prices, mortgage payments or rent) and household income. Depending on the housing situation (for example, home ownership versus renting), the concept of 'housing affordability' can mean different things to different people and households. For home owners, it primarily means buying and repaying expenses. For renters, it primarily relates to paying rent and other related expenses.

Housing affordability, especially in the private rental market, is a concern for people with disability. While there are limited data on this, the data available suggest that some people with disability struggle to find affordable housing and are vulnerable to housing or rental stress. On top of other general housing expenses, people with disability may also face additional costs, such as for modifying housing.

Many people with disability rely on the Disability Support Pension (DSP) as their main source of income (see [Income](#) and [Income support](#) for more information), which may put some housing options out of their reach.

This domain looks at the type of housing people with disability live in, their tenure and their housing needs (such as modifications and moving house because of disability). It also includes information on housing assistance and homelessness services.

TYPE OF HOUSING

Younger people with disability are more likely to **live in private dwellings** than older people with disability.



The more severe a person's disability is, the more likely they are to live in **cared accommodation**.

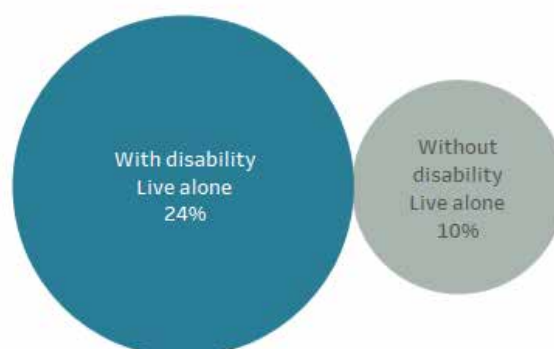


LIVING ARRANGEMENTS

17%

of non-dependent people with disability who rent, do so from a state or territory housing authority, compared with 3% of those without disability.

Non-dependent people with disability are more likely to live alone than those without disability.



HOUSING-RELATED NEEDS

1 in 12

people with disability have **moved house** because of their condition or age.

Of those who had to move, people aged under 65 with disability are more likely (32%) than those aged 65 and over (11%) to move house more than once because of their condition or age.

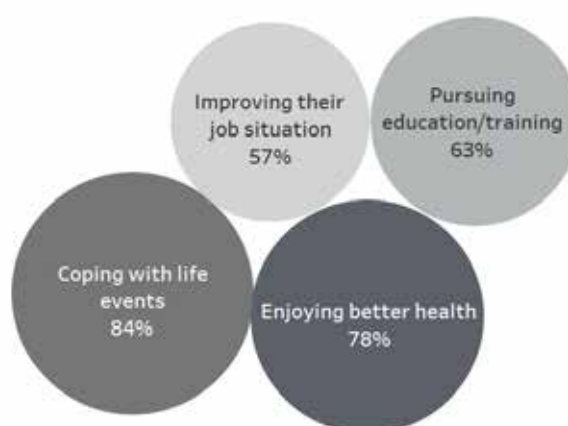


HOUSING ASSISTANCE

1 in 5

Commonwealth Rent Assistance recipients received income support through the Disability Support Pension (DSP).

Social housing households with people with disability experience benefits of social housing in:

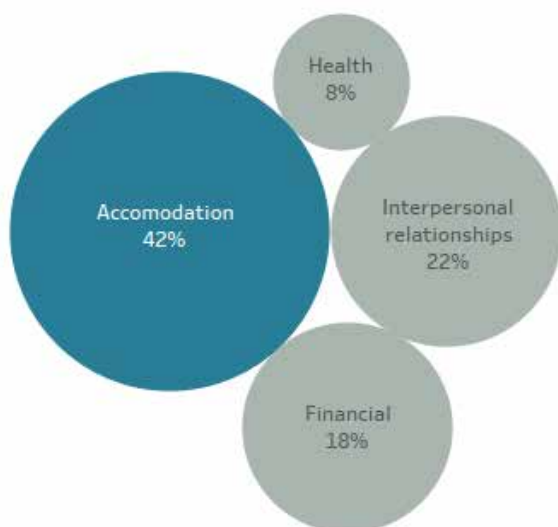


HOMELESSNESS

8.3%

of Specialist Homelessness Services clients have disability; 33% of these have severe or profound disability.

The top reasons for **seeking assistance** (excluding 'other'):



Type of housing

1. Most (96%) people with disability live at home or in the community.
2. 99% of people aged under 65 with disability live at home or in the community, compared with 91% of older people.
3. 87% of people with severe or profound disability live at home or in the community.
4. 8 in 10 (82%) people with disability who live at home or in the community live in a separate house.

The type of housing a person lives in can affect other aspects of their lives. While most people with disability live at home or in housing within the community, some live in cared accommodation.

Survey of Disability, Ageing and Carers

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Where can I find out more?

Detailed data tables are available online at [Data](#).

More information on the ABS SDAC—[ABS SDAC](#) website.

Living in private dwellings or cared accommodation

While most people with disability (96%) live in private dwellings, this was not always so. In the past, many, particularly those with severe or profound disability, lived in cared accommodation.

Private dwellings and cared accommodation

Private dwellings

In the SDAC, private dwellings include self-cared accommodation for the retired or aged, and other private dwellings, including houses, flats, home units, garages, tents and other structures used as private places of residence.

Cared accommodation

Cared accommodation is usually long term and may be institutional in style. In the SDAC, cared accommodation includes hospitals, residential aged care, cared components of retirement villages, aged care hostels, psychiatric institutions, and other homes (such as group homes for people with disability). To be included the person must have been, or are expected to be, a resident of the cared accommodation for 3 months or more. The accommodation must include all meals for its occupants and provide 24-hour access to assistance for personal and/or medical needs (ABS 2019a).

For information about younger people in residential aged care, see [Social support](#).

Recent decades, however, have seen a large shift towards supporting people with disability to live in private dwellings. This has mostly been driven by changes for young people with disability. For example, 1 in 500 people aged 0–34 with severe or profound disability lived in cared accommodation in 2018, compared with around 1 in 100 in 2003 (ABS 2019b).

Younger people (aged under 65) with disability are more likely than older people (aged 65 and over) with disability to live in private dwellings (99%, compared with 91%) (ABS 2019b).

The more severe a person's disability is, the more likely they are to live in cared accommodation and the less likely they are to live at home or in the community—87% with severe or profound disability live in private dwellings, compared with close to 100% with other disability (Table HOUSING.1). This difference is smaller among younger people with disability than older people with disability:

- 99% of people aged under 65 with severe or profound disability live in private dwellings, compared with close to 100% of those with other disability
- 75% of people aged 65 and over with severe or profound disability and over do so, compared with close to 100% of those with other disability.

Table HOUSING.1: Likelihood of living in private dwelling^(a) for people with disability, by age group and disability status, 2018 (%)

Age group	Severe or profound disability	Other disability	All with disability
Under 65	98.6	100.0	99.4
65 and over	75.3	99.7	91.0
All ages	87.1	99.8	95.7

(a) Including self-cared accommodation for the aged or retired, and other private dwellings.

Source: ABS 2019b; see also Table HOU51.

Home type

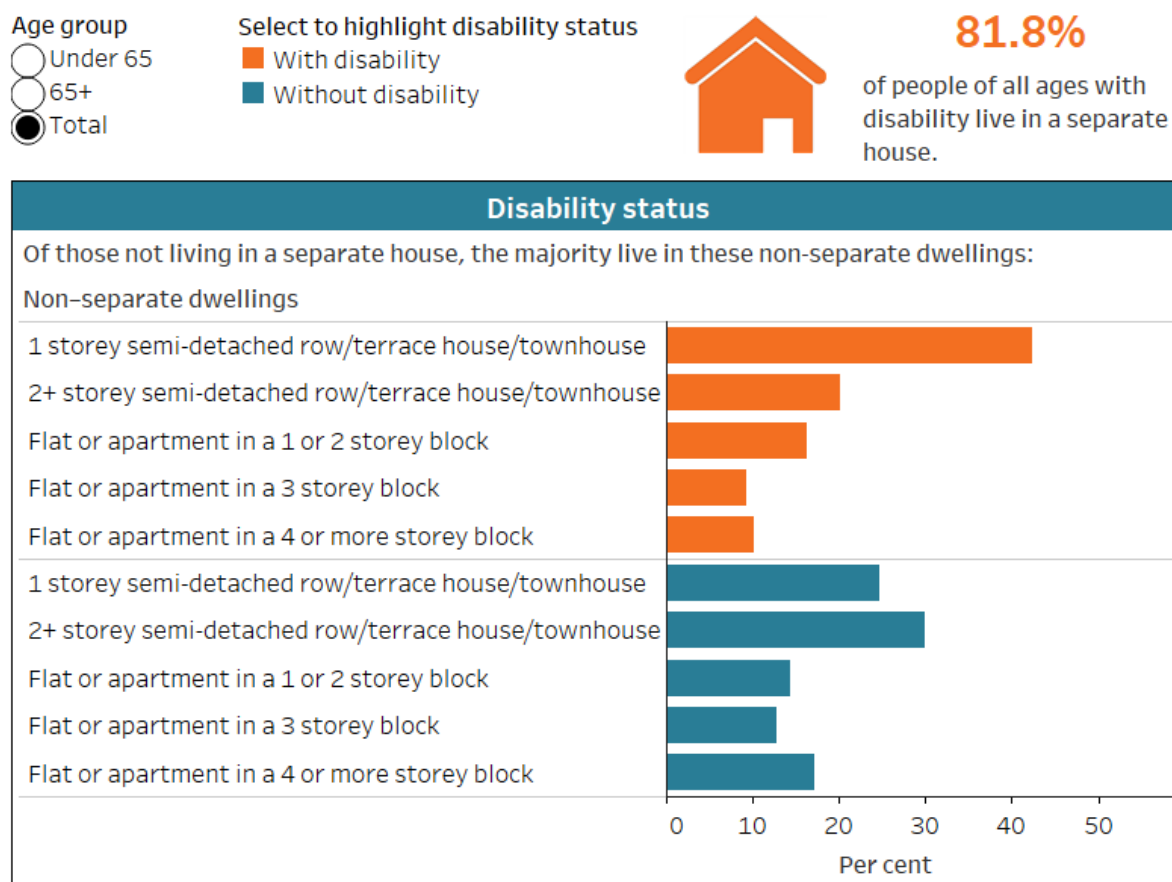
About 4 in 5 (82%) people with disability living in private dwellings live in a separate house (that is, a house separated from other dwellings by at least half a metre—see [ABS: dwelling structure](#) for classifications). This is similar to those without disability (81%).

Older people (aged 65 and over) with disability, are about as likely to live in a separate house as younger people (aged under 65):

- people with disability—80% compared with 83%
- people without disability—82% compared with 81% (ABS 2019b).

The most common type of home for people with disability who do not live in a separate house is a single storey semi-detached house (such as a row or terrace house or townhouse) (42%) (Figure HOUSING.1).

Figure HOUSING.1: Private dwellings¹ other than separate house, by disability status and age group, 2018



¹People living in households.

Note: Per cent calculations exclude those living in a 'separate house' but include other private dwelling types not shown.

Source: ABS 2019b; see also Table HOUS3.

<http://www.aihw.gov.au>

References

ABS (Australian Bureau of Statistics) 2019a. Disability, ageing and carers, Australia: summary of findings, 2018. ABS cat. no. 4430.0. Canberra: ABS.

<https://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0>

ABS 2019b. Microdata: disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of TableBuilder data.

Living arrangements

1. Almost two-thirds (64%) of people with disability own their home either with (22%) or without (41%) a mortgage.
2. 16% of people with disability who rent, do so from a state or territory housing authority, (4% without disability).
3. Non-dependent people with disability (24%) are more likely than those without disability (10%) to live alone.
4. 41% of households in social housing programs include at least 1 person with disability.

Living arrangements in this section refer to:

- the type of tenure a person has
- who they live with
- their relationship within the household
- their type of landlord (for those who have a landlord).

Survey of Disability, Ageing and Carers

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Dependent versus non-dependent household relationships

In the ABS SDAC, housing information—including tenancy and landlord type—is recorded for 1 person per income unit. An income unit is 1 person, or group of related people in a household who share decisions about income. Married and de facto couples, and parents with dependent children, are considered part of the same income unit.

In the SDAC, dependent children include:

- all children under 15 years
- those people aged 15–24 years who are full-time students, live with at least 1 parent, and do not live with their own partner or child.

A household is defined as a private dwelling and the residents share the cost of living, or if a person lives alone they pay for their own living costs.

A family is defined as 2 or more people, 1 of whom is aged at least 15 years, who are related and who are usually resident in the same household (ABS 2019a).

Because parents and dependent children are part of the same income unit, the housing situation for the dependent child is the same as the parent (or other person) they depend upon. For example, a dependent student may have 'owner' as their tenure type even though someone else in their income unit is the owner. As a result a tenure type of 'owner' will not necessarily be the owner of the dwelling. For this reason, this section provides separate descriptions of the housing situation for these 2 groups:

- dependent children and students
- non-dependent people.

In the SDAC, non-dependent people are defined by their household relationship to the main respondent being interviewed in the survey. These include: husband, wife or partner, lone parent, non-dependent child, other related person, unrelated person, and lone person (ABS 2019a).

Being 'non-dependent' is not the same as being 'independent'. Non-dependent refers to a person who is not part of their parent's or carer's income unit. This includes anyone aged 15–24 who is not a full-time student and those who may have other limitations or care needs and are not necessarily independent across all contexts.

Where can I find out more?

Detailed data tables are available online at [Data](#).

More information on the ABS SDAC—[ABS SDAC](#) website.

Tenure type

Almost two-thirds (64% or 2.7 million) of people with disability own their home. They belong to an income unit with 'owner' as tenure type, either with (22% or 939,000) a mortgage or without (41% or 1.7 million).

Close to one-third (29% or 1.2 million) are renting, and 5.9% (or 248,000) live rent free.

Interpreting tenure

Tenure type refers to whether a dwelling is rented or owned (with or without a mortgage). Looking at tenure type can help monitor housing security, mobility issues and home ownership trends.

Overall, people with disability (64%) are more likely than those without (60%) to own their home (ABS 2019b). However, tenure type of people with disability is affected by:

- age
- level of disability
- whether the person with disability is living in a household as a dependant.

Home ownership is highest in people with disability aged 65 and over. Considering that the likelihood of disability increases with age (see [Prevalence of disability](#)), some older people with disability who are home owners may have bought their house before onset of disability.

People with severe or profound disability are:

- less likely to own their own home—56% (or 692,000) compared with 67% (or 2.0 million) of people with other disability
- more likely to rent—32% (or 397,000) compared with 27% (or 807,000)
- more likely to live rent free—9.2% (or 114,000) compared with 4.6% (or 136,000).

Older people (aged 65 and over) with disability (79% or 1.4 million) are more likely than younger people (aged 25–64) with disability (55% or 971,000) to own their home.

Dependent children and students

Dependent children (aged 0–14) and students (aged 15–24) share the tenure type with their income unit. Around:

- 6 in 10 (59% or 278,000) dependants with disability live in a household that owns their home
- almost 4 in 10 (38% or 182,000) live in households that are renting their home.

Dependants with disability are more likely than those without disability to live in households with less secure tenure types:

- 59% with disability live in a home that is owned by someone in their income unit, compared with 66% (or 3.7 million) without disability
- 38% live in a home that is rented, compared with 32% (1.8 million).

Living in a household as a dependent student is the most common household relationship for young people (aged 15–24) with disability (40%). This is followed by:

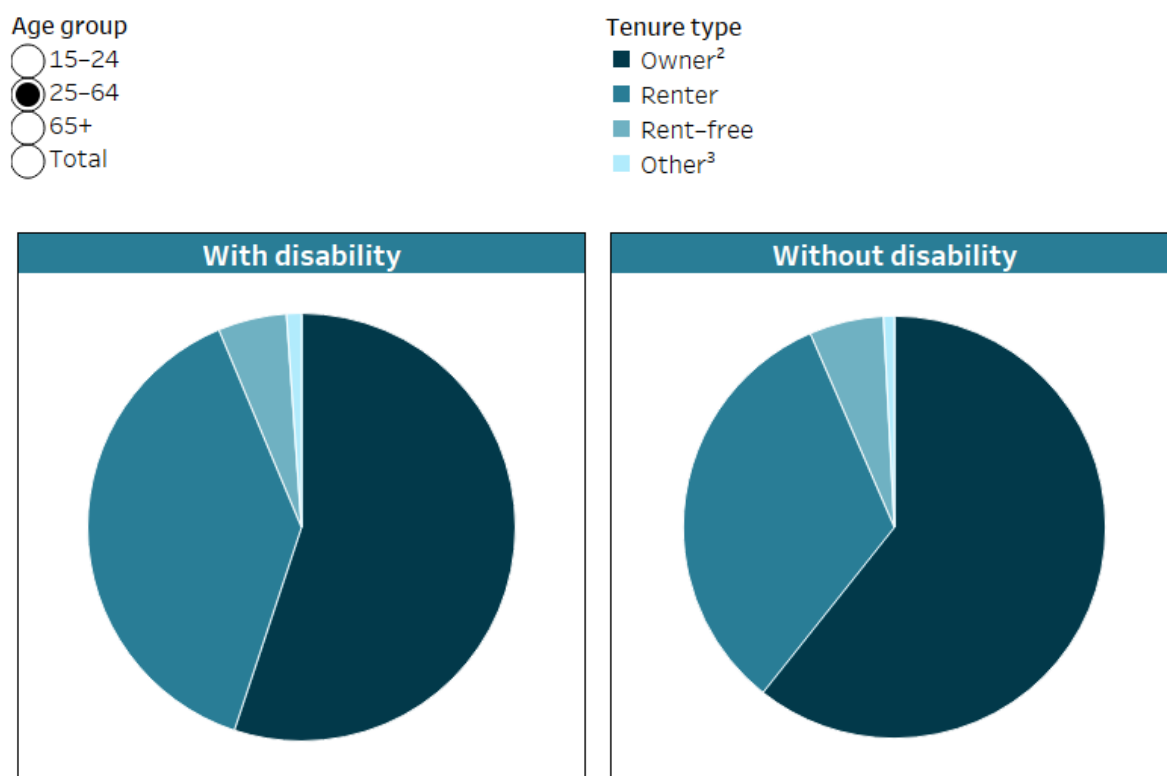
- being a non-dependent child (39%)
- living in other household relationships (20%).

The most common living arrangement for young people with disability was living as a dependent student in a home that was owned (27%), followed by being a non-dependent child living rent free (23%).

Non-dependent people aged 15 and over

Non-dependent people with disability aged 25–64 (55%) and aged 65+ (79%) are less likely than those without disability (61% and 86% respectively) to own their home. Those aged 15–24 with disability (6.3%) are as likely to be in the 'owner' category of tenure type as those without disability (4.9%) (Figure LIVING.1).

Figure LIVING.1: Tenure type for non-dependent people¹, by disability status and broad age group, 2018



* Relative standard error of 25–50% and should be used with caution.

¹Non-dependent people living in households.

²Owner includes owners with and without a mortgage.

³Other includes life tenure schemes, rent/buy (or shared equity) schemes, assisting with expenses and other.

Source: ABS 2019b; see also Table LIVI4.

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Older people (aged 65 and over) with and without disability are more likely to own their home. However, older people without disability have higher home ownership rates than those with disability (Figure LIVING.2).

The decrease in renting as people age is more gradual for those with disability than without disability. For example, non-dependent people aged 55–64 with disability (26%) are nearly twice as likely as those without disability (14%) to be renting (Figure LIVING.2).

Figure LIVING.2: Tenure type for non-dependent people¹, by disability status and age group, 2018



* Relative standard error of 25–50% and should be used with caution.

¹Non-dependent people living in households.

²Owner includes owner with and without a mortgage.

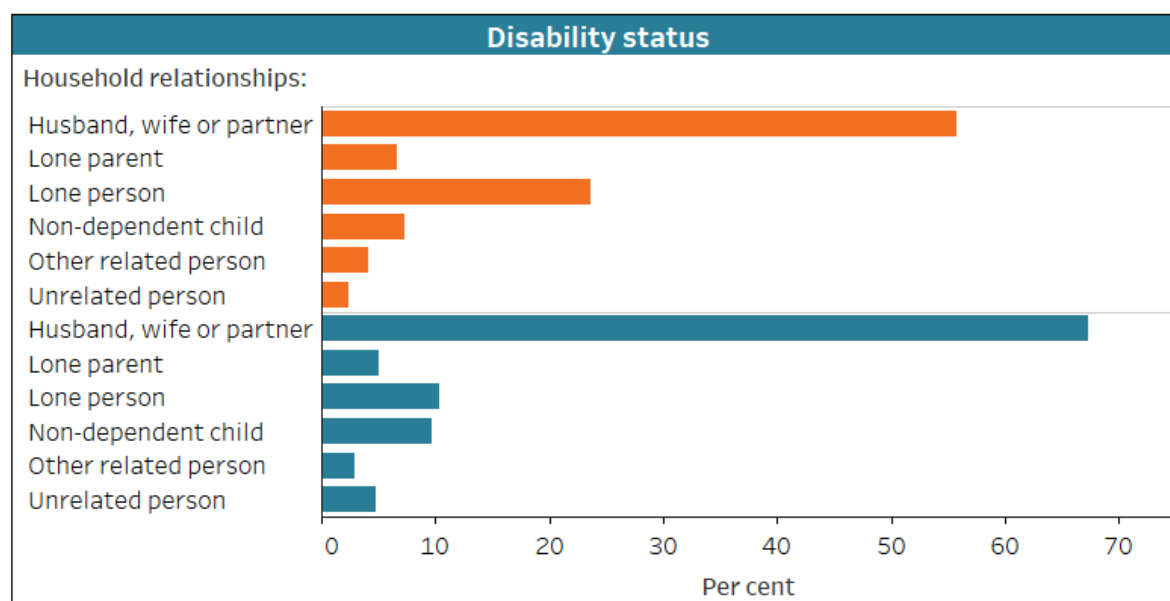
Source: ABS 2019b; see also Table LIVI5.

<http://www.aihw.gov.au>

The relationships people have within their households vary between those with and without disability and by tenure type. For example:

- non-dependent people with disability are more likely than those without disability to live alone or as single parents, and less likely to live with a husband, wife or partner:
 - 56% lived with a husband, wife or partner, compared with 67% without disability
 - 24% lived alone, compared with 10%
 - 6.7% are lone parents, compared with 5.0% (Figure LIVING.3)
- people living with a husband, wife or partner are the most likely to own their home (Figure LIVING.4).

Figure LIVING.3: Household relationships for non-dependent people¹, by disability status and age group, 2018



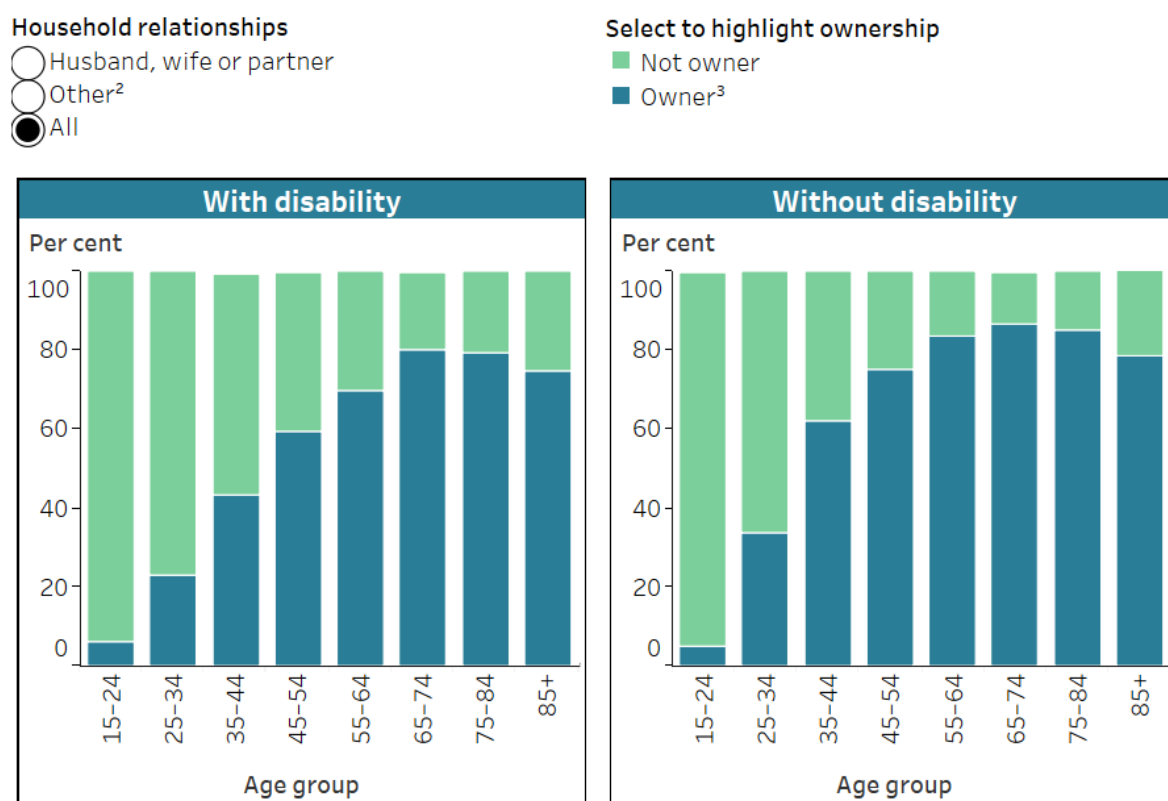
* Relative standard error of 25-50% and should be used with caution.

¹Non-dependent people living in households.

Source: ABS 2019b; see also Table LIVI6.

<http://www.aihw.gov.au>

Figure LIVING.4: Ownership for non-dependent people¹, by disability status, age group and household relationship, 2018



* Relative standard error of 25–50% and should be used with caution.
 Categories that are not shown have a relative standard error greater than 50% and are considered too unreliable for general use.
¹Non-dependent people living in households.
²Other includes lone parent, non-dependent child, other related person, unrelated person and lone person.
³Owner includes owners with and without a mortgage.
 Source: ABS 2019b; see also tables LIVI7a and LIVI7b.
<http://www.aihw.gov.au>

Landlords

Who a person rents from provides additional information on housing security for people with disability. For example, renting from a state or territory housing authority may provide more security than renting in the private rental market. It may also hint at rental affordability and access issues, with the private rental market generally more competitive and expensive than social housing schemes. For more information on social housing, see [Housing assistance](#).

Rental affordability

Rental affordability, especially in the private rental market, can be an issue for people with disability. For example:

- 31% of income units receiving Commonwealth Rent Assistance (CRA) (at June 2018) who had at least 1 member receiving the Disability Support Pension (DSP) are in rental stress after receipt of CRA (that is, paid more than 30% of their gross household income on rent); without CRA, 71% of these income units would be in rental stress (AIHW 2019). This compares with 40% in rental stress after receipt of CRA and 68% in rental stress without CRA for all income units receiving CRA.
- An Anglicare report on affordable housing found that only 0.4% of 70,000 rental properties advertised in Australia on a selected weekend in March 2020 are affordable and appropriate to single people aged 21 and over receiving the DSP (excluding the coronavirus supplement), compared with 2.4% for a single person on minimum wage (Anglicare 2020).

Housing affordability case study

A cross-sectional analysis of the 11th wave (2011) of the Household, Income and Labour Dynamics in Australia (HILDA) Survey used data from 11,394 participants aged between 25 and 64 years (Aitken et al. 2019). Almost 1 in 4 (23% or 2,729) respondents have disability. The study found people with disability were:

- less likely (32%) to live in households servicing a mortgage compared to without disability (43%)
- more likely (32%) to live in houses that were owned outright (compared to 24%)
- more likely (7.9%) to live in public rented accommodation (compared to 1.5%)
- more likely (11%) to live in unaffordable housing (compared to 7.6%). Among those with disability, this is higher for people with intellectual impairment (19%) and psychological impairment (17%)
- more likely (12%) to be unable to pay rent (compared to 6.7%). Among those with disability, this is higher for people with psychological impairment (15%)
- more likely (4.9%) to have moved because of a health reason (compared to 0.6%)
- more likely (16%) to be dissatisfied with their homes (compared to 11%)
- more likely (17%) to be dissatisfied with the neighbourhoods in which they live (compared to 7.6%) (Aitken et al. 2019).

The HILDA Survey is a household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. All household members aged 15 years or older are invited to participate in a personal face-to-face interview. The HILDA Survey defines disability as an impairment, long-term health condition or disability that restricts everyday activities and has lasted, or is likely to last, for a period of 6 months or more.

Unaffordable housing was defined using a housing expenditure to income ratio. It includes households in the lowest 40% of disposable income who had rent or mortgage payments that exceeded 30% of their gross household income (Aitken et al. 2019).

The most common types of landlords for people with disability, living in households who have a landlord, are:

- real estate agent—42% (or 525,000) compared with 63% (or 4.2 million) without disability
- state or territory housing authority—16% (or 198,000) compared with 4.1% (or 272,000)
- parent or other relative living in the same dwelling—12% (or 150,000) compared with 8.1% (or 531,000)
- other person not in same dwelling—12% (or 148,000) compared with 12% (or 777,000) (ABS 2019b).

Compared with others with disability, people with severe or profound disability are:

- less likely to have a real estate agent as their landlord—36% (or 149,000) compared with 46% (or 377,000)
- more likely to have a parent or other relative in the same dwelling as their landlord—19% (or 78,000) compared with 8.6% (or 71,000)
- slightly more likely to have a state or territory housing authority as their landlord—17% (or 71,000) compared with 15% (or 127,000) (ABS 2019b).

This suggests that, while many people with disability do rent in the private rental market, they are much less likely to do so than people without disability. They are far more likely to be living in social housing.

Dependent children and students

The landlord type of dependent children and students is that of the parent (or other person) they depend upon.

Dependent children or students with disability, living in households who have a landlord, are:

- less likely (58% or 107,000) to rent from a real estate agent (compared with 67% or 1.2 million without disability)
- more likely (11% or 20,000) to rent from a state or territory housing authority (compared with 6.2% or 110,000) (ABS 2019b).

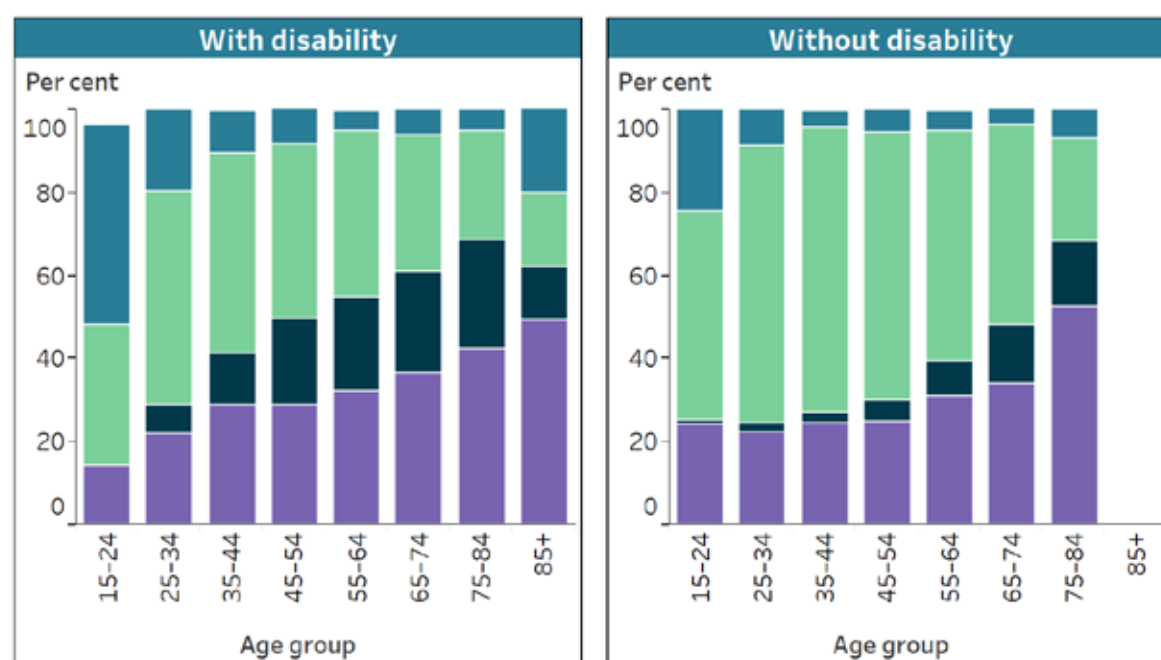
Non-dependent people aged 15 and over

The type of landlord a person has varies by age (Figure LIVING.5). For example, non-dependent people with disability aged 25–34 most commonly rent from a real estate agent, but, from that age on, renting from a state or territory housing authority becomes more common.

Figure LIVING.5: Landlord type for non-dependent people¹, by disability status and age group, 2018

Select to highlight landlord type

- Parent/other relative in same dwelling
- State or territory housing authority
- Real estate agent
- All other landlord types



* Relative standard error of 25–50% and should be used with caution.

Categories that are not shown have a relative standard error greater than 50% and are considered too unreliable for general use.

¹Non-dependent people living in households.

Note: Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes.

Source: ABS 2019b; see also Table LIVI10.

<http://www.aihw.gov.au>

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ABS (Australian Bureau of Statistics) 2019a. Disability, ageing and carers, Australia: summary of findings, 2018. ABS cat. no. 4430.0. Canberra: ABS.

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Aitken Z, Baker E, Badland H, Mason K, Bentley R, Beer A et al. 2019. Precariously placed: housing affordability, quality and satisfaction of Australians with disabilities. *Disability & Society* 34(1):121–142.

<https://www.tandfonline.com/doi/abs/10.1080/09687599.2018.1521333?journalCode=cdso20>

Anglicare Australia 2020. Rental Affordability Snapshot – national report April 2020. Canberra: Anglicare Australia. <https://www.anglicare.asn.au/research-advocacy/the-rental-affordability-snapshot>

Housing-related needs

1. Around 1 in 8 (12%) people with disability have their home modified because of their condition or age.
2. 1 in 12 (8.6%) people with disability moved house because of their condition or age.
3. 79% of social housing households with 1 or more person with disability have their safety and security needs at home met.
4. 57% of social housing households with 1 or more person with disability have their thermal comfort needs met.

People with disability may have specific housing-related needs. This can include modifying their dwelling, moving to more suitable accommodation, or moving closer to other services.

Survey of Disability, Ageing and Carers

Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Where can I find out more?

Detailed data tables are available online at [Data](#).

More information on the ABS SDAC is available on the [ABS SDAC](#) website.

Modifications to accommodation

Some people with disability may need modifications to buildings or fittings to help them move around or live with greater independence.

Of people living in private dwellings:

- 1 in 8 (12% or 511,000) with disability, and 1 in 4 (26% or 314,000) with severe or profound disability, have modifications made to their home because of their condition or age
- 1 in 5 (20% or 359,000) aged 65 and over with disability, and 2 in 5 (41% or 210,000) aged 65 and over with severe or profound disability, have done so (Table NEEDS.1).

Table NEEDS.1: People with disability^(a) whose dwelling has been modified, by age group and disability status (%), 2018

Age group	Severe or profound disability	Other disability	All with disability
Under 65	14.9	2.9	6.4
65 and over	40.6	11.8	20.3
All ages	25.5	6.7	12.2

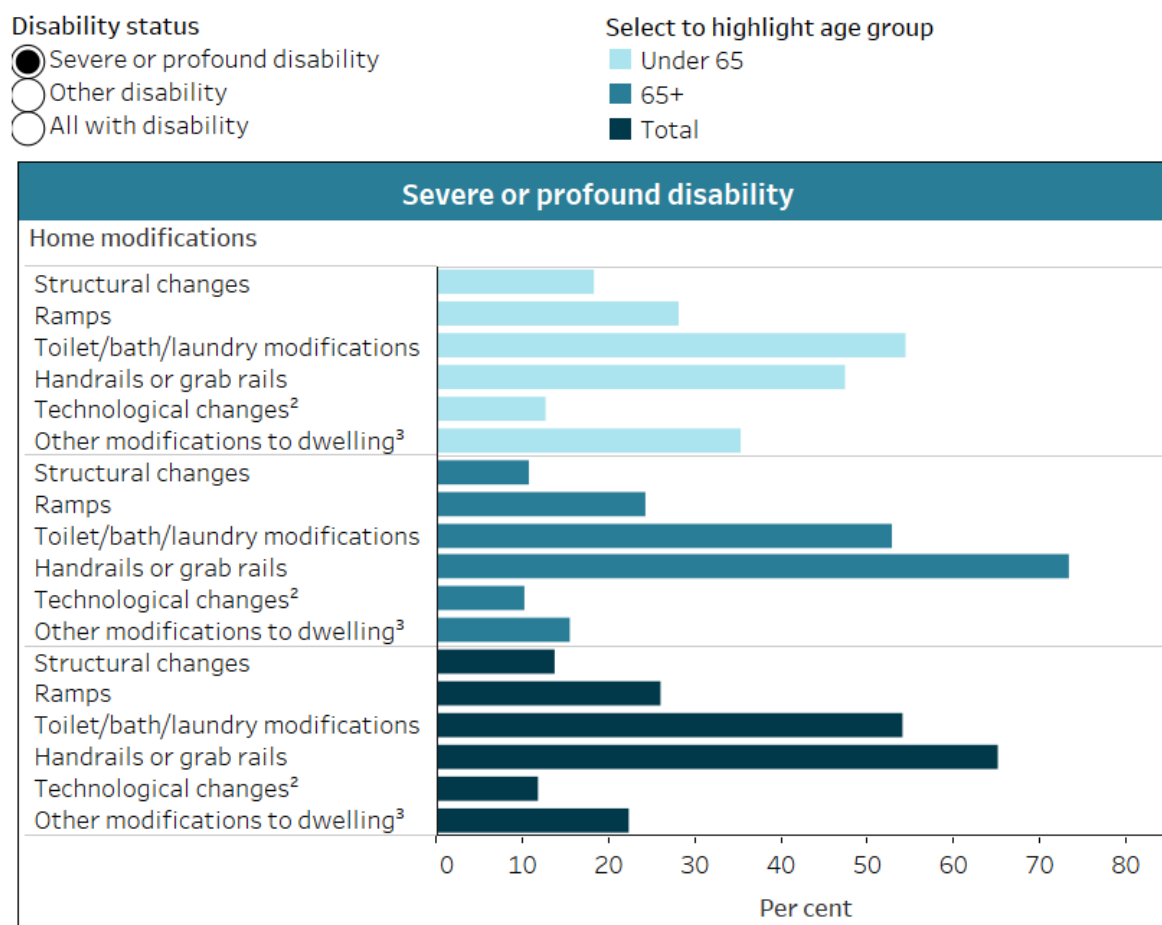
(a) People with disability living in households.

Source: ABS 2019; see also Table NEED1.

Handrails and grab rails are the most common modification made. Of those with disability who have their home modified:

- 2 in 3 (66%) have handrails or grab rails installed
- 48% have the toilet, bath or laundry modified
- 21% have ramps installed (Figure NEEDS.1).

Figure NEEDS.1: Home modifications for people with disability¹, by disability status and age group, 2018



* Relative standard error of 25–50% and should be used with caution.

¹People with disability living in households, whose dwelling has been modified because of condition or age.

²Technological changes include remote controls, new or changed heating or air-conditioning, installed home automation / smart home or environmental control systems, and telemonitoring system.

³Other modifications to dwelling include kitchen modifications, doors widened and other changes to dwelling.

Note: People may use more than 1 type of modification in their home and percentages will not equal 100%.

Source: ABS 2019; see also Table NEED2.

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Whether a person with disability has their home modified, as well as types of modifications, varies by age and level of disability (Figure NEEDS.1). For example:

- older people (aged 65 and over) with disability, and those with severe or profound disability, are the most likely to have their home modified
- while handrails and grab rails are the most common adjustment for all age groups, this modification is more common among older people
- some modifications (such as structural changes) are more often made for younger people (aged under 65) than for older people (aged 65 and over).

Need to move house

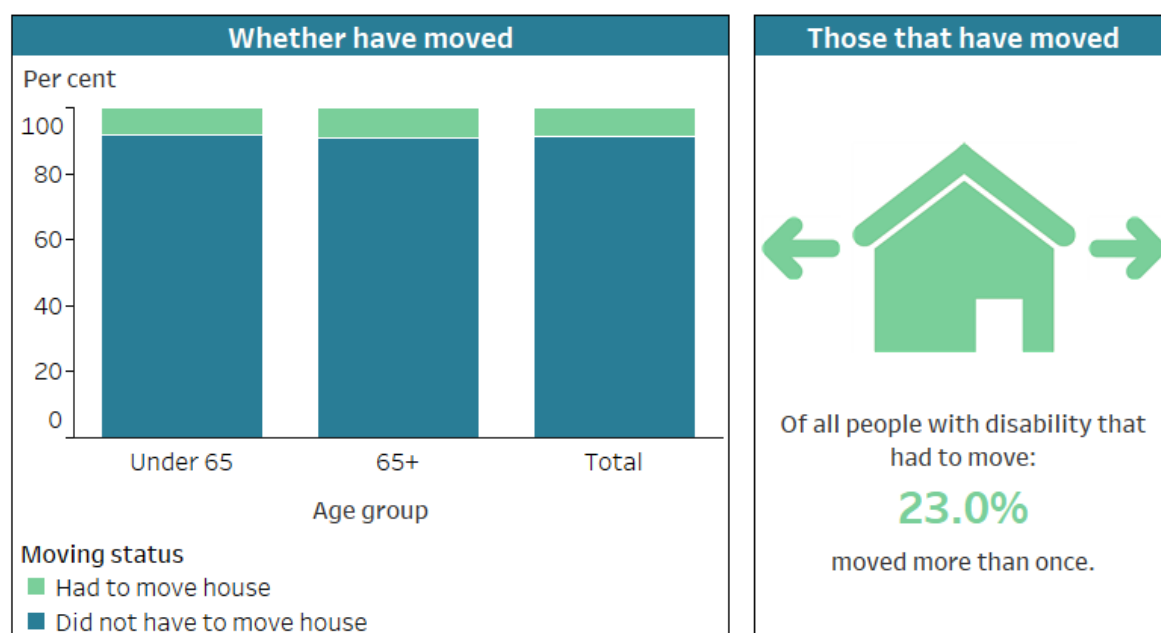
Almost 1 in 10 people with disability (8.6%) have moved house because of their condition or age (Figure NEEDS.2). People with severe or profound disability (15%) are more than twice as likely as people with other disability (5.8%) to have done so.

Almost 1 in 4 (23%) people with disability, who had to move, have moved more than once because of their condition or age (Figure NEEDS.2). Younger people (aged under 65) with disability (32%) are more likely than older people (aged 65 and over) with disability (11%) to have done so (ABS 2019).

Figure NEEDS.2: Moving house due to condition or age for people with disability¹, and if they moved more than once, by disability status and age group, 2018

Disability status

- ☐ Severe or profound disability
- ☐ Other disability
- ☒ All with disability



¹People with disability living in households.

Source: ABS 2019; see also Table NEED3.

<http://www.aihw.gov.au>

Needs in social housing

Proximity to services

Being able to access other services, such as medical centres or public transport, is important. Compared with other social housing households, those that have at least 1 person with disability are less likely to live where their needs to nominated services and facilities are met. Of those that rated access to these services as important:

- 90% said their location meets their needs for access to shops and banking, compared with 94% that do not have a person with disability
- 88% for public transport, compared with 94%
- 89% for parks and recreational facilities, compared with 94%
- 90% for emergency services, medical services and hospitals, compared with 95%
- 87% for child-care facilities, compared with 90%
- 88% for education and training facilities, compared with 92%
- 84% for employment and place of work, compared with 89%
- 83% for community and support services, compared with 92%
- 87% for family and friends, compared with 90% (AIHW 2019).

National Social Housing Survey

Data on this page are sourced from the 2018 National Social Housing Survey (NSHS). The NSHS is a biennial survey of social housing tenants. It complements administrative data collected by social housing providers and includes information on tenants and their social housing experiences.

Participants are randomly sampled from social housing programs—public housing, state owned and managed Indigenous housing, community housing and Indigenous Community Housing.

Households that have at least 1 person with disability are those in which at least 1 member always or sometimes needs assistance with self-care activities, body movement activities or communication, and the reason they need assistance is 'long-term health condition lasting 6 months or more' or 'disability'.

Other needs

Of social housing households that rated these services as important, those that have at least 1 person with disability are less likely to say that their needs are met for:

- modifications for special needs (73% compared with 83% when rated as important)
- ease of access and entry (85% compared with 93%)
- safety and security, whether at home (79% compared with 85%) or in the neighbourhood (73% compared with 81%)
- thermal comfort (in the heat or cold) (57% compared 65%) (AIHW 2019).

References

ABS (Australian Bureau of Statistics) 2019. Microdata: disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of TableBuilder data.

AIHW (Australian Institute of Health and Welfare) 2019. National Social Housing Survey 2018: key results. Cat. no. HOU 311. Canberra: AIHW.

<https://www.aihw.gov.au/reports/housing-assistance/national-social-housing-survey-2018-key-results/contents/table-of-contents>

Housing assistance

1. 1 in 5 (20%) CRA recipients received income support through the DSP (June 2019).
2. 1 in 3 (31%) income units receiving CRA with at least 1 person on DSP are in housing stress.
3. 2 in 5 (41%) social housing households have at least 1 person with disability (where disability status is known).
4. 6 in 10 (62%) social housing households with at least 1 person with disability are single-adult households.

Housing assistance can provide vital support for people with disability who live in a household that cannot meet the costs of accessing or maintaining housing.

Housing assistance can be short or long term and can vary depending on the needs of the person and/or household. It is generally provided through:

- provision of subsidised rental housing—for example, social housing (see [Social housing](#) section and [Tenure type](#) section in this report, and [Housing assistance](#) on the AIHW website)
- financial payments—for example, [Commonwealth Rent Assistance](#) (CRA) and other support for private renters (see [CRA](#) section)
- specialist homelessness services—see [Homelessness services](#) section in this report and [Specialist homelessness services](#) on the AIHW website.

In addition to mainstream housing assistance, several initiatives are aimed specifically at people with disability. This includes Specialist Disability Accommodation (SDA) provided through the National Disability Insurance Scheme (NDIS). This refers to accommodation for people who require specialist housing solutions due to extreme functional impairment or very high support needs. An estimated 6.5% of NDIS participants will require SDA (NDIA 2019). At 31 March 2020, nationally 13,944 active participant plans include SDA (NDIA 2020).

National Disability Insurance Scheme and housing

The NDIS is Australia's first national insurance-based scheme for people with disability (see [Specialist disability support services](#) and the [NDIS website](#) for more information).

It funds supports for participants, including those focused on housing. These include home modifications and Specialist Disability Accommodation (SDA), which is accommodation for people requiring specialist housing solutions, including to assist with delivery of supports.

Funding is only provided to a small proportion of NDIS participants who meet specific eligibility criteria and have extreme functional impairment or very high support needs. See [SDA](#) on the NDIS website for more information.

SDA funding is for developing new, high quality dwellings for use by eligible NDIS participants. It does not refer to the support services themselves. SDA may include specialist designs for people with very high needs. It may have a location or features that make it feasible to provide complex or costly supports for independent living (NDIA 2019).

Where can I find out more?

Detailed data tables are available online at [Data](#).

More information on:

- housing assistance—[AIHW housing assistance](#)
- ABS SDAC—[ABS SDAC](#) website.

Commonwealth Rent Assistance

Appropriate housing for people living with disability can often be difficult to get or maintain without additional financial assistance, such as Commonwealth Rent Assistance (CRA).

Rent assistance

Commonwealth Rent Assistance (CRA)

CRA is a non-taxable Australian Government income supplement made to eligible people renting in the private housing market or community housing to assist with their cost of housing. See [Commonwealth Rent Assistance](#) on the Department of Social Services website for details about eligibility. It is the most common form of housing assistance received by Australian households overall. In 2018–19 over 1.2 million income units received CRA (DSS 2020).

Private rent assistance (PRA)

PRA is financial assistance provided directly by all state and territory governments to low-income households experiencing difficulty in securing or maintaining private rental accommodation. Private rent assistance is usually provided as a one-off form of support and includes bond loans, rental grants, rental subsidies and relief, and payment of relocation expenses. In 2018–19, PRA was provided to 91,800 households. Bond loans (72,200 households) were the most common type of PRA followed by one-off rental grants (32,900 households) (AIHW 2020).

At June 2019, 20% of CRA recipients receive the Disability Support Pension (DSP) (DSS 2020). Other common income support payments, relevant to people with disability, received by CRA recipients are:

- Age Pension (22%)
- Newstart Allowance (20%)
- Carer Payment (5.4%) (DSS 2020).

Rental stress

Rental stress is defined as spending more than 30% of gross household income on rent. At June 2019, 31% of income units receiving CRA, that include at least 1 person on DSP, paid more than 30% of their income in rent after receiving CRA. Without CRA, 72% of these income units would be in rental stress. This compares with 41% in rental stress after receipt of CRA and 69% in rental stress without CRA for all income units receiving CRA (DSS 2020).

Social housing

More than 146,000 social housing households have at least 1 person with disability (at June 2019). This makes up 41% of all social housing households (where disability status is known). Public housing has the highest proportion of households that have at least 1 person with disability (44% or 117,000) (where disability status is known).

What is social housing?

Social housing is 1 of the main forms of housing assistance provided in Australia. It is rental housing owned or managed by the government or a community organisation, let to eligible people.

Social housing rents are generally set below market levels and are influenced by household income (AIHW 2019).

Data in this section are sourced from [Housing assistance in Australia 2020](#) collected from the 3 main social housing programs in Australia:

- public housing
- State Owned and Managed Indigenous Housing (SOMIH)
- community housing.

Each state, territory or organisation that provides social housing determines its own priorities for allocating its stock according to need. Priorities typically fall across 'special needs' and 'greatest need' categories.

Special needs households include households that have

- at least 1 person with disability
- a main tenant younger than 25 years or 75 and over (50 and over for SOMIH)
- at least 1 person who identifies as Aboriginal and/or Torres Strait Islander.

Disability in social housing programs is defined as an impairment of body structure or function, a limitation in activities, and/or a restriction in participation.

Greatest need households are low-income households in which, at the time of allocation, members are experiencing:

- homelessness
- risk to life or safety in their accommodation
- aggravation of their health condition due to their housing
- housing inappropriate to their needs
- very high rental costs.

Households may be identified as greatest need or special need or both (AIHW 2020).

Newly allocated public housing households

Almost 4 in 10 (39%) newly allocated public housing households have at least 1 person with disability (where disability status is known). These households make up over half (52%) of newly allocated households with special needs in public housing.

Over 4 in 5 (83%) newly allocated public housing households that have at least 1 person with disability are households in greatest need. Common main reasons are:

- homelessness (46%)
- health condition aggravated by housing (19%)
- life or safety at risk in accommodation (17%).

Newly allocated SOMIH households

Around 3 in 5 (58%) newly allocated SOMIH households that have at least 1 person with disability are households in greatest need. Common main reasons are:

- homelessness (39%)
- health condition aggravated by housing (17%)
- life or safety at risk in accommodation (14%).

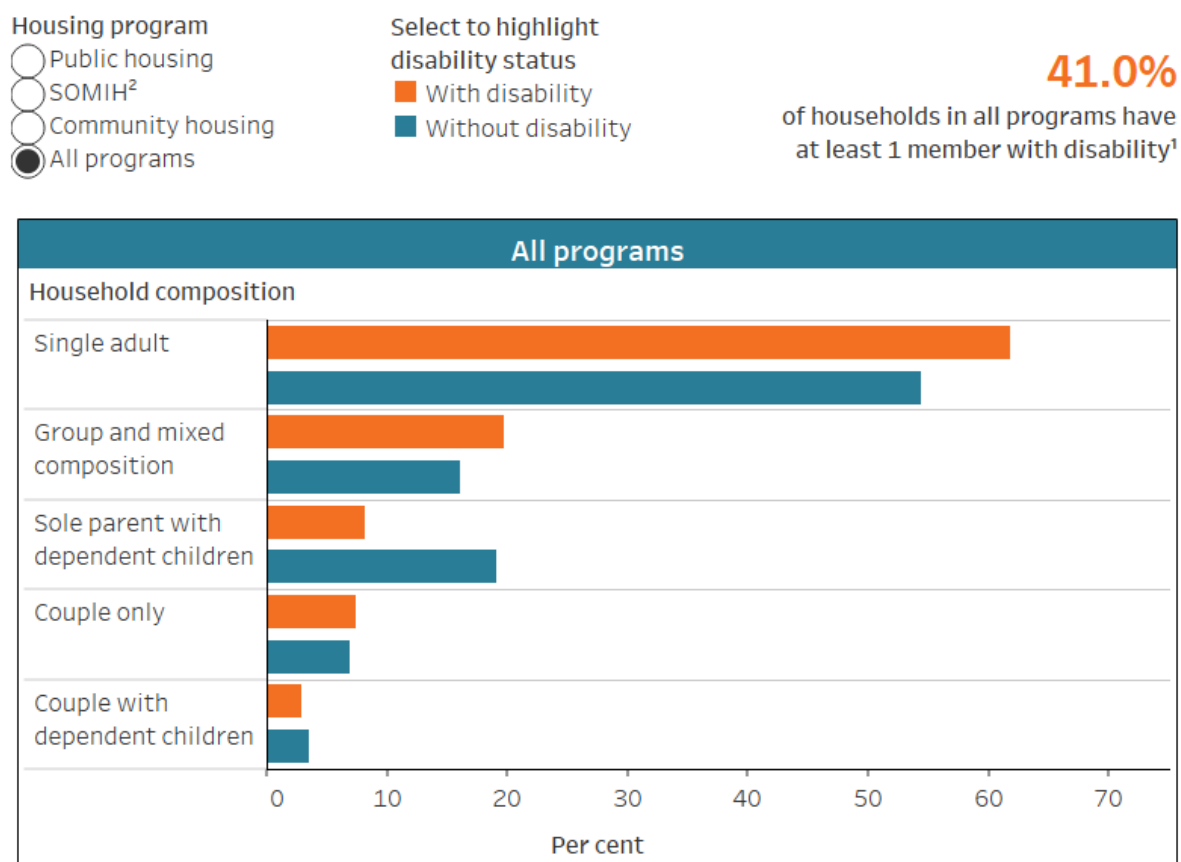
Household characteristics

Household characteristics include the composition of the household, income status, and Indigenous status, as well as demographic information relating to the main tenant.

Household composition is based on the relationship between household members. Of households that have at least 1 person with disability (where disability status is known) (Figure ASSISTANCE.1):

- the majority are single-adult households (62% or 90,200), higher than households that do not have a person with disability (54% or 114,000)
- 1 in 5 (20% or 28,800) are group or mixed composition households (16% or 33,700 without disability)
- 1 in 12 (8.2% or 12,000) are single-parent households (19% or 40,100 without disability)
- almost all (99% or 115,000) are low-income households (98% or 143,000 without disability) (where low-income status is known)
- 1 in 10 (10% or 11,700) are classified as Indigenous (11% or 19,200 without disability) (where Indigenous status is known). A household is classified as Indigenous if any member of the household identifies as being of Aboriginal or Torres Strait Islander origin. Note that 76,700 households have Indigenous status 'not stated'.

Figure ASSISTANCE.1: Household composition, by disability status¹ and social housing program, at 30 June 2019



¹The disability status of the household is based on whether any member of the household reports to experience disability.

²State Owned and Managed Indigenous Housing.

Note: Proportions exclude 'not stated'.

Source: AIHW National Housing Assistance Data Repository; see also tables ASTN4 and ASTN8.

<http://www.aihw.gov.au>

Main tenants of households that have at least 1 person with disability:

- are more likely (44% or 63,500) to be male than those without disability (33% or 69,400).
- are less likely to belong to the youngest age groups or the oldest age group (Table ASSISTANCE.1). Note that with the exception of single-adult households, the main tenant may or may not be the person with disability.

Table ASSISTANCE.1: Age of main tenant^(a) by household disability status, at 30 June 2019 (%)^(b)

Age of main tenant	With disability ^(c)	Without disability	Disability status not stated ^(d)
15–24	1.4	4.0	3.8
25–34	5.8	11.1	13.1
35–44	13.2	14.3	16.9
45–54	24.6	16.8	19.0
55–64	31.6	15.9	17.9
65 and over	23.5	37.8	29.3

(a) With the exception of single-adult households, the main tenant may or may not be the member with disability.

(b) Per cent calculation excludes age not stated.

(c) Household where 1 or more person is identified as having disability.

(d) 10% (or 41,027) main tenants have a household disability status of 'not stated'

Source: AIHW National Housing Assistance Data Repository; see also Table ASTN8.

Benefits of living in social housing

While most households with at least 1 person with disability experience some benefits from living in social housing, they are less likely than households without a person with disability to have a positive experience (Table ASSISTANCE.2). For example, households that have at least 1 person with disability are less likely to enjoy better health; and feel less able to:

- improve their job situation
- start or continue with education and training
- cope with life events.

Table ASSISTANCE.2: Benefits of living in social housing, 2018

Benefits of living in social housing	With disability^(a)	Without disability
Feel more settled	94.3	95.2
Enjoy better health	77.8	82.9
Feel more able to cope with life events	83.8	88.9
Feel part of the local community	76.4	81.4
Able to continue living in this area	89.3	90.8
Able to manage rent/money better	91.5	95.0
Feel more able to improve job situation	56.7	69.1
Feel more able to start or continue education/training	62.7	72.4
Have better access to services	84.4	86.5
Have better access to public transport	81.6	86.4

(a) Household where 1 or more person is identified as having disability.

Note: Respondents could report more than 1 benefit of living in social housing.

Source: AIHW 2019: Table S2.6.

National Social Housing Survey

Data in this section are sourced from the 2018 National Social Housing Survey (NSHS). This biennial survey of social housing tenants complements administrative data collected by social housing providers. It includes information on tenants and their social housing experiences.

Participants are randomly sampled from social housing programs—public housing, state owned and managed Indigenous housing, community housing and Indigenous community housing.

Households with a member with disability are defined as households in which at least 1 member:

- always or sometimes needs assistance with self-care activities, body movement activities or communication
- needs assistance because of 'long-term health condition lasting 6 months or more' or 'disability'.

For information on access to services and facilities for social housing tenants, see [Housing-related needs](#).

References

AIHW (Australian Institute for Health and Welfare) 2019. National Social Housing Survey 2018: key results. Cat. no. HOU 311. Canberra: AIHW.

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NDIA (National Disability Insurance Agency) 2019 Quarterly report to the COAG Disability Reform Council, 31 December 2018. Canberra: NDIA. <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

NDIA 2020. Quarterly report to the COAG Disability Reform Council, 31 March 2020. Canberra: NDIA.

Homelessness services

1. 1 in 12 (8.3%) 22,100 Specialist Homelessness Services (SHS) clients (with known disability status) have disability.
2. 1 in 3 (33% or 7,200) SHS clients with disability have severe or profound disability.
3. 1 in 6 (16% or 3,600) SHS clients with disability seek support because of domestic or family violence.
4. Half (51% or 7,800) SHS clients with disability are provided with accommodation when they need it.

Safe, secure housing is fundamental to people's health and wellbeing. Access to affordable housing is a key issue for everyone, particularly those on low incomes. A lack of affordable housing puts households at an increased risk of experiencing housing stress and can affect their health, education, employment and place them at risk of homelessness (AIHW 2019).

Anyone can be affected by homelessness. However, some groups, such as people with disability, may face additional risk factors, such as limited engagement with the labour market, lack of social support and low income (AIHW 2019). These factors increase their likelihood of experiencing homelessness, or present additional barriers to exiting homelessness (see [Employment](#) and [Income and finance](#) for more information on these life areas).

People with disability may also have specific accommodation and support needs beyond those of the general population.

People with disability who are homeless or at risk of homelessness can use specialist homelessness services (SHS). These services are funded by governments to:

- provide accommodation support to people in need
- support at-risk clients to remain housed
- provide services intended to support stable living conditions, such as counselling, employment or financial services.

Specialist Homelessness Services Collection

Data in this section are sourced from the AIHW's 2018–19 [Specialist Homelessness Services Collection](#) (SHSC), comprising a Client Collection and an Unassisted Persons Collection. Disability status is not collected in the Unassisted Persons Collection.

The Client Collection captures information on everyone who receives service from an SHS agency. Information is collected at:

- the start of a support period
- each month within the support period
- the end of a support period.

The SHSC has included a shortened version of the AIHW's standardised disability flag since 2013–14. All clients are asked the SHSC disability questions, which are based on limitation with core activities due to a long-term health condition or disability.

Core activities are:

- self-care—for example, showering or bathing, dressing or undressing, toileting, eating food
- mobility—for example, moving around in or outside the house, getting in or out of a chair
- communication—for example, understanding or being understood by people, including people they know.

Clients identified as having disability are those who:

- always or sometimes require assistance with 1 or more core activities
- have difficulty but no need for assistance with 1 or more core activities
- have no difficulty but use aids or equipment for core activities.

In this section, clients who always or sometimes need assistance with core activities are referred to as 'clients with severe or profound disability'.

Clients who have disability, but no core activity limitation are not identified as having disability in the collection. This includes the small proportion of clients not identified as having disability, but who need disability services (0.9%).

Response rates to the disability flag are relatively low. For example, the number of clients with invalid responses to the flag in 2018–19, while small compared with total clients, was larger than the number of clients with disability (24,600 compared with 22,100) (AIHW 2019).

Differences in the interpretation of disability questions for young children mean data may not be comparable across age groups. For this reason, children under the age of 9 may be excluded from some analyses.

See the [SHSC Data Quality Statement](#) and [SHSC disability flag](#) for more information.

Where can I find out more?

Detailed data tables are available online at [Data](#).

This section looks primarily at all clients with disability. Annual reports from the SHSC generally focus on the subset of clients with severe or profound disability. More information on the [SHSC](#), and the [latest reports](#), are available on the [AIHW](#) website.

Demographics

In 2018–19, about 290,300 clients used specialist homelessness services. Of SHS clients with known disability status, 8.3% (or 22,100) have disability. Around 1 in 3 (33% or 7,200) clients with disability have severe or profound disability (or 2.7% of all SHS clients with known disability status).

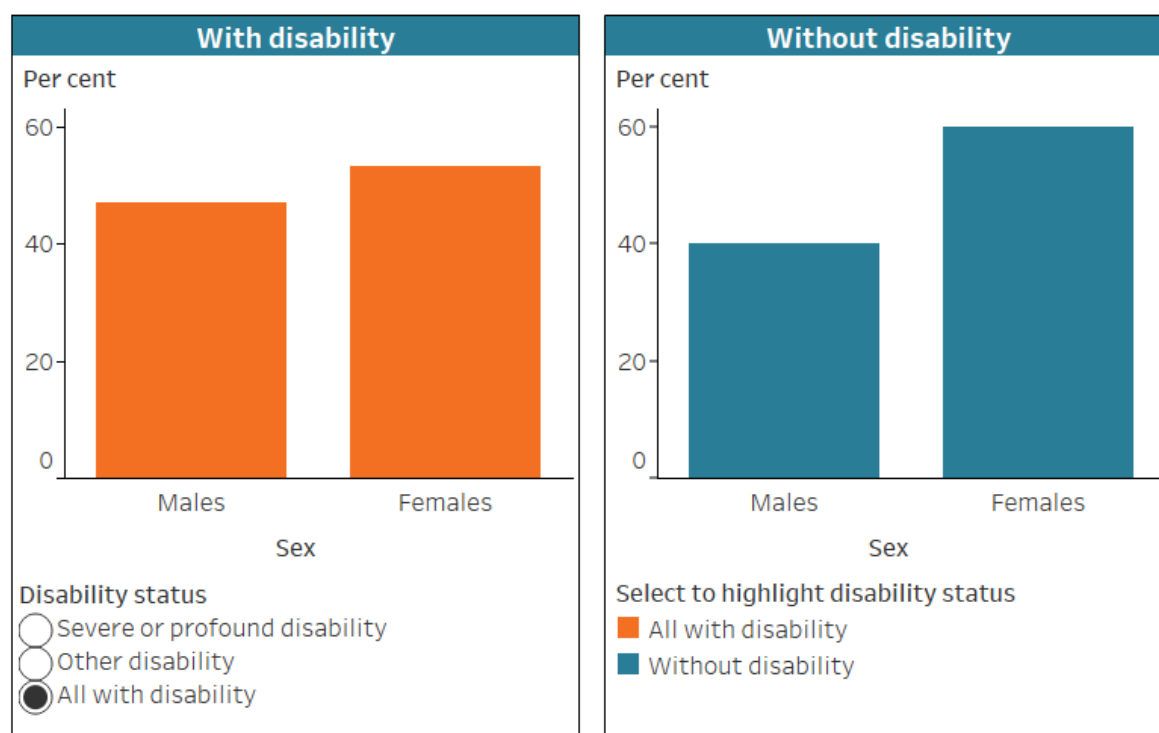
Sex

Clients with disability (53% or 11,700) are less likely to be female than clients without disability (60% or 146,000 with known disability status) (Figure HOMELESSNESS.1).

Figure HOMELESSNESS.1: Specialist Homelessness Services (SHS) clients, by disability status, age group¹ and sex, 2018–19

Select to view by age group or sex

Sex



¹ People aged 10 and over.

Notes

1. With disability only includes clients who have core activity limitations.

2. Without disability includes clients who have disability but no core activity limitation.

Source: SHSC 2018–19; see also Tables SHSC1 and SHSC3.

<http://www.aihw.gov.au>

Disability is less common in female clients than male clients—7.4% have disability, compared with 9.6% (with known disability status) (Table HOMELESSNESS.1).

Table HOMELESSNESS.1: Prevalence of disability in SHS clients for whom disability status is known^(a), by sex, 2018–19 (%)

Disability status	Males	Females	Total
With disability	9.6	7.4	8.3
Severe or profound disability	3.4	2.2	2.7
Other disability	6.2	5.2	5.6
Without disability	90.4	92.6	91.7
Total	100.0	100.0	100.0

(a) Excluding those whose disability status is recorded as missing or don't know. The disability status of 24,600 (or 8.5%) SHS clients is recorded as missing or don't know.

Notes

1. With disability only includes clients who have core activity limitations.
2. Without disability includes clients who have disability but no core activity limitation.

Source: SHSC 2018–19; see also Table SHSC1.

Age

Clients with disability are more likely to be older than clients without disability. About 1 in 10 (10% or 2,000) clients with disability are aged 65 and over, compared with 1 in 36 (2.8% or 5,600) clients without disability (with known disability status) (Figure HOMELESSNESS.1).

Disability is more common in older clients. More than 1 in 4 (26%) clients aged 65 and over have disability, compared with around:

- 1 in 11 (8.7% or 17,200) aged 15–64
- 1 in 29 (3.5% or 590) aged 10–14 (Table HOMELESSNESS.2).

Table HOMELESSNESS.2: Prevalence of disability in SHS clients for whom disability status is known^(a), by age group, 2018–19 (%)

Age group	Severe or profound disability	Other disability	All with disability	Without disability	Total
10–14	1.6	1.8	3.5	96.5	100.0
15–17	1.5	2.8	4.4	95.6	100.0
18–24	1.6	3.9	5.5	94.5	100.0
25–34	1.7	4.5	6.1	93.9	100.0
35–44	2.3	6.7	8.9	91.1	100.0
45–54	3.4	10.0	13.4	86.6	100.0
55–64	5.1	14.6	19.7	80.3	100.0
65 and over	7.4	18.9	26.3	73.7	100.0
10 and over	2.7	5.6	8.3	91.7	100.0

(a) Excluding those whose disability status is missing/don't know. The disability status of 24,600 (or 8.5%) SHS clients is recorded as missing or don't know.

Notes

1. With disability only includes clients who have core activity limitations.
2. Without disability includes clients who have disability but no core activity limitation.
3. Disability status is collected for all ages but data relating to children aged 0–9 should be interpreted with caution. The numbers presented here exclude children aged 0–9.

Source: SHSC 2018–19; see also Table SHSC3.

Indigenous status

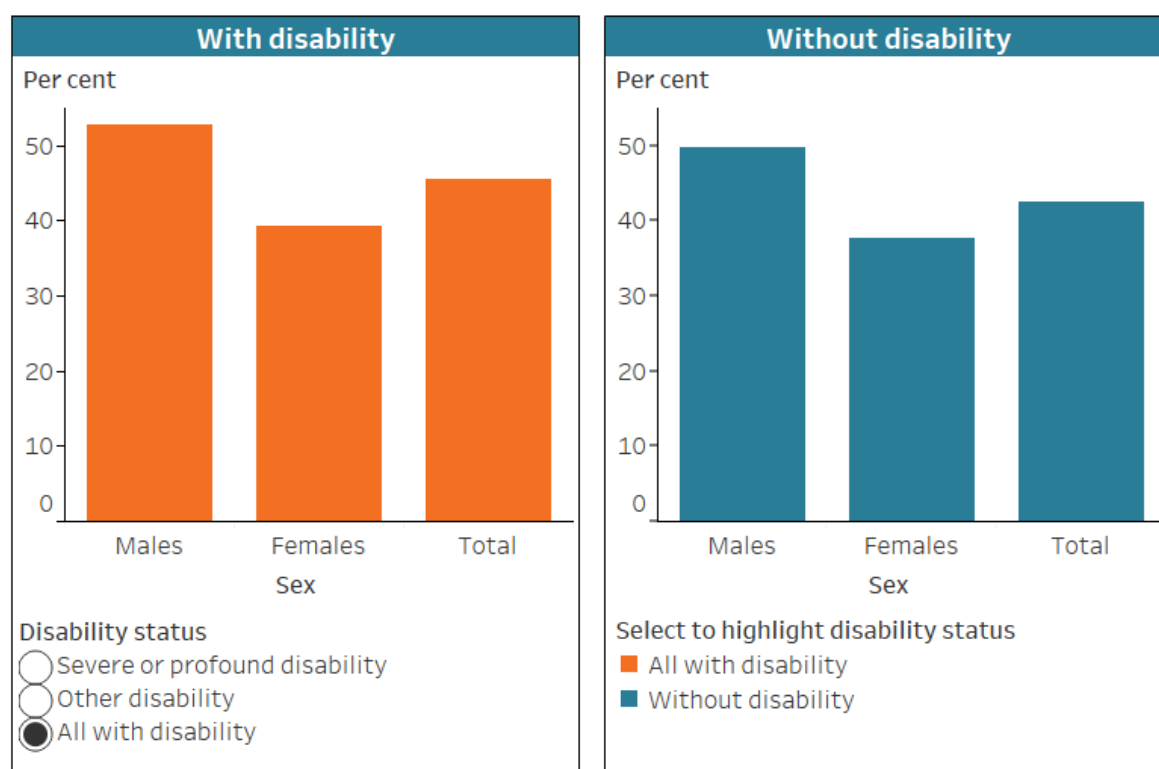
About 1 in 5 (21% or 4,500) clients with disability are Aboriginal and/or Torres Strait Islander people, compared with more than 1 in 4 (27% or 61,300) clients without disability (with known disability and Indigenous status).

Indigenous clients (6.8%) are less likely to have disability than non-Indigenous clients (9.1%). However, Indigenous clients with disability are more likely to have severe or profound disability (36%) than non-Indigenous clients with disability (31%).

Before support

Male SHS clients with disability (53%) are more likely than female clients (39%) to be homeless when they seek support (for those with known disability and housing status). A similar trend is evident in clients without disability (Figure HOMELESSNESS.2).

Figure HOMELESSNESS.2: Homelessness before support¹ for Specialist Homelessness Services (SHS) clients, by disability status and sex, 2018–19



Notes

1. With disability only includes clients who have core activity limitations.

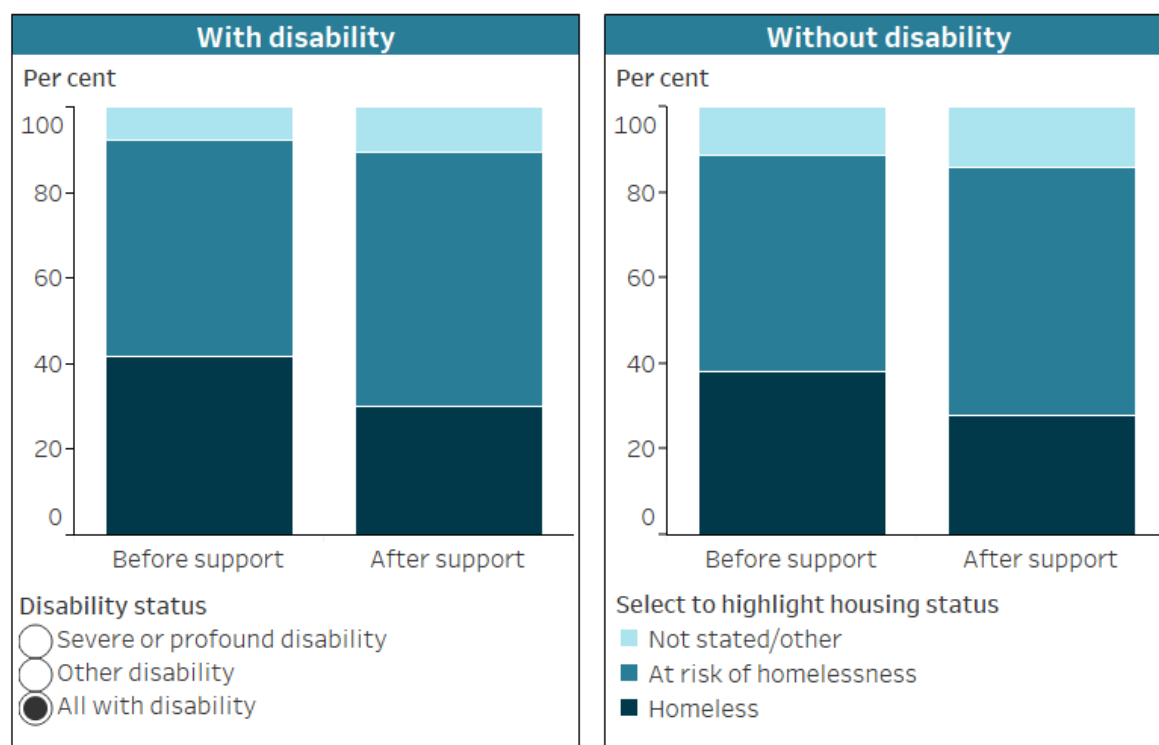
2. Without disability includes clients who have disability but no core activity limitation.

Source: SHSC 2018–19; see also Table SHSC4.

<http://www.aihw.gov.au>

Clients with disability (42% or 6,400) are slightly more likely than those without disability (38% or 72,100 for those with known disability status) to be homeless, rather than at risk of homelessness, when they seek support (Figure HOMELESSNESS.3).

Figure HOMELESSNESS.3: Housing status before and after support for Specialist Homelessness Services (SHS) clients, by disability status, 2018–19



1. With disability only includes clients who have core activity limitations.
 2. Without disability includes clients who have disability but no core activity limitation.
 3. All clients of SHS are either homeless or at risk of homelessness.
 Source: SHSC 2018–19; see also Table SHSC11.
<http://www.aihw.gov.au>

What is housing status?

All clients of specialist homelessness services are either homeless or at risk of homelessness. 'Homeless' status is derived for a client based on the client's housing circumstances at the beginning of their first support period. All other clients not meeting these criteria are considered to be at risk of homelessness (excluding clients who did not provide sufficient information to make this assessment). Housing circumstances are determined based on the client's type of residence, tenure, and conditions of occupancy.

Homeless includes:

- having no shelter or improvised / inadequate dwelling
- staying in short-term, temporary accommodation
- being a couch surfer or having no tenure in a house, townhouse or flat.

At risk of homelessness includes:

- renting or living rent free in public or community housing
- renting, living rent free or owning in private or other housing
- residing in institutional settings.

Reasons for seeking assistance

The most common reason clients with disability seek support relate to accommodation (42% or 9,200), followed by interpersonal relationships (22% or 4,800) (for SHS clients with known disability status) (Table HOMELESSNESS.3).

Reasons for seeking assistance

The SHSC collects information about the client's reasons for seeking assistance at the start of support:

- the main reason for seeking support
- all reasons for seeking support.

This information is as reported by the client, not the agency worker.

Table HOMELESSNESS.3: SHS clients, selected main reason for seeking support, by disability status^(a), 2018–19 (%)

Main reason	With disability	Without disability
Accommodation	41.7	34.6
Housing crisis	24.2	20.0
Inadequate/inappropriate dwelling conditions	13.3	10.5
Previous accommodation ended	4.2	4.0
Interpersonal relationships	21.8	33.3
Domestic/family violence	16.5	26.4
Relationship/family breakdown	3.5	4.7
Financial	18.1	18.5
Financial difficulties	11.2	11.6
Housing affordability stress	6.5	6.4
Health	7.6	2.9
Mental health issues	3.5	1.2
Medical issues	2.7	0.8

(a) Excluding those whose disability status is missing/don't know.

Notes

1. Most common main reasons for seeking support (excluding 'not stated') among SHS clients.
2. With disability only includes clients who have core activity limitations.
3. Without disability includes clients who have disability but no core activity limitation.

Source: SHSC 2018–19; see also Table SHSC5.

The main reasons clients seek support vary between those with and without disability (Table HOMELESSNESS.3). For example, clients with disability are more likely to report housing crisis as a main reason for seeking support and less likely to report domestic or family violence (Table HOMELESSNESS.3).

The main reasons that clients with disability seek support also vary depending on their housing situation before support (Table HOMELESSNESS.4). For example (for SHS clients with known disability status):

- more than half (53% or 5,100) of clients with disability who are homeless when they begin support cite accommodation-related reasons as their main reason for seeking support, compared with one-third (33% or 3,800) of those who begin support at risk of homelessness
- interpersonal relationship and financial issues are more commonly identified by clients with disability who begin support at risk of homelessness than those who begin support homeless.

Table HOMELESSNESS.4: SHS clients with disability^(a), main reason for seeking support, by housing status at first report^(b), 2018–19 (%)

Main reason	Homeless at first report	At risk at first report
Accommodation	52.5	33.4
Housing crisis	28.5	20.9
Inadequate/inappropriate dwelling conditions	18.3	9.6
Previous accommodation ended	5.8	2.9
Interpersonal relationships	18.6	22.9
Domestic/family violence	12.5	18.2
Relationship/family breakdown	4.5	2.8
Financial	11.7	24.0
Financial difficulties	6.5	15.5
Housing affordability stress	4.8	8.1
Health	7.2	8.2
Mental health issues	3.5	3.5
Medical issues	2.1	3.3

(a) With disability only includes clients who have core activity limitations.

(b) Excludes clients for whom homelessness status at first report is unknown.

Note: Most common main reasons for seeking support (excluding 'not stated') among SHS clients with disability.

Source: SHSC 2018–19; see also Table SHSC6.

During support

Clients with disability generally have a higher and more complex need for support than clients without disability. This is reflected in their higher (for SHS clients with known disability status):

- average number of support periods received—2.6 compared with 1.7
- median length of support—78 days compared with 45
- average number of distinct services needed—14.2 compared with 9.3.

Support need and provision

Information on services and assistance needed, provided and referred are collected by SHS agencies during the collection period.

'Services needed' refer to services or assistance the SHS agency worker assesses the client needs, whether the client accepts this or agrees to participate in the support service.

'Services provided' refer to services or assistance provided directly by the SHS agency.

'Services referred' refer to where a client is referred to another service provider who accepts the client for an appointment or interview. It does not capture if a client kept the appointment or if the appointment led to the client receiving a service.

Type of support needed

Accommodation is the most needed type of service for clients with (69% or 15,200) and without (60% or 147,000) disability (for SHS clients with known disability status). Clients with disability, however, generally have a higher need for all types of accommodation:

- 52% (or 11,400) need long-term housing, compared with 39% (or 94,000)
- 39% (or 8,600) need medium-term or transitional housing, compared with 29% (or 70,700)
- 46% (or 10,100) need short-term or emergency accommodation, compared with 40% (or 98,200).

Clients with disability are also more likely than those without disability to need most other types of assistance, with the exception of assistance for domestic and/or family violence and child care.

Unmet need for support

Not all clients who need support receive it directly or have all their needs met (though they may have a referral arranged—for data on referrals, see [Data](#)).

Of clients with disability (where disability status is known):

- 31% (or 6,900) had all support needs met directly, compared with 42% (or 101,000) without disability
- 66% (or 41,600) had some met, compared with 54% (or 131,000)
- 2.6% (or 570) had none met, compared with 4.7% (11,400).

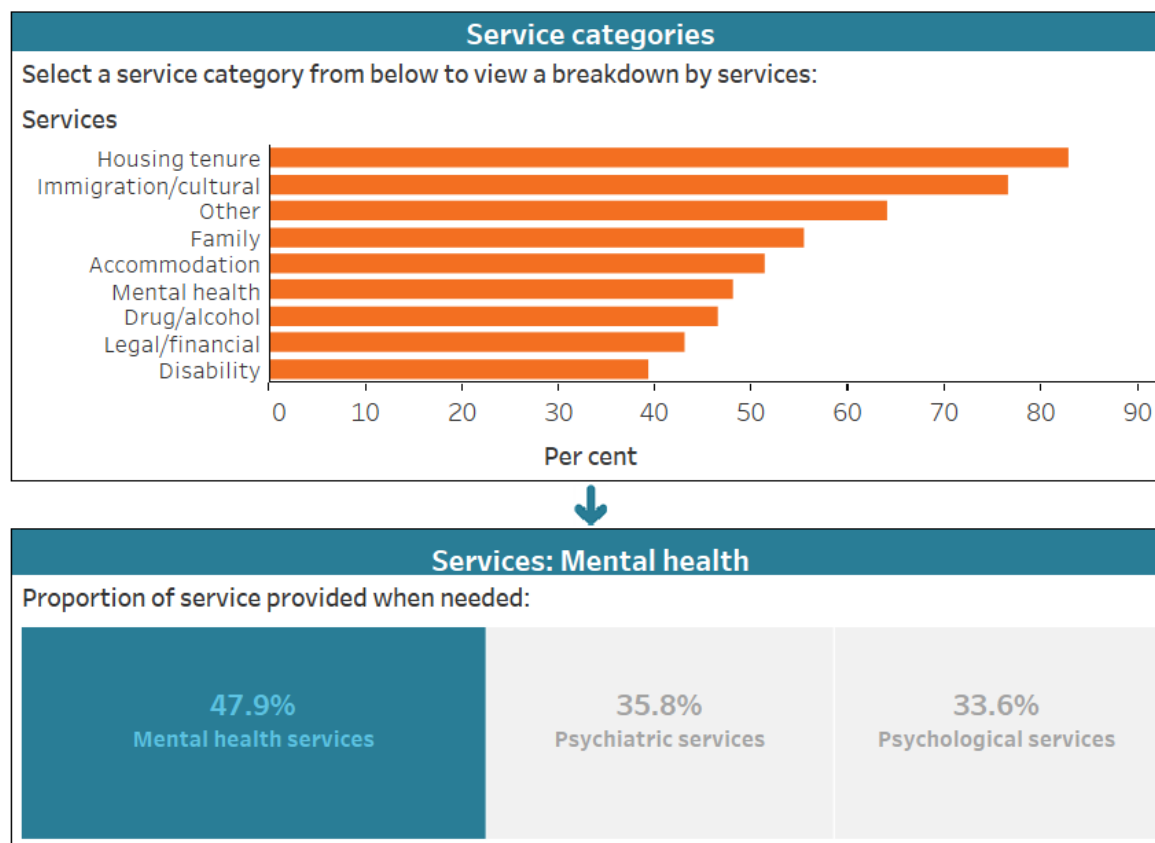
Some types of support are more likely to be provided directly when needed than others. For example, of SHS clients with known disability status:

- about half (51% or 7,800) of clients with disability who need accommodation receive it directly
- 4 in 10 (39% or 500) clients with disability who need disability services receive them directly
- about half (48% or 2,000) of clients with disability who need services related to mental health receive them directly (Figure HOMELESSNESS.4).

Figure HOMELESSNESS.4: Services provided when needed during support for Specialist Homelessness Services (SHS) clients, by disability status, 2018–19

Disability status

- ☒ With disability
- ☐ Without disability



Notes

1. With disability only includes clients who have core activity limitations.
 2. Without disability includes clients who have disability but no core activity limitation.
 3. Service group is a count of unique clients within all categories in the service and assistance group. A client may request multiple services and assistance types, therefore the sum of the categories is not equal to the group total.
- Source: SHSC 2018–19; see also Table SHSC9.

<http://www.aihw.gov.au>

Clients with disability (51%) are as likely as clients without disability (52%) to receive the accommodation services they need, and slightly more likely to receive long-term housing (5.0% compared with 3.6%) (for SHS clients with known disability status).

When they need them, clients with disability are also more likely to receive:

- mental health services—48% compared with 43%
- drug and/or alcohol services—46% compared with 44%.

When they need them, clients with disability are less likely to receive:

- immigration and/or cultural services—76% compared with 85%
- family services—55% compared with 61%
- other specialist (including health and medical services)—64% compared with 68%.

Clients with disability and without disability have similar rates of direct service provision for:

- assistance to sustain housing tenure—83% compared with 81%
- legal and/or financial—43% compared with 43%
- general (including employment and training assistance)—99% compared with 98%.

After support

Housing outcomes for clients with disability generally improve following support, with fewer homeless when they leave support.

Four in 10 (42% or 6,400) clients with disability are homeless when they start support, compared with 3 in 10 (30% or 4,600) at the end of support (for SHS clients with known disability status) (Figure HOMELESSNESS.3).

This varies by their housing situation at the start of support. Clients with disability who begin support at risk of homelessness are much more likely to end support housed (88%) than those who begin support homeless (40%) (for SHS clients with known disability and housing status).

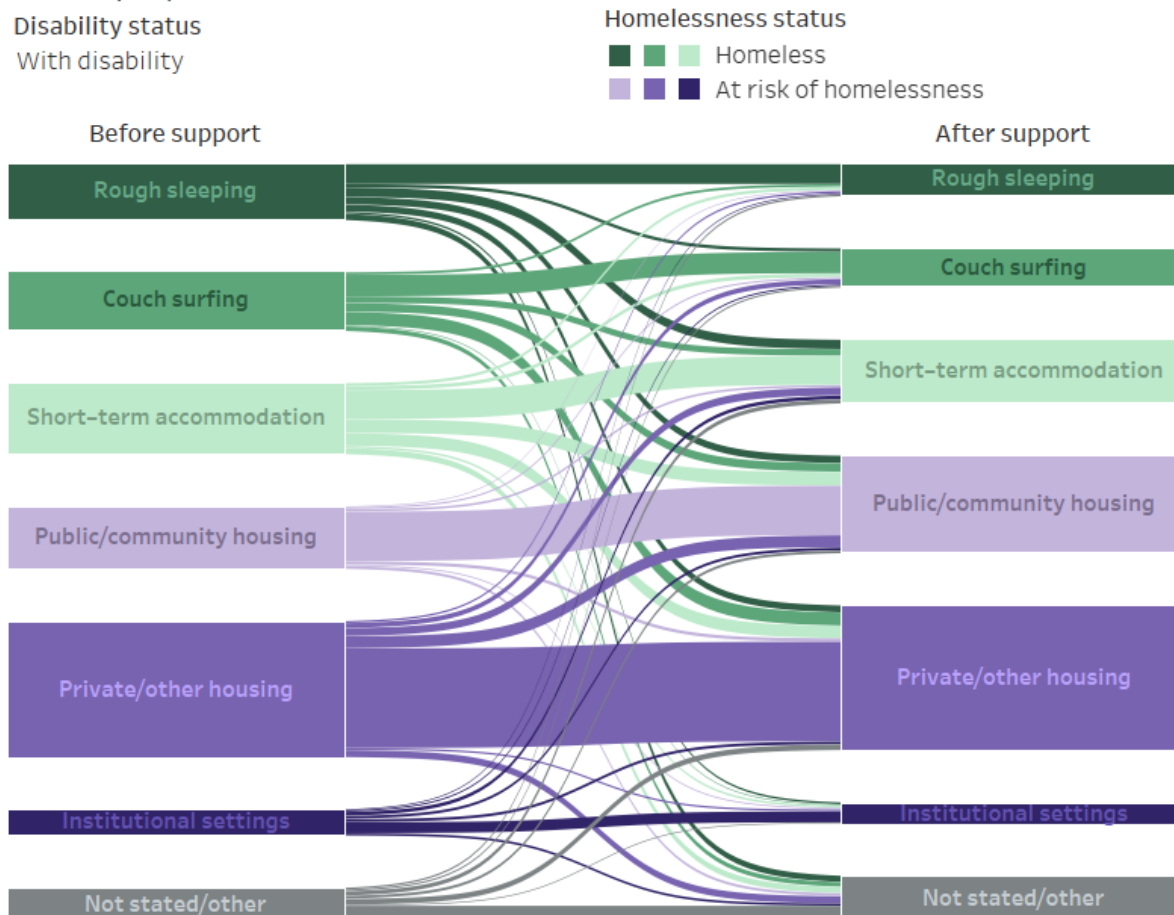
This further varies by the living situation at the start of support (Figure HOMELESSNESS.5). Of clients with disability who begin support (for SHS clients with known disability and housing status):

- at risk of homelessness, those living in:
 - institutional settings are the least likely to be housed following support (74%)
 - public or community housing are the most likely to be housed following support (92%)
- homeless, those living:
 - with no shelter or in an improvised or inadequate dwelling are the least likely to be housed following support (33%)
 - in short-term temporary accommodation are the most likely to be housed following support (44%).

Clients with disability (67%) are as likely as clients without disability (68%) to end support housed, although there are some differences in their living situations after support. For example, clients with disability are:

- more likely than clients without to exit support to public or community housing (25% compared with 21%)
- less likely to exit to private or other housing (as a renter, rent free or owner) (37% compared with 44%).

Figure HOMELESSNESS.5: Homelessness status before and after support for Specialist Homelessness Services (SHS) clients, by disability status, 2018–19



Notes

1. With disability only includes clients who have core activity limitations.
2. Without disability includes clients who have disability but no core activity limitation.
3. All clients of SHS are either homeless or at risk of homelessness.

Source: SHSC 2018–19; see also Table SHSC12.

<http://www.aihw.gov.au>

Changes over time

Between 2013–14 and 2018–19, there have been improvements in how likely homeless people with disability are to be housed following support (Table HOMELESSNESS.5). There was little change for those who began support when at risk of homelessness (Table HOMELESSNESS.6).

Table HOMELESSNESS.5: SHS clients with disability^(a) who began support homeless, by housing situation at end of support, 2013–14 to 2018–19 (%)

Situation at end of support	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
At risk of homelessness	35.5	39.8	41.3	41.2	42.9	41.1
Homeless	64.5	60.2	58.7	58.8	57.1	58.9

(a) With disability only includes clients who have core activity limitations.

Notes

1. The SHSC classifies clients as 'homeless' if they are living with no shelter or an improvised or inadequate dwelling, in short-term temporary accommodation, or in a house, townhouse or flat with relatives (rent free). It classifies clients as 'housed' if they are living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings.

2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'not stated/other'.

Source: SHSC 2018–19; see also Table SHSC13.

Table HOMELESSNESS.6: SHS clients with disability^(a) who began support at risk of homelessness, by housing situation at the end of support, 2013–14 to 2018–19 (%)

Situation at end of support	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
At risk of homelessness	86.0	86.1	86.3	86.5	87.3	87.5
Homeless	14.0	13.9	13.7	13.5	12.7	12.5

(a) With disability only includes clients who have core activity limitations.

Notes

1. The SHSC classifies clients as 'homeless' if they are living with no shelter or an improvised or inadequate dwelling, in short-term temporary accommodation, or in a house, townhouse or flat with relatives (rent free). It classifies clients as 'housed' who are living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings.

2. Proportions include only clients with closed support at the end of the reporting period. Per cent calculations are based on total clients, excluding 'not stated/other'.

Source: SHSC 2018–19; see also Table SHSC13.

Risk factors

Disability itself is considered 1 of several risk factors for experiencing homelessness. However, clients with disability are also more likely than clients without disability to have 1 or more other risk factors that increase their likelihood of experiencing homelessness, or that provide additional barriers to exiting homelessness, such as (for SHS clients aged 10 and over with known disability status):

- repeat homelessness—6.1% (or 1,200) compared with 2.9% (or 5,900)
- mental health issues—63% (or 12,500) compared with 35% (or 71,600)
- drug or alcohol misuse—21% (or 4,200) compared with 11% (or 23,100)
- beginning support homeless—44% (or 8,700) compared with 40% (or 81,800).

Clients with disability are less likely than clients without disability to be identified as having experienced domestic and family violence (31% or 6,100 compared with 36% or 72,700).

What is repeat homelessness?

Clients who have transitioned from being homeless to being housed and back to being homeless again within a financial year are considered to have experienced 'repeat homelessness'.

The SHSC only captures people who use SHS services. There may be people SHS services have helped into housing who became homeless again but who did not return to SHS services.

Mental health issues

Clients with disability who have a mental health condition may face additional challenges. Compared with other clients with disability (for SHS clients with known disability status), those aged 10 and over who have a mental health issue are more likely to be identified as having:

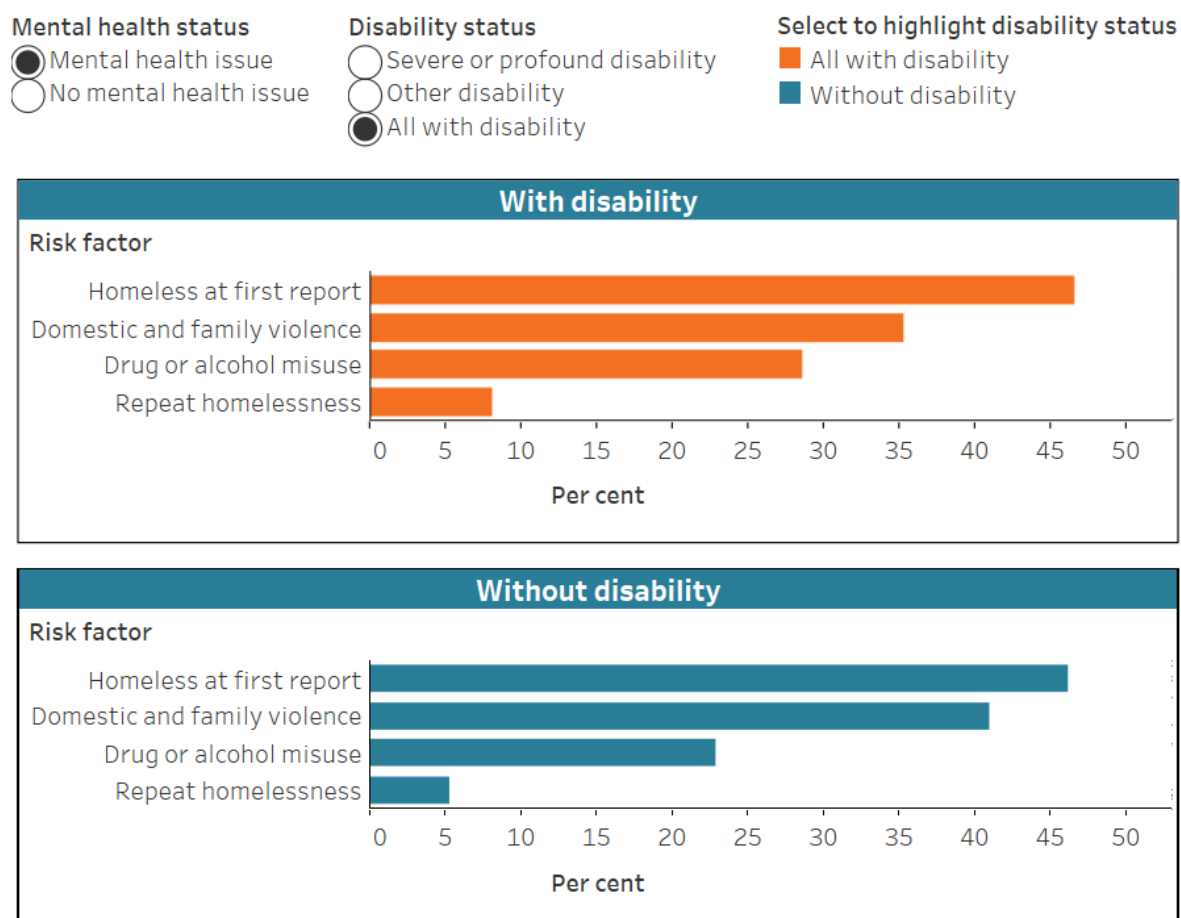
- engaged in drug or alcohol misuse—29% (or 3,600) compared with 8.2% (or 600)
- experienced domestic and family violence—35% (or 4,400) compared with 23% (or 1,700)
- experienced repeat homelessness—8.1% (or 1,000) compared with 2.7% (or 190)
- begun support homeless—47% (or 5,800) compared with 40% (or 2,900) (Figure HOMELESSNESS.6).

What are mental health issues?

The SHSC identifies a client as having a mental health issue if they are aged 10 years or older and have provided any of the following information in any support period during the reporting period:

- they have reported 'Mental health issues' as a reason for seeking assistance, or main reason for seeking assistance
- at some stage during their support period, a need was identified for psychological services, psychiatric services, or mental health services (as determined by a need for such services being recorded for the client, a relevant service being provided to the client and/or the client being referred for such a service)
- their formal referral source to the specialist homelessness agency was a mental health service
- they are currently receiving services or assistance for their mental health issues or have in the last 12 months
- they have been in a psychiatric hospital or unit in the last 12 months
- their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit.

Figure HOMELESSNESS.6: Additional risk factors for Specialist Homelessness Services (SHS) clients¹, by disability status and mental health status, 2018–19



¹ People aged 10 and over.

Notes

1. With disability only includes clients who have core activity limitations.

2. Without disability includes clients who have disability but no core activity limitation.

Source: SHSC 2018–19; see also Table SHSC15.

<http://www.aihw.gov.au>

References

AIHW (Australian Institute of Health and Welfare) 2019. Specialist homelessness services annual report 2018–19. Cat. no. HOU 318. Canberra: AIHW.

<https://www.aihw.gov.au/reports/homelessness-services/shs-annual-report-18-19>

8. Education and skills



8. Education and skills

Education is about gaining the knowledge and skills a person needs to participate in all aspects of daily life. Having a higher level of education generally results in better employment outcomes and higher income—key factors in economic security and independence.

While 89% of school-age (5–18 years) children with disability go to school, and many people with disability are undertaking further study, some face challenges engaging in education. This is reflected in the overall lower levels of educational attainment for people with disability.

This domain looks at the participation of people with disability in education, their level of educational attainment, and their educational needs.

Disability Standards for Education

The Disability Standards for Education 2005 are part of the [Disability Discrimination Act 1992](#) (Cwlth). They set out the rights of students with disability and how education providers, such as schools and universities, must help them have the same educational opportunities and choices as other students.

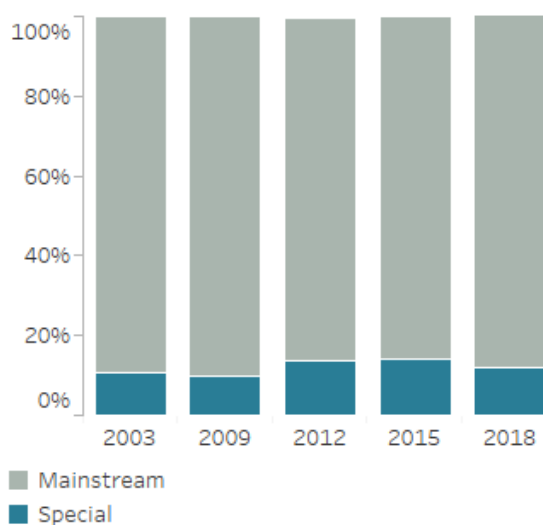
ENGAGING IN EDUCATION

1 in 10

school students have disability.



Most students with disability are attending **mainstream schools**.

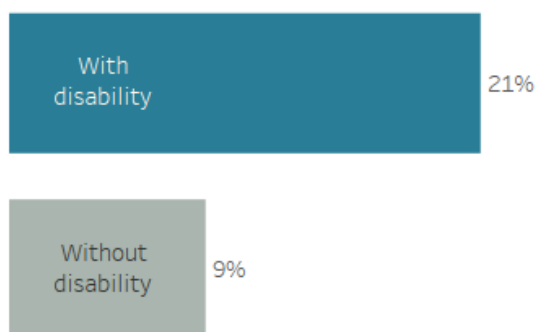


EDUCATIONAL ATTAINMENT

1 in 3

people aged 15 and over with disability, who left or never attended school, have completed Year 12, compared with 2 in 3 people without disability.

People aged 15–64 for whom onset of disability occurred at age 14 or under are more likely to have **left school before age 16** than those without disability.

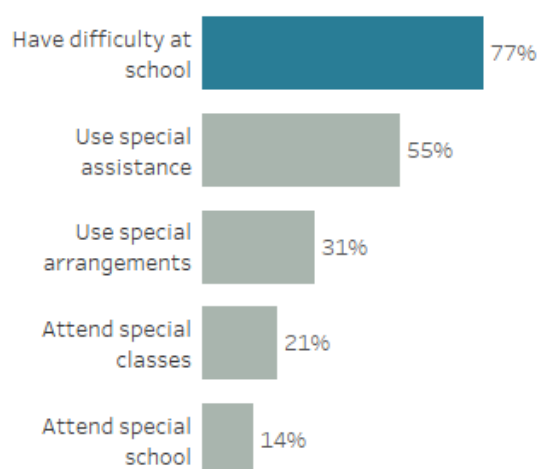


NEEDS AND CHALLENGES

37%

of school students with disability receiving support **need more support.**

4 in 5 school students with disability have specific **schooling restrictions**. Of those, the most common restrictions are:



Engagement in education

1. 1 in 10 (10%) school students aged 5–18 have disability.
2. 9 in 10 (89%) school-age children (aged 5–18) with disability go to school.
3. 9 in 10 (89%) school students aged 5–18 with disability go to a mainstream school and 12% go to a special school.
4. 9.1% of people aged 15–64 with disability are studying for a non-school qualification (15% without disability).

An estimated 380,000 children aged 5–18 with disability go to primary or secondary school and 187,000 people aged 15–64 with disability are studying for a non-school qualification.

While people with disability attend school at a similar rate to those without disability, they are less likely to be studying for a non-school qualification.

Survey of Disability, Ageing and Carers

Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Where can I find out more?

Detailed data tables are available at [Data](#).

More information on:

- SDAC—[ABS SDAC](#)
- Nationally Consistent Collection of Data on School Students with Disability (NCCD)—[NCCD](#)
- education and higher education—[Department of Education, Skills and Employment](#)
- vocational training—[National Centre for Vocational Education Research](#).

School (primary and secondary)

An estimated 1 in 10 (10%) school students in Australia have disability, and almost 1 in 18 (5.4%) have severe or profound disability. Twelve per cent of male students have disability, compared with 8.2% of female students (ABS 2019).

What is meant by school, school-age and school student?

On this page:

- School refers to primary and secondary school. Children in Australia aged 16 and 17 must be enrolled in school or a training organisation, be employed or be in a combination of school/training/employment.
- School-age refers to people aged 5–18 living in households.
- School student refers to people aged 5–18 living in households who attend primary or secondary school.

Almost all (89%) school-age children with disability go to school (Table ENGAGEMENT.1).

Overall, school-age children with disability (89%) go to school at similar rates to those without disability (89%). And there is no difference between boys and girls with disability (both 90%). A small difference is evident by level of disability (91% of those with severe or profound disability go to school, and 87% of those with other disability). There has been little change in this in the last 15 years (Table ENGAGEMENT.1).

Table ENGAGEMENT.1: Whether school-age children^(a) attend school^(b), by disability status, 2003, 2009, 2012, 2015 and 2018 (%)

Disability status	2003	2009	2012	2015	2018
All with disability	90.3	90.7	87.3	90.0	89.0
Severe or profound disability	93.7	93.2	88.6	89.7	90.9
Other disability	87.7	88.2	86.1	89.7	87.4
Without disability	88.3	88.4	88.2	90.4	89.2

(a) People aged 5–18 living in households.

(b) Includes primary and secondary school.

Source: ABS 2004, 2010, 2013, 2016 and 2019; see also Table ENGT1.

Type of school or class

School students with disability generally either attend:

- special schools, which enrol only students with special needs
- special classes within a mainstream school, which operate to support students with special needs
- regular classes within a mainstream school, where students with disability may or may not receive additional assistance.

Most (89% or 338,000) school students with disability go to a mainstream school:

- 71% (or 269,000) only attend regular classes in a mainstream school
- 18% (or 67,000) attend special classes within a mainstream school (Table ENGAGEMENT.2).

The rest (12% or 45,300) go to a special school (Table ENGAGEMENT.2).

Table ENGAGEMENT.2: Type of school or class attended by school students^(a) with disability, 2018 (%)

Type of school or class	Severe or profound disability	Other disability	All with disability
Special school	19.7	* 2.3	11.9
Mainstream school^(b)	80.4	98.8	89.0
Special classes in a mainstream school	21.4	13.4	17.7
Regular classes in a mainstream school only ^(c)	59.4	85.6	70.8
Total	100.0	100.0	100.0

* Relative standard error of 25–50% and should be used with caution.

(a) People with disability aged 5–18 living in households and currently attending primary or secondary school.

(b) Does not attend special school.

(c) Does not attend special classes in a mainstream school.

Source: ABS 2019; see also tables ENGT3 and ENGT4.

School students with severe or profound disability are less likely than other students with disability to go to a mainstream school and far more likely to go to a special school:

- 59% (or 122,000) attend regular classes in a mainstream school only, compared with 86% (or 149,000) with other disability
- 21% (or 44,000) attend special classes within a mainstream school, compared with 13% (or 23,300) (ABS 2019).

Recent years have seen little change in the proportion of students with disability attending special schools rather than mainstream schools (Figure ENGAGEMENT.1).

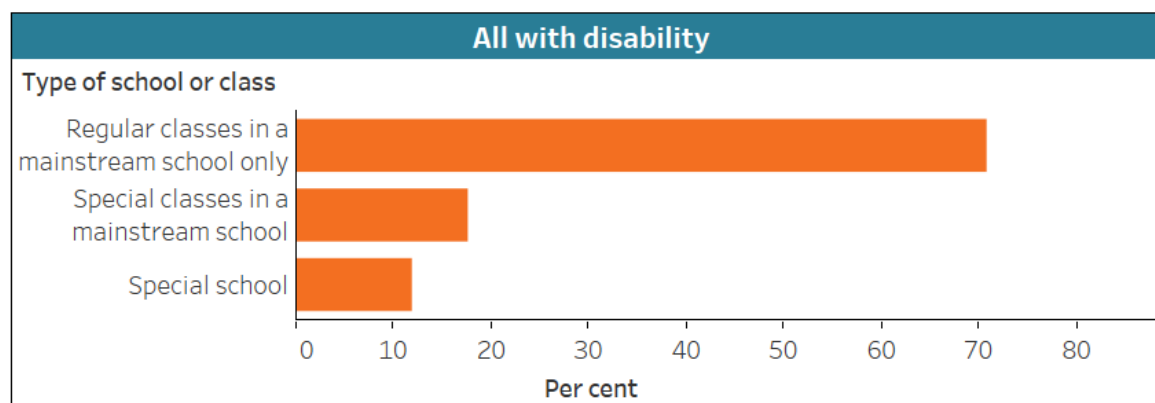
Figure ENGAGEMENT.1: Type of school or class attended by school students¹ with disability, by disability status, 2009, 2012, 2015 and 2018

Year
2018

Disability status

- Severe or profound disability
- Other disability
- All with disability

89.0%
of all people¹ with disability
attended mainstream school in
2018.



* Relative standard error of 25–50% and should be used with caution.

¹Aged 5–18 living in households.

Note: Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source: ABS 2010, ABS 2013, ABS 2016, ABS 2019; see also Table ENG T3.

<http://www.aihw.gov.au>

Interpreting changes in school attendance

Changing patterns in the type of school people with disability attend might reflect a mix of positive and negative experiences at student level.

Attendance at a special school might, for example, provide the most appropriate support for some students, but might also result in, or be the result of, increased segregation.

Likewise, attendance at mainstream schools could indicate that the education system has become better at integrating students with disability, fostering inclusion and providing additional, tailored supports. Or it could be that resources are directing the placement of students into mainstream schools even if an appropriate level of support is not provided.

In addition, the increased number of students attending school with additional supports—such as through part-time attendance—might be a positive change if this reflects the most appropriate support (rather than lack of support), or if it enables attendance for someone who previously did not attend school.

Nationally Consistent Collection of Data on School Students with Disability

Another source of information on school students with disability is the Nationally Consistent Collection of Data on School Students with Disability (NCCD).

Both government and non-government schools provide information annually to the Australian Government's Department of Education, Skills and Employment for collation into the NCCD.

The NCCD is primarily designed to collect information on the supports received by students with disability to help them participate in education. As such, it produces a 'support-based estimate' of students with disability and is not intended to provide estimates of prevalence.

According to the 2019 NCCD:

- around 787,000 students receive educational adjustments because of disability, or almost 1 in 5 (20%) students
- most students who required adjustments have cognitive disability (55% of students with disability who receive adjustments), followed by social-emotional disability (29%), physical disability (13%) and sensory disability (3.4%)
- students with disability who receive educational adjustments required
 - adjustments of support within quality differentiated teaching practice (34%)—made infrequently or as low-level action. These may include minor adjustments to teaching and monitoring to meet safety requirements through usual school processes
 - supplementary adjustments (42%)—for particular activities at specific times throughout the week. These may include adjustments to teaching, the provision of course materials in accessible forms, and programs to address the student's social/emotional needs
 - substantial adjustments (16%)—made at most times on most days. These may include individualised instruction for most activities, and closely monitored playground supervision
 - extensive adjustments (8.0%)—made at all times. These may include intensive instruction in a highly specialised manner for all activities, highly modified classroom environments, and extensive support from specialist staff
- 21% of students attending government schools, 20% attending independent schools, and 18% attending Catholic schools receive adjustments because of disability
- government schools have a higher proportion of students who receive 'extensive' or 'substantial' levels of adjustment than Catholic or independent schools—27% of students with disability at government schools who receive adjustments, compared with 19% at Catholic schools and 16% at independent schools (ACARA 2020).

The NCCD was progressively implemented in Australian schools from 2013, with 2015 being the first year that almost all schools participated. As more years of data are compiled, this collection has the potential to provide more information about trends.

For more information on the NCCD, see [NCCD](#).

Another source of data on school students

In 2019 Mission Australia conducted a survey of young people (aged 15–19 years) including a cluster of questions focused on disability. The 18th annual survey of young people received 25,100 responses. In Mission Australia's **Youth Survey 2019**, 6.5% (or 1,600) of young people reported having disability and 91.3% (or 23,100) reported no disability. It should be noted that this study reflects the views of survey participants who self-reported disability. Due to the survey design, it is not considered a representative sample of young people with disability or of the Australian population more generally (Hall et al. 2020).

Young people who reported having disability are:

- mostly studying full-time (85%) while 6.0% are studying part-time and 9.4% are not studying. This is different to those without disability (94% studying full-time, 2.4% studying part-time, and 3.6% not studying)
- less likely to be *very satisfied* or *satisfied* (57%) with their studies than respondents without disability (68%), and more likely to be *dissatisfied* or *very dissatisfied* (16% compared with 6.9%)
- less likely (92%) to intend to complete Year 12 (of those who are still at school) than those without disability (96%).

When asked about post-school plans, young people with disability intend to:

- go to university (48% compared with 66% of those without disability)
- get a job (40% compared with 33%)
- travel/gap year (24% compared with 28%)
- go to TAFE or college (20% compared with 11%)
- get an apprenticeship (15% compared with 11%).

Note that respondents were able to choose more than 1 option.

When asked how confident they are about achieving their study/work goals after school, young people with disability (40%) were less likely to be *extremely confident* or *very confident* than those without disability (47%).

Young people with disability are more likely (64%) to face barriers to achieving their study/work goals after school than those without disability (48%). Of those who face barriers, the most common barriers are:

- mental health (28% compared with 16% of those without disability)
- academic ability (25% compared with 20%)
- financial difficulty (13% compared with 12%)
- physical health (12% compared with 4.0%).

Note that respondents were able to choose more than 1 option (Hall et al. 2020).

Non-school education

Around 1 in 12 (8.3% or 187,000) people aged 15–64 who are studying for a non-school qualification have disability. Very few (1.5% or 33,800) have severe or profound disability. This varies by type of educational institution.

Of people aged 15–64:

- 6.3% (or 89,400) attending university or other higher education have disability, 1.2% (or 17,700) have severe or profound disability
- 11% (or 52,400) attending technical and further education (TAFE) or technical college have disability
- 13% (or 45,900) attending other educational institutions (such as business colleges or industry skills centres) have disability, 3.1% have severe or profound disability (ABS 2019).

What is non-school education?

Non-school refers to education other than pre-primary, primary or secondary education. It includes studying for qualifications at postgraduate degree level, master's degree level, graduate diploma and graduate certificate level, bachelor's degree level, advanced diploma and diploma level, and certificates I, II, III and IV levels. A student may study for a non-school qualification at the same time as a school qualification.

Non-school student refers to people aged 15–64 living in households who are studying for a non-school qualification.

People aged 15–64 with disability (9.1% or 187,000) are less likely to be studying for a non-school qualification than those without disability (15% or 2.1 million). When they do study for a non-school qualification, they are likely to do so at a university.

Of non-school students with disability:

- 48% study at a university
- 28% at a TAFE or technical college
- 25% at other types of educational institutions, including a business college or industry skills centre (ABS 2019).

Non-school students with disability are less likely to study at university than those without disability—48% attend a university or other higher education institution, compared with 64% without disability (Figure ENGAGEMENT.2).

Figure ENGAGEMENT.2: Type of educational institution attended by people¹ studying for a non-school qualification, by disability status and sex, 2018

Select to highlight institution

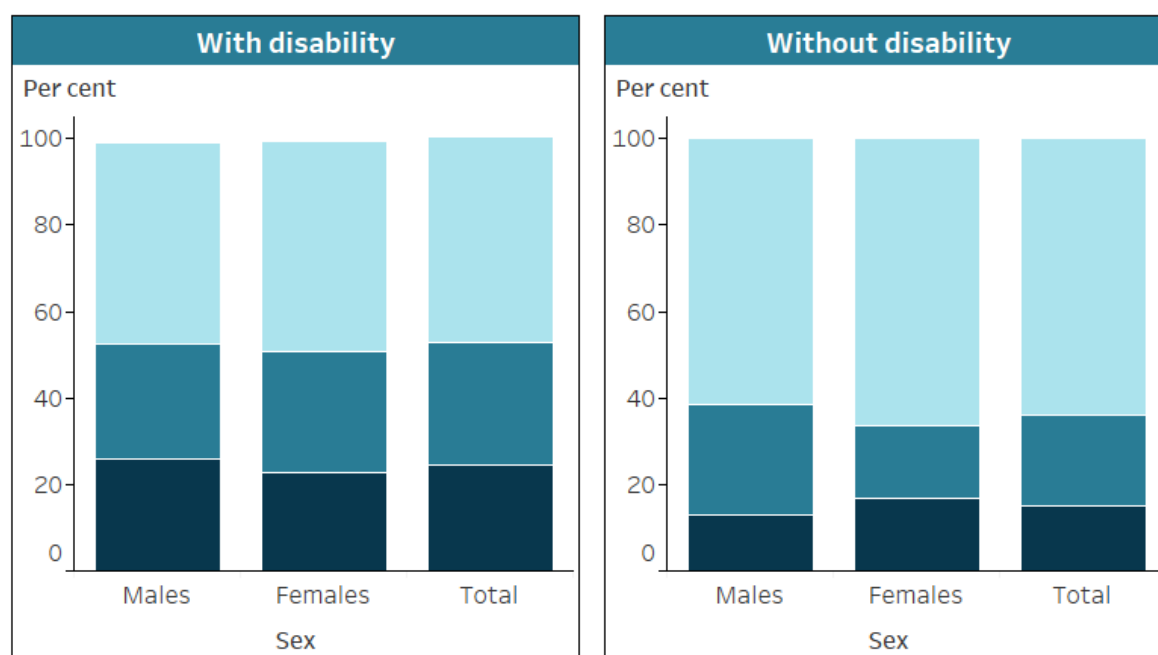
- University or similar institution
- TAFE or technical college
- Other educational institution

9.1%

of people¹ with disability are studying for a non-school qualification.

14.8%

of people¹ without disability are studying for a non-school qualification.



¹Aged 15–64 living in households.

Source: ABS 2019; see also tables ENG5 and ENG7.

<http://www.aihw.gov.au>

Non-school students with disability are more likely than those without disability to attend a TAFE or technical college (28% compared with 21%); and to attend other educational institutions (25% compared with 15%) (Figure ENGAGEMENT.2).

Recent years have seen little change in the type of educational institution attended by non-school students with disability (Table ENGAGEMENT.3).

Table ENGAGEMENT.3: Type of educational institution attended by non-school students^(a) with disability, 2003, 2009, 2012, 2015 and 2018 (%)

Type of educational institution	2003	2009	2012	2015	2018
University or other higher education	8.1	6.8	6.4	7.6	6.3
TAFE or technical college	11.9	10.4	9.8	11.9	10.8
Other educational institution ^(b)	11.8	11.8	11.5	12.9	12.9

(a) People aged 15–64 living in households.

(b) Includes those completing non-school qualifications through a secondary school, business college, industry skills centre or other educational institution.

Source: ABS 2019; see also Table ENGT8.

Other sources of data on non-school students

Other sources of data about students with disability studying for a non-school qualification include the National Centre for Vocational Education Research's (NCVER) **Total Vocational Education and Training (VET) Students and Courses Collection**; and the Department of Education, Skills and Employment's (DESE) **Higher Education Student Data Collection**, **Student Experience Survey** and **Graduate Outcomes Survey**.

These sources define disability differently from each other and from the ABS SDAC. They also rely on self-disclosure of disability. Because of this, figures vary between sources.

Total VET Students and Courses Collection

In this collection, disability refers to 'whether the student self-identifies as having a disability, impairment or long-term condition'.

The 2019 collection indicates that 4.1% (or 172,000) of VET students self-identified as having 'a disability, impairment or long-term health condition', 84% (or 3.5 million) identified as not having disability and for 12% (or 499,000) disability status is recorded as not known (NCVER 2020).

Private training providers were the most common provider type for VET students with and without disability. However, in 2019, VET students with disability were:

- less likely to attend a private training provider (54% or 93,000) than those without disability (74% or 2.6 million)
- more likely to attend TAFE (34% compared with 18%).

VET students with disability were also:

- more likely to be full-time students (14% or 24,100) than those without disability (11% or 383,000)
- more likely to be aged 15–19 years (20% or 34,800) than those without disability (14% or 498,000) (NCVER 2020).

Higher Education Student Data Collection

In this collection, students with disability 'have indicated that they have a disability, impairment or long-term medical condition which may affect their studies'. In 2018, 6.8% (or 72,200) of domestic higher education students had a disability or long-term health condition that may affect their studies (DESE 2019).

Student Experience Survey

DESE's Student Experience Survey (SES) contains information on current undergraduate and postgraduate level students of Australian higher education institutions. The questionnaire asks students about their study experiences.

In 2019, 6.2% (or 11,200) of the undergraduate students who completed the SES have reported disability and 3.1% (or 2,590) of the postgraduate coursework students.

Data from the 2019 SES show that current students in:

- undergraduate courses who reported they had disability were less likely (76%) than those without disability (79%) to give a positive rating to the quality of their entire educational experience
- postgraduate coursework courses who reported disability were also less likely (73%) than those without disability (76%) to give a positive rating to the quality of their entire educational experience
- undergraduate courses who reported disability were more likely (27%) than those without disability (19%) to consider early departure from their course
- postgraduate coursework courses who reported disability were also more likely (30%) than those without disability (17%) to consider early departure from their course (QILT 2019a).

Graduate Outcomes Survey

Graduate Outcomes Survey (GOS) contains information on satisfaction for undergraduate and postgraduate level graduates. It is completed by graduates of Australian higher education institutions approximately 4 months after course completion.

The questionnaire asks graduates to what extent they agree with statements about their study experiences. Data from the 2019 GOS show that graduates from:

- undergraduate courses who reported they had disability (77%) were less likely than those without disability (80%) to be satisfied with their course and with specific aspects such as teaching (63% compared with 64%) and development of generic skills (80% compared with 83%)
- postgraduate coursework courses who reported disability expressed lower satisfaction than those without disability with their course overall (79% compared with 82%), and with specific aspects such as teaching (67% compared with 70%) and development of generic skills (77% compared with 80%)
- postgraduate research courses who reported disability were generally less satisfied than those without disability with their course overall (84% compared with 86%), and with specific aspects such as supervision (81% compared with 83%), intellectual climate (59% compared with 63%), infrastructure (71% compared with 76%), thesis examination (76% compared with 81%), goals and expectations (90% compared with 92%), and industry engagement (50% compared with 57%) (QILT 2019b).

Non-disclosure of disability

Not all students with disability choose to disclose their disability.

One survey of 1,100 students (including 253 students with disability) on non-disclosure of equity group status in Australian universities estimated that 11% did not disclose their equity status to their university. Of students who did not disclose their equity status, 11% of students with disability did not disclose their disability to their university (Clark et al. 2018).

Students with disability may trust in the university and believe that disclosure is of benefit to them. Students with disability may also fear prejudice at the university, such as being labelled as less competent or deserving of their academic success. Students with disability also may not believe the university needs the information or do not know why they should disclose.

The survey also found that students with disability are more likely to disclose to a support service than to an admissions centre or on enrolment. The survey suggested that students are motivated to disclose if they feel they need to access supports, and may not know if they need such support until after they have started studying.

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<https://www.qilt.edu.au/qilt-surveys/graduate-employment>

Educational attainment

1. 21% of people aged 15–64 who acquired disability before age 15 left school before age 16 (8.9% without disability).
2. 34% of people aged 20 and over with disability have completed Year 12 (66% without disability).
3. 27% of people aged 20 and over with severe or profound disability have completed Year 12.
4. 17% of people aged 20 and over with disability have a bachelor's degree or higher (35% without disability).

Access to education and the level of education attained can affect participation in other key life areas, including employment and ability to achieve economic independence. People with disability are more likely to leave school at younger ages and to have a lower level of educational attainment.

Survey of Disability, Ageing and Carers

Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Where can I find out more?

Detailed data tables are available at [Data](#).

More information on:

- ABS SDAC—[ABS SDAC](#)
- education and higher education—[Department of Education, Skills and Employment](#)
- vocational training—[National Centre for Vocational Education Research](#).

Age left school

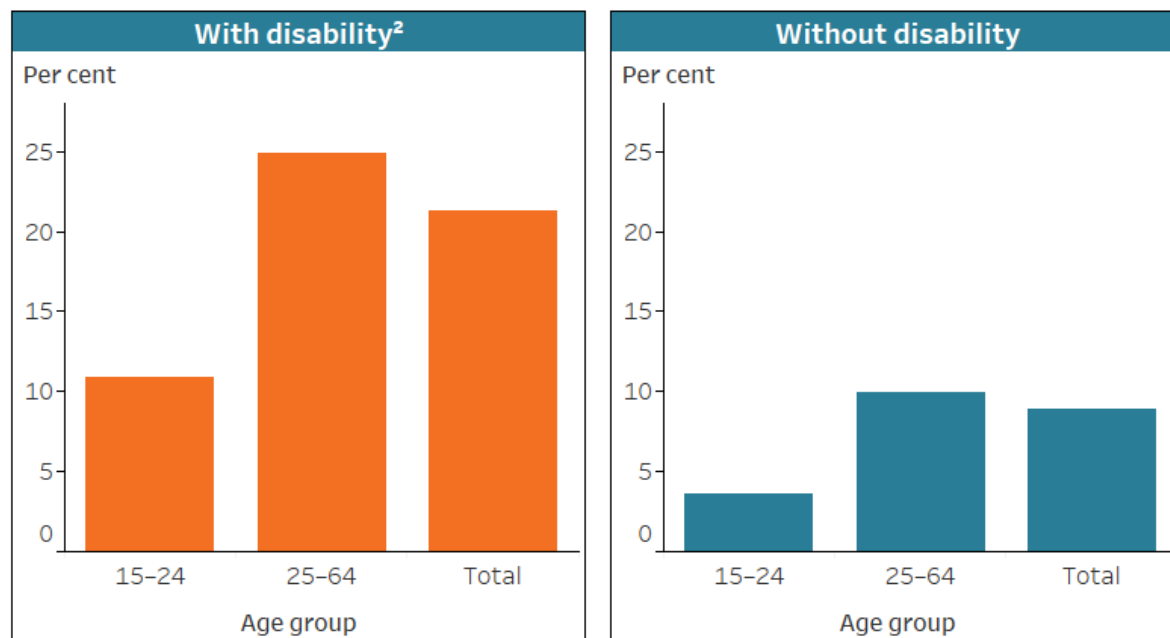
Of working-age (aged 15–64) people who acquired disability before age 15, over 1 in 5 (21% or 85,300) left school before age 16, compared with almost 1 in 4 (23% or 350,000) who acquired disability after age 15 and 1 in 11 (8.9% or 1.2 million) without disability (Figure ATTAINMENT.1).

Age groups who left school in more recent years are less likely to have left school before age 16, consistent with improvements in school retention for people with disability over time. Around 1 in 10 (11% or 12,100) people aged 15–24 who acquired disability before age 15 left school before age 16, compared with 3.6% (or 74,700) of those without disability (ABS 2019).

Figure ATTAINMENT.1: Proportion of people¹ who left school before age 16, by disability status and age group, 2018

Select to highlight disability status

- With disability²
- Without disability



¹Aged 15-64 living in households.

²Disability onset before age 15.

Source: ABS 2019; see also Table ATNT1.

<http://www.aihw.gov.au>

Highest level of education

Completion of Year 12

Around 1 in 3 (34% or 1.2 million) people with disability aged 20 and over, and 1 in 4 (27% or 261,000) with severe or profound disability have completed Year 12 or equivalent. This was much lower than the 2 in 3 (66% or 9.7 million) people without disability in this age range (ABS 2019).

While the completion of Year 12 for those with and without disability has increased in the last decade, this increase was not as pronounced for people with disability.

Whether a person has completed Year 12 varies by age, with those in the older age ranges less likely to have done so. Among people aged:

- 20-24, 68% (or 90,200) of people with disability had completed Year 12 or equivalent, compared with 85% (or 1.3 million) of people without disability
- 50-54, 38% (or 99,100) compared with 56% (or 694,000)
- 85 and over, 15% (or 42,500) compared with 20% (or 20,300) (ABS 2019).

These figures reflect changing patterns of education in Australian society where completion of Year 12 is becoming increasingly common.

Highest level of education attained

In the last decade, the highest level of educational attainment for people with disability has improved, but is still generally lower than for people without disability. For example, the highest level of educational attainment was a bachelor's degree or higher for:

- 17% (or 614,000) of people with disability aged 20 and over
- 11% (or 107,000) of those with severe or profound disability in the same age range.

This compared with 35% (or 5.0 million) of people without disability (ABS 2019).

Other sources of data on non-school qualifications

Data from the National Centre for Vocational Education Research's (NCVER) **Total Vocational Education and Training (VET) Student Outcomes Collection** and Department of Education, Skills and Employment (DESE) **Higher Education Student Data Collection** and **Graduate Outcomes Survey** also have information on students with disability studying for a non-school qualification.

These sources define disability differently from each other and from the ABS SDAC. They also rely on self-disclosure of disability. Because of this, figures vary between sources.

Higher Education Student Data Collection

In this collection, students with disability are those who 'have indicated that they have a disability, impairment or long-term medical condition which may affect their studies'. It shows that in 2018:

- 6.8% of domestic students disclosed disability
- 7.1% of students who completed a course in 2018 have disability
- Students who have disability have lower success rates (82%) than the wider domestic student population (87%). Success rates compare the number of students who passed with the number of students who attempted the course (DESE 2019).

Graduate Outcomes Survey

DESE's Graduate Outcomes Survey (GOS) contains information on employment outcomes and salaries for undergraduate and postgraduate coursework level graduates. Data from the 2019 GOS show that graduates from:

- undergraduate courses who reported they had disability (81%) were less likely than those without disability (87%) to be employed
- postgraduate coursework courses who reported disability (88%) were less likely than those without disability (93%) to be employed
- postgraduate research courses who reported disability (86%) were less likely than those without disability (91%) to be employed
- undergraduate courses who were in full-time employment and who reported disability (\$63,400) had similar median full-time salaries to those without disability (\$62,600)
- postgraduate coursework courses who were in full-time employment and who reported disability (\$85,300) had the same median full-time salaries as those without disability (\$85,300)
- postgraduate research courses who were in full-time employment and who reported disability (\$91,900) had higher median full-time salaries than those without disability (\$90,000) (QILT 2019).

Total VET Student Outcomes Collection

In this collection, disability refers to 'whether the student self-identifies as having a disability, impairment or long-term condition'. Data from the 2019 collection found that vocational education and training (VET) graduates with disability were:

- less likely (45%) to report 'improved employment status after training' than those without disability (68%)
- less likely (53%) to be employed after training than those without disability (79%)
- as likely (86%) to report being 'satisfied with overall quality of training' as those without disability (88%)
- less likely (75%) to report having 'achieved main reason for doing the training' as those without disability (85%).

Almost 1 in 3 (30%) graduates with disability who were not employed at the start of training reported being employed after training, compared with 50% without disability (NCVER 2019).

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Education participation needs and challenges

1. 4 in 5 (80%) school students with disability have 1 or more schooling restrictions.
2. 1 in 10 (10%) school students with disability do not receive support but need it.
3. 1 in 5 (21%) school students with disability need more support than they currently receive.
4. Almost 1 in 2 (47%) non-school students with disability have 1 or more non-school educational restrictions.

Some students with disability may need additional support to help them participate in education. Not all who need support receive it.

Survey of Disability, Ageing and Carers

Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

What is meant by school and non-school students?

In this section:

- school student refers to children aged 5–18 living in households who attend primary or secondary school
- non-school student refers to people aged 15–64 living in households who are studying for a non-school qualification, for example at university, technical and further education (TAFE), or other non-school educational institutions like business colleges and industry skills centres.

Where can I find out more?

Detailed data tables are available at [Data](#).

More information on the ABS SDAC—[ABS SDAC](#).

Education restrictions

People with disability who have specific restrictions related to school or non-school education can face additional challenges participating in education.

What are schooling and education restrictions?

An education restriction means a person needs some support or supervision to go to school or to study.

In the Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC), a person's overall level of education restriction is determined by their highest level of limitation. Education restrictions include schooling and non-school educational restrictions.

Schooling restriction levels

Profound—the person's condition prevents them from attending school.

Severe—the person:

- attends a special school or special classes
- receives personal assistance
- receives special tuition
- receives assistance from a counsellor/disability support person.

Moderate—the person:

- often needs time off from school
- has difficulty at school because of their condition(s)
- has special assessment procedures.

Mild—the person needs:

- a special computer or other special equipment
- special transport arrangements
- special access arrangements
- other special arrangements or support services.

Non-school educational restrictions

Severe—the person receives:

- personal assistance
- special tuition
- assistance from a counsellor/disability support person.

Moderate—the person:

- often needs time off from school/institution
- has difficulty at school/institution because of their condition(s)
- has special assessment procedures.

Mild—the person needs:

- a special computer or other special equipment
- special transport arrangements
- special access arrangements
- other special arrangements or support services.

Not all students with disability have an education restriction and a person's level of education restriction may differ from their level of limitation in other life areas.

School students (primary and secondary)

Around 4 in 5 (80% or 305,000) school students aged 5–18 with disability have 1 or more schooling restrictions (Table PARTICIPATION.1).

The most common restrictions are to:

- have difficulty at school (77% or 244,000)
- use special assistance from a person at school (55% or 173,000)
- use special arrangements at school or institution (31% or 98,500)
- attend special classes (21% or 67,000)
- attend a special school (14% or 45,300) (ABS 2019).

Boys with disability (83% or 188,000) are more likely than girls (76% or 118,000) to have schooling restrictions. Boys with schooling restrictions are:

- more likely (24% or 46,500) than girls (17% or 20,500) to attend special classes
- more likely (15% or 29,500) than girls (10% or 12,500) to attend a special school
- less likely (11% or 21,900) than girls (16% or 19,900) to need at least 1 day a week off school
- more likely (32% or 62,600) than girls (28% or 34,200) to use special arrangements at school or institution (ABS 2019).

Table PARTICIPATION.1: Whether have schooling restrictions for students^(a) with disability, 2018 (%)

Whether have schooling restrictions	Boys	Girls	Total
Have a schooling restriction ^(b)	82.9	76.4	80.5
Do not have a schooling restriction	17.6	23.3	19.9
Total	100.0	100.0	100.0

(a) People with disability aged 5–18 living in households and currently attending primary or secondary school.

(b) Includes school students with profound, severe, moderate and mild schooling restrictions. People who do not attend school because of disability were excluded.

Source: ABS 2019; see also Table PTPN1.

Non-school students

Almost 1 in 2 (47% or 88,000) non-school students aged 15–64 with disability have restrictions related to their education (a non-school educational restriction) (Table PARTICIPATION.2).

For those with restrictions, the most common restrictions are to:

- have difficulty at non-school institution (59% or 51,700)
- need at least 1 day a week off (52% or 45,400)
- use special arrangements at institution (33% or 28,600)
- have special assistance from a person at institution (22% or 19,300) (ABS 2019).

Females (48% or 55,100) are more likely than males (41% or 30,900) to have non-schooling educational restrictions. Females with restrictions are more likely (57% or 31,400) than males (47% or 14,500) to need at least 1 day a week off (ABS 2019).

Table PARTICIPATION.2: Whether have non-school educational restrictions for students^(a) with disability, 2018 (%)

Whether have non-school educational restrictions	Males	Females	Total
Have a non-school educational restriction^(b)	40.9	48.5	47.2
Do not have a non-school educational restriction	55.0	51.9	53.3
Total	100.0	100.0	100.0

(a) People with disability aged 15–64 living in households and currently studying a non-school qualification.

(b) Includes non-school students with severe, moderate and mild non-school educational restriction.

Note: Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table PTPN3.

Difficulties experienced

Some people with disability experience difficulties at their school or educational institution, such as learning, fitting in socially and communicating.

School students (primary and secondary)

Not all school students with disability have difficulty at their school—over 1 in 3 (36% or 135,000) do not. Some who have no difficulty have a schooling restriction (16% or 61,200) while others do not (20% or 75,500).

Of those who have difficulty, the most common experienced are:

- learning difficulties (68% or 165,000)
- fitting in socially (56% or 137,000)
- communication difficulties (44% or 107,000)
- intellectual difficulties (22% or 53,900)
- sports participation (17% or 41,500)
- difficulty sitting (15% or 37,000) (ABS 2019).

Non-school students

Not all non-school students with disability have difficulty at their educational institution—almost 3 in 4 (74% or 137,000) do not. Some with no difficulty have a non-school educational restriction (19% or 34,800) while others do not (53% or 99,400).

Of those who have difficulty, the most common experienced are:

- learning difficulties (32% or 16,800)
- fitting in socially (25% or 13,000)
- communication difficulties (20% or 10,500) (ABS 2019).

Support needed and provided

Students with disability who experience difficulty in education may need additional support to help them participate. Not all who need support receive it.

School students (primary and secondary)

Most school students with disability (57% or 217,000) receive support at school. Around 2 in 5 (43% or 163,000) do not.

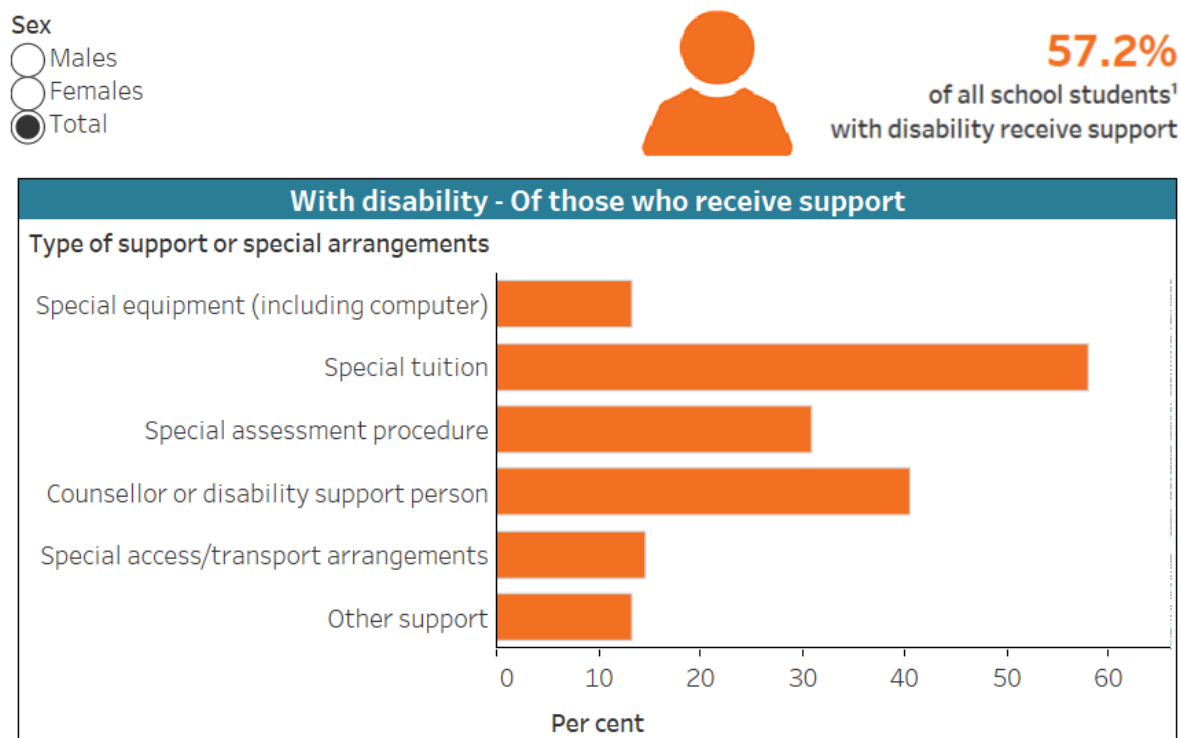
Of those who receive support:

- 3 in 5 (58% or 126,000) have special tuition
- 2 in 5 (41% or 88,200) have a counsellor or disability support person
- 3 in 10 (31% or 67,100) have special assessment procedures (Figure PARTICIPATION.1).

Boys (60% or 136,000) are more likely to receive support than girls (53% or 81,800). Boys who receive support are:

- more likely (61% or 82,600) than girls (56% or 45,600) to receive special tuition
- more likely (16% or 21,600) than girls (9.9% or 8,100) to receive special equipment, including computers
- less likely (35% or 48,000) than girls (49% or 39,700) to have a counsellor or disability support person (Figure PARTICIPATION.1).

Figure PARTICIPATION.1: Type of support or special arrangements provided for school students¹ with disability, by sex, 2018



¹School students aged 5–18 living in households.

Note: Multiple special arrangements or supports may be received at one time.

Source: ABS 2019; see also tables PTPN9 and PTPN10.

<http://www.aihw.gov.au>

Some school students with disability need more support than they receive, including:

- 1 in 10 (10% or 39,700) who do not receive support but need it
- 1 in 5 (21% or 79,500) who receive support but need more (Figure PARTICIPATION.2).

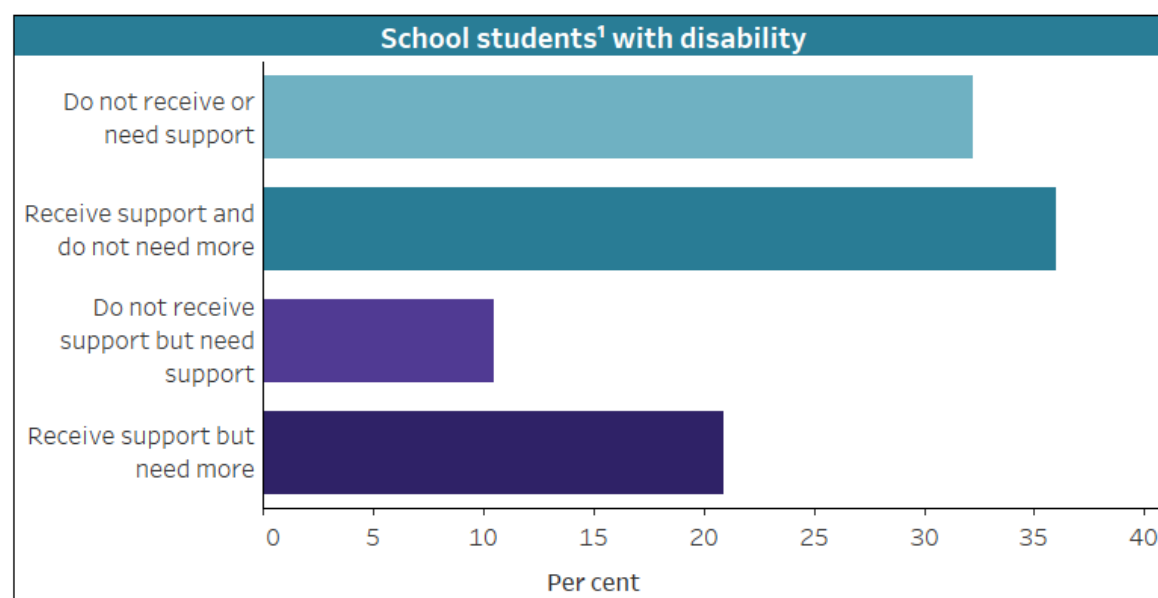
Figure PARTICIPATION.2: Whether school students¹ with disability receive enough support, 2018

Select to highlight support type

- Do not receive or need support
- Receive support and do not need more
- Do not receive support but need support
- Receive support but need more



32.0%
of school students¹ with
disability need more support.



¹School students aged 5–18 living in households.

Source: ABS 2019; see also Table PTPN11.

<http://www.aihw.gov.au>

School students with disability only attending regular classes in a mainstream school are the least likely to need or receive support—42% (or 114,000) do not receive or need support. A further 29% (or 77,900) receive support and do not need more. However, almost 1 in 3 (29% or 77,400) need support but do not receive it or need more support than they receive (ABS 2019).

1 in 3 (33% or 22,200) school students with disability attending special classes in a mainstream school need more support than they receive. But over half (53% or 35,800) receive support and do not need more (ABS 2019).

1 in 2 (51% or 22,900) school students with disability attending a special school receive support and do not need more. But 1 in 3 (33% or 14,900) need more support than they receive (ABS 2019).

Non-school students

Three in 4 (77% or 144,000) non-school students with disability do not receive any support from their educational institution (ABS 2019).

When they do, the most common types are:

- special assessment procedures (38% or 16,600)
- a counsellor or disability support person (31% or 13,500) (Table PARTICIPATION.3).

Table PARTICIPATION.3: Types of support or special arrangements received by non-school students^(a) with disability, 2018 (%)

Type of support or special arrangement received	%
Special assessment procedure	37.6
Counsellor or disability support person	30.5
Other ^(b)	53.2

(a) People aged 15–64 living in households who attend an educational institution for a non-school qualification and receive support or special arrangements at educational institution.

(b) Includes special tuition, special equipment (including computer), special access arrangements, special transport arrangements and other support.

Note: More than 1 type of support may be reported.

Source: ABS 2019; see also Table PTPN13.

Some non-school students do not receive all the support they need:

- 68% (or 127,000) do not receive support and do not need it
- 8.4% (or 15,700) do not receive support but need it
- 18% (or 33,400) receive support and do not need more (ABS 2019).

Discrimination

Almost 1 in 5 (17% or 30,100) students aged 15–64 with disability attending school or studying for a non-school qualification have experienced disability discrimination in the last year. See [Disability discrimination](#) for more information.

It can be difficult for some people with disability to access buildings and facilities in the community, including schools and other educational institutions. Over 1 in 10 (12% or 28,500) students aged 5–64, who need assistance or have difficulty with communication or mobility, have experienced difficulty accessing locations in the last year. Of those, nearly 1 in 2 (45% or 12,700) had difficulty accessing a school, university or educational facility.

Bullying

Bullying, harassment, discrimination and violence are all interpersonal behaviours that can create or contribute to negative social situations and school environments. For more information on bullying in schools see [Bullying. No way!](#)

A source of data on bullying of students

In 2019 Mission Australia conducted a survey of young people (aged 15–19 years) including a cluster of questions focused on disability. In Mission Australia's **Youth Survey 2019**, 6.5% (or 1,600) of young people reported having disability and 91.3% (or 23,100) reported no disability.

Young people with disability are more likely (43%) to have experienced bullying in the past 12 months than those without disability (19%). Bullying was most likely to take place at school/TAFE/university (77% of those with disability who experienced bullying and 81% of those without disability) (Hall et al. 2020).

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<https://www.missionaustralia.com.au/publications/youth-survey>

9. Employment



9. Employment

While 90% of working-age (aged 15–64) people with disability in the labour force are employed, others face challenges seeking and engaging in employment. This is reflected in their generally lower rates of labour force participation and employment, and higher rates of unemployment, compared with working-age people without disability.

What is labour force status?

Labour force refers to the population aged 15–64 who are working or looking for work.

In the labour force:

- people who are employed—people who reported they had worked in a job, business or farm during the reference week (the full week before the date of their survey interview); or had a job in the reference week, but were not at work
- people who are unemployed—people who reported they were not employed during the reference week, and had actively looked for full- or part-time work at any time in the 4 weeks up to the end of the reference week and were available for work in the reference week.

Not in the labour force:

- people who are not employed
- people who are not unemployed.

This includes people who only undertake unpaid household duties or other voluntary work, those who are retired, voluntarily inactive and those permanently unable to work (ABS 2018).

Employment is linked not only to income and economic security, but to other aspects of wellbeing. Problems finding or keeping employment can, for example, have broader impacts on living conditions and opportunities for the individual, their family and the wider community (AIHW 2017).

This domain looks at:

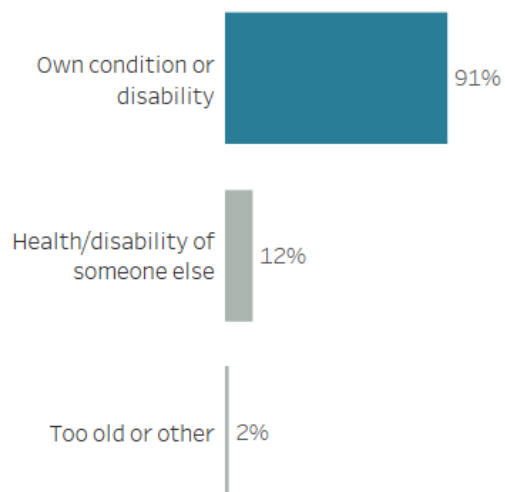
- the participation of working-age people with disability in the labour force (such as their rates of labour force participation, employment and unemployment)
- how they participate in the labour force (for example, part-time versus full-time employment)
- their occupations when employed
- needs they may have in seeking or keeping employment.

LABOUR FORCE

59%

of people aged 15–64 with disability who are not in the labour force are **permanently unable to work**.

The most common reason given is own condition or disability.

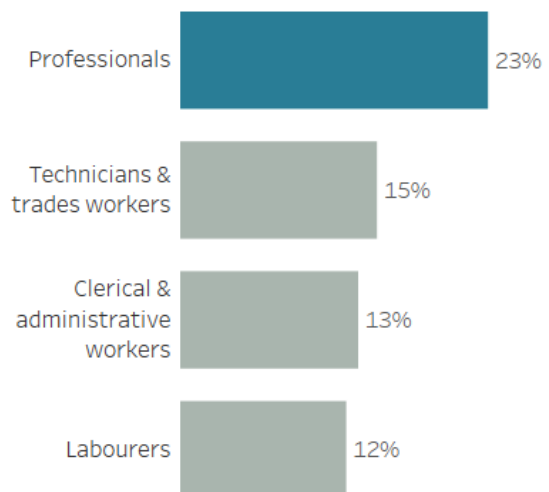


EMPLOYMENT

48%

of people aged 15–64 with disability are **employed**. This is lower than those without disability (80%).

The most common occupations of people with disability are:

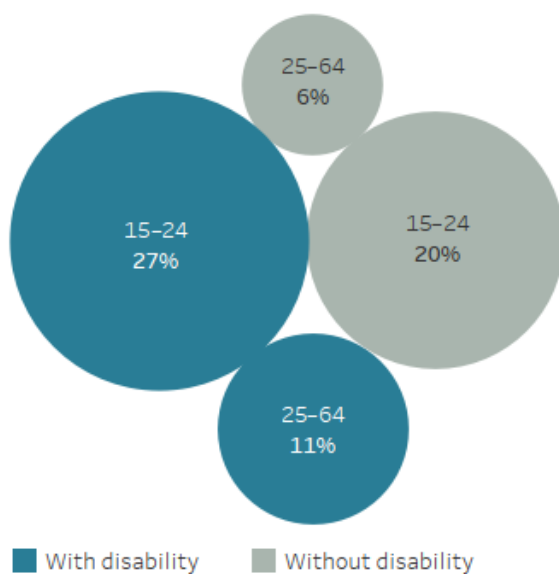


UNDEREMPLOYMENT

1 in 10

employed people aged 15–64 with disability is **underemployed**.

1 in 4 employed people aged 15–24 with disability would like to work more hours.

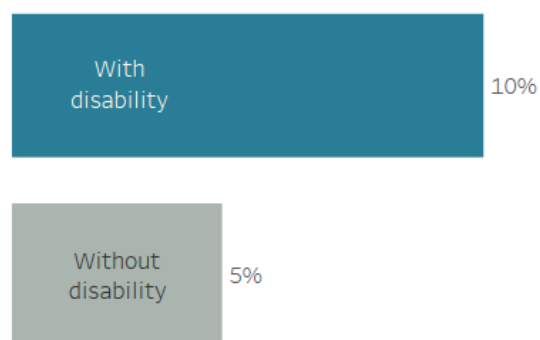


UNEMPLOYMENT

People aged 15–64 with disability are

twice

as likely to be **unemployed** as those without disability.



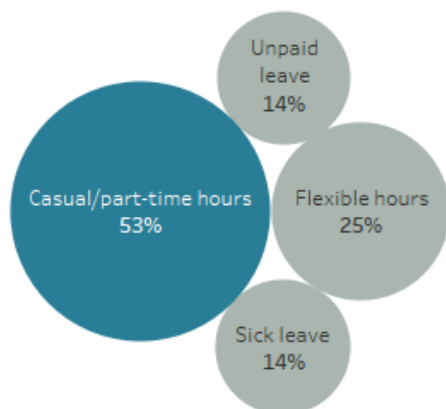
The **unemployment rate** for people with disability has risen from 8% since 2003, while the rate for people without disability has been steady.

NEEDS AND CHALLENGES

93%

of unemployed people aged 15–64 with disability experience difficulties in finding employment.

17% of employed wage or salary earners aged 15–64 with disability use leave arrangements to have one day or more off work per week because of disability. Common leave arrangements are:



Where can I find out more?

Detailed data tables are available at [Data](#).

More information:

- Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC)—[ABS SDAC website](#)
- ABS Labour force framework—[ABS labour force framework](#)
- labour force for people with disability—[Productivity Commission's Report on Government Services](#).

References

ABS (Australian Bureau of Statistics) 2018. Labour statistics: concepts, sources and methods, Feb 2018. 6102.0.55.001. Canberra: ABS.

<https://www.abs.gov.au/ausstats/abs@.nsf/mf/6102.0.55.001>

AIHW (Australian Institute of Health and Welfare) 2017. Australia's welfare 2017. Australia's welfare series no. 13. AUS 214. Canberra: AIHW.

<https://www.aihw.gov.au/reports/australias-welfare/australias-welfare-2017/contents/table-of-contents>

Labour force participation

1. 53% of working-age people with disability are in the labour force, compared with 84% of those without disability.
2. 27% of people with severe or profound disability are in the labour force, compared with 62% with other disability.
3. 56% of working-age males with disability are in the labour force, compared with 51% of their female counterparts.
4. Many (59%) working-age people with disability who are not in the labour force are permanently unable to work.

More than 1 million working-age people with disability are working or looking for work (are in the labour force). This has remained stable in the last 15 years—53% of people aged 15–64 with disability participated in the labour force in 2018 (or 1.1 million) and 2003 (or 1.2 million). For those with severe or profound disability 27% were in the labour force in 2018 and 30% in 2003 (ABS 2019).

How is labour force participation defined?

People who are in the labour force include those who are aged 15–64 who are employed or unemployed.

In the labour force:

- people who are employed include those who reported in the SDAC that they had worked in a job, business or farm during the reference week (the full week before the date of their survey interview); or had a job in the reference week, but were not at work
- people who are unemployed include those who reported in the SDAC that they were not employed during the reference week, and had actively looked for full- or part-time work at any time in the 4 weeks up to the end of the reference week and were available for work in the reference week.

Not in the labour force:

- people who are not employed
- people who are not unemployed.

This includes people who only undertake unpaid household duties or other voluntary work, those who are retired, voluntarily inactive and those permanently unable to work (ABS 2018).

People aged 65 and over

Most (88% or 1.1 million) people with disability who participate in the labour force are aged 15–64. The rest are aged 65 and over (159,000).

People aged 15–64 are referred to as 'working-age' in this section.

With increasing life expectancies and improvements in health care, today's Australians will grow older and live longer, healthier and more actively engaging lives than any previous generation (AIHW 2017). The eligibility age for the Age Pension is also increasing. For some older people, including those with disability, these factors may mean staying longer in the workforce.

People with disability have a lower labour force participation rate than people without disability. More than half (53% or 1.1 million) of working-age people with disability are in the labour force, compared with 84% (or 11.8 million) without disability. This is particularly so for those with severe or profound disability (27% or 137,000 compared with 62% or 960,000 with other disability).

Labour force participation rate

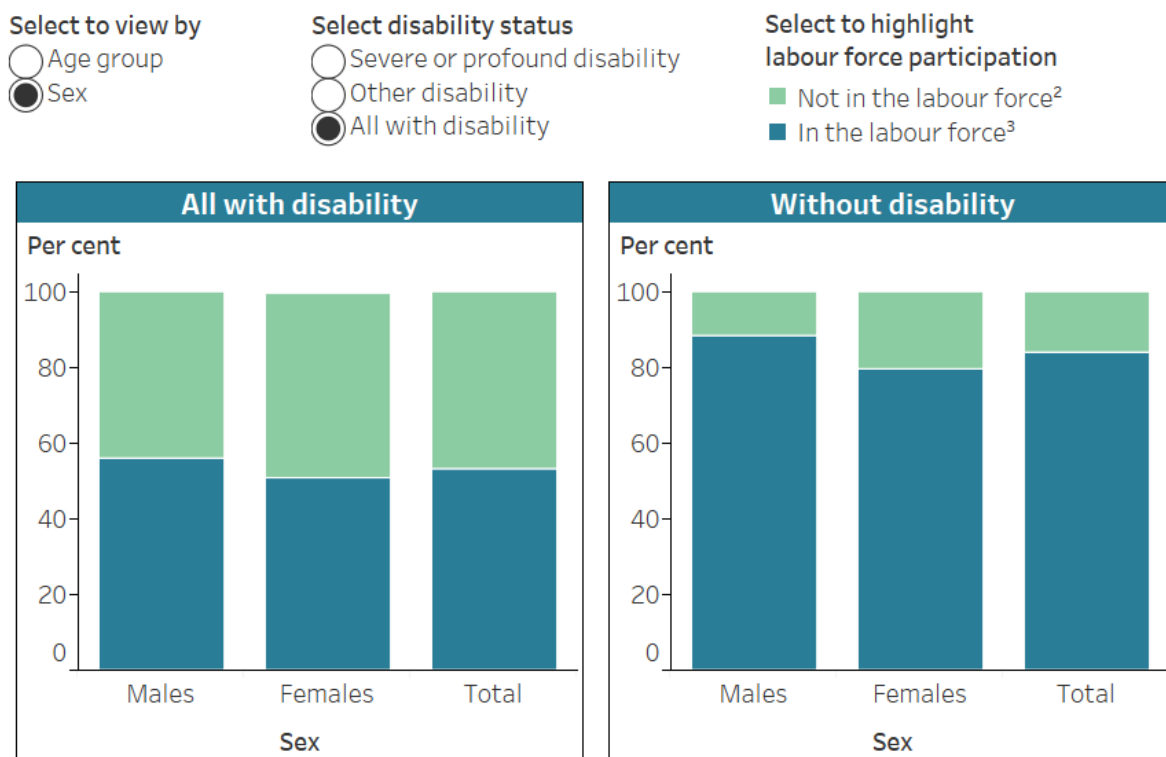
The labour force participation rate is the number of working-age (aged 15–64) people who are employed or unemployed as a percentage of the working-age population.

Generally, males are more likely to be in the labour force than females (Figure LABOUR.1). This is true for people with and without disability:

- 56% (or 563,000) of working-age males with disability, compared with 51% (or 535,000) of females
- 89% (or 6.2 million) of working-age males without disability, compared with 80% (or 5.6 million).

Similarly, for those with severe or profound disability 31% (or 76,000) of males with disability are in the labour force compared with 24% (or 61,000) of females (ABS 2019).

Figure LABOUR.1: Labour force participation rate for working-age people¹, by disability status, age group and sex, 2018



¹People aged 15–64 living in households.

²People who are not employed or unemployed. Includes people who undertake unpaid household duties or other voluntary work only, are retired, voluntarily inactive and those permanently unable to work.

³People who are employed or unemployed.

Source: ABS 2019; see also tables LABF2 and LABF3.

<http://www.aihw.gov.au>

Survey of Disability, Ageing and Carers

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Where can I find out more?

Detailed data tables are available at [Data](#).

For information on the ABS SDAC—[ABS SDAC](#).

Reasons for not being in the labour force

Close to half (47% or 959,000) of all working-age people with disability are not in the labour force. Of these:

- most (59% or 562,000) are permanently unable to work
- nearly 1 in 4 (23% or 224,000) intend to work or look for work
- 1 in 12 (8.7% or 83,200) are unsure if they intend to work or look for work
- 1 in 15 (6.9% or 66,500) do not intend to work or look for work (Figure LABOUR.2).

This varies by age and sex (Figure LABOUR.2).

Figure LABOUR.2: Ability and intention to work and look for work, for people¹ who are not in the labour force, by disability status, age group and sex, 2018

46.6% of working age people with disability are not in the labour force

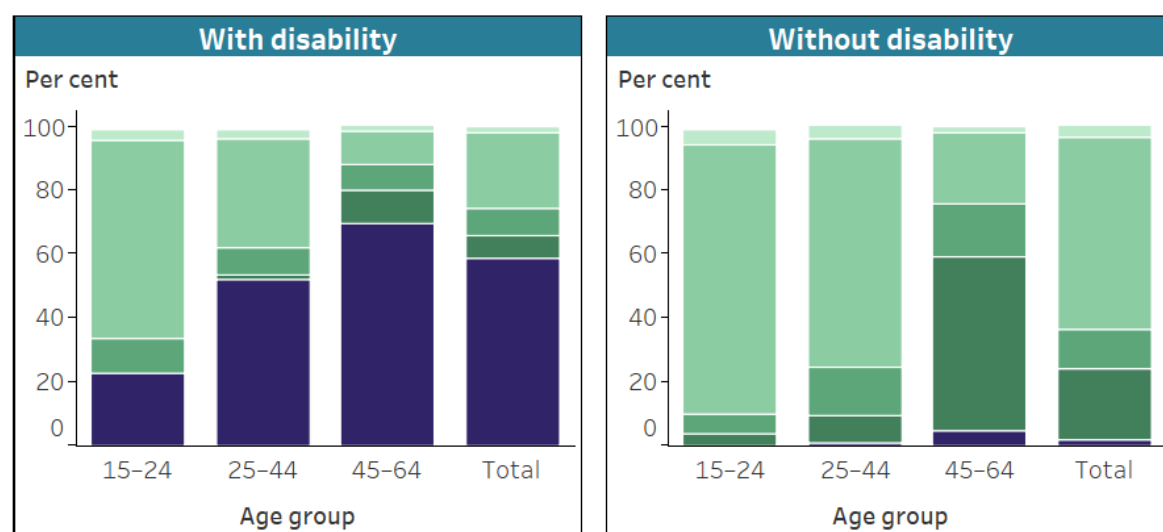
15.9% of working age people without disability are not in the labour force

Select to view by

- ☒ Age group
☐ Sex

Select to highlight ability and intention

- ☐ Actively looked for work in the last 4 weeks²
☐ Intend to work or look for work³
☐ Unsure whether intend to work or look for work³
☐ Do not intend to work or look for work³
☐ Permanently unable to work



* Relative standard error of 25-50% and should be used with caution.

¹People aged 15-64 living in households.

²People who are not in the labour force, not permanently unable to work, and have looked for work in the last 4 weeks.

³People who are not in the labour force, not permanently unable to work, and have not looked for work in the last 4 weeks.

Notes

1. Categories that are not shown have a relative standard error greater than 50% and are considered too unreliable for general use.

2. No people aged 15-24 without disability were recorded as being permanently unable to work.

3. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also tables LABF4 and LABF5.

<http://www.aihw.gov.au>

Working-age people with disability who are not in the labour force are far more likely than those without disability to be permanently unable to work (59% or 562,000 compared with 2.1% or 47,500). They are also much less likely to intend to work or look for work (23% or 224,000 compared with 60% or 1.3 million).

People who are permanently unable to work

Of working-age people with disability who are permanently unable to work:

- 9 in 10 (91% or 511,000) said it was because of their own condition or disability
- 1 in 7 (12% or 70,100) said it was because of someone else's ill health or disability.

When asked about requirements to enable workforce participation, 96% said they could not work at all. Some reported they may be able to participate if certain requirements were met, such as training, equipment and assistance with work or personal care tasks (2.8% or 16,000) (ABS 2019).

People able to work

People able to work refers to working-age people not permanently unable to work.

People who do not intend to work or look for work

Of working-age people with disability able to work but not intending to work or look for work:

- half (49% or 32,700) have no need, are satisfied with current arrangements or are retired (for now)
- 32% (or 21,300) are permanently retired or will not work again
- 18% (or 11,900) cited their short-term illness or injury or long-term health condition or disability (Figure LABOUR.3).

Males with disability able but not intending to work (42% or 8,500) are much more likely than their female counterparts (26% or 12,300) to report they are permanently retired or will not work again (ABS 2019).

Figure LABOUR.3: Reasons for not looking for work for people¹ who are not in the labour force, not permanently unable to work and do not intend to work², by disability status and sex, 2018

Select reason³ for not intending to work

- ☒ No need or want/retired (for now)⁴
- ☐ Permanently retired/will not work again
- ☐ Health or disability⁵

Select to highlight disability status

- With disability
- Without disability



* Relative standard error of 25–50% and should be used with caution.

¹People aged 15–64 living in households.

²Have not actively looked for work in last 4 weeks and do not intend to work or look for work.

³Reasons not shown are studying/returning to studies, home duties or caring for child(ren), welfare payments/pension/allowance may be affected, moving house, taking holidays, caring for ill/disabled/elderly person(s), pregnancy, and other reason.

⁴Includes no need, satisfied with current arrangements, retired (for now).

⁵Includes short-term illness or injury and long-term health condition or disability.

Note: More than one reason for not intending to work or look for work may be reported.

Source: ABS 2019; see also Table LABF8.

<http://www.aihw.gov.au>

People who may work in the future

People who may work in the future are those who:

- have not looked for work but intend to work or look for work
- are not sure if they will work.

Their most common reasons for not looking for work in the last 4 weeks are:

- own ill health or disability (49% or 145,000)
- studying or returning to study (28% or 85,000)
- children too young or prefer to look after them and childcare availability (13% or 38,600)
- someone else's ill health or disability (11% or 33,400) (Figure LABOUR.4).

Differences in reasons between males and females with disability who may work in the future are similar to those for people who do not intend to work or look for work. For example, of working-age people with disability who may work in the future:

- males are more likely than females to give their own ill health or disability as a reason for not looking for work—54% (or 66,900) compared with 46% (or 80,500)
- males are more likely to report studying or returning to studies as a reason—32% (or 39,600) compared with 27% (or 47,300)
- females are likely to cite family or relationship considerations as reasons for not looking for work:
 - children being too young or preferring to look after them and childcare availability—21% (or 37,100) of females
 - someone else's ill health or disability—12% (or 20,700)
 - other family considerations—9.7% (or 16,900) (ABS 2019).

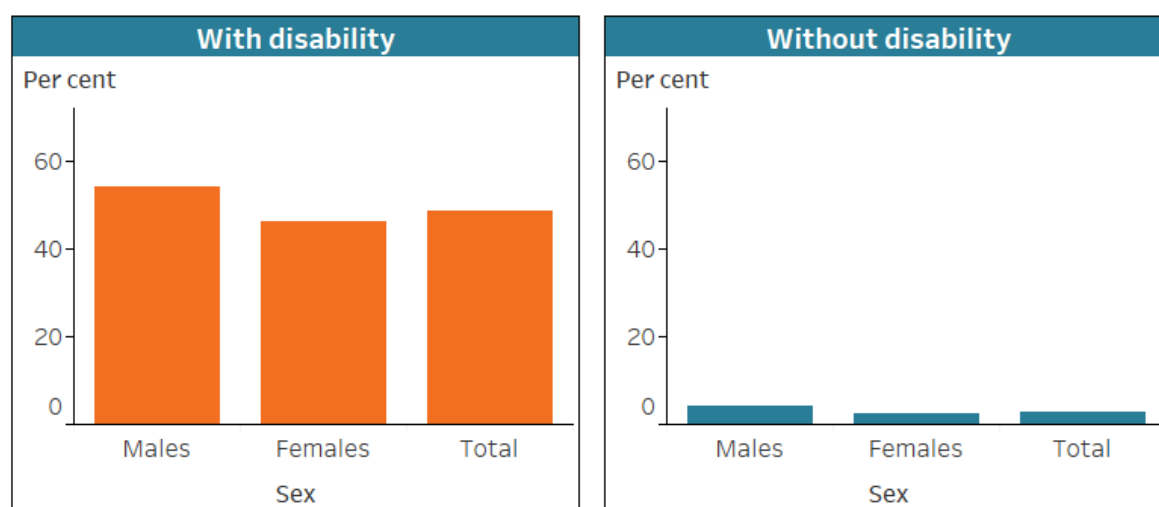
Figure LABOUR.4: Reasons for not looking for work¹ for people² who are not in the labour force, not permanently unable to work and may work in the future³, by disability status and sex, 2018

Select reason⁴ for not looking for work

- ☒ Own ill health or disability
- ☐ Studying/returning to studies
- ☐ Caring for child(ren)⁵
- ☐ Someone else's ill health or disability

Select to highlight disability status

- ☒ With disability
- ☐ Without disability



¹In last 4 weeks.

²People aged 15–64 living in households.

³Have not looked for work in the last four weeks but intend to work or look for work in the future, or are unsure.

⁴Reasons not shown are retired/too old/does not need or want to work, other family considerations, pension or welfare payments might be affected, pregnancy, lacks relevant schooling, training or experience, other and don't know.

⁵Due to preference/child's age/child care availability.

Notes

1. No males with disability were recorded as not looking for work¹ due to caring for child(ren)⁵.

2. More than one reason for not looking for work in the last 4 weeks may be reported.

Source: ABS 2019; see also Table LABF9.

<http://www.aihw.gov.au>

Labour force status case study

In 2019 Mission Australia conducted a survey of young people (aged 15–19 years) including a cluster of questions focused on disability. In Mission Australia's **Youth Survey 2019**, 6.5% (or 1,600) of young people reported having disability and 91.3% (or 23,100) reported no disability.

Young people who reported having disability are:

- less likely to be working part-time (31%) than those without disability (44%)
- more likely to not be in paid employment but looking for work (40% compared with 34%)
- more likely to be neither working nor looking for work (27% compared with 21%).

Note: part-time employment is considered to be less than 35 hours per week, while full-time employment is considered to be 35 hours or more (Hall et al. 2020).

References

ABS (Australian Bureau of Statistics) 2018. Labour statistics: concepts, sources and methods, Feb 2018. 6102.0.55.001. Canberra: ABS.

<https://www.abs.gov.au/ausstats/abs@.nsf/mf/6102.0.55.001>

ABS 2019. Microdata: disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of TableBuilder data.

AIHW (Australian Institute of Health and Welfare) 2017. Australia's welfare 2017. Australia's welfare series no. 13. AUS 214. Canberra: AIHW.

<https://www.aihw.gov.au/reports/australias-welfare/australias-welfare-2017/contents/table-of-contents>

Hall, S Fildes, J Liyanarachchi, D Plummer, J and Reynolds, M 2020. Young, willing and able – youth survey disability report 2019. Sydney: Mission Australia.

<https://www.missionaustralia.com.au/publications/youth-survey>

Employment rate and type

1. Working-age people with disability (48%) have a lower employment rate than those without disability (80%).
2. Working-age females with disability (46%) have a lower employment rate than their male counterparts (50%).
3. 41% of employed working-age people with disability work part-time, compared with 32% of those without disability.
4. 54% of employed working-age females with disability work part-time, compared with 28% of their male counterparts.

Working-age people with disability have a lower rate of employment than those without disability. They are more likely to be working part-time.

How is employment defined?

Employed people are those who reported in the SDAC that they had worked in a job, business or farm during the reference week; or that they had a job in the reference week, but were not at work.

Survey of Disability, Ageing and Carers

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Where can I find out more?

Detailed data tables are available at [Data](#).

For information on the ABS SDAC—[ABS SDAC](#).

Employment rate

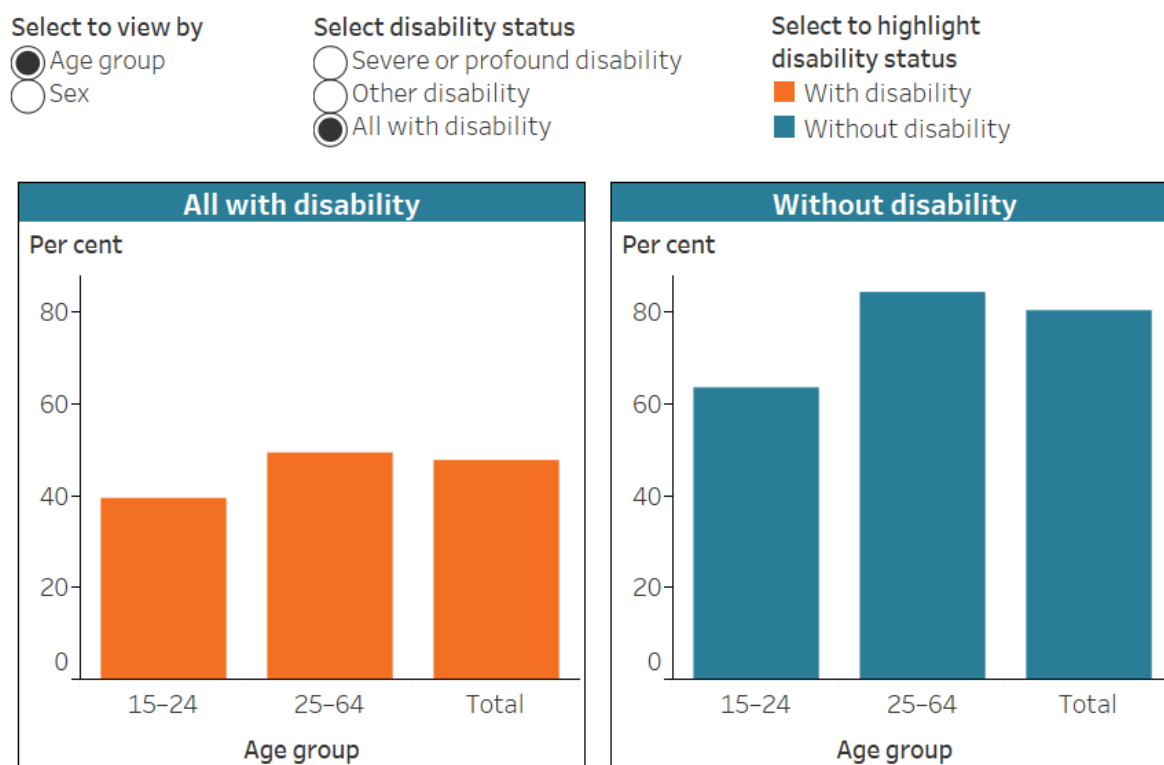
Working-age people with disability (48% or 984,000) have a lower employment rate than those without disability (80% or 11.3 million) (Table EMPLOYMENT.1 and Figure EMPLOYMENT.1). Working-age people with severe or profound disability (24% or 120,000) have a much lower employment rate than those with other disability (56% or 863,000) (ABS 2019).

Employment rate

In this section, employment rate (employment-to-population ratio) is the number of employed working-age (aged 15–64) people as a percentage of the working-age population (AIHW 2019).

The employment rate is an indication of the overall level of employment for a population and measures how much of the potential labour resource is being used. As many employment initiatives include trying to engage people not in the labour force in employment (where possible), this rate also includes those not in the labour force.

Figure EMPLOYMENT.1: Employment rate of working-age people¹, by disability status, age group and sex, 2018



¹People aged 15-64 living in households.

Source: ABS 2019; see also tables EMPL1 and EMPL2.

<http://www.aihw.gov.au>

While the overall employment rate for working-age people with disability has remained relatively steady in recent years, it has decreased for those with severe or profound disability (from 27% in 2003 to 24% in 2018) (ABS 2019).

Working-age females have a lower employment rate than males (Figure EMPLOYMENT.1). This is true for those with disability (46% compared with 50%) and without disability (76% compared with 85%) (ABS 2019). This is largely related to lower workforce participation among females rather than higher unemployment (see [Unemployment](#)).

Working full- or part-time

When employed, working-age people with disability are less likely to work full-time and more likely to work part-time than those without disability (Table EMPLOYMENT.1). This is especially the case for working-age people with severe or profound disability:

- 48% (or 57,400) of those employed work full-time, compared with 61% (or 525,000) with other disability
- 52% (or 62,400) work part-time, compared with 40% (or 341,000) (ABS 2019).

Table EMPLOYMENT.1: Whether employed people^(a) are employed full-time or part-time, by disability status, 2018 (%)

Whether employed full-time or part-time	Severe or profound disability	Other disability	With disability	Without disability
Employed full-time	47.8	60.9	59.1	68.3
Employed part-time	51.9	39.5	40.9	31.7
Total	100.0	100.0	100.0	100.0

(a) Aged 15–64 living in households.

Note: Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table EMPL5.

While most employed working-age people with disability work full-time, recent years have seen a shift from full-time towards part-time work. For example, between 2003 and 2018, the proportion working:

- full-time decreased from 63% to 59%, and from 51% to 48% for those with severe or profound disability
- part-time increased from 37% to 41%, and from 49% to 52% for those with severe or profound disability.

Employed working-age females with disability are less likely to work full-time and more likely to work part-time than their male counterparts:

- 46% (or 223,000) worked full-time, compared with 72% (or 359,000)
- 54% (or 263,000) worked part-time, compared with 28% (or 141,000) (ABS 2019).

Occupations

Among employed working-age people with disability, the most commonly identified occupations are:

- professionals (23% or 222,000)
- technicians and trades workers (15% or 150,000)
- clerical and administrative workers (13% or 130,000)
- labourers (12% or 121,000) (ABS 2019).

Occupations

Occupations in the ABS SDAC are classified according to the [Australian and New Zealand Standard Classification of Occupations \(ANZSCO\) 2013](#).

Occupations vary among groups (Figure EMPLOYMENT.2). For example, of working-age people who are employed:

- 1 in 5 (20% or 24,400) with severe or profound disability work as labourers, compared with 1 in 9 (11% or 96,500) who have other disability and 1 in 11 (8.8% or 991,000) without disability
- 1 in 9 (11% or 13,300) work as sales workers, compared with 1 in 11 (8.9% or 77,200) and 1 in 11 (8.8% or 988,000) (ABS 2019).

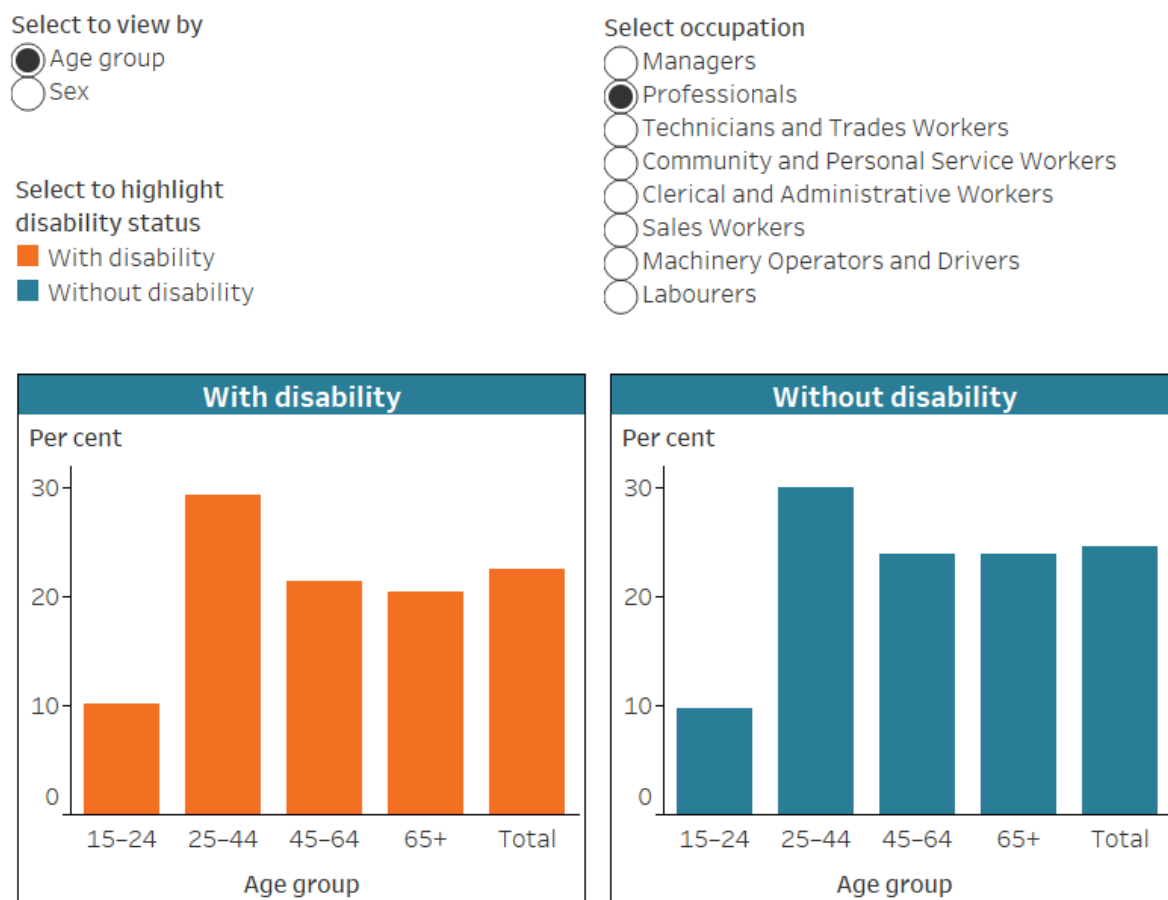
Males with disability are more likely than their female counterparts to work as a:

- labourer—15% (or 72,800) compared with 9.9% (or 48,100)
- technician and trades worker—25% (or 127,000) compared with 5.1% (or 24,600)
- manager—12% (or 62,200) compared with 9.0% (or 43,600).

Females with disability are more likely than their male counterparts to work as a:

- professional—28% (or 134,000) compared with 18% (or 87,800)
- sales worker—12% (or 59,000) compared with 5.8% (or 28,900)
- clerical or administrative worker—21% (or 100,000) compared with 6.3% (or 31,500)
- community or personal service worker—15% (or 70,300) compared with 4.9% (or 24,600) (ABS 2019).

Figure EMPLOYMENT.2: Occupations of employed people¹, by disability status, age group and sex, 2018



* Relative standard error of 25-50% and should be used with caution.

¹People aged 15 and over living in households.

Source: ABS 2019; see also tables EMPL3 and EMPL4.

<http://www.aihw.gov.au>

References

ABS (Australian Bureau of Statistics) 2019. Microdata: disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of TableBuilder data.

AIHW (Australian Institute of Health and Welfare) 2019. Employment trends. Canberra: AIHW. Viewed 02 June 2020, <https://www.aihw.gov.au/reports/australias-welfare/employment-trends>

Underemployment

1. 10% of employed working-age people with disability are underemployed, compared with 6.9% of those without disability.
2. 3 in 10 (28%) of people with disability working less than 35 hours per week do not want a job with more hours.
3. People with disability aged 15–24 (23%) are more likely than those aged 25–64 (8.1%) to be underemployed.
4. 13% of employed working-age females with disability are underemployed, compared with 7.8% of their male counterparts.

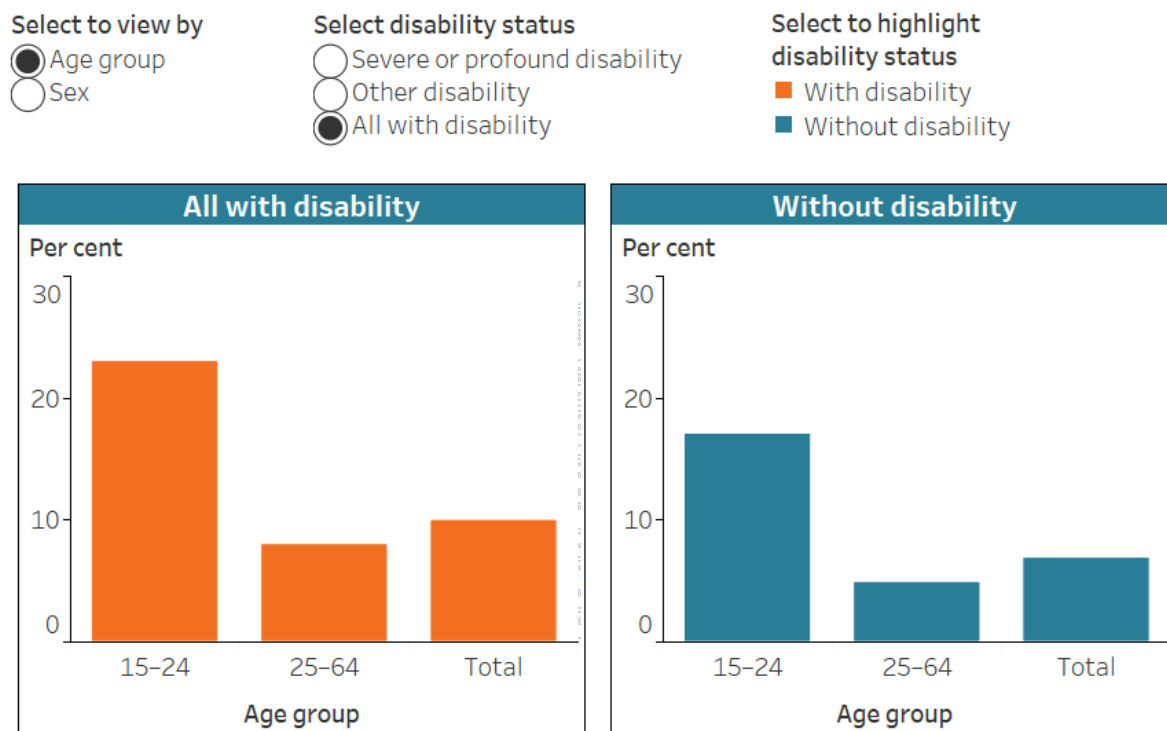
Underemployment refers to when a person is employed but wishes to work more hours.

How is underemployment defined?

A person is considered underemployed if they are employed, usually work 34 hours or less per week, would like a job with more hours, and are available to start work with more hours if offered a job in the next 4 weeks.

About 1 in 10 (10% or 99,300) working age people with disability who are employed want to work more hours than they do and are available to start work, compared with around 1 in 14 (6.9% or 773,000) without disability (Figure UNDEREMPLOYMENT.1).

Figure UNDEREMPLOYMENT.1: Underemployment¹ rate for employed people², by disability status, age group and sex, 2018



* Relative standard error of 25–50% and should be used with caution.

¹A person is considered to be underemployed if they are employed, usually work 34 hours or less per week, would like a job with more hours, and are available to start work with more hours if offered a job in the next 4 weeks.

²People aged 15–64 living in households.

Note: Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also tables UNDT2 and UNDT3.

<http://www.aihw.gov.au>

Youth (aged 15–24) with disability are more likely than people with disability of other ages to want to work more hours—23% (or 26,700) are underemployed, compared with 8.1% (or 70,500) of those aged 25–64 (Figure UNDEREMPLOYMENT.1).

Although working-age females with disability are more likely than their male counterparts to be working part-time (see [Labour force participation](#)), they are also less likely to want a job with more hours. Almost 2 in 5 (38% or 182,000) employed working-age females with disability do not want a job with more hours, compared with 1 in 5 (19% or 92,900) of their male counterparts (ABS 2019).

Survey of Disability, Ageing and Carers

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Where can I find out more?

Detailed data tables are available at [Data](#).

For information on the ABS SDAC—[ABS SDAC](#).

Reasons for not wanting to work more hours

'No need/satisfied with current arrangements/retired (for now)' was the most common reason among working-age people with and without disability (49% or 137,000 and 52% or 1.4 million respectively) (Table UNDEREMPLOYMENT.1). This was followed by:

- 'short-term illness or injury' or 'long-term health condition or disability' for those with disability (29% or 80,000 with disability compared with 1.2% or 32,200 without disability)
- 'home duties' or 'caring for child(ren)' (14% or 40,000 with disability compared with 24% or 638,000 without disability)
- 'studying/returning to studies' for those without disability (11% or 31,000 with disability, compared with 26% or 684,000 without disability) (ABS 2019).

Table UNDEREMPLOYMENT.1: Reasons for not wanting to work more hours for employed people^(a), by disability status, 2018 (%)

Reasons for not wanting to work more hours	With disability	Without disability
No need/satisfied with current arrangements/retired (for now)	49.4	51.5
Illness, injury, health condition or disability ^(b)	28.9	1.2
Studying/returning to studies	11.2	26.0
Home duties or caring for child(ren) ^(c)	14.5	24.2
Caring for ill/disabled/elderly person(s)	6.3	2.3
Other ^(d)	5.6	5.6
Total	100.0	100.0

(a) Aged 15–64 living in households who are employed, usually work 34 hours or less per week and would not like a job with more hours.

(b) Includes short-term illness or injury and long-term health condition or disability.

(c) Includes home duties and caring for child(ren).

(d) Includes permanently retired / will not work again, welfare payments / pension / allowance may be affected, moving house, taking holidays, pregnancy, and other reason.

Note: More than 1 reason for not wanting to work more hours may be reported.

Source: ABS 2019; see also Table UNDT4.

Underemployment case study

The 13th Annual Statistical Report of the Household, Income and Labour Dynamics in Australia (HILDA) Survey reports on findings from waves 1 to 16. This includes information on the extent to which health conditions limit the amount of work an individual can do.

In the study, a moderate or severe work restriction is referred to as having a moderate or severe disability. The study found that among people aged 15 and over, people with moderate or severe disability:

- are less likely (53%) to work full-time than those without disability that restricts work (69%)
- are more likely (31%) to be part-time employed and not want to work more hours than those without disability that restricts work (20%)
- are more likely to be (16%) underemployed than those without disability that restricts work (10%)
- who work part-time are equally likely to be underemployed as other part-time workers (35% compared with 34%).

In the study, underemployment is restricted to part-time workers who would like to work more hours, regardless of availability. The analysis includes all workers from age 15 and comprises both employees and the self-employed. Workers are defined as part-time if they usually work fewer than 35 hours per week in all jobs (including any paid or unpaid overtime) (Wilkins and Lass 2018).

The HILDA Survey is a household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. All household members aged 15 years or older are invited to participate in a personal face-to-face interview. The HILDA Survey defines disability as an impairment, long-term health condition or disability that restricts everyday activities and has lasted, or is likely to last, for a period of 6 months or more.

References

ABS (Australian Bureau of Statistics) 2019. Microdata: disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of TableBuilder data.

Wilkins R and Lass I 2018. The Household, Income and Labour Dynamics in Australia Survey: selected findings from waves 1 to 16. Melbourne: Melbourne Institute: Applied Economic & Social Research.

https://melbourneinstitute.unimelb.edu.au/_data/assets/pdf_file/0009/2874177/HILDA-report_Low-Res_10.10.18.pdf

Unemployment

1. Working-age people with disability (10%) are twice as likely as those without disability (4.6%) to be unemployed.
2. 13% of working-age people with severe or profound disability are unemployed.
3. People aged 15–24 with disability (25%) are more than twice as likely as those aged 25–64 (7.9%) to be unemployed.
4. 22% of working-age people with disability are unemployed for at least 1 year, (14% for those without disability).

Working-age people with disability are more likely to be unemployed than those without disability. They are also more likely to be unemployed for longer.

How is unemployment defined?

Unemployed people are those who reported in the SDAC that they were not employed during the reference week, and had actively looked for full- or part-time work at any time in the 4 weeks up to the end of the reference week and were available for work in the reference week.

Survey of Disability, Ageing and Carers

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Where can I find out more?

Detailed data tables are available at [Data](#).

For information on the ABS SDAC—[ABS SDAC](#).

Unemployment rate

Working-age (aged 15–64) people with disability are more likely to be unemployed than those without disability. The unemployment rate of working-age people with disability (10% or 113,000) is twice that of those without disability (4.6% or 544,000) (Figure UNEMPLOYMENT.1).

Working-age people with severe or profound disability (13% or 17,400) have a higher unemployment rate than those with other disability (9.9% or 94,700) (Figure UNEMPLOYMENT.1).

Unemployment rate

The unemployment rate is the sum of the working-age (aged 15–64) population who are unemployed as a percentage of the working-age population participating in the labour force.

Figure UNEMPLOYMENT.1: Unemployment rate for people¹ in the labour force, by disability status, age group and sex, 2018



* Relative standard error of 25-50% and should be used with caution.

¹People aged 15-64 living in households.

Source: ABS 2019; see also tables UNET1 and UNET2.

<http://www.aihw.gov.au>

The unemployment rate for working-age people with disability has increased in recent years. While it remained relatively steady for working-age people without disability (around 5% between 2003 and 2018), it increased slightly for those with disability (8% to 10%) (ABS 2019).

Youth (aged 15-24) with disability (25% or 37,500) are more likely than those aged 25-64 (7.9% or 74,900) to be unemployed (Figure UNEMPLOYMENT.1).

Working-age males with disability (11% or 63,200) are slightly more likely than their female counterparts (9.4% or 50,400) to be unemployed (Figure UNEMPLOYMENT.1).

Duration of unemployment

Working-age people with disability are more likely to be unemployed for longer periods than those without disability—22% (or 24,100) unemployed people with disability have been unemployed for at least 1 year, compared with 14% (or 73,400) without disability (Figure UNEMPLOYMENT.2).

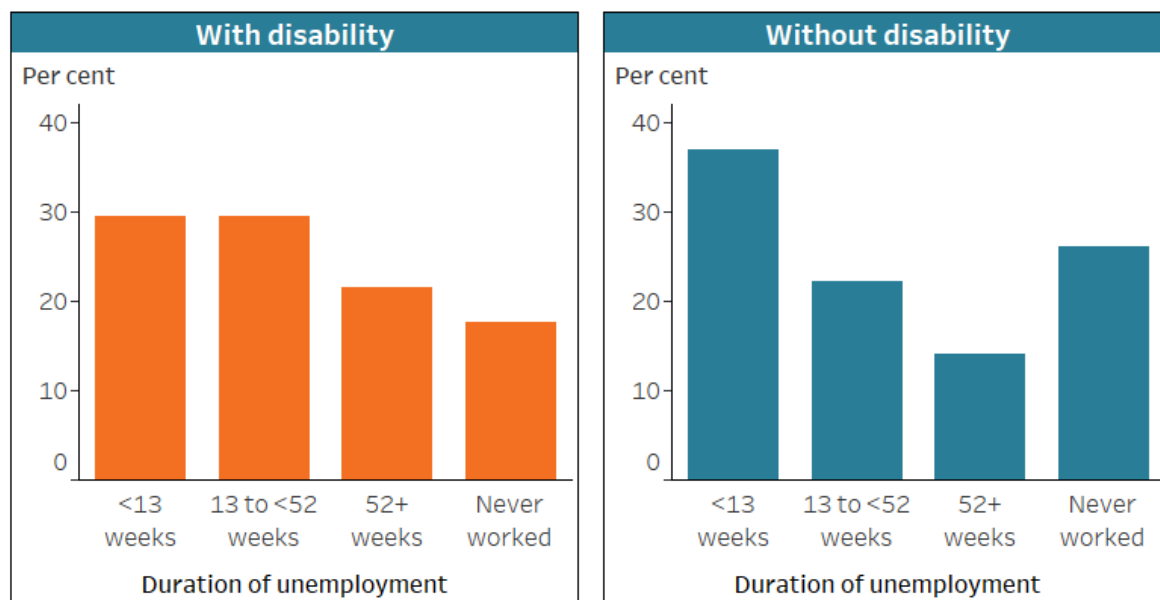
Figure UNEMPLOYMENT.2: Duration of unemployment for unemployed people¹, by disability status, 2018

Select to highlight disability status

- With disability
- Without disability

10.3% of people¹ with disability in the labour force are unemployed

4.6% of people¹ without disability in the labour force are unemployed



¹People aged 15–64 living in households.

Source: ABS 2019; see also tables UNET3 and UNET4.

<http://www.aihw.gov.au>

Main activity since last looked for work

Around 1 in 4 (26% or 29,700) unemployed working-age people with disability report home duties, or caring for children or other person(s) as their main activity since they last looked for work (Table UNEMPLOYMENT.1). This is less common among unemployed working-age males with disability (13% or 8,500) than their female counterparts (45% or 22,900). It was less common among unemployed working-age males with disability than those without disability (22% or 57,900) (ABS 2019).

Table UNEMPLOYMENT.1: Selected main activities since last looked for work for unemployed working-age people^(a), by disability status, 2018 (%)

Selected main activities since last looked for work	With disability	Without disability
Home duties, or caring for child(ren) or other person(s)^(b)	26.4	33.7
Attending an educational institution	19.8	28.8

(a) Aged 15–64 living in households.

(b) Includes home duties or caring for child(ren), and caring for ill / disabled / elderly person(s).

Note: Categories not shown are: own short-term illness or injury, own long-term health condition or disability, retired or voluntarily inactive, travel, holiday or leisure activity, working in unpaid voluntary job, and other.

Source: ABS 2019; see also Table UNET5.

Unemployed working-age people with disability (20% or 22,300) are less likely than those without disability (29% or 157,000) to have attended an educational institution since they last looked for work (ABS 2019).

References

ABS (Australian Bureau of Statistics) 2019. Microdata: disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of TableBuilder data.

Employment participation needs and challenges

1. 88% of employed working-age people with disability do not require additional support from their employer to work.
2. 82% of unemployed working-age people with disability do not require additional support from their employer to work.
3. 82% of employed working-age people with disability do not need time off from work because of their disability.
4. 11% of employed working-age people with disability experienced disability discrimination in the last year.

Some working-age (aged 15–64) people with disability, especially those with employment restrictions, can find engaging in the labour force challenging.

Survey of Disability, Ageing and Carers

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Where can I find out more?

Detailed data tables are available at [Data](#).

For information on the ABS SDAC—[ABS SDAC](#) website.

Workplace arrangements

Some people with disability need specific arrangements to work, such as working part-time, specific leave arrangements or other supports such as being allocated different duties. The majority do not. Most employed (88% or 684,000) and unemployed (82% or 92,400) working-age people with disability do not require specific arrangements from their employer to work.

Employed people

Most (88% or 684,000) employed working-age people with disability do not require specific arrangements from their employer to work. Of those who do:

- 50% (or 47,700) need special equipment or modified buildings/fittings, or to be provided special/free transport or parking
- 25% (or 23,700) need a special support person to assist or train them on the job (applies to salary or wage earners only) or to be provided help from someone at work, or to be provided training/retraining
- 26% (or 25,000) need to be allocated different duties (Table CHALLENGES.1).

Table CHALLENGES.1: Specific arrangements needed by employed working-age people with disability^(a) who need specific arrangements^(b) from employers to work, 2018 (%)

Specific employer arrangements needed	Employed people with disability
Special support person, help from someone at work or training ^(c)	25.1
Provided equipment, transport/parking, modified buildings/fittings ^(d)	50.4
Allocated different duties	26.4
Other	21.9
Total	100.0

(a) Aged 15–64 with disability living in households who are employed wage or salary earners.

(b) Because of their disability.

(c) Includes special support person to assist or train on the job, provided help from someone at work and provided training/retraining.

(d) Includes provided special equipment, modified buildings/fittings, provided special/free transport or parking.

Note: More than 1 arrangement may be reported.

Source: ABS 2019; see also Table CHALL2.

Most (82% or 644,000) employed (salary or wage earning) working-age people with disability do not need at least 1 day per week off work because of their disability. Of those who use specific leave arrangements at least 1 day per week, the most common arrangement is to work:

- casual or part-time hours (53% or 72,500)
- flexible hours (25% or 34,100) (Table CHALLENGES.2).

Employed working-age people with severe or profound disability are more likely (33% or 31,600) to use specific leave arrangements at least 1 day per week because of their disability than those with other disability (15% or 104,000) (ABS 2019).

Table CHALLENGES.2: Leave arrangements used by employed working-age people with disability^(a) who need specific leave arrangements from employers^(b) to work, 2018 (%)

Leave arrangements used	Employed people with disability
Sick leave	14.4
Flexible hours	25.0
Leave without pay	14.0
Casual/part-time hours	53.2
Other arrangements^(c)	20.2
Total	100.0

(a) Aged 15–64 with disability living in households who are employed wage or salary earners.

(b) At least 1 day per week because of their disability.

(c) Includes recreation/annual leave, WorkCover/worker's compensation, and other.

Note: More than 1 arrangement may be reported.

Source: ABS 2019; see also Table CHALL4.

Difficulty finding work

Most (93% or 105,000) working-age people with disability who are unemployed report at least 1 difficulty finding work, compared with 83% (or 453,000) without disability. Own ill health or disability is the most common reason for those with disability (45% or 47,000), followed by:

- lacked necessary skills or education (34% or 35,200)
- considered too old by employers (27% or 28,700)
- too many applicants for available jobs (27% or 28,300)
- insufficient work experience (25% or 25,900) (Table CHALLENGES.3).

Table CHALLENGES.3: Difficulties finding employment for unemployed working-age people^(a), by disability status, 2018 (%)

Difficulties finding employment	With disability	Without disability
Own ill health or disability	44.9	3.3
Lacked necessary skills or education	33.7	23.9
Considered too old by employers	27.4	11.4
Too many applicants for available jobs	27.1	37.9
Insufficient work experience	24.8	26.4
No vacancies at all	14.0	18.9
No feedback from employers	9.5	9.8
Child-care availability or other family responsibilities	8.1	9.6
Other^(b)	31.5	32.4

(a) Aged 15–64 with disability living in households who have difficulties in finding employment.

(b) Includes too far to travel/transport problems, unsuitable hours, considered too young by employers, difficulties because of ethnic background or language, and other difficulties.

Note: More than 1 difficulty may be reported.

Source: ABS 2019; see also Table CHALL6.

Discrimination

Employed working-age people with disability (11% or 89,100) are less likely than those who are unemployed (24% or 23,300) to have experienced disability discrimination in the last year (ABS 2019).

For more than 2 in 5 (45% or 40,300) employed working-age people with disability, the source of that discrimination was an employer. For about 2 in 5 (42% or 37,400), it was a work colleague (Table CHALLENGES.4).

For more information on discrimination, see [Disability discrimination](#).

Table CHALLENGES.4: Source of discrimination for working-age people with disability^(a) who experienced discrimination^(b), by employment status, 2018 (%)

Source of discrimination	Employed	All in the labour force ^(c)
Employer	45.2	40.4
Colleague	42.0	34.5
Other source ^(d)	57.0	60.3

(a) Aged 15–64 with disability living in households who had a personal interview.

(b) Because of their disability in the last 12 months.

(c) Includes employed and unemployed people.

(d) Includes family or friends, teacher or lecturer, health staff (GP, nurse, hospital staff), bus drivers/rail staff/taxi drivers, restaurant/hospitality staff, sales assistants, strangers in the street, and other.

Note: More than 1 source may be reported.

Source: ABS 2019; see also Table CHALL8.

Unemployed working-age people with disability (52% or 49,700) are more likely than those who are employed (35% or 299,000) to have avoided situations because of their disability in the last year. Of those who avoided situations, unemployed people (28% or 13,800) are less likely than employed people (39% or 116,000) to have avoided work (Table CHALLENGES.5).

Table CHALLENGES.5: Type of situation avoided for working-age people with disability^(a) who avoided situations^(b), by employment status, 2018 (%)

Type of situation avoided	Employed	Unemployed
Work	38.9	27.8
Situation(s) other than work^(c)	91.8	92.2

(a) Aged 15–64 with disability living in households who had a personal interview and are in the labour force.

(b) In the last 12 months because of their disability.

(c) Includes visiting family or friends, school, university or educational facility, medical facilities (GP, dentist, hospital), shops, banks etc., restaurants, cafés or bars, public transport, public park or recreation venue, other social situations, other public places, and other.

Note: More than 1 situation may be reported.

Source: ABS 2019; see also Table CHALL10.

Employment restrictions

People with disability who have specific restrictions related to employment can face additional challenges finding or keeping employment.

Not all people with disability have employment restrictions and a person's level of restriction may differ from their level of limitation in other life areas. For example, of working-age people with severe or profound disability:

- almost two-thirds (64% or 323,000) have severe or profound employment restriction
- over 1 in 4 (27% or 135,000) have mild or moderate employment restriction
- 1 in 10 (10% or 49,200) have no employment restriction (ABS 2019).

What are employment restrictions?

In the SDAC, an employment restriction means a person meets 1 or more of the following:

- are permanently unable to work
- are restricted in the type of work they can or could do
- need or would need at least 1 day a week off work on average
- are restricted in the number of hours they can or could work
- require or would require an employer to provide special equipment, modify the work environment or make special arrangements
- require assistance from a disability job placement program or agency
- need or would need to be given ongoing assistance or supervision
- would find it difficult to change jobs or get a better job.

A person's overall level of employment restriction is determined by their highest level of limitation. Restriction levels are:

Profound—the person's condition permanently prevents them from working.

Severe—the person:

- requires personal support
- requires ongoing supervision or assistance
- requires a special disability support person
- receives assistance from a disability job placement program or agency.

Moderate—the person:

- is restricted in the type of job and/or the numbers of hours they can work
- has difficulty in changing jobs.

Mild—the person requires:

- help from someone at work
- special equipment
- modifications to buildings or fittings
- special arrangements for transport or parking
- training
- to be allocated different duties.

Many (68% or 1.4 million) working-age people with disability have 1 or more employment restrictions. Of those, the most common types are:

- restricted in type of job (51% or 710,000)
- difficulty changing jobs or getting a preferred job (42% or 587,000)
- permanently unable to work because of condition(s) (37% or 515,000)
- restricted in number of hours (35% or 482,000)
- need for time off work (23% or 327,000) (ABS 2019).

The types of restrictions reported by working-age people with disability differ by labour force status (Figure CHALLENGES.1).

Figure CHALLENGES.1: Type of employment restrictions for people¹ with one or more employment restriction, by labour force status, 2018

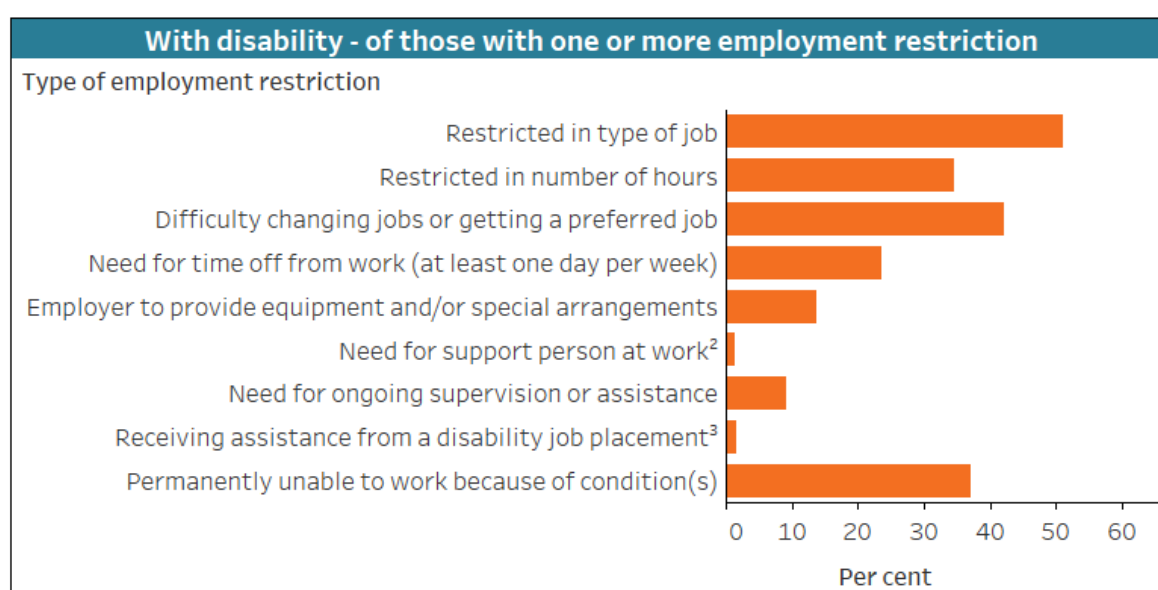
Select labour force status

- ☐ Employed
☐ Unemployed
☐ Not in the labour force
☒ All labour force status



67.7%

of people¹ with disability have at least one employment restriction.



¹People aged 15–64 living in households.

²Collected for wage and salary earners only.

³Collected for unemployed people only.

Source: ABS 2019; see also tables CHALL11 and CHALL12.

<http://www.aihw.gov.au>

Almost one-third (32% or 664,000) of working-age people with disability have no employment restriction. Almost 3 in 10 (28% or 187,000) of this group are not in the labour force (Table CHALLENGES.6).

Table CHALLENGES.6: Severity of employment restriction for working-age people with disability^(a), by labour force status, 2018 (%)

Labour force status	Severe or profound employment restriction	Mild or moderate employment restriction	No employment restriction	All people
Employed	6.7	68.0	67.6	47.8
Unemployed	5.1	7.3	4.2	5.5
Not in the labour force	88.5	24.9	28.1	46.6
Total	100.0	100.0	100.0	100.0
All in the labour force (row %)	32.5	35.2	32.3	100.0

(a) Aged 15–64 living in households.

Source: ABS 2019; see also Table CHALL13.

Over one-third (35% or 725,000) of working-age people with disability have mild or moderate employment restriction (Table CHALLENGES.6). This group is the most likely to be employed (68%, compared with 68% with no employment restriction and 6.7% with severe or profound restriction).

One-third (32% or 668,000) of working-age people with disability have severe or profound employment restriction. This group is the most likely to not be in the labour force (89%, compared with 28% with no employment restriction and 25% with mild or moderate restriction) (Table CHALLENGES.6).

References

ABS (Australian Bureau of Statistics) 2019. Microdata: disability, ageing and carers, Australia, 2018. ABS cat. no. 4430.0.30.002. Canberra: ABS. AIHW analysis of TableBuilder data.

10. Income and finance



10. Income and finance

Looking at the type and level of income people receive can provide insights into their economic security and standard of living.

What is meant by economic security?

Economic security is having a stable income or other resources to support a standard of living and cover essential needs, both now and in the immediate future. Essential needs might include food, basic shelter, clothing, hygiene, health care and education (ICRC 2015).

Economic security is important for everyone and can enhance a person's overall wellbeing. Having economic security can enable people to participate fully in social, economic, political and cultural life.

For children, or people dependent on others for their care, indications of economic security can be seen through the income level of their family or household.

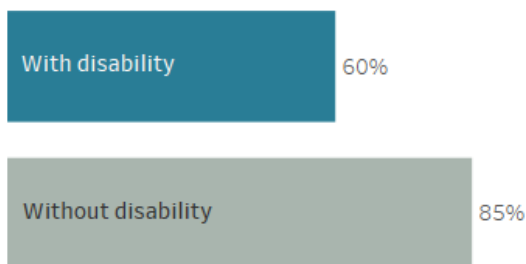
In general, most people with disability have some source of income. This is more likely to be from government sources than from salary or wages, and to be lower than for people without disability.

INCOME

38%

of households with a person with disability have a low level of household weekly income, compared with 18% of households without a person with disability.

People aged 15–64 with disability who attained a bachelor's degree or higher are less likely to have wages or salary as their **main source of income** than people without disability.

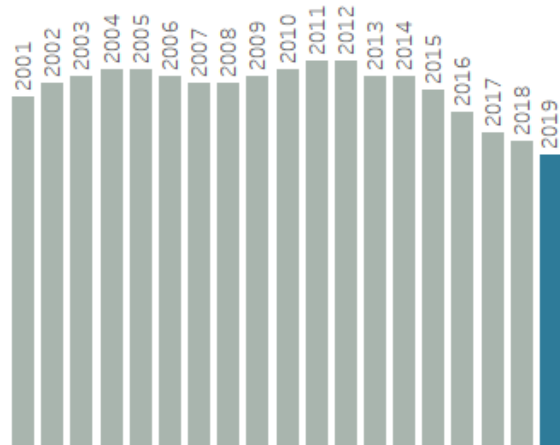


INCOME SUPPORT

3 in 10

people aged 16–64 who receive income support payments, receive the **Disability Support Pension (DSP)**.

The proportion of Australians aged 16–64 who receive the DSP has decreased over the past 6 years.



References

ICRC (International Committee of the Red Cross) 2015. What is economic security? Geneva: ICRC. Viewed 03 June 2020, <https://www.icrc.org/en/document/introduction-economic-security>

Income

1. 41% of people with disability aged 15–64 have income from wages or salary, compared with 73% without disability.
2. 44% of people with disability aged 15–64 receive a government payment, compared with 12% without disability.
3. People with disability (14%) are less likely than those without disability (34%) to have a high income.
4. Almost half (45%) of single-parent families where the parent has disability have a low income.

People with disability, and their households and families, are less likely than people without disability to have a high level of income.

Most people aged 15–64 with disability (90% or 1.8 million) have an income—and are equally likely as those without disability (90% or 12.5 million) (Figure INCOME.1). However, for people aged 15–64 with disability, this income is more likely (43% or 780,000) than those without disability (7.9% or 990,000) to come primarily from a government payment rather than from salary or wages.

Survey of Disability, Ageing and Carers

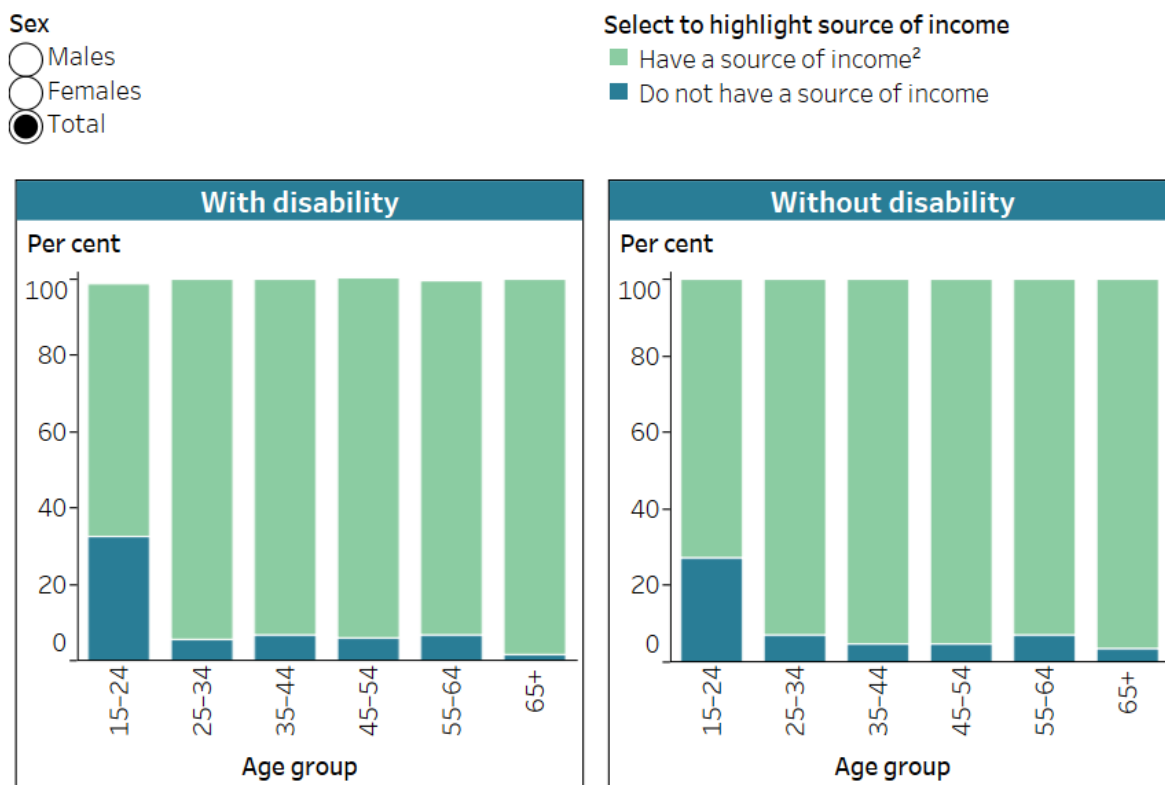
Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least 1 of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.

The limitations are grouped into 10 activities associated with daily living—self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability—schooling and employment.

The severity of disability is defined by if a person needs help, has difficulty, or uses aids or equipment with 3 core activities—self-care, mobility, and communication—and is grouped for mild, moderate, severe, and profound limitation. People who 'always' or 'sometimes' need help with 1 or more core activities are referred to in this section as 'people with severe or profound disability'.

Figure INCOME.1: Whether people have a source of income¹, by age group, disability status and sex, 2018



* Relative standard error of 25–50% and should be used with caution.

¹People aged 15 and over living in households.

²Includes wages or salary (including from own incorporated business), government pension, allowance or benefit, child support or maintenance, superannuation, an annuity or private pension, workers' compensation, rental property, unincorporated business or share in a partnership, dividends, interest, and other source of income.

Note: Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table INCM1.

<http://www.aihw.gov.au>

Where can I find out more?

Detailed data tables are available at [Data](#).

More information on:

- ABS SDAC—[ABS SDAC](#) website
- employment and education of people with disability—[Employment](#) and [Education and skills](#).

People with disability who need help with living costs may access government payments. This includes disability-specific payments (such as the Disability Support Pension) and other 'mainstream' payments (such as JobSeeker Payment). For more information see [Income support](#).

Type of income

In general, people with disability, especially those with severe or profound disability, are more likely than people without disability to receive a government pension, benefit or allowance and less likely to receive income from salary or wages. Of people aged 15 and over who have a source of income:

- government pension or allowance is the main income for 56% (or 2.0 million) with disability, and 76% (or 702,000) with severe or profound disability, compared with 13% (or 1.9 million) without disability
- salary or wages, including from their own incorporated business, is the main income for 24% (or 840,000) with disability, and 9.7% (or 89,600) with severe or profound disability, compared with 71% (or 10.2 million) without disability (Figure INCOME.2).

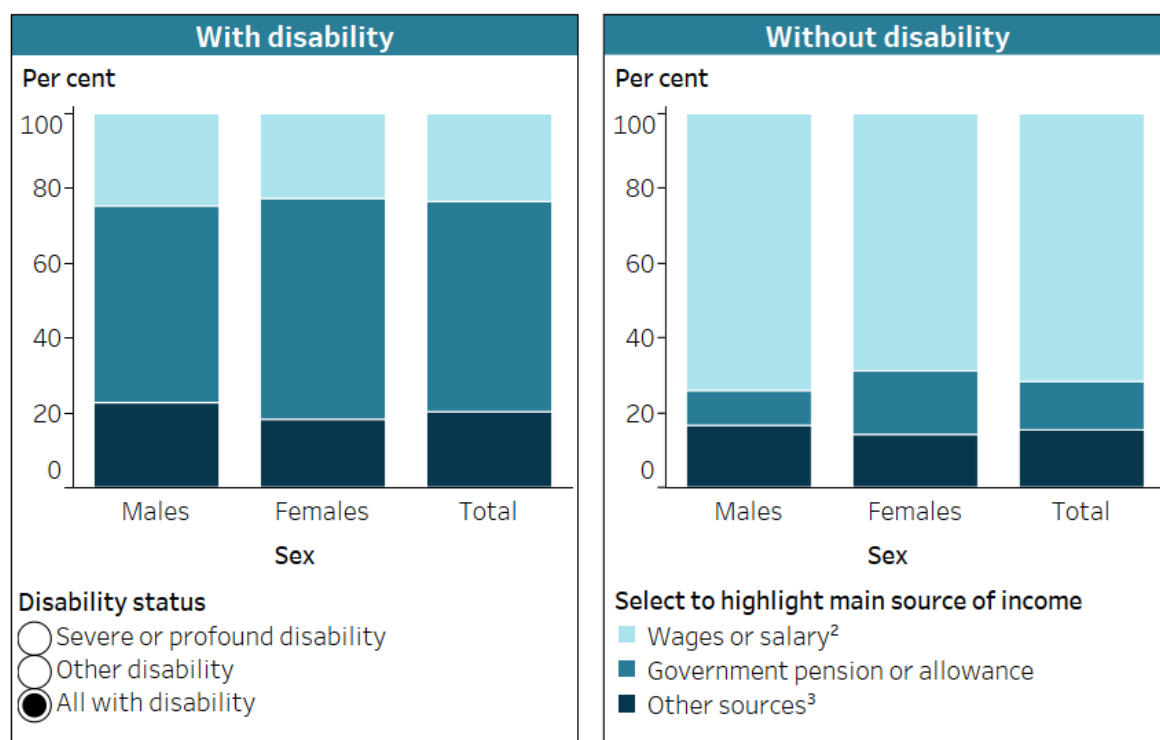
This varies by sex, age and disability status. Of those aged 15 and over who have a source of income:

- females with disability (23% or 411,000) are less likely than males with disability (25% or 430,000) to receive wages or salary as their main source of income
- females with severe or profound disability (78% or 394,000) are more likely than males with severe or profound disability (73% or 306,000) to receive government pension or allowance as their main source of income
- people aged 65 and over with disability (3.9% or 66,300) are less likely to receive wages or salary as their main source of income than those aged 15–64 (42% or 774,000)
- people aged 65 and over with disability (70% or 1.2 million) are more likely to receive government pension or allowance as their main source of income than those without disability (49% or 915,000), especially those with severe or profound disability (81% or 404,000) (Figure INCOME.2).

Figure INCOME.2: Main source of income¹, by disability status, age group and sex, 2018

Select to view by age group or sex

Sex



* Relative standard error of 25–50% and should be used with caution.

Categories that are not shown have a relative standard error greater than 50% and are considered too unreliable for general use.

¹People aged 15 and over living in households.

²Including from own incorporated business.

³Includes child support or maintenance, superannuation, an annuity or private pension, workers' compensation, rental property, unincorporated business or share in a partnership, dividends and / or interest, and other source of income.

Note: Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also tables INCM3 and INCM4.

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Of those aged 15–64 who have a source of income:

- people aged 15–24 with disability (48% or 94,600) are more likely than those aged 25–64 (42% or 680,000) to receive wages or salary as their main source of income
- people with severe or profound disability (69% or 295,000) are more likely than those with other disability (35% or 486,000) to receive government pension or allowance as their main source of income
- people with disability (42% or 774,000) are less likely than those without disability (80% or 10.0 million) to receive wages or salary as their main source of income (ABS 2019).

Level of personal income

A person's level of income is associated with independence, feelings of security and financial freedom. Looking at a person's income level can also provide insight into potential inequality in standard of living.

Measuring income and putting it in context

One way to measure income and inequality is to look at income deciles—dividing the population into 10 equal-sized groups depending on how much income they receive.

The bottom decile is those who have the lowest income in the group (bottom 10%). The top decile is those who have the highest level of income (top 10%).

There are many ways to measure low or high income. This section uses weekly personal income.

In this section:

- low income refers to income deciles 1 to 3 (\$383 or below per week)
- middle or mid-income refers to deciles 4 to 7 (\$384 to \$1,150 per week)
- high income refers to income deciles 8 to 10 (\$1,151 or more per week).

When using personal income, it is difficult to provide context for poverty because poverty is usually defined using median household income (Davidson et al. 2018). The effect of disability on household income is covered under Level of family and household income.

It is also difficult to compare personal income against minimum wage because minimum wage assumes a person is working 38 hours per week (FWO 2020). This assumption cannot be made for the whole population. It cannot therefore be suggested that someone is above or below minimum wage based solely on their personal income decile.

In general, people with disability, especially those with severe or profound disability, are more likely to have a lower level of personal income than people without disability. Of people aged 15–64:

- 38% (or 670,000) with disability, and 51% (or 219,000) with severe or profound disability, have a low level of personal income, compared with 27% (or 3.0 million) without disability
- 42% (or 732,000) with disability, and 44% (or 188,000) with severe or profound disability, are in the mid level of income, compared with 36% (or 4.1 million) without disability
- 20% (or 348,000) with disability, and 5.9% (or 25,400) with severe or profound disability, have a high level of income, compared with 37% (or 4.1 million) without disability (ABS 2019).

Females aged 15–64 with disability (40% or 365,000) are more likely than their male counterparts (36% or 303,000) to have a low level of personal income. This varies by level of disability. Of those aged 15–64:

- females with severe or profound disability (4.9% or 11,000) are less likely to have a high level of personal income than females with other disability (19% or 130,000)
- males with severe or profound disability (7.1% or 14,700) are less likely to have a high level of income than males with other disability (31% or 195,000) (ABS 2019).

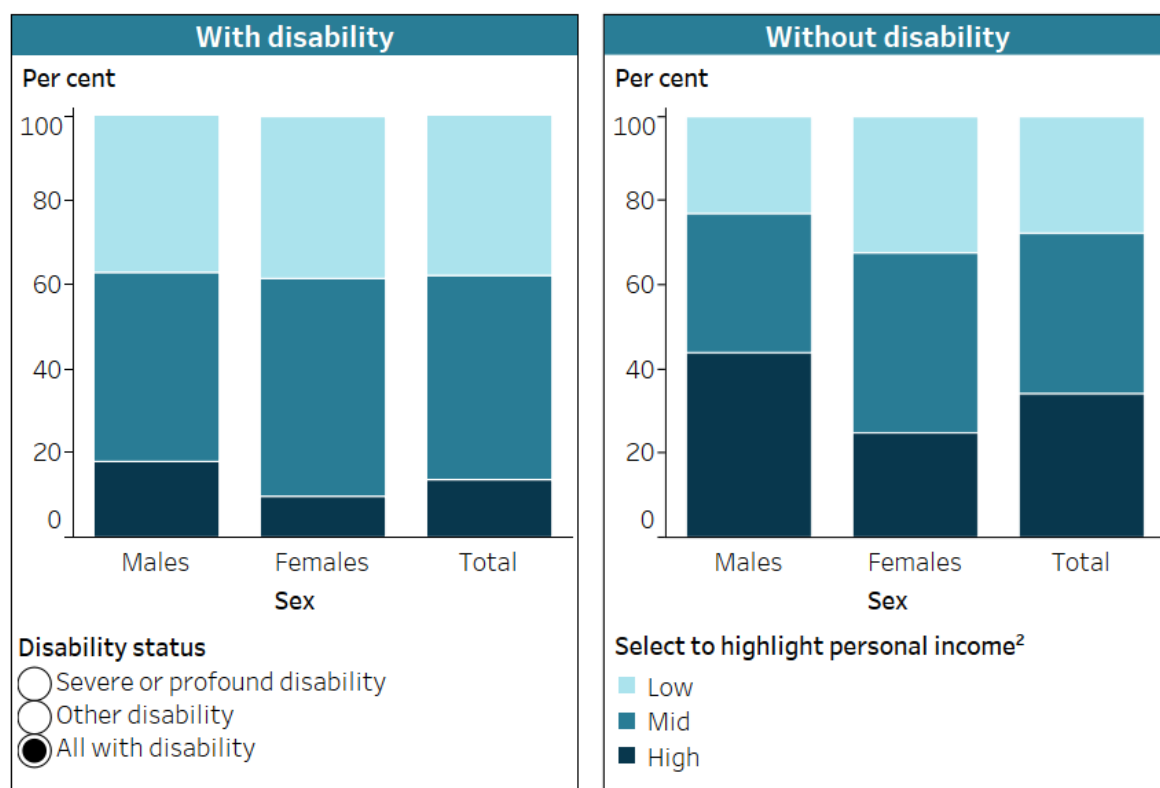
Level of personal income varies by age and sex:

- 1 in 5 (20% or 348,000) people aged 15–64 with disability have a high level of personal income, compared with 5.9% (or 86,400) of people aged 65 and over
- males aged 65 and over with disability (9.4% or 65,900) are more likely to have a high level of personal income than females (2.7% or 20,500)
- young people (aged 15–24) with disability (68% or 179,000) are more likely to have a low level of personal income than those aged 25–64 (33% or 489,000) and those aged 65 and over (37% or 546,000)
- young people (aged 15–24) with severe or profound disability (77% or 75,100) are more likely to have a low level of personal income than those aged 25–64 (44% or 146,000) (Figure INCOME.3).

Figure INCOME.3: Weekly personal income¹, by disability status, age group and sex, 2018

Select to view by age group or sex

Sex



* Relative standard error of 25–50% and should be used with caution.

¹People aged 15 and over living in households.

²Weekly personal income deciles aggregated into three groups. Low-income includes deciles 1–3 (<\$384); mid-income includes deciles 4–7 (\$384–\$1,150); high-income includes deciles 8–10 (>\$1,150).

Note: Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also tables INCM6 and INCM7.

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Level of family and household income

Having a person with disability living in the household is associated with lower levels of household income.

Households and families

In the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC):

- a household is defined as 1 or more persons, at least 1 of whom is at least 15 years of age and usually living in the same private dwelling
- a family is defined as 2 or more people, 1 of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and are usually resident in the same household. A family is formed with the presence of a couple relationship, lone parent – child relationship or other blood relationship. Some households therefore contain more than 1 family (ABS 2017a).

Households with a person with disability are likely to be in the lower range of household weekly income:

- 38% (or 2.2 million) of households with a person with disability have a low level of household weekly income, compared with 18% (or 2.2 million) of households that do not
- 29% (or 475,000) with a child with disability have a low level of household weekly income, compared with those without a child with disability (25% or 3.9 million)
- 21% (or 347,000) with a child with disability have a high level household weekly income, compared with 32% (or 5.1 million) of households that do not (Figure INCOME.4).

Measuring household income

In this section, weekly equivalised income deciles for households are used when comparing household incomes. This is the total household income adjusted by applying an equivalence scale to compare income levels between households of differing size and composition (ABS 2017b).

The 'modified Organisation for Economic Co-operation and Development' equivalence scale is used in this section (see [ABS SDAC](#) for more information).

Low income is based on 50% less than the national median household weekly income (AIHW 2018), which falls under Decile 3. Low income refers to income deciles 1 to 3 (\$593 or below per week).

High income is based on 50% more than the national median household weekly income, which falls under Decile 8. It refers to income deciles 8 to 10 (\$1,389 or more per week).

Middle or mid-income refers to deciles 4 to 7 (\$594 to \$1,388 per week).

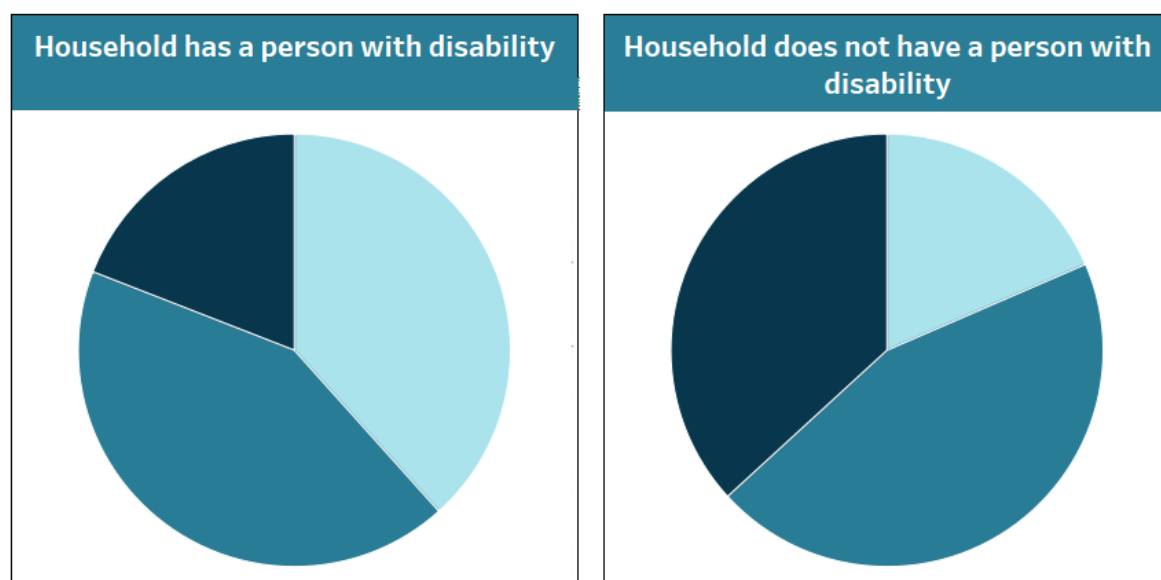
Figure INCOME.4: Weekly equivalised household income¹, by whether the household includes a child with disability or a person with disability or a primary carer, 2018

View households that have at least one:

- ☐ Child with disability
- ☒ Person with disability
- ☐ Primary carer²

Select to highlight household income³

- ☒ Low
- ☒ Mid
- ☒ High



¹People living in households.

²Includes primary carers of co-residents, primary carers of non-co-residents, and primary carers of co-residents and non-co-residents.

³Weekly equivalised household income deciles aggregated into three groups. Low-income includes deciles 1-3 (<\$594); mid-income includes deciles 4-7 (\$594-\$1,388); high-income includes deciles 8-10 (>\$1,388).

Note: Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table INCM9.

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Families with a parent with disability are more likely to be in the lower weekly equivalised family income range:

- 27% (or 527,000) of families with a parent with disability have a low level of family income, 50% (or 970,000) mid level and 23% (or 459,000) high level
- 17% (or 1.4 million) of families without a parent with disability have a low level, 48% (or 4.1 million) mid level and 35% (3.0 million) high level
- almost half (45% or 201,000) of one-parent families with a parent with disability have a low level of family income (Figure INCOME.5).

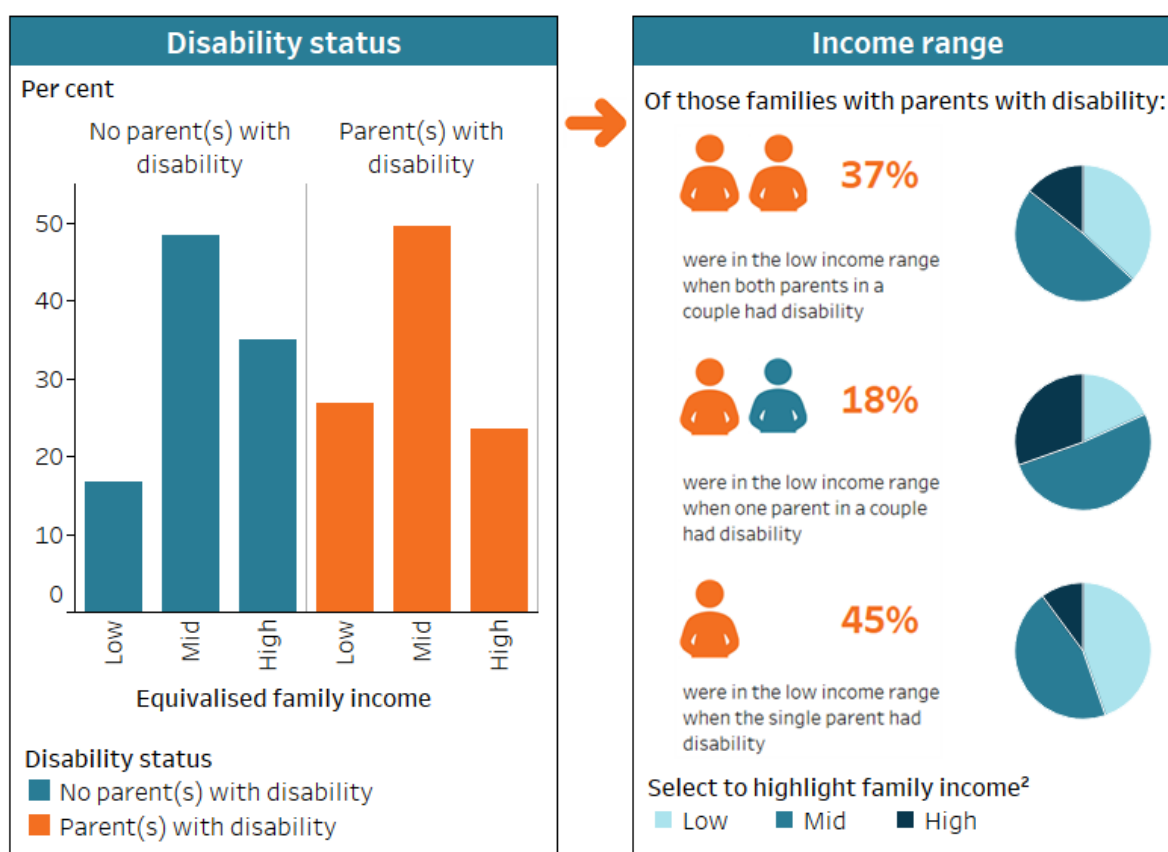
Measuring family income and putting it in context

In this section, weekly equivalised income deciles for families are used when comparing family incomes. While the definition of 'households' is more generalised and widely used, making it easier to draw conclusions about the population, there are benefits to comparing families. When doing so, the breakdown of relationships and composition of groups is more clearly understood.

In this section,

- low income refers to income deciles 1 to 3 (\$561 or below per week)
- middle or mid-income refers to deciles 4 to 7 (\$562 to \$1,343 per week)
- high income refers to income deciles 8 to 10 (\$1,344 or more per week).

Figure INCOME.5: Weekly equivalised family income¹, by parent disability status and family type, 2018



¹People in families with at least one dependent or non-dependent child, living in households. Dependent children include those aged under 15 and dependent students aged 15 to 24.

²Weekly equivalised family income deciles aggregated into three groups. Low-income includes deciles 1–3 (<\$562); mid-income includes deciles 4–7 (\$562–\$1,343); high-income includes deciles 8–10 (>\$1,343).

Note: Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table INCM10.

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Families with a child with disability are more likely to be in the lower range of weekly equivalised family income than those without a child with disability. Of families with 1 or more children:

- 1 in 5 (19% or 221,000) couple families with a child with disability have a low level of family income, compared with 12% (or 906,000) of couple families without a child with disability
- 8.7% (or 40,700) of single-parent families with a child with disability have a high level of family income, compared with 16% (or 231,000) of single-parent families without a child with disability (Figure INCOME.6).

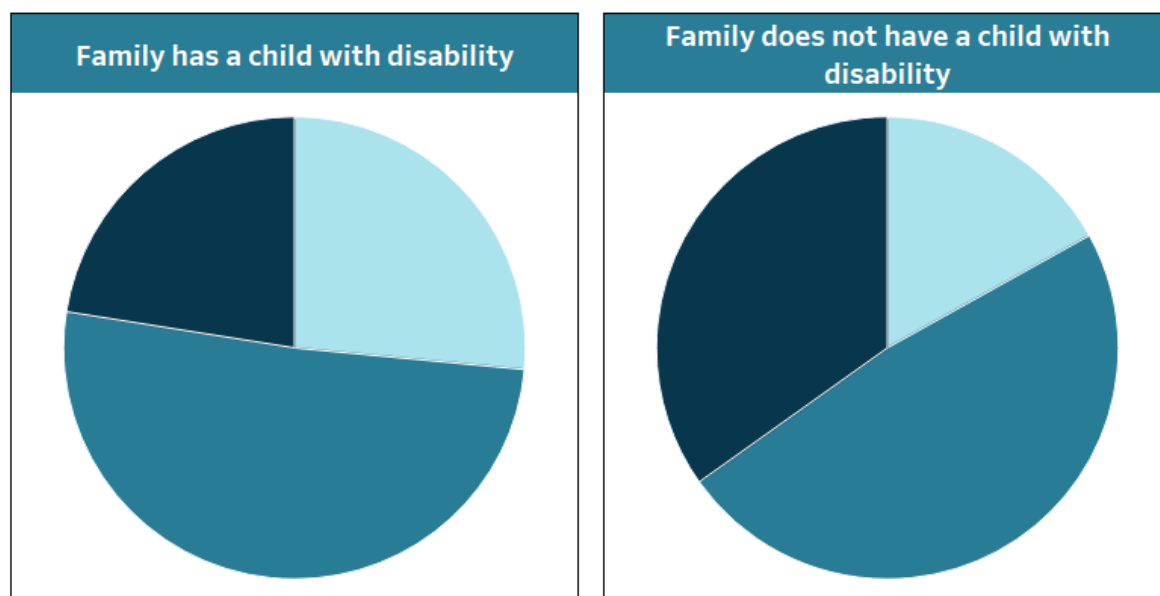
Figure INCOME.6: Weekly equivalised family income¹, by family composition and child disability status, 2018

View by family composition

- ☐ Couple family
- ☐ One parent family
- ☒ All family compositions

Select to highlight family income²

- ☒ Low
- ☐ Mid
- ☐ High



¹People in families with at least one dependent or non-dependent child, living in households. Dependent children include those aged under 15 and dependent students aged 15 to 24.

²Weekly equivalised family income deciles aggregated into three groups. Low-income includes deciles 1-3 (<\$562); mid-income includes deciles 4-7 (\$562-\$1,343); high-income includes deciles 8-10 (>\$1,343).

Note: Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table INCM11.

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Financial hardship

The 13th Annual Statistical Report of the Household, Income and Labour Dynamics in Australia (HILDA) Survey reports on findings from waves 1 to 16. The survey includes a self-completion questionnaire, which asks whether the respondent experienced a shortage of money due to any of 7 indicators, such as not being able to pay rent or mortgage on time, or unable to heat home. A person is defined as reporting financial stress if they report 2 or more of the 7 indicators.

Analysis of the HILDA survey estimated the probability of financial stress due to a range of factors. The study found that health and disability of household members have substantial impacts on the risk of financial stress. Based on some analyses, the probability of financial stress increases with:

- the presence of a child aged under 15 with disability (2.5%)
- the presence of a household member aged 15 or over with poor general health (2.8%)
- the presence of a household member aged 15 or over with poor mental health (7.3%)

However, disability of an adult member of the household does not significantly impact on the risk of financial stress (Wilkins and Lass 2018).

The HILDA Survey is a household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. All household members aged 15 years or older are invited to participate in a personal face-to-face interview. The HILDA Survey defines disability as an impairment, long-term health condition or disability that restricts everyday activities and has lasted, or is likely to last, for a period of 6 months or more.

Primary carer income

Depending on the needs of the person receiving care, an informal carer may need to reduce their working hours or may not be able to earn income from wages or salary. A primary carer's main source of income varies with the age of the carer. Primary carers aged 65 and over are more likely (68% or 156,000) than those aged 15–64 (39% or 243,000) to receive government pension or allowance as their main source of income (Table INCOME.1).

A primary carer's main source of income also varies by whether the carer lives with the recipient of their care:

- 1 in 4 (40% or 191,000) primary carers aged 15–64 who live with the recipient of their care receive wages or salary as their main source of income, compared with 58% (or 86,500) of those who do not
- almost 3 in 4 (73% or 145,000) primary carers aged 65 and over who live with the recipient of their care receive government pension or allowance as their main source of income, compared with 43% (or 12,800) of those who do not (ABS 2019).

Informal carer

Informal carers are important to households and families with a person with disability. Primary carers are usually a family member (60% or 516,000), partner (37% or 315,000), and a small proportion are a friend or neighbour (3.5% or 30,300).

The ABS SDAC defines a carer as a person who provides any informal assistance, in terms of help or supervision, to people with disability or older people (aged 65 years and over). Assistance must be ongoing, or likely to be ongoing, for at least 6 months. In cases where there may be multiple persons providing informal assistance to a single recipient of care, the SDAC distinguishes between primary, other and unconfirmed primary carers.

For more information see [ABS SDAC](#).

Primary carer

In the SDAC, a primary carer provides the most informal assistance to a person with disability with 1 or more core activities of mobility, self-care or communication. Primary carers only include people aged 15 and over.

Table INCOME.1. Main income source of primary carers^(a) whose main recipient of care is a person with disability, by age group, 2018 (%)

Main source of income	Primary carers aged 15–64	Primary carers aged 65 and over
Wages or salary^(b)	44.7	7.1
Government pension or allowance	38.9	68.4
Other sources^(c)	11.5	22.8
No source of income	4.8	
Total	100.0	100.0

(a) Aged 15 years and over living in households.

(b) Including from own incorporated business.

(c) Includes child support or maintenance, superannuation, an annuity or private pension, workers' compensation rental property, unincorporated business or share in a partnership, dividends and/or interest and other source of income.

Notes

1. Categories that are not shown have a relative standard error greater than 50% and are considered too unreliable for general use.

2. The values reported in this table exclude people for whom main source of income was recorded as not known or not stated.

Source: ABS 2019; see also Table INCM13.

Primary carers, aged 15–64, of people with disability are less likely to have a high level of personal income than people aged 15–64 who are not carers:

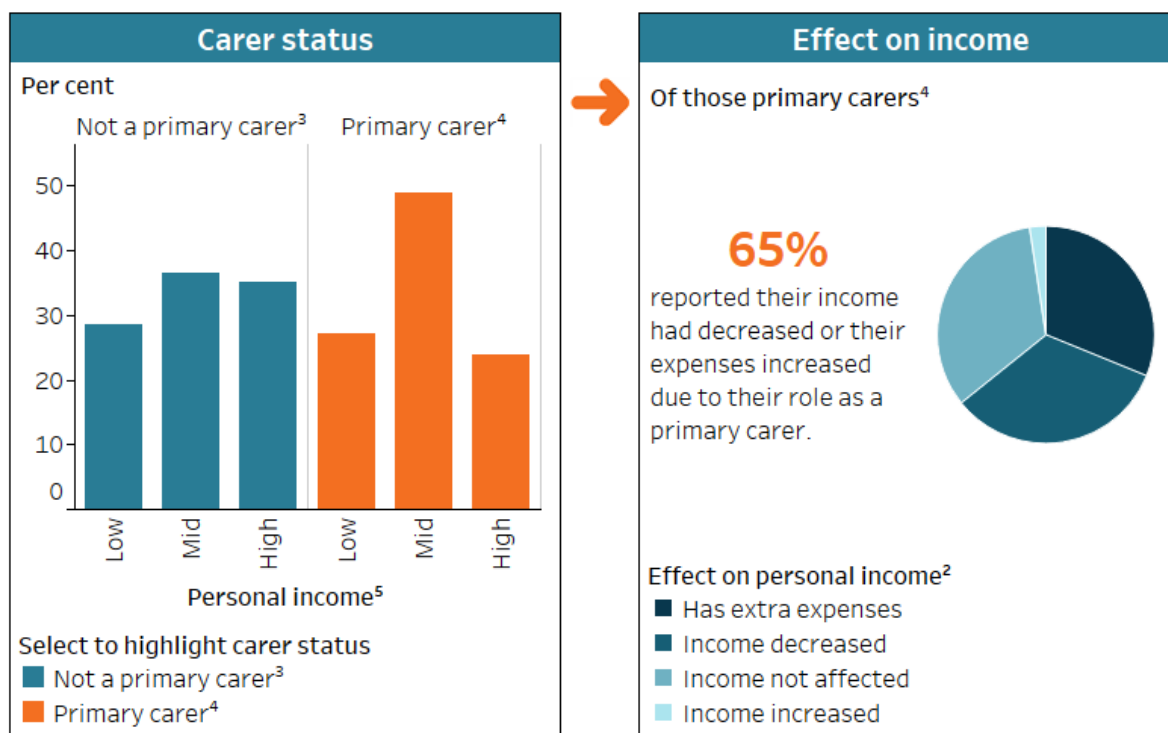
- almost 1 in 3 (27% or 145,000) primary carers have a low level of personal income, compared with 28% (or 3.6 million) of people who are not primary carers
- half (49% or 262,000) have a mid level compared with 36% (or 4.5 million)
- 1 in 4 (24% or 128,000) have a high level compared with 35% (or 4.4 million) (Figure INCOME.7).

Whether the carer lives with the person with disability they assist has an impact on their personal income. Primary carers aged 15–64 who live with the recipient of their care:

- are more likely to have a low level of income (29% or 119,000) than those primary carers who do not live with the recipient of their care (21% or 25,100)
- are less likely to have a high level of income (20% or 82,600) than those who do not (37% or 45,300) (ABS 2019).

Most (65% or 366,000) primary carers aged 15–64 report their personal income has decreased or expenses increased because of their role (Figure INCOME.7). This is more likely for primary carers who live with the recipient of their care. Seven in 10 (69% or 297,000) have lower income or higher expenses because of their caring role, compared with half (51% or 69,600) who do not live with the recipient of their care (ABS 2019).

Figure INCOME.7: Weekly personal income¹, by primary carer status and effect on personal income², 2018



¹People aged 15–64 living in households.

²Main effect of caring role on primary carer's financial situation.

³Includes unconfirmed primary carers, carers other than primary carers and people who are not carers.

⁴Primary carers aged 15–64 who are the main provider of informal assistance with one or more core activities (mobility, self-care, communication) to a person of any age with disability.

⁵Weekly personal income deciles aggregated into three groups. Low-income includes deciles 1–3 (<\$384); mid-income includes deciles 4–7 (\$384–\$1,150); high-income includes deciles 8–10 (>\$1,150).

Note: Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also tables INCM12 and INCM14.

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Primary carers aged 65 and over are more likely to have a low level of income than those aged 15–64:

- 2 in 5 (40% or 76,300) primary carers aged 65 and over have a low level of income, compared with 27% (or 145,000) of those aged 15–64
- over half (53% or 101,000) have a mid level compared with 49% (or 262,000)
- 1 in 14 (7.2% or 13,700) have a high level compared with 24% (or 128,000) (ABS 2019).

Primary carers aged 65 and over (46% or 92,400) are less likely to have lower income or higher expenses because of their caring role than those aged 15–64 (65% or 366,000) (ABS 2019).

Education and income

The level of income a person receives is affected by their level of education (see also [Education and skills](#)). However, people with disability who achieve high levels of education are less likely than people without disability to receive their main source of income from wages or salary.

Of people aged 15–64:

- 60% (or 207,000) with disability who attained a bachelor's degree or higher have wages or salary as their main source of income, dropping to 34% (or 18,700) if their disability is severe or profound
- 85% (or 3.6 million) without disability who attained a bachelor's degree or higher have wages or salary as their main source of income (Figure INCOME.8).

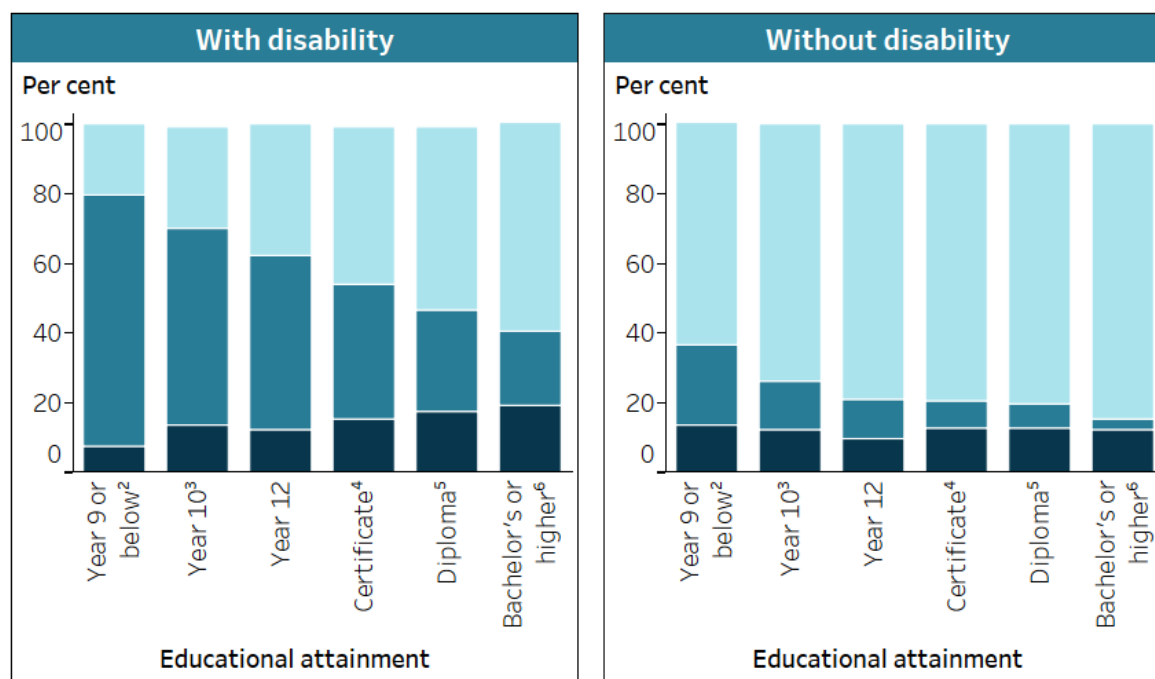
Among people with disability aged 15–64, the proportion of people who have government pension or allowance as their main source of income steadily decreases with increasing educational attainment:

- 7 in 10 (72% or 137,000) who only completed year 9 or less (including those who never attended school) have government pension or allowance as their main source of income
- 1 in 2 (50% or 120,000) who completed year 12
- 1 in 5 (21% or 73,600) who attained a bachelor's degree or higher (Figure INCOME.8).

Figure INCOME.8: Main source of income¹, by disability status and highest level of educational attainment, 2018

Select to highlight source of income

- Wages or salary
- Government pension or allowance
- Other sources



¹People with a source of income, aged 15–64 living in households.

²Includes year 9, and year 8 or below including never attended school.

³Includes year 10, and year 11.

⁴Includes Certificate III / IV, Certificate I / II, and certificate not further defined.

⁵Includes Advanced Diploma and Diploma

⁶Includes Bachelor Degree, and Postgraduate Degree, Graduate Diploma / Graduate Certificate.

Note: Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table INCM15.

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This difference between people aged 15–64 with or without disability is also seen in weekly personal income level:

- 40% (or 127,000) of people with disability who attained a bachelor's degree or higher have high personal income, dropping to 18% (or 9,100) if their disability is severe or profound
- 55% (or 2.0 million) of people without disability who attained a bachelor's degree or higher have high personal income (Figure INCOME.9).

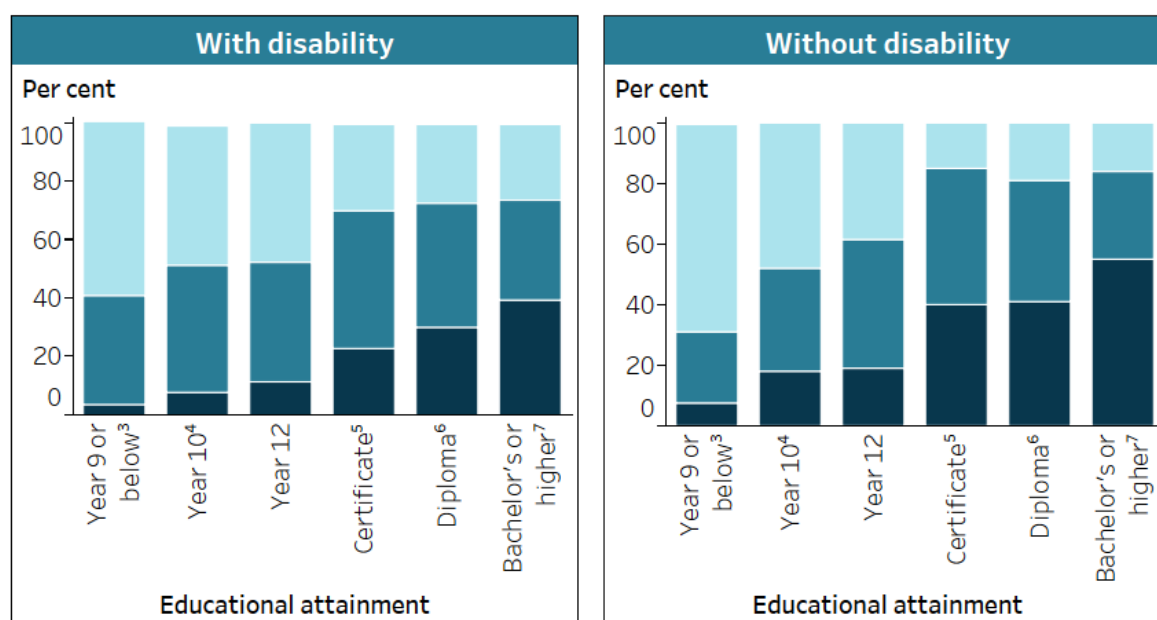
Among people with disability aged 15–64, the proportion of people who have a low level of personal income generally decreases with increasing educational attainment:

- 3 in 5 (60% or 124,000) who only completed year 9 or less (including those who never attended school) have a low level of personal income
- less than 1 in 2 (47% or 111,000) who completed year 12
- 1 in 4 (26% or 82,500) who attained a bachelor's degree or higher (Figure INCOME.9).

Figure INCOME.9: Weekly personal income^{1 2}, by disability status and highest level of educational attainment, 2018

Select to highlight personal income²

- Low
- Mid
- High



¹People aged 15–64 living in households.

²Weekly personal income deciles aggregated into three groups. Low-income includes deciles 1–3 (<\$384); mid-income includes deciles 4–7 (\$384–\$1,150); high-income includes deciles 8–10 (>\$1,150).

³Includes year 9, and year 8 or below including never attended school.

⁴Includes year 10, and year 11.

⁵Includes Certificate III/IV, Certificate I/II, and certificate not further defined.

⁶Includes Advanced Diploma and Diploma

⁷Includes Bachelor Degree, and Postgraduate Degree, Graduate Diploma / Graduate Certificate.

Note: Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table INCM16.

<http://www.aihw.gov.au>

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Income support

1. 3 in 10 (30%) of all income support payment recipients aged 16–64 receive the Disability Support Pension (DSP).
2. 1 in 25 (4.1%) people aged 16–64 get DSP, including 1 in 10 (9.5%) Indigenous Australians.
3. 1 in 3 (36%) DSP recipients aged 16–64 have a psychological or psychiatric condition as their main medical condition.
4. 8 in 10 (82%) people aged 16–64 stay on DSP for at least 5 years, and 5 in 10 (53%) for 10 or more years.

People with disability may receive financial assistance to help with activities of daily life. This section looks at income support payments for people with disability, focusing on those aged 16–64 receiving the Disability Support Pension (DSP). The DSP is the main income support payment available specifically to people with disability.

Disability Support Pension

The Disability Support Pension (DSP) is a means-tested income support payment for people who are aged 16 and over but under Age Pension age (at claim) and who have reduced capacity to work because of their disability.

This includes those who:

- are permanently blind, or
- have a physical, intellectual or psychiatric condition resulting in functional impairment making the person unable to work for 15 hours or more per week for the next 2 years due to their disability or medical condition, and
- are unable, as a result of impairment, to undertake a training activity which would equip them for work within the next 2 years.

DSP recipients are also encouraged to participate in employment where they have the capacity to, and can gain from the benefits of working, including improved wellbeing.

On becoming qualified for the Age Pension, those already on DSP may remain on it but the payment is closed to new entrants.

DSP is administered through Services Australia. It assists recipients to meet the everyday costs of living.

For more information see [DSP – Qualification & Payability](#), [Disability Support Pension – Participation Requirements](#), and [Disability Support Pension](#).

While this topic focuses on DSP, people with disability may also be eligible for other payments, allowances or supplements, such as Mobility Allowance, government concession cards (which discounts selected goods and services), and more general financial support (such as to assist with study, housing or finding work).

Other financial assistance for people with disability

Mobility Allowance

The Mobility Allowance helps with transport costs for people aged 16 and over who have disability, illness or injury, who cannot use public transport without substantial assistance, and who are participating in approved activities (such as studying, training, working, or looking for work).

The allowance is affected by the roll-out of the National Disability Insurance Scheme (NDIS). Current Mobility Allowance recipients assessed as eligible for the NDIS will receive support for reasonable and necessary transport costs as part of their NDIS package and will no longer receive the Mobility Allowance. People not eligible for the NDIS will continue to receive the Mobility Allowance.

Around 16,800 people received the Mobility Allowance at June 2019—down from 32,800 at June 2018, 45,200 at June 2017 and 60,000 at June 2016 (DSS 2019a).

Supporting carers of people with disability

Financial support for people caring for people with disability is available through the following payments:

- Carer Payment—income support payment for people who, due to caring responsibilities, are unable to support themselves through substantial paid employment
- Carer Allowance—supplementary payment for people who provide daily care and attention at home to a person with disability, a severe medical condition or who is frail and aged
- Carer Supplement—an annual payment for carers in receipt of Carer Allowance and/or Carer Payment, for the period that covers 1 July
- Child Disability Assistance Payment—an annual payment for those receiving Carer Allowance for a child, for the period that covers 1 July.

At June 2019, around:

- 38,700 children aged under 16 qualified their carer for Carer Payment, compared with 128,000 people aged 16–64 and 114,000 people aged 65 and over
- 177,000 children aged under 16 qualified their carer for Carer Allowance, compared with 226,000 people aged 16–64 and 270,000 people aged 65 and over
- 163,000 carers received Child Disability Assistance Payment
- 652,000 carers received Carer Supplement (DSS 2019a, DSS 2019b).

Centrelink data

Disability Support Pension (DSP) data in this section are sourced from unpublished data provided by DSS based on Services Australia administrative data, unless otherwise specified. Data are point-in-time at the last Friday of each month. Data are available from July 2000.

Where can I find out more?

Detailed data tables are available at [Data](#).

Information on:

- income of people with disability—[Income](#)
- income support, including DSP—[Australia's Welfare 2019](#)
- Australian Government income support payments—[Services Australia](#), and [Department of Social Services](#).

DSS payment data—data.gov.au

The size of the DSP population

Around 746,000 people aged 16 and over received Disability Support Pension (DSP) at 28 June 2019 (3.7% of the Australian population in this age group). Of these, the vast majority (90%) were aged 16–64 (668,000 or 4.1% of the Australian population in this age group).

The DSP is one of Australia's largest income support payments for people of working age. DSP recipients aged 16–64 account for almost 1 in 3 (30%) of all income support payment recipients aged 16–64, the second largest payment type after unemployment benefits for this age group.

This section focuses on DSP recipients aged 16–64, reflecting the eligible age for starting DSP.

Disability Support Pension recipients aged 65 and over

While this section focuses on DSP recipients aged 16–64, a small proportion (10%) are aged 65 and over. This box looks at these recipients.

The number of people aged 65 and over receiving DSP is relatively small (77,700 or 1.9% of the population aged 65 and over).

The number and proportion of those aged 65 and over receiving DSP has increased over the past 15 years—from 0.2% of the population in this age group (or 5,740) in 2004 to 0.5% (or 13,600) in 2009 to 1.1% (or 36,200) in 2014 to 1.9% (or 77,700) in 2019.

The number of men and women aged 65 and over receiving DSP were similar in 2019 (39,200 and 38,400 or 2.1% and 1.8% of the population aged 65 and over respectively).

The vast majority of those aged 65 and over receiving DSP were aged 65–69 (69% or 26,600 of females aged 65 and over receiving DSP, 65% or 25,500 of males).

The proportion of income support recipients receiving DSP declines with age, from 8.3% of income support recipients aged 65–69 to 2.7% aged 70–74.

Changes over time in DSP

Changes over time in Disability Support Pension (DSP) can be seen in overall numbers and as a proportion of:

- the Australian population
- income support recipients.

Numbers of recipients

Overall, the number of DSP recipients aged 16–64 grew by 7.2% over the last 2 decades—from about 623,000 in 2001 to a peak of around 802,000 in 2012 (29% increase). The number then steadily declined to 668,000 in 2019 (17% decrease between 2012 and 2019).

This trend varied by sex. For example:

- female DSP recipients—
 - increased by 60% from 232,000 in 2001 to 373,000 in 2012
 - then decreased by 17% from 373,000 in 2012 to 310,000 in 2019
- male DSP recipients—
 - increased by 11% from 391,000 in 2001 to 433,000 in 2011
 - then decreased by 17% from 433,000 in 2011 to 358,000 in 2019.

The trend also varied by age. For example:

- DSP recipients aged 16–24—
 - increased by 41% from 39,600 in 2001 to 55,900 in 2014
 - then decreased by 17% from 55,900 in 2014 to 46,600 in 2019
- DSP recipients aged 25–49—
 - increased by 24% from 247,000 in 2001 to 307,000 in 2012
 - then decreased by 16% from 307,000 in 2012 to 259,000 in 2019
- DSP recipients aged 50–64—
 - increased by 31% from 336,000 in 2001 to 440,000 in 2012
 - then decreased by 18% from 440,000 in 2012 to 362,000 in 2019.

Key changes to income support eligibility that affect DSP

Over the last 20 years, the social security system has undergone significant reforms likely to influence trends in income support payments and recipients.

Key changes likely to influence DSP trends include:

- **Eligibility criteria for DSP have tightened over recent years**—for example, a change to the eligibility criteria for the DSP of being unable to work 30 hours per week, decreased to 15 hours per week from 2006. A new category for the unemployment payment for Newstart Allowance (now called JobSeeker Payment) was created for those with work capacity of less than 30 hours per week—Newstart Partial Capacity to Work. In 2012, significantly revised impairment tables were introduced.
- **Age Pension**—the qualifying age for the Age Pension for females increased from age 60 in 1995 at the rate of 6 months every 2 years and reached age 65 in 2013, the same qualifying age as for males. From 1 July 2017, the pension qualifying age for males and females rises again by 6 months every 2 years from age 65, increasing from 66 on 1 July 2019 until it reaches age 67 in 2023.
- **Reduction in number of income support payments**—various payments now closed to new recipients including Mature Age Allowance and Sickness Allowance ceased in 2008, and wife pensions ceased in 2020 (Age Pensioners and Disability Support Pensioners).

DSP and Newstart Allowance (NSA)

Around 746,000 people received the DSP in June 2019 and around 687,000 received the NSA (DSS, 2019b). Historically, the DSP was one of the fastest growing government social assistance programs. Recent policy changes, including the 2012 compliance and assessment measures, seem to have slowed this growth. These changes were followed by a fall in the number of new DSP applicants who were granted payment from 63% in 2001–02 to 43% from 2011–12 to 2014–15 (PBO, 2018).

In parallel, the proportion of NSA recipients assessed as having a partial capacity to work has steadily increased:

- 26% (or 181,000) in June 2014
- 31% (or 230,000) in June 2016
- 42% (or 289,000) on 28 June 2019 (DSS, 2019b).

Proportion of the Australian population

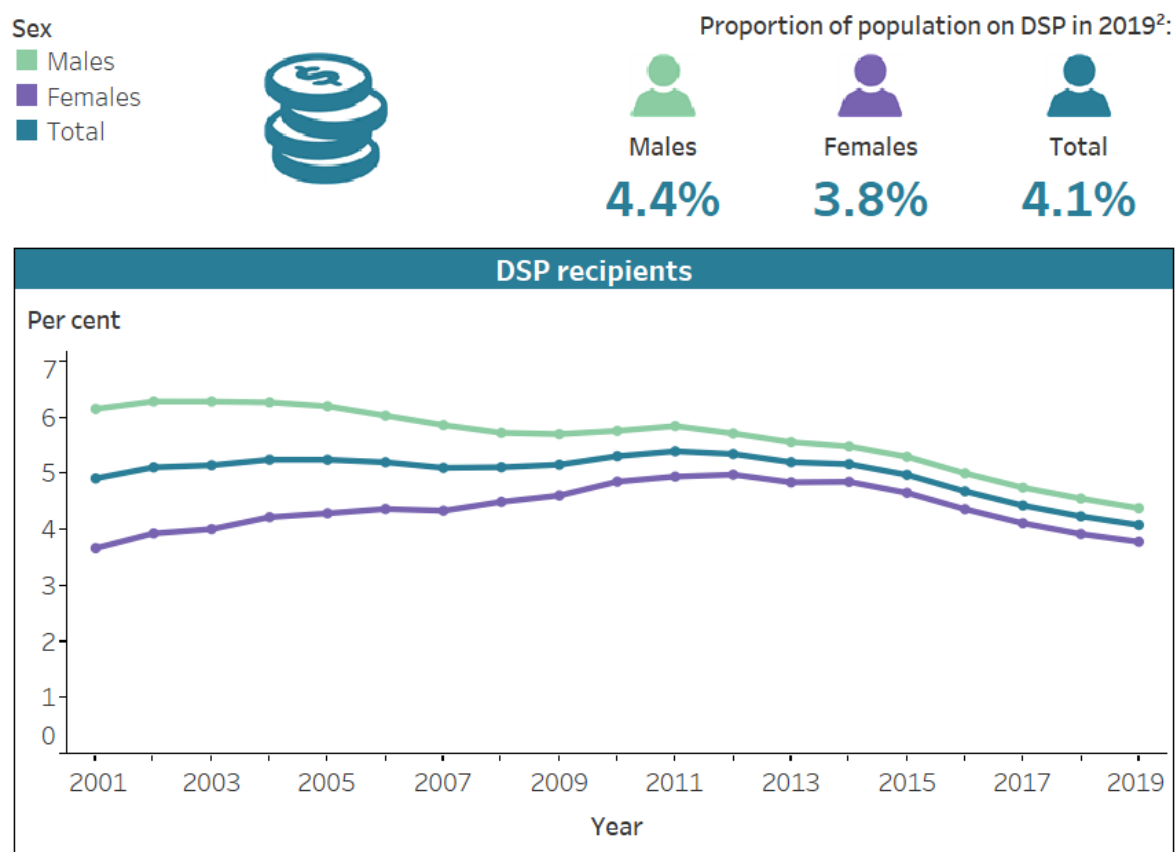
When accounting for population growth, the proportion of the Australian population aged 16–64 receiving DSP remained relatively stable, increasing slightly from 2001 to 2011 (4.9% to 5.4%) and then decreasing to 4.1% in 2019.

This trend differs between males and females:

- males—the proportion aged 16–64 receiving DSP steadily declined from 6.2% in 2001 to 4.4% in 2019
- females—the proportion aged 16–64 receiving DSP
 - increased from 3.7% in 2001 to 5.0% in 2011
 - then decreased to 3.8% in 2019 (Figure SUPPORT.1).

These declines are likely largely a result of changes over this period in how eligibility for DSP was assessed. Further, the large increases in female DSP recipients coincides with increases in the qualifying age for the Age Pension, and closure of some payments.

Figure SUPPORT.1: Proportion of population¹ aged 16–64 receiving DSP, by year and sex, 2001–2019



¹Percentages have been calculated using the estimated Australian population in that year, derived from ABS (Australian Bureau of Statistics) population data, as the denominator.

²As at 28 June 2019.

Note: Data may differ from official statistics on income support payments and recipients, due to differences in methodology and/or data source.

Source: AIHW analysis of Services Australia administrative income support data; see also Table SUPP1.

<http://www.aihw.gov.au>

Proportion of the income support population

The last 20 years has seen an overall increase in the proportion of income support recipients aged 16–64 receiving DSP—from 23% in 2001 to a peak of 32% in 2012, before declining to 30% in 2019.

The rate of increase has been steeper for females than males:

- females—the proportion of female income support recipients on DSP almost doubled between 2001 and 2012, rising from 14% in 2001 to 26% in 2012, before declining to 24% in 2016 to 2019
- males—the proportion of male income support recipients on DSP increased steadily, from 34% in 2001 to 45% in 2008, before declining to 39% in 2019.

The rapid growth in female income support recipients receiving DSP is largely driven by the mature-aged population (aged 50–64), with the proportion of females receiving DSP doubling in this age group from 22% in 2001 to 43% in 2019. This compares with corresponding declines for males aged 50–64, from 62% in 2001 to 55% in 2019.

These differing rates of increase has resulted in the gender gap converging over the last 20 years. In 2001, the proportion of male income support recipients aged 50–64 receiving DSP was almost 3 times as high as females. It reduced to 1.3 times as high in 2019 (Figure SUPPORT.2).

This trend is largely influenced by the consolidation of payments provided to those of mature age. This has particularly affected females and it coincides with decreasing proportions receiving the Age Pension and payments closed to new entrants.

Changes to income support payments due to coronavirus

In late March 2020, short-term policy measures were introduced by the Australian Government to protect people whose income was adversely affected by coronavirus (COVID-19). The measures most relevant to people with disability include:

- expanding eligibility and qualification for JobSeeker Payment and Youth Allowance (other) to assist people who satisfy eligibility requirements and have lost their job, or whose income has reduced as a result of COVID-19, or who need to care for someone affected by COVID-19
- payment of a \$550 fortnightly Coronavirus supplement (until 24 September 2020 then stepped down to \$250 per fortnight until 31 December 2020) to recipients of some payments, allowances and benefits, including JobSeeker Payment and Youth Allowance but not DSP
- payment of two Economic Support Payments of \$750 to eligible recipients of some payments, allowances and benefits, including DSP, Carer Payment and Carer Allowance
- temporary suspension of DSP participation requirements and JobSeeker Payment and Youth Allowance (other) mutual obligation requirements (DSS 2020a).

Increases in recipients of JobSeeker Payment and Youth Allowance (other)

From March 2020 to July 2020, the number of people receiving JobSeeker Payment increased by 83%, from 793,000 to 1.45 million. In the same period, the number of people receiving Youth Allowance (other) increased by 83%, from 93,400 to 171,000 (DSS 2020b).

The large increase in 2020 in the total income support payment population due to COVID-19 will impact, in future reporting, on the proportion of the income support population who receive DSP.

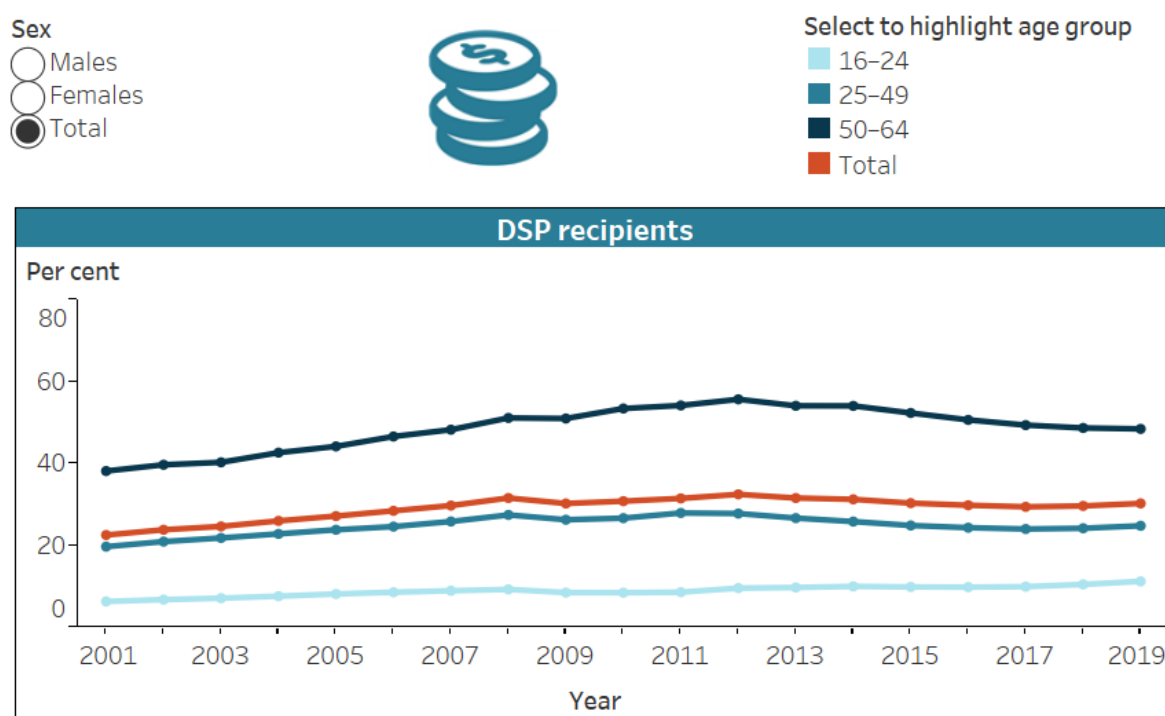
Note: JobSeeker Payment replaced Newstart Allowance, from 20 March 2020, as the main income support payment for recipients aged between 22 years to Age Pension qualification age who have capacity to work. Youth Allowance (other) is an income support payment for people aged 16–21 who are looking for work or temporarily unable to work.

Future work

The impacts of COVID-19 on income support for people with disability will be the focus of future work.

For more information see [JobSeeker Payment](#), [Coronavirus Supplement](#), [Coronavirus \(COVID-19\) information and support](#)

Figure SUPPORT.2: Proportion of income support population aged 16–64 receiving DSP, by sex and age group, 2001–2019



Note: Data may differ from official statistics on income support payments and recipients, due to differences in methodology and/or data source.
Source: AIHW analysis of Services Australia administrative income support data; see also Table SUPP2.
<http://www.aihw.gov.au>

Characteristics of DSP recipients

This section examines the demographic characteristics and income-support attributes of Disability Support Pension (DSP) recipients aged 16–64 in 2019.

Age and sex

DSP recipients are typically in older age groups (at 28 June 2019):

- more than half (54% or 362,000) are aged 50–64
- 39% (or 259,000) are aged 25–49
- 7.0% (or 46,600) are aged 16–24.

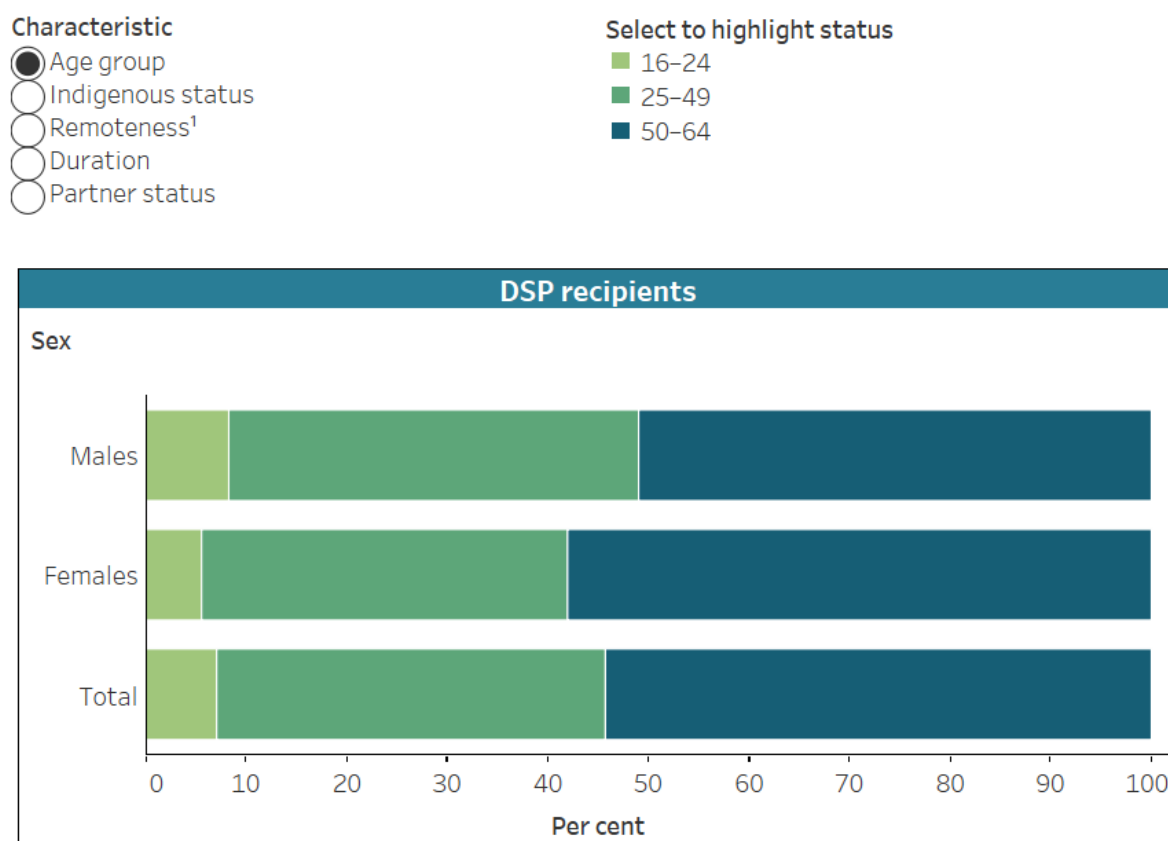
The proportion of DSP recipients in these age groups varies by sex:

- 3 in 5 (58% or 180,000) female DSP recipients are aged 50–64, compared with 51% (or 182,000) of males
- 36% (or 113,000) of female DSP recipients are aged 25–49, compared with 41% (or 146,000) of males
- 5.5% (or 17,000) of female DSP recipients are aged 16–24, compared with 8.3% (or 29,600) of males.

One in 12 (8.1%) people aged 50–64 receive DSP. People in this age group are 3 to 5 times as likely to receive this payment as those aged 25–49 and 16–24 (2.9% and 1.6% respectively) (Figure SUPPORT.3).

Males were more likely to receive DSP than females—4.4% (or 358,000) and 3.8% (or 310,000) respectively.

Figure SUPPORT.3: Characteristics of DSP recipients aged 16–64, by sex, 28 June 2019



¹Excludes 1,434 females with missing remoteness information and 2,002 males.

Note: Data may differ from official statistics on income support payments and recipients, due to differences in methodology and/or data source.

Source: AIHW analysis of Services Australia administrative income support data; see also Table SUPP5.

<http://www.aihw.gov.au>

Relationship (partner) status

8 in 10 (79% or 529,000) of DSP recipients aged 16–64 reported their partner status as single (at 28 June 2019):

- 81% (or 288,000) of males
- 78% (or 241,000) of females (Figure SUPPORT.3).

This proportion decreased with age of the DSP recipient:

- almost all (97% or 45,400) aged 16–24 reported their partner status as single
- 85% (or 221,000) of aged 25–49
- 73% (or 263,000) of aged 50–64.

Aboriginal and Torres Strait Islander people

At 28 June 2019, 48,200 Aboriginal and Torres Strait Islander people aged 16–64 were receiving DSP. A higher proportion of Indigenous Australians aged 16–64 receive DSP than non-Indigenous Australians:

- 9.5% of Indigenous Australians aged 16–64 receive DSP, compared with 3.9% of non-Indigenous Australians.

1 in 14 (7.2%) DSP recipients aged 16–64 are Indigenous Australians (Figure SUPPORT.3).

The proportion of DSP recipients aged 16–64 who are Indigenous Australians is the same for males (7.2% or 25,700) and females (7.2% or 22,400).

The proportion of DSP recipients who are Indigenous (7.2%) is higher than the proportion of the total Australian population aged 16–64 who are Indigenous (3.1% or 508,000). For more information about income support for Aboriginal and Torres Strait Islander people, see AIHW (2019).

Primary medical condition

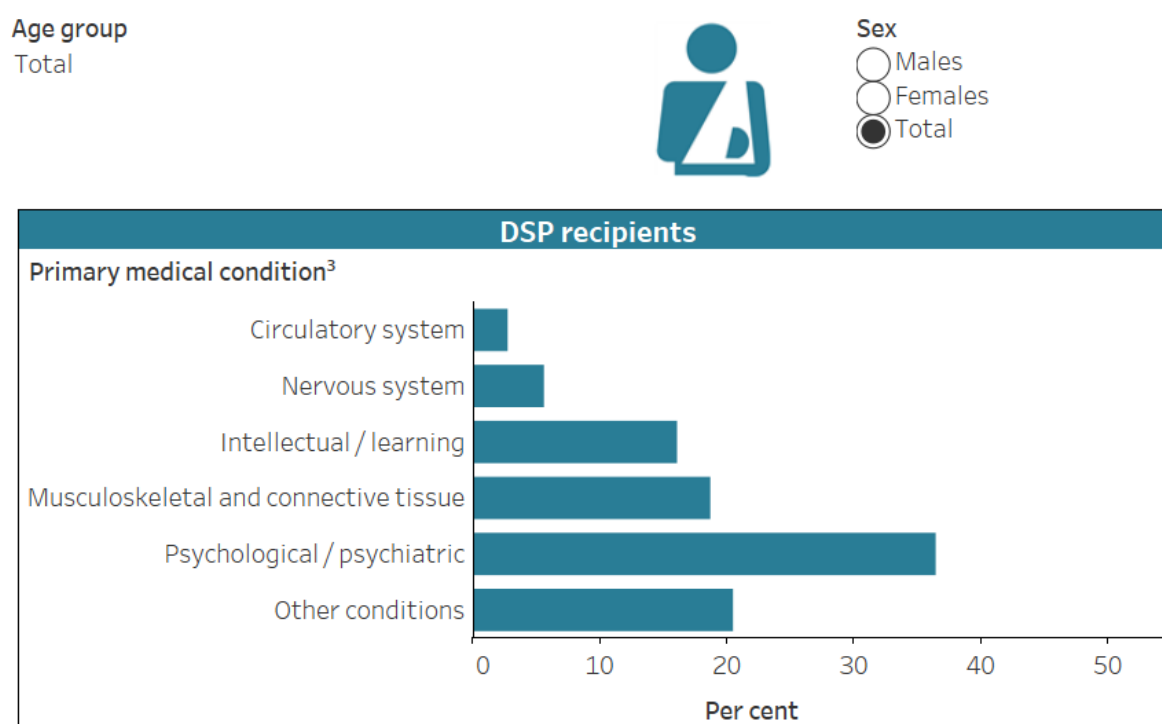
The most common primary medical conditions of DSP recipients aged 16–64 at 28 June 2019 were:

- psychological or psychiatric conditions (36% or 243,000)
- musculoskeletal and connective tissue conditions (19% or 125,000)
- intellectual or learning conditions (16% or 108,000) (Figure SUPPORT.4).

What is meant by primary medical condition?

Data on the medical conditions of DSP recipients is recorded by Primary Medical Condition. There are 21 Primary Medical Condition classification groups that each cover a number of individual medical conditions. The medical condition with the highest impairment rating determines which primary medical condition a recipient is recorded under.

Figure SUPPORT.4: Primary medical conditions¹ of DSP recipients², by age group and sex, 28 June 2019



¹Data on the medical conditions of DSP recipients is recorded by Primary Medical Condition. There are 21 Primary Medical Condition classification groups that each cover a number of individual medical conditions. The medical condition with the highest impairment rating determines which primary medical condition a recipient is recorded under.

²People aged 16–64.

Note: Data may differ from official statistics on income support payments and recipients, due to differences in methodology and/or data source.

Source: AIHW analysis of Services Australia administrative income support data; see also Table SUPP7.

<http://www.aihw.gov.au>

The most common primary medical conditions vary by age. For DSP recipients:

- aged 16–24—
 - 1 in 2 (49% or 22,800) have intellectual or learning conditions
 - 1 in 3 (32% or 15,100) have psychological or psychiatric conditions
 - 1 in 100 (1.1% or 513) have musculoskeletal and connective tissue conditions
- aged 25–54—
 - 1 in 5 (20% or 69,900) have intellectual or learning conditions
 - 2 in 5 (42% or 149,000) have psychological or psychiatric conditions
 - 1 in 8 (12% or 43,100) have musculoskeletal and connective tissue conditions
- aged 55–64—
 - 1 in 18 (5.6% or 14,900) have intellectual or learning conditions
 - 3 in 10 (30% or 79,200) have psychological or psychiatric conditions
 - 3 in 10 (30% or 81,100) have musculoskeletal and connective tissue conditions (Figure SUPPORT.4).

The most common primary medical conditions also show some variations by sex. Male DSP recipients:

- aged 16–64 are more likely (18% or 63,300) to have intellectual or learning conditions than females (14% or 44,400)
- aged 16–64 are more likely (37% or 134,000) to have psychological or psychiatric conditions than females (35% or 109,000)
- aged 16–24 are more likely (37% or 10,900) to have psychological or psychiatric conditions than females (25% or 4,250)
- aged 16–24 are less likely (47% or 14,100) to have intellectual or learning conditions than females (52% or 8,760)
- aged 25–54 are more likely (44% or 85,600) to have psychological or psychiatric conditions than females (40% or 63,300)
- aged 55–64 are less likely (28% or 37,400) to have psychological or psychiatric conditions than females (31% or 41,800) (Figure SUPPORT.4).

Earning an income while receiving DSP

People receiving DSP who report income from work, investments, superannuation and/or substantial assets, may have their benefit payments reduced, resulting in a part-rate payment.

This income test is designed so that, at low incomes, an individual will not have their benefit payment reduced, but once past a threshold, the payment will decrease with increasing income. Income support recipients are required to report earnings from all sources.

At 28 June 2019:

- 1 in 7 (14% or 92,600) DSP recipients aged 16–64 received a part-rate payment
 - this was similar for males (13% or 47,600) and females (15% or 44,900)
- 1 in 12 (8.4% or 56,100) declared earnings
 - this was similar for males (8.8% or 31,400) and females (8.0% or 24,600).

Duration on DSP

People receiving DSP tend to be long-term income support recipients. At 28 June 2019:

- more than 4 in 5 (82% or 546,000) DSP recipients aged 16–64 had been on the same payment for at least 5 years
- more than 1 in 2 (53% or 356,000) for 10 or more years.

This contrasts with other income support payments. At 28 June 2019:

- 1 in 3 (33% or 225,000) Newstart Allowance recipients aged 16–64 had been on the payment for less than 1 year, compared with 3.8% (or 25,400) DSP recipients
- 1 in 5 (22% or 150,000) Newstart Allowance recipients aged 16–64 had been on the payment for at least 5 years
- 4.3% (or 29,400) Newstart Allowance recipients aged 16–64 had been on the payment for 10 or more years.

Movement of DSP recipients through the income support system

Understanding the movement of Disability Support Pension (DSP) recipients between different payment types and on and off income support provides insights into their income support pathways, exits and entries.

Research and Evaluation Dataset

The Research and Evaluation Dataset (RED), a researchable longitudinal database constructed from Department of Human Services (DHS) administrative income support data, is ideally suited for pathways analysis.

RED captures data on anyone who has received a social security payment since 1 July 1998. Data from RED may differ from official statistics on income support payments and recipients, including income support data presented elsewhere in this section.

To examine the movement of DSP recipients through the income support system, all recipients at June 2009 were tracked through the data to investigate what income support payment (if any) they were receiving 9 years before (2000) or 9 years after (2018). This analysis does not capture all changes, only payments an individual was on at measurement points for each year.

This analysis shows that most DSP recipients aged 16–64 tended to stay on this payment for a long time, with very few moving onto other income support payments or exiting the income support system (Figure SUPPORT.5).

Looking forward to 2018, of DSP recipients aged 16–64 in 2009:

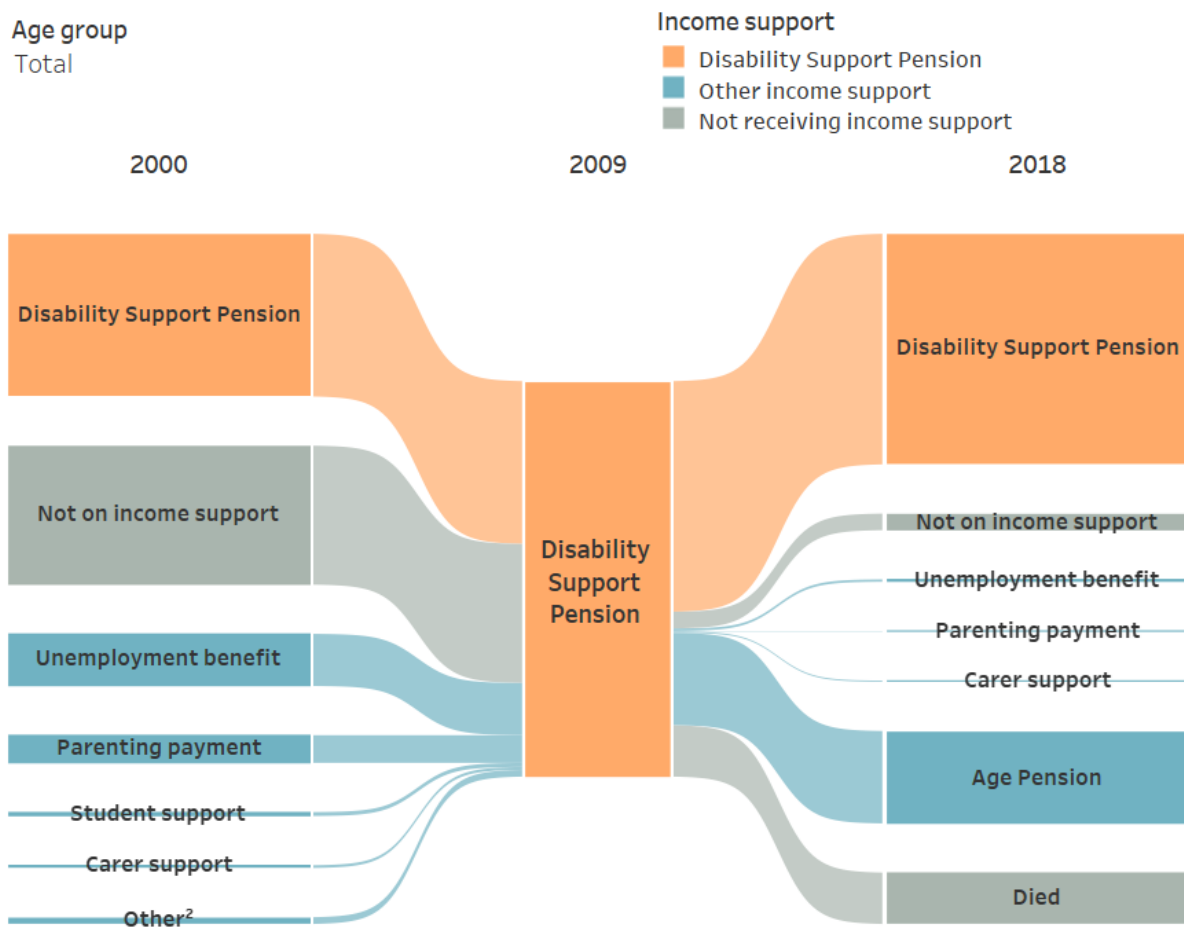
- over half (58%) still received DSP and almost one-quarter (23%) had moved onto the Age Pension
 - for those aged 16–24 and 25–49, most (both 84%) still received DSP
 - for those aged 50–64, 38% still received DSP and 42% had moved onto the Age Pension
- 13% had died by 2018—increasing with age from 3.1% to 8.7% to 17% across the 3 age groups
- 1% had moved to another income support payment (other than the Age Pension) and 4.2% were not on income support.

Looking back to 2000, of DSP recipients aged 16–64 in 2009:

- 41% had received DSP
- 24% had received another type of income support payment, mainly unemployment payment and parenting payment—13% and 7.0% respectively
- 35% were not on income support.

Nearly all DSP recipients aged 16–24 in 2009 were too young to qualify for DSP in 2000. Some of the parent(s) or carer(s) of these children may have been receiving Carer Payment.

Figure SUPPORT.5: Flow analysis of DSP recipients aged 16–64 in 2009¹ compared with where they were in the income support system in 2000 and 2018, by age group



¹Ages in 2009.

²Includes old payment.

Note: Data may differ from official statistics on income support payments and recipients, due to differences in methodology and/or data source.

Source: AIHW analysis of Research and Evaluation Database (RED), constructed from DHS administrative income support data; see also Table SUPP8.

<http://www.aihw.gov.au>

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11. Key data gaps



11. Key data gaps

Although much is known about how people with disability experience daily life in Australia, critical data gaps remain. These limit the ability to present a comprehensive and insightful picture, including about pathways through and across multiple service systems and the extent to which these contribute to positive outcomes.

This section presents key data gaps about people with disability. It also looks at opportunities to enhance available information through:

- maximising the use of existing data sources
- improving the quality and comparability of data sources
- adding to data sources.

The gaps and opportunities presented are not exhaustive. Rather, they are intended to form a basis for discussion. The Australian Institute of Health and Welfare (AIHW) continues to work with other statistical agencies and data custodians to maximise, streamline and improve the collection of data about people with disability.

This report was written using data collected before the COVID-19 situation emerged in Australia in early 2020. High quality data will be even more important in future as we seek to understand the impact on people with disability of the virus itself, the direct and indirect effects of the isolation requirements put in place in response to the virus, and the long-term economic and social impacts of the shutdown.

Existing data sources and challenges

Many sources of data exist on people with disability. Each source has varying degrees of accessibility, quality and usefulness. Some sources, for example, are not widely available for use and some are only useful if linked to another source.

Administrative versus survey data sources

Broadly speaking, Australia's major data sources are:

- administrative data, such as data collected when running a service or program
- population survey data, such as data collected for a targeted sample of households on a given topic.

Each has advantages and disadvantages.

Administrative data

Many administrative datasets contain useful data and some of these datasets can be configured to collect information about people with disability (such as by using a 'flag' or set of questions to identify disability and the extent of activity limitation or restriction).

The AIHW Specialist Homelessness Services Collection is a good example of an administrative dataset that contains useful data and has a question set to identify disability. For more information, see [Homelessness services](#).

Administrative data are, by definition, collected as a by-product of service delivery and therefore only contain data on people who are receiving those services. The information captured must also be directly relevant to service provision and is therefore unlikely to include information about broader client outcomes and client satisfaction with the service (although some service providers do separately survey consumers of their services).

Survey data

Population surveys are the best available data source for estimates of the prevalence and level of disability in the Australian population (including changes over time) and for capturing information about experiences across different life areas.

The Australian Bureau of Statistics' Survey of Disability, Ageing and Carers is the best example of a population survey that collects data on people with disability.

Certain constraints mean that survey data are often limited in capturing comprehensive data:

- about some vulnerable groups within the disability community
- on sensitive topics, like abuse and neglect
- on changes over time for sub-populations.

Responses to surveys are also limited by how well the respondent understands the question and how much the respondent trusts the survey.

Data used in this report

This report uses 21 sources of data on people with disability, 11 are surveys and 10 are administrative datasets. The definition of disability and the population scope for each of these data sources is presented in the supplementary data table [Definitions of disability](#).

This report uses multiple data sources to shed light on the experience of people with disability in Australia (see Table DATA.1). While these data sources provide a broad overview of the experiences of people with disability, critical information gaps and/or questions to be answered or further explored remain.

Table DATA.1: Key data sources used in this report

Survey/census data
Graduate Outcomes Survey (GOS), Quality Indicators for Learning and Teaching (QILT)
Household Income and Labour Dynamics in Australia (HILDA) Survey, Melbourne Institute
Life Tables, Australian Bureau of Statistics (ABS)
Multi-Agency Data Integration Project, ABS
National Social Housing Survey, Australian Institute of Health and Welfare (AIHW)
National Health Survey (NHS), ABS
Patient Experience Survey (PEx), ABS
Personal Safety Survey (PSS), ABS
Student Experience Survey, Quality Indicators for Learning and Teaching (QILT)
Survey of Disability, Ageing and Carers (SDAC), ABS
Youth Survey, Mission Australia
Administrative data
Australian Human Rights Commission (AHRC) 2018–19 Complaint statistics, AHRC
Services Australia administrative income support data, Services Australia (SA)

Table DATA.1: continued

Australian Government Housing Data Set, Department of Social Services (DSS)
Disability Services National Minimum Data Set, AIHW
Higher Education Student Data Collection, Department of Education, Skills and Employment (DESE)
National Aged Care Data Clearinghouse, AIHW
National Disability Insurance Scheme (NDIS) data, National Disability Insurance Agency (NDIA)
National Housing Assistance Data Repository, AIHW
Nationally Consistent Collection of Data on School Students with Disability, DESE
Payment Demographic Data, DSS
Research and Evaluation Database, DSS
Specialist Homelessness Services Collection, AIHW
Total Vocational Education and Training (TVET) Students and Courses Collection, National Centre for Vocational Education Research's (NCVER)
TVET Student Outcomes Collection, NCVER

What are the key challenges with existing data sources?

Key data challenges with existing data sources include:

- inconsistent definitions of disability across data sources
- poor adoption of a disability flag to identify people with disability across mainstream data sources
- fragmented, dispersed and incomplete data about services used by people with disability (specialist and mainstream)
- inability to reliably report on specific population groups within the broader disability population (often referred to as intersectionality)
- availability of relevant data collected but not collated or otherwise available for statistical purposes
- limited integration of data across settings and life area domains to examine pathways and outcomes for people with disability.

What main questions cannot be answered?

While data exist on many aspects of what life is like for people with disability in Australia, critical gaps make it difficult to comprehensively answer some questions.

For example, there is a lack of information on:

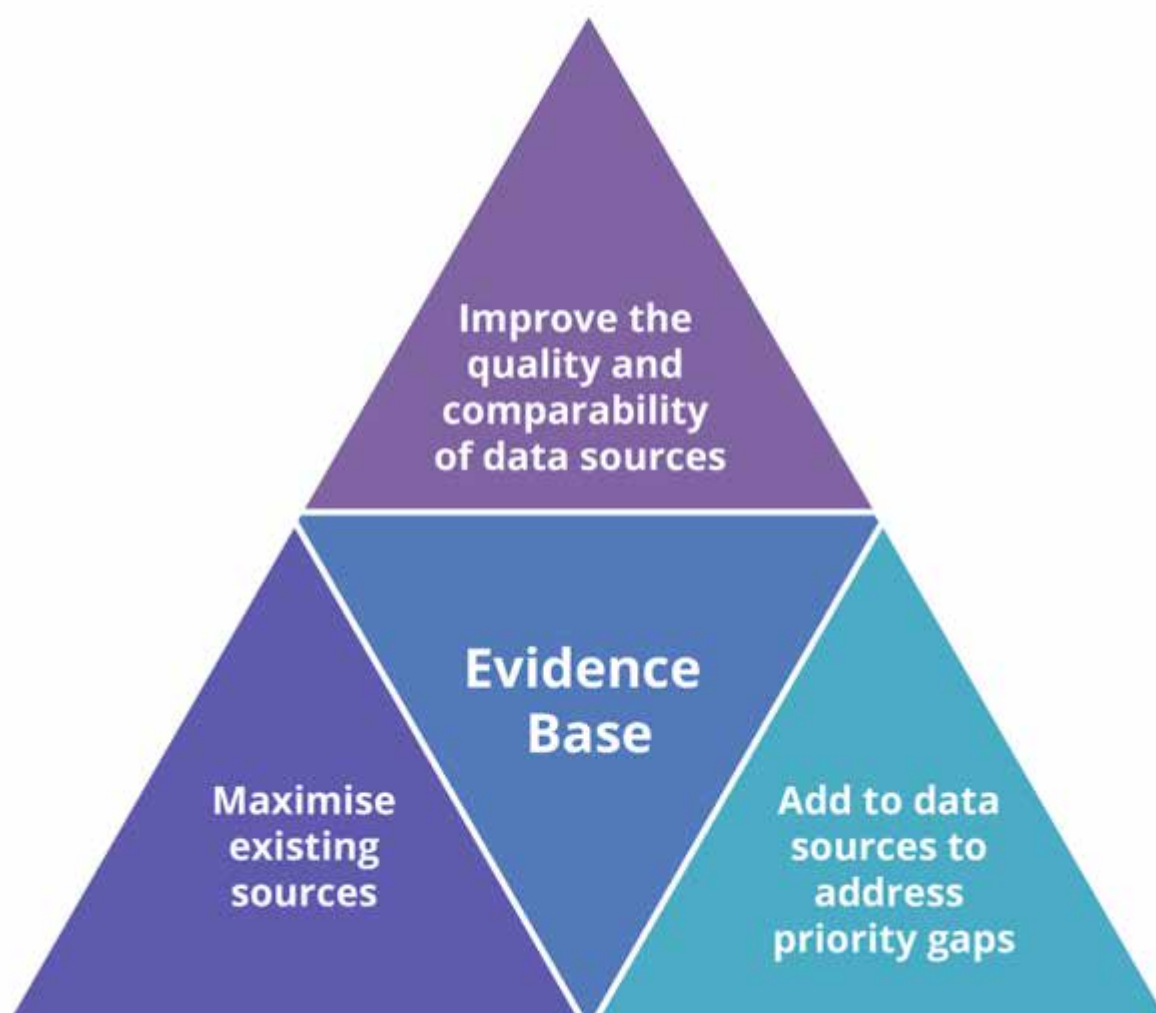
- what services people with disability use (across mainstream and specialist areas), and how coordinated, timely, appropriate and effective they are
- how much contact people with disability have with the justice and child protection systems, as victims and as offenders
- how the experience of disability and support services varies by location or for groups with intersecting characteristics, such as Aboriginal and Torres Strait Islander people with disability, people with disability from culturally and linguistically diverse backgrounds, people with disability living in remote locations, and people with disability who are lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+)
- the pathways, impacts and outcomes for people with disability, for example, characteristics and outcomes of the transition from school to further education or employment
- unmet need for services (both within and outside of the NDIS)
- the quality and sustainability of the disability workforce.

What can be done to improve the evidence?

A useful framework for improving data is presented in Figure DATA.1. It involves making improvements in 3 key areas:

- maximising the use of existing data sources
- improving the quality and comparability of data across data sources
- adding to data sources, including by developing new data sources in priority areas and through data linkage.

Figure DATA.1: Priority themes to improve the evidence base for people with disability



Source: Adapted from Diagram 8 in ABS 2013.

Key to this is that data gaps or issues do not prohibit reporting on what is available. Instead data limitations are acknowledged and data agencies work together to continually improve data availability and quality.

Maximise the use of existing data sources

Bringing together information from multiple data sources helps support a person-centred, whole-of-system view of the experiences of people with disability in Australia within a coherent reporting framework. This provides a more comprehensive picture than is possible by relying on any one data source.

Examples of national reporting and associated frameworks that draw on multiple sources to understand the experiences of people with disability are:

- this report
- National Disability Strategy reporting (DSS 2019)
- the Report on Government Services (SCRGSP 2020)
- the disability and wellbeing monitoring framework and indicators developed by the Centre of Research Excellence in Disability and Health (Fortune et al. 2020).

Such national reports complement the large body of research on the experiences of people with disability in Australia and reporting at state and territory levels. However, it is through the sharing of existing data sources, particularly for data linkage, that much greater gains in understanding will become possible.

Improve the quality and comparability of data sources

Many data collections exist across the different agencies and sectors that collect information about people with disability, including by the:

- AIHW
- Australian Bureau of Statistics (ABS)
- Department of Social Services (DSS)
- National Disability Insurance Agency (NDIA).

Despite this, gaps exist, as do some inconsistencies in defining disability within different sources of data often reflecting the differing roles for the respective data collections and agencies.

Some options that could improve the quality and comparability of existing data sources include:

- gaining agreement to adopt more consistent definitions across data collections, where possible
- adding a disability flag in mainstream data collections—an agreed set of questions to identify people with disability and the level of their disability.

These options come with issues to consider, including privacy, the role of service providers and cost. Given these issues, there is a growing view that data sharing and linkage, combined with accommodating different definitions of disability and adopting more consistent definitions and disability flags where sensible, may be the most practical way forward.

Adopting more consistent definitions across sources where possible

Disability is generally defined in a dataset based on the purpose and type of data collected. This means that definitions differ between population surveys and across administrative data collections.

Variations in definition and scope can be managed, at least in part, by careful analysis and reporting. However, strategies to improve the consistency of definition and coverage between sources of data should also be considered. Classification frameworks, such as the World Health Organization's [International Classification of Functioning, Disability and Health](#) (ICF), are useful in this process. Such frameworks help to understand differences in definition between data sources and can be used to improve consistency.

Adding a disability flag in mainstream data sources

The inclusion of a flag in data sources enables key interest groups, such as people with disability, to be identified. This can reduce the need to develop new data collections.

An example of a flag related to the identification of people with disability within mainstream data collections is the [AIHW's standardised disability flag](#). This flag is derived from a standard set of questions assessing a person's level of functioning and need for support in everyday activities. These questions are based on the ICF, and are broadly consistent with the Short Disability Module questions the ABS uses in a number of its surveys. Versions of the flag have been implemented in the AIHW's Specialist Homelessness Services Collection, the National Social Housing Survey, and National Prisoner Health Data Collection, and are being implemented within other AIHW collections.

The AIHW is also developing a flag for use in data collections to indicate if a person is receiving National Disability Insurance Scheme (NDIS) support. This flag could be used to look at the use of mainstream and other services by NDIS participants. If used together with the standardised disability flag, it could potentially also be used to look at whether there are differences in the use of mainstream services between NDIS participants and other people with disability.

A wider implementation of such flags, coupled with regular supply of these data for national collation and reporting, would improve the ability to report more comprehensively on people with disability. For example, the addition to, or improvement of, disability flags in existing national child protection, out-of-home care and youth justice data collections would improve visibility of children with disability in these systems.

Add to data sources to address priority gap areas

Data gaps can be addressed by:

- enhancing or adding data items to existing data collections
- enabling data sharing and linkage of data
- creating new data collections or data assets to fill priority gaps.

Enhance existing data sources to capture data about disability population subgroups

Existing data sources could be improved to better capture data about subgroups in the disability population, such as special or vulnerable groups. For example, key data gaps exist for people with disability who:

- are also Aboriginal and Torres Strait Islander people
- live in rural and remote Australia
- live in care settings
- are also LGBTQI+ people
- are culturally and linguistically diverse
- have suffered abuse
- have suffered discrimination
- are homeless.

Challenges exist in collecting data on population subgroups, including data quality and coverage. It can be difficult, for example, to obtain a large representative sample of some populations in national surveys and data become less reliable and robust as sample size decreases.

Examples of disability population subgroups for whom information is limited

Aboriginal and Torres Strait Islander people

Improving estimates of Aboriginal and Torres Strait Islander people living with disability is crucial as Indigenous Australians often have higher rates of disability and generally poorer outcomes than non-Indigenous Australians.

While data on Indigenous status are collected in national ABS surveys, data quality and reliability are compromised by identification of disability, sample size and/or geographical constraints (ABS 2019a). The Survey of Disability, Ageing and Carers (SDAC), for example, is the key source of disability prevalence data but it does not collect data from people living in very remote areas or from discrete Indigenous communities (ABS 2019b). As a result, information about Indigenous Australians living with disability who are aged or who are carers are instead usually sourced from the:

- Australian Census
- National Aboriginal and Torres Strait Islander Social Survey
- National Aboriginal and Torres Strait Islander Health Survey.

However, these surveys do not as comprehensively identify disability compared with the more expansive set of questions used in the SDAC.

LGBTIQ+ people

The marginalisation of LGBTIQ+ people in general can make them vulnerable. Those who also have disability may be especially at risk. This community includes individuals who identify as lesbian, gay, bisexual, transgender, intersex, queer or otherwise diverse in gender, sex or sexuality.

LGBTIQ+ people can face harassment and discrimination based on their identity. There is very limited data about the intersection of LGBTIQ+ and disability in regular data collections, including in national surveys.

People who have suffered abuse

The evidence-base related to the abuse of, or by, people with disability (including domestic and sexual violence) needs to be improved, including by:

- acknowledging that some people with disability face additional challenges in reporting abuse (for example, those who struggle to communicate because of the nature of their disability)
- improving data on the prevalence and causes of violence, particularly in care settings
- improving data on the safety and quality of services provided to people with disability.

While some data are available for this subgroup, these data have limitations. For example:

- the ABS' SDAC does not provide detail about the experience of violence against, or by, people with disability (ABS 2018a)
- data on violence and safety is collected in national surveys, such as the ABS' Personal Safety Survey, but these do not identify disability as well as the SDAC, collect on disability at the time of the survey not the time of the abuse, are limited to people who live in private dwellings, and are conducted by personal interview and therefore preclude some people with communication difficulties (ABS 2018b)
- limited mandatory reporting of some forms of abuse is available for some, but not all, settings (for example, reporting on suspected, alleged or witnessed assaults is required in residential aged care settings but not in other care settings, such as service provided at home).

People who have suffered discrimination

While the ABS SDAC collects data on discrimination against people with disability, it does not collect data on the experience of other forms of discrimination for people without disability. This means comparisons can be made only within the disability population and not between people with and without disability. Some information on this comparison is available from the ABS' General Social Survey, which uses the ABS' Short Disability Module to identify disability and includes questions on other forms of discrimination (such as age and sex). However, this module does not identify disability as well as the SDAC, and the resulting overestimate of disability means that the differences between those with and without disability are understated (ABS 2018a).

Limited data also exist on the direct effects of discrimination on people with disability. ABS SDAC data point to lower employment, lower income, lower social participation and poorer health outcomes for people with disability overall, and especially for those who have experienced discrimination because of their disability. However, these outcomes cannot be directly linked to an experience of discrimination.

People who are homeless

Population surveys with comprehensive measures of disability, such as the SDAC, do not include a measure of homelessness. Also, the ABS' Census of Population and Housing, which includes a measure of homelessness, does not capture disability as well as the SDAC and does not capture disability at all for people enumerated using the Special Short Form. This shortened version of the Census form is often used to gather information from rough sleepers (in 2016, 53% of rough sleepers were enumerated using the form) (ABS 2018c).

Improvements could also be made to the AIHW's Specialist Homeless Services Collection, which provides estimates about people who have sought assistance from a homelessness agency. This collection has included a version of the AIHW's standardised disability flag since 2013–14, however, response rates, particularly in the early years, are an issue. Reporting relies on the assumption that clients whose disability status is not known have the same rate of disability as others.

Another key area in which existing data could be improved relates to the disability workforce. While some information is collected from National Disability Services member organisations and through the ABS' Labour Force Survey, there are opportunities to improve national information in this area.

Safely share and link data to better understand pathways and outcomes

Safely sharing data for statistical purposes, including for data linkage, could lead to major improvements in understanding the experience of people with disability in Australia.

What is data sharing?

Data sharing in this context refers to the sharing of data between 1 or more parties to better realise the economic and social benefits of increased data use, while maintaining public trust and confidence (PM&C 2018).

Many government agencies and organisations have arrangements in place to share and release non-sensitive data under existing frameworks and authorities. However, in some circumstances, pathways are not available to agencies wanting to share or release the data they hold (PM&C 2018; PC 2017a). This is improving over time, with the development of data-sharing agreements and processes within and between levels of government in Australia. For example, in 2020, the Office of the National Data Custodian released a draft Data Sharing Agreement Template designed to help government agencies produce agreements to confidently share data in a way that is safe, timely and transparent. The template is based on the National Data Commissioner's Best Practice Guide to Applying the Data Sharing Principles (ONDC 2020).

Some data collected on people with disability are not widely available for use or sharing. These include, but are not limited to, data collected by non-government organisations but not collated for national analysis.

Improving the ability to access these data would assist in expanding the evidence base, particularly in understanding other services people with disability use.

What is data linkage?

Data linkage (also called data matching, data integration or record matching) combines information from multiple data sources while preserving privacy. This tells a much more powerful story than is possible from individual data sources in isolation. It can also improve understanding of a range of issues.

Some benefits of data sharing, however, cannot be realised without data linkage. At present, for example, it is difficult to understand how different specialist disability support systems interact, such as how the NDIS interacts with other specialist disability services. It is also difficult to understand how these specialist disability services interact with mainstream supports.

Examples of improving the evidence base through data linkage

Data linkage can be used in many ways to improve the evidence base about people with disability. Some examples using existing data include linking:

- disability support services or payments data to national hospital data, the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme—to provide insights into how some people with disability interact with mainstream health services, and how these services complement specialist disability supports
- disability support services data to aged care or mental health data—to help improve understanding of how these sectors interact
- employment services data (including specialist disability employment services data) with income support payments data over time—to provide valuable information about the relationship between seeking employment and income support.

While data linkage is a powerful tool, challenges remain before its benefits can be fully realised. The lack of consistent linkage information across administrative systems in Australia, and complexities in data sharing and access arrangements, mean that linking data from various sources is often complex, time consuming and costly. There are also issues associated with working with linked data that add to the complexity, timeliness and cost, such as extensive data cleaning often being required prior to linkage (for example, as a result of different data 'rules' being applied to seemingly similar data items in different sources), and the careful work required to ensure protection of privacy.

The Commonwealth, New South Wales, Victorian, South Australian and Queensland governments are working together with the NDIA, the AIHW and the ABS to pilot test the development of a National Disability Data Asset. This will bring together data from a range of domains relevant to people with disabilities and their carers, such as health and wellbeing; learning and skills; justice, safety and rights; personal and community support; inclusion and accessibility; and economic security. The 18-month pilot phase is intended to demonstrate value for both government and community use, including platforms and information for people with disability, wider public reporting, and research. See the [National Disability Data Asset](#) for more information.

Fill gaps where limited or no data currently exist

New data collections may need to be developed. One example is the collation of transport data, specifically data about the accessibility of transport and services for people with disability. Another is information about mainstream services of critical importance to some people with disabilities (for example, speech therapy and other allied health services).

Another example relates to specialist disability services provided outside the NDIS. While a large scheme, the NDIS will not provide all specialist disability supports to all people with disability.

The AIHW's Disability Services National Minimum Data Set (DS NMDS) filled part of this gap but, post 2018–19, the last year of collection under the DS NMDS, no national data will be available on services outside the NDIS, other than open employment services. Such data are vital for examining the interactions between the NDIS and other services (PC 2017b; 2019).

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People with disability in Australia brings together information from a range of national data sources to contribute to a greater understanding about disability in Australia. Some people with disability face challenges routinely and actively participating in everyday life areas (such as employment) and are more likely to experience poor health, discrimination and violence than those without disability.

Highlights from this report are presented in *People with disability in Australia: in brief*.

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