



Australian Government

Australian Institute of
Health and Welfare



People with disability in Australia 2022



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1. Summary

1. Summary

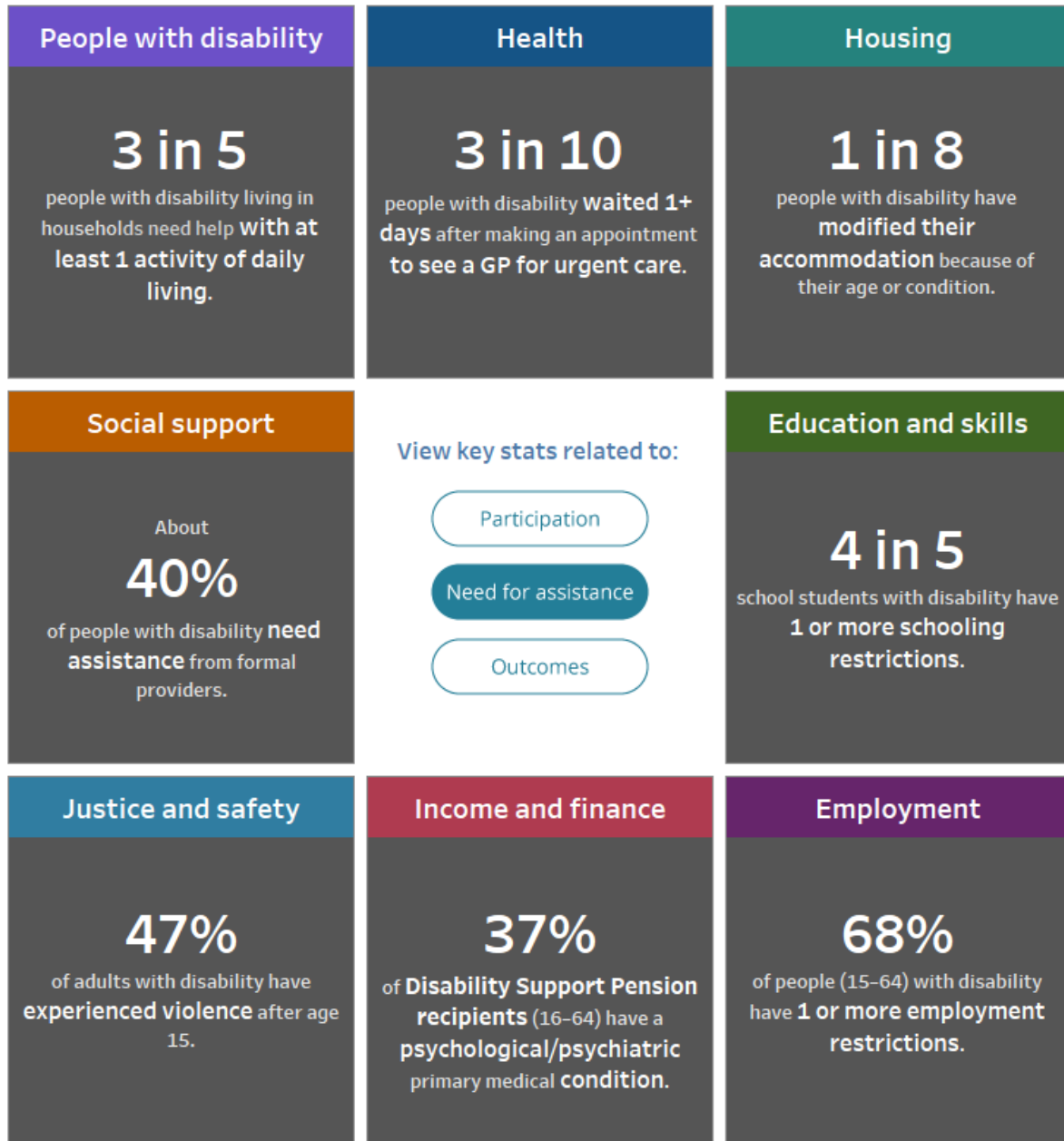
Like everyone, people with disability want a high quality of life. To achieve this, they seek access to, and pursue outcomes across, all areas of life, such as education, employment, health care, housing and justice.

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 diversity is compounded by differing understandings of what disability is and how best to capture it in data.

2021–22 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). A major update to the web report was released on 2 October 2020. The 2020 update replaced the 2015 ABS SDAC data with 2018 SDAC data; updated data on specialist disability services, social housing, homelessness services, education, and income support; and introduced new data from the National Disability Insurance Scheme (NDIS), the National Aged Care Data Clearinghouse, the Household, Income and Labour Dynamics in Australia (HILDA) Survey, Mission Australia's Youth Survey, and the Graduate Outcomes Survey.

The 2021–22 update expands the report to include new reporting of data disaggregated by age group, disability group and remoteness. New data about personal life, social inclusion and finances of people with disability have been added to the existing chapters. The update also includes a new chapter about the experiences of people with disability during the COVID-19 pandemic, covering the period from 2020 to mid-2021.

Other updates performed in 2021–22 include:

- new reporting and [supplementary data tables](#) based on
 - Household, Income and Labour Dynamics in Australia (HILDA) Survey
 - General Social Survey
 - National Aboriginal and Torres Strait Islander Health Survey
 - National Aboriginal and Torres Strait Islander Social Survey
 - Household Impacts of COVID-19 Survey

- Education Survey 2020 by Children and Young People with Disability Australia (CYDA)
- COVID-19 (Coronavirus) and Children and Young People with Disability Survey
- People with Disability and COVID-19 Survey
- updating data from the
 - 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
 - Graduate Outcomes Survey
 - Payment Demographic data
 - Administrative income support data.

What this report does

This report uses the Australian Institute of Health and Welfare (AIHW) 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 (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. These include:

- Productivity Commission's annual [Report on Government Services](#) – information on equity, effectiveness and efficiency of government services in Australia relating to people with disability
- 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 may 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 includes data collected during the evolving COVID-19 situation in Australia from early 2020 to mid-2021. 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.

The analyses presented in this report highlight differences in outcomes and experiences of different groups of people, or varying time trends. In many cases, there can be multiple possible reasons behind these differences, or they could be attributed to government policy changes or variations in implementation of policies or programs. However, this report does not make any such attributions nor does it make any inferences about causation.

Person-centred reporting framework

Person-centred reporting is an opportunity to improve the evidence base regarding 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

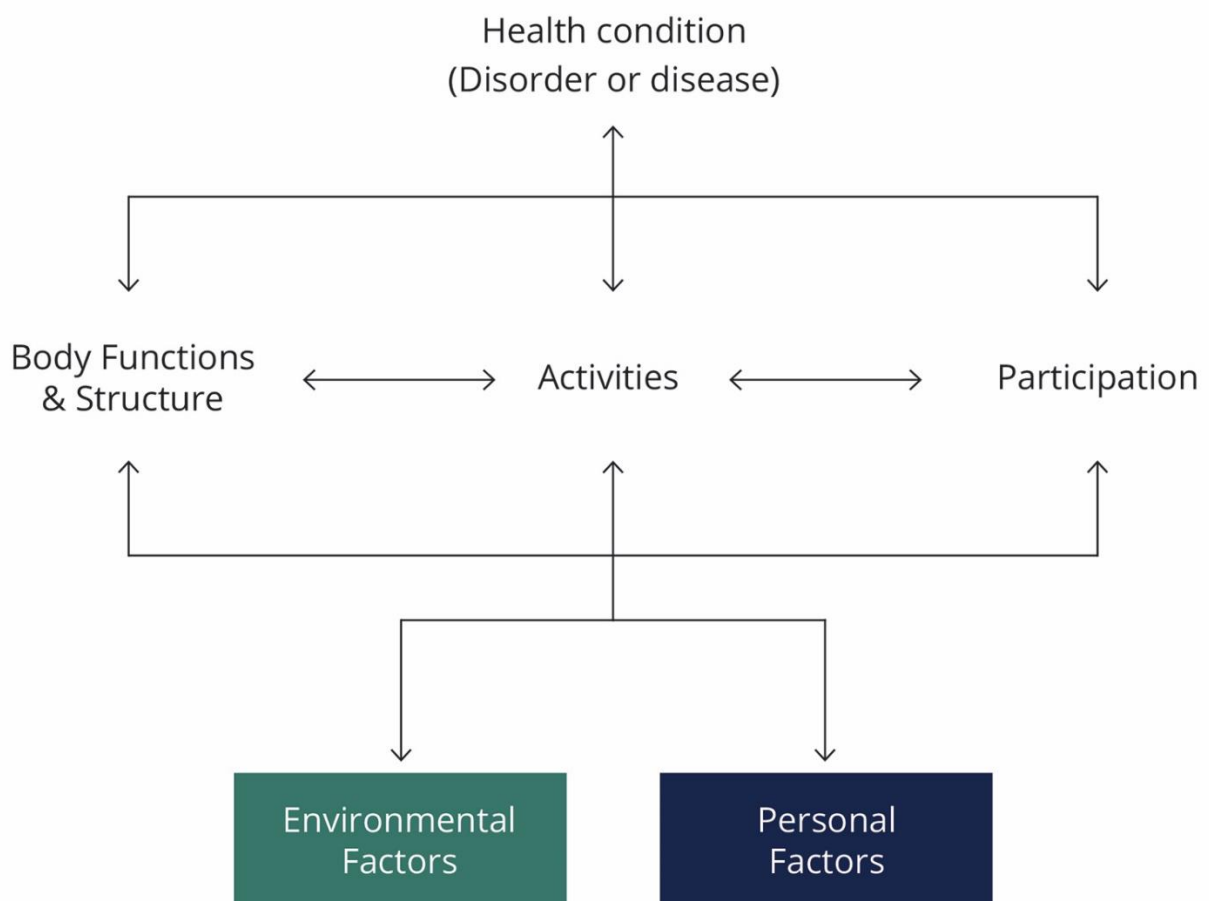


Defining disability

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 2002). 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 2002.

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 community attitudes and the opportunities, services and assistance they can access – as well as by personal factors.

The definition and identification of disability used in each collection can vary, depending on the collection's type and purpose. 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 more than 35 sources of data on people with disability. The definition of disability and the population scope for each of these data sources is presented in '[Definitions of disability data table](#)'. 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 whether a person has a disability and then, the severity of that disability.

References

WHO (World Health Organization) (2002) *Towards a common language for functioning, disability, and health: ICF. The International Classification of Functioning, Disability and Health*, WHO, accessed 9 May 2022. <https://cdn.who.int/media/docs/default-source/classification/icf/icfbeginnersguide.pdf>

The disability policy environment

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

- launch of the new [Australia's Disability Strategy 2021–2031](#) (the Strategy) 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](#)
- pilot-testing of the [National Disability Data Asset](#)
- the establishment of a [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)
- focus on changing community attitudes and improving awareness of disability.

Common themes running through these changes 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 cohorts 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 persons with disabilities, and to promote respect for their inherent dignity' (UN 2008).

Australia's Disability Strategy will play an important role in protecting, promoting and realising the human rights of people with disability in line with Australia's commitments under the UN CRPD. The principles of the UN CRPD 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 NDIS).

Australia's Disability Strategy 2021–31

The Strategy is Australia's national disability policy framework. It sets out a plan for continuing to improve the lives of people with disability in Australia over the 10 years to 2031. The Strategy was launched on 3 December 2021 and builds on its predecessor, the National Disability Strategy 2010–2020.

The Strategy helps to protect, promote and realise the human rights of people with disability in line with Australia's commitments under the UN CRPD.

The Strategy covers all people with disability, irrespective of whether they need or use specialist disability services. In particular, the Strategy is intended to provide national leadership towards greater inclusion of people with disability, to guide activity across all areas of public policy to be inclusive and responsive to people with disability, to drive mainstream services and systems to improve outcomes for people with disability, and to engage, inform and involve the whole community in achieving a more inclusive society.

The Strategy and its supporting documents are available on the [Disability Gateway website](#).

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 introduction of the NDIS was 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 2020).

The NDIS was introduced in trial sites in 2013, and has been progressively rolled out across Australia from July 2016. From 1 July 2020, the NDIS has been made available to all eligible Australians, no matter where they live (Minister for the National Disability Insurance Scheme 2020). The National Disability Insurance Agency (NDIA) estimates that, by 30 June 2025, the NDIS will provide around 670,000 Australians (633,000 aged under 65) with funding for supports and services (NDIA 2021). 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 2020).

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 achieved full national coverage on 1 December 2020 when Western Australia transitioned 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 Data Asset

Between April 2020 and December 2021, the New South Wales, Victorian, South Australian, Queensland and Australian Capital Territory governments worked together with the Department of the Prime Minister and Cabinet, the Department of Social Services, the NDIA, the AIHW and the ABS to pilot test the development of a National Disability Data Asset (NDDA). The pilot brought together data from a range of domains relevant to people with disability, their families and carers, such as health and wellbeing; learning and skills; the justice system, safety and rights; personal and community support; inclusion and accessibility; and economic security.

The pilot phase, which concluded as scheduled on 31 December 2021, demonstrated value for government, academic and community use, including options for information-sharing, research, and wider public reporting.

In December 2021, the Australian Government announced funding of \$40 million to further develop the NDDA. Decisions from governments are being sought about further work to establish an enduring NDDA, and (if agreed) how the next phase of development will progress.

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 established. The Disability Royal Commission will investigate:

- preventing and better protecting people with disability from experiencing violence, abuse, neglect and exploitation
- achieving best practice in reporting and investigating and responding to violence, abuse, neglect and exploitation of people with disability
- promoting a more inclusive society that supports people with disability to be independent and 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.

The interim report of the Commission was published on 30 October 2020. The report included examination of the data available on people with disability in Australia and identification of the gaps in that data, and detailed 6 areas related to addressing the data gaps which the Commission will focus on over the next 2 years (Disability Royal Commission 2020).

The Commission will deliver a final report to the Australian Government by 29 September 2023. In this report, the Royal Commission will recommend how to improve laws, policies, structures and practices to ensure a more inclusive and just society.

References

Disability Royal Commission (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability) (2020) *Interim report: October 2020*, Disability Royal Commission, Canberra, accessed 9 May 2022.

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Minister for the National Disability Insurance Scheme (1 July 2020) *Delivering the NDIS: roll-out complete across Australia as Christmas and Cocos Islands join world-leading scheme* [media release], NDIA, accessed 9 May 2022. <https://www.ndis.gov.au/news/4889-delivering-ndis-roll-out-complete-across-australia-christmas-and-cocos-islands-join-world-leading-scheme>

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UN (United Nations) (2008) *From concept to reality: promoting universal human rights of persons with disabilities*, UN, accessed 24 August 2020. <https://www.un.org/development/desa/disabilities/from-concept-to-reality-promoting-universal-human-rights-of-persons-with-disabilities.html>

3. People with disability

3. People with disability

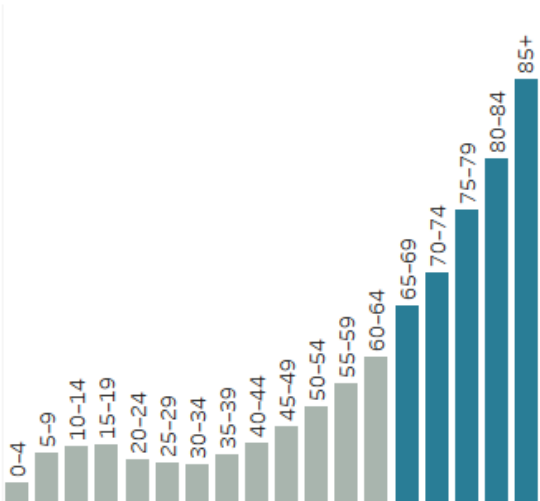
The disability population is diverse. It encompasses people with varying types and levels of disability across all socioeconomic and demographic groups.

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**.

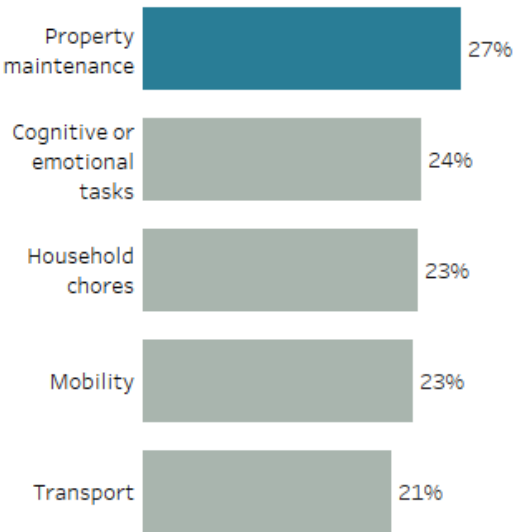
The **prevalence** of disability generally increases with age and is more than twice as high for people aged 85 and over compared with those aged 65–69.



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

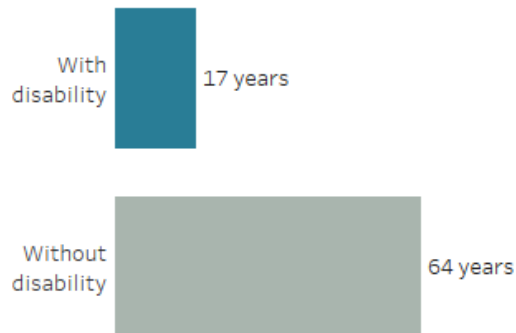
one-fifth

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:

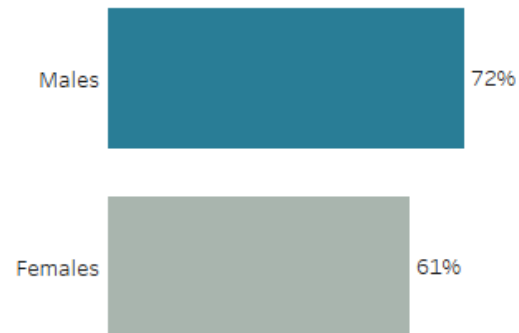


PERSONAL LIFE

2 in 3

(**66%**) people aged 15–64 with disability
are **satisfied with the amount of free time
they have**
(**67%** of those without disability).

This varies by sex:



Prevalence of disability

Key findings

- 1 in 6 (18%) people in Australia have disability (about 4.4 million people).
- 1 in 3 (32%) people with disability have severe or profound disability (about 1.4 million).
- For 1 in 4 (23%) people with disability, their main type 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% (or 5.5 million) of people in Australia have a long-term health condition but no disability, and the remaining 60% (or 14.8 million) 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.

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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

Nearly one-third (32%) of 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, having difficulty understanding or being understood by family or friends, or communicating more easily using sign language or other non-spoken forms of communication (ABS 2019a).

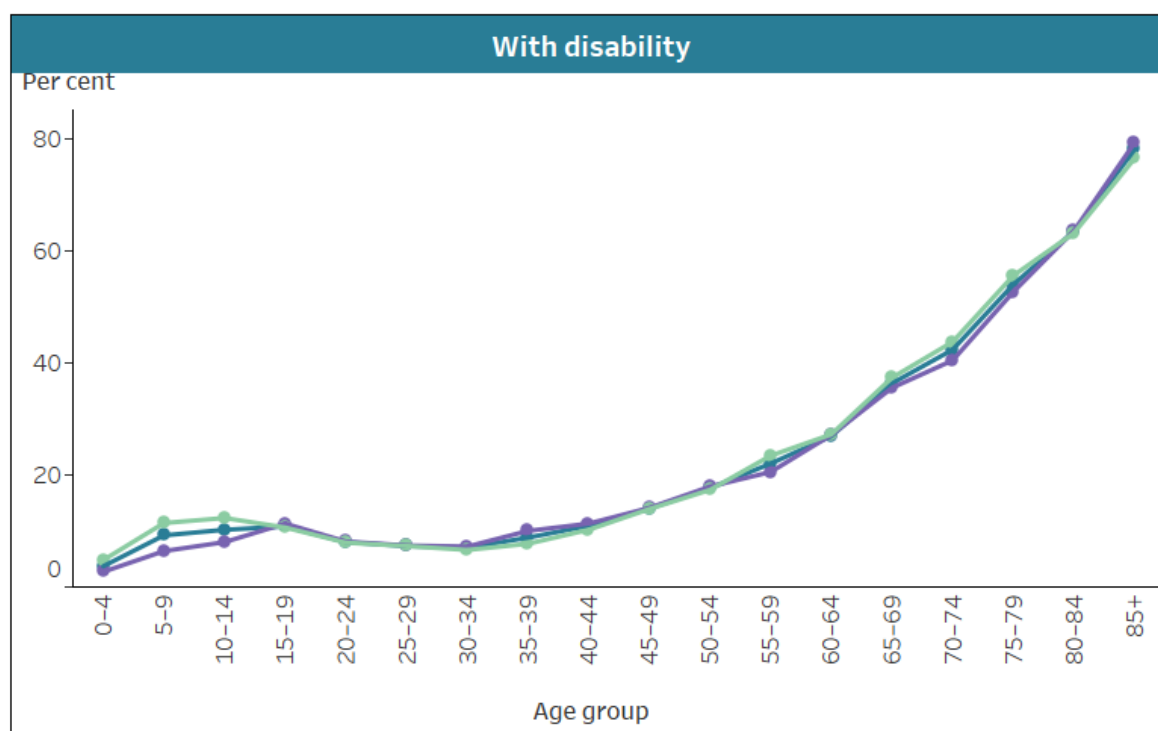
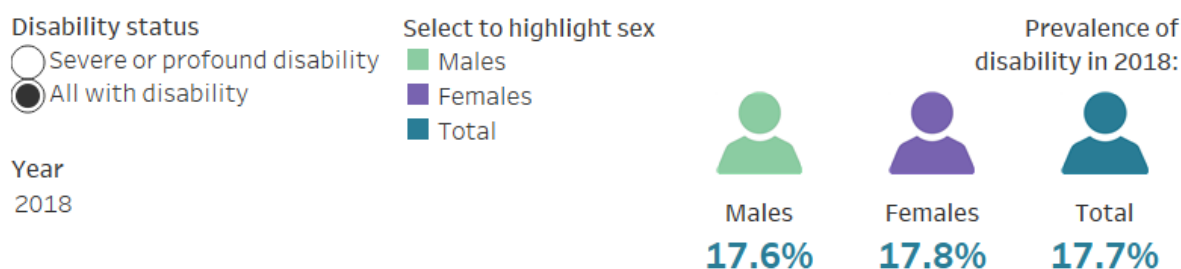
While the number of people with disability has risen (from about 4.0 million in 2009), the prevalence rate has decreased over this period (from 18.5% in 2009 to 17.7% in 2018, or from an age-standardised rate of 17.7% in 2009 to 16.1% in 2018) (ABS 2019a). This indicates that the increase in the number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

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 have disability
- 9.3% of people aged 15–24 have disability
- 13% of people aged 15–64 have disability
- 50% of people aged 65 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 2004, ABS 2010, ABS 2013, ABS 2016, 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 the average person 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 have disability
- 9.2% of males and 9.5% of females aged 15–24 have disability
- 13% of males and females aged 15–64 have disability
- 49% of males and 50% of females aged 65 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 have severe or profound disability
- 3.6% of males and 3.3% of females aged 15–24 have severe or profound disability
- 3.2% of males and females aged 15–64 have severe or profound disability
- 15% of males and 20% of females aged 65 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>

Disability group

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; these are:

- sensory and speech (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).

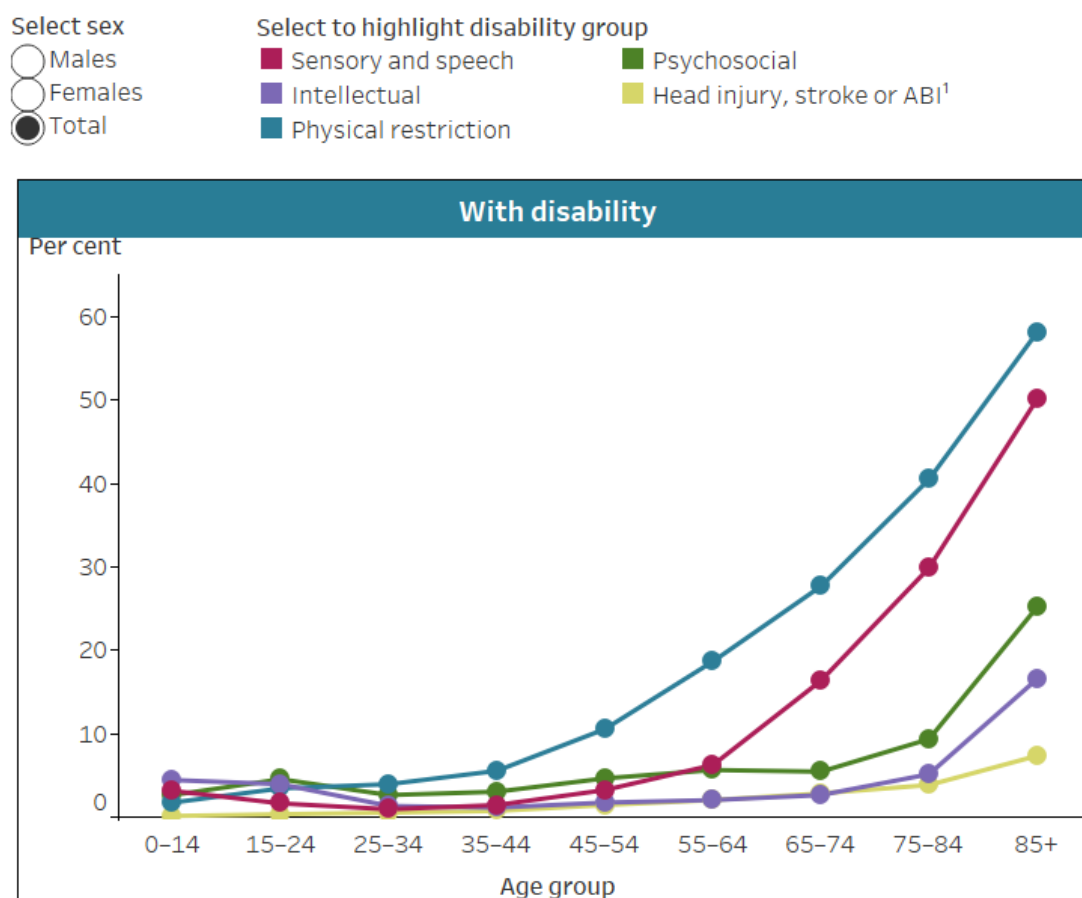
Generally, the prevalence of all disability groups increases with age, but for some disability groups there is also a decrease around the early adulthood years (Figure PREVALENCE.3). This is especially true for males:

- 4.2% (or 100,000) of males aged 0–14 have sensory disability compared with 1.8% (or 30,000) of those aged 15–24 and 1.1% (or 20,000) of those aged 25–34
- 5.8% (or 139,000) of males aged 0–14 have intellectual disability compared with 4.9% (or 79,000) of those aged 15–24 and 1.6% (or 30,000) of those aged 25–34 (ABS 2019b).

Girls aged 0–14 are less likely to have sensory disability or intellectual disability than boys, but they also have a decrease in prevalence of these 2 types of disability in early adulthood:

- 2.1% (or 47,000) of females aged 0–14 have sensory disability compared with 1.6% (or 24,000) of those aged 15–24 and 0.9% (or 17,000) of those aged 25–34
- 3.1% (or 71,000) of females aged 0–14 have intellectual disability compared with 2.9% (or 44,000) of those aged 15–24 and 1.3% (or 23,000) of those aged 25–34 (ABS 2019b).

Figure PREVALENCE.3: Prevalence of disability group, by age group, 2018



**Relative standard error greater than 50% and is considered too unreliable for general use.

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

¹Head injury, stroke or acquired brain injury.

Source: ABS 2019b; see also Table PREV5.

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Boys aged 0-14 are more likely (3.4% or 83,000) to have psychosocial disability than girls (1.9% or 43,000). There is an increase in psychosocial disability in both males (4.5% or 71,000) and females (4.4% or 68,000) at age 15-24 and then a decrease at age 25-34 (2.8% or 51,000 and 2.6% or 48,000 respectively) (ABS 2019b).

The prevalence of physical disability and sensory disability increases sharply after age 35-44 (Figure PREVALENCE.3):

- 5.6% (or 183,000) of people aged 35-44 have physical disability and 1.5% (or 49,000) have sensory disability
- 11% (or 335,000) and 3.3% (or 103,000) of those aged 45-54
- 19% (or 535,000) and 6.3% (or 180,000) of those aged 55-64
- 28% (or 617,000) and 16% (or 366,000) of those aged 65-74
- 40% (or 482,000) and 30% (or 357,000) of those aged 75-84

- 58% (or 285,000) and 50% (or 246,000) of those aged 85 and over
- females aged 85 and over are more likely to have physical disability (63% or 192,000) and less likely to have sensory disability (47% or 141,000) than males (50% or 94,000 and 56% or 105,000 respectively) (ABS 2019b).

The prevalence of intellectual disability, psychosocial disability, and head injury, stroke or acquired brain injury increases considerably from age 65–74 (Figure PREVALENCE.3):

- 2.7% (or 59,000) of people aged 65–74 have intellectual disability, 5.2% (or 62,000) of those aged 75–84, and 17% (or 81,000) of those aged 85 and over
- 5.5% (or 122,000) of people aged 65–74 have psychosocial disability, 9.4% (or 112,000) of those aged 75–84, and 25% (or 124,000) of those aged 85 and over
- 2.9% (or 64,000) of people aged 65–74 have head injury, stroke or acquired brain injury, 3.9% (or 47,000) of those aged 75–84, and 7.4% (or 36,000) of those aged 85 and over (ABS 2019b).

Females aged 85 and over are more likely to have intellectual disability (19% or 57,000) or psychosocial disability (27% or 82,000) than males (13% or 24,000 and 22% or 41,000 respectively) (ABS 2019b).

The age distribution of people with disability differs substantially by disability group (Figure PREVALENCE.4):

- People with sensory or speech disability are most likely to be aged 65 and over; this is in contrast to the Australian population as a whole where most people are aged under 65.
- The proportion of people aged under 25 is higher in people with intellectual disability than in the total population.
- Most people with physical disability are between ages 55 and 84.
- Most people with head injury, stroke or acquired brain injury are aged 45 and over
- People with psychosocial disability are distributed more evenly across all age groups than any other disability group.

Figure PREVALENCE.4: Population distribution, by disability group, age group and sex, 2018



**Relative standard error greater than 50% and is considered too unreliable for general use.

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

¹Head injury, stroke or acquired brain injury.

Source: ABS 2019b; see also Table PREV6.

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

Whether people with disability have severe or profound disability differs by age group, sex and disability group (Figure PREVALENCE.5):

- Of all people with disability, those aged 25-64 are the least likely to have severe or profound disability (23% or 411,000), while those aged under 25 are the most likely (49% or 317,000).
- Of people with intellectual or psychosocial disability, those aged 65 and over have the highest likelihood of severe or profound disability; 82% of those with intellectual disability and 80% of those with psychosocial disability in this age group have severe or profound disability.
- Females with sensory disability (43% or 281,000), or intellectual disability (69% or 213,000) are more likely to have severe or profound disability than males (35% or 303,000 and 59% or 259,000 respectively).
- People aged under 25 with disability are more likely (49% or 317,000) to have severe or profound disability than those aged 25-64 (23% or 411,00) or 65 and over (35% or 687,000) (ABS 2019b).

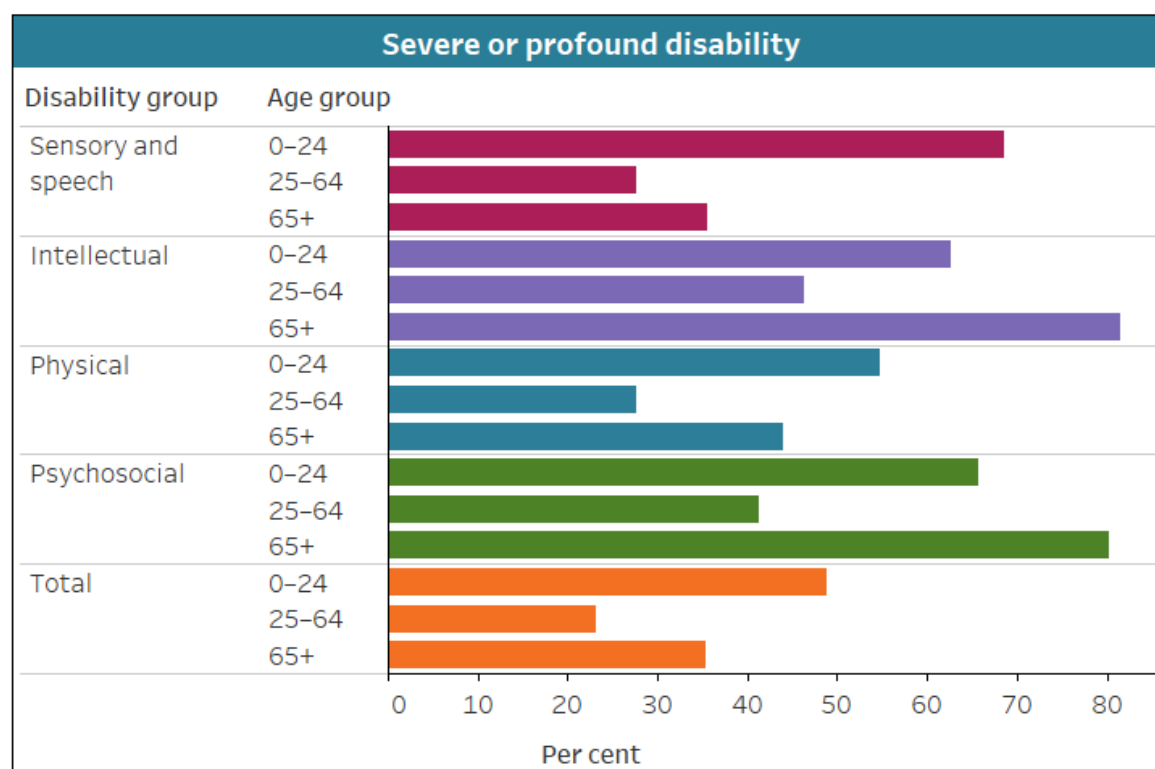
Figure PREVALENCE.5: Severe or profound disability in people with disability, by disability group, age group and sex, 2018

Select to view by

- ☒ Age group
☐ Sex

Select to highlight disability group

- ☒ Sensory and speech
☐ Intellectual
☐ Physical
☐ Psychosocial
☐ Total



¹Head injury, stroke or acquired brain injury.

Note: People with head injury, stroke or acquired brain injury are included in the aggregated total but are not shown separately by age group due to uncertainty over data quality.

Source: ABS 2019b; see also tables PREV8 and PREV9.

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Disability type

Broad disability groups can include different types of disability. This section looks at prevalence of different disability types among all people with disability.

Sensory disability includes loss of sight, loss of hearing and speech difficulties. Which type of sensory disability people with disability have varies by age group (Figure PREVALENCE.6):

- One in 4 (26% or 169,000) people aged under 25 with disability have speech difficulties compared with 3.5% (62,000) of those aged 25–64 and 5.4% (104,000) of those aged 65 and over.
- Two in 5 (41% or 800,000) people aged 65 and over with disability experience loss of hearing compared with 14% (or 246,000) of those aged 25–64 and 4.3% (or 28,000) of those aged under 25.
- Almost 1 in 10 (8.7% or 169,000) people aged 65 and over with disability experience loss of sight compared with 3.9% (or 69,000) of those aged 25–64 and 2.7% (or 17,000) of those aged under 25 (ABS 2019b).

Physical disability includes breathing difficulties, blackouts, seizures or loss of consciousness; chronic or recurring pain or discomfort; incomplete use of arms or fingers; difficulty gripping or holding things; incomplete use of feet or legs; restriction in physical activities or work; and disfigurement or deformity. The occurrence of most physical disability types increases with age (Figure PREVALENCE.6):

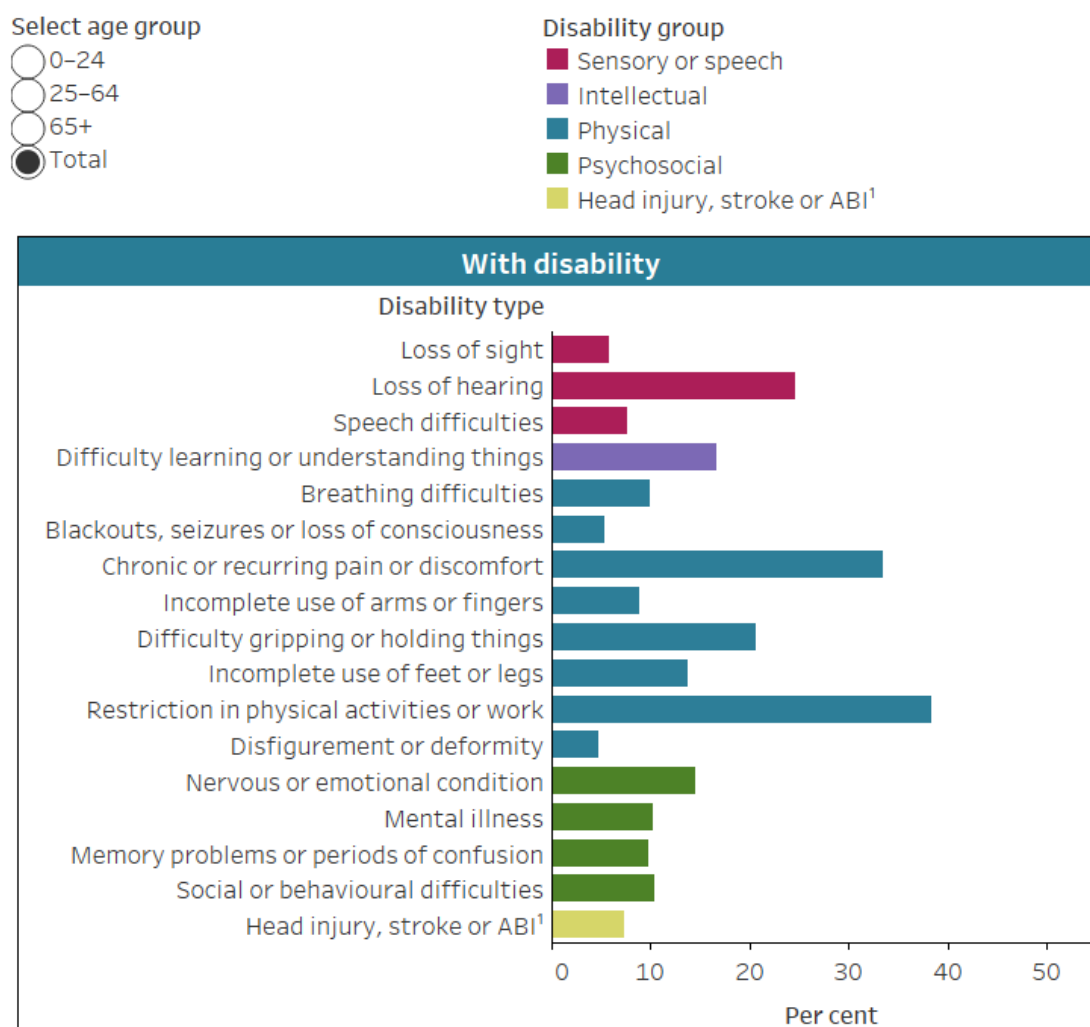
- Restriction in physical activities or work are common in people with disability of all age groups, but increase with age (12% or 75,000 of those aged under 25, 40% or 707,000 of those aged 25–64 and 46% or 892,000 of those aged 65 and over).
- People with disability aged 25–64 (40% or 704,000) or 65 and over (37% or 715,000) are more likely to experience chronic or recurring pain or discomfort than those aged under 25 (5.9% or 39,000).
- Younger people with disability aged under 25 are more likely (7.4% or 48,000) to have blackouts, seizures or loss of consciousness than those aged 25–64 (5.5% or 98,000) or 65 and over (4.5% or 87,000) (ABS 2019b).

Psychosocial disability includes nervous or emotional conditions, mental illness, memory problems or periods of confusion, and social or behavioural difficulties. The type of psychosocial disability people with disability experience varies by age group (Figure PREVALENCE.6):

- People with disability aged under 25 (20% or 128,000) or 25–64 (20% or 358,000) are more likely to have a nervous or emotional condition than those aged 65 and over (7.7% or 149,000).
- One in 5 (21% or 135,000) people with disability aged under 25 have a mental illness, compared with 8.1% (or 144,000) of those aged 25–64 and 8.7% (or 168,000) of those aged 65 and over.

- Social or behavioural difficulties decrease with age in people with disability (25% or 165,000 of those aged under 25, 9.8% or 175,000 of those aged 25–64 and 5.9% or 115,000 of those aged 65 and over).
- Memory problems or periods of confusion increase with age in people with disability (6.7% or 44,000 of those aged under 25, 8.9% or 159,000 of those aged 25–64 and 12% or 226,000 of those aged 65 and over) (ABS 2019b).

Figure PREVALENCE.6: Disability type of people with disability, by age group, 2018



¹Head injury, stroke or acquired brain injury.

Source: ABS 2019b; see also Table PREV12.

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

Main health condition

For about 3 in 4 (77%) people with disability, the main type 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%), the main type 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's 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 reported by SDAC respondents is that the main condition 'just came on' (21% or 931,000), followed by diseases, illnesses or hereditary conditions (15% or 649,000) and accidents and injuries (12% or 515,000). This varies by disability level, sex, age group and disability group:

- The main health condition of people with severe or profound disabilities is more likely (10% or 146,000) to be present at birth than for people with other disability status (5.3% or 158,000).
- The main health condition of people with severe or profound disability is less likely (4.5% or 64,000) to be caused by work, working conditions or overwork than for people with other disability status (12% or 358,000).
- Males with disability are almost 3 times as likely (14% or 304,000) to have a main condition that was caused by work, working conditions or overwork as females (5.4% or 120,000).
- Males are less likely to have a main condition that just came on (19% or 411,000), or was caused by disease, illness or hereditary factors (13% or 269,000) than females (23% or 521,000 and 17% or 380,000 respectively).
- One in 4 (25% or 165,000) people with disability aged under 25 have a main condition that was present at birth, compared with 6.5% (or 116,000) of those aged 25–64 or 1.2% (or 23,000) of those aged 65 and over.
- People aged 25–64 with disability are more likely (17% or 303,000) to have a main condition that was caused by an accident or injury than those aged under 25 (3.7% or 24,000) or 65 and over (9.6% or 187,000).
- One in 7 (15% or 286,000) people aged 65 and over have a main condition that was caused by old age.
- The most common cause of main condition in people with intellectual disability is that it was present at birth (22% or 164,000), while people with head injury, stroke or acquired brain injury are most likely to have a main condition caused by an accident or injury (25% or 82,000).
- About 1 in 5 people with sensory disability, physical disability, or psychosocial disability have a main condition that just came on (21% or 320,000, 21% or 589,000 and 19% or 213,000 respectively) (ABS 2019b).

Of the 1 in 8 (12% or 515,000) people with disability who are disabled as a result of an accident or injury, the incident most commonly happened on the road (30% or 154,000) or at work (29% or 146,000), followed by at home (18% or 92,000) and at sporting venues (7.6% or 39,000) (ABS 2019b). One in 8 (13% or 543,000) people with disability living in households were aged under 5 when the main health condition set in or the accident happened. Males are more likely to have been aged under 5 when that happened, especially those with severe or profound disability:

- males with severe or profound disability are twice as likely (30% or 184,000) to have been aged under 5 than females (15% or 94,000)
- males with other disability status are slightly more likely (9.8% or 145,000) than females (8.0% or 118,000) (ABS 2019b).

The age at onset of main condition or when accident happened also varies by disability group. Forty-one per cent (or 262,000) of people with intellectual disability were aged under 5 at onset of main condition or when the accident happened; 19% (or 185,000) of those with psychosocial disability; 17% (or 239,000) of those with sensory or speech disability; 9.9% (28,000) of those with head injury, stroke or acquired brain injury, and 7.9% (206,000) of those with physical disability (ABS 2019b).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

References

ABS (Australian Bureau of Statistics) (2004) *Microdata: disability, ageing and carers, Australia, 2003*, ABS cat. no. 4430.0.30.002, ABS AIHW analysis of TableBuilder data, accessed 3 June 2020. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

ABS (2010) *Microdata: disability, ageing and carers, Australia, 2009*, ABS cat. no. 4430.0.30.002, ABS, AIHW analysis of TableBuilder data, accessed 3 June 2020. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

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ABS (2019a) *Disability, ageing and carers, Australia: summary of findings, 2018*, ABS, accessed 4 August 2021. <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>

ABS (2019b) *Microdata: disability, ageing and carers, Australia, 2018*, ABS cat. no. 4430.0.30.002, ABS, AIHW analysis of TableBuilder data, accessed 14 July 2021. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

Activities people need help with

Key findings

- 1 in 3 (30%) people with disability living in households need help with health care.
- 1 in 4 (27%) people with disability living in households need help with property maintenance.
- 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 activities people need help with 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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

Activities of daily living

Three in 5 (60% or 2.5 million) people with disability living in households need help with at least one of 10 activities of daily living (99% or 1.2 million of those with severe or profound disability, and 43% or 1.3 million of those with other disability status) (ABS 2019a, 2019b). Help is most commonly needed with health care, property maintenance, and cognitive or emotional tasks (Table ACTIVITIES.1).

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
Cognitive or emotional tasks	23.7	39.7
Household chores	23.4	39.1
Mobility	23.0	38.5
Transport	21.1	35.4
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.

Whether people with disability living in households need help with at least one activity of daily living varies by sex and age group:

- those aged under 25 are more likely (71% or 459,000) to need help than those aged 25–64 (53% or 932,000) or 65 and over (63% or 1.1 million)
- males aged under 25 are more likely (74% or 277,000) than females under 25 (67% or 182,000)
- females aged 25–64 (56% or 505,000) or 65 and over (71% or 653,000) are more likely to need assistance than males in those age groups (50% or 429,000 and 54% or 456,000 respectively) (ABS 2019b).

Of people with disability living in households who need help with at least one activity:

- the need for help with cognitive or emotional tasks decreases with age (79% or 362,000 of those aged under 25, 45% or 422,000 of those aged 25–64, and 19% or 208,000 of those aged 65 and over)
- those aged under 25 are more likely (41% or 187,000) to need help with oral communication than those aged 25–64 (5.9% or 55,000) or 65 and over (5.8% or 64,000)

- the need for help with household chores or property maintenance increases with age
 - 8.3% (or 38,000) of those aged under 25, 41% (or 379,000) of those aged 25–64 and 50% (or 557,000) of those aged 65 and over need help with household chores
 - 6.5% (or 30,000) of those aged under 25, 47% (or 442,000) of those aged 25–64 and 60% (or 660,000) of those aged 65 and over need help with property maintenance (ABS 2019b).

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, these are:

- sensory and speech (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).

Of people aged under 65 with disability living in households:

- 82% (or 631,000) of those with psychosocial disability need assistance with at least one activity of daily living
- 81% (or 430,000) of those with intellectual disability
- 70% (or 120,000) of those with head injury, stroke or acquired brain injury
- 61% (or 845,000) of those with physical disability
- 57% (or 319,000) of those with sensory disability (ABS 2019b).

Type of accommodation

The SDAC collects data 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).

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. Almost all (99%, or 187,000) people with disability living in cared accommodation need some assistance with a least one of 10 activities of daily living (100% or 183,000 of those with severe or profound disability and 75% or 4,000 of those with other disability status). This is compared with 99% (or 1.2 million) of people with severe or profound disability living in households, and 43% (or 1.3 million) of those with other disability status living in households (ABS 2019b). See ['Type of housing'](#) for more information on people living in cared accommodation compared with in households.

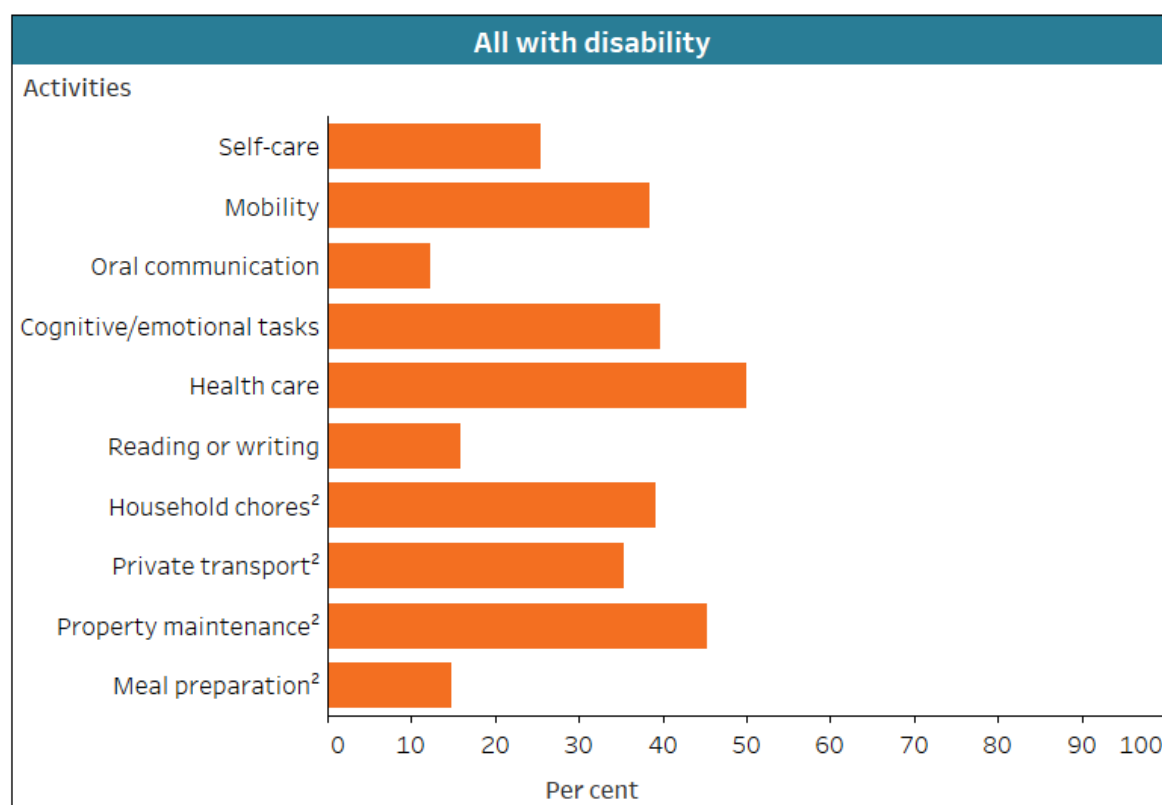
The types of support people with disability need vary according to their age, sex and level of disability (figures ACTIVITIES.1 and ACTIVITIES.2).

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

Disability status
☐ Severe or profound disability
☐ Other disability¹
☒ All with disability

Type of housing
☒ Households
☐ Cared accommodation
☐ All living arrangements

Age group
☐ Under 65
☐ 65+
☒ Total



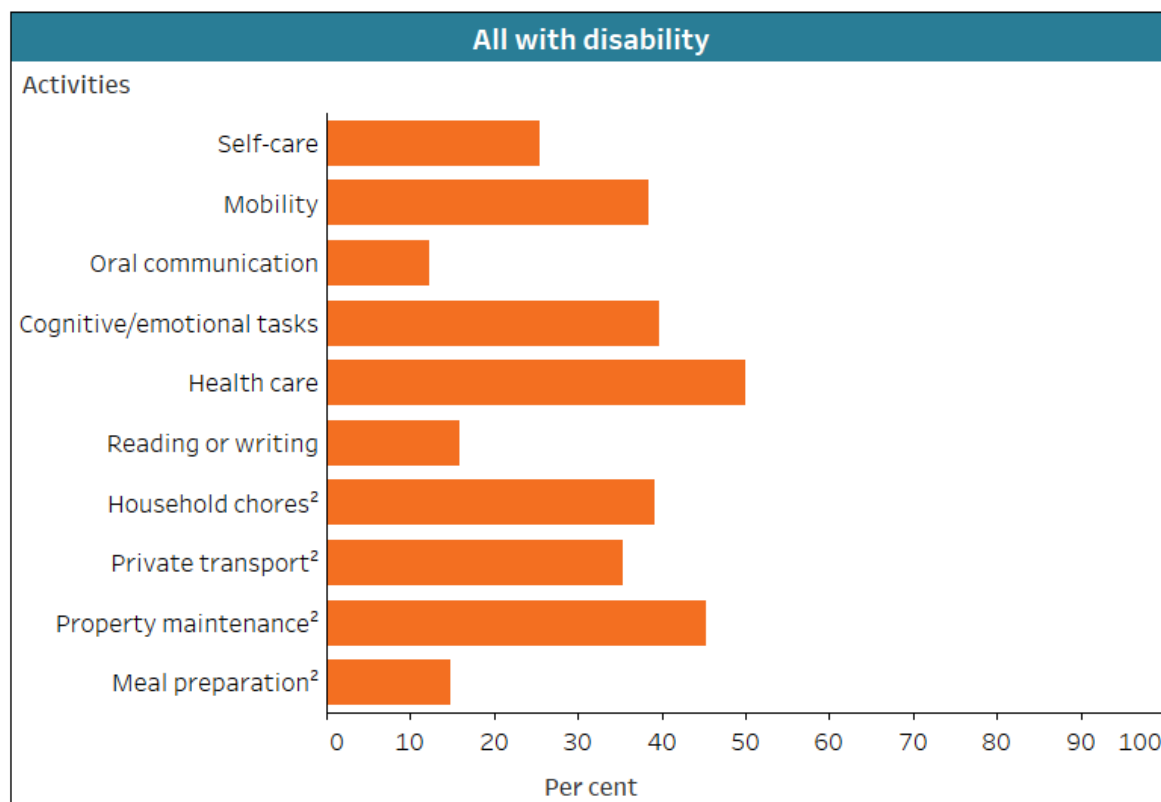
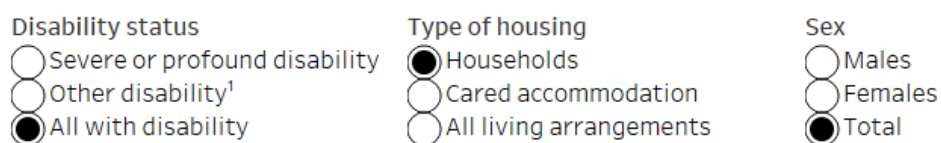
¹No data were collected for self-care, mobility and oral communication.

²Collected for people living in households only.

Source: ABS 2019b; see also tables ACTI8, ACTI12 and ACTI15.

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

Figure ACTIVITIES.2: Activities where assistance is needed for people with disability who need help with at least one 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 table ACT116.

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

Mobility and transport

Mobility limitations and difficulties using public or private transport can make it difficult for people with disability to get to places they need to go to. Accessible transport options, mobility aids and assistance are important to ensure people with disability can participate in society equally and independently.

Mobility limitations

What are mobility limitations?

Mobility is one of the 3 core activities considered by the SDAC and covers tasks such as:

- getting into or out of a bed or chair
- moving about usual place of residence
- moving about a place away from usual residence
- walking 200 metres
- walking up and down stairs without a handrail
- bending and picking up an object from the floor
- using public transport.

The SDAC collects data on whether people have difficulty, need assistance, or use aids or equipment to perform those tasks (ABS 2019a).

Most (98% or 4.2 million) people with disability aged 5 and over are able to leave their place of residence (home or cared accommodation). People with disability aged 65 and over are more likely (2.5% or 48,000) to not leave their place of residence than those aged 5–64 (0.9% or 22,000) (ABS 2019b).

Around one-quarter (26% or 1.1 million) of people with disability aged 5 and over who leave their place of residence, cannot walk 200 metres (18% of those aged 5–64 and 35% of those aged 65 and over). Another 1 in 7 (15% or 650,000) can walk 200 metres but take longer to do so than other people of the same age (ABS 2019b).

More than 2 in 5 (42% or 1.8 million) people with disability aged 5 and over who move about their residence, cannot walk up and down stairs without a handrail (31% of those aged 5–64 and 57% of those aged 65 and over). Another 1 in 9 (12% or 505,000) can walk up and down stairs without a handrail, but have difficulty doing so (ABS 2019b).

One in 8 (13% or 556,000) people, with disability aged 5 and over who leave their place of residence, always need assistance with mobility away from their place of residence (9.4% of those aged 5–64 and 17% of those aged 65 and over). Another 1 in 9 (11% or 467,000) sometimes need assistance with mobility and 4.5% (or 195,000) do not need assistance but have difficulty with mobility (ABS 2019b).

Use of mobility aids

What are mobility aids?

Mobility aids can help people with mobility limitations to move around and perform mobility tasks. Mobility aids include canes, crutches, walking frames, walking sticks, electric and manual wheelchairs, scooter or gopher, specially modified car or car aids, braces, belts, corsets, guide dog or other assistance animals, built-up shoes, orthoses or orthotics, electric operated lounge chairs and/or specialised seating, lifting machine or hoist, other mobility chairs, disability specific mobile apps and other mobility aids.

More than 1 in 7 (16% or 679,000) people with disability use mobility aids (7.7% of those aged 0–64 and 25% of those aged 65 and over). Those with severe or profound disability are almost 7 times as likely (37%) to use mobility aids as those with other disability status (5.4%).

More than 2 in 5 (42% or 78,000) of those aged 0–64 who use mobility aids use a walking stick, 25% use a walking frame, 22% use a manual wheelchair, 17% use crutches and 13% use canes. Almost 3 in 5 (58% or 284,000) of those aged 65 and over who use mobility aids use a walking frame, 40% (or 195,000) use a walking stick, 24% (or 119,000) use a manual wheelchair and 10% (or 52,000) use canes (ABS 2019b).

Around 1 in 25 (3.7% or 89,000) people with disability aged 0–64 use mobility aids for moving around their residence and other places (14% or 273,000 of those aged 65 and over). Another 3.6% (or 88,000) of those aged 0–64 use mobility aids only for moving around places other than their residence (8.6% or 166,000 of those aged 65 and over) (ABS 2019b).

Public transport

One in 7 (14% or 590,000) people, with disability aged 5 and over living in households who leave home, cannot use any form of public transport (12% of those aged 5–64 and 17% of those aged 65 and over). Another 1 in 9 (11% or 458,000) need help or supervision to use public transport and a further 1 in 14 (6.9% or 282,000) are able to use public transport without help or supervision but have difficulty (ABS 2019b).

People with disability may experience indirect discrimination in terms of environmental or structural elements that limit their access to, and ability to use public transport. See ['Disability discrimination'](#) for more information on difficulties people with disability experience when using public transport.

Private transport

Around one-quarter (24% or 884,000) of people with disability, aged 16 and over living in households who leave home need assistance with private transport to get to places away from home (19% of those aged 16–64 and 29% of those aged 65 and over).

Females (26% or 509,000) are more likely to need assistance with private transport than males (21% or 372,000):

- 20% (or 206,000) of females aged 16–64 need assistance compared with 17% (or 169,000) of males
- 33% (or 303,000) of females aged 65 and over need assistance compared with 24% (or 205,000) of males (ABS 2019b).

Two in 3 (66% or 2.5 million) people with disability, aged 16 and over living in households who leave home do not have difficulty travelling by private transport without assistance (70% of those aged 16–64 and 61% of those aged 65 and over).

A further:

- 15% (or 575,000) always need to be driven
- 8.2% (or 309,000) sometimes need to be driven
- 3.4% (or 126,000) do not need to be driven but have difficulty travelling without assistance
- 6.9% (or 258,000) need to be driven or have other difficulty (ABS 2019b).

More than 4 in 5 (82% or 2.9 million) people with disability, aged 17 and over living in households who leave home and know how to drive, are licensed (85% of those aged 17–64 and 78% of those aged 65 and over) (ABS 2019b).

Schooling and employment restrictions

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 skills](#)' and '[Employment](#)' for more information on people with schooling and employment restrictions.

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% or 2.0 million) aged 5 and over have a schooling or employment restriction (65% or 768,000 of those with severe or profound disability and 41% or 1.2 million of those with other disability status)
- 4 in 5 (80% or 305,000) aged 5–18 who attend school have specific restrictions related to their schooling (92% or 190,000 of those with severe or profound disability and 66% or 115,000 of those with other disability status)

- 1 in 2 (47% or 88,000) aged 15–64 studying for a non-school qualification have specific restrictions related to education (73% or 25,000 of those with severe or profound disability and 41% or 61,000 of those with other disability status)
- 2 in 3 (68% or 1.4 million) aged 15–64 have specific restrictions related to employment (91% or 457,000 of those with severe or profound disability and 60% or 936,000 of those with other disability status) (ABS 2019b).

Almost 9 in 10 (87% or 659,000) people aged 5–64 with psychosocial disability living in households have a schooling or employment restriction compared with:

- 85% (or 439,000) of those with intellectual disability
- 82% (or 140,000) of those with head injury, stroke or acquired brain injury
- 75% (or 1.0 million) of those with physical disability
- 67% (or 345,000) of those with sensory disability (ABS 2019b).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

References

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Disability-free life expectancy

Key findings

- Girls born in 2018 can expect to live 22% (19 years) of their overall life expectancy with some level of disability. Boys born in 2018 can expect to live 21% (17 years) of their overall life expectancy with some level of disability.
- Men aged 65 in 2018 can expect to live 53% (11 years) of their remaining lives with some level of disability.
- 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 people's state of health 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 expected 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 disability (a subset of years of life with disability)
- without disability (all levels) – a subset of years of life without severe or profound disability
- without severe or profound 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 ABS abridged life tables are used with unpublished age- and sex-specific disability prevalence rates from the ABS 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 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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

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).

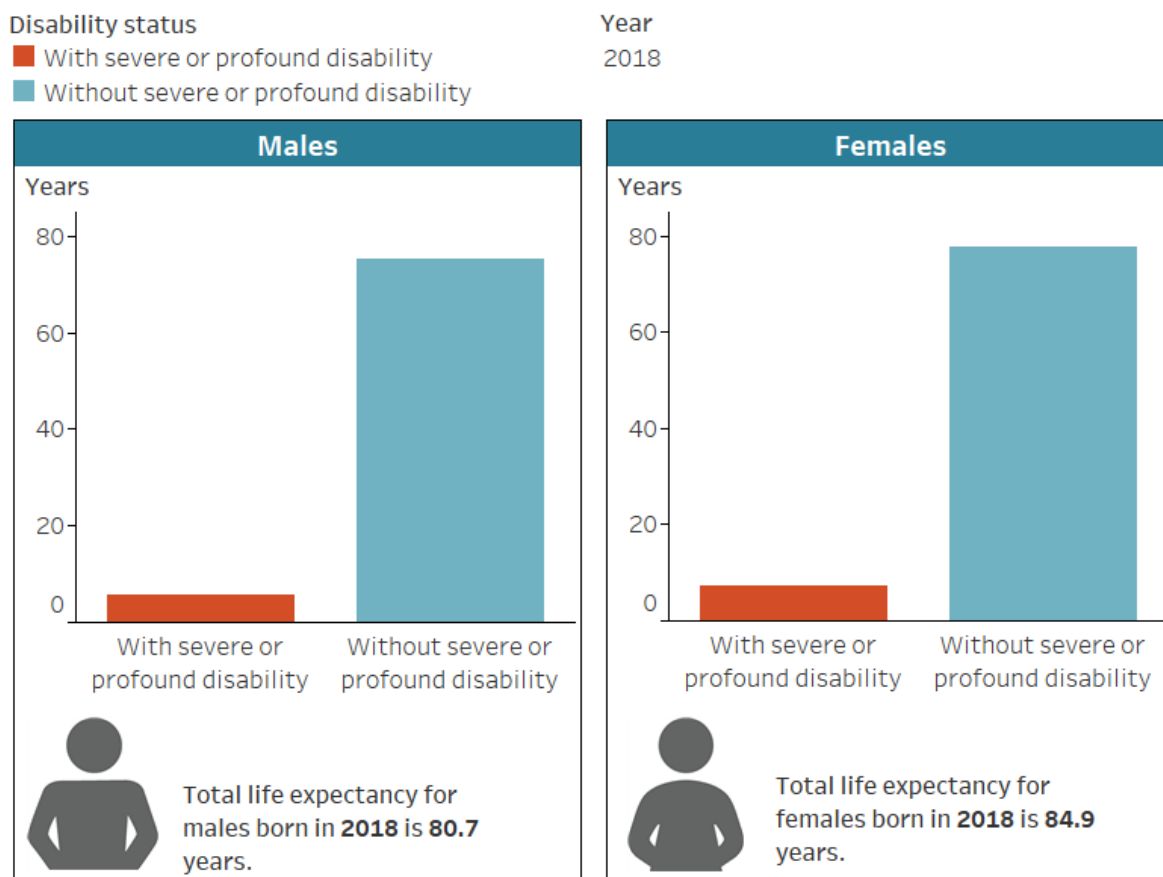
For people born in 2018, this equates to living around one-fifth of their life with some level of disability (21% for males and 22% for females).

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:

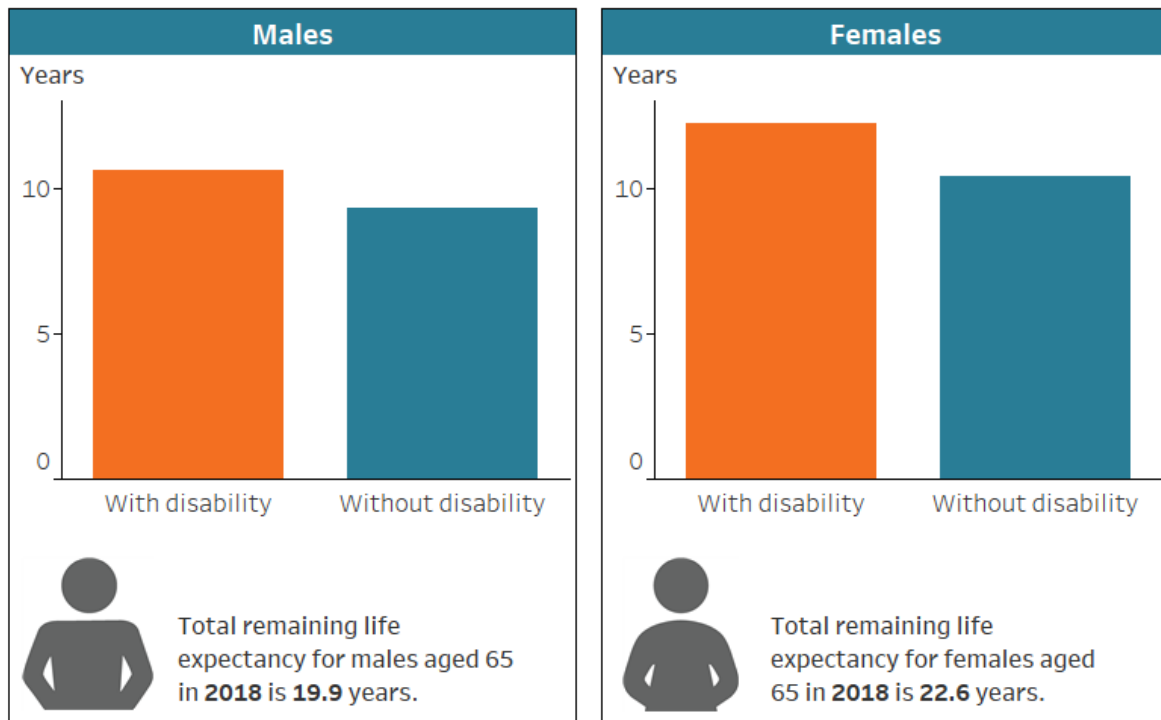
- 10 years without disability (Figure LIFE EXPECTANCY.3)
- 12 years with some level of disability, including around 5.5 years with severe or profound disability (Figure LIFE EXPECTANCY.4).

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

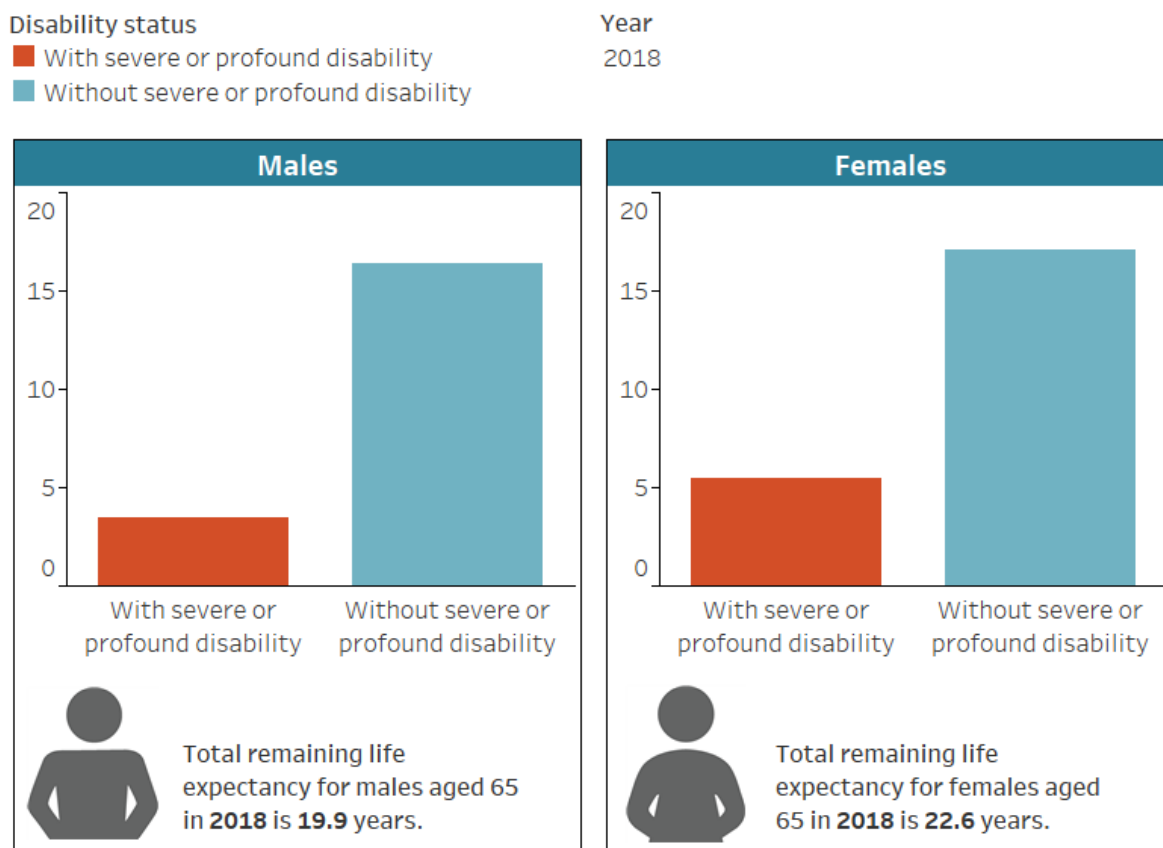
Disability status
 With disability
 Without disability

Year
 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:

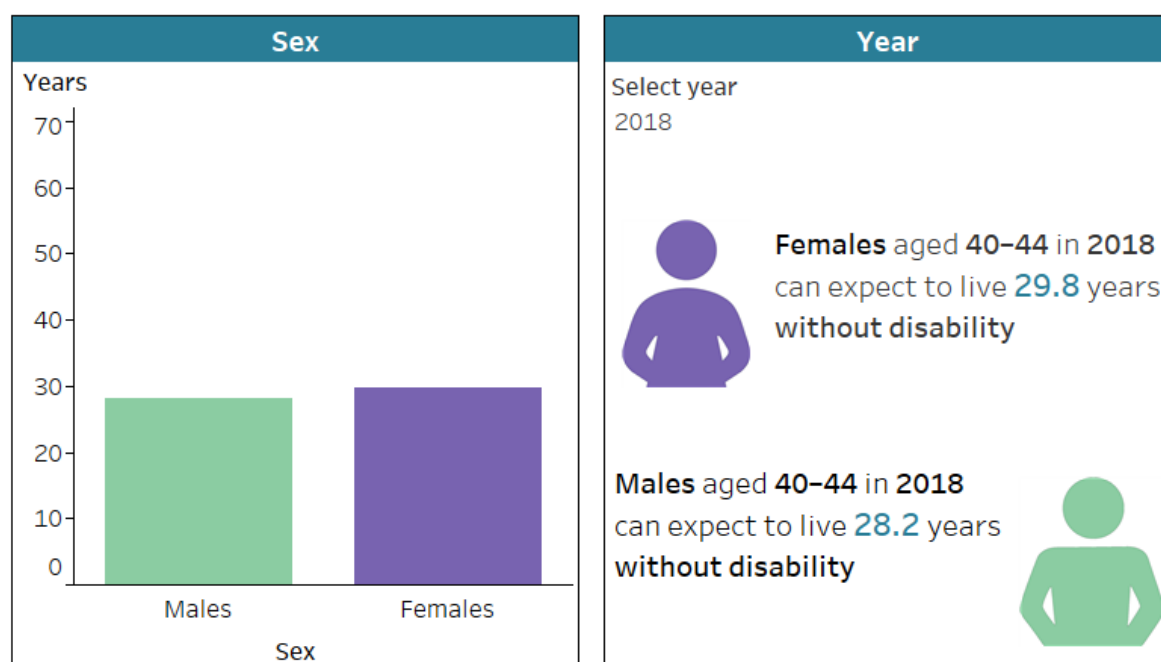
- 25–29 in 2003 can expect to live an additional 40 years without disability, increasing to 43 years for women of that age in 2018

- 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

Females generally have a longer life expectancy; they can expect to live longer with disability compared to males, but their disability-free life expectancy is also longer than for males. The gender gap in the expected years living without:

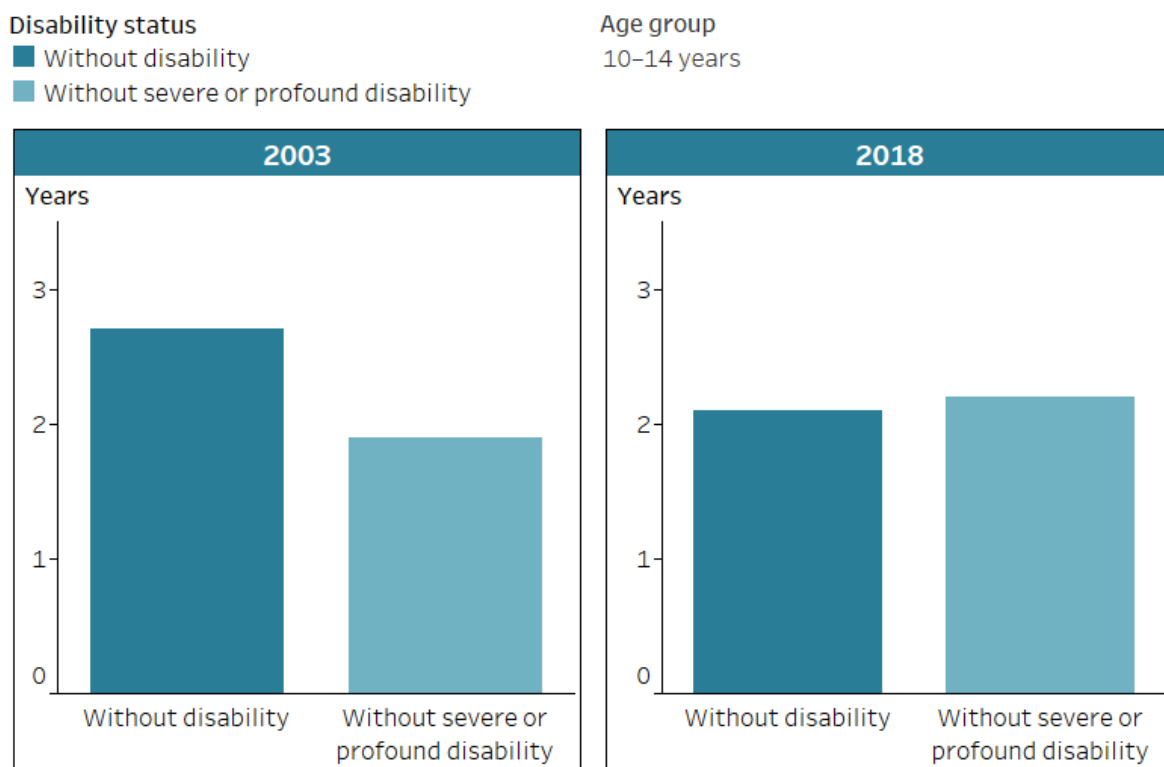
- overall disability narrowed in most age groups between 2003 and 2018
- severe or profound disability remained stable for most age groups (Figure LIFE EXPECTANCY.6).

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 females and expected years for males (calculated by subtracting expected years for males from expected years for females).

Figure LIFE EXPECTANCY.6: The difference between females and males 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 of disability'](#) for more information.

Between 2003 and 2018, the crude rates of disability and of severe or profound disability 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 disability 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 disability (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).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

[AIHW Disability-free life expectancy.](#)

References

ABS (Australian Bureau of Statistics) (2019a) *Disability, ageing and carers, Australia: summary of findings, 2018*, ABS, accessed 4 August 2021.
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Sullivan DF (1971) 'A single index of mortality and morbidity', *Health Services and Mental Health Administration Health reports*, 86(4):347–354, accessed 5 May 2022.
<https://pubmed.ncbi.nlm.nih.gov/5554262/>

Personal life

Key findings

- 2 in 3 (65%) people with disability aged 35–44 have parenting responsibilities.
- 1 in 5 (22%) people with disability aged 35–44 do not have children and are unlikely (or unsure) to have any in the future.
- Half (51%) of people with disability aged 15–64 are satisfied or totally satisfied with their life (36% of those with severe or profound disability).

People with disability are more likely than those without disability to experience social isolation, loneliness and lower levels of satisfaction with their local community (see ['Social inclusion'](#)). This section covers aspects of personal life of people with disability such as family background, parenting responsibilities and satisfaction with life in general.

Household, Income and Labour Dynamics in Australia Survey

Data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 or over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017 almost 18,000 people from around 10,000 households participated in the HILDA Survey.

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. This is similar to the definition of disability used by the ABS Short Disability Module. In this section people who always or sometimes need help or supervision with at least one core activity because of their disability are referred to as people with 'severe or profound disability'. Core activities include self-care, mobility and communication. People who have disability but do not always or sometimes need help or supervision with at least one core activity are referred to as people with 'other disability'. The HILDA Survey does not collect information on level of disability in every wave. The most recent collection was in the 17th wave (2017) (Summerfield et al. 2019; Wilkins et al. 2019).

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 HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:

- sensory: includes sight, hearing, and speech problems
- intellectual: includes difficulty learning or understanding things
- physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity
- psychosocial: includes nervous or emotional conditions, and mental illness
- head injury, stroke or other brain damage
- other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions.

Moving out of the parental home

Moving out of the parental home is an important step towards adulthood in a young person's life. The age when people moved out of their parental home for the first time varies by age group:

- More than two-thirds (69%) of people with disability aged 18–24 are still living in their parental home, which is similar to those without disability (67%).
- Of those aged 25–44 with disability, most say they moved out of home before the age of 25 (75%) and 15% are still living at home (compared with 76% and 9%, respectively, of those without disability) (DSS and MIAESR 2019).

Family planning and parenting responsibilities

The proportion of people with parenting responsibilities and those with intentions to have children in the future varies by age group, sex, disability status and disability group:

- People with disability aged 25–34 are about as likely (36%) to have parenting responsibilities for children aged under 18 as those without disability (36%), but people with disability aged 35–44 and 45–54 are less likely (65% and 36% respectively) than those without disability (75% and 50% respectively) to have these responsibilities.
- Just under half (49%) of women aged 25–34 with disability and 73% of those aged 35–44 have parenting responsibilities compared with 26% and 56% of men.
- Men aged 55–64 with disability are more likely (12%) to have parenting responsibilities than women in that age group (3.7%).
- People with disability aged 25–34 and 35–44 are more likely (27% and 22% respectively) to say they do not have children and are unlikely (or unsure) to have

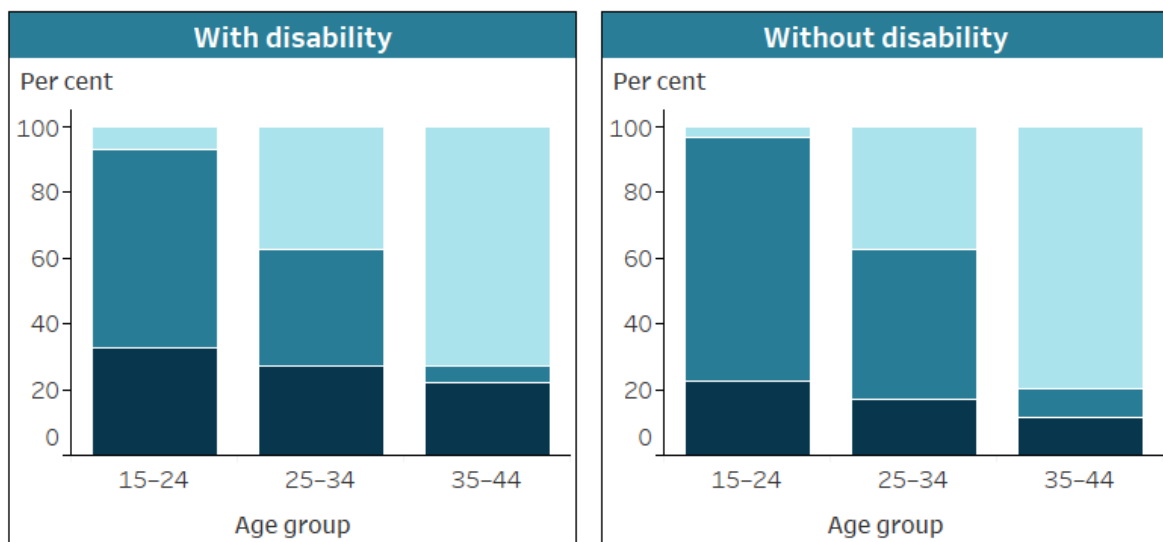
any in the future, than those without disability (17% and 11% respectively) (Figure PERSONAL.1).

- Almost one-third (31%) of males aged 15–44 with disability do not have children and say they are unlikely (or not sure) to have any in the future, compared with 19% of those without disability.
- 22% of females aged 15–44 with disability do not have children and say they are unlikely (or unsure) to have any in the future, compared with 14% of those without disability (DSS and MIAESR 2019).

Figure PERSONAL.1: Intentions to have children¹, by disability status and age group, 2017

Select to highlight family planning status

- Have children
- No children but likely to have children
- No children and not likely to have children



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

¹People aged 15–44.

²Includes people who have one or more children.

³Includes people who never had a child, but are likely to have a child in the future.

⁴Includes people who never had a child and are unsure or unlikely to have a child in the future.

Source: DSS & MIAESR 2019; see also tables PERS11.

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

Satisfaction with the amount of free time

Satisfaction with aspects of life

Each year, the HILDA Survey participants are asked to rate their satisfaction with 8 aspects of their life on a 0–10 scale (10 represents the highest level of satisfaction and 0 the lowest):

1. the home in which they live
2. their employment opportunities
3. their financial situation
4. how safe they feel
5. feeling part of their local community
6. their health
7. the neighbourhood in which they live
8. the amount of free time they have.

After assessing their satisfaction with each of the above aspects, respondents are then asked how satisfied they are with their life, all things considered.

This chapter looks at satisfaction with the amount of free time and the overall life satisfaction. For information on satisfaction with other aspects of life see [‘Health’](#), [‘Social support’](#), [‘Housing’](#), [‘Employment’](#), and [‘Income and finance’](#).

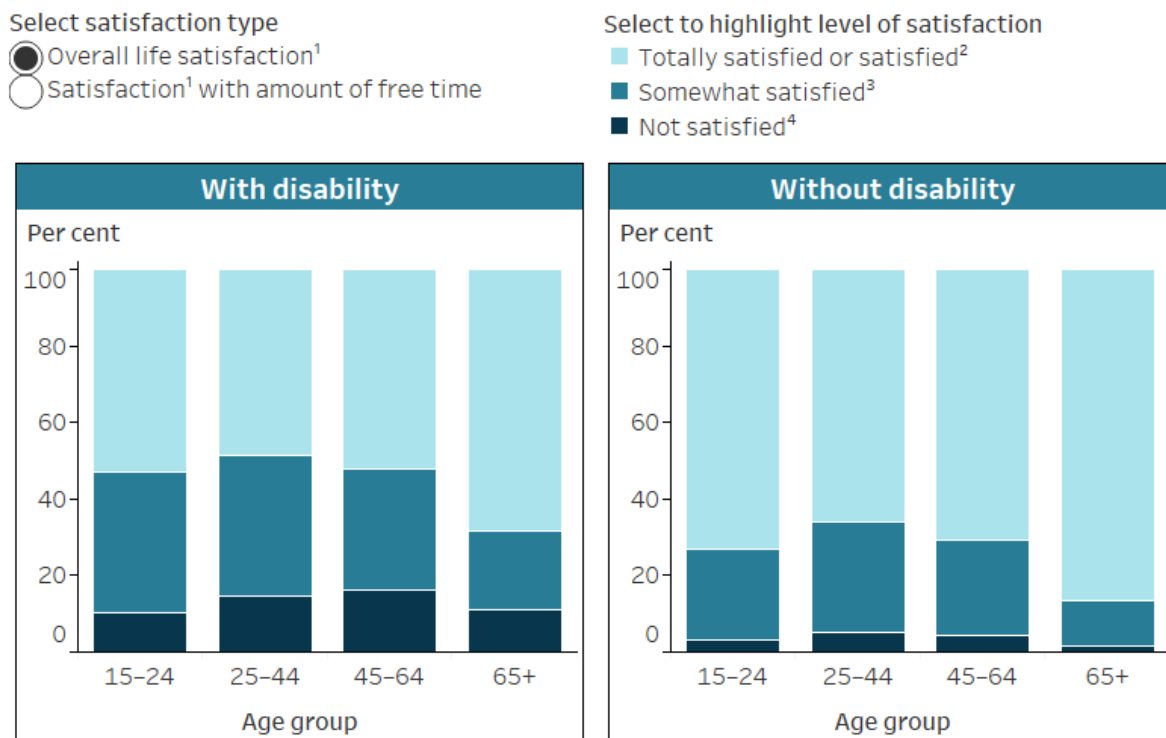
In this analysis, people who indicated a satisfaction level between 0 and 5 are referred to as not being satisfied, those with level 6 or 7 as somewhat satisfied, and those with level 8 to 10 as satisfied or totally satisfied.

The satisfaction with the amount of free time people have varies largely by age group. In general, satisfaction with the amount of free time is lowest for people aged 25–44 and highest for people aged 65 and over. People with disability aged 15–24 and 25–44 are about as likely (40% and 29% respectively) to be satisfied or totally satisfied with the amount of free time they have as those without disability (41% and 28% respectively). People with disability aged 45–64 are slightly more likely (44%) to be satisfied or totally satisfied than those without disability (40%), and people aged 65 and over with disability are less likely (69%) to be satisfied or totally satisfied than those without disability (78%) (Figure PERSONAL.2). Of people with disability aged 15–64:

- males are more likely (42%) to be satisfied or totally satisfied with the amount of free time they have than females (36%)
- those with severe or profound disability are more likely (49%) to be satisfied or totally satisfied than those with other disability status (37%)
- those living in *Major cities* are less likely (37%) to be satisfied or totally satisfied than those in *Inner regional* areas (42%)

- people with sensory disability are more likely (46%) to be satisfied or totally satisfied than those with physical disability (38%) (DSS and MIAESR 2019).

Figure PERSONAL.2: Overall life satisfaction¹ and satisfaction¹ with amount of free time for people aged 15 and over, by disability status and age group, 2017



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

¹Satisfaction on an ordinal scale from 0 (totally dissatisfied) to 10 (totally satisfied).

²Includes category 8, 9 and 10 (totally satisfied).

³Includes category 6 and 7.

⁴Includes category 0 (totally dissatisfied) to 5 (neither satisfied nor dissatisfied).

Source: DSS & MIAESR 2019; see also tables PERS17 and PERS22.

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

Life satisfaction

More than half (51%) of people with disability aged 15-64 are satisfied or totally satisfied with their life, all things considered. This is lower than for people without disability, of whom 69% are satisfied or totally satisfied. People aged 65 and over with disability are more likely to be satisfied or totally satisfied (69%) than those with disability aged 15-64, but less likely than those aged 65 and over without disability (86%) (Figure PERSONAL.2). Of people aged 15-64 with disability:

- females are more likely (54%) to be satisfied or totally satisfied with their life than males (48%)
- those with severe or profound disability are less likely to be satisfied or totally satisfied (36%) than people with other disability status (53%) (DSS and MIAESR 2019).

Where can I find out more?

[Data tables](#) for this report.

[The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 17.](#)

References

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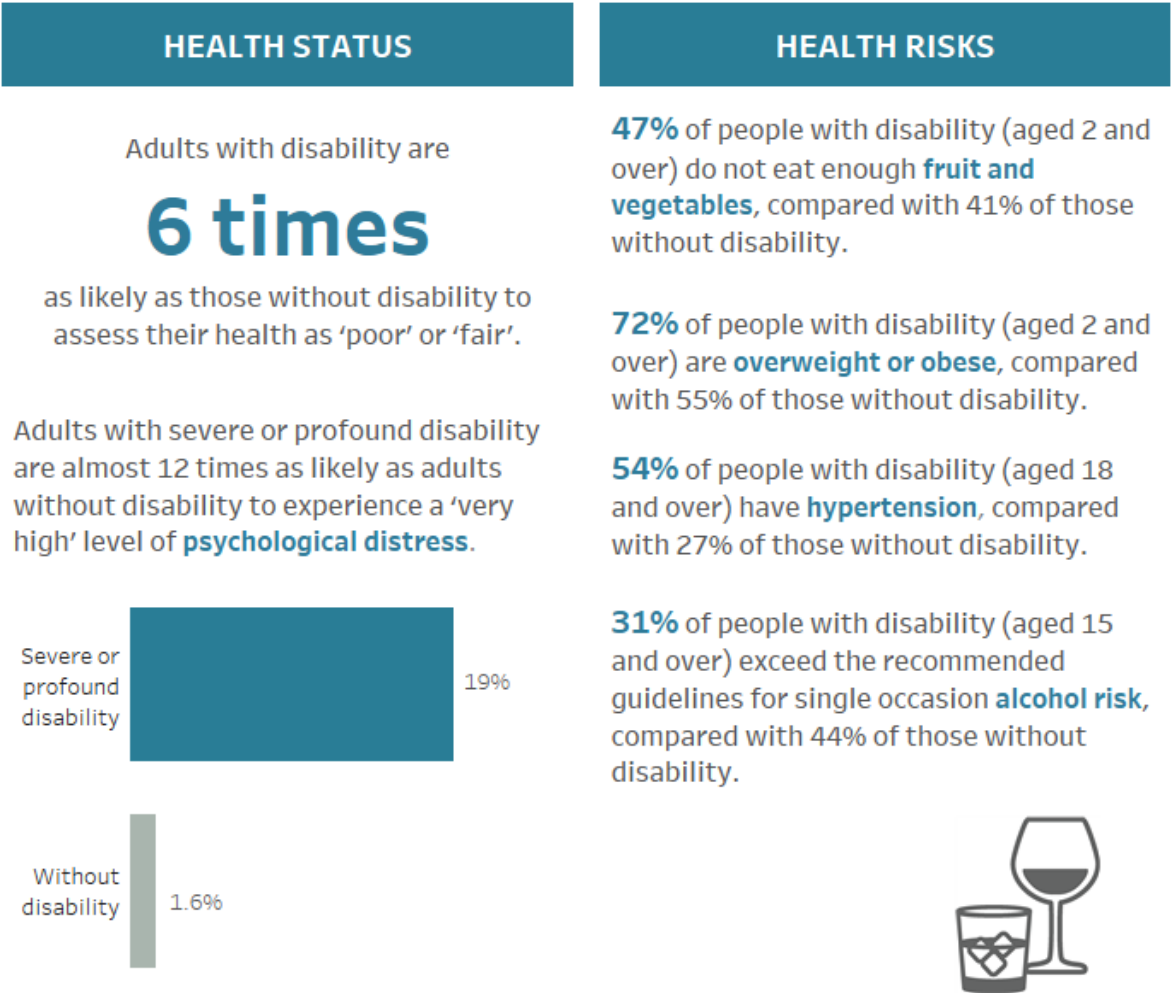
4. Health

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.

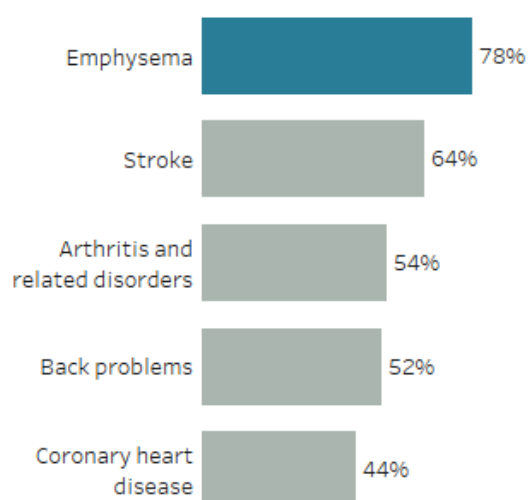


CHRONIC CONDITIONS

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.



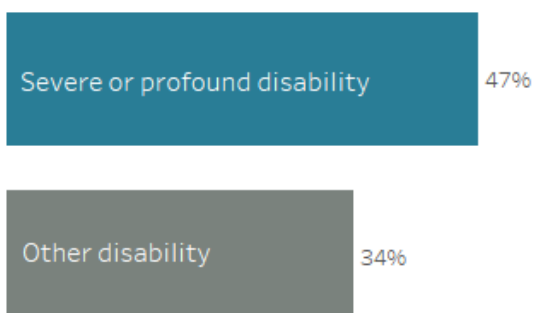
ACCESS TO HEALTH SERVICES

7.6%

of people aged under 65 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

Key findings

- 24% of adults with disability rate their health as excellent or very good (65% of adults without disability).
- 42% of adults with disability rate their health as fair or poor (7.0% of adults without disability).
- 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 Australians 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 criteria similar to those 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 one 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 one 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 the SDAC are included in the supplementary data tables for reference.

General health

An estimated two-thirds (65%) of adults without disability consider their health 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 to poor. The supplementary data tables accompanying this section include data for adults, as presented on this page, and those aged 15 and over.

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

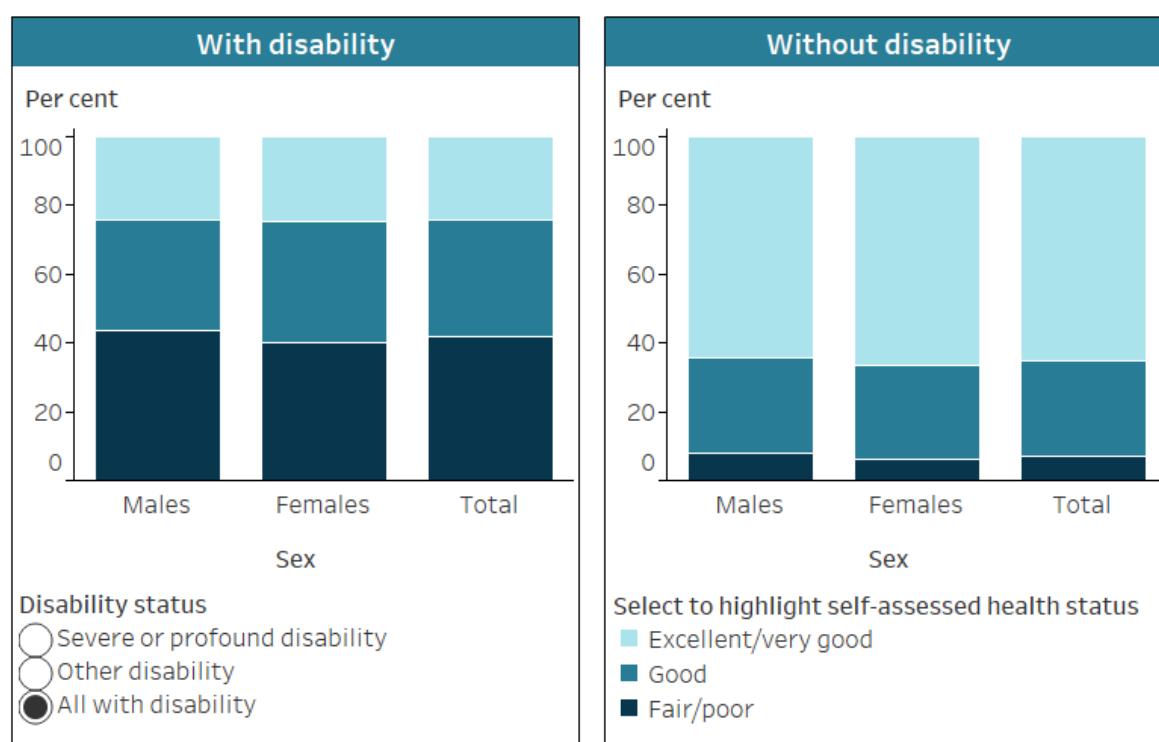
- Adults with disability (42%) are 6 times as likely as those without disability (7.0%) to assess their health as fair or poor.
- Adults with severe or profound disability (62%), are almost 9 times as likely as adults without disability (7.0%), and almost twice as likely as adults with other disability (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 self-assessed health status of older (aged 65 and over) and younger (aged 18–64) adults with disability (Figure STATUS.1).

Figure STATUS.1: Self-assessed health status of adults¹, by disability status, age group and sex, 2017–18

Select to view by sex or age group

Sex



¹People aged 18 and over living in households.
Source: ABS 2019; see also tables STAT4 and STAT5.
<http://www.aihw.gov.au>

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. The questions ask 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, excluding interviews conducted with proxy respondents (where the selected respondent is not able to answer for themselves).

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:

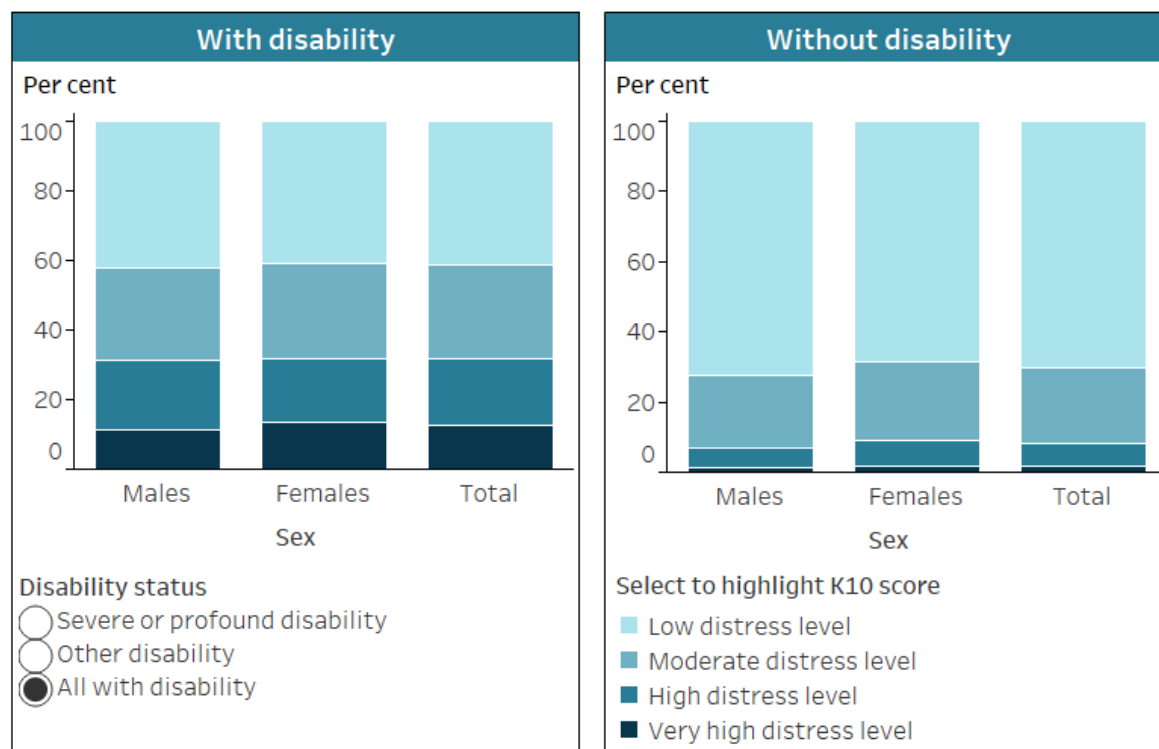
- adults with disability (32%) – 4 times as likely as those without disability (8.0%)
- adults with severe or profound disability (40%) – compared with adults with other forms of disability (30%)
- men with disability (31%) – around 5 times as likely as those without disability (6.8%)
- women with disability (32%) – 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).

Figure STATUS.2: Psychological distress (K10 score) for adults¹, 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.

¹People aged 18 and over living in households.

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

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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.

Looking at disability groups, 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).

Health satisfaction

Household, Income and Labour Dynamics in Australia Survey

Data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 or over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017 almost 18,000 people from around 10,000 households participated in the HILDA Survey.

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 6 months or more. This is similar to the definition of disability used by the ABS Short Disability Module. In this section people who always or sometimes need help or supervision with at least one core activity because of their disability are referred to as people with 'severe or profound disability'. Core activities include self-care, mobility and communication. People who have a disability but do not always or sometimes need help or supervision with at least one core activity are referred to as people with 'other disability'. The HILDA Survey does not collect information on level of disability in every wave. The most recent collection was in the 17th wave (2017) (Summerfield et al. 2019; Wilkins et al. 2019).

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 HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:

- sensory: includes sight, hearing, and speech problems
- intellectual: includes difficulty learning or understanding things
- physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity
- psychosocial: includes nervous or emotional conditions, and mental illness
- head injury, stroke or other brain damage
- other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions.

Health satisfaction

In 2017, HILDA Survey participants were asked to rate their satisfaction with their own health on a scale from 0 to 10. Ten represents the highest level of satisfaction and 0 the lowest (DSS and MIAESR 2019). In this analysis, people who indicate a satisfaction level between 6 and 10 are referred to as being satisfied or somewhat satisfied with their health.

More than 9 in 10 (92%) people aged 15–64 without disability are satisfied or somewhat satisfied with their health. This is not the case for people with disability, with only 6 in 10 (59%) being satisfied or somewhat satisfied. Of people with disability aged 15–64:

- those with severe or profound disability are less likely (27%) to be satisfied or somewhat satisfied with their health than those with other disability status (63%)
- those with psychosocial disability are less likely (42%) than those with sensory disability (61%) (DSS and MIAESR 2019).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

[ABS National Health Survey: First Results, 2017-18](#) and [ABS NHS user guide](#).

[The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 17.](#)

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ABS (Australian Bureau of Statistics) (2018a) *National Health Survey: first results, 2017–18*, ABS cat. no. 4324.0.55.001, ABS, accessed 11 May 2020.

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Summerfield M, Bright S, Hahn M, La N, Macalalad N, Watson N, Wilkins R and Wooden M (2019) *HILDA user manual – Release 18*, Melbourne Institute: Applied Economic and Social Research, University of Melbourne, accessed 10 September 2021.
<https://melbourneinstitute.unimelb.edu.au/hilda/for-data-users/user-manuals>

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<https://melbourneinstitute.unimelb.edu.au/hilda/publications/hilda-statistical-reports>

Health risk factors and behaviours

Key findings

- 47% of people aged 2 and over with disability do not eat enough fruit and vegetables, compared with 41% without disability.
- 18% of people aged 15 and over with disability smoke daily, compared with 12% without disability.
- 72% of people aged 15 and over with disability do not do enough physical activity, compared with 52% without disability.

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 affects 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 a person'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 one 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 one 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](#).

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 [Australian dietary guidelines \(NHMRC 2013\)](#) for more information.

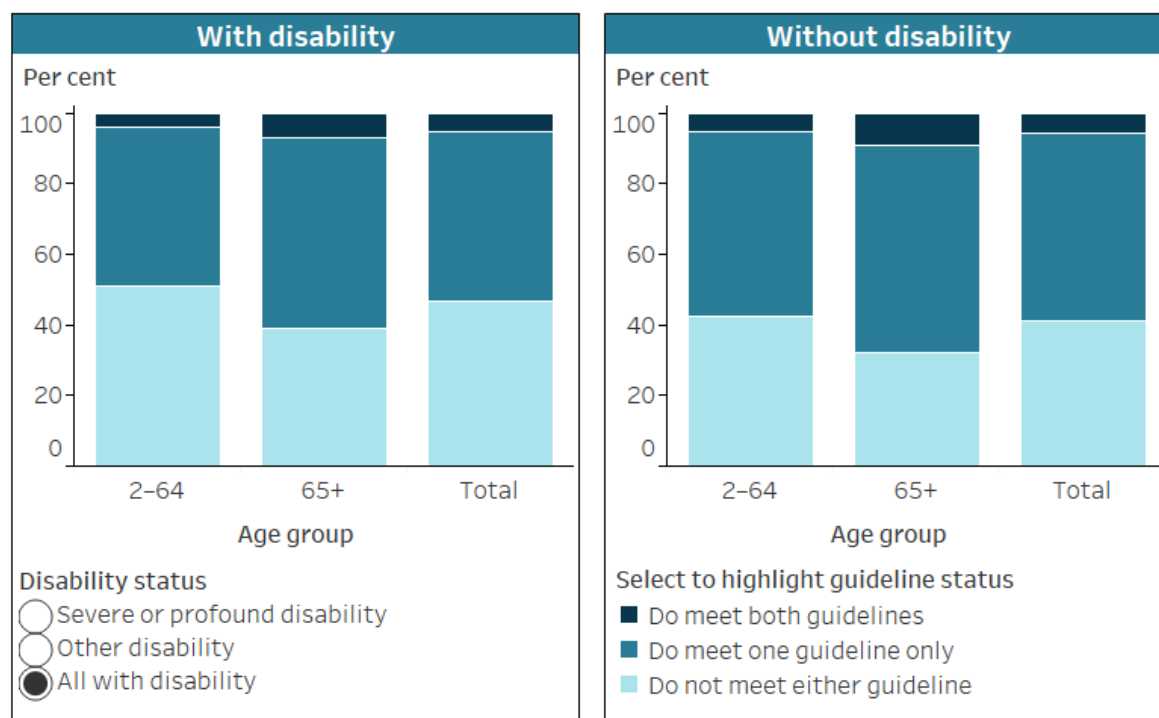
In the ABS NHS, adequacy of intake (consumption) is based on whether a respondent's reported usual daily fruit or vegetable intake meets or exceeds the NHMRC recommendation. It is collected for people aged 2 and over.

Many people, including those with disability, do not eat enough fruit and vegetables for optimum health and wellbeing. Based on self-reported data, around half (47%) of 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 (NHMRC) guidelines.

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

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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 not to eat enough fruit or vegetables each day. Around half (53%) of younger adults (aged 18–64) with disability eat less than the recommended serves of fruit or vegetables each day, compared with 39% of 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, coffee and hot tea, and alcoholic beverages (that is, beer and wine).

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, coffee and tea flavoured with sugar replacements (for example, the brand Equal), and alcoholic beverages (that is, beer and wine).

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).

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).

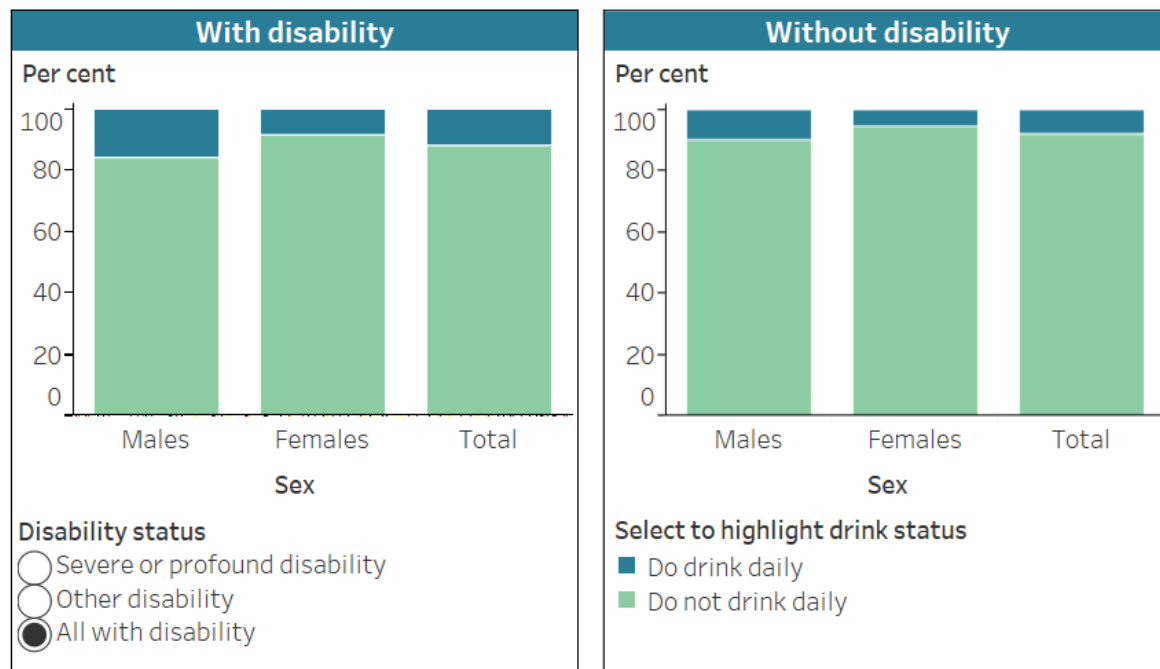
Figure RISK.2: Consumption¹ of sugar-sweetened² and diet drinks³, by disability status, age group and sex, 2017–18

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>

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 and 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 the middle of the body 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 and women. On this page those with increased risk and substantially increased risk are reported on as one 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 for those with severe or profound disability and others with disability.

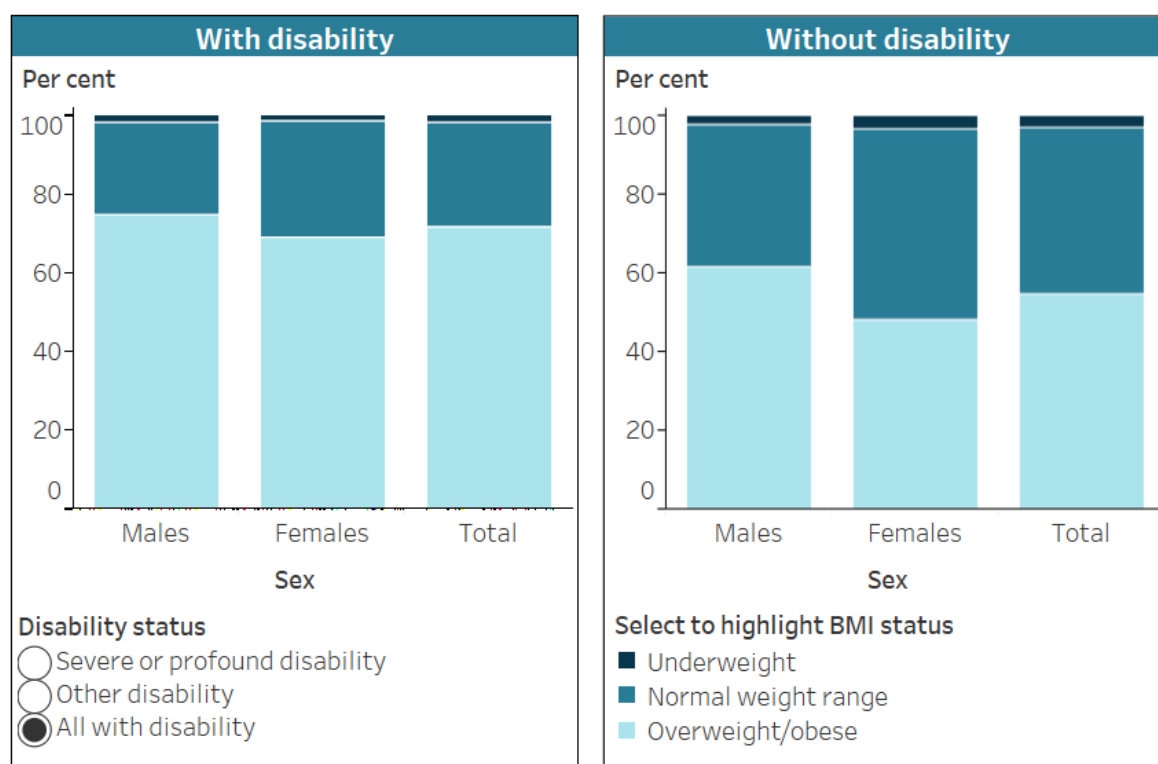
Males aged 2 and over with disability (75%) are more likely than females in that age group with disability (69%) to be overweight or obese (Figure RISK.3). As this is consistent with patterns for the overall population, this likely reflects the sex of the person rather than their disability status.

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).

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.

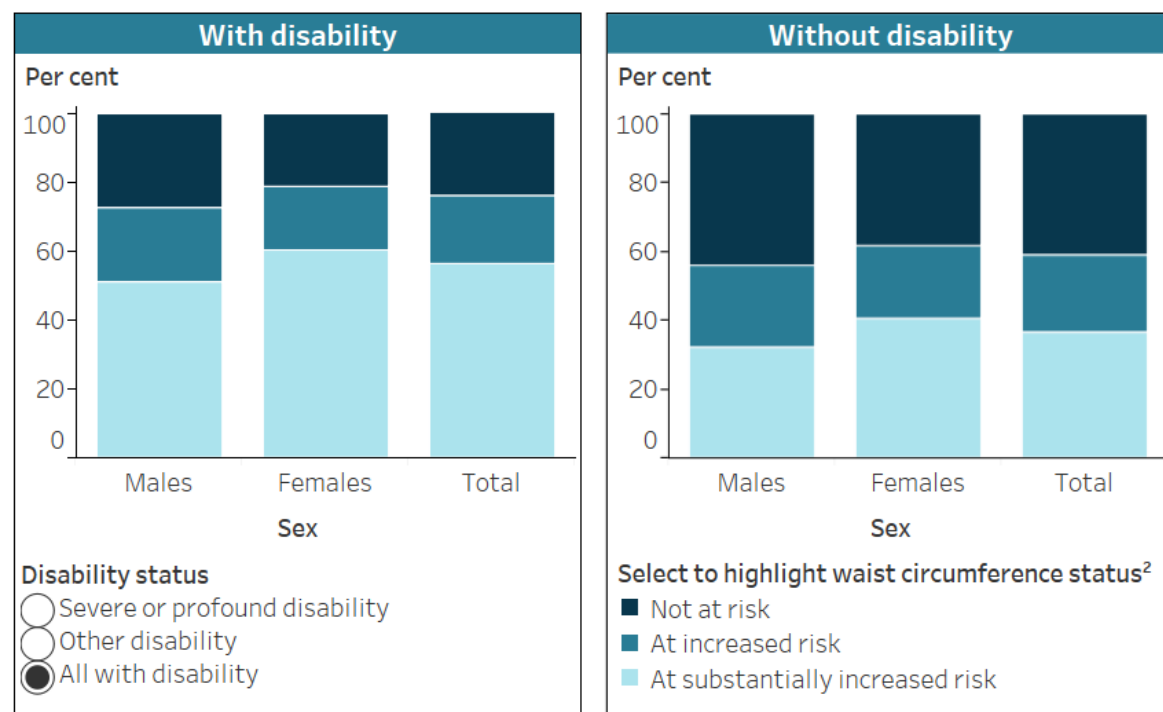
Source: ABS 2019; see also tables RISK31 and RISK32.

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

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.

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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).

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.

Physical activity and exercise guidelines for all Australians (Department of Health 2021) provide recommendations on:

- 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.

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 a person'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). In 2017–18, the NHS asked about the following types of physical activity:

- walking for transport
- walking for fitness, sport or recreation
- moderate exercise
- vigorous exercise
- strength or toning exercises
- workplace physical activity.

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.

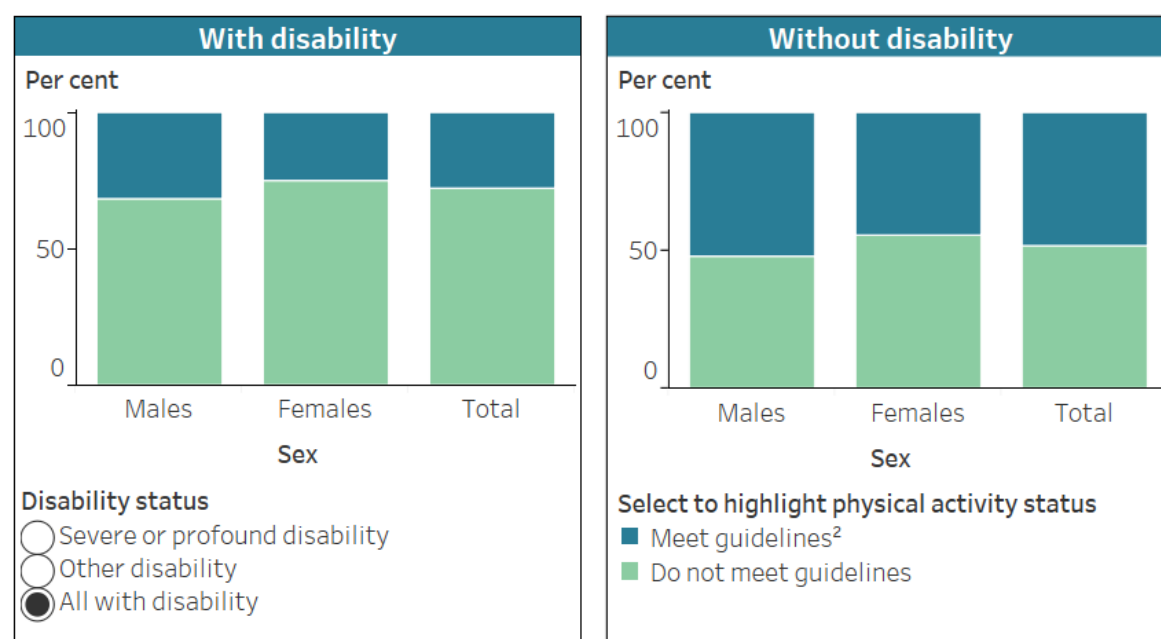
For more information on physical activity, see [AIHW physical activity](#).

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).

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.

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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).

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, and 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, comprising
 - 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, comprising
 - 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

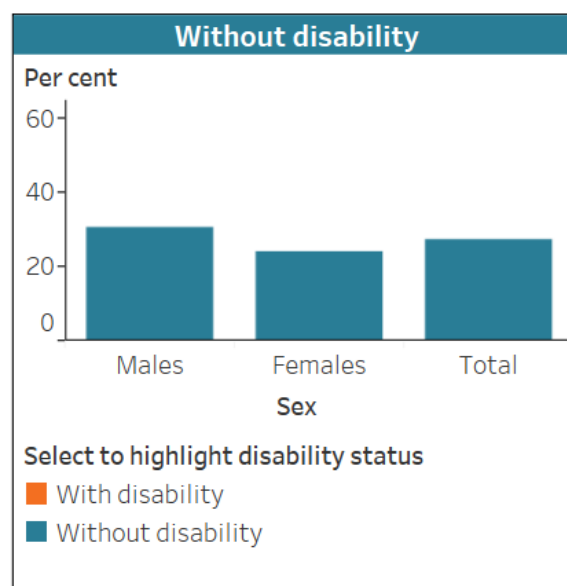
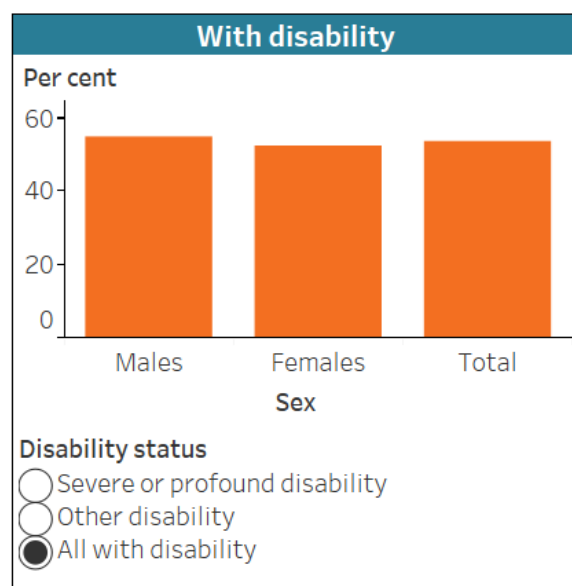
Blood pressure category

- ☐ 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 and 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 and quantity of their smoking.

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%).

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).

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>

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. The 2017–18 National Health Survey (NHS) used 2009 guidelines which defined alcohol-related risk as:

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

In 2017–18, the NHS collected information about alcohol consumption for people aged 15 and over. It should be noted that the above definition of risky alcohol consumption is for people aged 18 and over, and that the current guidelines state that children and young people under 18 years of age should not be drinking alcohol.

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.

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

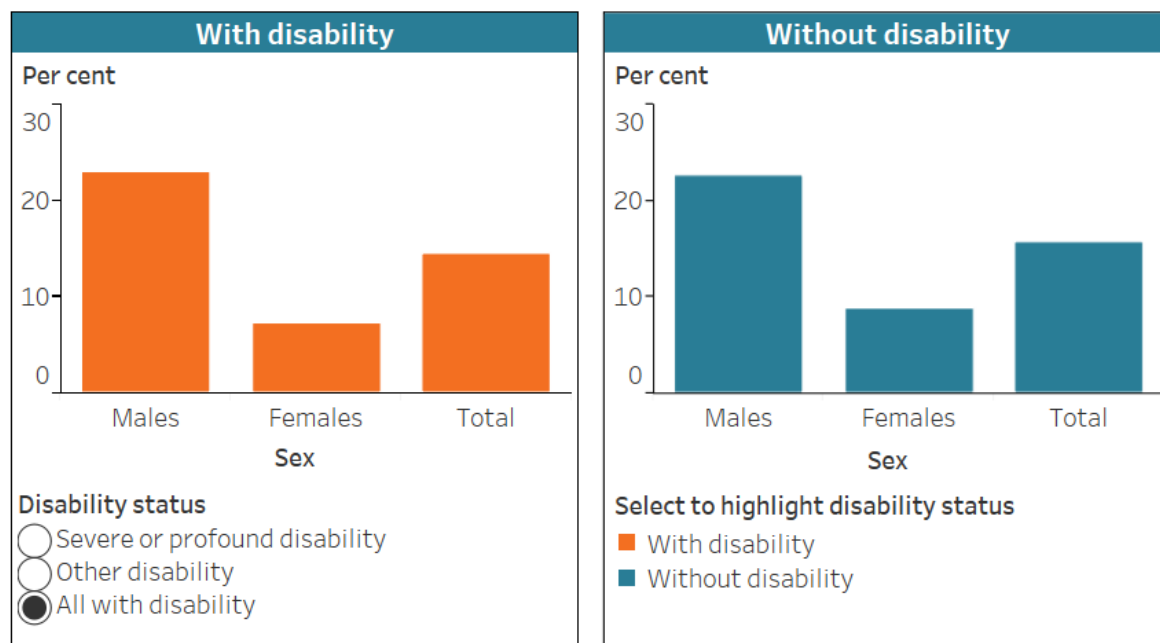
- ☐ Age group
☒ Sex



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>

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 44% of people aged 15 and over without disability.

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

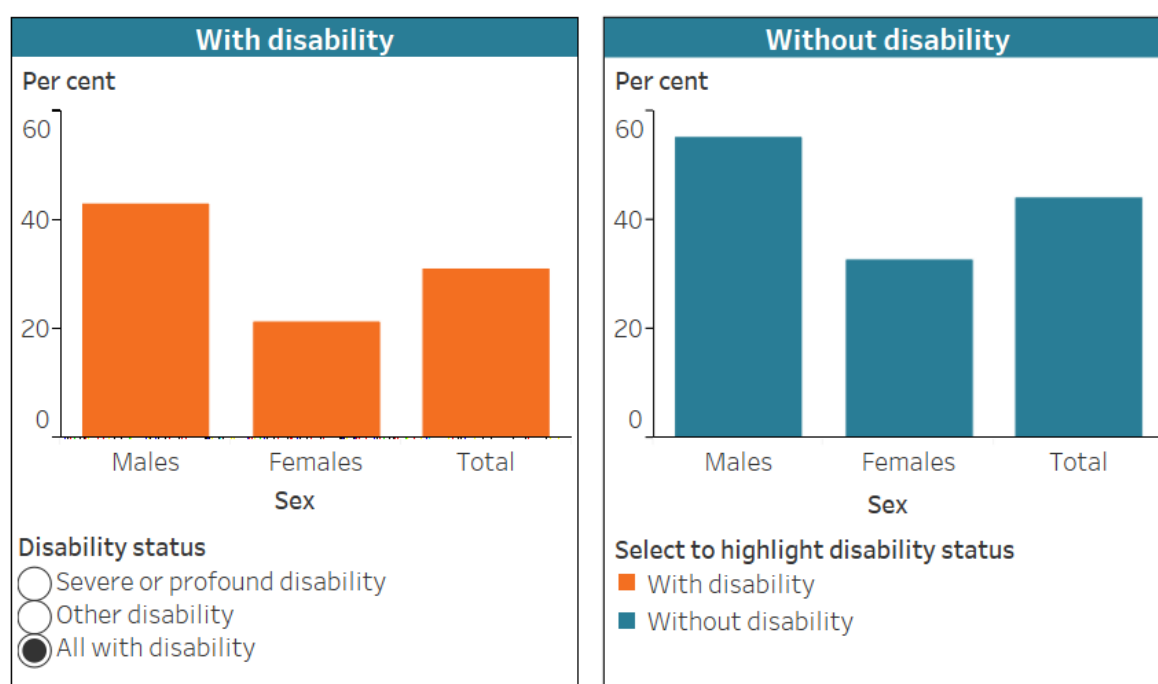
- ☐ Age group
☒ Sex



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%). However, 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.

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

Health risk factors and behaviours for the general Australian population – [Behaviours & risk factors](#).

[ABS National Health Survey: First Results, 2017–18.](#)

Dietary guidelines – [National Health and Medical Research Council \(NHMRC\)](#).

References

ABS (Australian Bureau of Statistics) (2018a) *National Health Survey: first results, 2017–18*, ABS cat. no. 4324.0.55.001, ABS, accessed 11 May 2020.

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ABS (2018b) *ABS sources of disability information, 2012–2016*, ABS cat. no. 4431.0.55.002, ABS, accessed 4 August 2021.

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Department of Health (2021) *Physical activity and exercise guidelines for all Australians*, Department of Health, Australian Government, accessed 4 August 2021. <https://www.health.gov.au/health-topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians>

NHMRC (National Health and Medical Research Council) (2013) *Australian Dietary Guidelines*, NHMRC, accessed 4 August 2021. <https://www.nhmrc.gov.au/about-us/publications/australian-dietary-guidelines>

Chronic conditions and disability

Key findings

- 50% (2.8 million) of people with one or more of 8 selected chronic conditions also have disability.
- 9.8% of people with asthma as their main condition have disability.
- 64% of people with stroke as their main condition have disability.

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

Chronic conditions considered 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 projects 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 one 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 one selected chronic condition also have disability
- 40% (or 1.5 million) of people who have one 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 describes only 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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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.

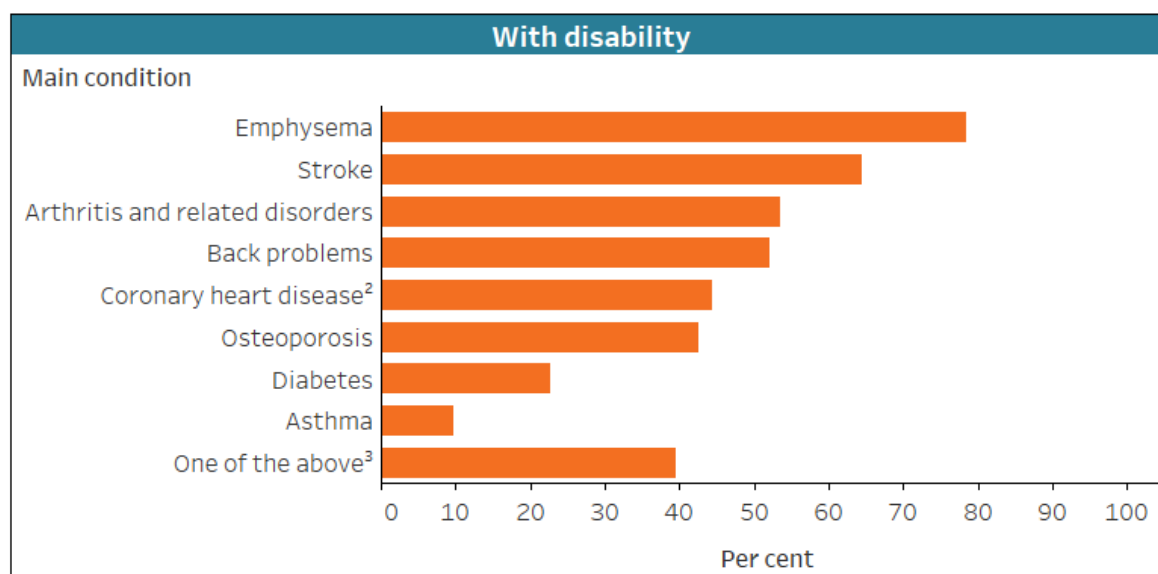
The severity of disability is defined by whether a person needs help, has difficulty, or uses aids or equipment with 3 core activities – self-care, mobility, and communication – and is grouped for mild, moderate, severe, and profound limitation. People who always or sometimes need help with one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication 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 one 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.

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% or 81,000). People with emphysema (78% or 44,000) or stroke (64% or 55,000) 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>

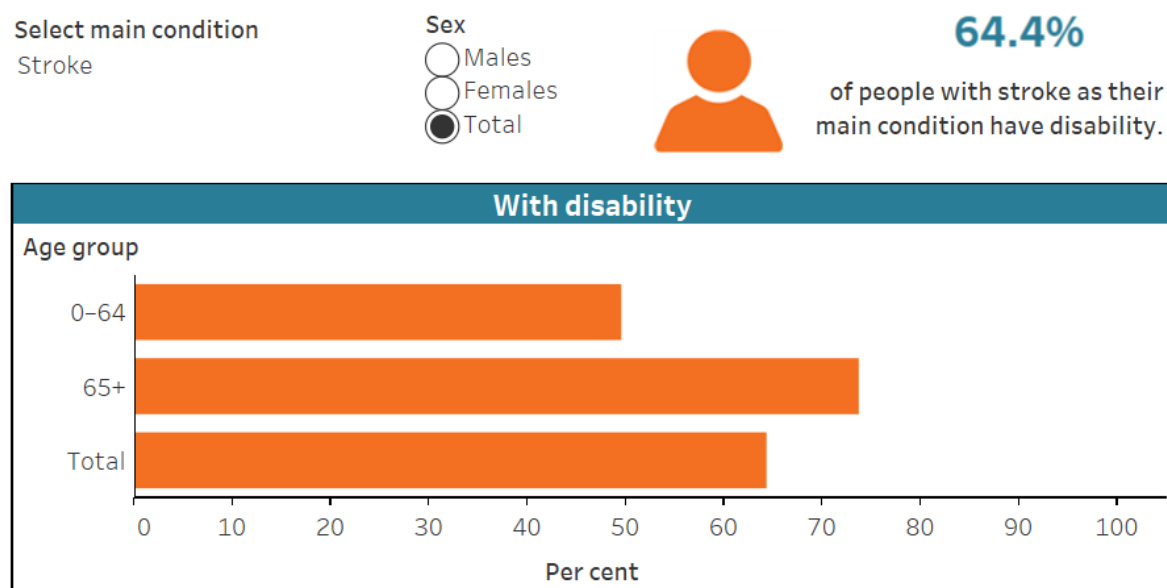
For most of the 8 chronic conditions there is little difference between males and females in how likely a person is to have disability (Figure CHRONIC.1). The largest difference is for people with emphysema – 86% (or 21,000) of females with emphysema also have disability, compared with 70% (or 23,000) of males.

The prevalence of chronic conditions and disability both increase with age (see '[Prevalence of disability](#)', 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% or 53,000 for those aged under 65, to 34% or 28,000 for those 65 and over)
- back problems (rising from 44% or 316,000 to 69% or 234,000).

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>

Level of core activity limitation associated with selected chronic conditions

The level of core activity limitation 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.

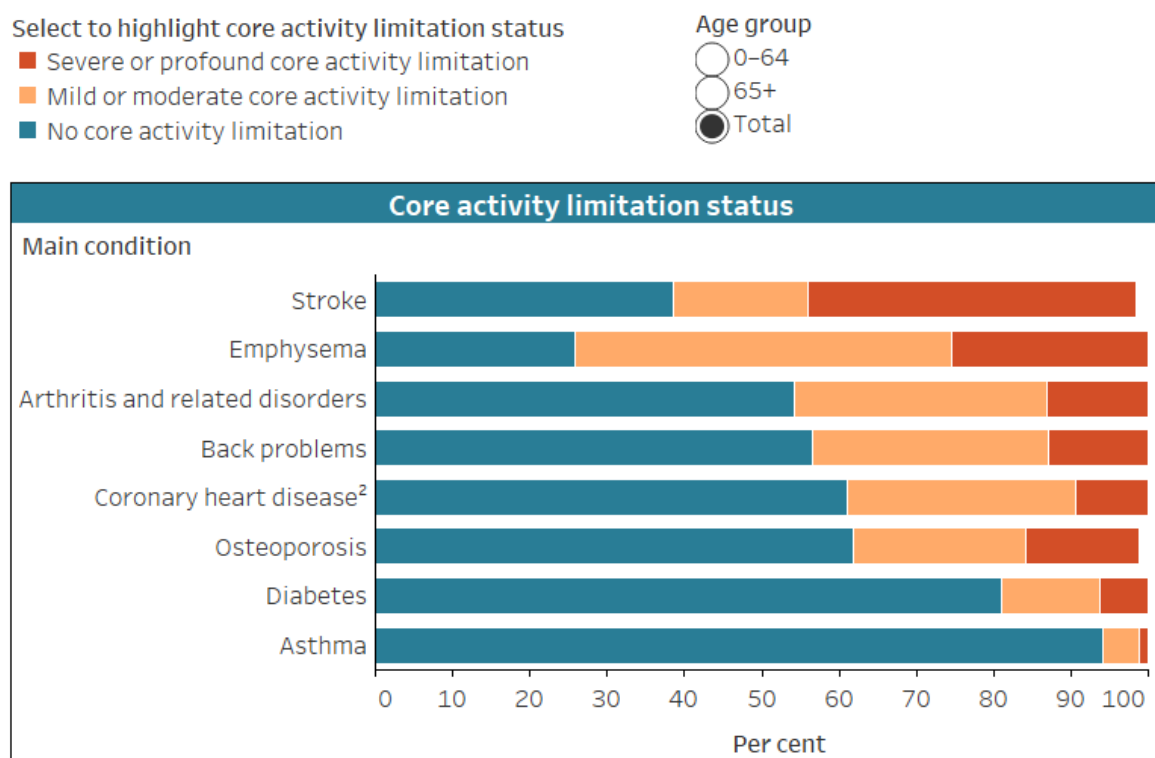
Of the selected chronic conditions, stroke is associated with a high level of core activity limitation:

- 42% (or 37,000) of people with stroke as their main condition have severe or profound core activity limitation
- 17% (or 15,000) have mild or moderate core activity limitation
- 39% (or 33,000) 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 core activity limitation:

- 1.5% (or 13,000) of people with asthma as their main condition have severe or profound core activity limitation
- 4.6% (or 38,000) have mild or moderate core activity limitation
- 94% (782,000) have no core activity limitation, but may still have disability not related to core activities (Figure CHRONIC.3).

Figure CHRONIC.3: Level 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 CHRON13.

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

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

[Chronic conditions and disability 2015](#) report.

[Chronic disease](#) overview page.

References

ABS (Australian Bureau of Statistics) (2019) *Microdata: disability, ageing and carers, Australia, 2018*, ABS cat. no. 4430.0.30.002, ABS, AIHW analysis of TableBuilder data, accessed 14 October 2021. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

AHMAC (Australian Health Ministers' Advisory Council) (2017) *National Strategic Framework for chronic conditions*, AHMAC, Australian Government, accessed 4 August 2021. <https://www.health.gov.au/resources/publications/national-strategic-framework-for-chronic-conditions>

Access to health services

Key findings

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

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 general practitioners (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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication 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.

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% or 2.2 million) saw a GP ^(b)
	1 in 5 (20% or 482,000) saw a GP for urgent medical care ^(b)
	2 in 3 (63% or 1.5 million) saw a medical specialist ^(b)
	Half (51% or 1.2 million) saw a dental professional ^(b)
	1 in 4 (26% or 639,000) visited a hospital emergency department ^(b)
	1 in 5 (22% or 541,000) were admitted to hospital ^(b)
	2 in 5 (38% or 911,000) saw 3 or more health professionals for the same condition ^(b)
	7 in 10 (71% or 644,000) had a health professional help coordinate their care when they saw 3 or more health professionals for the same condition ^(c)
	2 in 3 (64% or 346,000) who need help with health-care activities receive informal services ^(d)
	2 in 5 (41% or 221,000) 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 receive both formal and informal services.

Source: ABS 2019a; see also tables ACCE1, ACCE48, and ACCE56.

Females aged under 65 with disability living in households were more likely to use health services within a year than males:

- 95% (or 1.1 million) of females saw a GP for own health compared with 89% (or 1.1 million) of males
- 23% (or 268,000) of females saw a GP for urgent medical care compared with 17% (or 215,000)
- 65% (or 769,000) of females saw a medical specialist compared with 60% (or 743,000)
- 55% (or 648,000) of females saw a dental professional compared with 48% (or 586,000)
- 28% (or 334,000) of females visited a hospital emergency department compared with 25% (or 306,000)
- 24% (or 288,000) of females were admitted to hospital compared with 20% (or 252,000)
- 41% (or 490,000) of females saw 3 or more health professionals for the same condition compared with 34% (or 421,000) (ABS 2019a).

Of people with disability living in households:

- those aged 0–24 were less likely to see a GP (86% or 557,000), see a GP for urgent medical care (15% or 99,000) or be admitted to hospital (18% or 116,000) within one year than those aged 25–64 (95% or 1.7 million, 22% or 383,000 and 24% or 426,000 respectively)
- those aged 0–24 were more likely (64% or 415,000) to see a dental professional than those aged 25–64 (46% or 819,000)
- females aged 5–64 who need assistance with health care are more likely (29% or 75,000) than males (19% or 53,000) to receive formal assistance only, and males are more likely (53% or 150,000) than females (40% or 101,000) to receive informal assistance only (ABS 2019a).

People aged 65 and over with disability and living in households were:

- more likely to see a medical specialist (72% or 1.3 million) or be admitted to hospital (29% or 513,000) than those aged under 65 (63% or 1.5 million and 22% or 541,000 respectively)
- less likely to see a GP for urgent medical care (15% or 268,000) or to see 3 or more health professionals for the same conditions (31% or 545,000) than those aged under 65 (20% or 482,000 and 38% or 911,000 respectively) (ABS 2019a).

People aged 65 and over with disability living in households and who need help with health-care activities are less likely (22% or 155,000) to receive that assistance from informal providers only than those aged 25–64 (37% or 140,000) or 5–24 (66% or 111,000) (ABS 2019a).

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 collected only from people 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).

This is similar to AIHW analysis of self-reported information from HILDA 2017. In the last year, people with disability aged 15–64 had higher rates of use of:

- GPs or family doctors (92% compared with 79% of those without disability)
- mental health professionals (23% compared with 6.6%)
- hospital overnight stays (19% compared with 7.8%)
- hospital visits as day patient (17% compared with 9.3%) (DSS and MIAESR 2019).

In contrast to this, people with disability aged 15–64 had slightly lower rates (52%) of dentist visits than people without disability (56%) (DSS and MIAESR 2019).

How many have a regular GP?

People with disability aged 15–64 are more likely (92%) to see a particular GP or clinic when they are sick or need advice about their own health than those without disability (84%).

Of people with disability:

- people aged 65 and over are more likely (99%) to see a particular GP or clinic than people aged 15–64 (92%)
- females aged 15–64 are more likely (94%) than males (90%) (DSS and MIAESR 2019).

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

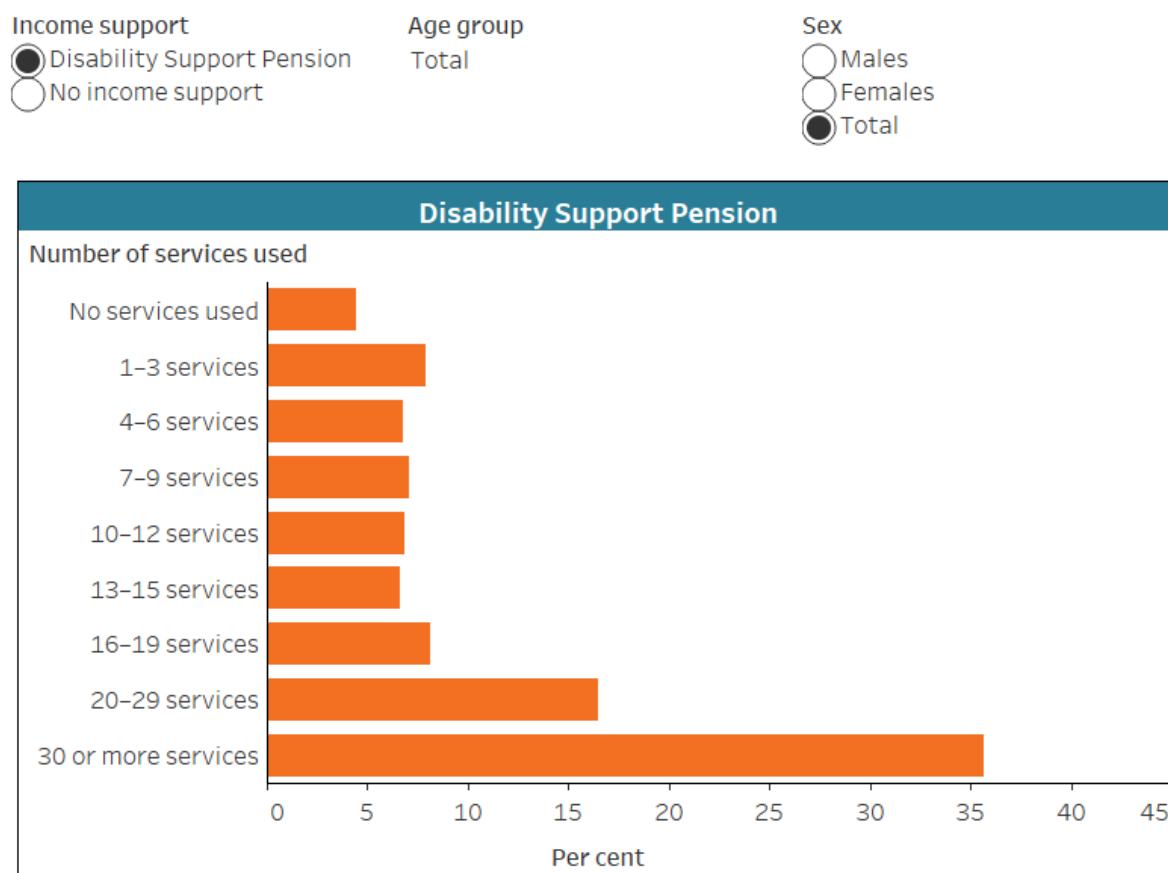
- some information about the services they received in 2011 under the Medicare Benefits Schedule (MBS)
- information from the 2011 Census of Population and Housing, Personal Income Tax data for tax returns for 2010–11
- social security and related information to identify whether income support payments were received in September 2011 (ABS 2018).

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% (ABS 2018).

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 ACCE74.

<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 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% or 386,000) who see a GP wait longer than they feel is acceptable to get an appointment ^{(b)(c)}
	3 in 10 (29% or 142,000) wait 1 or more days after making an appointment to see a GP for urgent medical care ^(b)
	1 in 13 (7.6% or 172,000) who need to see a GP delay or do not go because of cost ^(b)
	1 in 3 (31% or 285,000) who see a medical specialist wait longer than they feel is acceptable to get the appointment ^{(b)(c)}
	1 in 22 (4.6% or 71,000) who need to see a medical specialist do not go mainly because of cost ^(b)
	1 in 8 (13% or 202,000) who need to see a dental professional are placed on a public dental waiting list ^(b)
	7 in 10 (70% or 98,000) 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% or 449,000) who need to see a dental professional delay or do not go because of cost ^(b)
	1 in 28 (3.6% or 21,000) who need to go to hospital delay or do not go because of cost ^(b)
	1 in 8 (12% or 78,000) feel a GP could have provided care for their most recent visit to a hospital emergency department ^(b)
	1 in 5 (21% or 187,000) 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% or 59,000) experience discrimination by health staff (GP, nurse, hospital staff) ^{(b)(c)}

	1 in 8 (12% or 96,000) have difficulty accessing medical facilities (GP, dentist, hospital) ^{(b)(d)}
	1 in 8 (13% or 70,000) who need help with health-care activities have no source of assistance (formal or informal) ^(e)
	1 in 5 (18% or 100,000) 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, unless indicated otherwise.

(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 ACCE5, ACCE10, ACCE14, ACCE18, ACCE22, ACCE26, ACCE30, ACCE34, ACCE38, ACCE40, ACCE52, ACCE56, ACCE60, ACCE66, and ACCE70.

People aged 25–64 with disability are more likely than older or younger people to delay or not see a health professional when needed because of the cost.

- Those aged 25–64 (8.9% or 150,000) are more likely to delay or not see a GP when needed to because of the cost than those aged under 25 (4.3% or 24,000) or aged 65 and over (1.2% or 21,000).
- Those aged 25–64 (34% or 395,000) are more likely to delay or not see a dental professional than those aged under 25 (12% or 55,000) or aged 65 and over (11% or 110,000) (ABS 2019a).

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 collected only 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
 - 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
 - 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 to see a GP (90% or 207,000), medical specialist (59% or 136,000), or dentist (45% or 105,000) than those living in *Major cities* (93% or 1.5 million, 65% or 1.1 million and 53% or 855,000) (Figure ACCESS.2). At the same time, they are more likely to visit a hospital emergency department (29% or 68,000 compared with 25% or 407,000).

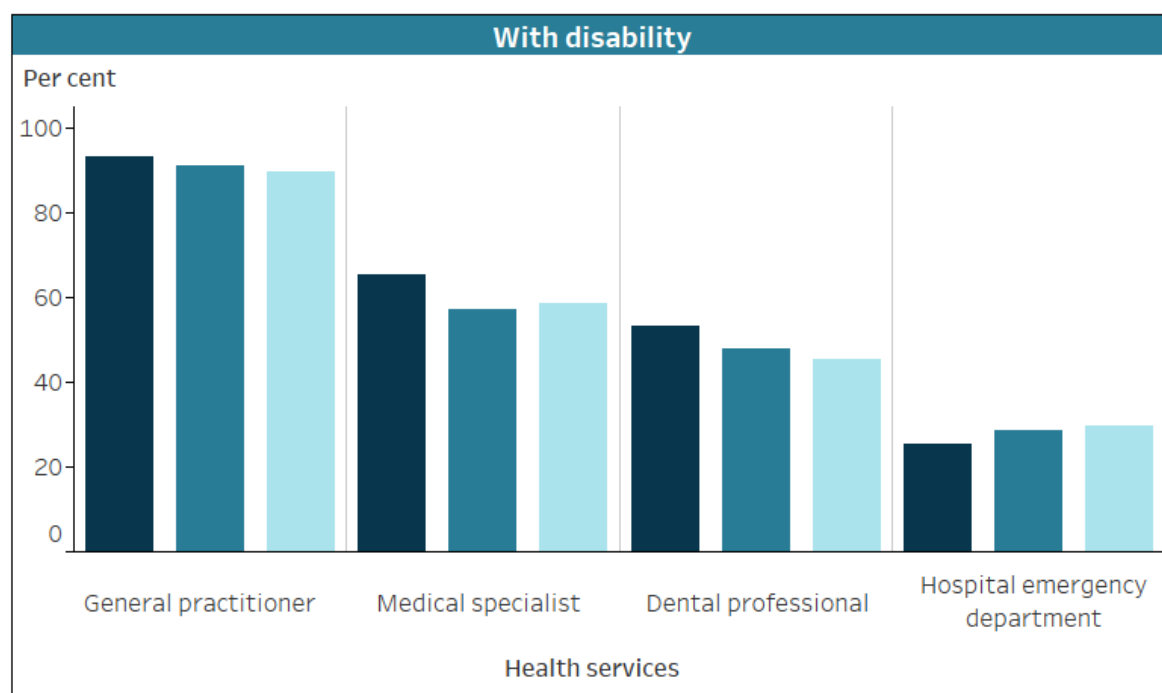
How is remoteness defined?

The remoteness categories used in the ABS SDAC are defined by the Australian Statistical Geography Standard Remoteness Structure (ABS 2016b) which divides Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Very remote areas are out of scope for SDAC.

Figure ACCESS.2: Use of selected health services¹ by people with disability², by remoteness, 2018

Select to highlight remoteness

- Major cities
- Inner regional
- Outer regional and remote



¹For own health in the last 12 months.

²People aged 64 and under with disability living in households.

Source: ABS 2019a; see also Table ACCE4.

<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* and *Inner regional* areas.

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

		 <i>Major cities</i>	 <i>Inner regional</i>	 <i>Outer regional and remote</i>
	Visit a hospital emergency department for care they feel could be provided by a GP ^{(b)(c)}	10.5%	17.0%	11.8%*
	Go to a hospital emergency department instead of a GP ^{(b)(c)} , and time of day or day of week is the main reason	11.4%	17.9%	14.7%
	Wait longer than they feel acceptable for an appointment with a GP ^{(b)(d)}	21.2%	28.1%	34.2%
	Wait longer than 1 day to see a GP for urgent medical care ^{(b)(e)}	28.9%	30.4%	36.4%
	Face difficulties caused by lack of communication between health professionals ^{(b)(f)}	19.4%	20.4%	32.3%
	Receive only informal assistance for health-care activities ^(g)	44.9%	48.6%	53.8%
	Have difficulty accessing medical facilities (GP, dentist or hospital) ^{(b)(h)}	11.5%	10.6%	12.8%

		 Major cities	 Inner regional	 Outer regional and remote
	Wait longer than they feel acceptable for an appointment with a medical specialist ^{(b)(i)}	29.9%	33.9%	36.6%
	Wait 6 months or more on public dental waiting list before receiving dental care ^{(b)(j)}	34.6%	23.6%	63.9%
	Experience discrimination from health staff (GP, nurse, hospital staff) ^{(b)(k)}	2.7%	3.9%	8.0%

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

(a) People with disability living in households.

(b) In the last 12 months.

(c) People aged 64 and under who have been to hospital emergency department in the last 12 months, for most recent visit to emergency department.

(d) People aged 15–64 who saw a GP in the last 12 months.

(e) People aged 64 and under with disability living in households who saw a GP for urgent medical care in the last 12 months.

(f) People aged 64 and under who saw 3 or more health professionals for the same health condition.

(g) People aged 5–64 who needed help with health-care activities.

(h) People aged 5–64 who need assistance or have difficulty with communication or mobility.

(i) People aged 15–64 who saw a medical specialist in the last 12 months.

(j) People aged 64 and under who had been on a public dental waiting list in the last 12 months, excluding people who are still waiting.

(k) People aged 15–64.

Source: ABS 2019a; see also tables ACCE13, ACCE17, ACCE25, ACCE37, ACCE43, ACCE47, ACCE55, ACCE59, ACCE69, and ACCE73.

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 Data Set show that the number of health professionals per 100,000 people

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 receive only 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.

Level of disability

People aged under 65 with severe or profound disability living in the community are more likely than those with other disability status to use health services, particularly medical specialists (70% or 502,000 compared with 59% or 1.0 million) (Figure ACCESS.3).

This group is also more likely to:

- see 3 or more health professionals for the same condition (47% or 333,000) than those with other disability status (34% or 579,000)
- visit a hospital emergency department (31% or 221,000 compared with 25% or 421,000)
- have a health professional help coordinating their care (74% or 245,000 compared with 69% or 399,000), for those who had to see 3 or more health professionals for the same condition
- face difficulties caused by lack of communication among health professionals (24% or 78,000 compared with 19% or 107,000), for those who had to see 3 or more health professionals for the same condition
- experience disability discrimination from health staff (8.9% or 29,000 compared with 2.0% or 28,000) (ABS 2019a).

Those with severe or profound disability are slightly less likely than those with other disability status to report cost as the reason they delay seeing or do not see a GP (6.0% or 40,000 compared with 8.4% or 133,000) or dental professional (22% or 103,000 compared with 30% or 344,000).

People aged 5–64 with severe or profound disability who need assistance with health care are more likely (56% or 207,000) to receive informal assistance only than those with other disability status (25% or 42,000), and less likely (15% or 57,000) to receive formal assistance only (42% or 71,000).

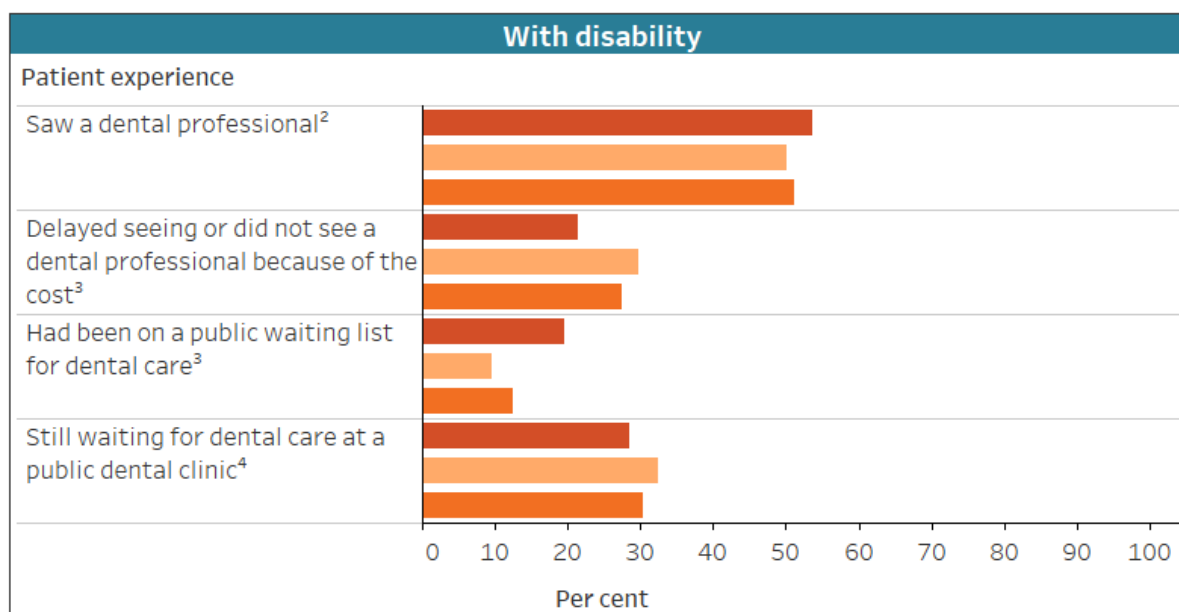
Figure ACCESS.3: Patient experience¹ of people with disability, by service and disability status, 2018

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, ACCE26, ACCE30 and ACCE34.

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

Disability group

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; these are:

- sensory and speech (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 2019a).

The use of health services and the experience of access difficulties varies by disability group for people with disability living in households.

People aged under 65 with intellectual disability are less likely to use most health services, apart from dental care, than any other disability group, with rates of health services use lower than the average for all people with disability aged under 65:

- 86% (or 458,000) of people with intellectual disability saw a GP, compared with 92% (or 2.2 million) for all disability groups
- 58% (or 308,000) saw a medical specialist, compared with 63% (or 1.5 million) for all disability groups
- 16% (or 85,000) were admitted to hospital, compared with 22% (or 541,000)
- 32% (or 170,000) saw 3 or more health professionals for the same condition, compared with 38% (or 911,000) (ABS 2019a).

At the same time, people with intellectual disability aged under 65 are more likely to see a dental professional (57% or 306,000) compared with the average rate for all people with disability (51% or 1.2 million) (ABS 2019a).

One of the possible reasons why people with intellectual disability are more likely to see a dental professional than some other disability groups is that they are less likely to

delay or not go because of the cost. Of people aged under 65 who need to see a dental professional, those with intellectual disability (17% or 64,000) or sensory disability (22% or 84,000) are less likely to delay or not go because of the cost than those with psychosocial disability (31% or 159,000), physical disability (32% or 301,000), or head injury, stroke or acquired brain injury (34% or 37,000) (ABS 2019a).

Of people with disability aged 5–64 who need help with health-care activities:

- those with intellectual disability (61% or 119,000) are more likely to receive that assistance from informal providers only than those with psychosocial disability (51% or 146,000), sensory disability (48% or 69,000), head injury, stroke or acquired brain injury (47% or 31,000) or physical disability (41% or 164,000)
- those with intellectual disability are more likely (84% or 162,000) to have their need for help with health-care activities fully met than those with sensory disability (73% or 106,000) (ABS 2019a).

Aboriginal and Torres Strait Islander people

National Aboriginal and Torres Strait Islander Health Survey

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). The NATSIHS was designed to collect information about the health and wellbeing of Aboriginal and Torres Strait Islander people of all ages in non-remote and remote areas of Australia, including discrete Indigenous communities.

The NATSIHS 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.

In the NATSIHS a person is considered to have disability if they have one or more conditions (including long-term health 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.

Around 140,000 Aboriginal and Torres Strait Islander people with disability face problems accessing health services. The most common barriers to accessing services are:

- cost (33%)
- being too busy (including with work, personal and family responsibilities) (33%)
- dislikes (including service/professional, being afraid or embarrassed) (25%)

- decision not to seek care (30%)
- waiting time too long or service not being available at the time required (26%) (ABS 2019c).

One in 7 (14%) Aboriginal and Torres Strait Islander people with disability named transport or distance as a barrier to accessing health services. This was especially prevalent for GP visits:

- of Aboriginal and/or Torres Strait Islander people with disability who in the last 12 months made a decision not to go to the GP when needed, 15% did not go because of transport or distance
- for hospital visits, this figure was 12%
- for visits to the dentist, 10% (for people aged 2 and over)
- for visits to other health professionals, 9.8% (ABS 2019c).

Health expenses

Household, Income and Labour Dynamics in Australia Survey

Data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 or over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017 almost 18,000 people from around 10,000 households participated in the HILDA survey.

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. This is similar to the definition of disability used by the ABS Short Disability Module. In this section people who always or sometimes need help or supervision with at least one core activity because of their disability are referred to as people with 'severe or profound disability'. Core activities include self-care, mobility and communication. People who have a disability but do not always or sometimes need help or supervision with at least one core activity are referred to as people with 'other disability'. The HILDA Survey does not collect information on level of disability in every wave. The most recent collection was in the 17th wave (2017) (Summerfield et al. 2019; Wilkins et al. 2019).

What are out-of-pocket expenses?

Out-of-pocket expenses occur when services are not bulk-billed and are also known as gap payments.

People with disability aged 15–64 who saw a family doctor or GP in the previous 12 months are less likely (35%) to have had out-of-pocket expenses for consultations than those without disability (44%). Older people with disability aged 65 and over are less likely (24%) to have had out-of-pocket expenses than younger people aged 15–64 (35%). Of those aged 15–64 with disability:

- people with severe or profound disability are less likely (26%) to have had out-of-pocket expenses than those with other disability status (36%)
- females are more likely (38%) to have had out-of-pocket expenses than males (31%)
- those living in *Major cities* are less likely (33%) than those living in *Inner regional areas* (40%)
- people with physical disability are more likely (34%) than those with intellectual disability (19%) (DSS and MIAESR 2019).

What is remoteness?

The remoteness categories used in HILDA are based on the Australian Statistical Geography Standard Remoteness Area framework (Summerfield et al. 2019).

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 HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:

- sensory: includes sight, hearing, and speech problems
- intellectual: includes difficulty learning or understanding things
- physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity
- psychosocial: includes nervous or emotional conditions, and mental illness
- head injury, stroke or other brain damage
- other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions.

What is private health insurance?

Private health insurance is a voluntary form of insurance that covers a wider range of health-care options than the public system. Depending on the type of cover, private health insurance can fully or partly cover the costs of hospital services and/or the costs of other general treatments (PHIO 2021).

Types of private health insurance

Private health insurance can include hospital cover only, extras cover only (such as dental care, physiotherapy, chiropractic services, and podiatry), or both hospital and extras cover.

People with disability aged 15–64 are less likely (47%) to have some form of private health insurance than those without disability (59%). Older people with disability aged 65 and over are more likely (54%) to have private health insurance than those aged 15–64. Of people aged 15–64 with disability:

- those with severe or profound disability are less likely (35%) to have private health insurance than those with other disability status (49%)
- females are more likely (50%) than males (44%)
- those living in *Major cities* are more likely (53%) than those living in *Inner regional areas* (37%), or *Outer regional, remote or very remote areas* (31%)
- those with physical disability are more likely (44%) than those with intellectual (28%) or psychosocial disability (36%) (DSS and MIAESR 2019).

Most (81%) people with disability aged 15–64 who have private health insurance have both hospital and extras cover. This is similar to those without disability (81%). Older people aged 65 and over with disability are more likely (17%) to have hospital cover only than those aged 15–64 (6.7%) (DSS and MIAESR 2019).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

[The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 17.](#)

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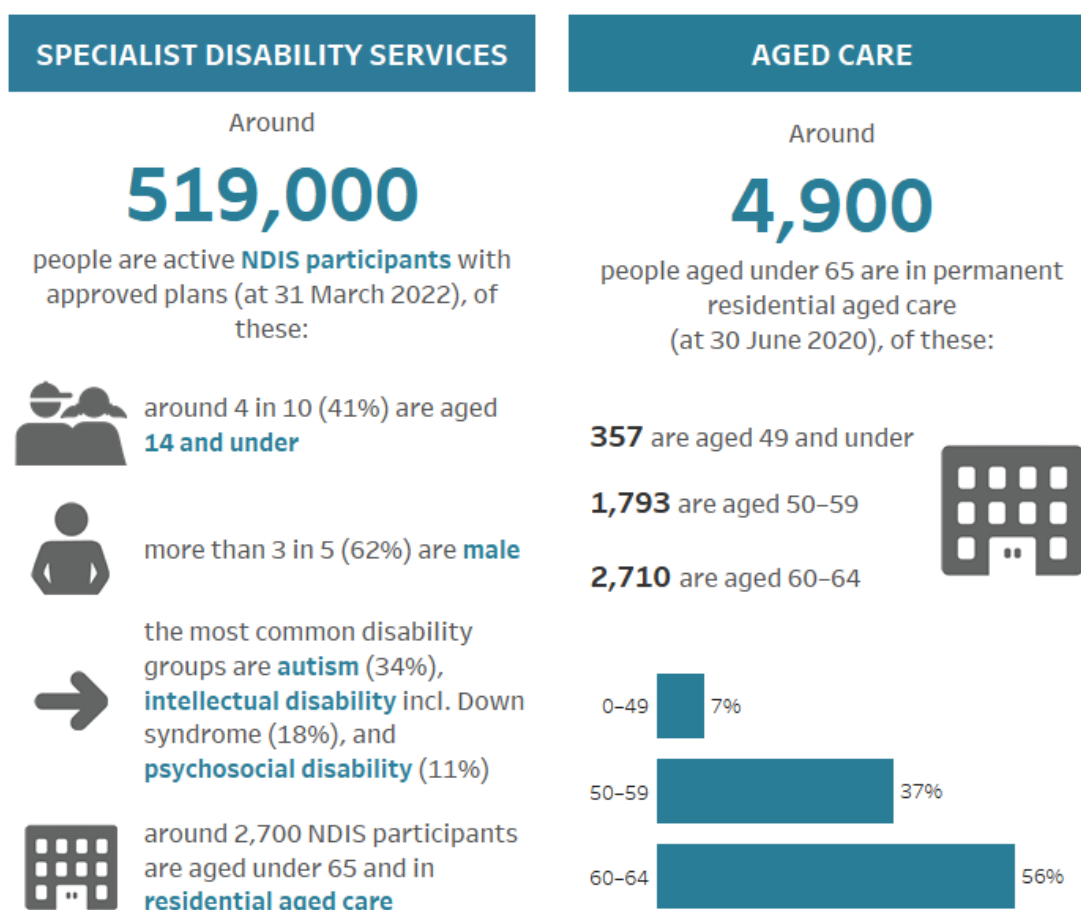
5. Social support

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, and informal support enabling social inclusion. However, social support can include many other aspects, such as housing assistance and income support (see '[Housing assistance](#)' and '[Income support](#)' for more information).



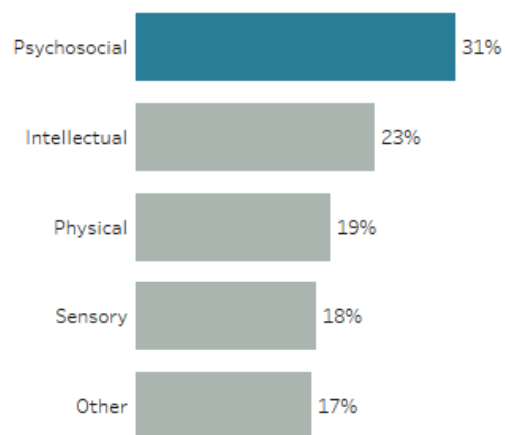
SOCIAL INCLUSION

Over

1 in 6

people with disability **experience social isolation**, compared with 1 in 12 people without disability.

This varies by disability group:



Specialist disability support services

Key findings

- Around 519,000 people were active participants in the National Disability Insurance Scheme (NDIS) at 31 March 2022.
- 4 in 10 (41%) active NDIS participants are aged 14 and under.
- About 40% (or 1.7 million) of people with disability need assistance from formal providers.

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.

Specialist disability support services are now largely provided through the National Disability Insurance Scheme (NDIS). Most, but not all, National Disability Agreement (NDA) services, and the people using them, have transitioned to the NDIS.

For information on services provided under the NDA, please refer to the [archived versions of this report](#).

In 2019–20, support was provided to people with disability under the NDIS and other disability-specific services. In that year, government expenditure on disability was \$18.7 billion. This includes \$16.0 billion provided to the NDIS; the remaining \$2.7 billion in 2019–20 was for disability-specific services provided outside the NDIS (SCRGSP 2020, 2021).

This section provides information on:

- 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.

Support provided through the National Disability Insurance Scheme

The NDIS is designed to provide Australians with permanent and significant disability with the reasonable and necessary support needed to participate in everyday life.

About the National Disability Insurance Scheme

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 2020a).

The NDIS was introduced in trial sites in 2013, and has been progressively rolled out across Australia from July 2016. From 1 July 2020, the NDIS has been made available to all eligible Australians, no matter where they live (NDIA 2020b). The National Disability Insurance Agency (NDIA) estimates that, by 30 June 2025, the NDIS will provide around 670,000 Australians (634,000 aged under 65) with funding for supports and services (NDIA 2021a). 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 2020a).

National Disability Insurance Agency

Data in this section are largely sourced from the National Disability Insurance Agency (NDIA). Any data not referenced on this page are sourced from [Data tables](#) for this report.

Active participants

At 31 March 2022, there were around 519,000 active NDIS participants with approved plans (with an additional 11,200 children supported by the early childhood approach) (NDIA 2022).

Of active NDIS participants as at 31 March 2022:

- 4 in 10 (41% or 215,000) were aged 14 or under
- more than 3 in 5 (62% or 319,000) were male (excluding gender stated as 'other')
- 8.7% (or 37,300) identified as Aboriginal and/or Torres Strait Islander (excluding 88,600 with Indigenous status not stated)
- 79% lived in major cities or towns with population over 50,000, and 8.0% lived in towns with population below 5,000 or in remote or very remote areas
- the most common disability groups were autism (34%), intellectual disability (18%, including those with Down syndrome) and psychosocial disability (11%)
- 26% had a low level of function, 46% had a medium level of function and 28% had a high level of function, in terms of level of disability
- 2,700 were younger people in residential aged care (aged under 65) (NDIA 2022).

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 2019 which classifies locations into 7 categories from major cities to very remote (NDIA 2022). 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 2020, 85% (or 469,000) of applicants to the NDIS were ever eligible for access (NDIA 2021b).

What does ever eligible mean?

Ever eligible is a count of people who have ever gained access to the NDIS. It includes people who have now had their access ceased or revoked. Access can be ceased or revoked for a number of reasons including: death, no longer meeting the scheme's eligibility criteria, or self-elected exit.

This section reports on variations in eligibility for NDIS supports across various population groups. While there may be multiple possible reasons behind these

differences, this report does not attribute these differences to any particular reason, nor does it make any inferences about causation.

Eligibility varies by age and gender. At 31 December 2020, around half (52% or 245,000) of applicants who were ever eligible are aged 18 and under:

- 26% (or 122,000) aged 6 and under
- 19% (or 91,500) aged 7–14
- 6.8% (or 31,700) aged 15–18 (NDIA 2021b).

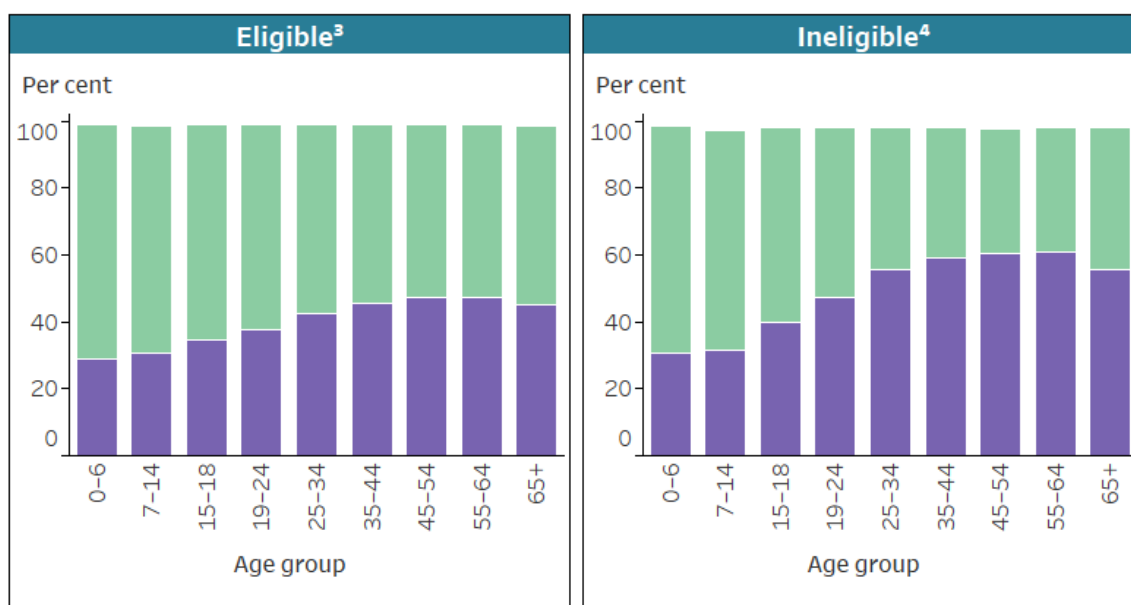
The majority of eligible applicants were males, although the proportion of females increased with age:

- 70% (or 148,000) aged 14 and under (excluding gender 'not stated') of those ever eligible were males
- 52% (or 32,200) aged 55–64 were males (Figure NDIS.1) (NDIA 2021b).

Figure NDIS.1: Eligibility of NDIS applicants¹, by age group² and gender, as at 31 December 2020

Select to highlight gender

- Males
- Females



¹Excludes gender 'not stated'.

²Age is as at the access decision date.

³Ever eligible.

⁴Ineligible only includes persons that have a complete access decision and are not eligible.

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

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

Eligibility does not vary substantially by whether the applicant lives in an urban or remote location; for example, of those aged 64 and under (where remoteness is known):

- 86% (or 366,000) of applicants living in a major city or a population centre with more than 50,000 inhabitants were ever eligible
- 85% (or 62,400) of those living in towns with population between 5,000 and 50,000
- 83% (or 37,700) of those living in towns with population less than 5,000, or in remote and very remote areas (NDIA 2021b).

Eligibility does not vary by Indigenous status, however it does vary for culturally and linguistically diverse (CALD) groups (where CALD status is known):

- 80% (43,500) of applicants aged 64 and under who were from culturally and linguistically diverse backgrounds (born in a non-English speaking country and/or primarily spoke a language other than English at home) were ever eligible
- 86% (414,000) of those who did not belong to the CALD cohort (NDIA 2021b).

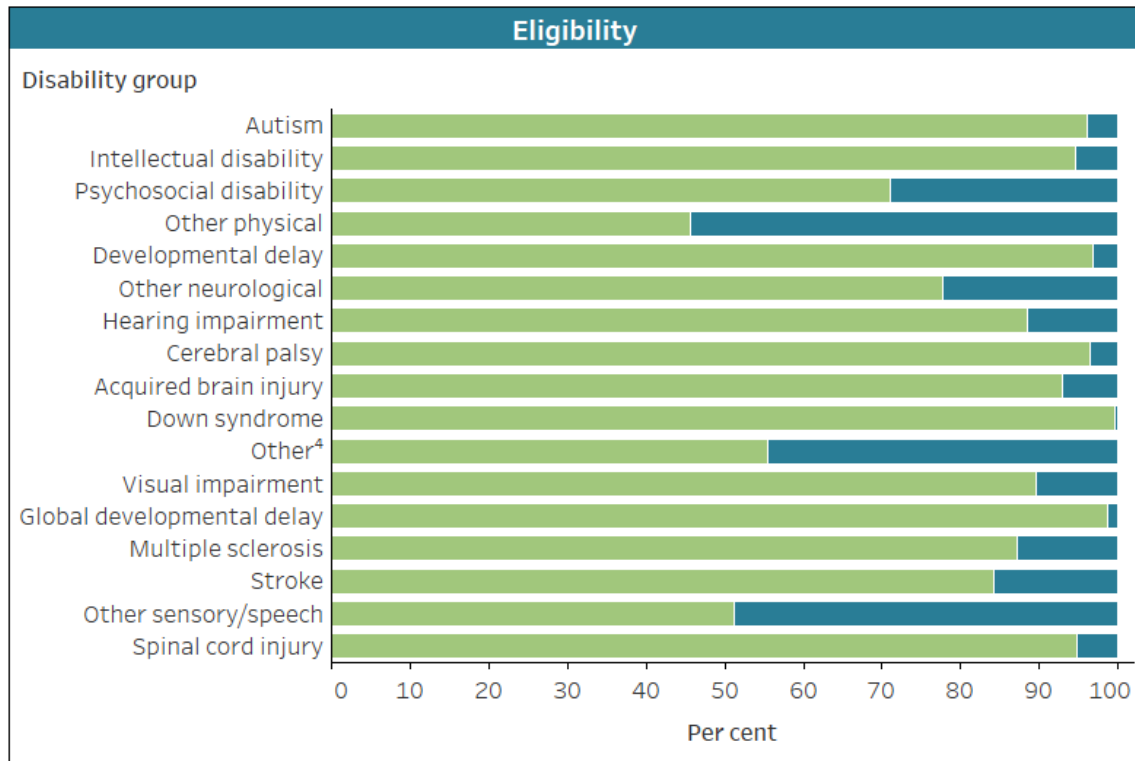
Eligibility also varies by disability group; for example, of those aged 64 and under:

- 96% (or 142,000) of applicants with autism were ever eligible
- 95% (or 81,200) of applicants with intellectual disability were ever eligible
- 71% (or 47,300) of applicants with psychosocial disability were ever eligible (Figure NDIS.2) (NDIA 2021b).

Figure NDIS.2: Eligibility of NDIS applicants aged 0–64¹, by disability group, as at 31 December 2020

Select to highlight eligibility

■ Eligible² ■ Ineligible³



¹Age is as at the access decision date.

²Ever eligible.

³Ineligible only includes persons that have a complete access decision and are not eligible.

⁴Includes missing.

Notes

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

2. Primary disability is self-reported for ineligible participants and may not be appropriate for comparison with primary disability of eligible participants.

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

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

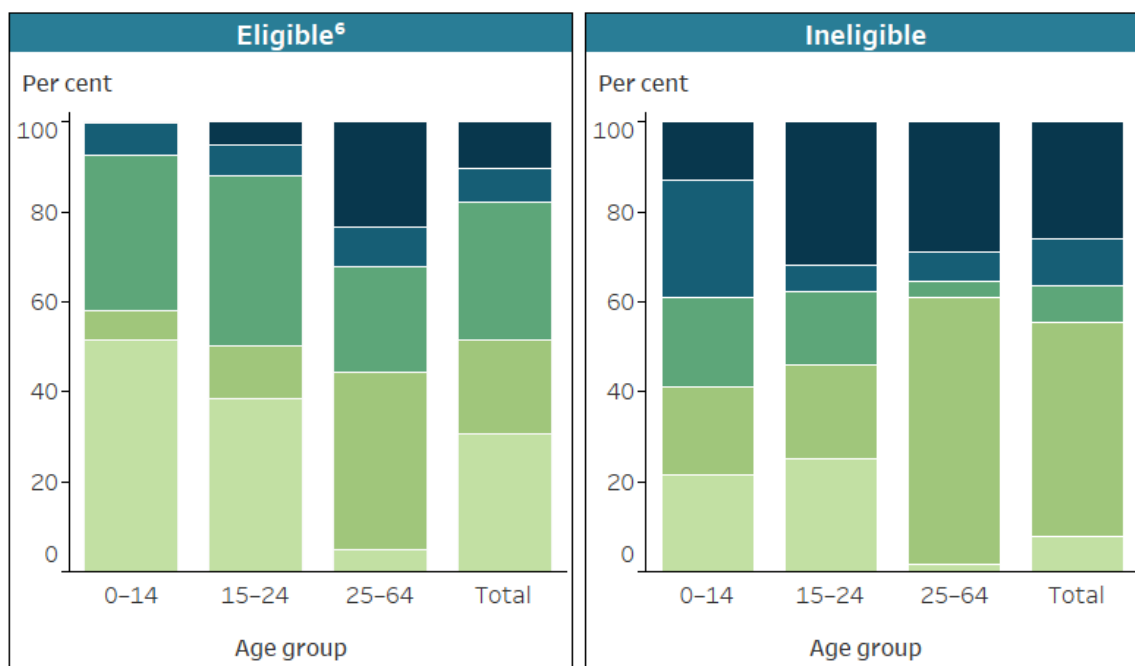
Differences in eligibility are also evident among disability groups by age group. For example:

- 51% of applicants aged 14 and under who were ever eligible have autism and 0.2% have psychosocial disability
- 38% of those aged 15–24 who were ever eligible have autism and 5.3% have psychosocial disability
- 4.7% of those aged 25–64 who were ever eligible have autism and 23% have psychosocial disability (Figure NDIS.3) (NDIA 2021b).

Figure NDIS.3: Eligibility of NDIS applicants aged 0–64¹, by broad disability group² and broad age group, as at 31 December 2020

Select to highlight broad disability group

- Psychosocial disability ■ Physical/diverse⁵
- Sensory/speech³ ■ Autism
- Intellectual/learning⁴



¹Age is as at the access decision date.

²Excludes other and missing.

³Includes Hearing impairment, Visual impairment, and Other sensory/speech.

⁴Includes Intellectual disability, Developmental delay, Global developmental delay, and Down syndrome.

⁵Includes Acquired brain injury, Cerebral palsy, Multiple sclerosis, Spinal cord injury, Stroke, Other neurological, and Other physical.

⁶Ever eligible.

Note: Primary disability is self-reported for ineligible participants and may not be appropriate for comparison with primary disability of eligible participants.

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

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

Supports

At 31 December 2020, 419,000 active participants aged under 65 received supports under the NDIS. Numbers of participants receiving different categories of supports varied by disability group (Figure NDIS.4), level of function, and access decision type.

Support class and category

National Disability Insurance Scheme (NDIS) participants choose and pay for supports and services out of an individually allocated budget based on their goals. Supports and services for participants fall under the following 3 budgets:

- core – a support that helps a participant complete daily living activities
- capital – a support for an investment (for example, assistive technologies, equipment and home or vehicle modifications) or funding for capital costs
- capacity building – a support that helps a participant build their independence and skills.

In this section, support class refers to these 3 budgets while support category refers to 15 broad categories of supports and services.

For more information, see [Supports and services funded by the NDIS](#).

Access to the National Disability Insurance Scheme

Under the NDIS Act, a person meets the access criteria to the scheme upon satisfying either the Disability requirements (section 24) or Early intervention requirements (section 25):

- a person meets the Disability requirements if they have an impairment that is, or is likely to be, permanent
- a person meets the Early intervention requirements if they have an impairment that is, or is likely to be, permanent, or if they are a child with developmental delay (Australian Government 2013).

For more information, see the [NDIS Act](#).

For the 3 most prevalent support categories received by the active participants:

- of the 408,000 participants receiving support under the Capacity Building category of 'Daily Activity'
 - 1 in 3 (33% or 135,000) have autism, 18% (or 71,700) have intellectual disability, and 9.6% (or 39,200) have psychosocial disability
 - 2 in 7 (27% or 110,000) have a low level of function, 45% (or 182,000) have a medium level of function and 28% (or 115,000) have a high level of function, in terms of level of disability
 - 3 in 4 (75% or 307,000) entered the scheme due to permanent disability and the remaining 25% for early intervention
- of the 319,000 participants receiving support under the Core Supports category of 'Consumables'
 - 3 in 10 (31% or 97,800) have autism, 18% (or 56,200) have intellectual disability, and 8.3% (or 26,500) have psychosocial disability
 - 3 in 10 (31% or 98,500) have a low level of function, 43% (or 138,000) have a medium level of function and 26% (or 82,700) have a high level of function
 - 78% (or 248,000) entered the scheme due to permanent disability
- of the 265,000 participants receiving support under the Core Supports category of 'Community'
 - 2 in 7 (28% or 73,300) have autism, 23% (or 61,800) have intellectual disability, and 15% (or 39,000) have psychosocial disability
 - 36% (or 94,800) have a low level of function, 50% (or 134,000) have a medium level of function and 14% (or 36,300) have a high level of function

- 89% (or 236,000) entered the scheme due to permanent disability (NDIA 2021b).

Numbers of participants receiving different supports also varied by Indigenous status (where Indigenous status is known):

- of participants receiving support under the Capital Support category of 'Home Modifications', 4.6% (or 1,020 of 22,100) identify as Aboriginal and/or Torres Strait Islander
- of those receiving support under the Capacity Building category of 'social, community and civic participation, and relationships', 11% (or 3,630 of 32,600) identify as Aboriginal and/or Torres Strait Islander (NDIA 2021b).

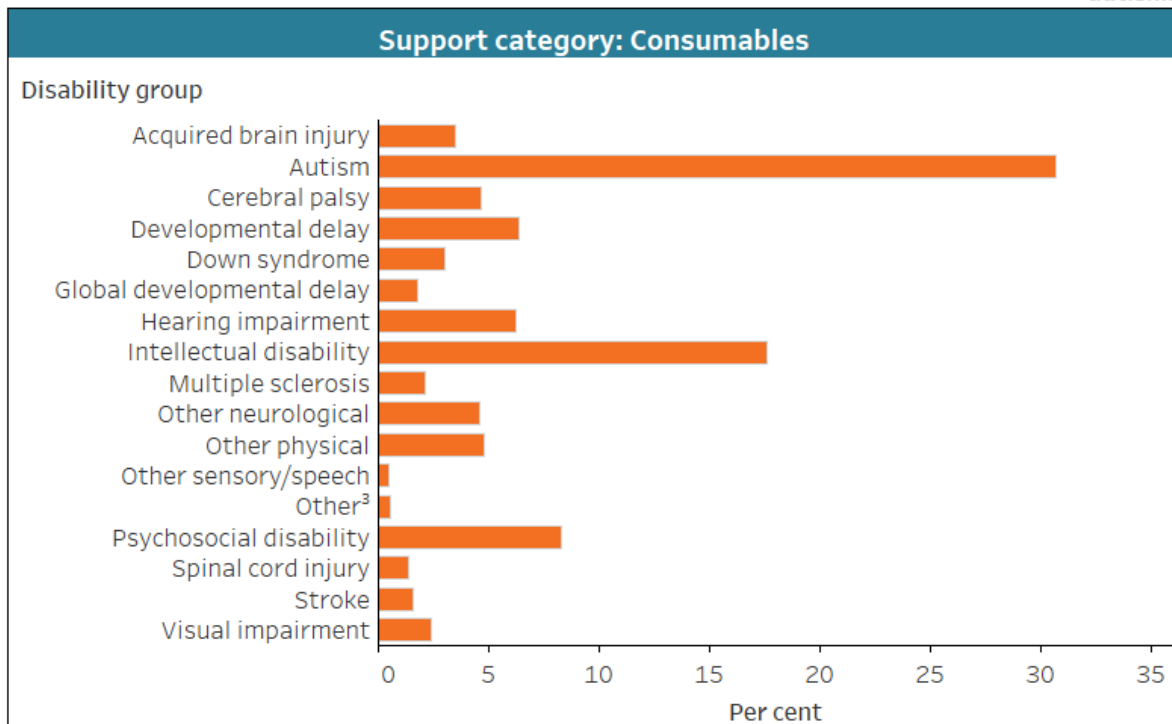
Figure NDIS.4: NDIS participants¹ aged 0–64, by disability group and support category, as at 31 December 2020

Support class and category

Core supports – Consumables

30.7%

of participants receiving supports for **Consumables** have autism.



¹Active participants with approved plans.

²Includes social, community and civic participation, and relationships.

³Includes support coordination, home living, health and wellbeing, and choice and control.

⁴Includes 'Missing'.

Notes

1. Supports for Consumables, Daily activities, Community and Transport are funded under the Core supports budget.

2. Supports for Daily activity, Employment, Social and Relationships, Lifelong learning, and Other are funded under the Capacity building budget.

3. Supports for Assistive technology and Home modifications are funded under the Capital support budget.

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

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

Met and unmet need for formal services

An estimated 40% (or 1.7 million) of people with disability living in households need assistance from formal providers. Most (86% or 1.4 million) people with disability who need formal assistance with at least one activity receive some support. For those receiving formal assistance, the providers are most often private commercial organisations (61% or 886,000) or government providers (46% or 667,000) (a person can receive support from more than one provider) (ABS 2019).

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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication 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 people with disability receiving formal assistance were satisfied with the quality and range of services:

- 82% (or 847,000) of people with disability, aged 15 and over, who received formal assistance with at least one activity in the last 6 months were satisfied with the quality of service (where level of satisfaction could be determined)

- 73% (or 800,000) of people with disability, aged 15 and over, who needed assistance with at least one activity from an organised service were satisfied with the range of services (where level of satisfaction could be determined) (ABS 2019).

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 (40% or 286,000 people with disability, aged 64 and under, living in households who need formal assistance with that activity)
- communication (38% or 86,000)
- property maintenance (31% or 139,000)
- household chores (31% or 124,000)
- mobility (20% or 98,000) (ABS 2019).

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

- service costs too much (38% or 199,000 people with disability, aged 64 and under, with an unmet need for formal assistance)
- did not know of service (18% or 95,000)
- not eligible for service (16% or 84,000)
- service does not provide sufficient hours (14% or 73,000)
- unable to arrange service (14% or 72,000)
- no service available (13% or 68,000) (ABS 2019).

Reasons for not receiving any or more help from an organised service with at least one activity differ by remoteness. Among people with disability aged 64 and under, with an unmet need for formal assistance:

- people living in *Outer regional and remote* areas are more likely (24% or 15,000) not to receive help due to no service being available than those living in *Major cities* (9% or 31,000)
- people living in *Inner regional* areas are more likely (23% or 26,000) not to receive help due to not being eligible for service than those living in *Major cities* (14% or 49,000) and *Outer regional and remote* areas (15% or 9,000)
- people living in *Major cities* are more likely (40% or 140,000) not to receive help due to service costing too much than those living in *Outer regional and remote* areas (27% or 16,000) (ABS 2019).

NDIS outcomes framework

The NDIS outcomes framework questionnaires collect information on 8 life domains from participants, their families and their carers. The framework 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 March 2022, for participants who had been in the NDIS for at least 2 years:

- 44% of participants aged 15 and over were able to participate in community and social activities
- 22% of participants aged 15 and over were able to participate in work
- 95% of parents and carers, of child participants aged 0 to before starting school thought the NDIS had improved their child's development (NDIA 2022).

Where can I find out more?

[Data tables](#) for this report.

National Disability Agreement

Information on the use of specialist services under the NDA was collected and reported by the Australian Institute of Health and Welfare (AIHW) in the Disability Services National Minimum Data Set (DS NMDS). From 1 July 2013, state and territory-based disability support services provided under the NDA were progressively transitioned to the National Disability Insurance Scheme (NDIS). This has meant that 2018–19 was the last year for which DS NMDS data were collected and reported.

For information on services provided under the NDA, please refer to the [archived versions of this report](#), [AIHW Disability services](#), and [AIHW Disability Services National Minimum Data Set](#).

National Disability Insurance Scheme

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 Survey of Disability, Ageing and Carers

Information on the Australian Bureau of Statistics' 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](#).

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Younger people in residential aged care

Key findings

- Around 3,440 younger people were in permanent residential aged care at 31 December 2021, compared with 4,860 at 30 June 2020.
- 7 in 10 (73%) younger people in permanent residential aged care had a high level of need for help with behaviour (at 30 June 2020).
- On entry to permanent residential aged care, 9 in 10 (88%) people aged under 65 had limitations in self-care (at 30 June 2020).

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 Australian Government is working to reduce the number of younger people (under the age of 65) going into residential aged care, and to help younger people who are already in residential aged care to move into age-appropriate accommodation with the supports they need (DSS 2021a). The [Younger People in Residential Aged Care Strategy 2020–25](#) sets out to achieve this goal through the following targets, apart from in exceptional circumstances:

- no people under the age of 65 entering residential aged care by end of 2022
- no people under the age of 45 living in residential aged care by end of 2022
- no people under the age of 65 living in residential aged care by end of 2025 (DSS 2021a).

Younger people who are eligible for the National Disability Insurance Scheme (NDIS) can also use their NDIS funding to access alternative accommodation and support arrangements.

National Aged Care Data Clearinghouse

Data in this section are largely sourced from the National Aged Care Data Clearinghouse (NACDC). Any data not referenced on this page are sourced from [Data tables](#) for this report. For the most up-to-date data, see the [Younger people in residential aged care dashboard](#).

What is meant by 'younger' people in residential aged care?

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

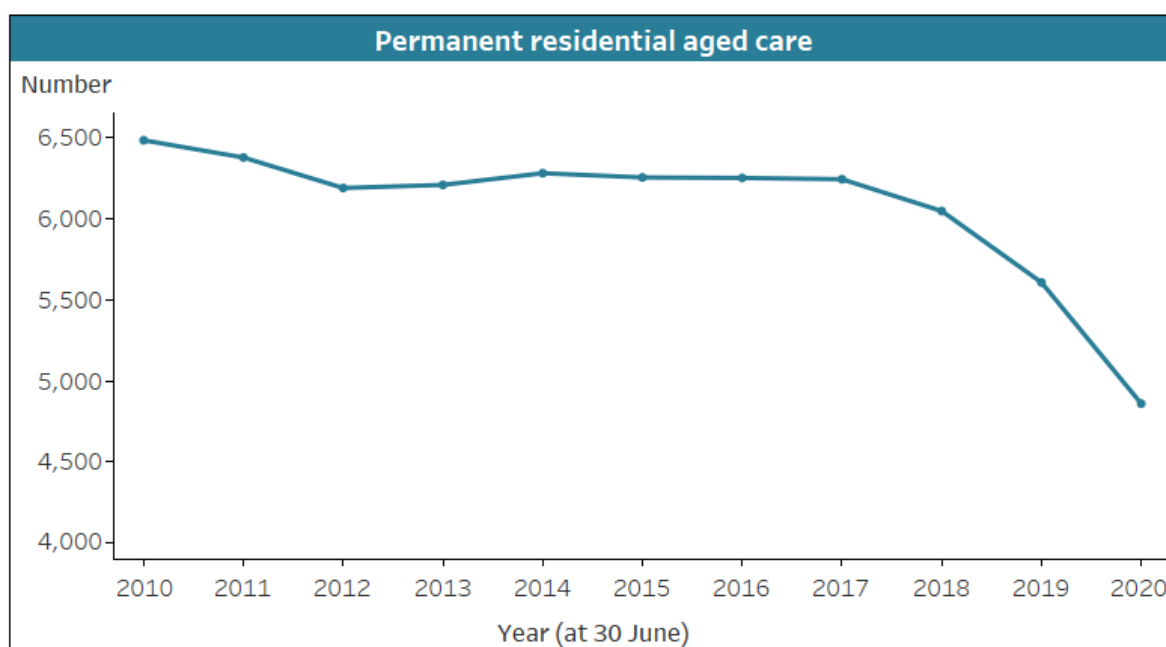
At 30 June 2020, 4,860 people aged under 65 were living in permanent residential aged care in Australia. This decreased to 3,440 by 31 December 2021 (AIHW 2021b).

There is no direct way to identify disability using the available aged care data.

Recent analysis suggests that the younger people may choose to remain in residential aged care due to the closeness of the facility to family and informal supports, valued and trusted relationships with staff and co-residents, the younger person's support needs and requirements being met, feeling secure and happy in their environment, or their preferred accommodation type or location not being available in an area in which they wish to live (DSS 2021b).

In mid-2020, more than 4,900 younger people were in permanent residential aged care (about 2.6% of all people in permanent residential aged care at 30 June 2020). This number was relatively stable between 2010 and 2018 (6,480 people at 30 June 2010 and 6,050 people at 30 June 2018) and has been decreasing since (to 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 2020



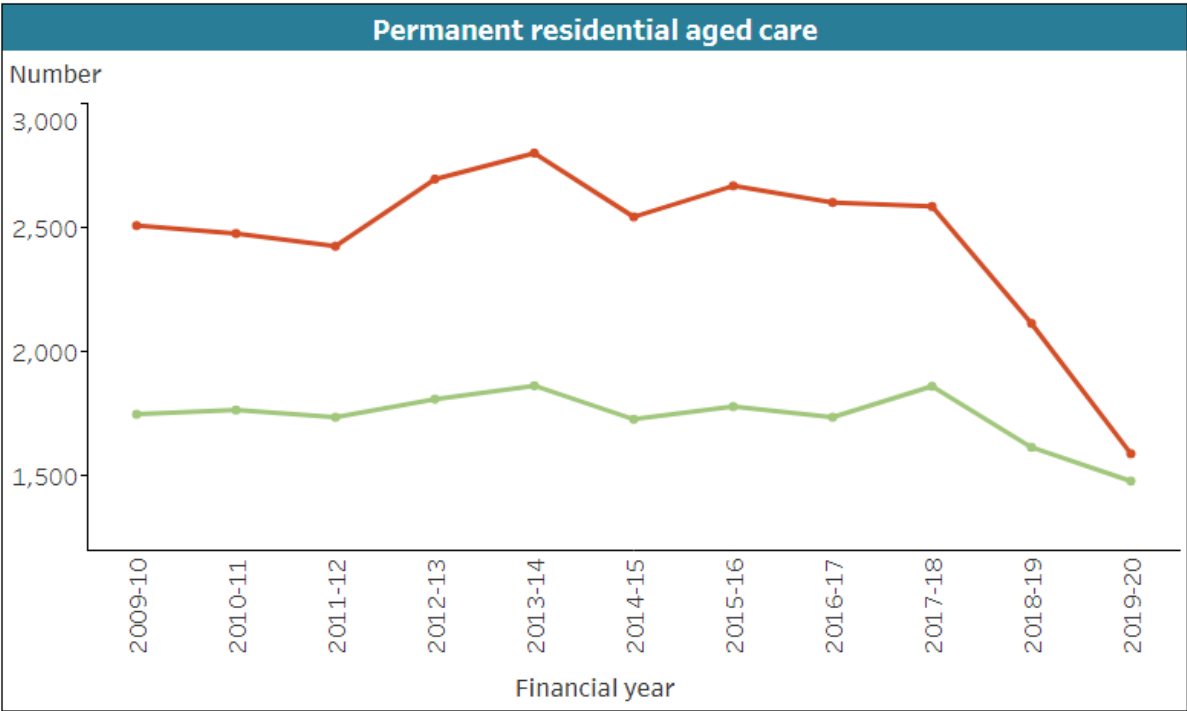
Source: National Aged Care Data Clearinghouse (NACDC) 2020; see also Table RESI2.
<http://www.aihw.gov.au>

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 one admission in a year, or across years). During the 2009–10 to 2017–18 period, the number of admissions was relatively stable, fluctuating between 2,420 (in 2011–12) and 2,800 (in 2013–14), but has been decreasing since (to 2,110 in 2018–19 and 1,590 in 2019–20) (Figure RESIDENTIAL.2).

Figure RESIDENTIAL.2: Admissions and discharges from permanent residential aged care of people aged under 65, by year, 2009–10 to 2019–20

Select to highlight

Admissions Discharges



Source: National Aged Care Data Clearinghouse (NACDC) 2020; see also tables RESI3 and RESI4.
<http://www.aihw.gov.au>

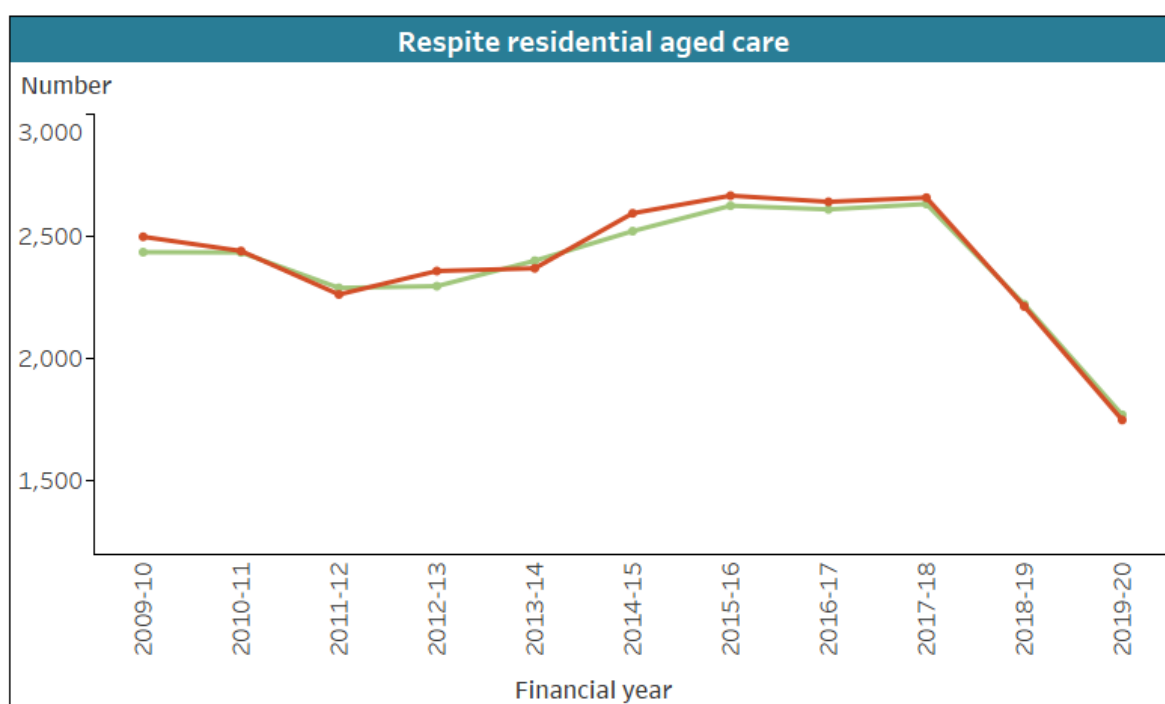
In addition to those people living in permanent residential aged care, younger people can be admitted for respite residential aged care. The number of admissions to respite care was relatively stable between 2009–10 (2,500 people) and 2017–18 (2,660 people) and has been decreasing since (to 2,210 in 2018–19 and 1,750 in 2019–20) (Figure RESIDENTIAL.3).

In general, the number of discharges has remained consistent with the number of admissions (Figure RESIDENTIAL.3).

Figure RESIDENTIAL.3: Admissions and discharges from respite residential aged care of people aged under 65, by year, 2009–10 to 2019–20

Select to highlight

Admissions Discharges



Source: National Aged Care Data Clearinghouse (NACDC) 2020; see also tables RESI5 and RESI6.
<http://www.aihw.gov.au>

Each stay in respite residential aged care by younger people is generally short, but the proportion of younger people in respite care for more than 5 weeks has been increasing:

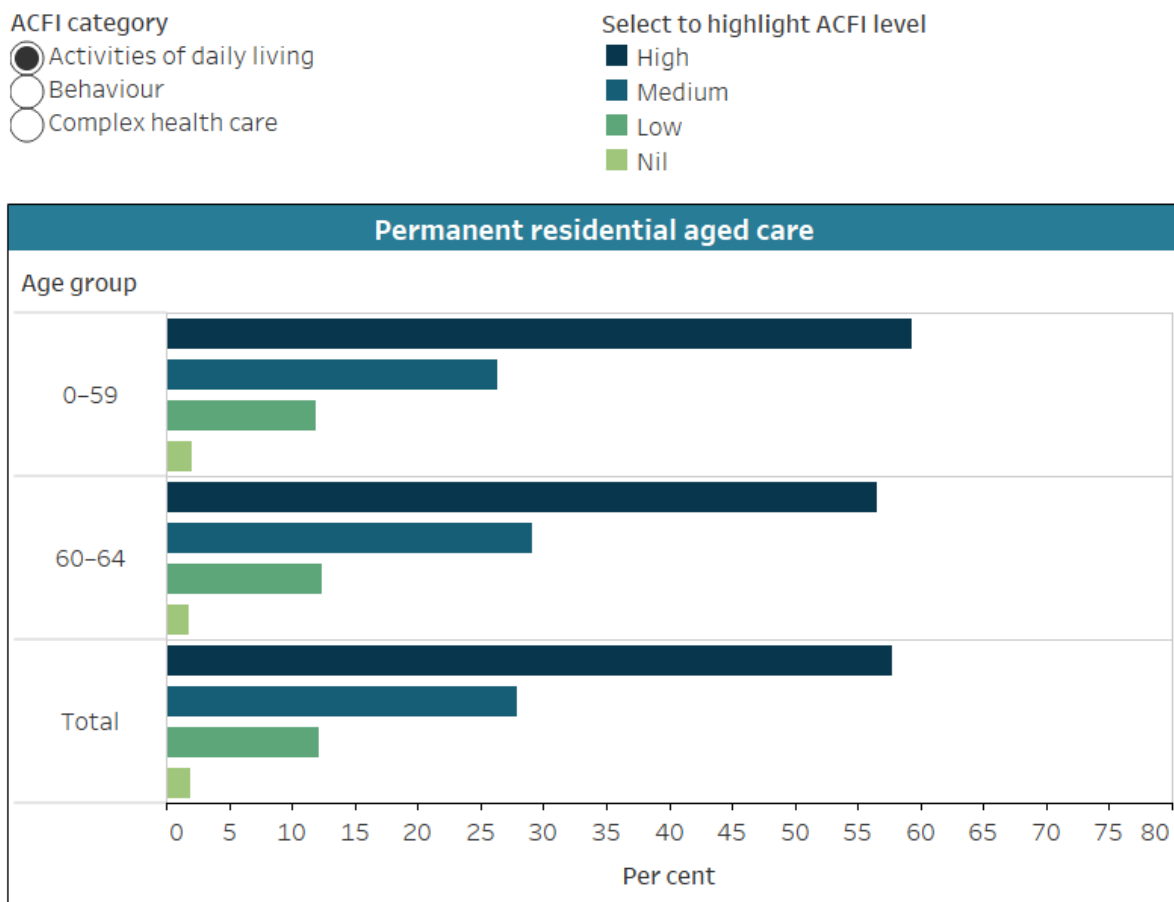
- 19% (or 470 of 2,440) in 2009–10
- 26% (or 670 of 2,520) in 2014–15
- 36% (or 630 of 1,770) in 2019–20.

Need for help

Seven in 10 (73% or 3,535) of the 4,860 younger people in permanent residential aged care had a high level of need for help with behaviour, for example cognitive skills, at 30 June 2020. More than half (58% or 2,807) had a high level of need for help with activities of daily living, for example mobility. Half (51% or 2,489) had a high level of need for help with complex health care. Some variation can be observed by age group, depending on the Aged Care Funding Instrument (ACFI) category:

- 59% (or 1,275 of 2,150) of those aged 0–59 have a high level of need for help with activities of daily living compared with 57% (or 1,532 of 2,710) of those aged 60–64
- 55% (or 1,174) of those aged 0–59 have a high level of need for help with complex health care compared with 49% (or 1,315) of those aged 60–64 (Figure RESIDENTIAL.4).

Figure RESIDENTIAL.4: 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 2020



¹Excludes ACFI level 'Not stated'.

Source: National Aged Care Data Clearinghouse (NACDC) 2020; see also Table RESI8.

<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

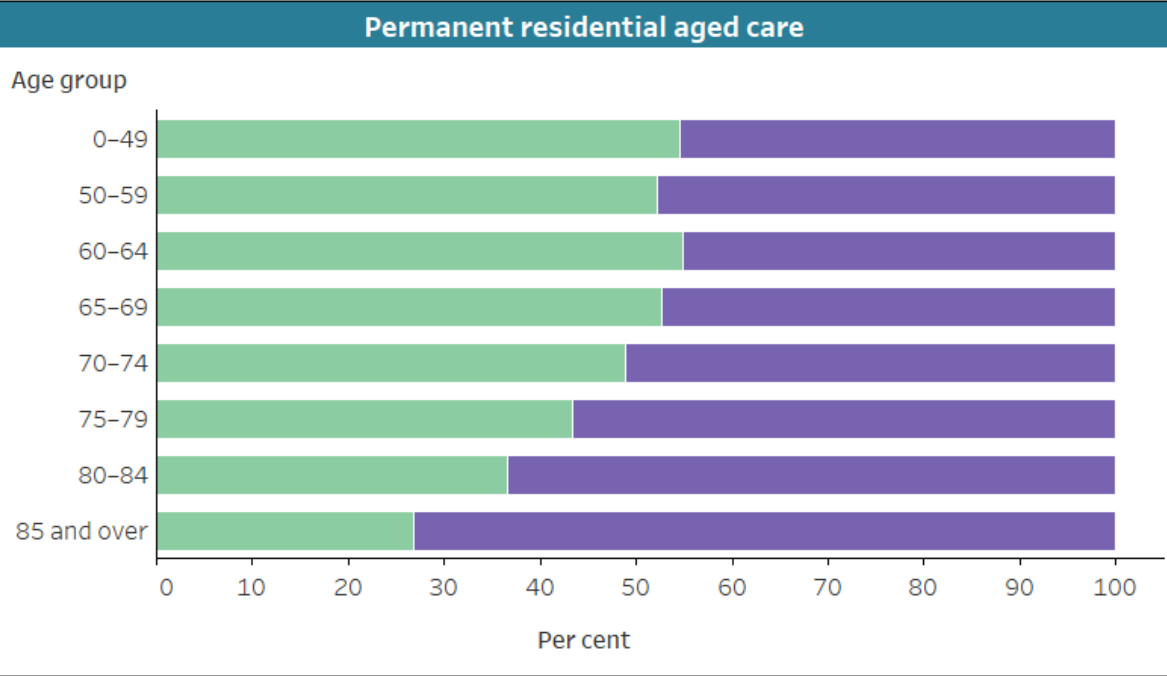
Sex and age

Just over half (54% or 2,620 at 30 June 2020) of younger people in permanent residential aged care are males; this proportion is similar for people aged 49 and under (55% or 200 of 360), 50–59 (52% or 940 of 1,790), and 60–64 (55% or 1,490 of 2,710). The pattern is very different for people aged 65 and over, where the majority (67% or 120,000 of 179,000) of people in permanent residential aged care are females (Figure RESIDENTIAL.5).

Figure RESIDENTIAL.5: People in permanent residential aged care, by age group and sex, at 30 June 2020

Select to highlight sex

- Males
- Females



Source: National Aged Care Data Clearinghouse (NACDC) 2020; see also Table RESI1.
<http://www.aihw.gov.au>

Of the 2,620 younger males in permanent residential aged care, at 30 June 2020:

- 7.4% were aged 49 and under
- 36% were aged 50–59
- 57% were aged 60–64 (Figure RESIDENTIAL.6).

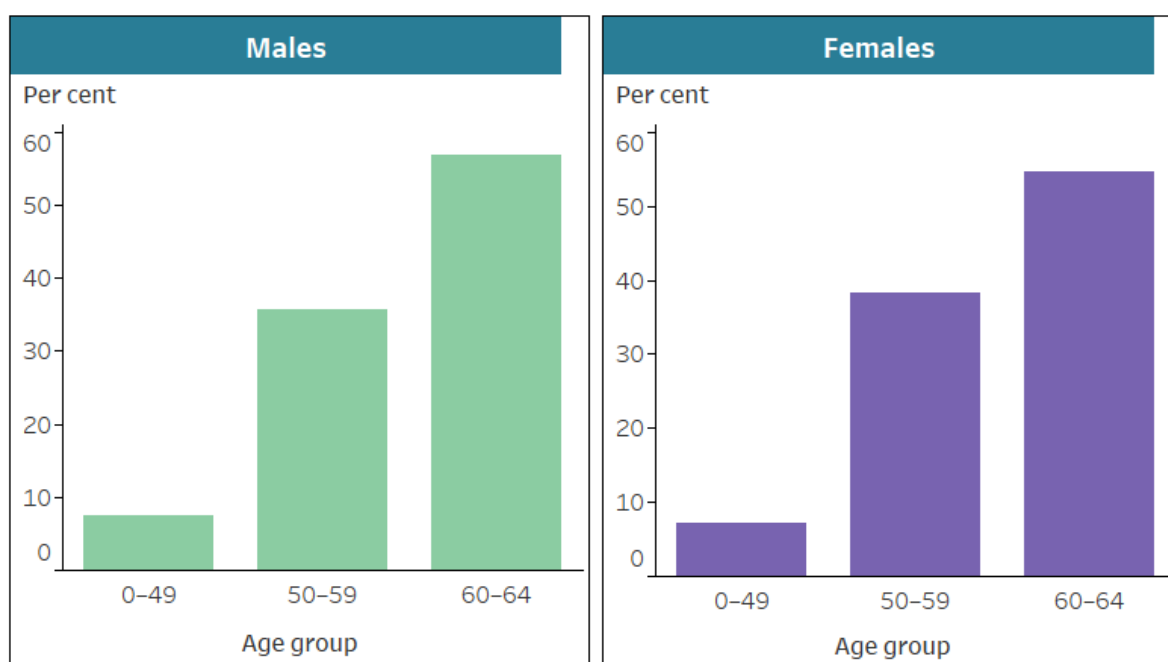
The pattern is similar for the 2,240 younger females in permanent residential aged care, at 30 June 2020:

- 7.2% were aged 49 and under
- 38% were aged 50–59
- 55% were aged 60–64 (Figure RESIDENTIAL.6).

Figure RESIDENTIAL.6: People aged under 65 in permanent residential aged care, by age group, sex and Indigenous status¹, at 30 June 2020

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) 2020; see also tables RESI9 and RESI11.

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

Aboriginal and Torres Strait Islander people

Of all younger people in permanent residential aged care, 8.6% (or 414) identify as Aboriginal and/or Torres Strait Islander (excluding those whose Indigenous status is 'not stated'). This is higher than the proportion of the total Australian population aged 0–64 who are Indigenous (3.8%) (ABS 2019).

At 30 June 2020 (excluding Indigenous status 'not stated'):

- 11% (or 38) of people aged 49 and under in permanent residential aged care identified as Indigenous
- 11% (or 192) of people aged 50–59
- 6.8% (or 184) of people aged 60–64.

Indigenous status

People in residential aged care are asked if they identify as Aboriginal and/or Torres Strait Islander. 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' Aboriginal and/or Torres Strait Islander people in aged care?

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 2021a).

By comparison, 1.0% of all people in permanent residential aged care (including those aged 65 and over) identify as Aboriginal and/or Torres Strait Islander (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 2021a).

Remoteness

Of the 4,860 younger people in permanent residential aged care at 30 June 2020:

- 66% were in *Major cities*
- 23% were in *Inner regional* areas
- 9.3% were in *Outer regional* areas
- 1.4% were in *Remote* areas
- 0.5% were in *Very remote* areas.

These proportions are similar to the proportions of people who live in each of these remoteness areas (ABS 2021).

How is remoteness defined?

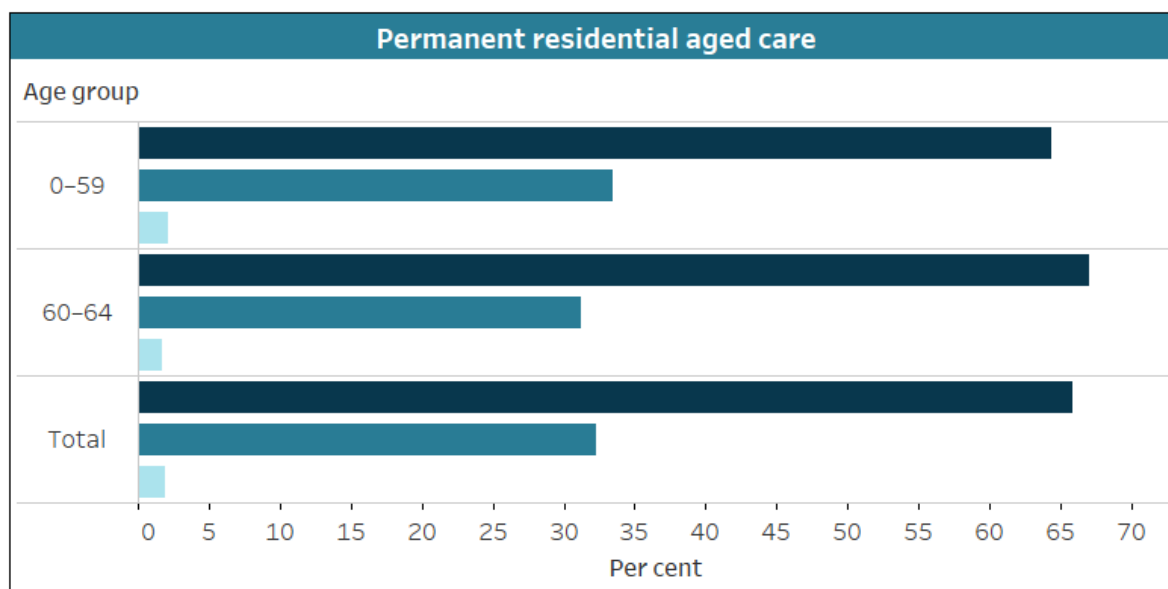
The remoteness categories used in this section are based on the ABS Australian Statistical Geography Standard (ABS 2016). Records are distributed by Remoteness Area based on the location of the aged care service through which care was provided.

The proportions for people aged 59 and under and those aged 60–64 in permanent residential aged care are similar for each remoteness area (Figure RESIDENTIAL.7).

Figure RESIDENTIAL.7: People aged under 65 in permanent residential aged care, by broad age group and remoteness¹, at 30 June 2020

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) 2020; see also Table RESI11.

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

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#)
- Use of aged care services – [AIHW GEN](#)
- Services the NDIS funds – [NDIS](#)
- Younger People in Residential Aged Care – [AIHW GEN](#)
- Younger People in Residential Aged Care – [DSS annual report](#)

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[agedcaredata.gov.au/Resources/Younger-people-in-residential-aged-care](https://www.gen-agedcaredata.gov.au/Resources/Younger-people-in-residential-aged-care)

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Social inclusion

Key findings

- 23% of people with disability aged 15–64 have difficulty getting to places needed (17% without disability).
- 39% of people with disability aged 15–64 are not satisfied with their local community (27% without disability).
- 1 in 6 (17%) people with disability aged 15–64 experience social isolation (8.7% without disability).

Social support enables the inclusion of people with disability to participate in many facets of life. Informal support, often by family, friends and the larger community can assist people with disability to be included in society. This is essential for better health as social isolation and loneliness can be harmful to both mental and physical health (AIHW 2021).

This section covers the social inclusion of people with disability, including participation in society, and isolation and loneliness.

Participation in society

Participation in society consists of engagement and interaction across several life areas. People with disability actively participate in all areas, however their rates of participation may vary compared with those without disability. This section covers being able to leave home, difficulty getting to places needed, membership of associations and voluntary work, and participating in cultural events.

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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as ‘people with severe or profound disability’.

Leaving home

More than one-quarter (27% or 1.1 million) of people with disability aged 5 and over, living in households, do not leave home as often as they would like. A further 0.9% (or 38,000) do not leave home at all (ABS 2019).

Variations exist by sex and age group for people with disability:

- females (29% or 599,000) are more likely than males (25% or 514,000) not to leave home as often as they would like
- people aged 5–64 (31% or 730,000) are more likely not to leave home as often as they would like than those aged 65 and over (22% or 383,000) (ABS 2019).

The most common main reasons for this are own disability or condition (53% or 588,000), fear or anxiety (10% or 111,000), and cost or inability to afford (8.5% or 94,000). Only 2.1% (or 23,000) say it is mainly because of difficulty obtaining transport and 1.0% (or 11,000) say it is because of difficulty using transport (ABS 2019).

Getting from one place to another

General Social Survey

Data in this section are sourced from the Australian Bureau of Statistics’ (ABS) 2019 General Social Survey (GSS). The GSS collects information on the social characteristics, wellbeing and social experiences of people aged 15 and over living in private dwellings in Australia.

The GSS 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.

In the GSS a person is considered to have disability if they had one or more conditions (including long-term health 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 with disability aged 15 and over are more likely (24%) to sometimes or often have difficulty getting to the places they need to reach than people without disability (16%). This varies by age group:

- 23% of those aged 15–64 with disability sometimes or often have difficulty, compared with 17% of those without disability
- 25% of those aged 65 and over with disability sometimes or often have difficulty, compared with 11% of those without disability (ABS 2021).

This also varies by remoteness. One in 8 (13%) people with disability living in *Inner regional* areas sometimes or often have difficulty getting to the places they need to reach. This is lower than for those living in *Major cities* (28%) and *Outer regional and remote* areas (25%) (ABS 2021).

Accessible public transport is essential for some people to get around. However, 1 in 7 (15% or 345,000) people with disability aged 5–64, who leave home, do not have public transport available in their area. A further 1.1% (or 26,000) do not know if public transport is available in their area (ABS 2019).

Around one-quarter (24% or 556,000) of people with disability aged 5–64, who leave home, do not use a concession card for public transport. A further 56% (or 1.3 million) do not use public transport. The remainder use the following forms of concession cards for public transport:

- 13% use pension or benefit-related transport concession
- 5.5% use other public transport concession
- 1.9% use a Senior's card (ABS 2019).

The use of concession cards for public transport is different among older people who leave home. Only 2.5% (or 44,000) of people aged 65 and over do not use a concession card and 62% (or 1.1 million) do not use public transport. The remainder use the following forms of concession cards for public transport:

- 20% use a pension or benefit related transport concession
- 18% use a Seniors card
- 1.2% use another public transport concession (ABS 2019).

Participation in social activities

Household, Income and Labour Dynamics in Australia Survey

Some of the data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 or over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017 almost 18,000 people from around 10,000 households participated in the HILDA survey.

The 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 6 months or more. This is similar to the definition of disability used by the ABS Short Disability Module. In this section people who always or sometimes need help or supervision with at least one core activity because of their disability are referred to as people with 'severe or profound disability'. Core activities include self-care, mobility and communication. People who have a disability but do not always or sometimes need help or supervision with at least one core activity are referred to as people with 'other disability'. The HILDA survey does not collect information on level of disability in every wave. The most recent collection was in the 17th wave (2017) (Summerfield et al. 2019; Wilkins et al. 2019).

Self-Completion Questionnaire

In addition to personal face-to-face interviews, survey participants are asked to complete a self-completion questionnaire. The self-completion questionnaire covers sensitive questions some people may not feel entirely comfortable answering in a face-to-face interview.

Active membership of club or association

As part of the HILDA self-completion questionnaire, respondents are asked whether they are currently an active member of a sporting, hobby or community based club or association.

Just over one-quarter (28%) of people with disability aged 15–64 were active members of a club or association, compared with 36% of those without disability. People with severe or profound disability (20%) were even less likely to be active members than those with other disability (29%) (DSS and MIAESR 2019).

One-quarter (25%) of people with disability aged 15–64 had completed unpaid voluntary work in the last 12 months through an organisation, compared with nearly one-third (31%) of those without disability (ABS 2021).

More than half (53%) of people with disability aged 15–64 had provided unpaid work or support to non-household members in the previous 4 weeks. This is similar to the proportion of people without disability (52%) (ABS 2021).

Of those with disability aged 15–64 who provided unpaid help to non-household members in the previous 4 weeks, the most common types of unpaid help include:

- providing emotional support (54%)
- providing transport or running errands (46%)
- unpaid child care (25%)
- teaching, coaching or practical advice (20%)
- personal care or assistance (18%) (ABS 2021).

National Aboriginal and Torres Strait Islander Social Survey

Data on social participation of Aboriginal and/or Torres Strait Islander people with disability are sourced from the Australian Bureau of Statistics' (ABS) 2014–15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS). The NATSISS collects information from Aboriginal and Torres Strait Islander people living in private dwellings across Australia on a range of demographic, social, environmental and economic characteristics.

The NATSISS 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.

In the NATSISS, a person is considered to have disability if they have one or more conditions (including long-term health 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.

For Aboriginal and/or Torres Strait Islander people aged 15 and over who cannot attend or participate in cultural events as often as they want to, reasons include:

- work commitments – 33% of those with disability who could not attend or participate in cultural events as often as they wanted named work commitments as the reason (46% of those without disability)
- cannot afford to attend – 26% with disability and 13% without disability
- transport problems – 23% with disability and 14% without disability (ABS 2016).

Isolation and loneliness

People with disability may face various barriers to participation in society, including those related to discrimination (see '[Disability discrimination](#)' for more information). This may lead to lower social participation rates, as well as greater risk of isolation and loneliness than experienced by those without disability.

Satisfaction with local community

Satisfaction with local community

Satisfaction with local community refers to feeling part of the local community. This information is regularly collected as part of the HILDA Survey on an ordinal scale from 0 (totally dissatisfied) to 10 (totally satisfied).

Scores of 8, 9 and 10 indicate being totally satisfied. Scores of 6 and 7 indicate being somewhat satisfied. Scores of 0 to 5 indicate not being satisfied.

Four in 10 (39%) people with disability aged 15–64 are not satisfied with their local community, compared with 27% of those without disability. People with disability are more likely not to be satisfied than those without disability across all age groups:

- 46% of people aged 15–24 with disability, compared with 29% without disability
- 40% aged 25–44 with disability, compared with 28% without disability
- 37% aged 45–64 with disability, compared with 24% without disability
- 25% aged 65 and over with disability, compared with 19% without disability (Figure INCLUSION.1) (DSS and MIAESR 2019).

Figure INCLUSION.1: Satisfaction with local community¹ for people aged 15 and over, by disability status and age group, 2017

Select to highlight satisfaction with local community

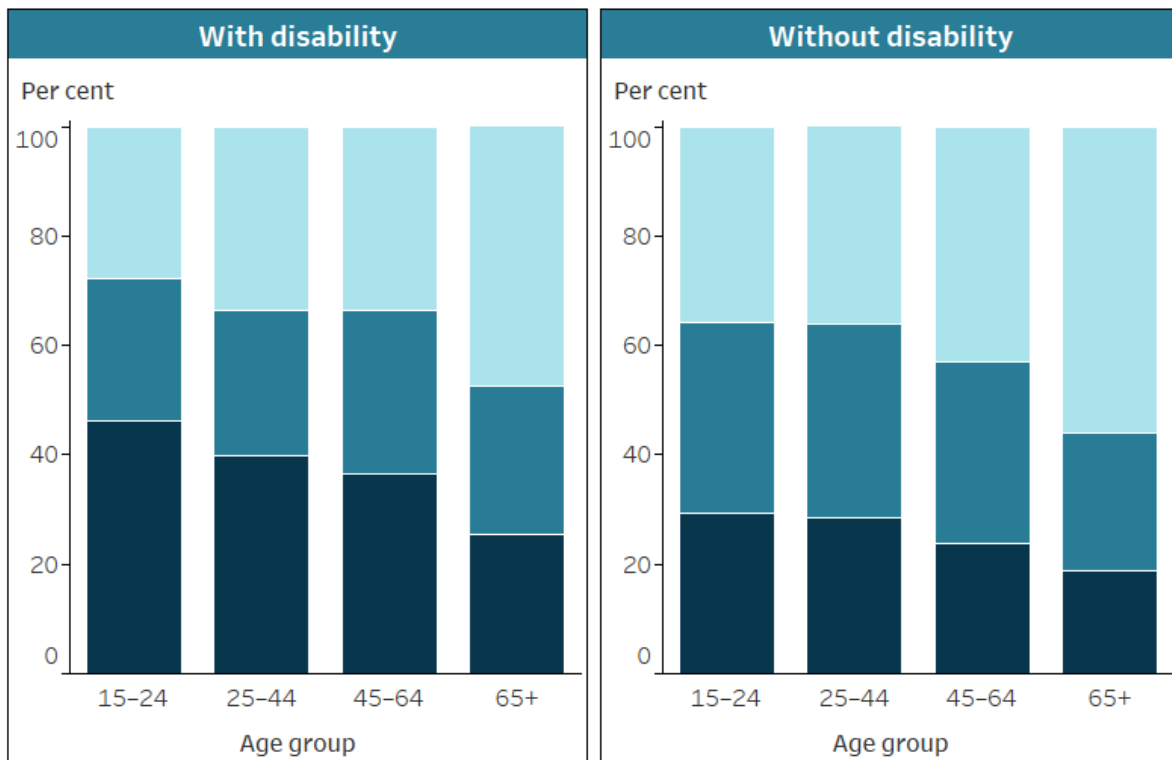
■ Totally satisfied or satisfied²

■ Somewhat satisfied³

■ Not satisfied⁴

39%

of people with disability aged 15–64 are **not satisfied** with their local community.



¹Satisfaction with feeling part of the local community. Ordinal scale from 0 (totally dissatisfied) to 10 (totally satisfied).

²Includes category 8, 9 and 10 (totally satisfied).

³Includes category 6 and 7.

⁴Includes category 0 (totally dissatisfied) to 5 (neither satisfied nor dissatisfied).

Source: DSS & MIAESR; see also Table INCL16.

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

People with severe or profound disability (46%) are even more likely not to be satisfied with their local community than those with other disability status (38%).

Among people with disability aged 15–64, not being satisfied with one's local community varies according to disability group:

- 1 in 2 (50%) people with psychosocial disability
- 1 in 2 (48%) with head injury, stroke or other brain damage
- 4 in 9 (46%) with intellectual disability
- 2 in 5 (42%) with sensory disability
- 2 in 5 (40%) with physical disability (DSS and MIAESR 2019).

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 HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:

- sensory: includes sight, hearing, and speech problems
- intellectual: includes difficulty learning or understanding things
- physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity
- psychosocial: includes nervous or emotional conditions, and mental illness
- head injury, stroke or other brain damage
- other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions.

Social isolation

People with disability aged 15–64 are twice as likely (17%) to experience social isolation as those without disability (8.7%). This is consistent across all age groups, the largest gap being between people aged 15–24 with disability (18%) and those of the same age without disability (6.6%) (Figure INCLUSION.2) (DSS and MIAESR 2019).

Index of Social Support (ISS)

As part of the HILDA self-completion questionnaire, respondents are asked how much they agree with the 10 statements about the amount of social support available to them.

The person's level of agreement with these statements is used to calculate scores on the Index of Social Support, which can range from -30 to +30 (Flood 2005). A high score on the Index of Social Support indicates no lack of social support, while a low score indicates social isolation (Relationships Australia 2018).

For the AIHW analysis of HILDA 2017 data, ISS scores from -30 to -1 indicate that a person experiences social isolation whereas scores between 0 and 30 indicate that a person does not experience social isolation. People who did not complete the self-completion questionnaire for all 10 questions about social support were excluded from this analysis.

Figure INCLUSION.2: Whether people aged 15 and over experience social isolation¹, by disability status and age group, 2017



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

¹Based on the Index of Social Support (ISS). 10 questions about social support are used to calculate the ISS.

²Includes ISS of 0 to 30.

³Includes ISS of -30 to -1.

Source: DSS & MIAESR; see also Table INCL21.

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

People with severe or profound disability aged 15–64 are more likely (24%) to experience social isolation than people with other disability (17%) (Figure INCLUSION.2). Social isolation also varies by disability group, and is experienced among:

- 31% of people with psychosocial disability
- 23% with intellectual disability
- 19% with physical disability
- 18% with sensory disability (DSS and MIAESR 2019).

Loneliness

Loneliness

Loneliness is recorded in the HILDA Survey as 'whether often feel very lonely' on an ordinal scale from 1 (strongly disagree) to 7 (strongly agree).

For the analysis of HILDA 2017 data in this section, scores between 1 and 4 are categorised as having experienced loneliness whereas scores between 5 and 7 are categorised as not having experienced loneliness.

Nearly 3 in 10 (28%) people with disability aged 15–64 experience loneliness compared with 16% of those without disability. This is even higher among people with severe or profound disability (37%) than those with other disability (27%) (DSS and MIAESR 2019).

Among people with disability, younger age groups have higher rates of loneliness than older age groups. Loneliness is experienced among:

- 31% of those aged 15–24
- 31% of those aged 25–44
- 26% of those aged 45–64
- 21% of those aged 65 and over (Figure INCLUSION.3) (DSS and MIAESR 2019).

Variation in loneliness also exists by disability group. People aged 15–64 with psychosocial disability (47%) are most likely to experience loneliness while people with sensory disability (27%) are least likely to experience loneliness (DSS and MIAESR 2019).

Figure INCLUSION.3: Whether people aged 15 and over experience loneliness¹, by disability status and age group, 2017



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

¹Collected as 'whether often feel very lonely' on an ordinal scale from 1 (strongly disagree) to 7 (strongly agree).

²Includes category 1–4.

³Includes category 5–7.

Source: DSS & MIAESR; see also Table INCL26.

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

Where can I find out more?

[Data tables](#) for this report.

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6. Justice and safety

6. Justice and safety

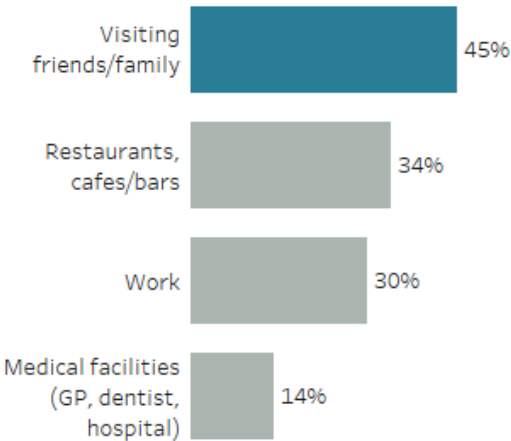
People with disability may experience higher rates of violence, abuse and neglect than people without disability. Some may also face barriers in asserting their rights before the law. Exploring the extent of violence experienced or perpetrated by people with disability, as well as their interactions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

DISCRIMINATION

4 in 9

people aged 15–64 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:



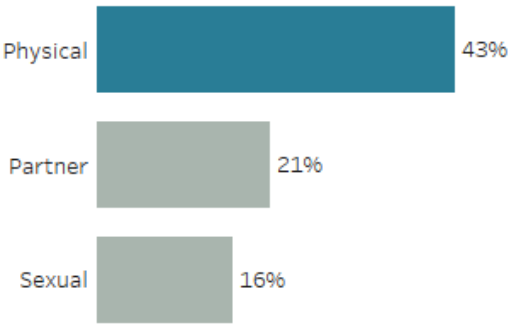
VIOLENCE

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

Key findings

- 44% of complaints received by the Australian Human Rights Commission are about disability discrimination.
- 1 in 6 (16%) people aged 15–64 with disability have experienced disability discrimination in the previous year.
- 4 in 9 (44%) people aged 15–64 with disability avoided situations because of their disability in the previous year.

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?

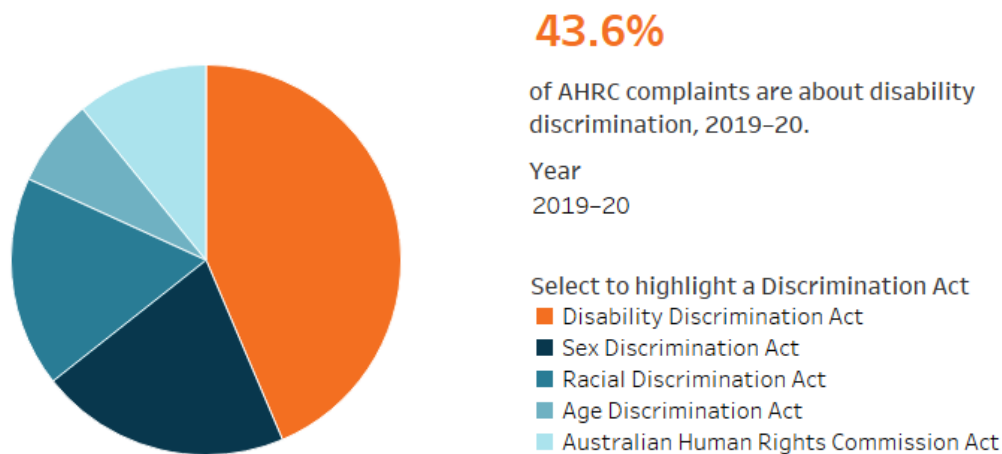
The [*Disability Discrimination Act 1992*](#) (Cwlth) makes it against the law to treat people unfairly because of their disability.

In the previous year, an estimated:

- 1 in 5 (22%) people aged 15 and over with disability experienced some form of discrimination (including disability discrimination), compared with 1 in 7 (15%) without disability (ABS 2020).
- 1 in 6 (16%) people aged 15–64 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, 2018–19 and 2019–20



Source: AHRC 2020; see also Table DISC1.
<http://www.aihw.gov.au>

Australian Human Rights Commission complaints data

Complaints data in this section are sourced from the AHRC, for 2019–20. 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 commission compiles data on these complaints and publishes complaint statistics reports [on its website](#). A complaint may raise several grounds and areas of discrimination and can be against one or more respondents.

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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication 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 or 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 under 15 years of age
- when the selected person is aged 15–17 and parental consent to interview them personally has not been provided
- due to the selected person's illness, injury or language difficulties (ABS 2019b).

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 one area of life can result in people avoiding that particular situation as well as avoiding other situations.

Of the estimated 264,000 people aged 15–64 with disability, living in households, who experienced disability discrimination in the previous year:

- 1 in 4 (24%) said it was by an employer
- 1 in 3 (32%) 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)
- 2 in 11 (18%) said it was by work colleagues (Table DISCRIMINATION.1).

Of the more than 1,000 disability discrimination complaints the AHRC received in 2019–20 (noting that one complaint may relate to more than one area):

- 2 in 5 (39%) related to goods, services and facilities
- 1 in 5 (20%) to employment
- 1 in 8 (13%) to disability standards
- 1 in 11 (9%) to education (AHRC 2020).

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 status	All with disability
Employer	16.9	29.5	24.4
Work colleagues	13.1	20.1	18.1
Family or friends	20.8	22.2	22.0
Providers of goods or services^(b)	41.2	26.1	32.2
Strangers in the street	20.6	15.5	17.4
Other sources^(c)	29.5	26.5	28.7

(a) People aged 15–64 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.

Source: ABS 2019a; see also Table DISC7.

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 poorer immune function (AIHW 2019).

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

See ['Social inclusion'](#) for more information on participation in society and social isolation for people with disability.

More than 3 in 10 (31% or 730,000) people aged 5–64 with disability, living in households, do not leave home as often as they would like to. The most common main reasons for this are own disability or condition (53% or 384,000), fear or anxiety (13% or 98,000) and cost or inability to afford (9.2% or 67,000) (ABS 2019a).

About 4 in 9 (44% or 751,000) people aged 15–64 with disability, living in households, avoided situations because of their disability in the previous year. Of those who avoided at least one situation because of their disability:

- 45% avoided visiting family or friends
- 37% avoided going to shops and banks
- 34% avoided going to restaurants, cafés or bars
- 30% avoided work
- 24% avoided using public transport
- 20% avoided using public parks or recreation venues (Figure DISCRIMINATION.2).

What is meant by situations?

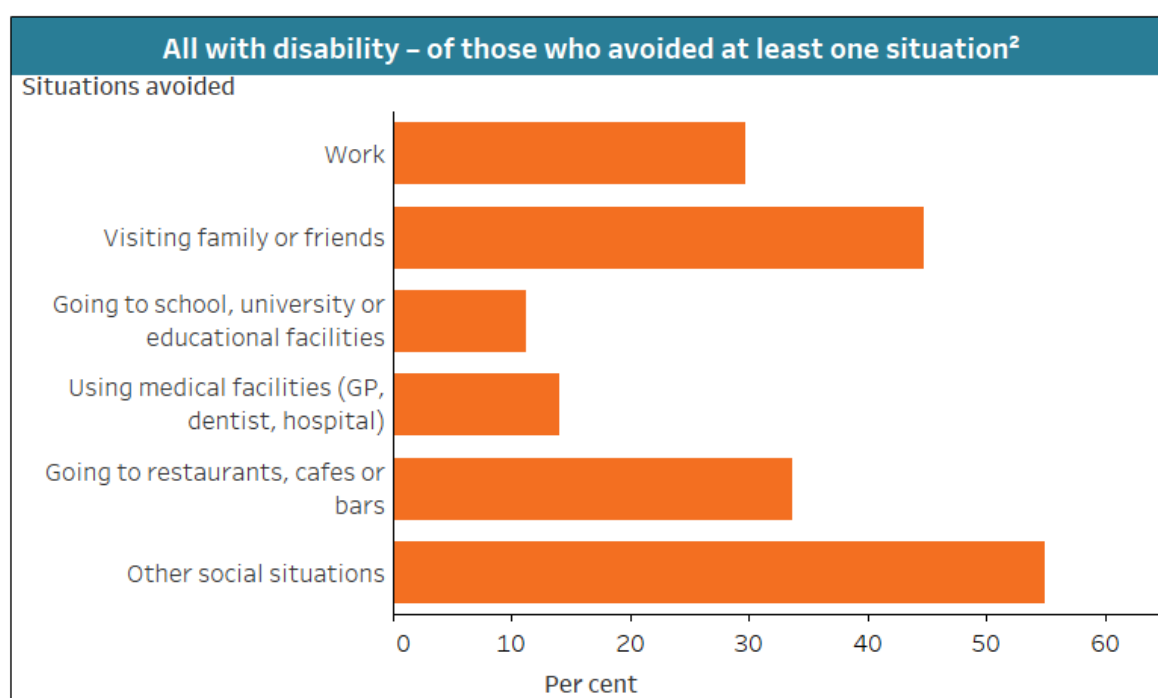
In this section 'situations' refer to work and study, service, hospitality and retail venues, social situations, public transport, and public places.

Figure DISCRIMINATION.2: Type of situation avoided for people with disability¹ aged 15–64, by disability status, 2018

View by type of situation
☒ Personal interactions
☐ Public interactions

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

44.3%
of all people¹ with disability have avoided at least one situation².



¹People with disability aged 15–64 living in households who had a personal interview.

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

Source: ABS 2019a; see also tables DISC34 and DISC37.

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

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 15–64 living in households. More than two-thirds (68% or 222,000) of people with severe or profound disability avoided situations compared with almost 2 in 5 (39% or 526,000) other people with disability. Of those who avoided at least one situation because of their disability, 40% (89,000) of people with severe or profound disability avoided public transport compared with 18% (93,000) of other people with disability (Figure DISCRIMINATION.2).

Differences in the likelihood of avoiding situations because of disability also occur by disability group:

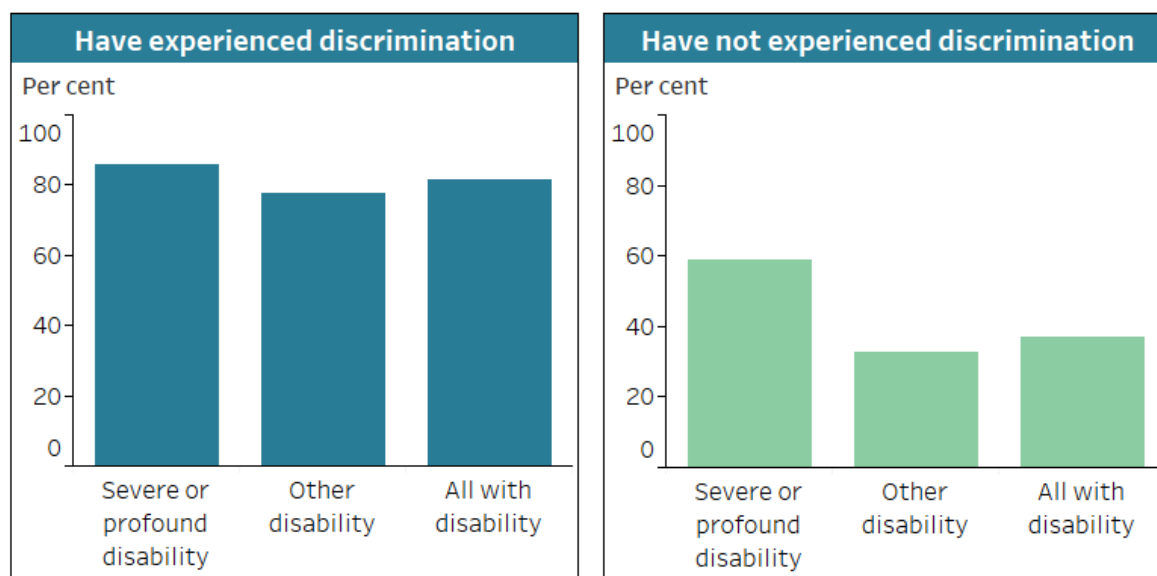
- nearly three-quarters (73% or 343,000) of people with psychosocial disability have avoided situations
- nearly 3 in 5 (58% or 73,000) people with head injury, stroke or acquired brain injury have avoided situations
- more than 2 in 5 (41% or 134,000) people with sensory and speech disability have avoided situations (ABS 2019a).

People with disability are even more likely to avoid situations because of their disability if they have experienced discrimination. More than 4 in 5 (82% or 216,000) people aged 15–64 who have experienced disability discrimination in the previous year also avoided situations because of their disability in that time (figures DISCRIMINATION.3 and DISCRIMINATION.4). This compares with almost 2 in 5 (37% or 534,000 people) who have not experienced discrimination.

Figure DISCRIMINATION.3: Whether have avoided at least one situation¹ for people with disability² aged 15–64, 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 15–64 living in households who had a personal interview.

Source: ABS 2019a; see also Table DISC34.

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

People with severe or profound disability are also more likely to avoid situations if they have experienced discrimination (86%) and this varies depending on the situation avoided (Figure DISCRIMINATION.4).

Figure DISCRIMINATION.4: Situations avoided for people with disability¹ aged 15–64, by whether have experienced discrimination² and disability status, 2018

View by type of situation

- ☒ Personal interactions
- ☐ Public interactions

Disability status

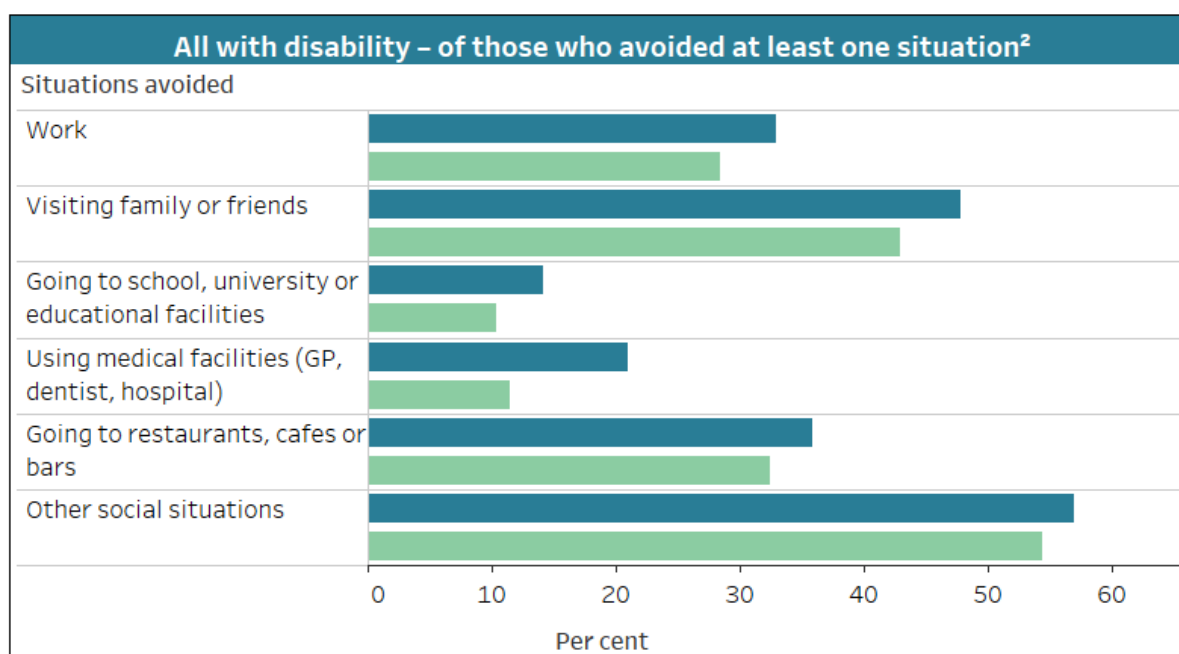
- ☐ Severe or profound disability
- ☐ Other disability
- ☒ All with disability

Select to highlight

- whether have experienced discrimination²
- ☒ Have experienced discrimination
- ☐ Have not experienced discrimination

15.6%

of all people¹ with disability
have experienced discrimination²



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

¹People with disability aged 15–64 living in households who had a personal interview.

²Because of their disability in the last 12 months.

Source: ABS 2019a; see also Table DISC37.

<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; these are:

- sensory and speech (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. Almost 3 in 4 (73% or 343,000) people aged 15–64, with psychosocial disability living in households, avoided situations in the previous year, compared with 2 in 5 (41% or 134,000) with sensory and speech disability (ABS 2019a).

Females (47% or 425,000) with disability, living in households, were more likely to avoid situations because of their disability in the previous year than males (41% or 325,000). This is more pronounced for females with psychosocial disability (76% or 195,000) than for males with psychosocial disability (69% or 150,000) (ABS 2019a).

Almost 3 in 10 (29% or 134,000) people aged 15–64, living in households, with psychosocial disability and more than 1 in 4 (27% of 53,000) of those with intellectual disability experienced disability discrimination in the previous year. Those with sensory and speech disability (17% of 57,000) and physical disability (17% or 189,000) were less likely to experience disability discrimination (ABS 2019a).

People living in *Outer regional and remote* areas are more likely (19% or 32,000) to experience disability discrimination than those living in *Major cities* (14% or 154,000) (ABS 2019a).

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

- 27% of complaints are by people with psychosocial disability

- 19% are by people with physical disability
- 13% are by people with sensory disability
- 6.6% are by people with intellectual or learning disability (AHRC 2020).

Household, Income and Labour Dynamics in Australia Survey

Data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 or over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017 almost 18,000 people from around 10,000 households participated in the HILDA Survey.

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 6 months or more. This is similar to the definition of disability used by the ABS Short Disability Module. In this section people who always or sometimes need help or supervision with at least one core activity because of their disability are referred to as people with 'severe or profound disability'. Core activities include self-care, mobility and communication. People who have a disability but do not always or sometimes need help or supervision with at least one core activity are referred to as people with 'other disability'. The HILDA Survey does not collect information on level of disability in every wave. The most recent collection was in the 17th wave (2017) (Summerfield et al. 2019; Wilkins et al. 2019).

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 HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:

- sensory: includes sight, hearing, and speech problems
- intellectual: includes difficulty learning or understanding things
- physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity
- psychosocial: includes nervous or emotional conditions, and mental illness
- head injury, stroke or other brain damage
- other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions.

More than 1 in 9 (12%) people with disability aged 15–64, living in households, are not satisfied with their personal safety compared with 4.5% of those without disability. Older people with disability (aged 65 and over) are less likely (6.6%) to not be satisfied than those with disability aged 15–64, but more likely than older people without disability (2.4%). Of those with disability aged 15–64:

- people with severe or profound disability (22%) are more likely not to be satisfied with their personal safety than people with other disability (11%)
- more than 1 in 5 people with intellectual disability (21%) and psychosocial disability (21%) are not satisfied with their personal safety
- more than 1 in 8 people with sensory disability (13%) and physical disability (13%) are not satisfied with their personal safety (DSS and MIAESR 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 previous year, of people aged 15–64 with disability living in households, an estimated:

- 1 in 27 (3.7% or 9,700) of those who experienced disability discrimination, have experienced disability discrimination from a teacher or lecturer
- 1 in 6 (17% or 30,100) attending a school or other educational institution experienced disability discrimination, inside or outside the education system
- 1 in 9 (11% or 84,000) of those who avoided situations because of disability, avoided going to school, university or an educational facility– about 3 in 8 (37% or 31,000) of these experienced disability discrimination in that time (ABS 2019a) (Table DISCRIMINATION.2).

Who does the SDAC discrimination module 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 and the necessity of it being a personal interview mean 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	36.8	30.8
Have not experienced discrimination	66.1	55.4
Total	100.0	83.8

(a) People aged 15–64 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 DISC42.

Other sources of information

Children and Young People with Disability Australia (CYDA) conducted a small national education survey in 2020 of 719 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 (95%) and the rest were students with disability. The survey had representation from all states and territories and students were: 63% males, 3.8% Indigenous, 66% aged 4–12 and 30% aged 13–18, 66% attending government school and 19% attending non-government school (Dickinson et al. 2020).

In 2019, CYDA conducted a survey of 505 young people with disability and families and caregivers of children with disability. 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 support'](#) 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 previous 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).

Of people aged 15–64 with disability who avoided situations in the previous 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.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; see also Table DISC43.

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 one source, so components will not add to total. A person who experienced discrimination from more than one source is counted only once in aggregated totals.

Source: ABS 2019a; see also Table DISC44.

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 previous 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 previous year are in the bottom 5 personal income deciles (\$700 or less of personal weekly income), compared with 61% (or 746,000) who have not.

Access to facilities and services

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. About 663,000 people with disability, aged 15–64 living in households who leave home, had challenges with mobility or communication. Of these people, 3 in 10 (30% or 198,000) found it difficult to access buildings or facilities. Those with sensory and speech disability were most likely (42% or 62,000) to have difficulty accessing building or facilities compared with other disability groups (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 previous year:

- around 2 in 3 (63% or 126,000 people) faced difficulty getting around the building, including with stairs, internal doors, corridor widths or obstructed walkways
- 4 in 9 (45% or 90,000 people) had difficulty with car parking facilities
- 4 in 10 (41% or 82,000 people) faced difficulty with approach areas, including ramps, handrails and lighting (ABS 2019a).

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

- shops and banks (68% or 134,000 people)
- medical facilities (43% or 84,000 people)
- restaurants and cafés (34% or 67,000 people)
- government buildings (30% or 60,000 people) (ABS 2019a).

Some people with disability also find it difficult to use public transport. About 1 in 6 (16% or 326,000) people aged 15–64 with disability, living in households who leave home, have difficulty using some or all forms of public transport. This includes:

- using steps (34% or 111,000 people)
- facing fear or anxiety (32% or 104,000 people)
- getting to stops or stations (21% or 69,000 people)
- finding a seat or standing (20% or 65,000 people) (ABS 2019a).

About 1 in 9 (11% or 221,000) people aged 15–64 with disability, living in households who leave home, are unable to use public transport at all. About 1% (21,000) of people aged 15–64 with disability living in households 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 (40% or 197,000) and other people with disability (8.4% or 129,000), aged 15–64 living in households who leave home. More than one-quarter (27% or 132,000) of those with severe or profound disability are unable to use public transport at all, compared with 1 in 17 (5.8% or 90,000) other people with disability (ABS 2019a).

For people with disability, this also differs by remoteness. Around 1 in 12 (8% or 108,000) people aged 15–64 with disability living in *Major cities* are unable to use public transport at all, compared with 1 in 7 (14% or 69,000) living in *Inner regional* areas and 1 in 4 (23% or 44,000) living in *Outer regional and remote* areas (ABS 2019a).

How is remoteness defined?

The remoteness categories used in the ABS SDAC are defined by the Australian Statistical Geography Standard Remoteness Structure (ABS 2016a) which divides Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Very remote areas are out of scope for the SDAC.

By disability group, more than 1 in 5 (21% or 33,000) people with head injury, stroke or acquired brain injury are unable to use public transport at all, compared with more than 1 in 8 (13% or 172,000) with physical disability (ABS 2019a).

Access to facilities and services for people with and without disability

General Social Survey

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2019 General Social Survey (GSS). The GSS collects information on the social characteristics, wellbeing and social experiences of people aged 15 and over living in private dwellings in Australia.

The GSS 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.

In the GSS a person is considered to have disability if they had one or more conditions (including long-term health 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 with disability aged 15 and over (81%) are less likely to have access to a motor vehicle to drive than people without disability (86%); the proportions for people with disability vary by age group – 83% of those aged 15–64 and 75% of those aged 65 and over (ABS 2021).

When services are accessible, everyone has equal access to the services they wish to use. Inaccessible services can limit a person's ability to receive the support they need, particularly for people with disability.

People with disability aged 15 and over (28%) are more likely to experience problems accessing service providers than people without disability (20%). The types of service providers where people with disability experience problems are:

- Centrelink/Family Assistance Office/Medicare (50%)
- telecommunication services (35%)
- hospitals and health-related services (29%)
- banks or financial institutions (28%)
- other services (15%) (ABS 2021).

Access to facilities and services for Aboriginal and/or Torres Strait Islander people with disability

National Aboriginal and Torres Strait Islander Social Survey

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2014–15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS). The NATSISS collects information from Aboriginal and Torres Strait Islander people living in private dwellings across Australia on a range of demographic, social, environmental and economic characteristics.

The NATSISS 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.

In the NATSISS, a person is considered to have disability if they have one or more conditions (including long-term health 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.

Aboriginal and Torres Strait Islander people aged 15 and over with disability (29%) are more likely to have problems accessing services than those without disability (20%). Females with disability (32%) are more likely to have problems accessing services than males (26%) (ABS 2016b).

For Indigenous people with disability who have problems accessing services, the top 5 barriers to access are:

- waiting too long or appointment not available at time required (50%)
- poor customer service (38%)
- inadequate services in area (37%)
- no service in area (32%)
- transport or distance (28%) (ABS 2016b).

The services Indigenous people with disability have most problems accessing are:

- Centrelink (33%)
- dentists (25%)
- doctors (23%)
- hospitals (17%)
- housing services (15%) (ABS 2016b).

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 (55% or 146,000) of people aged 15–64 with disability who had experienced disability discrimination in the previous year rated their health as fair or poor, compared with 1 in 3 (35% or 498,000) 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 to poor.

People with disability who experience disability discrimination are more than twice as likely as those who do not to have high or very high levels of psychological distress. An estimated 71% (or 181,000) of people aged 18–64 with disability who experienced disability discrimination in the previous year have a high or very high level of psychological distress, compared with 37% (or 521,000) who did not (ABS 2019a).

Kessler Psychological Distress Scale (K10)

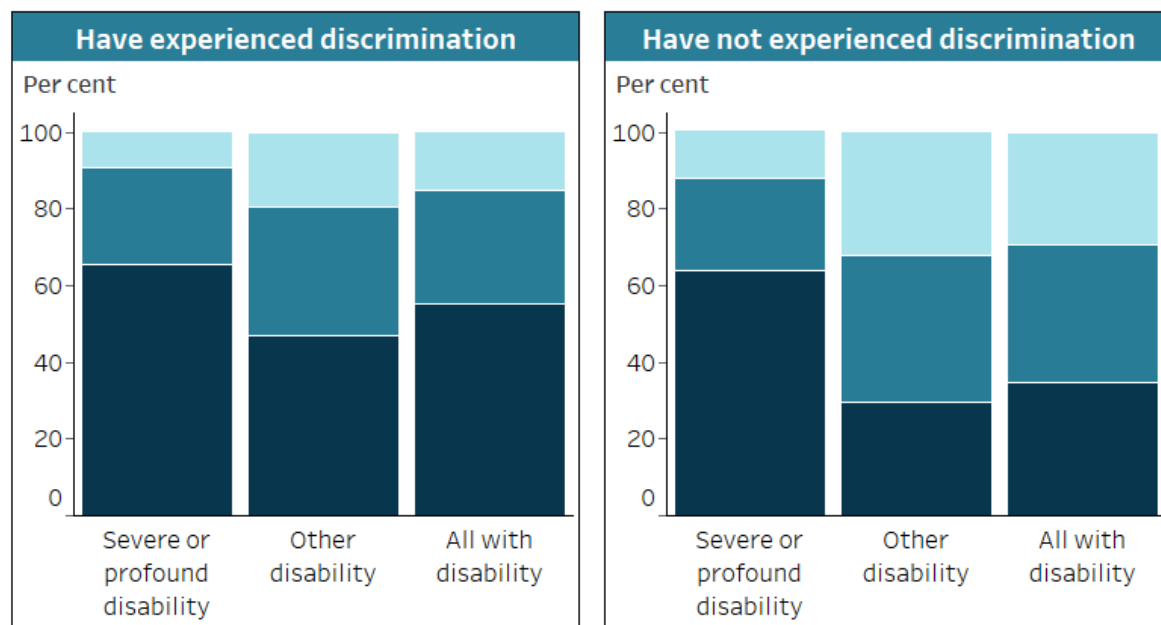
The Kessler Psychological Distress Scale (K10) is a survey device used to measure non-specific psychological distress in people. It uses a set of 10 questions about negative emotional states that participants in the survey may have experienced in the 4 weeks leading up to their interview. Higher levels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

The ABS SDAC collects K10 information for people with disability aged 18 and over who have a personal interview.

Figure DISCRIMINATION.5: Health status for people with disability¹ aged 15–64, 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



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

¹People with disability aged 15–64 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 2019a; see also tables DISC47 and DISC50.

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

Experiencing discrimination may also result in people with disability avoiding medical facilities. An estimated 1 in 7 (14% or 105,000) aged 15–64 with disability, who avoided situations due to their disability, avoided medical facilities in the previous year. About 4 in 9 (43% or 46,000) of this group experienced disability discrimination in that time:

- 1 in 7 (14%) from health staff
- 1 in 3 (32%) 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	43.2	45.5
From health staff (GP, nurse, hospital staff)	14.2	14.9
From other sources ^(d)	32.4	34.1
Have not experienced discrimination	58.5	61.6
Total	100.0	105.3

(a) Aged 15–64 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 one source, so components will not add to total. A person who experienced discrimination from more than one source is counted only once in aggregated totals.

Source: ABS 2019a; see also Table DISC53.

People with disability aged 15–64 who experience disability discrimination from health staff are more likely to avoid medical facilities than those who experience disability discrimination from another source and around 6 times as likely as those who did not experience disability discrimination. In the previous year, an estimated:

- 25% (or 15,000) of people aged 15–64 with disability who experienced disability discrimination from health staff avoided medical facilities
- 15% (or 34,000) who experienced disability discrimination from another source avoided medical facilities
- 4.3% (or 62,000) who did not experience disability discrimination avoided medical facilities in that time (ABS 2019a).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#)

Complaints to the AHRC, and the *Disability Discrimination Act* – [AHRC website](#); 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).

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Violence against people with disability

Key findings

- 1 in 2 (47%) adults with disability have experienced violence since the age of 15.
- 2 in 5 (43%) adults with disability have experienced physical violence since the age of 15.
- 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. 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 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.

Past experiences of violence

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 and over.

In the PSS, a person is considered to have disability if they had one or more conditions which have lasted, or are likely to last, for at least 6 months and restrict everyday activities.

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 one or more core activities are referred to in this section as 'people with severe or profound disability'.

Timeframes for analysis of experiences of violence by people with disability

The PSS collects information about disability at the time of the interview, whereas questions on violence relate to either the previous 12 months or since the age of 15. It is therefore not possible to determine whether a person had disability at the time of experiencing violence. As such, care should be taken when making inferences or comparisons between groups, especially when the incidents of violence or abuse had occurred more than 12 months ago (ABS 2017a).

This section reports mostly on proportions of people with disability who had experienced violence since the age of 15. This type of reporting may help understand how many people with disability may require access to support services for past experiences of violence, but should not be interpreted as disability being a risk factor for, or outcome of, experiencing violence (ABS 2021).

Other considerations relevant to interpreting estimates of experience of violence by people with 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. In addition to the timeframes considerations above, other reasons are:

- the PSS 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
- the PSS does not collect information about experiences of violence in proxy interviews (where the selected respondent is incapable of answering for themselves; for instance, due to a communication disability). This results in a small underrepresentation of persons with a communication disability who are unable to communicate at all. However, ABS assess that this does not affect the overall national representativeness of people with disability in the PSS sample (ABS 2021)
- the PSS collects only from private dwellings and does not collect data from people living in institutional care settings.

In Australia, it is estimated that:

- more than one-third (37%) of adults who have experienced at least one 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 have past experiences of 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 previous 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).

Adults with disability, especially those with severe or profound disability, are more likely than adults without disability to have past experiences of violence regardless of type:

- 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).

Women with disability report higher rates of past sexual violence and intimate partner violence than their male counterparts. Men with disability report higher rates of past physical violence (Figure VIOLENCE.1). This is also the case for adults without disability, although the rates of past experiences of violence 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 half of men (47% or 1.3 million) with disability have experienced physical violence after the age of 15, compared with 38% (or 2.4 million) without disability (ABS 2017b).

Table VIOLENCE.1: Proportion of adults^(a) who experienced violence since age 15^(b), by disability status^(c) and type of violence, 2016 (%)

Type of violence	Severe or profound disability	Other disability status	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) People aged 18 and over living in households.

(b) Experience of violence after age 15 (in last year or previously). Includes sexual violence and physical violence.

(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.

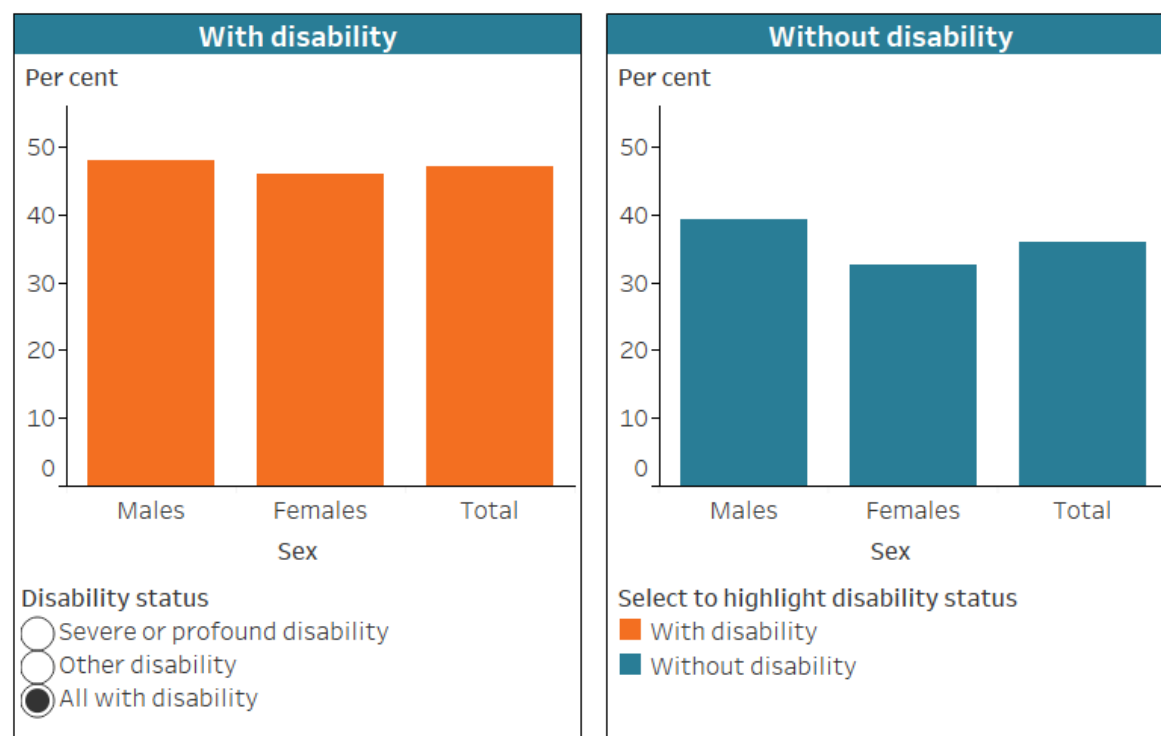
(f) Includes sexual and/or physical violence perpetrated by a current partner (living with), previous partner (has lived with), boyfriend/girlfriend/date and ex-boyfriend/ex-girlfriend (never lived with).

Note: Components may not add to total as people may have experienced 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.

Figure VIOLENCE.1: Experience of violence¹ by adults² since age 15, by violence type, disability status³ and sex, 2016

Violence type
Total violence



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.

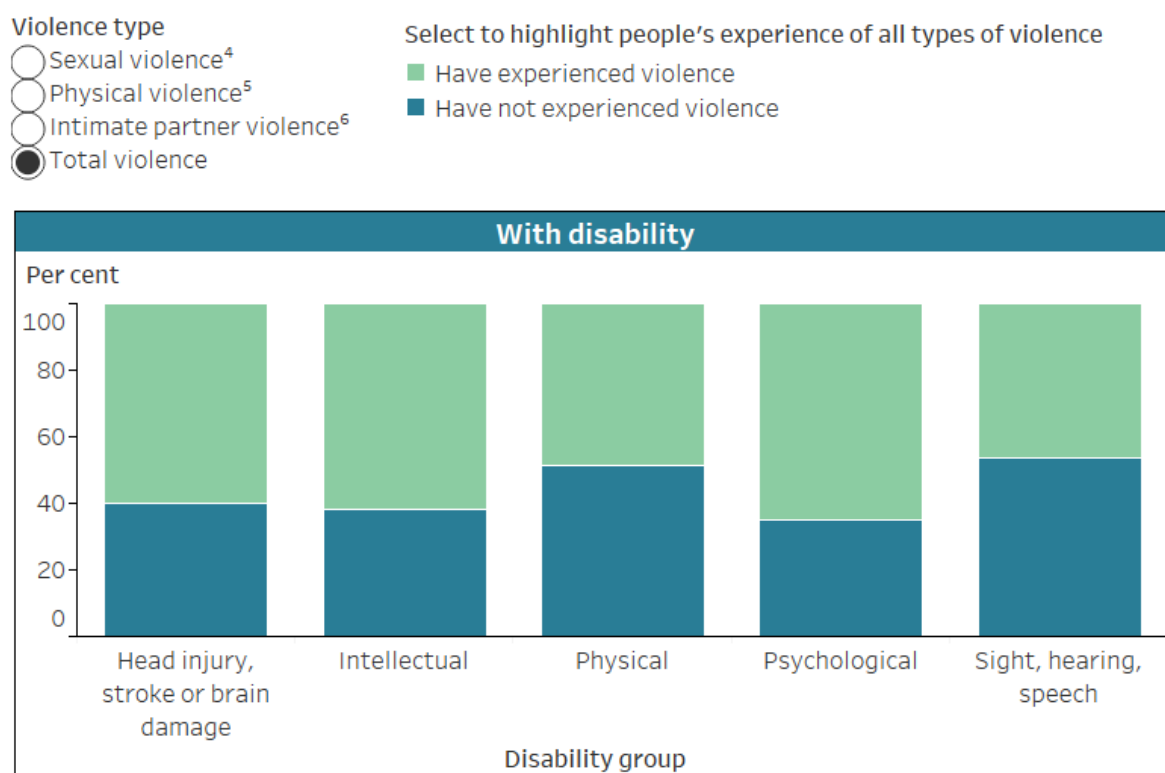
Some people with disability – such as those with psychological or intellectual disability – are more likely to have experienced violence (Figure VIOLENCE.2). Of adults with disability, those most likely to have experienced violence after the age of 15 have:

- 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: Experience of violence¹ by adults² since age 15, 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>

Perpetrators of violence

Violence experienced by people with disability was most often perpetrated by someone they know. For adults with disability, who have experienced violence after age 15, the most common perpetrators of violence were:

- an intimate partner – this was the case for more than 2 in 5 (44% or 1.1 million) adults with disability who have experienced violence after age 15, compared with 37% (or 1.7 million) of adults without disability
- an acquaintance or neighbour – more than 1 in 5 (22% or 598,000) adults with disability who experienced violence, compared with 16% (or 718,000)

- housemate or friend – 1 in 7 (14% or 365,000), compared with 12% (or 528,000)
- a parent – 1 in 9 (11% or 301,000), compared with 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 one perpetrator. A person who has experienced violence by more than one 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:

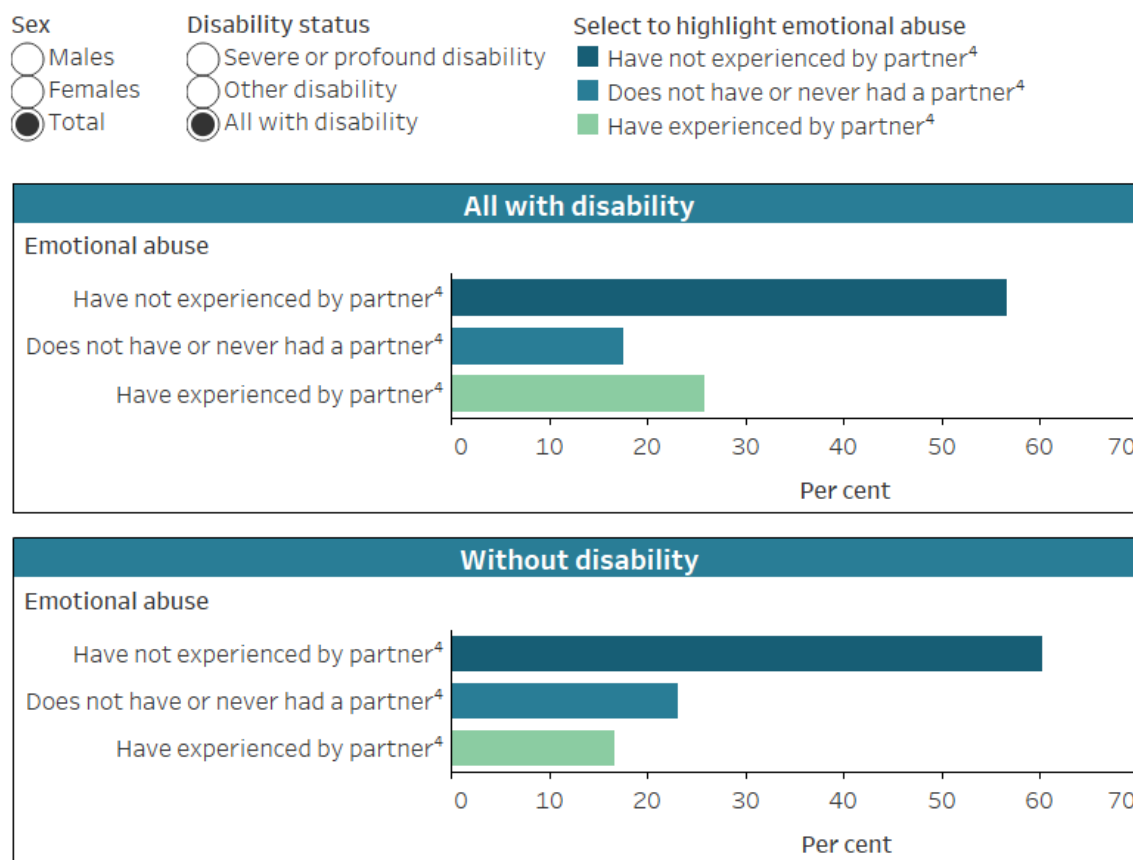
- controlling or trying to control a person from contacting family, friends or community
- constantly insulting a person to make them feel ashamed, belittled or humiliated
- shouting, yelling or verbally abusing a person to intimidate them
- lying to a person's children with the intent of turning their 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, past experiences of emotional abuse by a current or previous partner were reported 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: Experience of emotional abuse¹ by adults² since age 15, 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) of adults with disability who experienced emotional abuse, 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) adults with disability, who have experienced emotional abuse from a previous

partner after the age of 15, experienced such abuse from more than one 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).

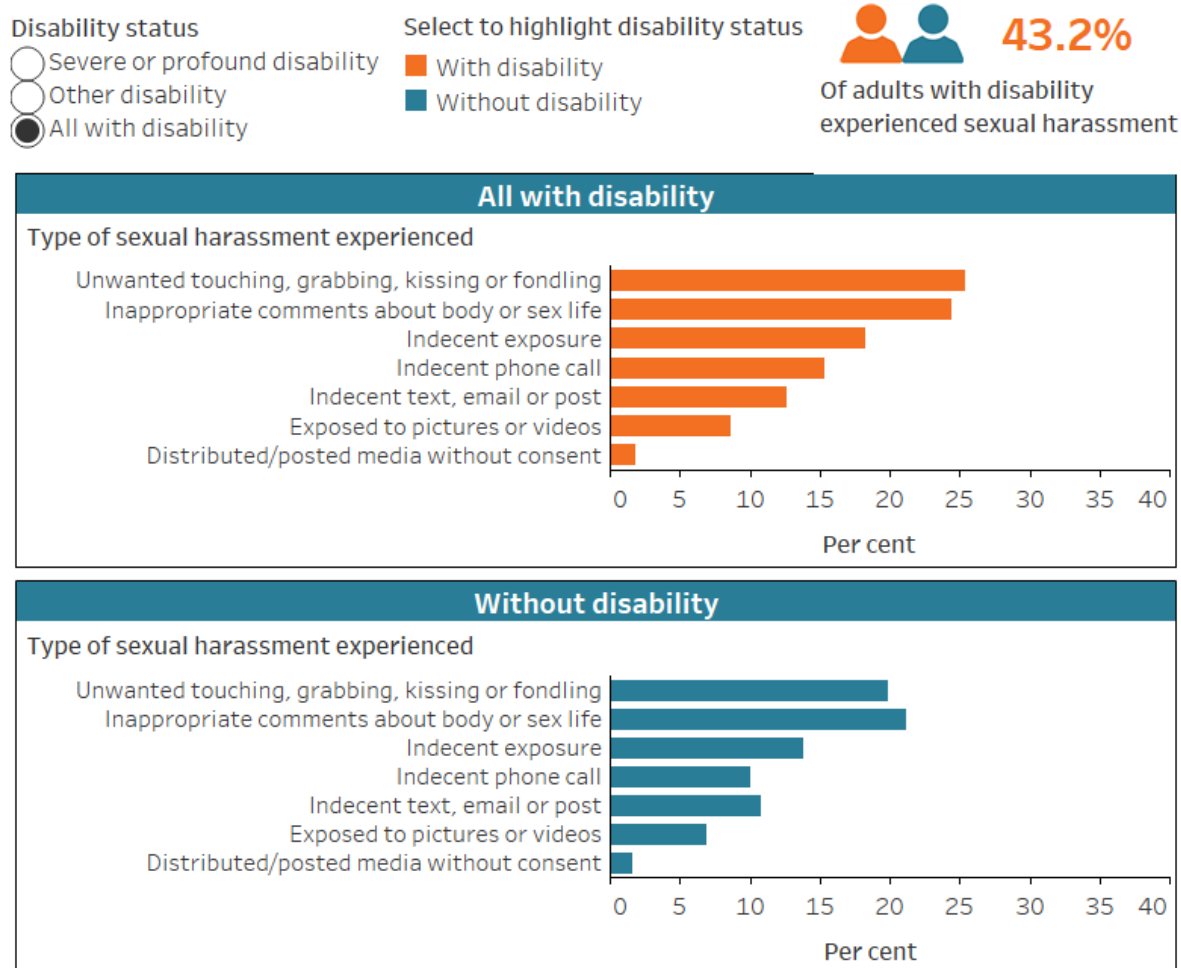
Sexual harassment

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:

1. indecent messages, such as electronic messages and posts on social media, and written messages
2. indecent exposure
3. unwanted touching
4. sharing images/videos of the person that are sexual in nature and without consent
5. 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 report past experiences of 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, experienced sexual harassment, compared with 37% (or 4.7 million) without disability (Figure VIOLENCE.4).

Figure VIOLENCE.4: Experience of sexual harassment¹ by adults² since age 15, 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 have past experiences of 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 since age 15, 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).

Where can I find out more?

[Data tables](#) for this report.

People with disability who experience domestic and family violence – [AIHW Family, domestic and sexual violence in Australia: continuing the national story 2019](#).

[ABS Personal Safety, Australia, 2016](#).

ABS [Disability and Violence – In Focus: Crime and Justice Statistics](#).

References

ABS (Australian Bureau of Statistics) (2017a) *Personal Safety Survey, Australia: user guide, 2016*, ABS cat. no. 4906.0.55.003, ABS, accessed 26 July 2020.

<https://www.abs.gov.au/AUSSTATS/abs@.nsf/mf/4906.0.55.003>

ABS (2017b) *Microdata: Personal safety, Australia, 2016*, ABS cat. no. 4906.0.55.001, ABS, AIHW analysis of detailed microdata, accessed 14 September 2018.

<https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/personal-safety-australia>

ABS (2021) *Disability and Violence – In Focus: Crime and Justice Statistics Disability and Violence – April 2021*, ABS, accessed 1 April 2022.

<https://www.abs.gov.au/statistics/people/crime-and-justice/focus-crime-and-justice-statistics/disability-and-violence-april-2021>

AIHW (Australian Institute of Health and Welfare) (2019) *Family, domestic and sexual violence in Australia: continuing the national story 2019*, AIHW, accessed 26 July 2021.

<https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-australia-2019/contents/table-of-contents>

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.

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 (see ['Homelessness services'](#), ['Health'](#), ['Employment'](#) and ['Education and skills'](#) for more information).

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.

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.

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.

Households and income units

Data on housing are often collected and reported for households and income units rather than persons.

A household is defined as one or more persons, at least one of whom is at least 15 years of age, usually resident in the same private dwelling.

An income unit is one 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.

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**.

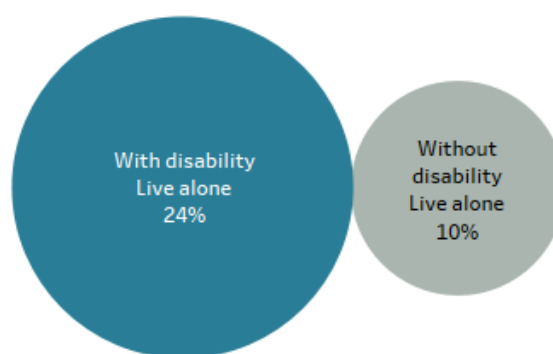


LIVING ARRANGEMENTS

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.

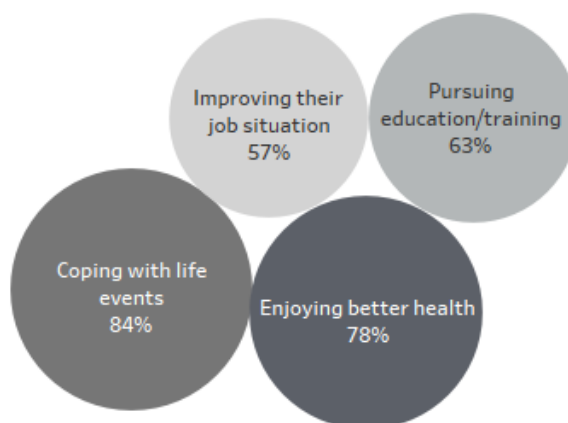


HOUSING ASSISTANCE

16%

of income units receiving Commonwealth Rent Assistance received the Disability Support Pension (DSP) as their primary payment.

Social housing households with people with disability experience benefits of social housing in:

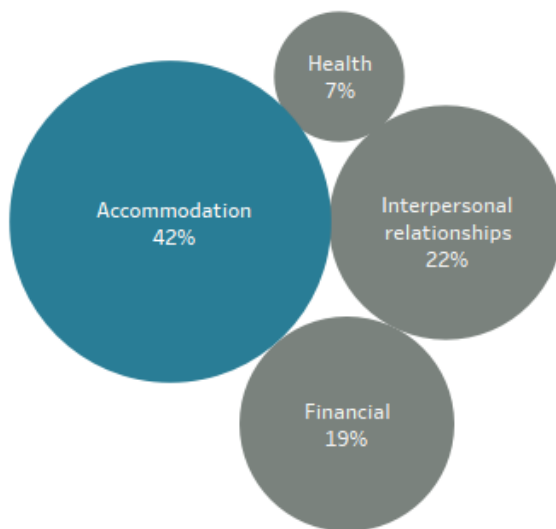


HOMELESSNESS

8.6%

of Specialist Homelessness Services clients have disability; 30% of these have severe or profound disability.

The top reasons for **seeking assistance** (excluding 'other'):



Type of housing

Key findings

- 87% of people with severe or profound disability live in the community (in private dwellings).
- 99% of people aged under 65 with disability live in private dwellings, compared with 91% of people aged 65 and over.
- 8 in 10 (82%) people with disability who live in private dwellings 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 in the community (in private dwellings), some live 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 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).

For information about younger people in residential aged care, see '[Social support](#)'.

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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

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; these are:

- sensory and speech (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).

Living in private dwellings or cared accommodation

While most people with disability (96% or 4.2 million) live in private dwellings, this was not always so. In the past, many, particularly those with severe or profound disability, lived in cared accommodation.

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% or 2.4 million, compared with 91% or 1.8 million) (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 in the community – 87% (or 1.2 million) with severe or profound disability live in private dwellings, compared with close to 100% (or 2.9 million) with other disability (Table HOUSING.1). This difference is smaller among younger people with disability than older people with disability:

- 99% (or 716,000) of people aged under 65 with severe or profound disability live in private dwellings, compared with close to 100% (or 1.7 million) of those with other disability
- 75% (or 517,000) of people aged 65 and over with severe or profound disability and over do so, compared with close to 100% (or 1.3 million) of those with other disability (Table HOUSING.1).

Table HOUSING.1: Likelihood of living in private dwelling^(a) for people with disability, by age group and disability status, 2018 (%)

Disability status	Under 65	65 and over	All ages
Severe or profound disability	98.6	75.3	87.1
Other disability	100.0	99.7	99.8
All with disability	99.4	91.0	95.7

(a) Including self-cared accommodation for the aged or retired, and other private dwellings.

Source: ABS 2019b; see also Table HOUS2.

The proportion of people with disability aged under 65 who live in private dwellings is high and there is not much variation by disability group. In contrast, there are substantial differences by disability group for those aged 65 and over. People aged 65 and over with physical or sensory disability are more likely to live in private dwellings (89% or 1.2 million, and 88% or 856,000 respectively) than those with head injury, stroke or acquired brain injury (75% or 111,000), psychosocial disability (63% or 226,000), or intellectual disability (52% or 105,000) (Table HOUSING.2).

Table HOUSING.2: Likelihood of living in private dwelling^(a) for people with disability, by disability group and age group, 2018 (%)

Disability group	Under 65	65 and over	All ages
Sensory and speech	98.6	88.4	92.1
Intellectual	97.8	51.9	85.8
Physical restriction	99.3	88.5	93.9
Psychosocial	98.6	63.2	87.4
Head injury, stroke or acquired brain injury	96.5	74.9	87.3
Other	99.2	84.0	92.3
All with disability	99.4	91.0	95.7

(a) Including self-cared accommodation for the aged or retired, and other private dwellings.

Source: ABS 2019b; see also Table HOU5.

Home type

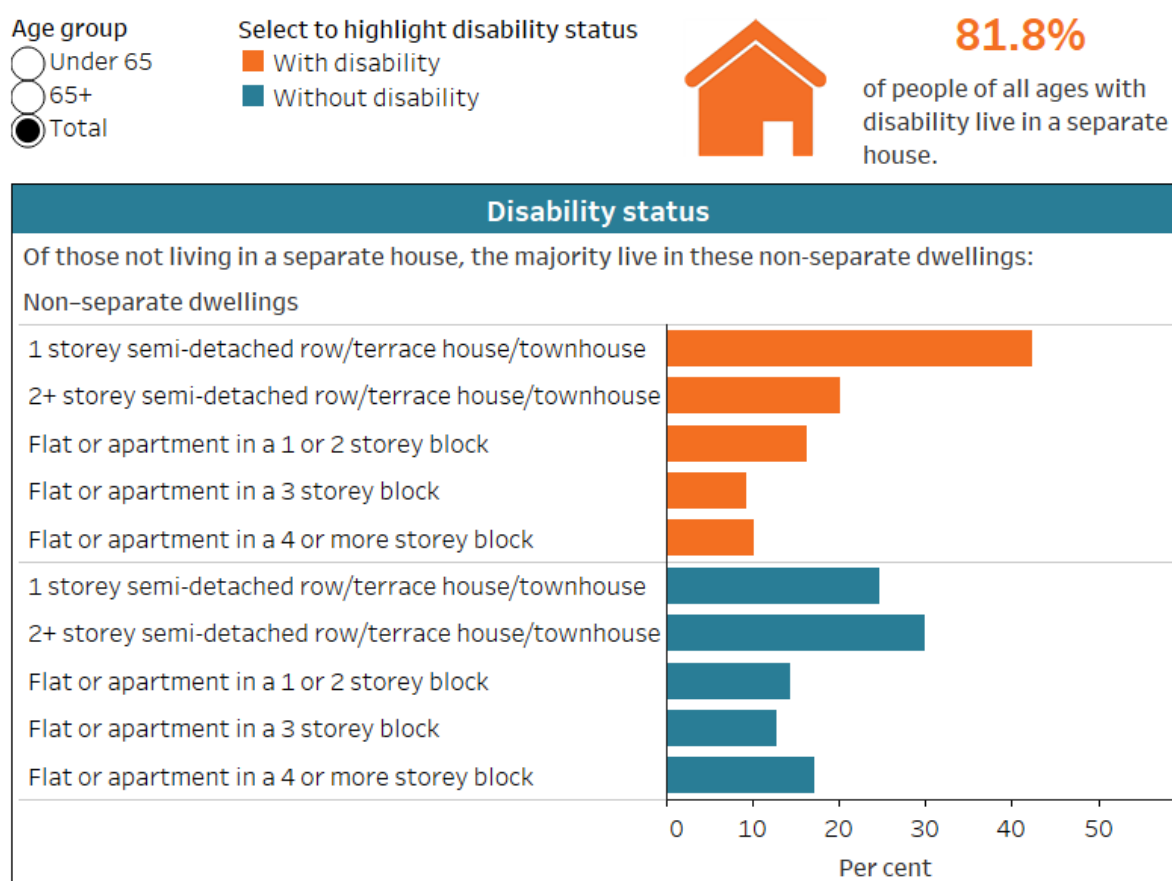
About 4 in 5 (82% or 3.4 million) people with disability living in private dwellings live in a separate house (that is, a house separated from other dwellings by at least half a metre – see [ABS: dwelling structure](#) for classifications). This is similar to those without disability (81% or 16.4 million).

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% (or 1.4 million) compared with 83% (or 2.0 million)
- people without disability – 82% (or 1.6 million) compared with 81% (or 14.8 million) (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% or 323,000). Those aged 65 and over are more likely (53% or 184,000) than those aged under 65 (34% or 143,000) to live in this type of dwelling (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 tables HOUS9 and HOUS11.

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

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

References

ABS (Australian Bureau of Statistics) (2019a) *Disability, ageing and carers, Australia: summary of findings, 2018*, ABS, accessed 30 July 2021.

<https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release>

ABS (2019b) *Microdata: disability, ageing and carers, Australia, 2018*, ABS cat. no. 4430.0.30.002, ABS, AIHW analysis of TableBuilder data, accessed 6 October 2021.

<https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

Living arrangements

Key findings

- Almost two-thirds (64%) of people with disability own their home either with (22%) or without (41%) a mortgage.
- 16% of people with disability who rent, do so from a state or territory housing authority (4% without disability).
- Non-dependent people with disability (24%) are more likely than those without disability (10%) to live alone.

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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

Dependent versus non-dependent household relationships

This section provides separate descriptions of the housing situation for:

- dependent children and students
- non-dependent people.

In the ABS SDAC, housing information – including tenancy and landlord type – is recorded for an income unit. Dependent children are considered part of the same income units as their parents. In the SDAC, dependent children include:

- all children under 15 years
- those people aged 15–24 who are full-time students, live with at least one parent, and do not live with their own partner or child.

The housing situation for the dependent child is the same as for 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.

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).

A non-dependent child is a person aged 15 or over who is not a full-time student aged 15–24, lives with at least one parent and does not live with their own partner or child.

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.

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.

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) (ABS 2019b).

Close to one-third (29% or 1.2 million) of people with disability are renting (39% or 949,000 aged under 65; 14% or 256,000 aged 65 and over). A further 5.9% (or 248,000) live rent-free (7.4% or 179,000 aged under 65; 3.9% or 70,000 aged 65 and over) (ABS 2019b).

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) (ABS 2019b).

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 (ABS 2019b).

Dependent children and students

Dependent children (aged 0–14) and students (aged 15–24) share the tenure type with their income unit.

Dependants with disability are more likely than those without disability to live in households with less secure tenure types:

- 6 in 10 (59% or 278,000) dependants with disability live in a home that is owned by someone in their income unit, compared with 66% (or 3.7 million) without disability
- almost 4 in 10 (38% or 182,000) live in a home that is rented, compared with 32% (1.8 million) (ABS 2019b).

Living in a household as a dependent student is the most common household relationship for young people (aged 15–24) with disability (40% or 117,000). This is followed by:

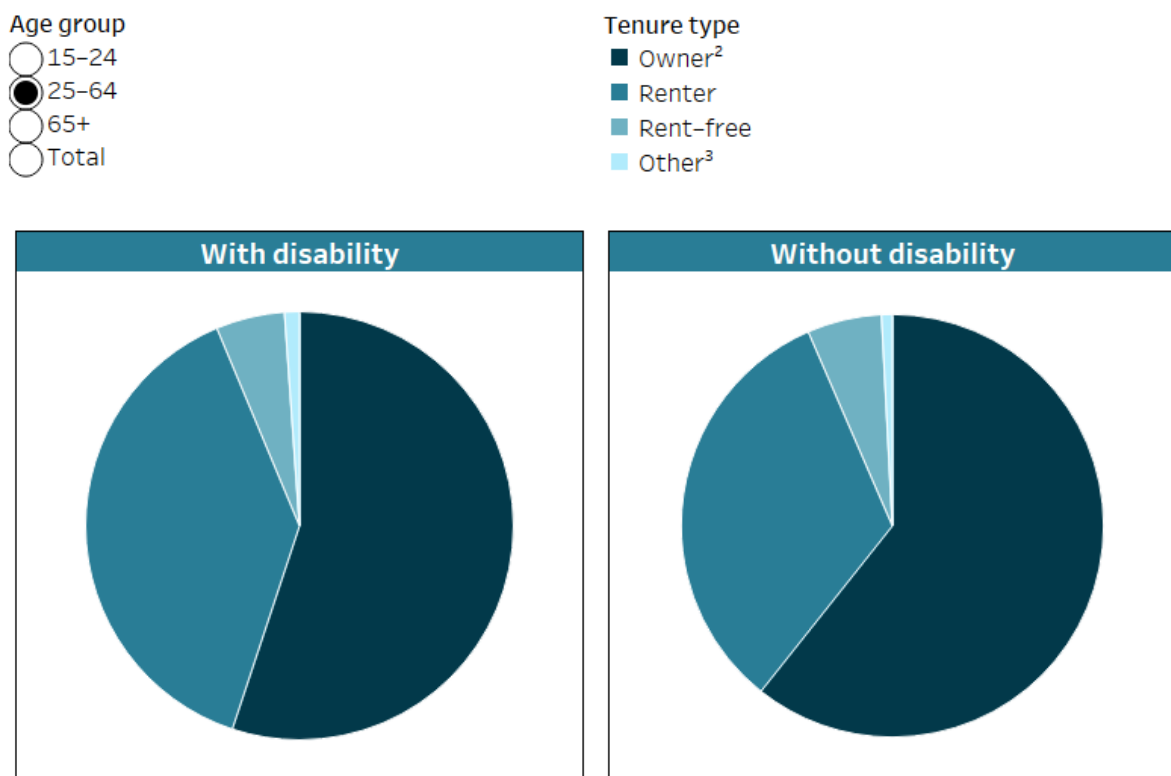
- being a non-dependent child (39% or 115,000)
- living in other household relationships (20% or 59,000).

The most common living arrangement for young people with disability was living as a dependent student in a home that was owned (27% or 80,000), followed by being a non-dependent child living rent free (23% or 68,000) (ABS 2019b).

Non-dependent people aged 15 and over

Non-dependent people with disability aged 25–64 (55% or 971,000) and aged 65 and over (79% or 1.4 million) are less likely than those without disability (61% or 6.8 million and 86% or 1.7 million respectively) to own their home. Of young people (aged 15–24) with disability, 6.3% (or 11,000) are in the owner category. This is similar to those without disability (4.9% or 76,000) (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 LIVI9.

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

Older non-dependent 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% or 180,000) are nearly twice as likely as those without disability (14% or 294,000) 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 LIVI10.

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

The proportion of non-dependent people who own their home varies by disability group. Non-dependent people aged 15–64 with sensory disability (53% or 209,000) or physical disability (53% or 667,000) are more likely to own their home than those with head injury, stroke or acquired brain injury (37% or 60,000), psychosocial disability (34% or 200,000), or intellectual disability (22% or 62,000) (ABS 2019b).

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; these are:

- sensory and speech (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).

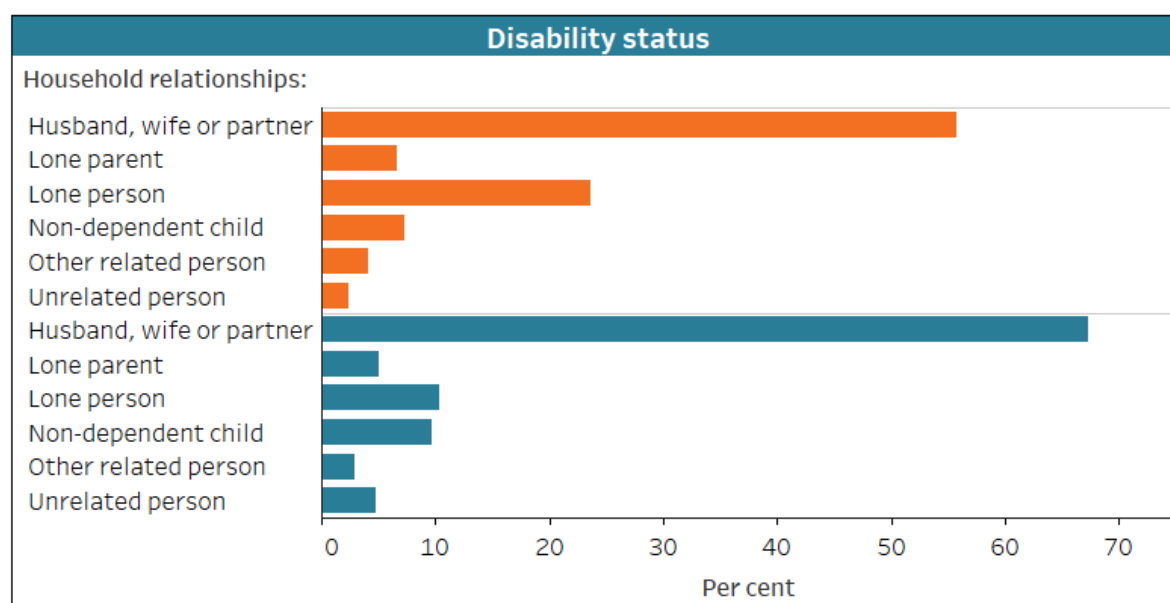
The relationships people have within their households vary between those with and without disability (Figure LIVING.3), by disability group and by tenure type. For example:

- Non-dependent people with disability aged 15–64 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
 - 52% (or 1.0 million) lived with a husband, wife or partner, compared with 67% (or 8.5 million) without disability
 - 19% (or 362,000) lived alone, compared with 8.4% (or 1.1 million)
 - 8.5% (or 165,000) are lone parents, compared with 5.4% (or 685,000).
- Non-dependent people aged 15–64 with intellectual disability are most likely to be a non-dependent child (39% or 107,000), while people with sensory or physical disability are most likely to live with a husband, wife or partner (53% or 210,000 and 53% or 674,000 respectively). Of those with head injury, stroke or acquired

brain injury, 41% (or 66,000) live with a husband, wife, or partner; for those with psychosocial disability the corresponding proportion is 34% (or 201,000) (ABS 2019b).

- Non-dependent 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 LIVI12.

<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 LIVI14a and LIVI14b.

<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](#)'.

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).

Rental affordability

Rental affordability, especially in the private rental market, can be an issue for people with disability. For example:

- 32% of income units receiving Commonwealth Rent Assistance (CRA) (at June 2020) who had at least one member receiving the Disability Support Pension (DSP) were in rental stress after receipt of CRA (that is, paid more than 30% of their gross household income on rent); without CRA, 72% of these income units would be in rental stress. This compares with 29% in rental stress after receipt of CRA and 55% in rental stress without CRA for all income units receiving CRA (AIHW 2021).
- An Anglicare report on affordable housing found that only 0.3% (or 240) of 74,300 rental properties advertised in Australia on a selected weekend in March 2021 were affordable and appropriate for single people aged 21 and over receiving the DSP, compared with 1.2% (or 860) for a single person on minimum wage (Anglicare 2021).

Those with disability aged under 65 living in *Outer regional and remote* areas are less likely (31% or 32,000) to have a real estate agent as their landlord than those living in *Major cities* (48% or 309,000) or *Inner regional* areas (48% or 107,000) (ABS 2019b).

How is remoteness defined?

The remoteness categories used in the ABS SDAC are defined by the Australian Statistical Geography Standard Remoteness Structure (ABS 2016) which divides Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Very remote areas are out of scope for SDAC.

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).

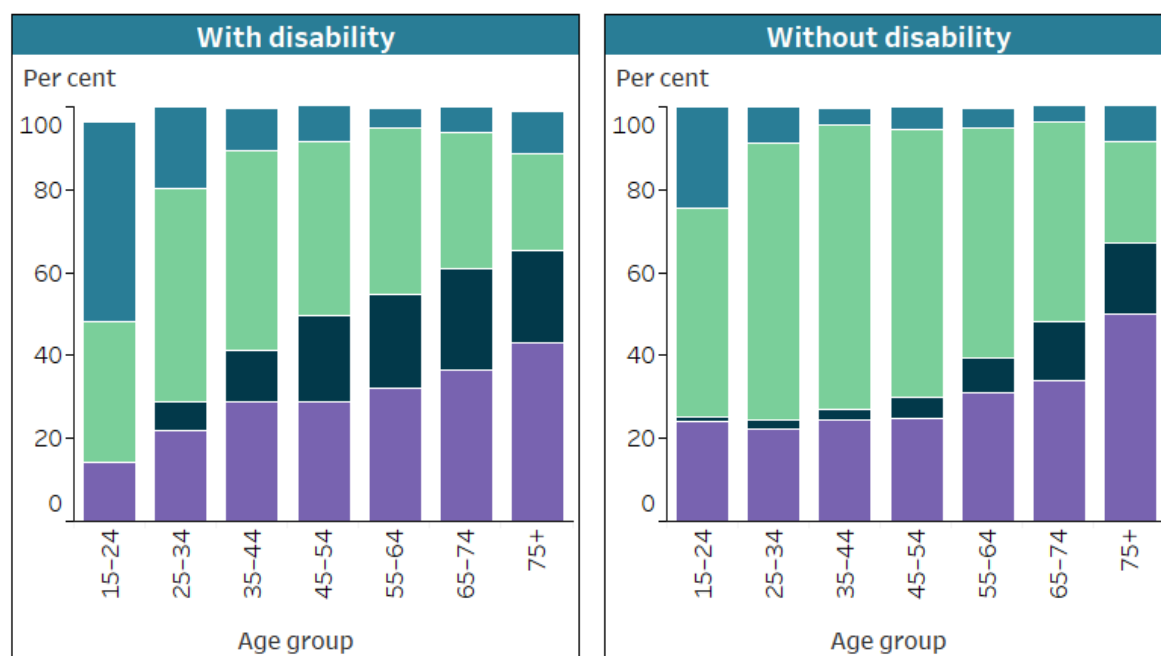
Non-dependent people aged 15 and over

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 LIVI23.

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

The type of landlord differs by disability group for non-dependent people aged 15–64 living in households, who have a landlord:

- Those with physical disability (45% or 224,000) or sensory disability (42% or 63,000) are more likely to have a real estate agent as their landlord than those with psychosocial disability (33% or 100,000), head injury, stroke or acquired brain injury (32% or 27,000), or intellectual disability (26% or 40,000).
- Those with intellectual disability (30% or 46,000) or psychosocial disability (22% or 67,000) are more likely to have a parent or other relative living in the same dwelling as their landlord than those with sensory disability (14% or 22,000) or physical disability (12% or 59,000) (ABS 2019b).

Economic resources in area of residence

Household, Income and Labour Dynamics in Australia Survey

Data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 years or over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017 almost 18,000 people from around 10,000 households participated in the HILDA survey.

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 6 months or more. This is similar to the definition of disability used by the ABS Short Disability Module. In this section people who always or sometimes need help or supervision with at least one core activity because of their disability are referred to as people with 'severe or profound disability'. Core activities include self-care, mobility and communication. People who have a disability but do not always or sometimes need help or supervision with at least one core activity are referred to as people with 'other disability'. The HILDA Survey does not collect information on level of disability in every wave. The most recent collection was in the 17th wave (2017) (Summerfield et al. 2019; Wilkins et al. 2019).

What is remoteness?

The remoteness categories used in HILDA are based on the Australian Statistical Geography Standard Remoteness Area framework (Summerfield et al. 2019).

Index of Economic Resources

The Index of Economic Resources is one of the Socio-Economic Indexes for Areas (SEIFA) and focuses on the financial aspects of relative socioeconomic advantage and disadvantage. A low score indicates a relative lack of access to economic resources in general. For example, an area may have a low score if there are:

- many households with low income, or many households paying low rent
- few households with high income, or few owned homes (ABS 2013).

For the AIHW analysis of HILDA 2017 data, people living in an area with an Index of Economic Resources in the lowest 30% of areas are referred to as people living in disadvantaged areas.

People with disability aged 15–64 are more likely (33%) to live in economically disadvantaged areas than those without disability (26%). This is especially true for those with severe or profound disability, with 42% living in disadvantaged areas.

The percentage of people with disability living in economically disadvantaged areas differs by sex and age group:

- males aged 15–24 with disability are more likely (37%) to live in disadvantaged areas than females (24%)
- females aged 65 and over with disability are more likely (37%) to live in disadvantaged areas than males (31%) (DSS and MIAESR 2019).

People aged 15–64 with disability in *Major cities* are less likely (28%) to live in disadvantaged areas than those in *Inner regional* areas (38%), or *Outer regional, remote and very remote* areas (48%) (DSS and MIAESR 2019).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

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Housing-related needs

Key findings

- Around 1 in 8 (12%) people with disability have their home modified because of their condition or age.
- 79% of social housing households with at least one person with disability have their safety and security needs at home met.
- 1 in 12 (8.6%) people with disability moved house because of their condition or age.

People with disability may have specific housing-related needs. These 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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

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; these are:

- sensory and speech (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 2019).

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
- those with disability aged under 25 (5.0% or 32,000) or 25–64 (7.0% or 124,000) are less likely to have done so than those aged 65 and over (20% or 359,000) (Table NEEDS.1).

Table NEEDS.1: People with disability^(a) whose dwelling has been modified, by disability status and age group (%), 2018

Disability status	Under 25	25–64	65 and over	All ages
Severe or profound disability	8.5	19.9	40.6	25.5
Other disability	**	3.1	11.8	6.7
All with disability	5.0	7.0	20.3	12.2

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(a) People with disability living in households.

Source: ABS 2019; see also Table NEED2.

The percentage of people with disability living in private dwellings who have modifications made to their home varies by disability group and increases with age:

- People with head injury, stroke or acquired brain injury are more likely to have modifications made to their home than any other disability group. 14% (24,000) of those aged under 65 with disability caused by head injury, stroke or acquired brain injury and 38% (42,000) of those aged 65 and over have modifications made to their home.
- The increase by age is lowest for people with sensory or speech disability, and those with sensory or speech disability aged 65 and over are also least likely (21%, or 178,000) to have modifications made to their home compared with people aged 65 and over of any other disability group (Table NEEDS.2).

Table NEEDS.2: People with disability^(a) whose dwelling has been modified, by disability group and age group (%), 2018

Disability group	Under 65	65 and over	All ages
Sensory and speech	8.5	20.8	16.0
Intellectual	7.5	30.8	11.2
Physical restriction	10.0	25.3	17.1
Psychosocial	9.9	33.9	15.3
Head injury, stroke or acquired brain injury	14.3	38.4	22.5
Other	11.1	31.2	19.5

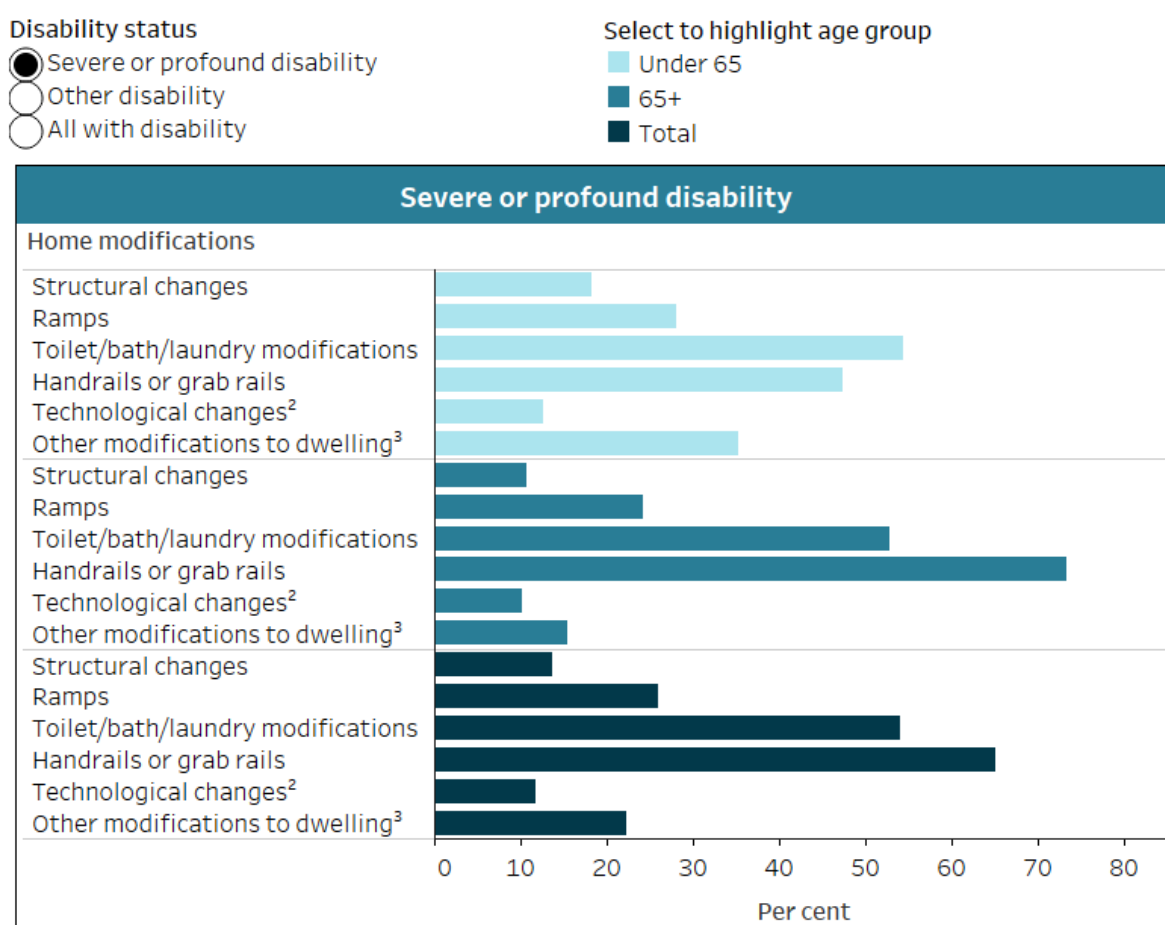
(a) People with disability living in households.

Source: ABS 2019; see also Table NEED4.

For those with disability who have their home modified:

- almost half of those aged under 65 (47% or 74,000) have the toilet, bath or laundry modified, and 47% (or 168,000) of those aged 65 and over
- almost half of those aged under 65 (46% or 72,000) have handrails or grab rails installed, compared with 3 in 4 (74% or 264,000) of those aged 65 and over
- 23% (or 36,000) of those aged under 65 have ramps installed, and 21% (or 74,000) of those aged 65 and over (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 NEEDS.

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

In summary, 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 a 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).

Satisfaction with home and neighbourhood

Household, Income and Labour Dynamics in Australia Survey

Data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 or over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017 almost 18,000 people from around 10,000 households participated in the HILDA survey.

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 6 months or more. This is similar to the definition of disability used by the ABS Short Disability Module. In this section people who always or sometimes need help or supervision with at least one core activity because of their disability are referred to as people with 'severe or profound disability'. Core activities include self-care, mobility and communication. People who have a disability but do not always or sometimes need help or supervision with at least one core activity are referred to as people with 'other disability'. The HILDA Survey does not collect information on level of disability in every wave. The most recent collection was in the 17th wave (2017) (Summerfield et al. 2019; Wilkins et al. 2019).

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 HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:

- sensory: includes sight, hearing, and speech problems
- intellectual: includes difficulty learning or understanding things
- physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity

- psychosocial: includes nervous or emotional conditions, and mental illness
- head injury, stroke or other brain damage
- other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions.

Satisfaction with home and neighbourhood

In 2017, HILDA Survey participants were asked to rate their satisfaction with the home they live in and their neighbourhood on a 0–10 scale. Ten represents the highest level of satisfaction and 0 the lowest (DSS and MIAESR 2019). In this analysis, people who indicate a satisfaction level between 0 and 5 are referred to as not being satisfied.

One in 7 (14%) people aged 15–64 with disability are not satisfied with their home compared with 1 in 13 (7.8%) of those without disability. People with disability aged 65 and over are less likely (5.9%) to be not satisfied with their home than those aged 15–64. Of people with disability aged 15–64:

- those with severe or profound disability are more likely (20%) to be not satisfied than those with other disability status (13%)
- those with intellectual disability or psychosocial disability are more likely to be not satisfied (19% and 17% respectively) than those with sensory disability (11%), and 14% of those with physical disability are not satisfied (DSS and MIAESR 2019).

People with disability aged 15–64 are more than twice as likely (17%) to be not satisfied with their neighbourhood as those without disability (8.0%). People with disability aged 65 and over are less likely (8.5%) to be not satisfied with their neighbourhood than those aged 15–64, but almost 3 times as likely as people without disability aged 65 and over (2.9%). Of people with disability aged 15–64:

- females are more likely (19%) to be not satisfied with their neighbourhood than males (15%)
- those with severe or profound disability are more likely (24%) than those with other disability status (16%)
- those with intellectual disability or psychosocial disability are more likely to be not satisfied (24% and 25% respectively) than those with sensory disability 18%, and 20% of those with physical disability are not satisfied (DSS and MIAESR 2019).

Moving house

What is meant by moving house?

The HILDA Survey is collected every year from the same people, although not all people respond every year and some new people are added to the survey. HILDA asks continuing respondents whether they have moved house since their last interview. It asks new respondents whether they have moved in the previous 12 months (DSS and MIAESR 2019).

How is remoteness defined?

The remoteness categories used in HILDA are based on the Australian Statistical Geography Standard Remoteness Area framework (Summerfield et al. 2019).

AIHW analysis of HILDA 2017 data shows that 12% of people with disability had moved house in the previous year or since their last interview. Younger people with disability aged 15–24 or 25–34 are more likely (21% and 28% respectively) to have moved house than those aged 55–64 (8.6%) or 65 and over (6.6%). This is similar for people without disability. Of people aged 15–64:

- 16% of those with disability had moved house in the previous year or since their last interview and 18% of those without disability
- those with disability in *Major cities* were less likely (13%) to have moved than those in *Inner regional* areas (20%), or *Outer regional, remote and very remote* areas (21%)
- reasons for moving for those with disability who had moved house were family (30%), lifestyle (24%), getting a larger or better place (17%), property no longer available (16%), job or study (10%), getting a smaller or less expensive place (9.6%), health reasons (7.6%) and other reasons (4.2%)
- those with disability who have moved are more likely (7.6%) to have done so for health reasons than those without disability (0.7%)
- those with disability who have moved are less likely to have done so for lifestyle reasons (24%) or job or study (10%) than those without disability (31% and 16% respectively)
- more than half (55%) of continuing respondents with disability who have moved house since their last interview moved less than 10km from their previous home, 1 in 3 (32%) moved between 10km and less than 100km, and 1 in 8 (13%) moved 100km or more (DSS and MIAESR 2019).

Need to move house

What is meant by need to move house?

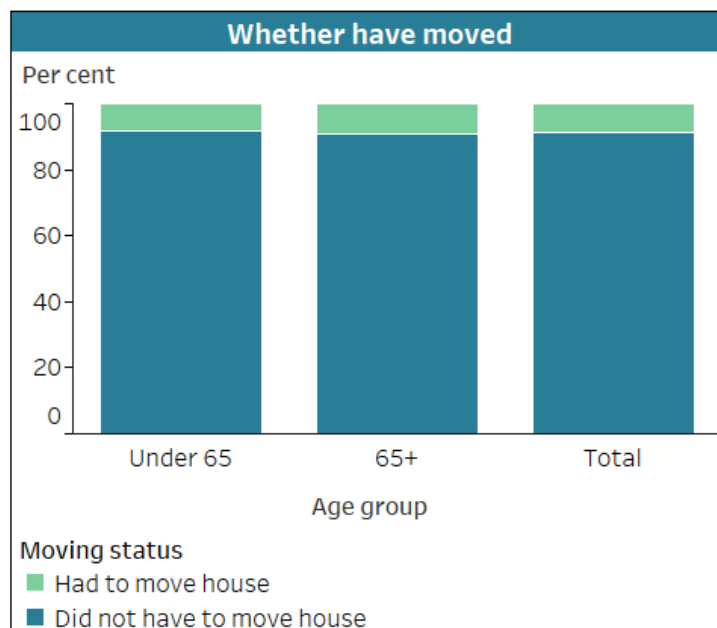
The SDAC collects information on whether people living in households have ever needed to move house because of their condition or age.

One in 12 people with disability (8.6% or 358,000) have moved house because of their condition or age. People with severe or profound disability (15% or 187,000) are more than twice as likely as people with other disability (5.8% or 172,000) to have done so. Younger people (aged under 65) with disability (8.2% or 197,000) are about as likely as older people (aged 65 and over) with disability (9.3% or 164,000) to have done so (Figure NEEDS.2).

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 NEED10.
<http://www.aihw.gov.au>

People aged under 65 with psychosocial disability (15% or 119,000) or with disability caused by head injury, stroke or acquired brain injury (20% or 34,000) are more likely to have moved house because of their condition or age than those with sensory or speech

disability (8.7% or 49,000), intellectual disability (9.7% or 52,000) or physical restrictions (11% or 146,000) (ABS 2019).

Almost one-quarter (23% or 82,000) of 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% or 64,000) are more likely than older people (aged 65 and over) with disability (11% or 18,000) to have done so (ABS 2019).

Needs in social housing

Proximity to services

Being able to access services, such as medical centres or public transport, is important for better health, social and economic outcomes. Compared with other social housing households, those that have at least one person with disability are less likely to live where their needs to access nominated services and facilities are met (Table NEEDS.3).

Table NEEDS.3: Social housing households who rated proximity to services as important, by whether location meets their needs to access nominated services and facilities and whether person with disability in household (%), 2018

Services and facilities	Person with disability in household	No person with disability in household
Shops and banking	90.4	94.1
Public transport	87.5	93.8
Parks and recreational facilities	88.7	93.8
Emergency services, medical services and hospitals	89.9	94.6
Child care facilities	87.0	90.1
Education and training facilities	88.0	92.3
Employment and place of work	84.0	89.2
Community and support services	83.0	92.2
Family and friends	87.2	90.2

Source: AIHW 2019.

National Social Housing Survey

Data in this section 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 one person with disability are those in which at least one 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'.

Home amenities

Of social housing households that rated the below home amenities as important, those that have at least one person with disability are less likely than those without a person with disability 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).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

[The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 17.](#)

References

ABS (Australian Bureau of Statistics) (2019) *Microdata: Disability, ageing and carers, Australia, 2018*, ABS cat. no. 4430.0.30.002, ABS, AIHW analysis of TableBuilder data, accessed 15 April 2021. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

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Housing assistance

Key findings

- 1 in 6 (16%) income units receiving CRA received DSP as their primary income support payment.
- 1 in 3 (32%) income units receiving CRA with at least one person on DSP are in housing stress.
- 2 in 5 (39%) social housing households have at least one person with disability (where disability status is known).

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](#)' and '[Tenure type](#)' sections 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.

Rent assistance

Commonwealth Rent Assistance

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. At 26 June 2020, 1.7 million income units received CRA (AIHW 2021a).

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 2019–20, PRA was provided to 92,600 households. Bond loans (73,900 households) were the most common type of PRA followed by one-off rental grants (35,100 households) (AIHW 2021b).

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 supports focused on housing. These include home modifications and Specialist Disability Accommodation (SDA), which is accommodation for people with very high needs who require specialist housing solutions, including to assist with delivery of supports.

SDA funding is provided to only a small proportion of NDIS participants who meet specific eligibility criteria and have extreme functional impairment or very high support needs. 15,700 active NDIS participants have SDA supports in their plans as at December 2020 (NDIA 2019).

SDA funding helps to produce high quality, contemporary, accessible, well-designed housing for participants. It does not fund the support services themselves. SDA may include specialist designs for people with very high needs. It may have a location or features that help residents live more independently and allow other supports to be delivered better or more safely. See [SDA](#) on the NDIS website for more information.

Active NDIS participants may also receive funding for home modifications to enable safe access and comfortable mobility in frequently used areas within their homes. Generally, these include:

- design and construction
- installation of fixtures or fittings
- changes to structural and non-structural components of the home (NDIA 2021b).

In addition to housing assistance, several initiatives are aimed specifically at people with disability. This includes Specialist Disability Accommodation (SDA) supports provided through the National Disability Insurance Scheme (NDIS).

At 30 June 2021, nationally 3.4% (or 16,000) of active participant plans include SDA (NDIA 2021a).

At 31 December 2020, 1 in 15 (6.7% or 27,900) participants aged under 65 received supports for home modifications. This included 1 in 17 male participants (5.8% or 15,000) and 1 in 12 female participants (8.3% or 12,600).

Home modification supports varied by gender and age. Of the 27,900 participants who received supports for home modifications:

- more than half (54% or 15,000) were males and 46% (or 12,600) were females (excluding gender not stated)
- around 3 in 5 were aged 45–64 (59% or 16,500) compared with 1 in 14 aged 0–18 (7.2% or 2,000) (NDIA 2021c).

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).

At 26 June 2020, 16% of CRA income units received the Disability Support Pension (DSP) as their primary payment type (AIHW 2021a). Other common income support payments, relevant to people with disability, received by CRA income units as their primary payment type are:

- JobSeeker Payment (38%)
- Age Pension (18%)
- Carer Payment (4.5%) (AIHW 2021a).

At 26 June 2020, 266,000 income units received both DSP and CRA. Of those:

- 2 in 3 (64% or 171,000) lived in private rental properties (including community housing), compared with 80% (or 1.1 million) of CRA income units who did not receive DSP
 - the remaining 1 in 3 (36% or 94,600) had other types of rental arrangements including board and/or lodging, Defence Force housing, maintenance fees for nursing home or retirement village, mooring fees, other housing organisations, respite care fees, site fees, and other rent types
- 1 in 2 (50% or 132,000) paid less than \$200 rent per week, compared with 36% (or 518,000) of CRA income units who did not receive DSP
 - 33% (or 87,000) paid \$200 to less than \$300 and 17% (or 46,500) paid \$300 or more
- most (92% or 245,000) received less than \$70 rent assistance per week, compared with 81% (or 1.2 million) of CRA income units who did not receive DSP
 - the remaining 7.9% (or 21,000) received \$70 or more, compared with 19% (or 272,000) (AIHW 2021a).

Rental stress

Rental stress is defined as spending more than 30% of gross household income (excluding CRA) on rent (after CRA is deducted from rent). At 26 June 2020:

- 32% (or 84,000) of income units receiving CRA and DSP were in rental stress after receiving CRA. Without CRA, 72% (or 190,000) of these income units would be in rental stress
- 29% (or 488,000) of all CRA income units were in rental stress after receipt of CRA and 55% (or 919,000) in rental stress without CRA
- 29% (or 404,000) of CRA income units who did not receive DSP were in rental stress after receipt of CRA and 52% (or 729,000) in rental stress without CRA (AIHW 2021a).

It should be noted that the 2 comparison groups (all CRA-receiving income units and the CRA-receiving income units who do not receive DSP) include income units outside the income support system who receive CRA with Family Tax Benefit (FTB) only. This group generally has higher incomes and better housing affordability outcomes.

Social housing

Around 141,000 social housing households have at least one person with disability (at June 2020). This makes up 39% of all social housing households (where disability status is known). Public housing has the highest proportion of households that have at least one person with disability (42% or 110,000) (where disability status is known).

What is social housing?

Social housing is one 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](#) which reports on 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 one person with disability
- a main tenant younger than 25 years or 75 or over (50 or over for SOMIH)
- at least one 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 2021b).

Newly allocated public housing households

More than 1 in 3 (36% or 5,300) newly allocated public housing households have at least one person with disability (where disability status is known). These households make up over half (51%) of newly allocated households with special needs in public housing.

More than 4 in 5 (82% or 4,300) newly allocated public housing households that have at least one person with disability are households in greatest need. Common main reasons are:

- homelessness (48%)
- health condition aggravated by housing (19%)
- life or safety at risk in accommodation (16%).

Newly allocated SOMIH households

Around 1 in 4 (26% or 150) newly allocated SOMIH households have at least one person with disability (where disability status and greatest need status are known). Of them, 3 in 4 (73% or 110) are in greatest need. Common main reasons are:

- homelessness (37%)
- health condition aggravated by housing (18%)
- life or safety at risk in accommodation (16%).

Household characteristics

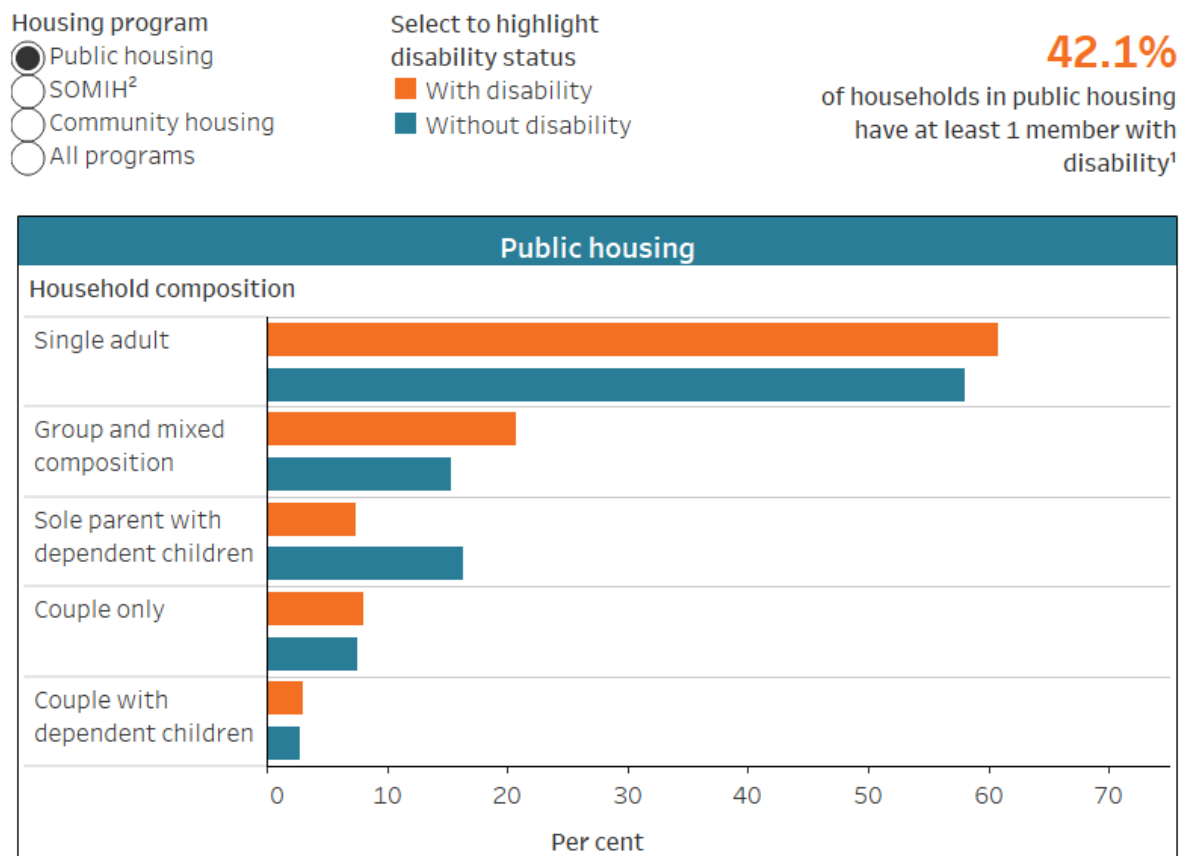
Household characteristics include the composition of the household, income status, and Indigenous status, as well as demographic information relating to the main tenant.

Household composition is based on the relationship between household members. Of households that have at least one person with disability (where disability status is known) (Figure ASSISTANCE.1):

- the majority are single-adult households (62% or 77,700), higher than households that do not have a person with disability (57% or 108,000) (where household composition is known)
- 1 in 5 (20% or 24,900) are group or mixed composition households (17% or 31,300 without disability) (where household composition is known)
- 1 in 14 (7.3% or 9,100) are single-parent households (16% or 31,200 without disability) (where household composition is known)
- almost all (99% or 108,000) are low-income households (98% or 146,000 without disability) (where low-income status is known)
- 1 in 10 (10% or 12,000) are Indigenous (12% or 22,500 without disability) (where Indigenous status is known). A household is considered to be Indigenous if any

member of the household identifies as Aboriginal and/or Torres Strait Islander.
Note that 68,900 households have Indigenous status 'not stated'.

Figure ASSISTANCE.1: Household composition, by disability status¹ and social housing program, at 30 June 2020



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 ASTN9.

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

Main tenants of households that have at least one person with disability:

- are more likely (44% or 61,400) to be male than those without a person with disability (33% or 72,100)
- 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 2020 (%)^(b)

Age of main tenant	With disability ^(c)	Without disability	Disability status not stated ^(d)
15-24	1.5	3.7	3.4
25-34	5.8	10.9	13.0
35-44	12.9	14.1	17.3
45-54	24.5	16.6	19.0
55-64	32.4	16.2	18.2
65 and over	22.9	38.6	29.1

(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 at least one person is identified as having disability.

(d) 10% (or 39,750) of main tenants have a household disability status of 'not stated'

Source: AIHW National Housing Assistance Data Repository; see also Table ASTN9.

Benefits of living in social housing

While most households with at least one 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 one 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 at least one person is identified as having disability.

Note: Respondents could report more than one 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 one 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](#)'.

Where can I find out more?

[Data tables](#) for this report.

[AIHW housing assistance](#).

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).

References

AIHW (Australian Institute of Health and Welfare) (2019) *National Social Housing Survey 2018: key results*, AIHW, accessed 13 July 2021.

<https://www.aihw.gov.au/reports/housing-assistance/national-social-housing-survey-2018-key-results/contents/table-of-contents>

AIHW (2021a) *Australian Government Housing Data Set 2020*, AIHW customised data request, AIHW.

AIHW (2021b) *Housing assistance in Australia*, AIHW, accessed 13 July 2021.

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NDIA (National Disability Insurance Agency) (2019) *Quarterly report to the COAG Disability Reform Council, 31 December 2018*, NDIA, accessed 15 July 2019.

<https://www.ndis.gov.au/about-us/publications/quarterly-reports>

NDIA (2021a) *NDIS Quarterly Report to disability ministers 30 June 2021*, NDIA, accessed 13 July 2021. <https://www.ndis.gov.au/about-us/publications/quarterly-reports>

NDIA (2021b) *Assistive Technology, Home Modifications and Consumables Code Guide 2021-22*, NDIA, accessed 4 November 2021.

NDIA (2021c) AIHW customised data request, NDIA.

Homelessness services

Key findings

- Almost 1 in 3 (30% or 6,700) SHS clients with disability have severe or profound disability.
- Half (51% or 8,100) of SHS clients with disability are provided with accommodation when they need it.
- 1 in 6 (16% or 3,700) SHS clients with disability seek support because of domestic or family violence.

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 and employment and place them at risk of homelessness (AIHW 2020).

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 2020). 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 [Specialist Homelessness Services Collection](#) (SHSC) including data up to 2019–20. Data about homelessness services accessed by people with disability in 2020–21 have recently been released in [Specialist homelessness services annual report 2020–21](#). Data in this *People with disability* report may be updated in the future to be brought in line with the specialist homelessness services report.

The SHSC comprises 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 one or more core activities
- have difficulty but no need for assistance with one 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% or 2,300).

Response rates to the disability flag are relatively low. For example, the number of clients with invalid responses to the flag in 2019–20, while small compared with total clients, was larger than the number of clients with disability (25,100 compared with 22,800) (AIHW 2020).

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 were excluded from some analyses.

See the [SHSC Data Quality Statement](#) and [SHSC disability flag](#) for more information.

Demographics

In 2019–20, about 290,500 clients received support from specialist homelessness services. Of SHS clients with known disability status, 8.6% (or 22,800) have disability. Around one-third (30% or 6,700) of clients with disability have severe or profound disability (or 2.5% of all SHS clients with known disability status).

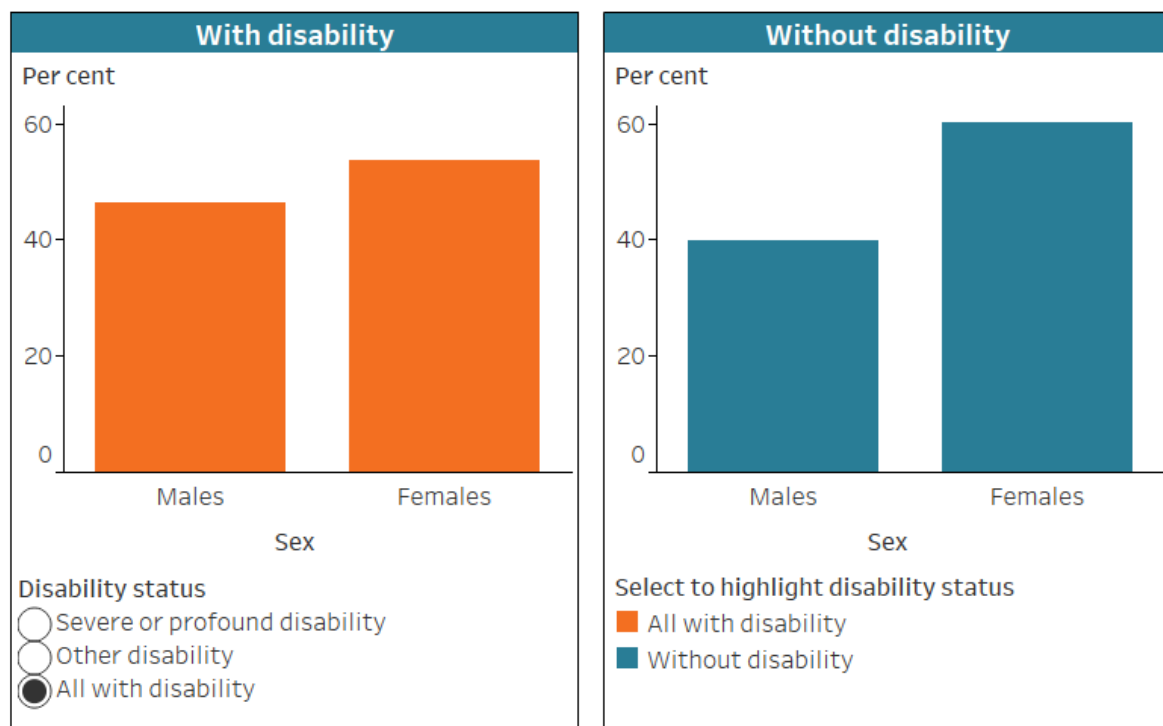
Sex

Clients with disability (54% or 12,200) are less likely to be female than clients without disability (60% or 146,100 with known disability status) (Figure HOMELESSNESS.1).

Figure HOMELESSNESS.1: Specialist Homelessness Services (SHS) clients, by disability status, age group¹ and sex, 2019–20

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 2019–20; see also Tables SHSC1 and SHSC3.

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

Disability is less common in female clients than male clients – 7.7% have disability, compared with 9.8% (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, 2019–20 (%)

Disability status	Males	Females	Total
With disability	9.8	7.7	8.6
Severe or profound disability	3.2	2.1	2.5
Other disability	6.7	5.6	6.0
Without disability	90.2	92.3	91.4
Total	100.0	100.0	100.0

(a) Excluding those whose disability status is recorded as missing or unknown. The disability status of 25,100 SHS clients (or 8.6% of all SHS clients) was recorded as missing or unknown in 2019–20.

Notes

1. 'With disability' includes only clients who have core activity limitations.
2. 'Without disability' includes clients who have disability but no core activity limitation.

Source: SHSC 2019–20; see also Table SHSC1.

Age

Clients with disability are more likely to be older than clients without disability. One in 11 (9.1% or 2,100) clients with disability are aged 65 or over, compared with 1 in 43 (2.3% or 5,600) clients without disability (with known disability status) (Figure HOMELESSNESS.1).

Disability is more common in older clients. More than a quarter (27%) clients aged 65 and over have disability, compared with around:

- 1 in 11 (9.1% or 18,000) 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, 2019–20 (%)

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	1.4	3.2	4.6	95.4	100.0
18–24	1.6	4.4	6.0	94.0	100.0
25–34	1.6	5.2	6.8	93.2	100.0
35–44	2.1	7.1	9.2	90.8	100.0
45–54	3.2	10.4	13.6	86.4	100.0
55–64	4.9	15.3	20.2	79.8	100.0
65 and over	6.9	20.2	27.1	72.9	100.0
10 and over	2.3	7.0	9.3	90.7	100.0

(a) Excluding those whose disability status is recorded as missing or unknown. The disability status of 19,800 SHS clients aged 10 and over (or 8.2% of all SHS clients aged 10 and over) was recorded as missing or unknown in 2019–20.

Notes

1. 'With disability' includes only 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 2019–20; see also Table SHSC3.

Indigenous status

About 1 in 5 (21% or 4,600) clients with disability are Aboriginal and/or Torres Strait Islander, compared with more than 1 in 4 (28% or 63,000) clients without disability (with known disability and Indigenous status).

Indigenous clients (6.8% or 4,600) are less likely to have disability than non-Indigenous clients (9.4% or 17,100). However, Indigenous clients with disability are more likely to have severe or profound disability (34% or 1,600) than non-Indigenous clients with disability (28% or 4,800).

Beginning of support

Male SHS clients with disability (53% or 5,400) are more likely than female clients (42% or 4,900) to be homeless when they started receiving support (for those with known disability and housing status). A similar trend is evident in clients without disability (Figure HOMELESSNESS.2).

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:

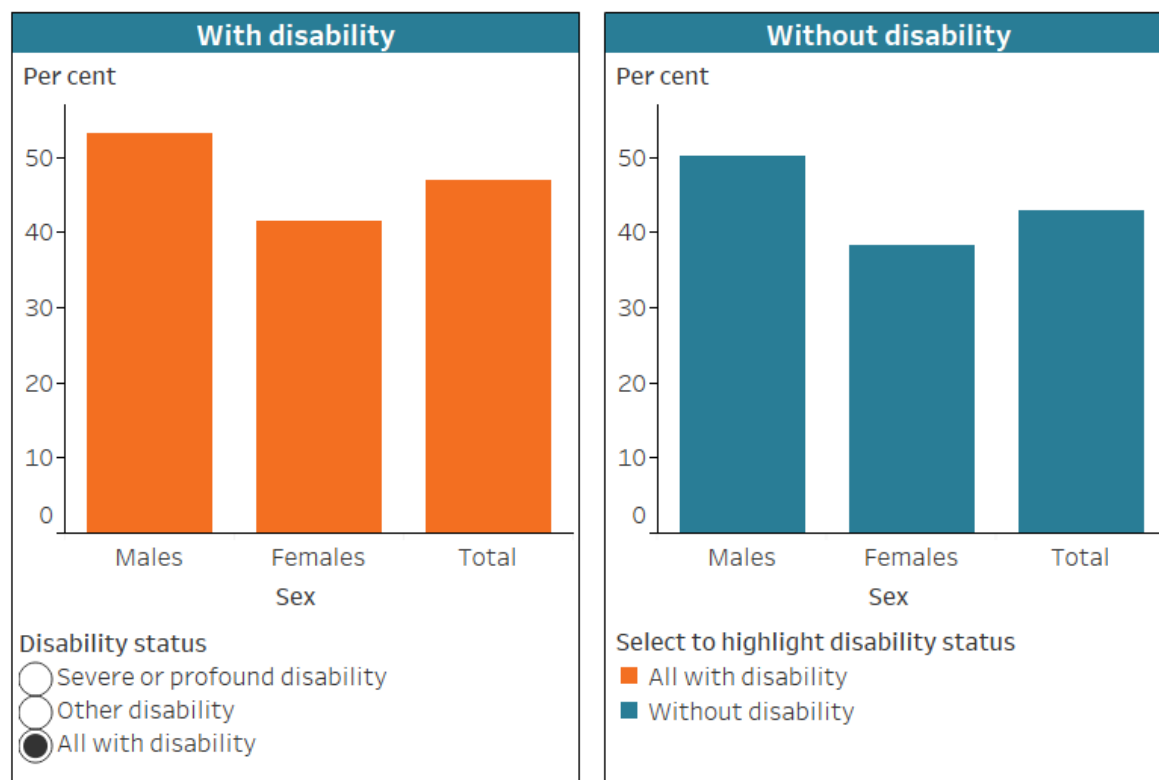
- having no shelter or improvised / inadequate dwelling
- staying in short-term, temporary accommodation
- being a couch surfer or having no tenure in a house, townhouse or flat.

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.

Clients with disability (47% or 10,000) are slightly more likely than those without disability (43% or 99,000 for those with known disability status) to be homeless, rather than at risk of homelessness, when they started receiving support (Figure HOMELESSNESS.2).

Figure HOMELESSNESS.2: Homelessness at the beginning of support for Specialist Homelessness Services (SHS) clients, by disability status and sex, 2019–20



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 2019–20; see also Table SHSC4.
<http://www.aihw.gov.au>

Reasons for seeking assistance

The most common main reason clients with disability seek support relate to accommodation (42% or 9,400), followed by interpersonal relationships (22% or 5,000) (for SHS clients with known disability status and main reason for support) (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), 2019–20 (%)

Main reason	With disability	Without disability
Accommodation	41.7	33.5
Housing crisis	22.2	18.0
Inadequate/inappropriate dwelling conditions	14.8	11.2
Previous accommodation ended	4.7	4.3
Interpersonal relationships	22.1	34.1
Domestic/family violence	16.5	27.2
Relationship/family breakdown	3.6	4.7
Financial	18.6	18.7
Financial difficulties	11.6	11.5
Housing affordability stress	6.7	6.7
Health	6.8	2.6
Mental health issues	3.2	1.1
Medical issues	2.6	0.8

(a) Excluding those whose disability status is recorded as missing or unknown.

Notes

1. Most common main reasons for seeking support (excluding 'not stated') among SHS clients.
2. 'With disability' includes only clients who have core activity limitations.
3. 'Without disability' includes clients who have disability but no core activity limitation.

Source: SHSC 2019–20; 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 at the beginning of support (Table HOMELESSNESS.4). For example (for SHS clients with known disability status and main reason for support):

- more than half (52% or 5,400) 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 3,900) 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), 2019–20 (%)

Main reason	Homeless at first report	At risk at first report
Accommodation	52.0	33.3
Housing crisis	26.0	19.3
Inadequate/inappropriate dwelling conditions	19.8	10.6
Previous accommodation ended	6.2	3.4
Interpersonal relationships	19.1	23.6
Domestic/family violence	12.7	18.7
Relationship/family breakdown	4.4	2.8
Financial	12.6	24.2
Financial difficulties	7.1	15.7
Housing affordability stress	5.2	8.2
Health	6.5	7.3
Mental health issues	3.0	3.3
Medical issues	2.2	3.0

(a) 'With disability' includes only 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 2019–20; 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 – 74 days compared with 45
- average number of distinct services needed – 13.9 compared with 9.2.

Support need and provision

Information on services and assistance needed, provided and referred is collected by SHS agencies during the collection period.

‘Services needed’ refers to services or assistance the SHS agency worker assesses the client needs, regardless of 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 whether a client kept the appointment or whether the appointment led to the client receiving a service.

Type of support needed

Accommodation is the most needed type of service for clients with (70% or 15,800) and without (61% 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:

- 53% (or 12,100) need long-term housing, compared with 39% (or 95,500)
- 41% (or 9,300) need medium-term or transitional housing, compared with 30% (or 72,300)
- 46% (or 10,600) need short-term or emergency accommodation, compared with 40% (or 97,900).

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, culturally specific services 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 'Homelessness services' data tables).

Of clients with disability (where disability status is known):

- 32% (or 7,200) had all support needs met directly, compared with 43% (or 103,000) without disability
- 66% (or 14,900) had some met, compared with 54% (or 130,000)
- 2.8% (or 640) had none met, compared with 3.8% (9,100).

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 8,100) of clients with disability who needed accommodation were provided it directly and 19% (or 3,000) were referred elsewhere
- 4 in 10 (39% or 510) clients with disability who needed disability services received them directly and 22% (or 290) were referred
- about half (47% or 2,000) of clients with disability who needed services related to mental health received them directly and 19% (or 790) were referred (Figure HOMELESSNESS.3).

Clients with disability (51% or 8,100) are about as likely as clients without disability (51% or 75,500) to receive the accommodation services they need, and slightly more likely to receive long-term housing (4.9% or 590 compared with 3.4% or 3,300) (for SHS clients with known disability status) when they need it.

When they need them, clients with disability are also more likely to receive:

- mental health services – 47% (or 2,000) compared with 43% (or 9,900)
- drug and/or alcohol services – 46% (or 750) compared with 41% (or 3,600).

When they need them, clients with disability are less likely to receive:

- immigration and/or cultural services – 78% (or 1,300) compared with 86% (or 16,600)
- family services – 60% (or 1,200) compared with 63% (or 14,300)
- legal and/or financial – 42% (or 920) compared with 44% (or 7,600)
- other specialist (including health and medical services) – 66% (or 4,300) compared with 70% (or 34,100).

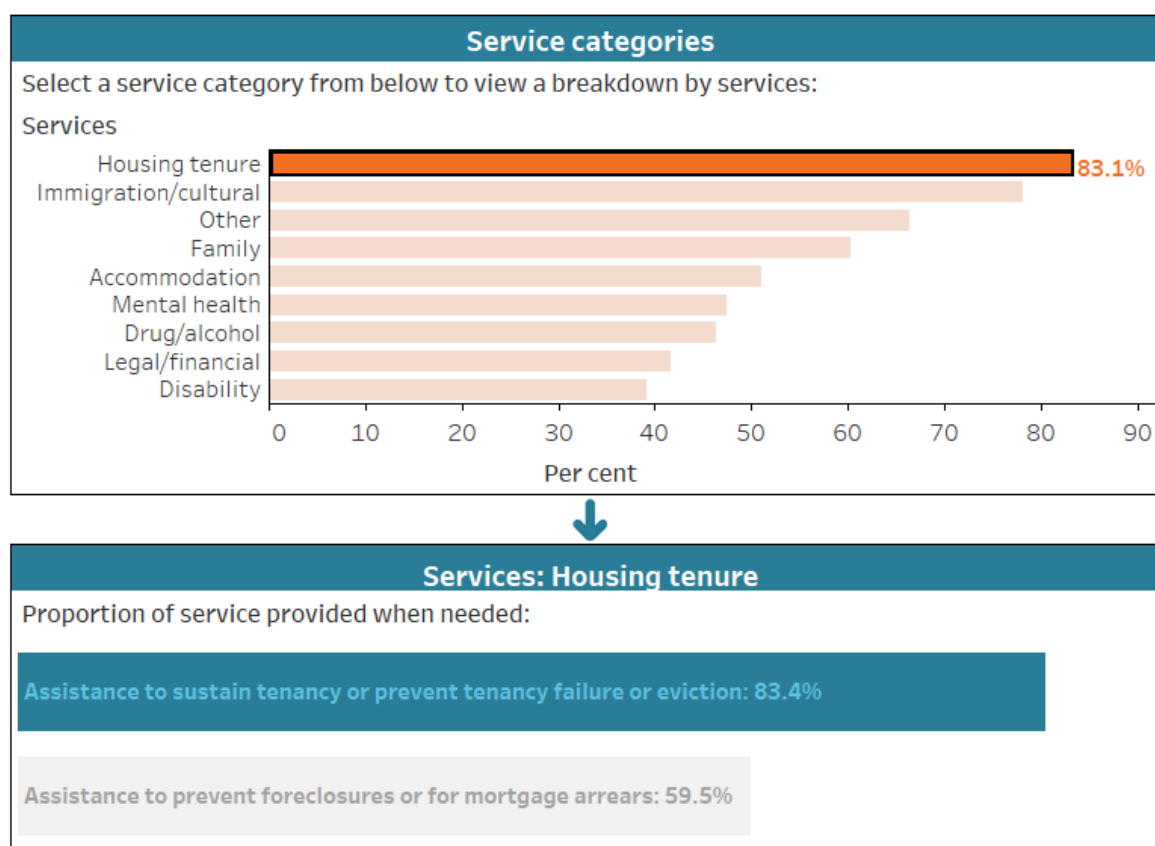
Clients with disability and without disability have similar rates of direct service provision for:

- assistance to sustain housing tenure – 83% (or 8,400) compared with 82% (or 66,200)
- general (including employment and training assistance) – 99% (or 21,500) compared with 98% (or 225,000).

Figure HOMELESSNESS.3: Services provided when needed during support for Specialist Homelessness Services (SHS) clients, by disability status, 2019–20

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 2019–20; see also Table SHSC10.

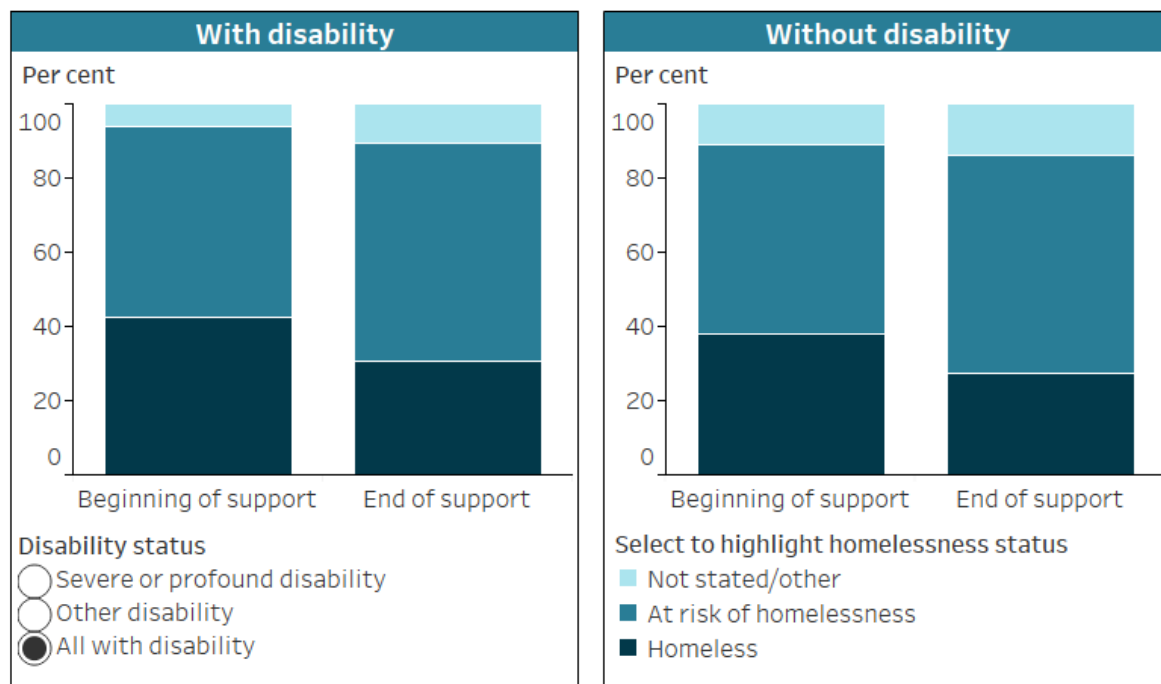
<http://www.aihw.gov.au>

End of support

Housing outcomes for clients with disability generally improve following support, with fewer being homeless when they leave support.

Four in 10 (42% or 6,600) clients with disability are homeless when they start support, compared with 3 in 10 (31% or 4,800) at the end of support (for SHS clients with known disability status and closed support period) (Figure HOMELESSNESS.4).

Figure HOMELESSNESS.4: Homelessness status at the beginning of support and end of support for Specialist Homelessness Services (SHS) clients with closed support periods, by disability status, 2019–20



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 (excluding clients who did not provide sufficient information to make this assessment).

Source: SHSC 2019–20; see also Table SHSC12.

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

The homelessness status at the end of support varies by the 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 (82% or 6,500) than those who begin support homeless (36% or 2,400) (for SHS clients with known disability and closed support period).

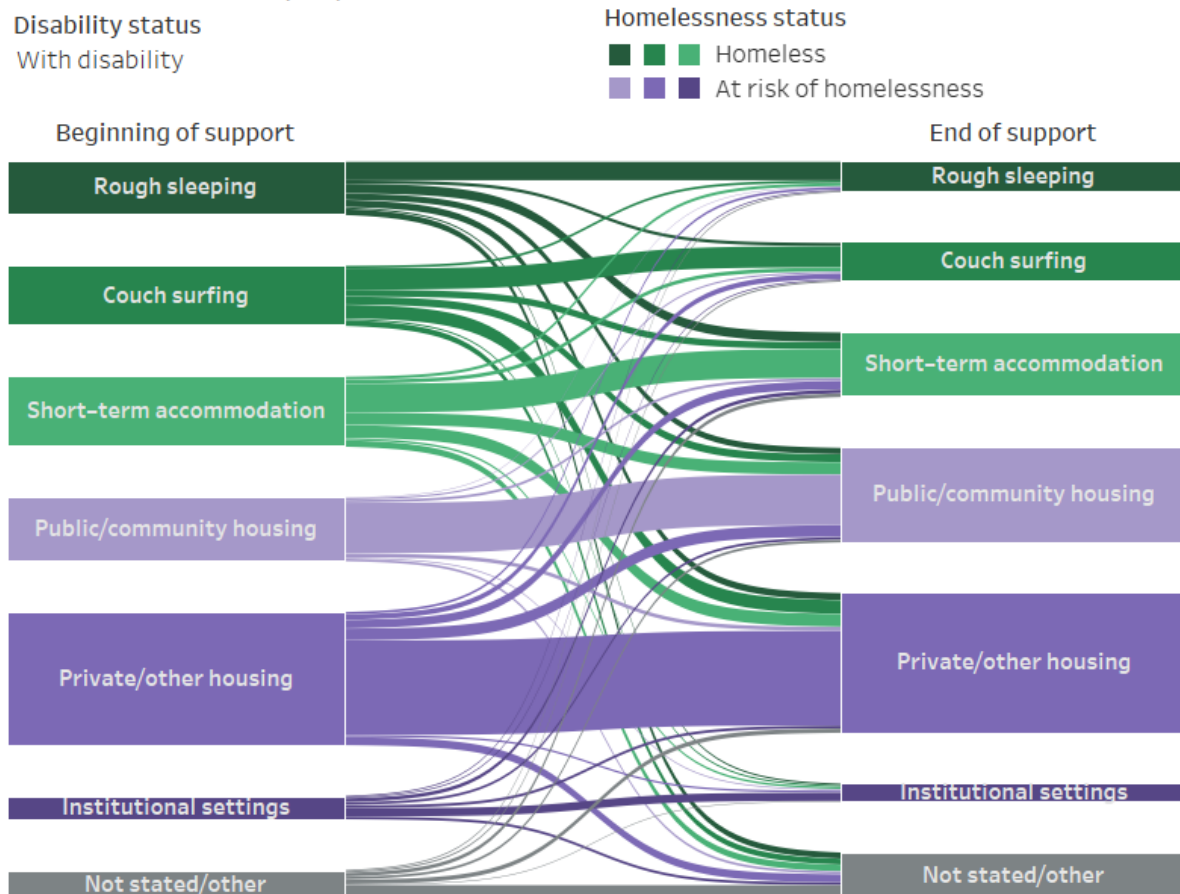
This further varies by the living situation at the start of support (Figure HOMELESSNESS.5). Of clients with disability who begin support (for SHS clients with known disability and closed support period):

- at risk of homelessness, those living in
 - institutional settings are the least likely to be housed following support (62% or 500)
 - public or community housing are the most likely to be housed following support (89% or 2,000)
- homeless, those living
 - with no shelter or in an improvised or inadequate dwelling are the least likely to be housed following support (28% or 540)
 - in short-term temporary accommodation are as likely to be housed following support (39% or 990) as those who are couch surfing or have no tenure (39% or 840).

Clients with disability (59% or 9,200) are as likely as clients without disability (59% or 109,000) to end support housed, although there are some differences in their living situations at the end of support (for SHS clients with known disability and closed support period). For example, clients with disability are:

- more likely than clients without to exit support to public or community housing (22% or 3,400 compared with 18% or 32,900)
- less likely to exit to private or other housing (as a renter, rent free or owner) (33% or 5,100 compared with 39% or 71,900).

Figure HOMELESSNESS.5: Housing status at the beginning of support and end of support for Specialist Homelessness Services (SHS) clients with closed support periods, by disability status, 2019–20



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 (excluding clients who did not provide sufficient information to make this assessment).

Source: SHSC 2019–20; see also Table SHSC13.

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

Changes over time

Between 2013–14 and 2019–20, 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 2019–20 (%)

Situation at end of support	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
At risk of homelessness	35.5	39.8	41.3	41.2	42.9	41.1	40.5
Homeless	64.5	60.2	58.7	58.8	57.1	58.9	59.5

(a) 'With disability' includes only 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 and for whom housing status is known at first report and at end of support.
3. Data for 2013–14 to 2016–17 have been adjusted for non-response. Due to improvements in the rates of agency participation and SLK validity, data from 2017–18 are not weighted. The removal of weighting does not constitute a break in time series and weighted data from 2013–14 to 2016–17 are comparable with unweighted data for 2017–18 onwards.

Source: SHSC 2019–20; see also Table SHSC14.

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 2019–20 (%)

Situation at end of support	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19	2019–20
At risk of homelessness	86.0	86.1	86.3	86.5	87.3	87.5	86.4
Homeless	14.0	13.9	13.7	13.5	12.7	12.5	13.6

(a) 'With disability' includes only 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 and for whom housing status is known at first report and at end of support.
3. Data for 2013–14 to 2016–17 have been adjusted for non-response. Due to improvements in the rates of agency participation and SLK validity, data from 2017–18 are not weighted. The removal of weighting does not constitute a break in time series and weighted data from 2015–16 to 2016–17 are comparable with unweighted data for 2017–18 onwards.

Source: SHSC 2019–20; see also Table SHSC14.

Risk factors

Disability itself is considered one of several risk factors for experiencing homelessness. However, clients with disability are also more likely than clients without disability to have one 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 – 5.8% (or 1,200) compared with 2.8% (or 5,700)
- mental health issues – 64% (or 13,300) compared with 36% (or 72,600)
- drug or alcohol misuse – 21% (or 4,300) compared with 12% (or 23,400)
- beginning support homeless – 46% (or 9,500) compared with 41% (or 82,900).

Clients with disability are less likely than clients without disability to be identified as having experienced domestic and family violence (32% or 6,500 compared with 37% or 74,400).

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 captures only 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.

What are mental health issues?

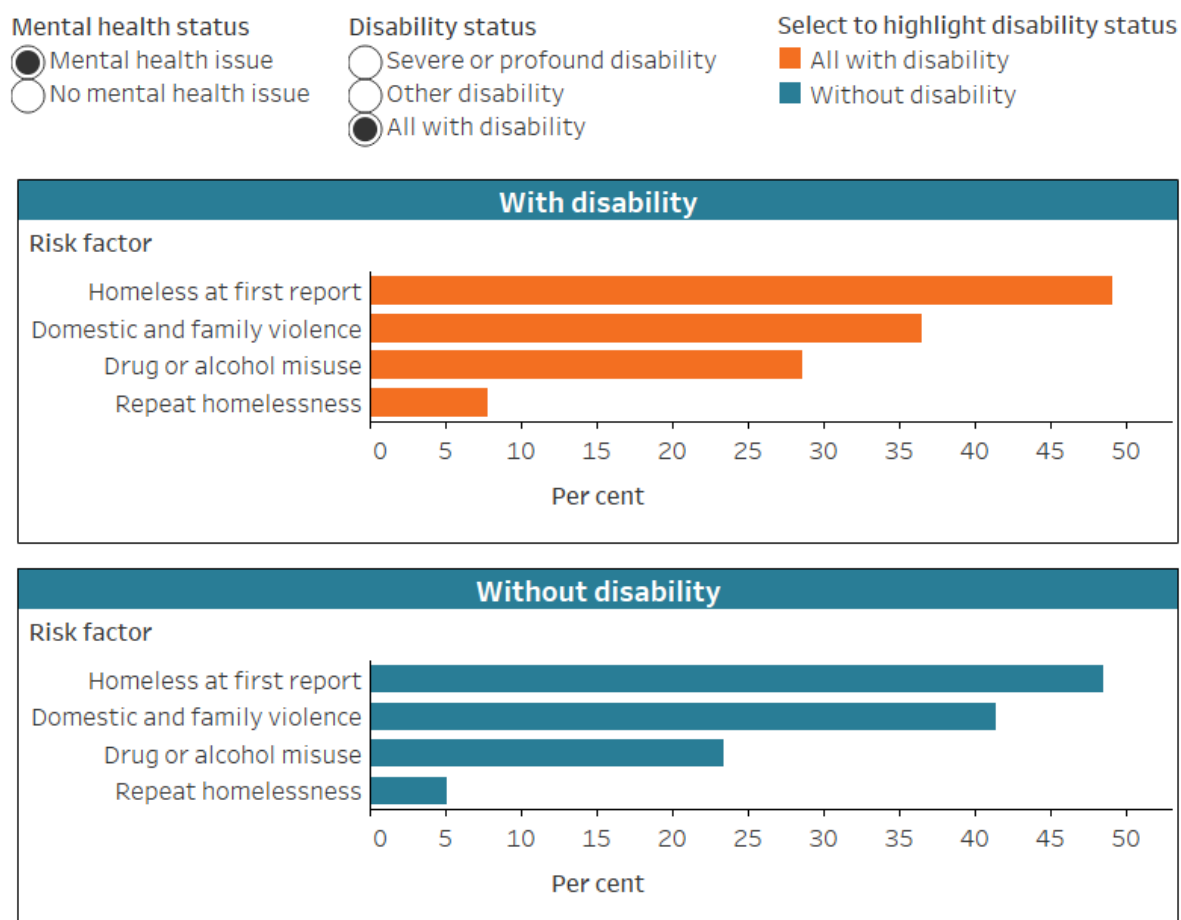
The SHSC identifies a client as having a mental health issue if they are aged 10 or over and have provided any of the following information in any support period during the reporting period:

- 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.

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 3,800) compared with 7.1% (or 530)
- experienced domestic and family violence – 37% (or 4,900) compared with 23% (or 1,700)
- experienced repeat homelessness – 7.8% (or 1,000) compared with 2.3% (or 170)
- begun support homeless – 49% (or 6,500) compared with 40% (or 3,000) (Figure HOMELESSNESS.6).

Figure HOMELESSNESS.6: Additional risk factors for Specialist Homelessness Services (SHS) clients¹, by disability status and mental health status, 2019–20



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 2019–20; see also Table SHSC16.

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

Where can I find out more?

[Data tables](#) for this report.

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 AIHW website: [SHSC](#) and [latest reports page](#).

References

AIHW (Australian Institute of Health and Welfare) (2020) *Specialist homelessness services annual report 2019–20*, AIHW, accessed 16 July 2021.

<https://www.aihw.gov.au/reports/homelessness-services/shs-annual-report-2019-20>

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

Disability Standards for Education 2005 is part of the [Disability Discrimination Act 1992](#) (Cwlth). The standards 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.

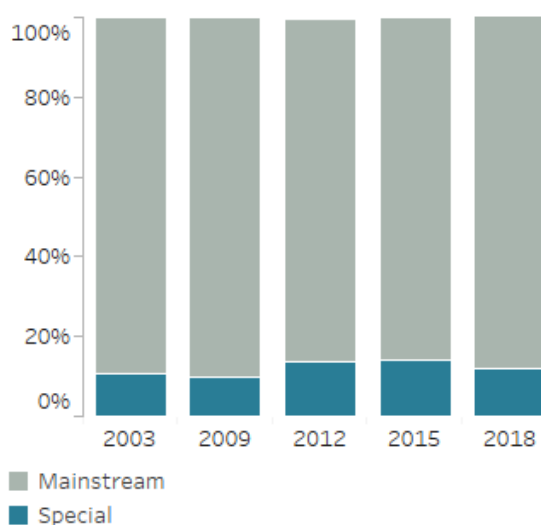
ENGAGING IN EDUCATION

1 in 10

school students have disability.



Most students with disability are attending **mainstream schools**.

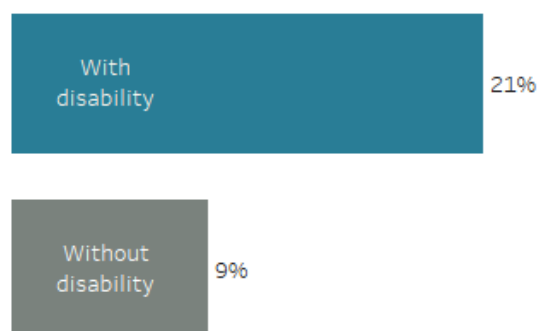


EDUCATIONAL ATTAINMENT

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.

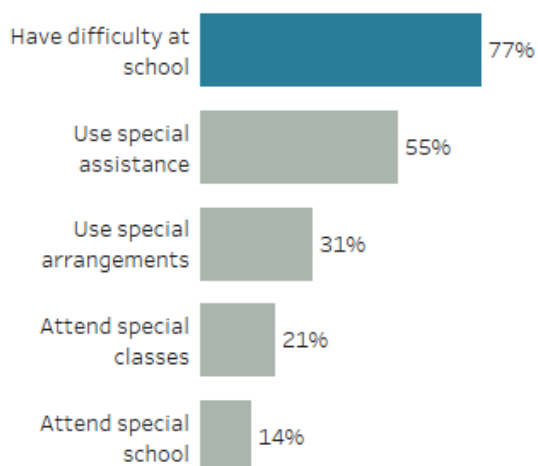


NEEDS AND CHALLENGES

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

Key findings

- 1 in 10 (10%) school students aged 5–18 have disability.
- 9 in 10 (89%) school students aged 5–18 with disability go to a mainstream school and 12% go to a special school.
- 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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

How is remoteness defined?

The remoteness categories used in the ABS SDAC are defined by the Australian Statistical Geography Standard Remoteness Structure (ABS 2016a) which divides Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Very remote areas are out of scope for the SDAC.

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; these are:

- sensory and speech (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 2019).

School (primary and secondary)

An estimated 1 in 10 (10% or 380,000) school students in Australia have disability, and almost 1 in 18 (5.4% or 206,000) have severe or profound disability:

- 12% (or 227,000) of male students have disability, compared with 8.2% (or 154,000) of female students
- 12% (or 85,000) of students living in *Inner regional* areas have disability, compared with 9.3% (or 256,000) of students living in *Major cities*
- 2 in 3 (65% or 148,000) male school students with disability have intellectual disability, 40% (or 91,000) have psychosocial disability and 36% (or 81,000) have sensory and speech disability. This compares with 54% (or 84,000), 38% (or 58,000), and 26% (or 40,000) of female students respectively (ABS 2019).

What is meant by school, school-age and school student?

In this section:

- 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% or 380,000) 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%). There is no difference between boys and girls with disability (both 90% or 227,000 and 154,000 respectively). A small difference is evident by level of disability (91% or 206,000 of those with severe or profound disability go to school, and 87% or 174,000 of those with other disability). There has been little change in this during 2003–2018 (Table ENGAGEMENT.1).

School-age children with psychosocial disability (13% or 23,000) are more likely not to attend school than those with intellectual disability (8.7% or 22,000) (ABS 2019).

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 status	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, 2016b and 2019; see also Table ENGT2.

Household, Income and Labour Dynamics in Australia Survey

Data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 or over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017 almost 18,000 people from around 10,000 households participated in the HILDA Survey.

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. This is similar to the definition of disability used by the ABS Short Disability Module. In this section people who always or sometimes need help or supervision with at least one core activity because of their disability are referred to as people with 'severe or profound disability'. Core activities include self-care, mobility and communication. People who have a disability but do not always or sometimes need help or supervision with at least one core activity are referred to as people with 'other disability'. The HILDA Survey does not collect information on level of disability in every wave. The most recent collection was in the 17th wave (2017) (Summerfield et al. 2019; Wilkins et al. 2019).

How is remoteness defined?

The remoteness categories used in HILDA are based on the Australian Statistical Geography Standard Remoteness Area framework (Summerfield et al. 2019).

More than three-quarters (76%) of people with disability aged 15–64 who went to school attend, or have attended, government schools; 14% Catholic non-government schools; and 9.8% other non-government schools. People with disability aged 15–64 (76%) are more likely to attend, or have attended, a government school than people without disability (68%). For people with disability, this varies by remoteness with government school being attended, or having been attended, by:

- 73% of people with disability living in *Major cities*
- 82% living in *Inner regional* areas
- 86% living in *Outer regional, remote and very remote* areas (DSS and MIAESR 2019).

This also varies by disability group. People aged 15–64 with intellectual disability (83%) are most likely to attend, or have attended, a government school while people with head injury, stroke or acquired brain injury (70%) are least likely. At the same time, people with severe or profound disability are about as likely (78%) to attend, or have attended, a government school as those with other disability status (76%) (DSS and MIAESR 2019).

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 HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:

- sensory: includes sight, hearing, and speech problems
- intellectual: includes difficulty learning or understanding things
- physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity
- psychosocial: includes nervous or emotional conditions, and mental illness
- head injury, stroke or other brain damage
- other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions.

Type of school or class

School students with disability generally attend either:

- 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) attend only regular classes in a mainstream school
- 18% (or 67,000) attend special classes within a mainstream school (Table ENGAGEMENT.2).

The rest (12% or 45,000) 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 status	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) Do not attend special school.

(c) Do not attend special classes in a mainstream school.

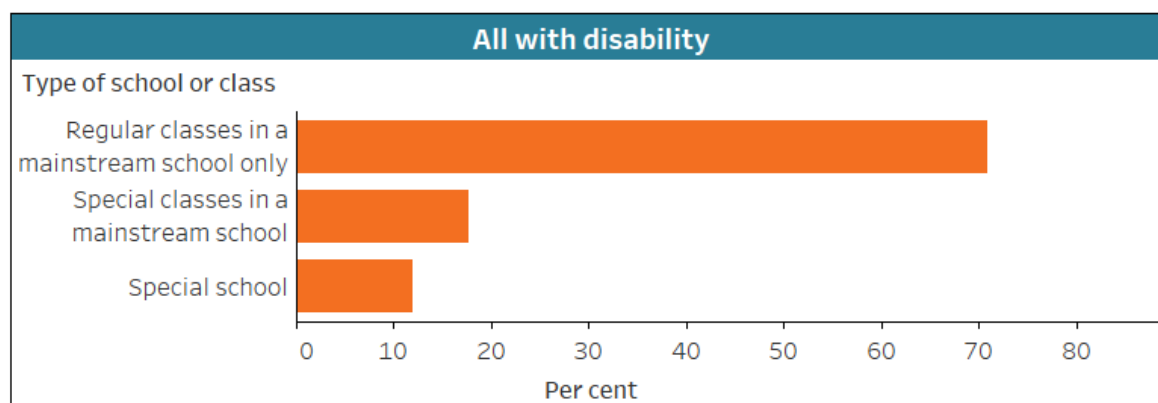
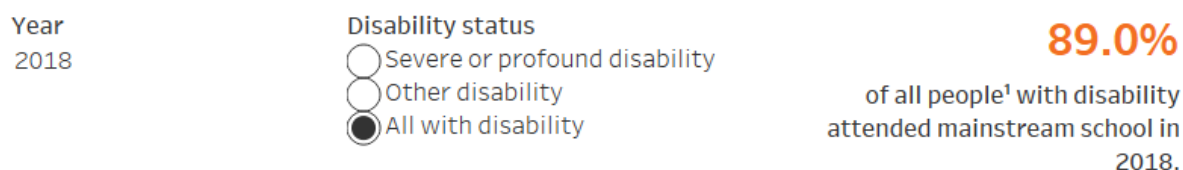
Source: ABS 2019; see also tables ENGT7 and ENGT8.

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 (Table ENGAGEMENT.2):

- 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 23,000) (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



* 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, 2013, 2016b, 2019; see also Table ENG7.

<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.

Other sources of data on school students

Nationally Consistent Collection of Data on School Students with Disability

The Nationally Consistent Collection of Data on School Students with Disability (NCCD) includes information provided annually to the Australian Government's Department of Education, Skills and Employment by both government and non-government schools.

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 2020 NCCD:

- around 815,000 students received educational adjustments because of disability, or around 1 in 5 (20%) students
- most students who required adjustments had cognitive disability (55% of students with disability who received adjustments), followed by social-emotional disability (30%), physical disability (12%) and sensory disability (3.2%)
- students with disability who receive educational adjustments required
 - adjustments of support within quality differentiated teaching practice (33%) – 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 (17%) – 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 19% 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 – 28% of students with disability at government schools who receive adjustments, compared with 21% at Catholic schools and 17% 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, see [NCCD](#).

Mission Australia's Youth Survey

In 2019 Mission Australia conducted a survey of young people (aged 15–19) 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 were:

- mostly studying full-time (85%) while 6.0% were studying part-time and 9.4% were not studying. This is different from 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 were still at school) than those without disability (96%).

When asked about post-school plans, young people with disability intended 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 one option.

When asked how confident they were 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 were more likely (64%) to face barriers to achieving their study/work goals after school than those without disability (48%). Of those who faced barriers, the most common barriers were:

- 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 one option (Hall et al. 2020).

Early childhood education

In 2019, children with disability made up 6.8% (or 16,000) of children enrolled in a preschool program in the year before full time schooling (children aged 4 and those aged 5 who were not repeating) (SCRGSP 2021).

In 2016, children with disability aged 0–5 made up 3.4% of children attending child care services approved by the Australian Government. In the 2016 National Early Childhood Education and Care Workforce Census, children with disability in child care services are those who the service provider identifies as having continuing disability including intellectual, sensory or physical impairment (SCRGSP 2021).

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 34,000) have severe or profound disability. This varies by type of educational institution. Of people aged 15–64:

- 6.3% (or 89,000) attending university or other higher education have disability, 1.2% (or 18,000) have severe or profound disability
- 11% (or 52,000) attending technical and further education (TAFE) or technical college have disability
- 13% (or 46,000) 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). This varies by remoteness, disability group, age and sex:

- 10% (or 138,000) of people with disability living in *Major cities* are studying for a non-school qualification compared with 6.6% (or 33,000) living in *Inner regional* areas

- people with psychosocial disability (9.8% or 63,000) are more likely to be studying for a non-school qualification than people with sensory and speech disability (5.5% or 23,000)
- females with disability (11% or 114,000) are more likely to be studying for a non-school qualification than males (7.5% or 76,000)
- people with disability aged 15–24 are nearly 4 times as likely (25% or 72,000) to be studying for a non-school qualification as people aged 25–64 (6.5% or 115,000) (ABS 2019).

When people with disability study for a non-school qualification, they are likely to do so at a university (48%, compared with 28% studying at a TAFE or technical college and 25% at other types of educational institutions) (ABS 2019).

However, 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).

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 proportions of students with disability among those attending non-school educational institutions (Table ENGAGEMENT.3).

Figure ENGAGEMENT.2: Type of educational institution attended by people¹ studying for a non-school qualification, by disability status and sex, 2018



¹Aged 15–64 living in households.

Source: ABS 2019; see also tables ENGT10 and ENGT18.

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

Table ENGAGEMENT.3: Proportion of students^(a) with disability among those attending non-school educational institutions, 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) 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 ENGT20.

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 2020 collection indicates that 4.4% (or 172,000) of VET students self-identified as having a disability, impairment or long-term health condition; 83% (or 3.3 million) identified as not having disability and for 13% (or 501,000) disability status is recorded as not known (NCVER 2021).

Private training providers were the most common provider type for VET students with and without disability. However, in 2020, VET students with disability were:

- less likely to attend a private training provider (56% or 96,400) than those without disability (73% or 2.4 million)
- more likely to attend TAFE (34% or 58,000 compared with 21% or 680,000).

VET students with disability were also:

- about as likely to be full-time students (12% or 20,300) as those without disability (11% or 359,000)
- more likely to be aged 15–19 (21% or 36,200) than those without disability (14% or 470,000)
- less likely to be aged 30–39 (15% or 25,600) than those without disability (23% or 740,000)
- more likely to be female (52% or 89,200) than those without disability (48% or 1.5 million) (for those with known gender)
- more likely to live in *Inner regional* regions (25% or 40,400) than those without disability (19% or 565,000) (for those with known remoteness region)
- more likely to be attending school while completing their VET course (11% or 18,900) than those without disability (8.1% or 250,000) (for those with known school status)
- slightly less likely to have successfully completed some post-secondary education (54% or 89,400) than those without disability (59% or 1.9 million) (for those with known prior education status)

- less likely to have attained a bachelor degree (9.0% or 15,100) as their highest level of educational attainment than those without disability (20% or 618,000) (for those with known educational attainment)
- more likely to have left school after Year 10 and not yet pursued further study (17% or 28,400) than those without disability (9.6% or 295,000)
- less likely to be in the labour force (employed or unemployed) (82% or 129,000) than those without disability (93% or 2.6 million) (for those with known labour force status)
- less likely to be employed (47% or 74,500) than those without disability (77% or 2.2 million) (NCVER 2021).

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 2019, 7.2% (or 77,600) of domestic higher education students had a disability or long-term health condition that may affect their studies:

- students who identify as having disability are more likely (3.6% or 2,760) to also identify as Indigenous than those who do not identify as having disability (1.8% or 18,300)
- the proportion of students who identify as having disability has steadily increased from 4.0% in 2006 to 5.0% in 2012 and 7.2% in 2019 (DESE 2020).

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 2020, 6.9% (or 12,800) of the undergraduate students who completed the SES reported disability and 3.5% (or 3,360) of the postgraduate coursework students.

Data from the 2020 SES show that current students who reported disability in:

- undergraduate courses were less likely (66%) than those without disability (69%) to give a positive rating to the quality of their entire educational experience
- postgraduate coursework courses were also less likely (66%) than those without disability (69%) to give a positive rating to the quality of their entire educational experience
- undergraduate courses were more likely (27%) than those without disability (19%) to consider early departure from their course
- postgraduate coursework courses were also more likely (30%) than those without disability (20%) to consider early departure from their course (QILT 2021).

Graduate Outcomes Survey

The Graduate Outcomes Survey (GOS) contains information on satisfaction for undergraduate- and postgraduate-level graduates. It is completed by graduates of Australian higher education institutions about 4 months after course completion.

Data from the 2020 GOS show that graduates who reported they had disability were less likely than those without disability to be satisfied with various aspects of their studies, including:

- for undergraduate courses – with their course overall (78% of graduates who reported disability compared with 81% of those without disability) and with development of generic skills (81% compared with 83%)
- for postgraduate coursework courses – with their course overall (77% compared with 82%), and with specific aspects such as teaching (68% compared with 71%) and development of generic skills (76% compared with 81%)
- for postgraduate research courses – with their course overall (76% compared with 86%), and with specific aspects such as supervision (77% compared with 83%), intellectual climate (52% compared with 65%), skills development (88% compared with 93%), infrastructure (61% compared with 77%), thesis examination (75% compared with 82%), goals and expectations (88% compared with 91%), and industry engagement (49% compared with 58%) (QILT 2020).

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.

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#)

[Nationally Consistent Collection of Data on School Students with Disability](#) (NCCD)

[Department of Education, Skills and Employment](#) (DESE)

[National Centre for Vocational Education Research](#)

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Educational attainment

Key findings

- 21% of people aged 15–64 who acquired disability before age 15 left school before age 16 (8.9% without disability).
- 34% of people aged 20 and over with disability have completed Year 12 (66% without disability).
- 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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

Age left school

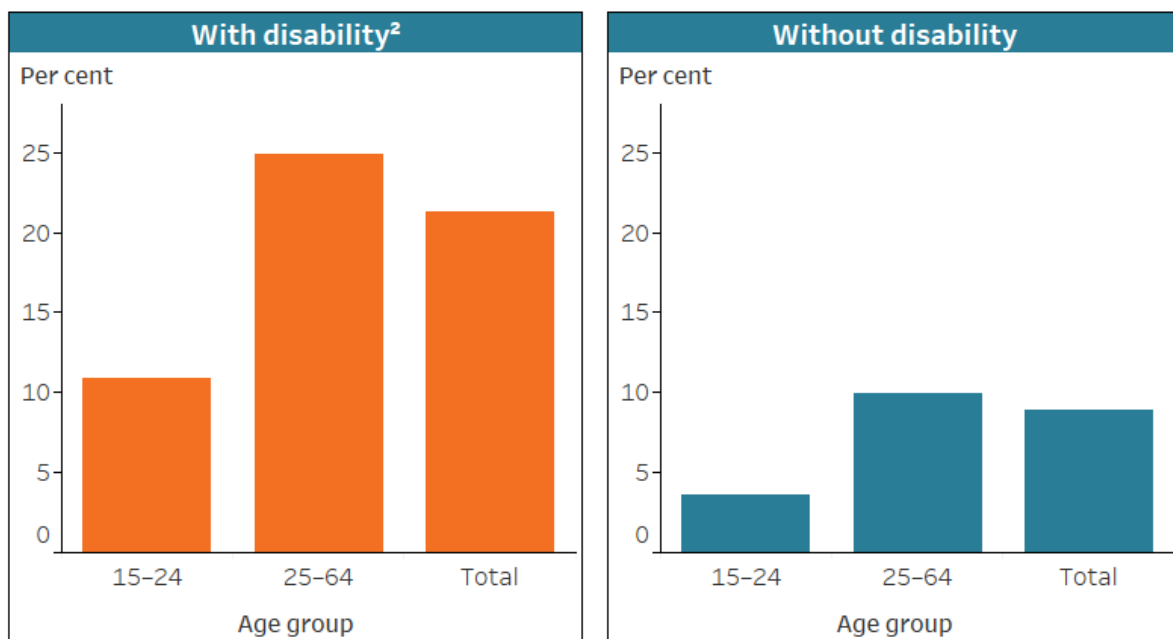
Of working-age (15–64) people who acquired disability before age 15, more than 1 in 5 (21% or 85,000) left school before age 16, compared with almost 1 in 4 (23% or 350,000) who acquired disability after age 15 and 1 in 11 (8.9% or 1.2 million) without disability (Figure ATTAINMENT.1).

There have been improvements in school retention for people with disability over time – cohorts who left school in more recent years are less likely to have left school before age 16. Around 1 in 10 (11% or 12,000) people aged 15–24 who acquired disability before age 15 left school before age 16, compared with 3.6% (or 75,000) 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 tables ATNT1 and ATNT3.

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

School retention for people with disability varies by remoteness. Of working-age people who acquired disability before age 15, more than 1 in 6 (17% or 47,000) living in *Major cities* left school before age 16. This is lower than for those living in *Inner regional* areas (31% or 30,000) and *Outer regional and remote* areas (36% or 11,000) (ABS 2019).

How is remoteness defined?

The remoteness categories used in the ABS SDAC are defined by the Australian Statistical Geography Standard Remoteness Structure (ABS 2016) which divides Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Very remote areas are out of scope for the SDAC.

School retention also varies by disability group. Of working-age people who acquired disability before age 15, more than 1 in 3 (37% or 12,000) people with head injury, stroke, or acquired brain injury left school before age 16. This is double that of those with sensory and speech disability (18% or 20,000) (ABS 2019).

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; these are:

- sensory and speech (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 2019).

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 90,000) 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 99,000) compared with 56% (or 694,000)
- 85 and over, 15% (or 43,000) compared with 20% (or 20,000) (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 2019:

- 6.7% of domestic students disclosed disability
- 6.1% of students who completed a course in 2019 have disability
- Students who have disability have lower success rates (82%) than the wider domestic student population (88%). Success rates compare the number of students who passed with the number of students who attempted the course (DESE 2020a, 2020b).

Graduate Outcomes Survey

DESE's Graduate Outcomes Survey (GOS) contains information on employment outcomes and salaries for undergraduate and postgraduate coursework and research graduates. Data from the 2020 GOS show that graduates from:

- undergraduate courses who reported they had disability (79%) were less likely than those without disability (86%) to be employed
- postgraduate coursework courses who reported disability (85%) were less likely than those without disability (92%) to be employed
- postgraduate research courses who reported disability (85%) were less likely than those without disability (90%) to be employed
- undergraduate courses who were in full-time employment and who reported disability (\$64,800) had similar median full-time salaries to those without disability (\$64,700)
- postgraduate coursework courses who were in full-time employment and who reported disability (\$78,500) had lower median full-time salaries than those without disability (\$88,000)
- postgraduate research courses who were in full-time employment and who reported disability (\$92,000) had similar median full-time salaries to those without disability (\$93,000) (QILT 2020a).

Graduate Outcomes Survey – Longitudinal

The Graduate Outcomes Survey – Longitudinal (GOS-L) is completed by graduates of Australian higher education institutions approximately 3 years after completing their studies. The GOS-L supplements the GOS by measuring graduates' medium-term employment outcomes and further study activities.

Data from the 2020 GOS-L show for graduates from 2017:

- from undergraduate courses
 - 80% of those who reported disability were employed in 2017 and 87% in 2020, compared with 87% and 94% respectively for those without disability, for those who were available for any work
 - 64% of those who reported disability were employed full-time in 2017 and 83% in 2020, compared with 74% and 91% respectively for those without disability, for those who were available for full-time work
 - median salaries of those who reported disability rose from \$61,800 in 2017 to \$73,100 in 2020, compared with \$60,000 and \$75,000 respectively for those without disability, for those who were employed full-time
- from postgraduate coursework courses
 - 86% of those who reported disability were employed in 2017 and 90% in 2020, compared with 93% and 96% respectively for those without disability
 - 72% of those who reported disability were employed full-time in 2017 and 87% in 2020, compared with 87% and 94% respectively for those without disability
 - median salaries of those who reported disability rose from \$74,000 in 2017 to \$89,500 in 2020, compared with \$83,500 and \$98,500 respectively for those without disability
- from postgraduate research courses
 - 87% of those who reported disability were employed in 2017 and 89% in 2020, compared with 92% and 93% respectively for those without disability
 - 74% of those who reported disability were employed full-time in 2017 and 94% in 2020, compared with 82% and 90% respectively for those without disability
 - median salaries of those who reported disability rose from \$89,500 in 2017 to \$102,000 in 2020, compared with \$89,500 and \$103,000 respectively for those without disability (QILT 2020b).

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 2020 collection found that vocational education and training (VET) graduates with disability were:

- less likely (37%) to report improved employment status after training than those without disability (58%)

- less likely (45%) to be employed after training than those without disability (71%)
- more likely (40%) to be enrolled in further study after training than those without disability (32%)
- about as likely (87%) to report being satisfied with overall quality of training as those without disability (89%)
- less likely (75%) to report having achieved main reason for doing the training than those without disability (85%)
- less likely (68%) to report main reason for undertaking training to be employment-related than those without disability (76%) (NCVER 2021).

Almost one-quarter (23%) of graduates with disability who were not employed at the start of training reported being employed after training, compared with 39% without disability (NCVER 2021).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#)

[Department of Education, Skills and Employment](#) (DESE)

[National Centre for Vocational Education Research](#)

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Education participation needs and challenges

Key findings

- 4 in 5 (80%) school students with disability have one or more schooling restrictions.
- 1 in 10 (10%) school students with disability do not receive support but need it.
- 1 in 5 (21%) school students with disability need more support than they currently receive.

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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication 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.

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 one 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 99,000)
- attend special classes (21% or 67,000)
- attend a special school (14% or 45,000) (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 47,000) than girls (17% or 21,000) to attend special classes
- more likely (15% or 30,000) than girls (10% or 13,000) to attend a special school
- less likely (11% or 22,000) than girls (16% or 20,000) to need at least one day a week off school
- more likely (32% or 63,000) than girls (28% or 34,000) 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.

Schooling restrictions also vary by disability group. School students with psychosocial disability (93% or 140,000) and intellectual disability (90% or 210,000) are more likely to have a schooling restriction than those with physical disability (72% or 67,000) and sensory and speech disability (79% or 94,000) (ABS 2019).

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; these are:

- sensory and speech (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 2019).

Non-school students

Almost half (47% or 88,000) of 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 52,000)
- need at least one day a week off (52% or 45,000)
- use special arrangements at institution (33% or 29,000)
- have special assistance from a person at institution (22% or 19,000) (ABS 2019).

Females (48% or 55,000) are more likely than males (41% or 31,000) to have non-schooling educational restrictions. Females with restrictions are more likely (57% or 31,000) than males (47% or 15,000) to need at least one day a week off (ABS 2019).

Non-school students aged 15–64 with intellectual disability (73% or 20,000) and psychosocial disability (70% or 44,000) are more likely to have non-schooling educational restrictions, compared with students with sensory and speech disability (38% or 9,000) and physical disability (41% or 40,000) (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 PTPN5.

Non-students

More than 1 in 5 (23%) non-students aged 15–64 with disability would like to be enrolled at school or undertake further study. This is similar for males (23%) and females (24%).

Differences exist by age group and disability group:

- the desire to study decreases with age – 47% of those aged 15–24 would like to study, 32% of those aged 25–34, 30% of those aged 35–44, 21% of those aged 45–54 and 13% of those aged 55–64
- 32% of people with psychosocial disability would like to study, compared with 22% with sensory disability (DSS and MIAESR 2019).

More than a quarter (26%) of non-students aged 15–64 with disability who would like to be studying, are unable to do so due to their condition or disability. This is higher among:

- females (31%) than males (21%)
- people with severe or profound disability (60%), than those with other disability (21%)
- people with intellectual disability (48%) and psychosocial disability (44%), than those with sensory disability (25%) and physical disability (30%) (DSS and MIAESR 2019).

Household, Income and Labour Dynamics in Australia Survey

Data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 or over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017 almost 18,000 people from around 10,000 households participated in the HILDA Survey.

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 6 months or more. This is similar to the definition of disability used by the ABS Short Disability Module. In this section people who always or sometimes need help or supervision with at least one core activity because of their disability are referred to as people with ‘severe or profound disability’. Core activities include self-care, mobility and communication. People who have a disability but do not always or sometimes need help or supervision with at least one core activity are referred to as people with ‘other disability’. The HILDA Survey does not collect information on level of disability in every wave. The most recent collection was in the 17th wave (2017) (Summerfield et al. 2019; Wilkins et al. 2019).

How is remoteness defined?

The remoteness categories used in HILDA are based on the Australian Statistical Geography Standard Remoteness Area framework (Summerfield et al. 2019).

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 HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:

- sensory: includes sight, hearing, and speech problems
- intellectual: includes difficulty learning or understanding things
- physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity
- psychosocial: includes nervous or emotional conditions, and mental illness
- head injury, stroke or other brain damage
- other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions.

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 (aged 5–18) with disability have difficulty at their school – more than one-third (36% or 135,000) do not. Some who have no difficulty have a schooling restriction (16% of school students with disability, or 61,000) while others do not (20% of school students with disability, or 76,000).

This varies by disability group and remoteness:

- More than 4 in 5 (81% or 122,000) students with psychosocial disability have difficulty at school compared with 3 in 5 (59% or 54,000) of those with physical disability.

- More than two-thirds (69% or 59,000) of students living in *Inner regional* areas have difficulty compared with 3 in 5 (59% or 23,000) of those living in *Outer regional and remote* areas (ABS 2019).

Of those who have difficulty at school, 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 54,000)
- sports participation (17% or 42,000)
- difficulty sitting (15% or 37,000) (ABS 2019).

How is remoteness defined?

The remoteness categories used in the ABS SDAC are defined by the Australian Statistical Geography Standard Remoteness Structure (ABS 2016) which divides Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Very remote areas are out of scope for the SDAC.

Non-school students

Not all non-school students with disability have difficulty at their educational institution – almost three-quarters (74% or 137,000) do not. Some with no difficulty have a non-school educational restriction (19% of non-school students with disability, or 35,000) while others do not (53% of non-school students with disability, or 99,000).

Of those who have difficulty, the most common experienced are:

- learning difficulties (32% or 17,000)
- fitting in socially (25% or 13,000)
- communication difficulties (20% or 11,000) (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:

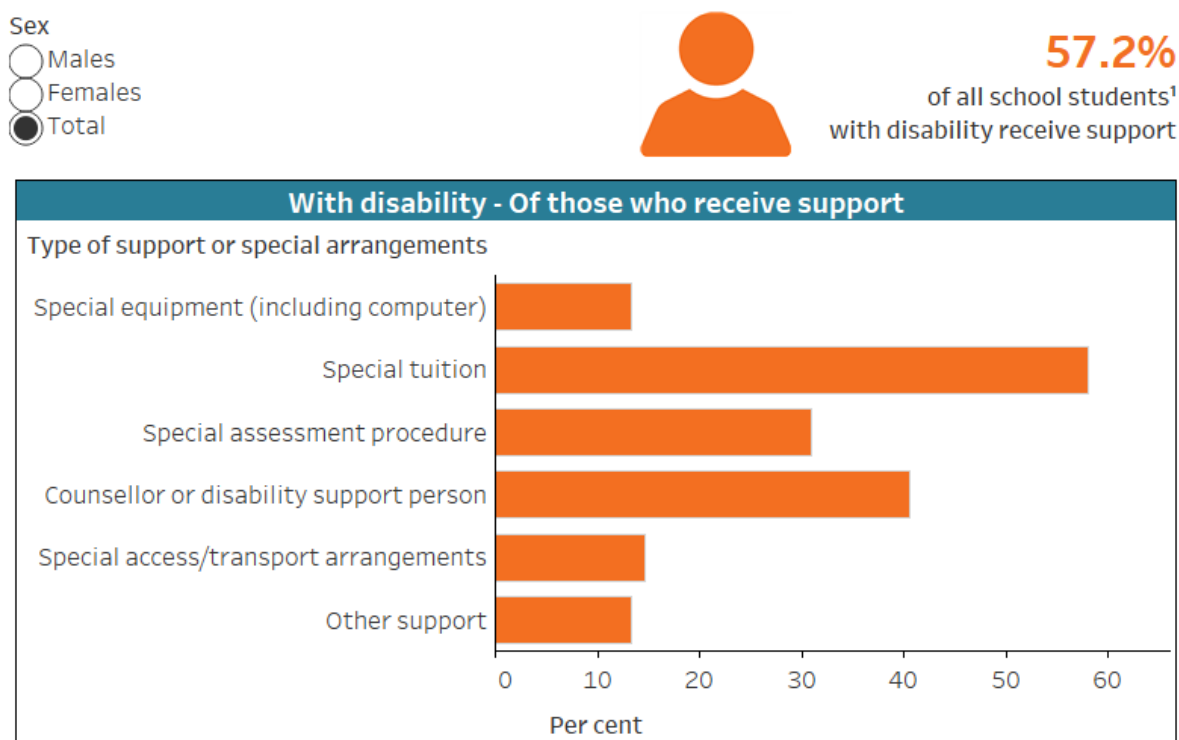
- 3 in 5 (58% or 126,000) have special tuition
- 2 in 5 (41% or 88,000) have a counsellor or disability support person

- 3 in 10 (31% or 67,000) have special assessment procedures (Figure PARTICIPATION.1).

Boys (60% or 136,000) are more likely to receive support than girls (53% or 82,000). Boys who receive support are:

- more likely (61% or 83,000) than girls (56% or 46,000) to receive special tuition
- more likely (16% or 22,000) than girls (9.9% or 8,100) to receive special equipment, including computers
- less likely (35% or 48,000) than girls (49% or 40,000) 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 PTPN16 and PTPN19.

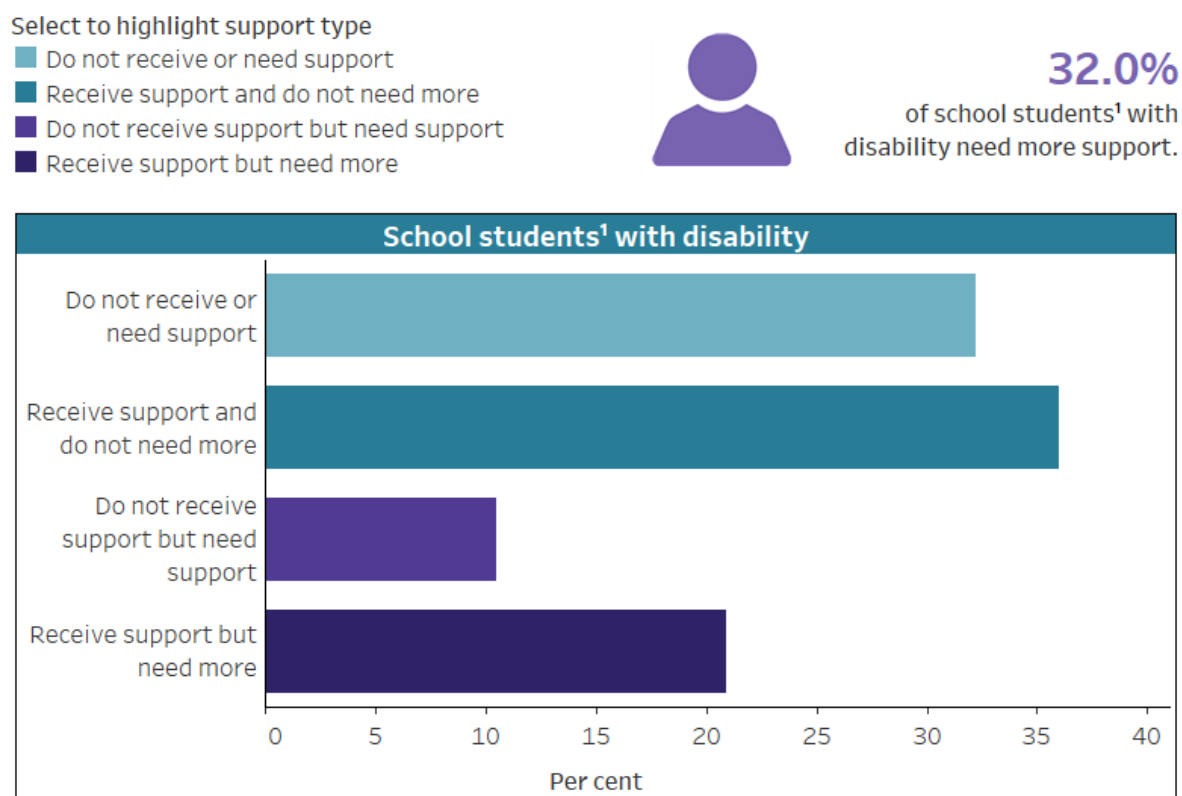
<http://www.aihw.gov.au>

School students with psychosocial disability (70% or 106,000) are more likely to receive support than other disability groups. Of those receiving support, they are also most likely to have a counsellor or disability support person (53% or 56,000) (ABS 2019).

Some school students with disability need more support than they receive, including:

- 1 in 10 (10% or 40,000) who do not receive support but need it
- 1 in 5 (21% or 80,000) who receive support but need more (Figure PARTICIPATION.2).

Figure PARTICIPATION.2: Whether school students¹ with disability receive enough support, 2018



¹School students aged 5–18 living in households.

Source: ABS 2019; see also Table PTPN21.

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

School students with disability attending only 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 78,000) receive support and do not need more. However, almost one-third (29% or 77,000) need support but do not receive it or need more support than they receive (ABS 2019).

One-third (33% or 22,000) of school students with disability attending special classes in a mainstream school need more support than they receive. But more than half (53% or 36,000) receive support and do not need more (ABS 2019).

Half (51% or 23,000) of school students with disability attending a special school receive support and do not need more. But one-third (33% or 15,000) need more support than they receive (ABS 2019).

Non-school students

More than three-quarters (77% or 144,000) of non-school students with disability do not receive any support from their educational institution. This is higher for students with physical disability (82% or 79,000) and lower for students with intellectual disability (55% or 15,000) (ABS 2019).

When non-school students do receive support, the most common types are:

- special assessment procedures (38% or 17,000)
- a counsellor or disability support person (31% or 14,000) (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 one type of support may be reported.

Source: ABS 2019; see also Table PTPN26.

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 16,000) do not receive support but need it
- 18% (or 33,000) receive support and do not need more (ABS 2019).

Discrimination

Almost 1 in 5 (17% or 30,000) students aged 15–64 with disability attending school or studying for a non-school qualification have experienced disability discrimination in the previous 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. More than 1 in 10 (12% or 29,000) students aged 5–64, who need assistance or have difficulty with communication or mobility, have experienced difficulty accessing locations in the previous year. Of those, nearly half (45% or 13,000) had difficulty accessing a school, university or educational facility (ABS 2019).

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) 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% off those with disability who experienced bullying and 81% of those without disability) (Hall et al. 2020).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#)

References

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9. Employment

9. Employment

While 90% of working-age (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 undertake only 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 also 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:

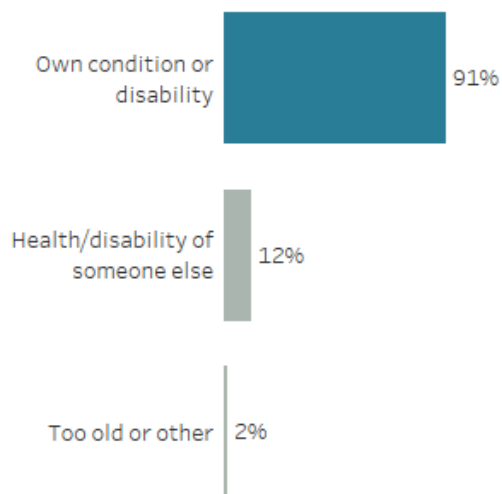
- the participation of working-age people with disability in the labour force (such as their rates of labour force participation, employment and unemployment)
- how they participate in the labour force (for example, part-time versus full-time employment)
- their occupations when employed
- needs they 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.

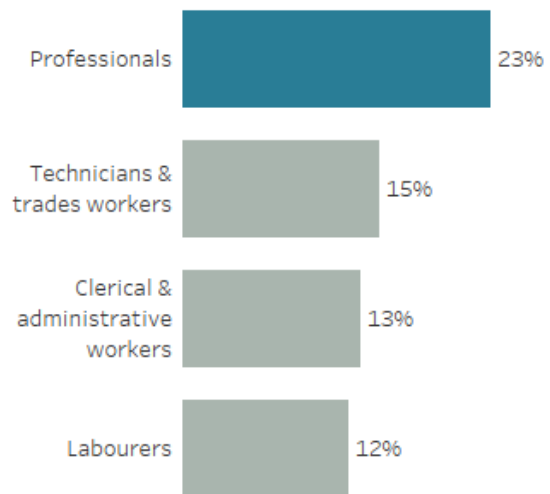


EMPLOYMENT

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 are **underemployed**.

Young people (aged 15–24) are more likely to be underemployed than those aged 25–64:

Aged 15–24
with disability
23%

Aged 15–24
without disability
17%

Aged 25–64
with disability
8%

Aged 25–64
without disability
5%

UNEMPLOYMENT

People aged 15–64 with disability are

twice

as likely to be **unemployed** as those without disability.

With
disability

10%

Without
disability

5%

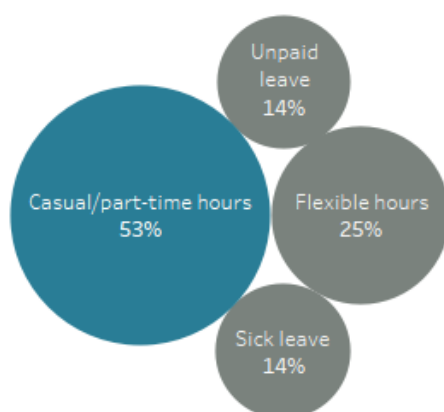
The **unemployment rate** for people with disability has risen from 8% since 2003, while the rate for people without disability has been steady.

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?

[Data tables](#) for this report.

More information:

- Australian Bureau of Statistics (ABS) [Survey of Disability, Ageing and Carers](#) (SDAC)
- [ABS Labour force framework](#)
- labour force participation of people with disability [Productivity Commission's Report on Government Services](#).

References

ABS (Australian Bureau of Statistics) (2018) *Labour statistics: concepts, sources and methods, February 2018*, ABS cat. no. 6102.0.55.001, ABS, accessed 28 May 2020. <https://www.abs.gov.au/ausstats/abs@.nsf/mf/6102.0.55.001>

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<https://www.aihw.gov.au/reports/australias-welfare/australias-welfare-2017/contents/table-of-contents>

Labour force participation

Key findings

- 53% of working-age people with disability are in the labour force, compared with 84% of those without disability.
- 27% of people with severe or profound disability are in the labour force, compared with 62% with other disability.
- 59% of 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 over 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). Among 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 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 undertake only unpaid household duties or other voluntary work, those who are retired, voluntarily inactive and those permanently unable to work (ABS 2018).

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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

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.

Labour force participation rate

People with disability have a lower labour force participation rate than people without disability. Just over 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

Select to view by

- ☐ Age group
☒ Sex

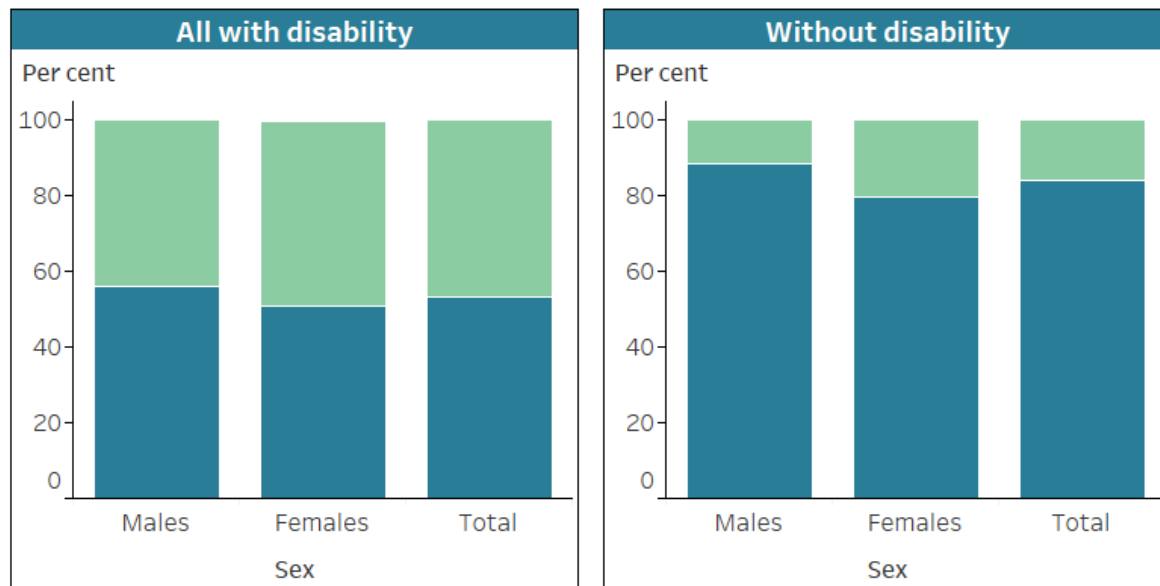
Select disability status

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

Select to highlight

labour force participation

- ☐ Not in the labour force²
☒ In the labour force³



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 LABF6 and LABF7.

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

Working-age people with sensory and speech disability (55% or 225,000) and physical disability (49% or 632,000) are more likely to be in the labour force than those with head injury, stroke or acquired brain injury (32% or 51,000) and psychosocial disability (33% or 215,000) (ABS 2019).

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; these are:

- sensory and speech (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 2019).

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
- almost a quarter (23% or 224,000) intend to work or look for work
- 1 in 12 (8.7% or 83,000) are unsure if they intend to work or look for work
- 1 in 15 (6.9% or 67,000) do not intend to work or look for work (Figure LABOUR.2).

This varies by age and sex (Figure LABOUR.2).

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 48,000). 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).

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

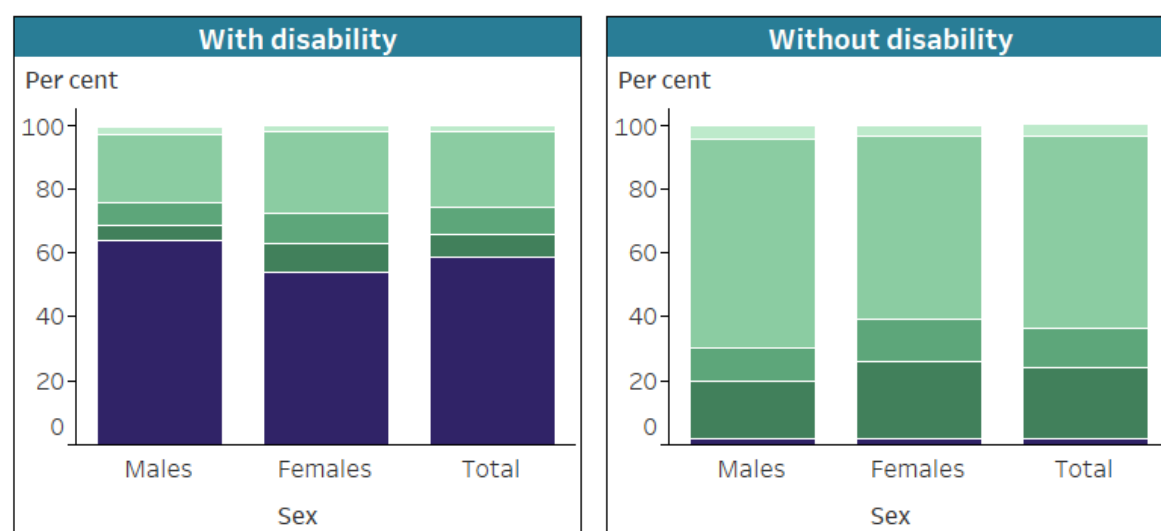
15.9% of working age people without disability are not in the labour force

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 LABF10 and LABF11.

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

About two-thirds (67% or 64,000) of working-age people with disability who are not in the labour force and live in *Outer regional and remote areas* are permanently unable to work compared with those living in *Major cities* (54% or 329,000).

How is remoteness defined?

The remoteness categories used in the ABS SDAC are defined by the Australian Statistical Geography Standard Remoteness Structure (ABS 2016) which divides Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Very remote areas are out of scope for the SDAC.

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 70,000) 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 33,000) have no need to work, are satisfied with current arrangements or are retired (for now)
- 32% (or 21,000) are permanently retired or will not work again
- 18% (or 12,000) 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 9,000) are much more likely than their female counterparts (26% or 12,000) to report they are permanently retired or will not work again (ABS 2019).

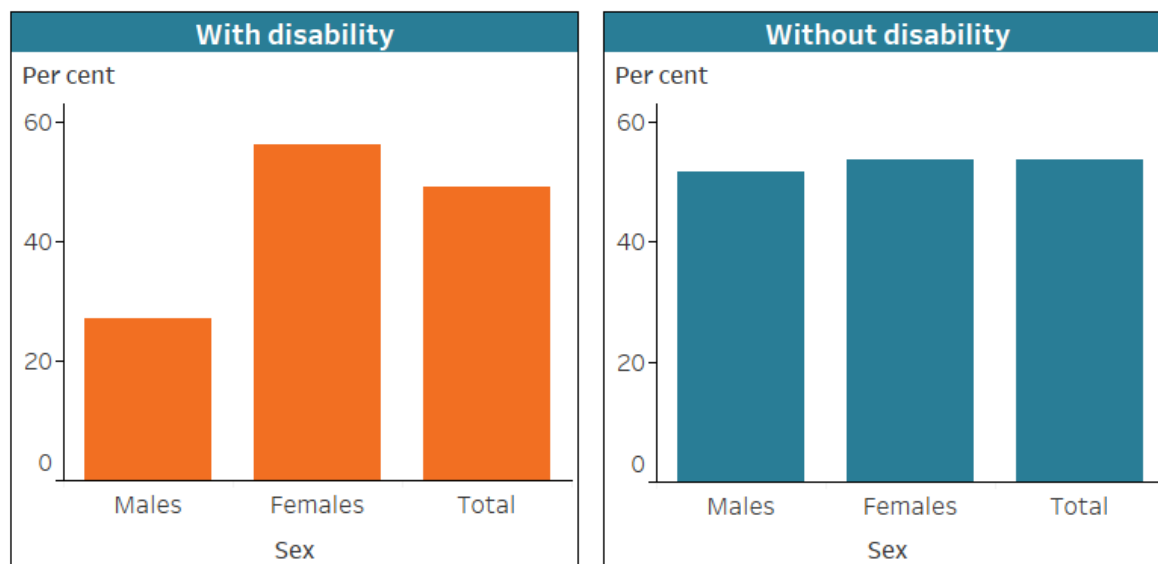
Figure LABOUR.3: Reasons for not looking for work for people¹ who are not in the labour force, not permanently unable to work and do not intend to work², by disability status and sex, 2018

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 2019a; see also Table LABF16.

<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 child care availability (13% or 39,000)
- someone else's ill health or disability (11% or 33,000) (Figure LABOUR.4).

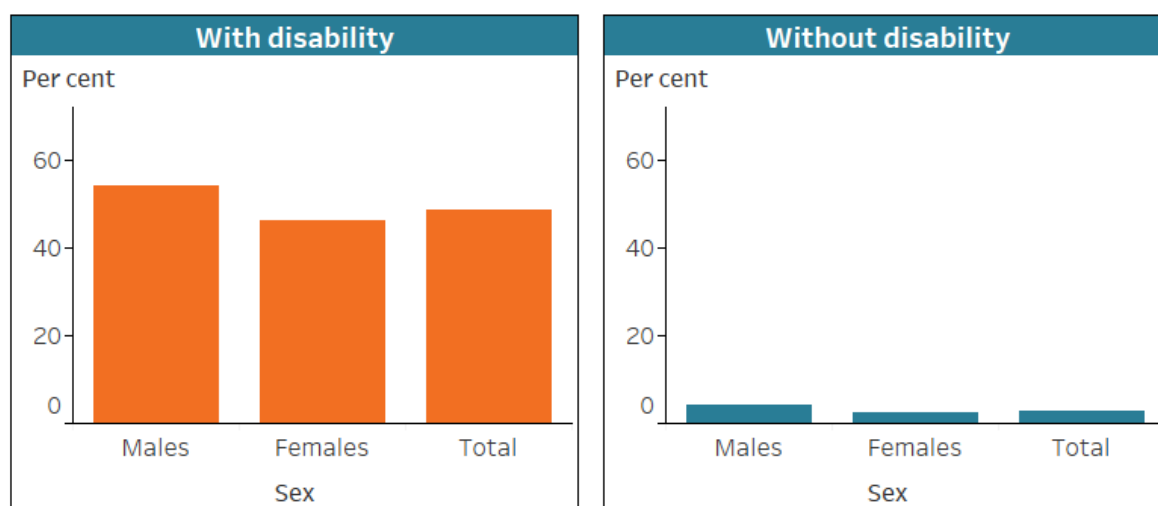
Figure LABOUR.4: Reasons for not looking for work¹ for people² who are not in the labour force, not permanently unable to work and may work in the future³, by disability status and sex, 2018

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 2019a; see also Table LABF17.

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

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 67,000) compared with 46% (or 81,000)
- males are more likely to report studying or returning to studies as a reason – 32% (or 40,000) compared with 27% (or 47,000)
- 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 child care availability – 21% (or 37,000) of females
 - someone else's ill health or disability – 12% (or 21,000)
 - other family considerations – 9.7% (or 17,000) (ABS 2019).

Labour force status case study

In 2019 Mission Australia conducted a survey of young people (aged 15–19) 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 a week, while full-time employment is considered to be 35 hours or more (Hall et al. 2020).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#)

References

ABS (Australian Bureau of Statistics) (2018) *Australian Statistical Geography Standard (ASGS): Volume 5 – remoteness structure, July 2016*, ABS cat. no. 1270.0.55.005, ABS, accessed 16 September 2021.

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Employment rate and type

Key findings

- Working-age people with disability have a lower employment rate (48%) than those without disability (80%).
- 41% of employed working-age people with disability work part-time, compared with 32% of those without disability.
- 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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

Employment rate

Working-age people with disability have a lower employment rate (48% or 984,000) than those without disability (80% or 11.3 million) (Figure EMPLOYMENT.1). Working-age people with severe or profound disability have a much lower employment rate (24% or 120,000) than those with other disability (56% or 863,000) (ABS 2019).

Employment rate also varies by disability group. People with sensory and speech disability have the highest employment rate (50% or 205,000) while those with psychosocial disability have the lowest (26% or 165,000) (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.

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; these are:

- sensory and speech (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 2019).

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](#)').

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>

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 57,000) of those employed work full-time, compared with 61% (or 525,000) with other disability
- 52% (or 62,000) work part-time, compared with 40% (or 341,000) (ABS 2019).

For some disability groups, employed working-age people are more likely to work full-time than part-time (Table EMPLOYMENT.2). This is the case for those with:

- sensory and speech disability (69% or 142,000)
- physical disability (60% 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 status	All 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 EMPL9.

Table EMPLOYMENT.2: Whether employed people^(a) work full-time or part-time, by disability group, 2018 (%)

Whether employed full-time or part-time	Sensory and speech	Intellectual	Physical restriction	Psycho-social	Other
Employed full-time	69.2	43.2	59.8	42.5	50.9
Employed part-time	31.7	56.8	39.9	56.9	48.4
Total	100.0	100.0	100.0	100.0	100.0

(a) Aged 15–64 living in households.

Notes

1. Components will not add to total as people may report impairments related to more than one disability group. In such cases, people are counted separately for each disability group but are only counted once in the aggregated total.
2. Estimates for people with head injury, stroke or acquired brain injury not shown due to uncertainty over data quality.
3. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table EMPL12.

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 24,000) with severe or profound disability work as labourers, compared with 1 in 9 (11% or 97,000) who have other disability and 1 in 11 (8.8% or 991,000) without disability
- 1 in 9 (11% or 13,000) work as sales workers, compared with 1 in 11 (8.9% or 77,000) 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 73,000) compared with 9.9% (or 48,000)
- technician and trades worker – 25% (or 127,000) compared with 5.1% (or 25,000)
- manager – 12% (or 62,000) compared with 9.0% (or 44,000).

Females with disability are more likely than their male counterparts to work as a:

- professional – 28% (or 134,000) compared with 18% (or 88,000)
- sales worker – 12% (or 59,000) compared with 5.8% (or 29,000)
- clerical or administrative worker – 21% (or 100,000) compared with 6.3% (or 32,000)
- community or personal service worker – 15% (or 70,000) compared with 4.9% (or 25,000) (ABS 2019).

Figure EMPLOYMENT.2: Occupations of employed people¹, by disability status, age group and sex, 2018

Select to view by

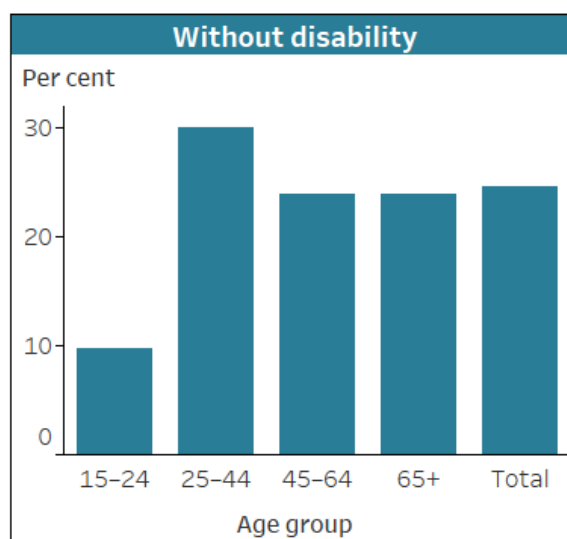
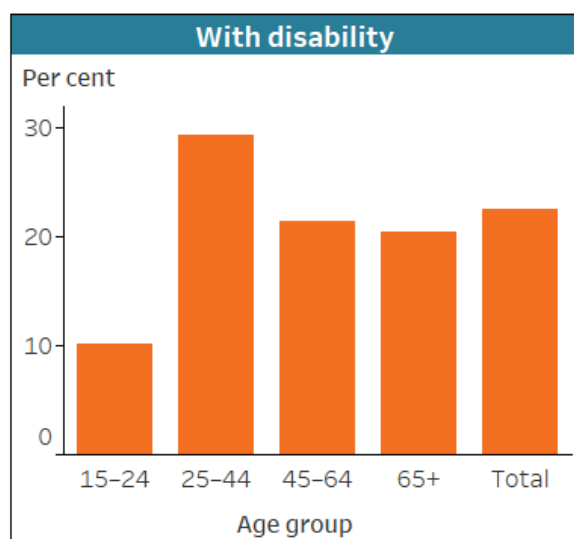
- ☒ Age group
☐ Sex

Select to highlight disability status

- ☒ With disability
☐ Without disability

Select occupation

- ☐ Managers
☒ Professionals
☐ Technicians and Trades Workers
☐ Community and Personal Service Workers
☐ Clerical and Administrative Workers
☐ Sales Workers
☐ Machinery Operators and Drivers
☐ Labourers



* 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 EMPL6 and EMPL7.

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

Employment type

Household, Income and Labour Dynamics in Australia Survey

Data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 or over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017, almost 18,000 people from around 10,000 households participated in the HILDA survey.

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 6 months or more. This is similar to the definition of disability used by the ABS' Short Disability Module (Summerfield et al. 2019; Wilkins et al. 2019).

How is remoteness defined?

The remoteness categories used in HILDA are based on the Australian Statistical Geography Standard Remoteness Area framework (Summerfield et al. 2019).

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 HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:

- sensory: includes sight, hearing, and speech problems
- intellectual: includes difficulty learning or understanding things
- physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity
- psychosocial: includes nervous or emotional conditions, and mental illness
- head injury, stroke or other brain damage
- other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions.

Self-employment

People who operate their own enterprise or engage independently in a profession or trade are referred to as self-employed. In this section, self-employed people include:

- employers, who are owners of incorporated or unincorporated businesses who have one or more employees in addition to themselves
- solo self-employed people, who are owners of incorporated or unincorporated businesses without employees (Wilkins and Lass 2018).

The 13th Annual Statistical Report of the HILDA Survey (wave 1–16) reports that solo self-employed workers are more likely to have disability, work fewer hours per week and have a lower income than employers (Wilkins and Lass 2018).

One in 10 (10%) employed people with disability aged 15–64 are solo self-employed, 1 in 20 (4.6%) are employers and 17 in 20 (85%) are employees. Employed people with disability aged 15–64 are slightly more likely (10%) to be solo self-employed than those without disability (7.1%). Older employed people aged 65 and over are more likely to be solo self-employed, especially those with disability. One-third (33%) of employed people aged 65 and over with disability are solo self-employed, compared with around one-quarter (24%) of those without disability (DSS and MIAESR 2019).

Of employed people aged 15–64 with disability:

- females are more likely (89%) to be employees than males (82%)
- those with intellectual disability are more likely (96%) to be employees than those with sensory disability (84%) or physical disability (83%) (DSS and MIAESR 2019).

Employment contract types

This section distinguishes between 3 employment contract types:

- permanent contracts, defined as employment on an ongoing or permanent basis
- fixed-term contracts, defined as employment that ends at a specified date or upon completion of a specific task
- casual employment, which usually means no assured continuity of employment, no paid leave entitlements, and a compensating pay loading (Wilkins et al. 2019).

The most common employment contract type for employees aged 15–64 with disability is permanent employment (66%), followed by casual employment (24%) and fixed-term employment (10%). This is similar for those without disability (66%, 23% and 11% respectively). Casual employment is the most common employment type for younger employees aged 15–24 with and without disability (61% and 55% respectively) (DSS and MIAESR 2019).

Of employees aged 15–64 with disability:

- females are more likely (26%) to be in casual employment than males (21%)
- those living in *Major cities* are more likely (68%) to have a permanent contract than those in *Inner regional* areas (62%), or *Outer regional, remote and very remote* areas (54%)
- those with psychosocial disability are more likely (33%) to be in casual employment than those with sensory or physical disability (both 22%) (DSS and MIAESR 2019).

Job satisfaction

Satisfaction with current job

In 2017, employed HILDA Survey participants were asked to rate their satisfaction with their current job on a 0–10 scale. Ten represents the highest level of satisfaction and 0 the lowest (DSS and MIAESR 2019). In this analysis, people who indicate a satisfaction level between 8 and 10 are referred to as being totally satisfied or satisfied.

More than half (54%) of employed people aged 15–64 with disability are satisfied or totally satisfied with their current job. This is lower than for people without disability, of whom 61% are satisfied or totally satisfied. Young employed people with disability aged 15–24 are least likely (47%) to be satisfied or totally satisfied, and older people aged 65 and over are most likely to be satisfied (77%). Employed people with disability aged 15–64 living in *Major cities* are less likely (52%) to be totally satisfied with their job than those in *Inner regional* areas (62%) (DSS and MIAESR 2019).

Retirement plans

Retirement from the workforce is a major life event. HILDA collects data on the age employed people aged 45 and over plan to retire completely from the paid workforce. Most employed people aged 45–64 with disability expect to retire at age 65 or later. Forty-four per cent expect to retire at age 65–69 and 33% at age 70 or over. This is similar for people without disability (43% and 31% respectively). Males with disability are more likely to expect to retire later in life, at age 70 or over (38%), than females (28%) (DSS and MIAESR 2019).

Commuting

How are commuting times measured?

Daily commute times refer to the total time spent travelling to and from work per day worked. Three commute lengths are distinguished:

- short (less than one hour per day)
- medium (at least one hour but less than 2 hours per day)
- long (2 or more hours per day) (Wilkins et al. 2019).

Self-completion questionnaire

In addition to personal face-to-face interviews, survey participants are asked to complete a self-completion questionnaire. The questionnaire covers the amount of time people spend on a number of activities, such as paid employment and travelling to and from paid employment.

About half (51%) of employed people aged 15–64 with disability spend less than 1 hour commuting to and from work per day worked; around 3 in 10 (29%) spend 1 hour to less than 2 hours; and 2 in 10 (20%) spend 2 hours or more. This is similar for those without disability (52%, 30% and 18% respectively). Of employed people aged 15–64 with disability:

- females are more likely (56%) to have a short daily commute of less than 1 hour than males (46%)
- those in *Major cities* are less likely (46%) to have a short daily commute than those in *Inner regional* (63%), or *Outer regional, remote and very remote* areas (67%) (DSS and MIAESR 2019).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#)

References

ABS (Australian Bureau of Statistics) (2019) *Microdata: disability, ageing and carers, Australia, 2018*, ABS cat. no. 4430.0.30.002, AIHW analysis of TableBuilder data, accessed 4 August 2021. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

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Underemployment

Key findings

- 10% of employed working-age people with disability are underemployed, compared with 6.9% of those without disability.
- 3 in 10 (28%) people with disability aged 15–64 working under 35 hours per week do not want a job with more hours.
- People with disability aged 15–24 are more likely to be underemployed (23%) than those aged 25–64 (8.1%).

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.

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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

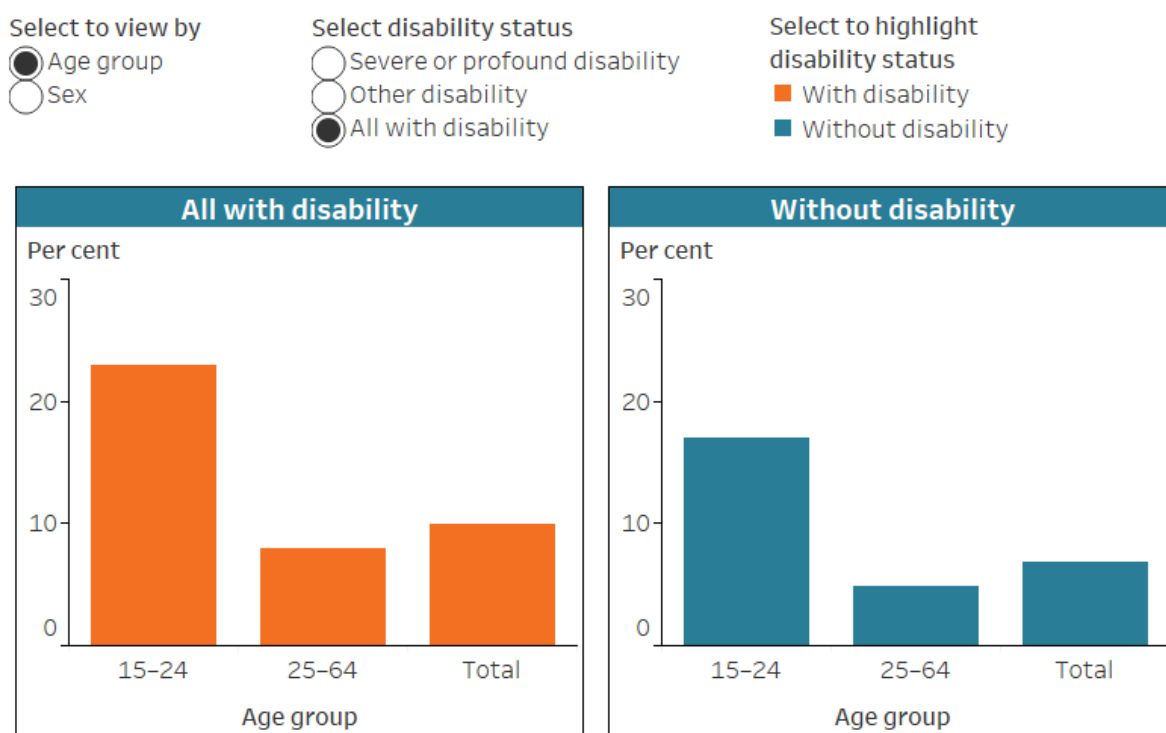
Underemployment rate

About 1 in 10 (10% or 99,000) 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).

Youth (aged 15–24) with disability are more likely than people with disability of other ages to want to work more hours – 23% (or 27,000) are underemployed, compared with 8.1% (or 71,000) 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 '[Employment rate and type](#)'), 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 93,000) of their male counterparts (ABS 2019).

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 UNDT4 and UNDT5.

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

Underemployment among working-age people with disability also varies by disability group. Nearly 1 in 6 people with intellectual disability (17% or 18,000) are underemployed compared with 1 in 17 (5.8% or 12,000) people with sensory and speech disability (ABS 2019).

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; these are:

- sensory and speech (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 2019).

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 32,000 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 one 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 which restricts work (69%)
- are more likely (31%) to be part-time employed and not want to work more hours than those without disability which restricts work (20%)
- are more likely (16%) to be underemployed than those without disability which 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 or over 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 6 months or more.

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#)

References

ABS (Australian Bureau of Statistics) (2019) *Microdata: disability, ageing and carers, Australia, 2018*, ABS cat. no. 4430.0.30.002, AIHW analysis of TableBuilder data, accessed 24 September 2021. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

Wilkins R and Lass I (2018) *The Household, Income and Labour Dynamics in Australia Survey: selected findings from waves 1 to 16*, Melbourne Institute: Applied Economic and Social Research, University of Melbourne, accessed 24 September 2021.
<https://melbourneinstitute.unimelb.edu.au/hilda/publications/hilda-statistical-reports>

Unemployment

Key findings

- Working-age people with disability are twice as likely to be unemployed (10%) as those without disability (4.6%).
- 13% of working-age people with severe or profound disability are unemployed.
- People aged 15–24 with disability are more than twice as likely to be unemployed (25%) as those aged 25–64 (7.9%).

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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

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 17,000) have a higher unemployment rate than those with other disability (9.9% or 95,000) (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

Select to view by

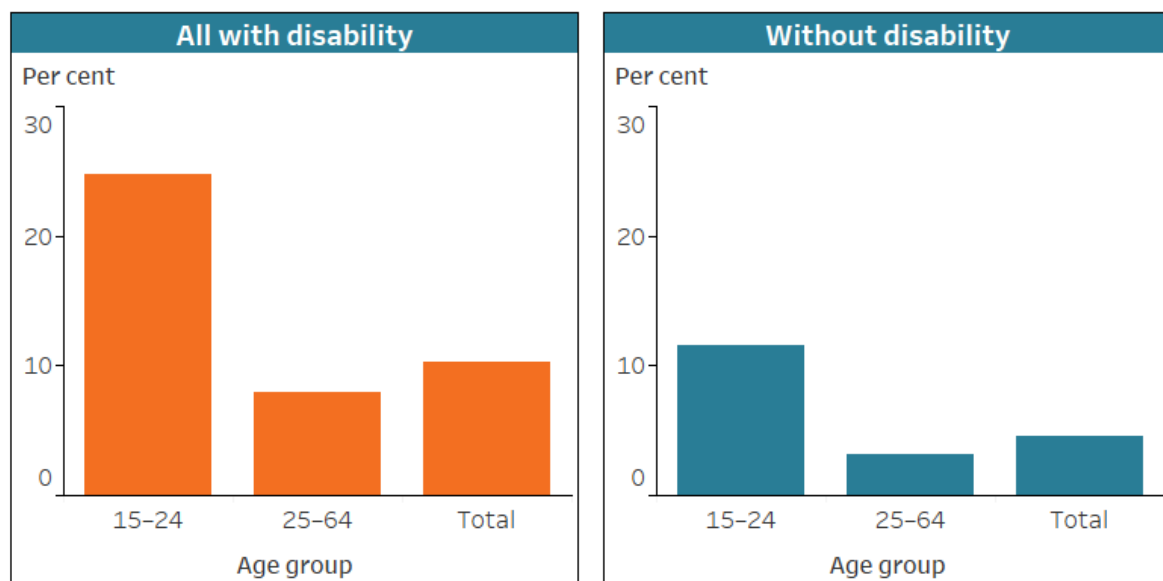
- ☒ Age group
☐ Sex

Select disability status

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

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.

Source: ABS 2019; see also tables UNET1 and UNET2.

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

Youth (aged 15–24) with disability (25% or 38,000) are more likely than those aged 25–64 (7.9% or 75,000) to be unemployed (Figure UNEMPLOYMENT.1).

Working-age males with disability (11% or 63,000) are slightly more likely than their female counterparts (9.4% or 50,000) to be unemployed (Figure UNEMPLOYMENT.1).

Of working-age people with disability, those with sensory and speech disability (8.2% or 18,000) are less likely to be unemployed than those with psychosocial disability (24% or 51,000) or intellectual disability (18% of 23,000) (ABS 2019).

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; these are:

- sensory and speech (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 2019).

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 somewhat for those with disability (8% to 10%) (ABS 2019).

Duration of unemployment

Working-age people with disability are more likely to be unemployed for longer periods than those without disability – 22% (or 24,000) of unemployed people with disability have been unemployed for at least one year, compared with 14% (or 73,000) without disability (Figure UNEMPLOYMENT.2).

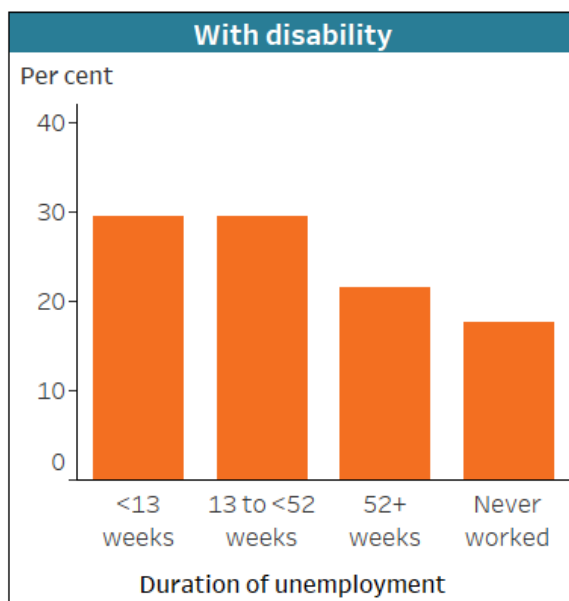
Figure UNEMPLOYMENT.2: Duration of unemployment for unemployed people¹, by disability status, 2018

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 UNET8 and UNET9.

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

Main activity since last looked for work

Around one-quarter (26% or 30,000) of 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 9,000) than their female counterparts (45% or 23,000). It is also less common among unemployed working-age males with disability than those without disability (22% or 58,000) (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 UNET10.

Unemployed working-age people with disability (20% or 22,000) are less likely than those without disability (29% or 157,000) to say their main activity since they last looked for work was attending an educational institution (ABS 2019).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#)

References

ABS (Australian Bureau of Statistics) (2019) *Microdata: disability, ageing and carers, Australia, 2018*, ABS cat. no. 4430.0.30.002, AIHW analysis of TableBuilder data, accessed 4 August 2021. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

Employment participation needs and challenges

Key findings

- 88% of employed working-age people with disability do not require additional support from their employer to work.
- 82% of employed working-age people with disability do not need time off from work because of their disability.
- 11% of employed working-age people with disability experienced disability discrimination in the previous year.

Some working-age (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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this section as 'people with severe or profound disability'.

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 92,000) working-age people with disability do not require specific arrangements from their employer to work.

Employed people

Most (88% or 684,000) employed (salary or wage earning) working-age people with disability do not require specific arrangements from their employer to work. Of those who do:

- 50% (or 48,000) need special equipment or modified buildings/fittings, or to be provided special/free transport or parking
- 25% (or 24,000) need a special support person to assist or train them on the job 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 one arrangement may be reported.

Source: ABS 2019; see also Table CHALL2.

One in 5 (18% or 136,000) employed (salary or wage earning) working-age people with disability need at least one day a week off work because of their disability. Of those who use specific leave arrangements at least one day a week, the most common arrangement is to work:

- casual or part-time hours (53% or 73,000)
- flexible hours (25% or 34,000) (Table CHALLENGES.2).

Employed working-age people with severe or profound disability are more likely (33% or 32,000) to use specific leave arrangements at least one day a 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 one day a week because of their disability.

(c) Includes recreation/annual leave, WorkCover/worker's compensation, and other.

Note: More than one arrangement may be reported.

Source: ABS 2019; see also Table CHALL6.

Of working-age people with disability who are employed wage or salary earners, the most likely to use specific leave arrangements at least one day a week are those with psychosocial disability (38% or 48,000). The least likely to use specific leave arrangements are those with:

- sensory and speech disability (11% or 19,000)
- intellectual disability (15% or 14,000) (ABS 2019).

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; these are:

- sensory and speech (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 2019).

Difficulty finding work

Most (93% or 105,000) working-age people with disability who are unemployed report at least one 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:

- lack of necessary skills or education (34% or 35,000)
- considered too old by employers (27% or 29,000)
- too many applicants for available jobs (27% or 28,000)
- insufficient work experience (25% or 26,000) (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 one difficulty may be reported.

Source: ABS 2019; see also Table CHALL8.

Among unemployed Aboriginal and Torres Strait Islander people with disability aged 15–64 who report at least one difficulty in finding employment, the top 3 difficulties in finding work are:

- no jobs in local area or line of work (46%)
- transport problems or distance (36%)
- no driver's licence (33%) (ABS 2016).

National Aboriginal and Torres Strait Islander Social Survey

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) 2014–15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS). The NATSISS collects information from Aboriginal and Torres Strait Islander people living in private dwellings across Australia on a range of demographic, social, environmental and economic characteristics.

The NATSISS 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.

In the NATSISS, a person is considered to have disability if they have one or more conditions (including long-term health 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.

Discrimination

Employed working-age people with disability (11% or 89,000) are less likely than those who are unemployed (24% or 23,000) to have experienced disability discrimination in the previous year (ABS 2019).

For more than 2 in 5 (45% or 40,000) employed working-age people with disability, the source of that discrimination was an employer. For about 2 in 5 (42% or 37,000), 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 one source may be reported.

Source: ABS 2019; see also Table CHALL8.

Unemployed working-age people with disability (52% or 50,000) are more likely than those who are employed (35% or 299,000) to have avoided situations because of their disability in the previous year. Of those who avoided situations, unemployed people (28% or 14,000) were 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, restaurants, cafés or bars, public transport, public park or recreation venue, other social situations, other public places, and other.

Note: More than one situation may be reported.

Source: ABS 2019; see also Table CHALL12.

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
- more than one-quarter (27% or 135,000) have mild or moderate employment restriction
- 1 in 10 (10% or 49,000) have no employment restriction (ABS 2019).

Many (68% or 1.4 million) working-age people with disability have one 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).

What are employment restrictions?

In the SDAC, an employment restriction means a person meets one or more of the following:

- is permanently unable to work
- is restricted in the type of work they can or could do
- needs or would need at least one day a week off work on average
- is restricted in the number of hours they can or could work
- requires or would require an employer to provide special equipment, modify the work environment or make special arrangements
- requires assistance from a disability job placement program or agency
- needs 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.

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

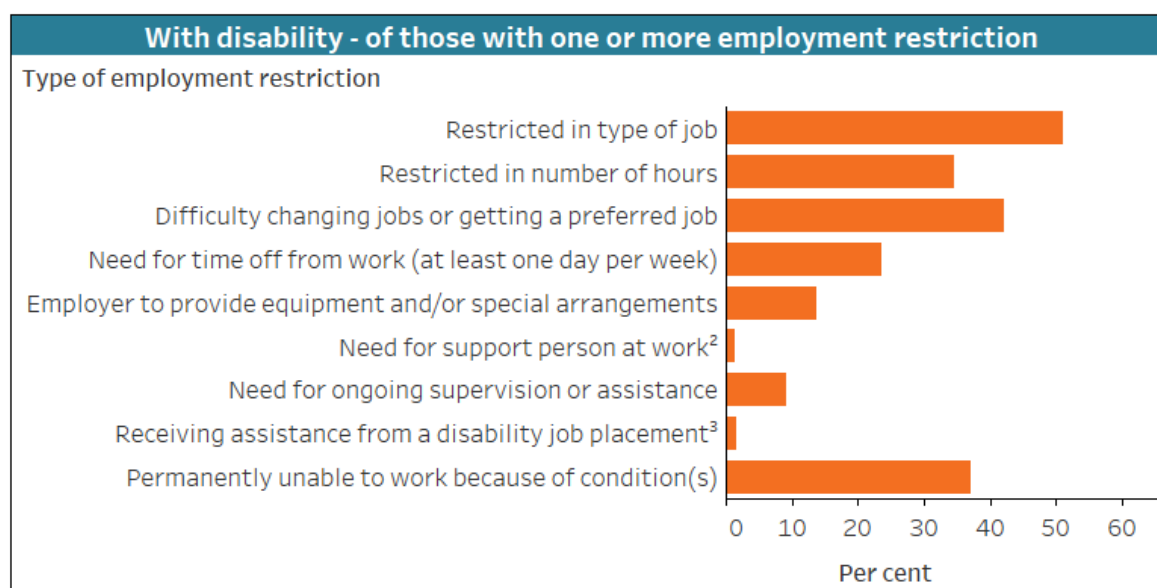
Select labour force status

- ☐ 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 CHALL14 and CHALL19.

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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).

More than one-third (35% or 725,000) of working-age people with disability have mild or moderate employment restriction (Table CHALLENGES.6). This group, and the group with no employment restriction, are the most likely to be employed (68%, compared with 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).

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 working-age people with disability (row %)	32.5	35.2	32.3	100.0

(a) Aged 15–64 living in households.

Source: ABS 2019; see also Table CHALL26.

Satisfaction with employment opportunities

Household, Income and Labour Dynamics in Australia Survey

Data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 or over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017 almost 18,000 people from around 10,000 households participated in the HILDA survey.

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 6 months or more. This is similar to the definition of disability used by the ABS Short Disability Module (Summerfield et al. 2019; Wilkins et al. 2019).

How is remoteness defined?

The remoteness categories used in HILDA are based on the Australian Statistical Geography Standard Remoteness Area framework (Summerfield et al. 2019).

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 HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:

- sensory: includes sight, hearing, and speech problems
- intellectual: includes difficulty learning or understanding things
- physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity
- psychosocial: includes nervous or emotional conditions, and mental illness
- head injury, stroke or other brain damage
- other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions.

Satisfaction with employment opportunities

In 2017, HILDA Survey participants were asked to rate their satisfaction with their employment opportunities on a 0–10 scale. Ten represents the highest level of satisfaction and 0 the lowest (DSS and MIAESR 2019). In this analysis, people who indicate a satisfaction level between 0 and 5 are referred to as not being satisfied. People who are retired, permanently unable to work, or for whom satisfaction with employment opportunities was coded as not applicable, unknown or refused were excluded from this analysis.

People aged 15–64 with disability, who are not retired or permanently unable to work and who indicated their level of satisfaction, are twice as likely (36%) to be not satisfied with their employment opportunities as those without disability (18%). For people with disability, this varies by remoteness and disability group:

- those living in *Inner regional* areas, or *Outer regional, remote and very remote* areas are more likely (40% and 44% respectively) to be not satisfied with their employment opportunities than those living in *Major cities* (33%)
- those with intellectual or psychosocial disability are more likely (59% and 52% respectively) to be not satisfied than those with sensory or physical disability (36% and 39% respectively) (DSS and MIAESR 2019).

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#)

References

ABS (Australian Bureau of Statistics) (2016) *Microdata: National Aboriginal and Torres Strait Islander Social Survey, 2014-15*, ABS cat. no. 4720.0.55.002, AIHW analysis of TableBuilder data, accessed 30 September 2021.

<https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/national-aboriginal-and-torres-strait-islander-social-survey>

ABS (2019) *Microdata: disability, ageing and carers, Australia, 2018*, ABS cat. no. 4430.0.30.002, AIHW analysis of TableBuilder data, accessed 4 August 2021.

<https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

DSS (Department of Social Services) and MIAESR (Melbourne Institute of Applied Economic Social Research) (2019) *The Household, Income and Labour Dynamics in Australia Survey, general release 18 (wave 17)*, [doi:10.26193/IYBXHM](https://doi.org/10.26193/IYBXHM), ADA Dataverse, AIHW analysis of unit record data, accessed 12 October 2021.

Summerfield M, Bright S, Hahn M, La N, Macalalad N, Watson N, Wilkins R and Wooden M (2019) *HILDA user manual – release 18*, Melbourne Institute: Applied Economic and Social Research, University of Melbourne, accessed 12 October 2021.

<https://melbourneinstitute.unimelb.edu.au/hilda/for-data-users/user-manuals>

Wilkins E, Laß I, Butterworth P and Vera-Toscano E (2019) *The Household, Income and Labour, Dynamics in Australia Survey: selected findings from waves 1 to 17*, Melbourne Institute: Applied Economic and Social Research, University of Melbourne, accessed 12 October 2021. <https://melbourneinstitute.unimelb.edu.au/hilda/publications/hilda-statistical-reports>

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.

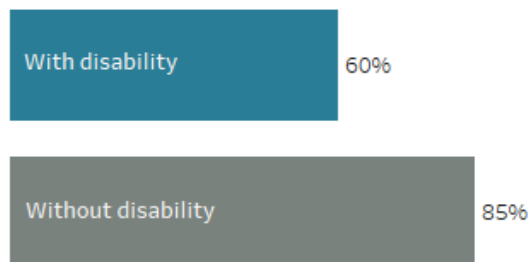
In general, most people with disability have some source of income. This is more likely to be from government sources than from salary or wages, and to be lower than for people without disability.

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.



FINANCES

People aged 15–64 with disability are more than

twice

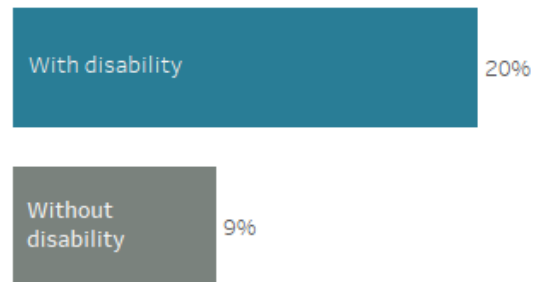
as likely to be in **financial stress** as those without disability.

Select sex

- ☐ Males
☐ Females
☒ All



In financial stress:

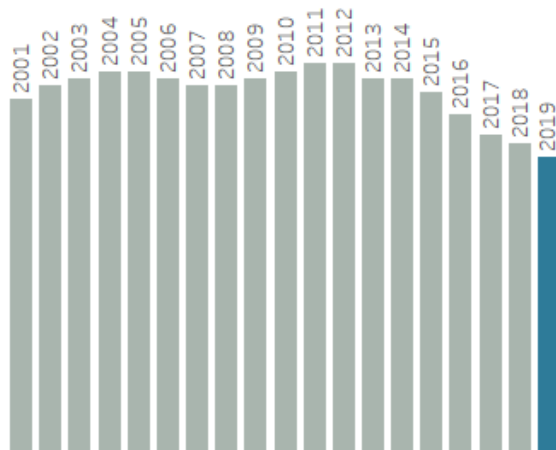


INCOME SUPPORT

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?*, ICRC, Geneva, accessed 3 June 2020. <https://www.icrc.org/en/document/introduction-economic-security>

Income

Key findings

- 41% of people with disability aged 15–64 have income from wages or salary, compared with 73% without disability.
- 44% of people with disability aged 15–64 receive a government payment, compared with 12% without disability.
- 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 (see '[Level of personal income](#)' for more information on how the level of income is measured).

Most people aged 15–64 with disability (90% or 1.8 million) have an income – and are equally likely to have one 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 for those without disability (7.9% or 990,000) to come primarily from a government payment rather than from salary or wages (Figure INCOME.2).

Survey of Disability, Ageing and Carers

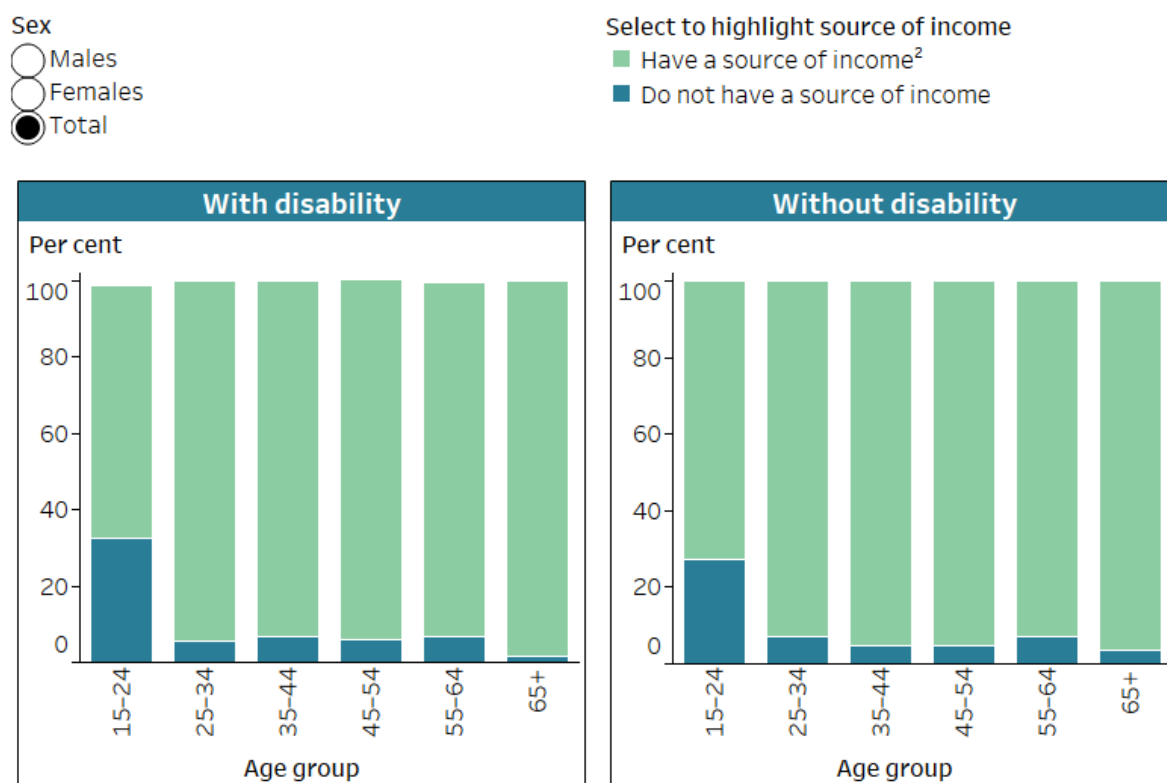
Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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 whether 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 one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication 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 2019b; see also Table INCM1.

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Type of income

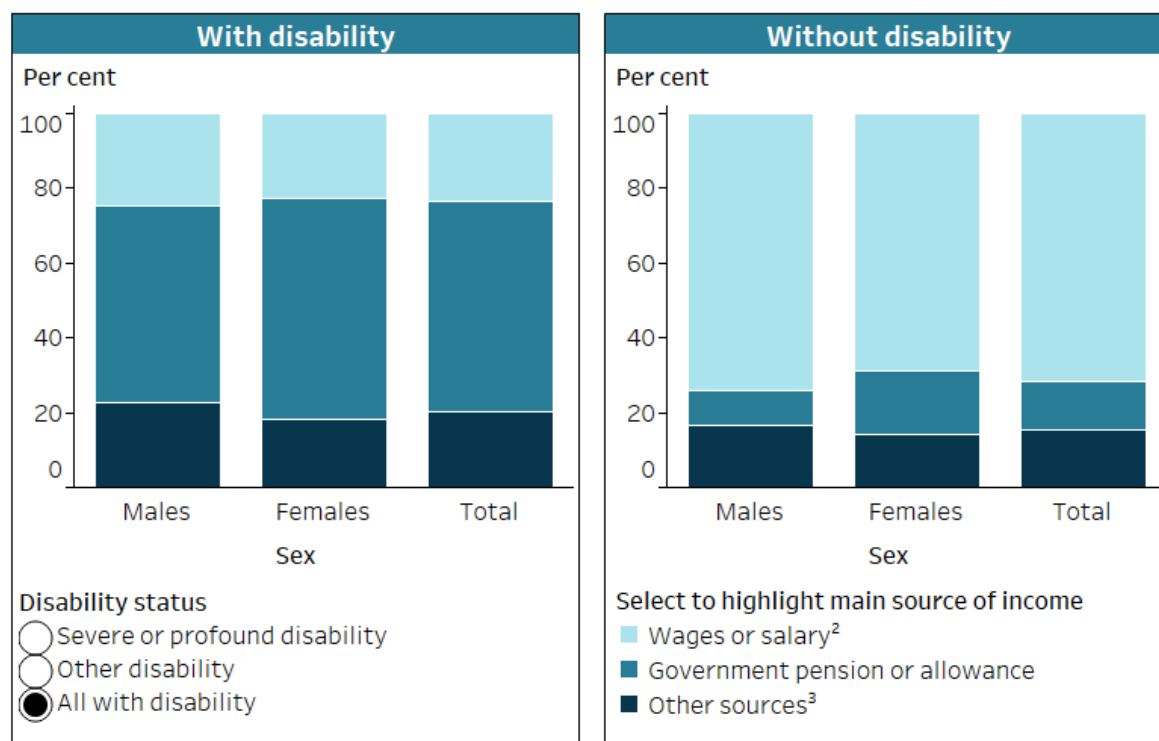
In general, people with disability, especially those with severe or profound disability, are more likely than people without disability to receive a government pension, benefit or allowance and less likely to receive income from salary or wages. Of people aged 15 and over who have a source of income:

- government pension or allowance is the main source of 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 source of income for 24% (or 840,000) with disability, and 9.7% (or 90,000) with severe or profound disability, compared with 71% (or 10.2 million) without disability (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, who have a source of income.

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 2019b; see also tables INCM8 and INCM9.

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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 a government pension or allowance as their main source of income
- people aged 65 and over with disability (3.9% or 66,000) 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), especially those with severe or profound disability (81% or 404,000), are more likely to receive a

government pension or allowance as their main source of income than those without disability (49% or 915,000) (Figure INCOME.2).

Of those aged 15–64 who have a source of income:

- people aged 15–24 with disability (48% or 95,000) 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
- people with disability living in *Major cities* (46% or 549,000) are more likely to receive wages or salary as their main source of income than those in *Inner regional* areas (37% or 165,000), or *Outer regional and remote* areas (33% or 59,000) (ABS 2019b).

How is remoteness defined?

The remoteness categories used in the ABS SDAC are defined by the Australian Statistical Geography Standard Remoteness Structure (ABS 2016) which divides Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Very remote areas are out of scope for SDAC.

The main source of income also varies by disability group for those aged 15–64 with disability who have a source of income:

- 45% (or 168,000) of those with sensory or speech disability receive wages or salary as their main source of income
- 36% (or 431,000) of those with physical disability
- 28% (or 75,000) of those with intellectual disability
- 22% (or 32,000) of those with disability caused by a head injury, stroke or acquired brain injury
- 20% (or 113,000) of those with psychosocial disability (ABS 2019b).

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; these are:

- sensory and speech (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 2019a).

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 gross (before tax) 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 in ['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 a week (FWO 2021). 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 25,000) with severe or profound disability, have a high level of income, compared with 37% (or 4.1 million) without disability (ABS 2019b).

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 15,000) are less likely to have a high level of income than males with other disability (31% or 195,000) (ABS 2019b).

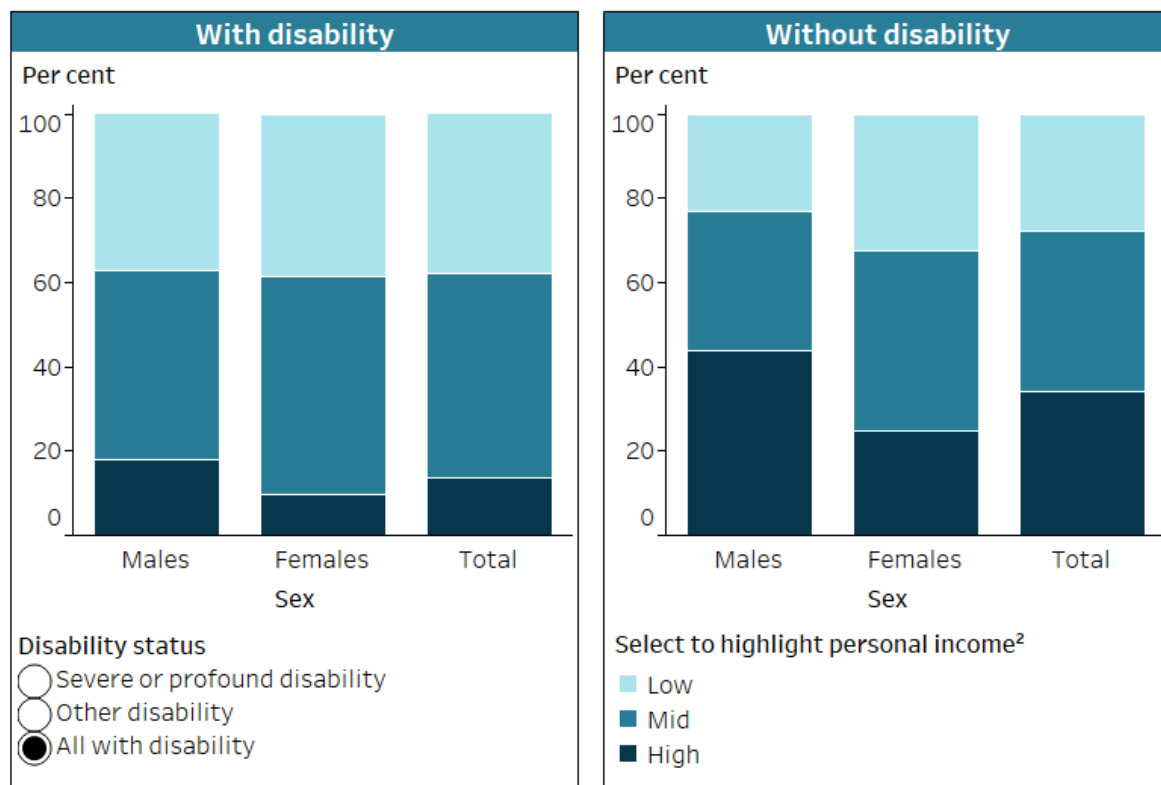
Level of personal income varies by age, sex, remoteness and disability group:

- One in 5 (20% or 348,000) people aged 15–64 with disability have a high level of personal income, compared with 5.9% (or 86,000) of people aged 65 and over.
- Males aged 65 and over with disability (9.4% or 66,000) are more likely to have a high level of personal income than females (2.7% or 21,000).
- 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 75,000) are more likely to have a low level of personal income than those aged 25–64 (44% or 146,000) (Figure INCOME.3).
- People aged 15–64 with disability living in *Major cities* (23% or 262,000) are more likely to have a high level of personal income than those in *Inner regional* areas (15% or 65,000), or *Outer regional and remote* areas (15% or 24,000).
- People aged 15–64 with psychosocial disability (46% or 253,000) or intellectual disability (45% or 125,000) are more likely to have a low level of personal income than those with physical disability (39% or 431,000), disability caused by head injury, stroke or acquired brain injury (38% or 48,000), or sensory or speech disability (34% or 120,000) (ABS 2019b).

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 2019b; see also tables INCM13 and INCM14.

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

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 one or more persons, at least one 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, one 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 one family (ABS 2019a).

Measuring household income

In this section, weekly equivalised income deciles for households are used when comparing household incomes. This is the total gross (before tax) household income adjusted by applying an equivalence scale to compare income levels between households of differing size and composition (ABS 2019a).

The modified Organisation for Economic Co-operation and Development equivalence scale is used in this section (see [ABS SDAC](#) for more information).

In this section,

- low income refers to income deciles 1 to 3 (\$593 or below per week)
- middle or mid-income refers to deciles 4 to 7 (\$594 to \$1,388 per week)
- high income refers to income deciles 8 to 10 (\$1,389 or more per week).

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).

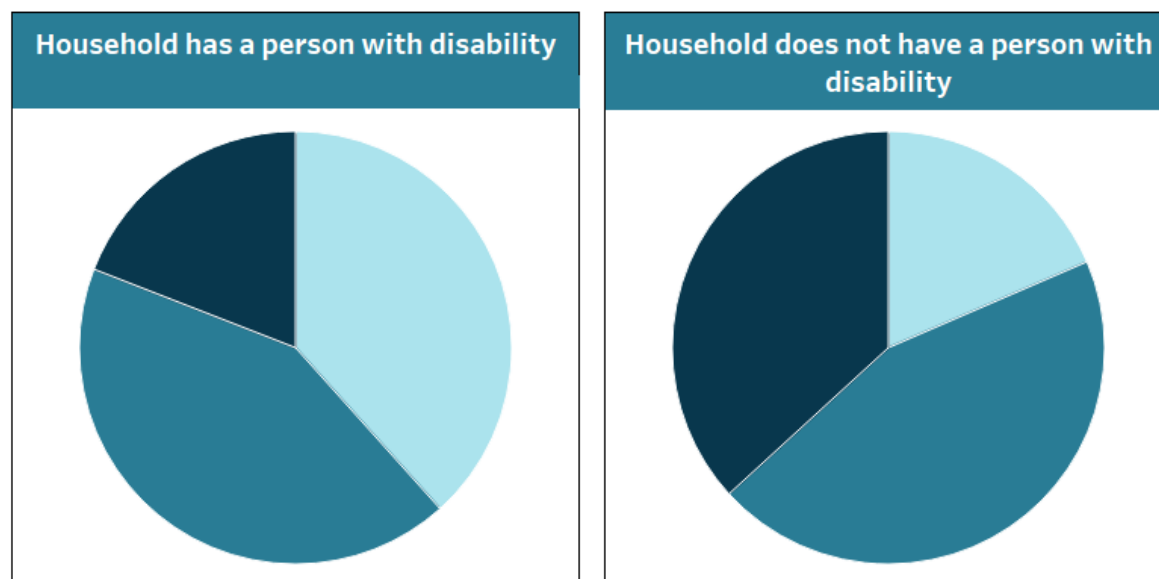
Figure INCOME.4: Weekly equivalised household income¹, by whether the household includes a child with disability or a person with disability or a primary carer, 2018

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.

² Includes 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 2019b; see also Table INCM17.

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

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).

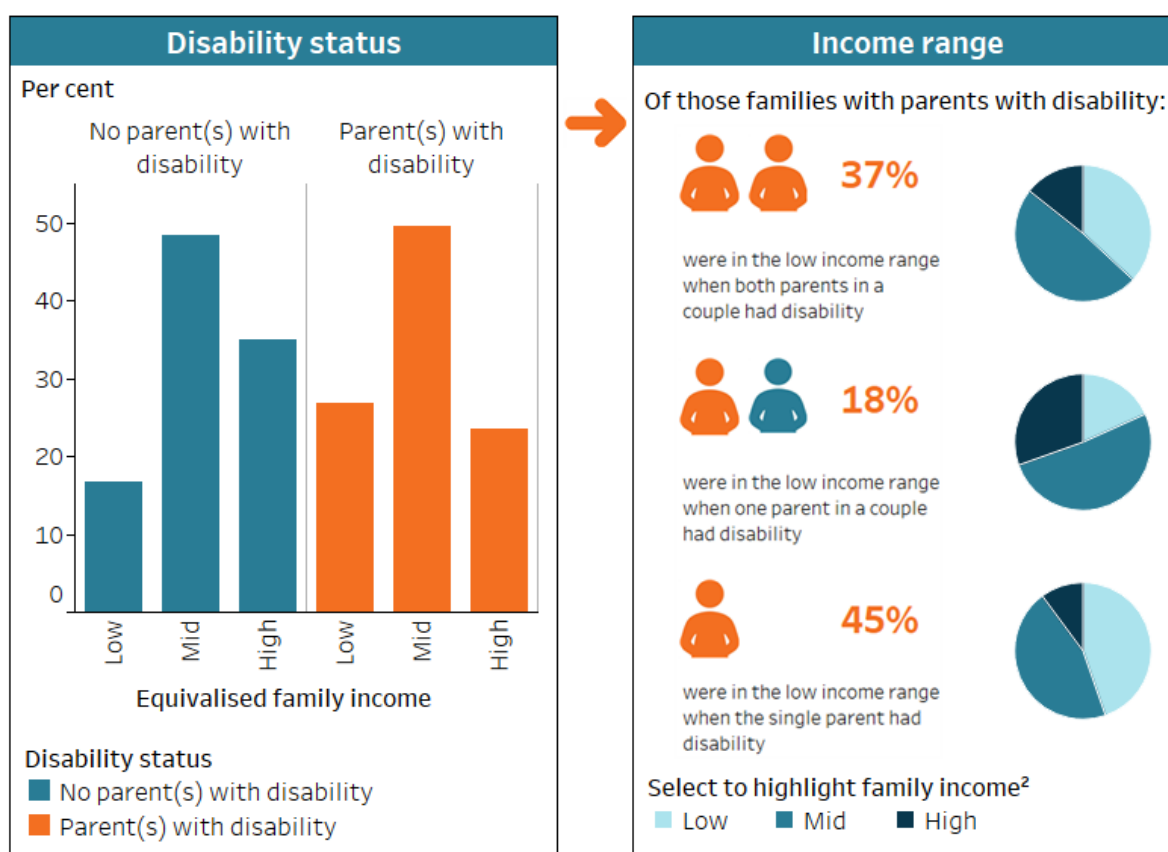
Measuring family income and putting it in context

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 2019b; see also Table INCM18.

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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 one 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 41,000) 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).

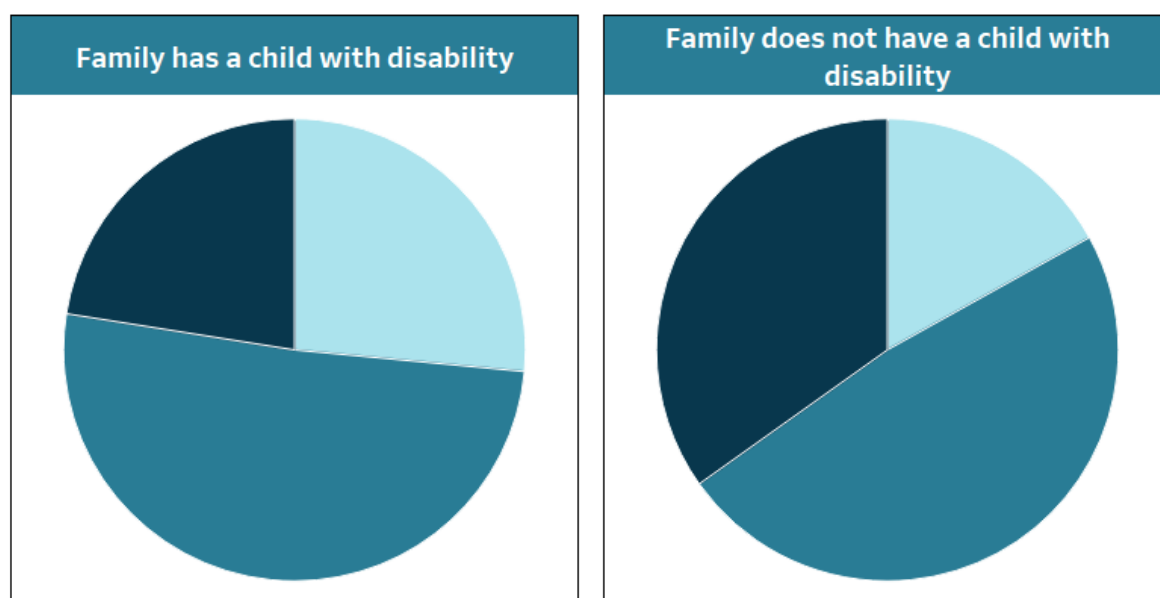
Figure INCOME.6: Weekly equivalised family income¹, by family composition and child disability status, 2018

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 2019b; see also Table INCM19.

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

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 a 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:

- Two in 5 (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 87,000) of those who do not.
- Almost three-quarters (73% or 145,000) of primary carers aged 65 and over who live with the recipient of their care receive a government pension or allowance as their main source of income, compared with 43% (or 13,000) of those who do not (ABS 2019b).

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

** Estimate has a relative standard error greater than 50% and is considered too unreliable for general use.

(a) Aged 15 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.

Note: The values reported in this table exclude people for whom main source of income was recorded as not known or not stated.

Source: ABS 2019b; see also Table INCM21.

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) or 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 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 one or more core activities of mobility, self-care or communication. Primary carers include only people aged 15 and over.

Primary carers aged 15–64 of people with disability are less likely to have a high level of personal income than people in that age group who are not carers:

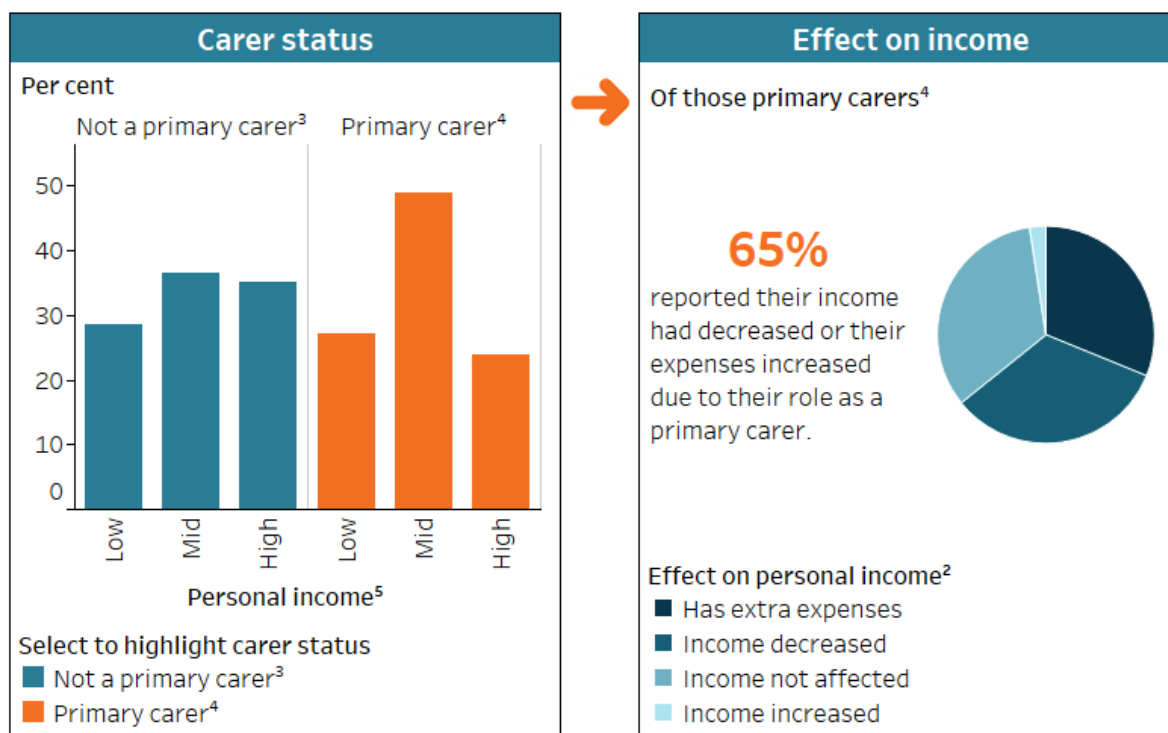
- about one-quarter (27% or 145,000) of primary carers have a low level of personal income, compared with 28% (or 3.6 million) of people who are not primary carers
- half (49% or 262,000) have a mid-level income compared with 36% (or 4.5 million)
- almost one-quarter (24% or 128,000) have a high-level income 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 83,000) than those who do not (37% or 45,000) (ABS 2019b).

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 70,000) who do not live with the recipient of their care (ABS 2019b).

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 2019b; see also tables INCM20 and INCM22.

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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 76,000) 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 income compared with 49% (or 262,000)
- 1 in 14 (7.2% or 14,000) have a high-level income compared with 24% (or 128,000) (ABS 2019b).

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 2019b).

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 19,000) 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).

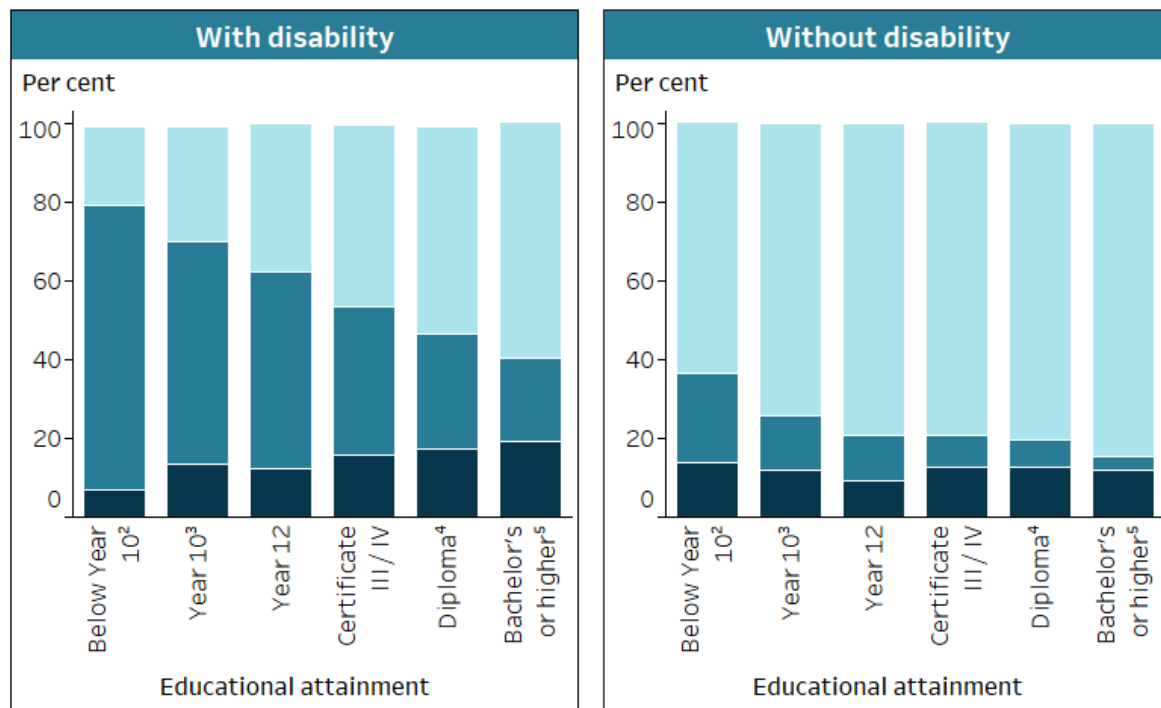
Among people with disability aged 15–64, the proportion of people who have government pension or allowance as their main source of income steadily decreases with increasing educational attainment:

- 7 in 10 (72% or 144,000) who have an education level below year 10 (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 74,000) 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 Certificate I / II, Certificate not further defined, Year 9, and Year 8 or below including never attended school.

³Includes Year 10, and Year 11.

⁴Includes Advanced Diploma and Diploma.

⁵Includes 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 2019b; see also Table INCM23.

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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 9,000) 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:

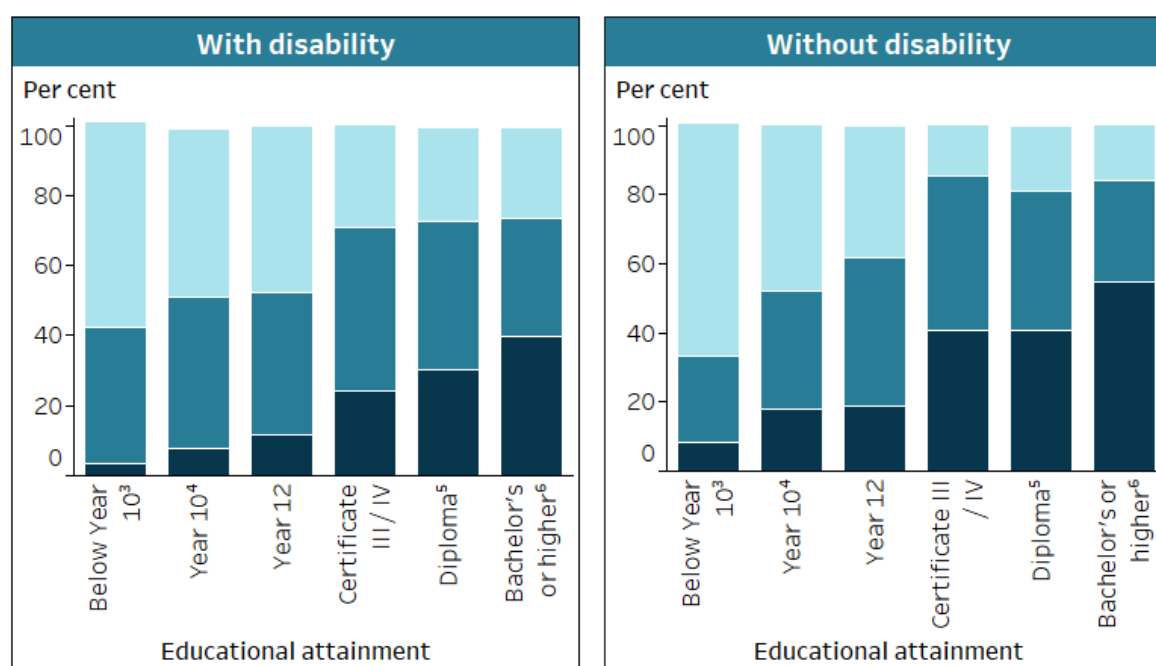
- 3 in 5 (59% or 128,000) who have an education level below year 10 (including those who never attended school) have a low level of personal income

- less than half (47% or 111,000) who completed year 12
- 1 in 4 (26% or 83,000) 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 Certificate I / II, Certificate not further defined, Year 9, and Year 8 or below including never attended school.

⁴Includes Year 10, and Year 11.

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 2019b; see also Table INCM24.

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Government payments

Household, Income and Labour Dynamics in Australia Survey

Data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 and over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017 almost 18,000 people from around 10,000 households participated in the HILDA survey.

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 6 months or more. This is similar to the definition of disability used by the ABS Short Disability Module. In this section people who always or sometimes need help or supervision with at least one core activity because of their disability are referred to as people with 'severe or profound disability'. Core activities include self-care, mobility and communication. People who have a disability but do not always or sometimes need help or supervision with at least one core activity are referred to as people with 'other disability'. The HILDA Survey does not collect information on level of disability in every wave. The most recent collection was in the 17th wave (2017) (Summerfield et al. 2019; Wilkins et al. 2019).

How is remoteness defined?

The remoteness categories used in HILDA are based on the Australian Statistical Geography Standard Remoteness Area framework (Summerfield et al. 2019).

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 HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:

- sensory: includes sight, hearing, and speech problems
- intellectual: includes difficulty learning or understanding things
- physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity
- psychosocial: includes nervous or emotional conditions, and mental illness
- head injury, stroke or other brain damage
- other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions.

Government payments

Government payments are public transfers in the form of pensions, allowances and benefits. Payments available in 2017, at the time of the HILDA Survey 17th wave, included:

- Income support payments
 - ABSTUDY, Age Pension, Austudy, Bereavement Allowance, Carer Payment, Disability Support Pension, Newstart Allowance, Parenting Payment Partnered, Parenting Payment Single, Partner Allowance, Sickness Allowance, Special Benefit, Widow Allowance, Wife Pension, Youth Allowance
 - Department of Veterans' Affairs Disability Pension, Service Pension, War Widow/er's Pension
- Non-income support payments (Mobility Allowance, Carer Allowance, Telephone Allowance, Double Orphan Pension and Australian Government bonus payments)
- Other government payments (Paid Parental Leave, including Dad and Partner Pay) (Summerfield et al. 2019).

Analysis of government payment data in this section is based on self-reported government payments receipt and disability status. Analysis excludes Family Tax Benefit payments.

People with disability aged 15–64 are more likely (39%) to report receiving government payments than those without disability (9.5%). This is especially true for those with severe or profound disability, of whom 65% receive government payments. Older people are more likely to receive government payments. Four in 5 (80%) people with disability aged 65 and over receive government payments compared with about 3 in 5 (63%) of those without disability. Of people with disability aged 15–64:

- males (38%) and females (40%) are about as likely to report receiving government payments
- those living in *Major cities* are less likely (36%) than those living in *Inner regional* (44%), or *Outer regional, remote and very remote* areas (52%)
- those with intellectual disability are most likely to report receiving government payments (67%)
- those with psychosocial disability are more likely (58%) than those with sensory (43%) or physical disability (42%) (DSS and MIAESR 2019).

Almost one-third (31%) of people with disability aged 15–64 who report receiving government payments receive \$400 or more per week, compared with 15% of those without disability. Of people with disability aged 15–64 who report receiving government payments:

- females are more likely (24%) to receive lower payments (of less than \$200 per week) than males (15%)
- those in *Major cities* are less likely (27%) to receive higher payments (of \$400 or more per week) than those in *Inner regional* areas (36%) (DSS and MIAESR 2019).

The Disability Support Pension (DSP) is the most common payment type reported by people with disability aged 15–64 who receive government payments (45%) (Figure INCOME.10). This differs by age group and disability level:

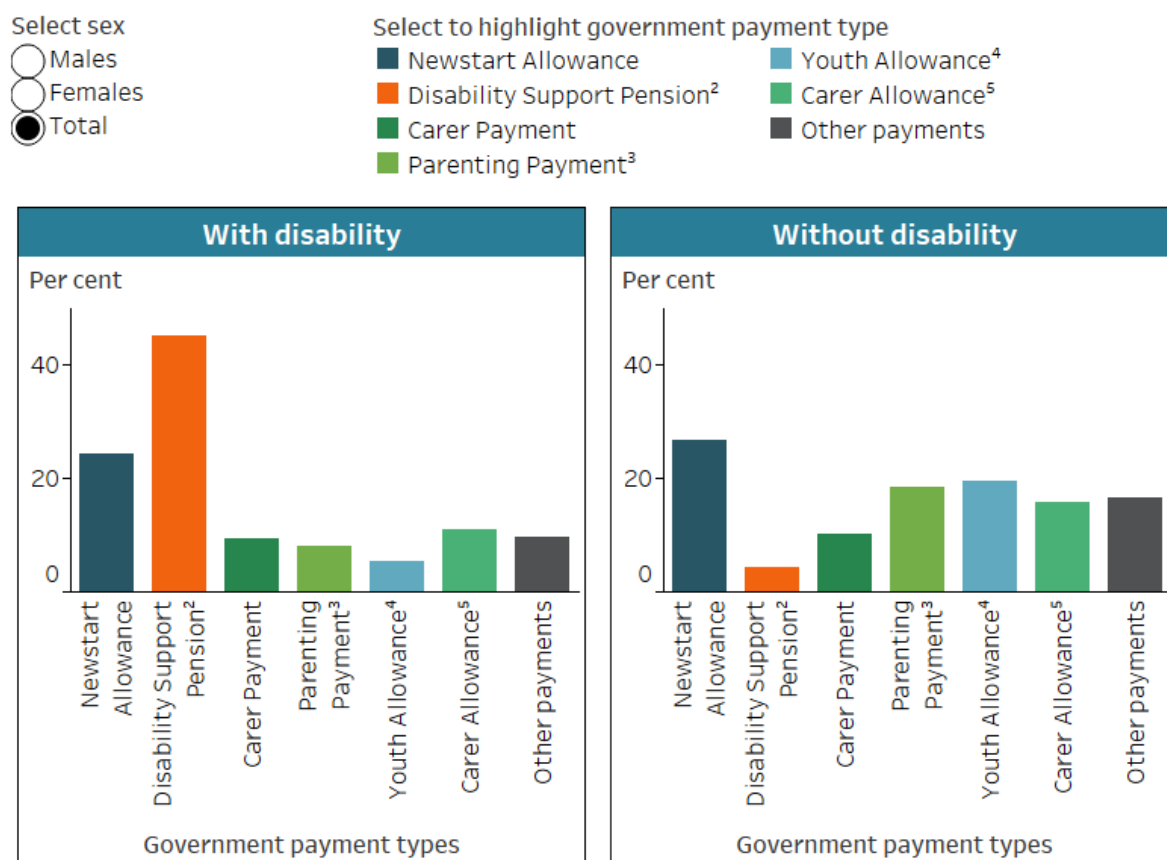
- those aged 25–44 are less likely (36%) to receive the DSP than those aged 45–64 (55%)
- those with severe or profound disability are more likely (72%) to receive DSP than those with other disability status (39%)
- 71% of those with intellectual disability, 60% of those with sensory disability, 50% of those with psychosocial disability and 49% of those with physical disability receive DSP (DSS and MIAESR 2019).

Other common payment types reported by people with disability aged 15–64 differ by sex:

- males were more likely (32%) to receive Newstart Allowance in 2017 than females (17%)
- females are more likely to receive Carer Allowance (15%) or Carer Payment (13%) than males (5.5% and 5.2% respectively) (Figure INCOME.10).

Of people with disability aged 65 and over who report receiving government payments, 89% receive Age Pension, 5.5% receive Carer Allowance, 3.6% receive Carer Payment, 2.3% receive DSP and 1.9% receive Disability Pension paid by the Department of Veterans' Affairs (DSS and MIAESR 2019).

Figure INCOME.10: Government payment types¹ for people aged 15–64 who report currently receiving government payments, by sex and disability status, 2017



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

¹Income from the government in the form of benefits, pensions or allowances, excluding Family Tax Benefit payments.

²Paid by Centrelink.

³Does not include Family Tax Benefit payments.

⁴Includes Youth Allowance as a full-time student or Australian Apprentice and Youth Allowance as a job seeker.

⁵Income supplement to assist carers.

Note: Numbers in this Figure are based on self-reported government payment receipt and disability status.

Source: DSS & MIAESR 2019; see also Table INCM35.

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Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

This report: '[Employment](#)' and '[Education and skills](#)' of people with disability.

People with disability who need help with living costs may access government payments (see '[Income support](#)'). This includes disability-specific payments (such as the Disability Support Pension) and other mainstream payments (such as JobSeeker Payment).

References

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Finances

Key findings

- 42% of people with disability aged 15–64 are not satisfied with their financial situation (24% without disability).
- 22% of people with disability aged 15–64 would not be able to raise \$3,000 in a week for an emergency (10% without disability).
- 7.7% of people with disability aged 15–64 went without meals due to a shortage of money (2.4% without disability).

People with disability tend to be worse off financially than those without disability. This can affect their ability to raise funds in an emergency, pay bills or buy food. Some people with disability have to seek help from friends, family or welfare and community organisations because of financial problems.

Household, Income and Labour Dynamics in Australia Survey

Data in this section are sourced from the Household, Income and Labour Dynamics in Australia (HILDA) Survey. The HILDA Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 and over are invited to participate in a personal face-to-face interview. This section presents cross-sectional analyses of the 17th wave (2017). In 2017 almost 18,000 people from around 10,000 households participated in the HILDA survey.

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 6 months or more. This is similar to the definition of disability used by the ABS Short Disability Module. In this section people who always or sometimes need help or supervision with at least one core activity because of their disability are referred to as people with 'severe or profound disability'. Core activities include self-care, mobility and communication. People who have a disability but do not always or sometimes need help or supervision with at least one core activity are referred to as people with 'other disability'. The HILDA Survey does not collect information on level of disability in every wave. The most recent collection was in the 17th wave (2017) (Summerfield et al. 2019; Wilkins et al. 2019).

Self-Completion Questionnaire

In addition to personal face-to-face interviews, survey participants are asked to complete a self-completion questionnaire. The questionnaire covers sensitive questions some people may not feel entirely comfortable answering in a face-to-face interview, such as prosperity, ability to raise emergency funds and stressful financial events.

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 HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:

- sensory: includes sight, hearing, and speech problems
- intellectual: includes difficulty learning or understanding things
- physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity
- psychosocial: includes nervous or emotional conditions, and mental illness
- head injury, stroke or other brain damage
- other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions.

Prosperity

Prosperity

HILDA survey participants are asked to assess their own and their family's prosperity given their current needs and financial responsibilities.

Almost 2 in 5 (38%) people with disability aged 15–64 describe their prosperity as just getting along and nearly 1 in 10 (8.7%) as poor or very poor, compared with 24% and 2.2% of those without disability. People with disability aged 25–64 are more likely to just get along (39%) or be poor or very poor (9.4%) than those aged 15–24 (28% and 4.1% respectively) or 65 and over (26% and 3.7% respectively). Of people aged 15–64 with disability:

- those with severe or profound disability are more than twice as likely (19%) to rate themselves as poor or very poor compared with those with other disability status (7.3%)
- those in *Major cities* are more likely (14%) to feel prosperous or very comfortable than those in *Inner regional* (10%), or *Outer regional, remote and very remote* areas (8.6%) (DSS and MIAESR 2019a).

How is remoteness defined?

The remoteness categories used in HILDA are based on the Australian Statistical Geography Standard Remoteness Area framework (Summerfield et al. 2019).

Satisfaction with financial situation

Satisfaction with financial situation

In 2017, HILDA survey participants were asked to rate their satisfaction with their financial situation on a 0–10 scale. Ten represents the highest level of satisfaction and 0 the lowest (DSS and MIAESR 2019a). In this analysis, people who indicate a satisfaction level between 0 and 5 are referred to as not being satisfied.

People with disability aged 15–64 are more likely (42%) to be not satisfied with their financial situation than those without disability (24%). Older people with disability (aged 65 and over) are less likely (24%) to be not satisfied than those with disability aged 15–64, but more likely than older people without disability (11%). Of those with disability aged 15–64:

- males are about as likely (43%) to be not satisfied with their financial situation as females (41%)
- those with severe or profound disability are more likely to be not satisfied (56%) than those with other disability status (40%)
- those with intellectual or psychosocial disability are more likely (57% and 58% respectively) to be not satisfied than those with sensory (43%) or physical disability (46%) (DSS and MIAESR 2019a).

Ability to raise emergency funds

What is meant by raising emergency funds?

Raising emergency funds is defined as being able to raise \$3,000 for an emergency within one week.

Having to raise \$3,000 for an emergency within one week could be a problem for many people with disability:

- 22% of people with disability aged 15–64 would not be able to raise emergency funds
- 12% would have to take drastic action, such as selling an important possession
- 20% would have to make sacrifices, such as reduce spending or selling a possession

- 45% could easily raise emergency funds.

Those without disability are more likely (59%) to be able to easily raise emergency funds (DSS and MIAESR 2019a).

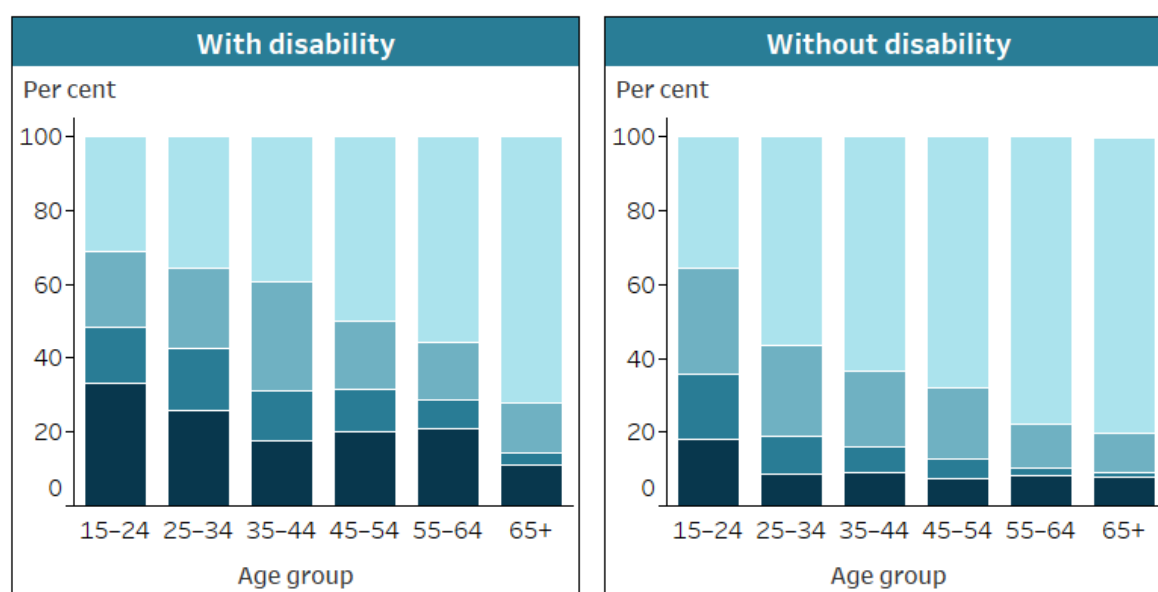
The ability to raise emergency funds increases by age. People with disability aged 65 and over are more than twice as likely (72%) to be able to easily raise emergency funds than those aged 15–24 (31%) (Figure FINANCES.1). Of people aged 15–64 with disability:

- those with severe or profound disability are less likely (28%) to be able to easily raise emergency funds than those with other disability status (47%)
- males (45%) are about as likely as females (45%)
- those in *Major cities* are more likely (49%) than those in *Inner regional* areas (36%)
- those with intellectual disability are least likely (20%) to be able to easily raise emergency funds
- people with psychosocial disability are less likely (31%) than those with sensory (46%) or physical disability (44%) (DSS and MIAESR 2019a).

Figure FINANCES.1: Ability to raise emergency funds¹, by disability status and age group, 2017

Select to highlight

- Could easily raise emergency funds
- Could raise emergency funds with sacrifices²
- Could raise emergency funds with drastic action³
- Could not raise emergency funds



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

¹Raise \$3,000 for an emergency within one week.

²Includes sacrifices like reduced spending or selling a possession.

³Includes drastic actions like selling an important possession.

Source: DSS & MIAESR 2019a; see also Table FIN11.

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Financial stress

Financial stress

People are classified as in financial stress if they have experienced at least 2 out of 7 stressful financial events in recent months because of a shortage of money. Indicators for financial stress include:

- could not pay electricity, gas or telephone bills on time
- could not pay the mortgage or rent on time
- pawned or sold something
- went without meals
- were unable to heat home
- asked for financial help from friends or family
- asked for help from welfare/community organisations (Wilkins et al. 2019).

People who did not complete the self-completion questionnaire for all 7 stressful financial events were excluded from this analysis.

People with disability aged 15–64 are more than twice as likely (20%) to have experienced financial stress in the current year as those without disability (8.8%). People with disability aged 65 and over are less likely (6.0%) to have experienced financial stress than people with disability aged 15–64, but more likely than people without disability aged 65 and over (2.6%). Of those aged 15–64 with disability:

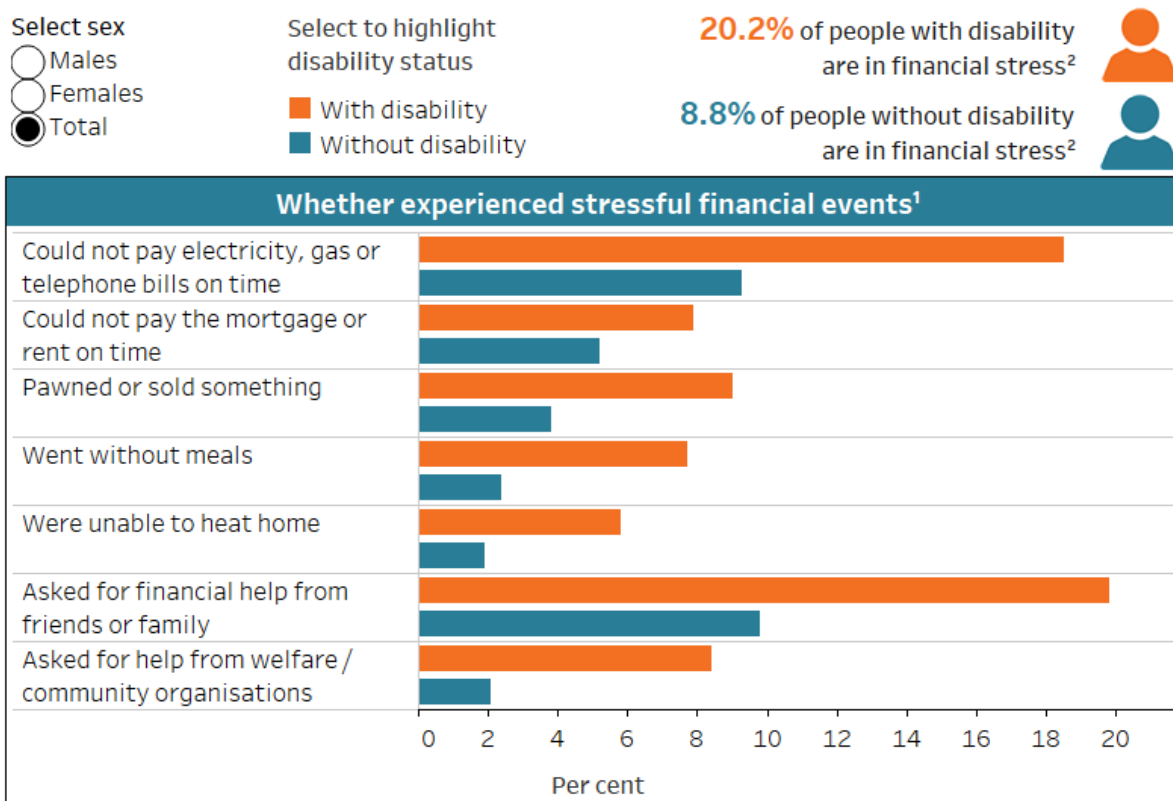
- males are about as likely (21%) to have experienced financial stress as females (19%)
- those aged 25–44 are more likely (26%) to have experienced financial stress than those aged 15–24 (15%) or 45–64 (17%)
- those with psychosocial disability are more likely (33%) than those with sensory (18%) or physical disability (22%) (DSS and MIAESR 2019a).

People with disability aged 15–64 are more likely to have experienced stressful financial events because of a shortage of money in the current year than those without disability:

- 1 in 5 (20%) of those with disability asked for financial help from friends or family, compared with 9.8% of those without disability
- nearly 1 in 5 (18%) could not pay electricity, gas or telephone bills on time, compared with 9.3%
- almost 1 in 10 (9.0%) pawned or sold something, compared with 3.8%
- 1 in 12 (8.4%) asked for help from welfare or community organisations, compared with 2.1%

- almost 1 in 12 (7.9%) could not pay the mortgage or rent on time, compared with 5.2%
- 1 in 13 (7.7%) went without meals, compared with 2.4%
- 1 in 18 (5.8%) were unable to heat their home, compared with 1.9% (Figure FINANCES.2).

Figure FINANCES.2: Whether people aged 15–64 experienced stressful financial events¹, by sex and disability status, 2017



¹In the current calendar year.

²Experienced at least 2 out of 7 stressful financial events in the current calendar year.

Note: This analysis is restricted to people who responded to all 7 financial stress events questions.

Source: DSS & MIAESR 2019a; see also tables FIN14 and FIN18.

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Motor vehicles

Motor vehicle ownership

This section presents data from the 18th wave (2018) of the HILDA Survey. As part of the Material Deprivation Module, one member of each responding household was asked whether the household had a motor vehicle, and if not, whether it was because they could not afford it (Summerfield et al. 2019; Wilkins et al. 2019).

In 2018, most people with disability (92%) had a motor vehicle in their household. Not having access to a motor vehicle can make it harder for people to get to places they need to go to. However, people with disability are more likely to live in households that have no motor vehicle than those without disability:

- 7.0% of people with disability aged 15–64 live in households without a motor vehicle (compared with 3.3% of those without disability)
- 9.7% of people with disability aged 65 and over (compared with 4.7% of those without disability).

More than 2 in 5 (43%) people with disability aged 15–64 who do not have a motor vehicle in their household say that it is because they cannot afford it (DSS and MIAESR 2019b).

Where can I find out more?

[Data tables](#) for this report.

[The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 17](#)

[The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 18](#)

References

DSS (Department of Social Services) and MIAESR (Melbourne Institute of Applied Economic Social Research) (2019a) *The Household, Income and Labour Dynamics in Australia (HILDA) Survey, general release 18 (wave 17)*, doi:[10.26193/IYBXHM](https://doi.org/10.26193/IYBXHM), Australian Data Archive (ADA) Dataverse, AIHW analysis of unit record data, accessed 20 December 2021.

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Income support

Key findings

- 1 in 5 (21%) of all income support payment recipients aged 16–64 received the Disability Support Pension (DSP) at June 2020.
- 1 in 25 (4.0%) people aged 16–64 received DSP at June 2020, including 1 in 10 (9.7%) Indigenous Australians.
- 4 in 5 (81%) DSP recipients aged 16–64 have received it for at least 5 years, and 3 in 5 (56%) for 10 or more years at June 2020.

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 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
- 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
- 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 section 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). For analysis of government payments received by people with disability, see also ['Government payments'](#).

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.

At June 2020 around 13,500 people received the Mobility Allowance – down from 16,800 at June 2019, 32,800 at June 2018, 45,200 at June 2017 and 60,000 at June 2016 (DSS 2020a).

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
- Child Disability Assistance Payment – an annual payment for those receiving Carer Allowance for a child

At June 2020, around:

- 41,200 children aged under 16 qualified their carer for Carer Payment, compared with 130,000 people aged 16–64 and 120,000 people aged 65 and over
- 181,000 children aged under 16 qualified their carer for Carer Allowance, compared with 224,000 people aged 16–64 and 271,000 people aged 65 and over
- 639,000 carers received Carer Supplement
- 158,000 carers received Child Disability Assistance Payment (DSS 2020a, 2021a).

Centrelink data

Disability Support Pension (DSP) data in this section are sourced from unpublished data provided by the Department of Social Services (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.

The size of the DSP population

Around 754,000 people aged 16 and over received the DSP at 26 June 2020 (3.7% of the Australian population in this age group). Of these, the vast majority (88%) were aged 16–64 (660,000 or 4.0% of the Australian population in this age group).

The DSP is one of Australia's largest income support payments for people of working age. Recipients aged 16–64 account for more than 1 in 5 (21%) of all income support payment recipients aged 16–64, the second largest payment type after unemployment benefits for this age group.

Disability Support Pension recipients aged 65 and over

While this section focuses on DSP recipients aged 16–64, a small proportion (12%) are aged 65 and over (at 26 June 2020). This box looks at these recipients.

The number of people aged 65 and over receiving DSP is relatively small (93,800 or 2.2% 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 6,200) in 2005 to 0.6% (or 16,500) in 2010, 1.2% (or 41,200) in 2015, and 2.2% (or 93,800) in 2020.

The numbers of men and women aged 65 and over receiving DSP were similar in 2020 (47,000 and 46,800 or 2.4% and 2.1% of the population aged 65 and over respectively).

The vast majority of those aged 65 and over receiving DSP were aged 65–69 (70% or 32,900 of females aged 65 and over receiving DSP, 68% or 31,700 of males).

The proportion of income support recipients receiving DSP declines with age, from 10% (or 64,600) of income support recipients aged 65–69 to 2.9% (or 21,400) aged 70–74.

Changes over time in DSP

Changes over time in DSP can be seen in overall numbers and as a proportion of:

- the Australian population
- income support recipients.

Key changes to income support eligibility that affect DSP

Between 2000 and 2020, 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 a 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 a 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 60 in 1995 at the rate of 6 months every 2 years and reached 65 in 2013, the same qualifying age as for males. From 1 July 2017, the pension qualifying age for males and females rose again by 6 months every 2 years from 65, increasing from 66 on 1 July 2019 until it reaches 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, Newstart Allowance (NSA) and JobSeeker Payment

Around 754,000 people received the DSP in June 2020 and around 1.4 million received the JobSeeker Payment (DSS, 2021a). 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 steadily increased until June 2019. In June 2020, the proportion of JobSeeker Payment recipients with partial capacity was lower than the proportion of NSA recipients in 2019, but the total number increased, most likely due to the impact of COVID-19 on the total number of JobSeeker recipients:

- 26% (or 181,000) in June 2014 (NSA)
- 31% (or 230,000) in June 2016 (NSA)
- 42% (or 289,000) in June 2019 (NSA)
- 25% (or 366,000) on 26 June 2020 (JobSeeker Payment) (DSS 2021a).

Numbers of recipients

Overall, the number of DSP recipients aged 16–64 grew by 7.2% over the 2 decades to 2020. From about 623,000 in 2001 the number reached a peak of around 802,000 in 2012 (29% increase), then steadily declined to 660,000 in 2020 (18% decrease between 2012 and 2020).

This trend varied by sex. For example:

- female DSP recipients
 - increased by 60% from 232,000 in 2001 to 373,000 in 2012
 - decreased by 18% from 373,000 in 2012 to 305,000 in 2020
- male DSP recipients
 - increased by 11% from 391,000 in 2001 to 433,000 in 2011
 - decreased by 18% from 433,000 in 2011 to 355,000 in 2020

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
 - decreased by 14% from 55,900 in 2014 to 47,800 in 2020
- DSP recipients aged 25–49
 - increased by 24% from 247,000 in 2001 to 307,000 in 2012
 - decreased by 17% from 307,000 in 2012 to 256,000 in 2020
- DSP recipients aged 50–64
 - increased by 31% from 336,000 in 2001 to 440,000 in 2012
 - decreased by 19% from 440,000 in 2012 to 356,000 in 2020.

Proportion of the Australian population

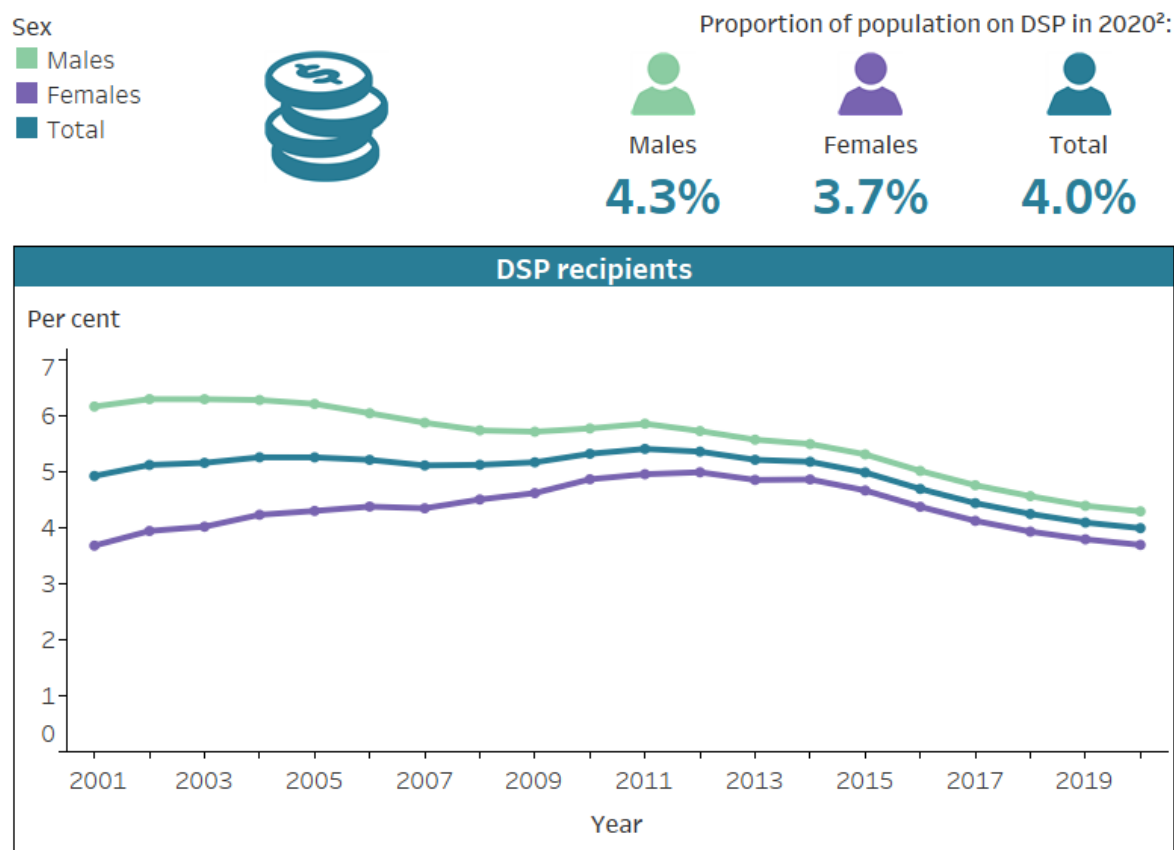
When accounting for population growth, the proportion of the Australian population aged 16–64 receiving DSP remained relatively stable, increasing slightly from 2001 to 2011 (4.9% or 623,000 to 5.4% or 798,000) and then decreasing to 4.0% (or 660,000) in 2020.

This trend differs for males and females:

- The proportion of males aged 16–64 receiving DSP steadily declined from 6.2% (or 391,000) in 2001 to 4.3% (355,000) in 2020.
- The proportion of females aged 16–64 receiving DSP
 - increased from 3.7% (or 232,000) in 2001 to 5.0% (or 373,000) in 2012
 - decreased to 3.7% (or 305,000) in 2020 (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 coincided 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, 2001–2020



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 26 June 2020.

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

Between 2001 and 2019 there was an overall increase in the proportion of income support recipients aged 16–64 receiving DSP – from 23% (or 623,000) in 2001 to a peak of 32% (or 802,000) in 2012, declining to 30% (or 668,000) in 2019. In 2020, the proportion of DSP recipients decreased to 21% (or 660,000), mainly because of an increase in the number of recipients of other income support payments caused by the impacts of COVID-19.

The rate of increase has been steeper for females than males:

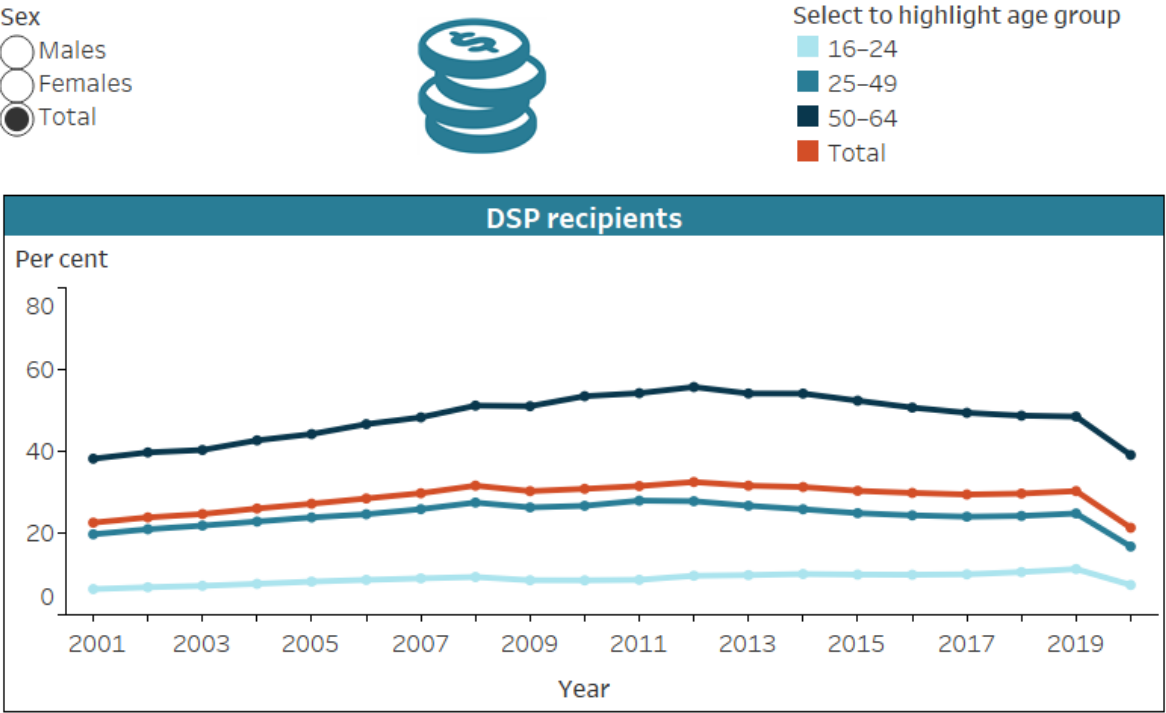
- The proportion of female income support recipients on DSP almost doubled between 2001 and 2012, rising from 14% (or 232,000) in 2001 to 26% (or 373,000) in 2012, before declining to 24% (or 345,000) in 2016 and to 18% (or 305,000) in 2020.
- The proportion of male income support recipients on DSP increased steadily, from 34% (or 391,000) in 2001 to 45% (or 405,000) in 2008, before declining to 39% (or 358,000) in 2019 and 25% (355,000) in 2020.

The rapid growth in female income support recipients receiving DSP from 2001 to 2014 was largely driven by the mature-aged population (aged 50–64), with the proportion of females receiving DSP more than doubling in this age group from 22% (or 117,000) in 2001 to 48% (or 218,000) in 2014. The proportion then declined to 36% (or 177,000) in 2020. This compares with a small increase from 62% (or 220,000) in 2001 for males aged 50–64 to 71% (or 220,000) in 2008 and then a decrease to 43% (or 180,000) in 2020.

These differing rates of increase have 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 that for females. It reduced to 1.2 times as high in 2020 (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 coincided with decreasing proportions receiving the Age Pension and payments closed to new entrants.

Figure SUPPORT.2: Proportion of income support population aged 16–64 receiving DSP, by sex and age group, 2001–2020



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 and SUPP3.
<http://www.aihw.gov.au>

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 included:

- 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 a fortnight until 31 December 2020 then \$150 a fortnight to 31 March 2021) to recipients of some payments, allowances and benefits, including JobSeeker Payment and Youth Allowance but not DSP
- payment of 2 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 2020b).

In June 2021, the COVID-19 Disaster Payment was announced for those whose income was affected by state and territory government restrictions on movement or lockdowns following COVID-19 outbreaks. People receiving an income support payment and in lockdown could claim the payment of \$200 a week (Parliamentary Library 2021).

Increases in recipients of JobSeeker Payment and Youth Allowance (other)

From March 2020 to June 2020, the number of people receiving JobSeeker Payment increased by 82%, from 793,000 to 1.4 million, then decreased by 8.1% to 1.3 million in December 2020 and by 24% to 1.0 million in June 2021. In the same period, the number of people receiving Youth Allowance (other) increased by 85% from 93,400 to 173,000 in June 2020, then decreased by 13% to 150,000 in December 2020 and by 28% to 108,000 in June 2021 (DSS 2021b).

The large increase in 2020 in the total income support payment population due to COVID-19 affects 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 and 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.

More information

For information on receipt of COVID-19 economic stimulus payments by people with disability, see [‘Income and housing’](#).

For more information see [JobSeeker Payment](#), [Coronavirus Supplement](#), [COVID-19 Impact on DSP and CP and JobKeeper Recipients](#), [Australian Government COVID-19 disaster payments](#).

Characteristics of DSP recipients

This section examines the demographic characteristics and income support attributes of DSP recipients aged 16–64.

Age and sex

DSP recipients are typically in older age groups (at 26 June 2020):

- more than half (54% or 356,000) are aged 50–64
- 39% (or 256,000) are aged 25–49
- 7.2% (or 47,800) are aged 16–24.

The proportion of DSP recipients in these age groups varies by sex:

- 3 in 5 (58% or 177,000) female DSP recipients are aged 50–64, compared with 51% (or 180,000) of males
- 36% (or 111,000) of female DSP recipients are aged 25–49, compared with 41% (or 145,000) of males
- 5.7% (or 17,300) of female DSP recipients are aged 16–24, compared with 8.6% (or 30,500) of males.

One in 12 (7.8%, or 356,000) 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% or 256,000 and 1.6% or 47,800 respectively) (Figure SUPPORT.3).

Males aged 16–64 were more likely to receive DSP than females – 4.3% (or 355,000) and 3.7% (or 305,000) respectively.

Relationship (partner) status

Eight in 10 (80% or 529,000) DSP recipients aged 16–64 reported their partner status as single (at 26 June 2020):

- 81% (or 289,000) of males
- 79% (or 240,000) of females (Figure SUPPORT.3).

This proportion decreased with age of the DSP recipient:

- almost all (98% or 46,600) aged 16–24 reported their partner status as single
- 86% (or 220,000) aged 25–49
- 74% (or 262,000) aged 50–64.

Aboriginal and Torres Strait Islander people

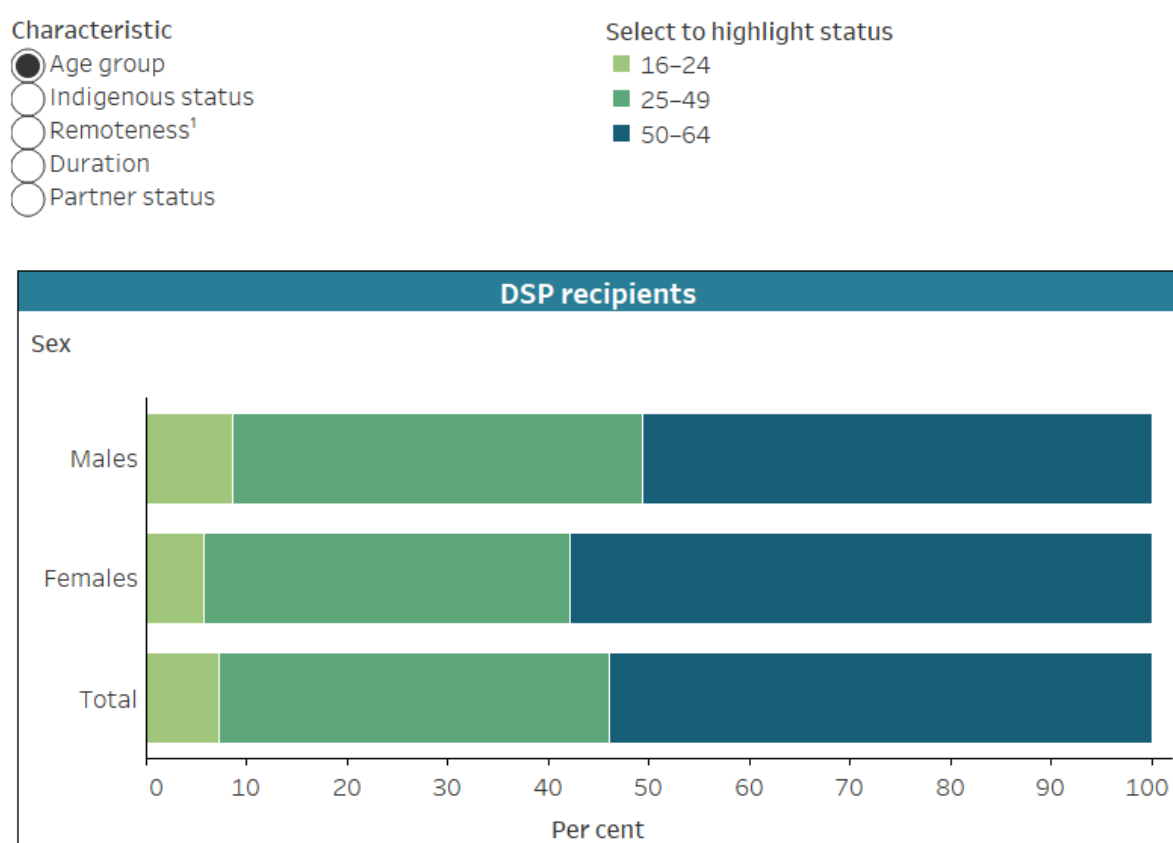
At 26 June 2020, 49,900 Aboriginal and Torres Strait Islander people aged 16–64 were receiving DSP. A higher proportion of Indigenous Australians aged 16–64 receive DSP than non-Indigenous Australians:

- 9.7% (or 49,900) of Indigenous Australians aged 16–64 receive DSP, compared with 3.8% (or 610,000) of non-Indigenous Australians.

One in 13 (7.6%) DSP recipients aged 16–64 are Indigenous Australians (Figure SUPPORT.3). The proportion of DSP recipients aged 16–64 who are Indigenous Australians is about the same for males (7.5% or 26,700) and females (7.6% or 23,300).

The proportion of DSP recipients who are Indigenous (7.6%) is higher than the proportion of the total Australian population aged 16–64 who are Indigenous (3.1% or 517,000). For more information about income support for Indigenous Australians, see AIHW (2019).

Figure SUPPORT.3: Characteristics of DSP recipients aged 16–64, by sex, 26 June 2020



¹Excludes 1,299 females with missing remoteness information and 1,869 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>

Primary medical condition

The most common primary medical conditions of DSP recipients aged 16–64 at 26 June 2020 were:

- psychological or psychiatric conditions (37% or 246,000)
- musculoskeletal and connective tissue conditions (18% or 116,000)
- intellectual or learning conditions (17% or 109,000) (Figure SUPPORT.4).

What is meant by primary medical condition?

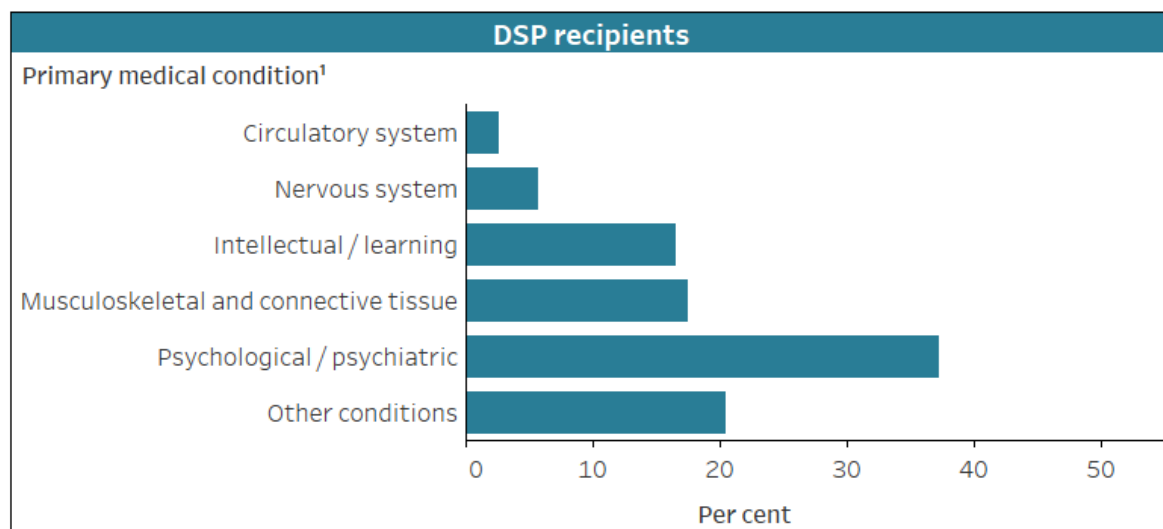
Data on the medical conditions of DSP recipients are recorded by primary medical condition. Twenty-one primary medical condition classification groups each cover a number of individual medical conditions. The medical condition with the highest impairment rating determines under which primary medical condition a recipient is recorded.

Figure SUPPORT.4: Primary medical conditions¹ of DSP recipients², by age group and sex, 26 June 2020

Age group
Total



Sex
○ Males
○ Females
● Total



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 SUPP9.

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

The most common primary medical conditions vary by age. For DSP recipients:

- aged 16–24
 - almost half (48% or 22,800) have intellectual or learning conditions
 - 1 in 3 (34% or 16,200) have psychological or psychiatric conditions
 - 1 in 100 (1.0% or 463) have musculoskeletal and connective tissue conditions
- aged 25–54
 - 1 in 5 (20% or 71,200) have intellectual or learning conditions
 - 2 in 5 (43% or 149,000) have psychological or psychiatric conditions
 - 1 in 10 (11% or 39,200) have musculoskeletal and connective tissue conditions
- aged 55–64
 - 1 in 17 (5.8% or 15,300) have intellectual or learning conditions
 - 3 in 10 (31% or 80,400) have psychological or psychiatric conditions
 - 3 in 10 (29% or 76,000) 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 64,300) to have intellectual or learning conditions than females (15% or 45,000). However, in the 16–24 age group males are less likely (46% or 14,100) to have these conditions than females (50% or 8,690).
- Male DSP recipients aged 16–64 are more likely (38% or 136,000) to have psychological or psychiatric conditions than females (36% or 110,000). However, in the 55–64 age group males are less likely (29% or 38,000) to have these conditions than females (32% or 42,400) (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 26 June 2020:

- 1 in 8 (12% or 80,200) DSP recipients aged 16–64 received a part-rate payment. This was similar for males (12% or 41,800) and females (13% or 38,400).
- 1 in 13 (7.5% or 49,700) declared earnings. This was similar for males (7.9% or 28,200) and females (7.0% or 21,500).

Duration on DSP

Most DSP recipients had been on the DSP for several years. At 26 June 2020:

- more than 4 in 5 (81% or 536,000) DSP recipients aged 16–64 had been on DSP for at least 5 years
- more than half (56% or 373,000) for 10 or more years.

People receiving DSP also tend to be long-term income support recipients:

- 9 in 10 (88% or 663,000) had been receiving income support payments for at least 5 years
- 7 in 10 (70% or 527,000) for 10 or more years.

This contrasts with other income support payments:

- 3 in 5 (58% or 828,000) JobSeeker Payment recipients had been receiving income support payments for less than one year, compared with 2.4% (or 18,200) of DSP recipients
- 1 in 5 (21% or 307,000) JobSeeker Payment recipients had been receiving income support payments for at least 5 years
- 1 in 10 (10% or 145,000) JobSeeker Payment recipients had been receiving income support payments 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 Database

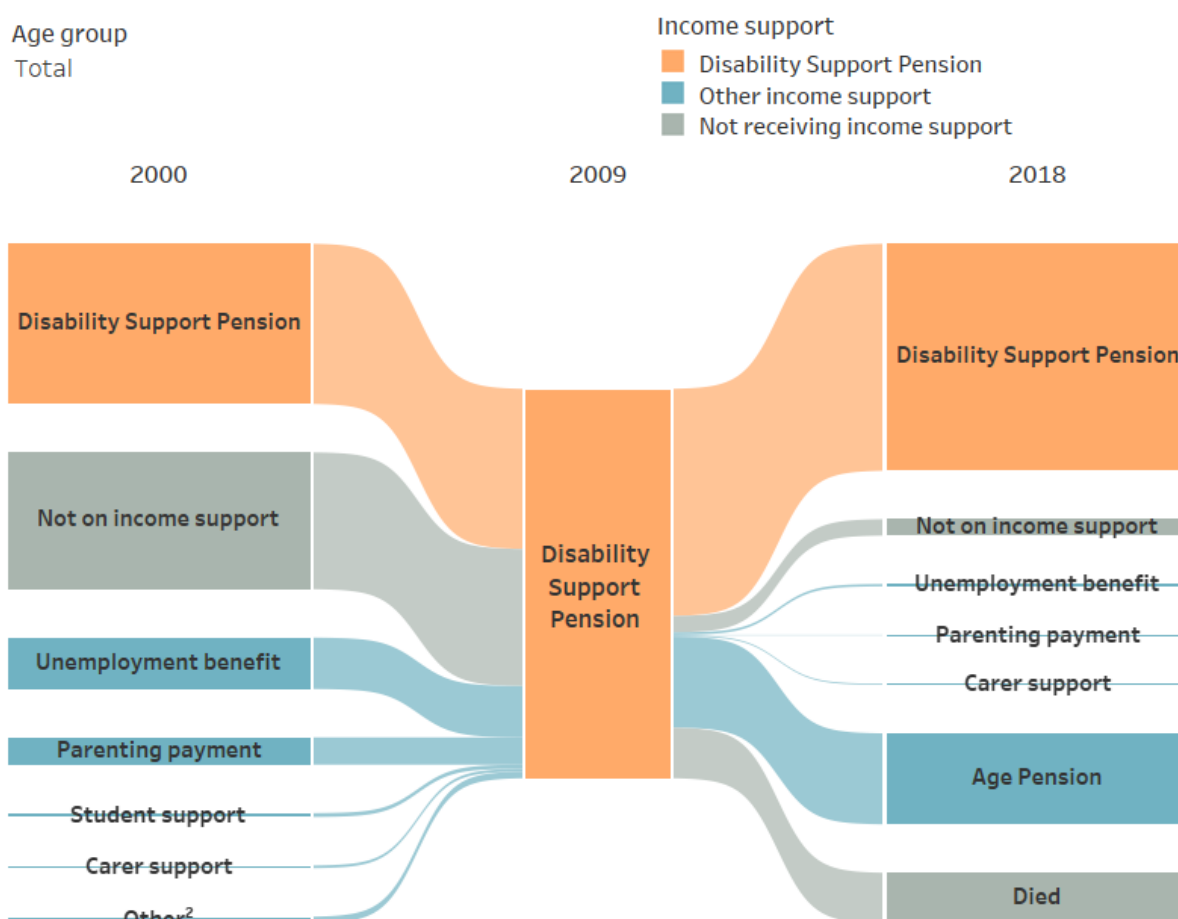
Data in this section are sourced from the Research and Evaluation Database (RED), a researchable longitudinal database constructed from Services Australia administrative income support data. RED is ideally suited for pathways analysis.

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).

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



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 SUPP11.

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

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.

Where can I find out more?

[Data tables](#) for this report.

[ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

This report: [‘Income’](#) of people with disability.

Income support (including DSP) in [Australia’s Welfare 2019.](#)

Australian Government income support payments – [Services Australia](#), and [Department of Social Services.](#)

DSS [payment demographic data.](#)

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11. Experiences of people with disability during COVID-19 pandemic

11. Experiences of people with disability during COVID-19 pandemic

The ongoing social and economic disruption of the COVID-19 pandemic continues to have profound effects on billions of people around the world. Since the first COVID-19 case in Australia on 25 January 2020 (Hunt 2020), Australians experienced several waves of the pandemic, international and state and territory border closures, hotel quarantines, lockdowns and restrictions on social gatherings, closures of non-essential services, physical distancing and face mask requirements. At 30 September 2021, there were more than 102,000 cases of COVID-19 in Australia and 1,278 people had lost their lives due to the virus (Department of Health 2021).

Many people with disability are at increased risk of contracting COVID-19 and experiencing more severe health impacts. In addition to the direct health impacts of the illness, various restrictions and public health measures associated with the pandemic are likely to cause added stress for people with disability due to loss of social contacts, problems with employment and finances, disruptions to formal and informal supports, and distress associated with rapidly evolving situations and changing public health directions.

This section looks at various impacts of COVID-19 on people with disability, and how these compared with people without disability. The section explores topics such as health, social support, education and training, employment, and household finances.

About the data used in this section

While the COVID-19 pandemic is ongoing, this report focuses on the period of early 2020 to mid-2021 (September 2021 for administrative data), based on data availability. The primary data source for this section is the Australian Bureau of Statistics' Household Impacts of COVID-19 Survey, supplemented by available administrative data and data from surveys developed in 2020 to specifically assess people's experiences during the pandemic. The COVID-19 pandemic highlighted existing data gaps in collection of information about people with disability (both within and outside the scope of the National Disability Insurance Scheme), including on the infection rates, vaccination status, deaths and hospitalisations. This is largely because of long standing data gaps in the collection of disability status in existing data collections and a lack of underpinning data integration infrastructure that would enable this information to quickly be linked and reported on. For more details, and for current developments in enhancing available information, see ['Key data gaps'](#).

Throughout this report, comparisons of various indicators and experiences for people with disability and those without disability drawn from survey data are made having regard to statistical significance where possible. Statistical significance does not necessarily mean that the observed difference is large or important; rather, it indicates whether the observed difference is likely to be due to chance. Therefore, depending on the size of the sample for which the information was collected, differences which may be commonly regarded as large (for example, 5 percentage points or more) may not be statistically significant, and the corresponding proportions may therefore be described in this report as 'similar'. This section also adopts the Australian Bureau of Statistics convention of marking certain proportions with an asterisk (*) to indicate that the margin of error for the estimated proportion is greater than 10 percentage points. The margin of error used in this report was calculated with the level of confidence of 95%, and means that the 'true' percentage for the entire population would be within the margin of error around a reported percentage 95% of the time.

Some surveys quoted in this section of the report were developed and conducted in the early stages of the pandemic to help fill various information gaps. These surveys may have been run with comparatively few respondents, using self-selection sampling (where respondents are not randomly chosen to participate in the survey but self-nominate to participate instead). Self-selection sampling may result in the sample not being representative of the population, or attracting people with particular characteristics or experiences. This section provides as much information as possible about the sample size and characteristics of each of its data sources.

Household Impacts of COVID-19 Survey

The data used in this section are largely from the Australian Bureau of Statistics' (ABS) Household Impacts of COVID-19 Survey. This survey was designed to provide a quick snapshot of the changing social and economic situation for Australian households with particular focus on how they were faring in response to the COVID-19 pandemic.

The survey was initially conducted between April 2020 and June 2021. From 1 April to 10 July 2020, the survey was conducted fortnightly with the same panel of respondents. From August 2020, the survey was conducted monthly with a new panel. Panel members have rotated, with new members added in November 2020 and March 2021. At the time of writing, the June 2021 survey was the last in the series; the survey was subsequently reinstated for 3 months from February to April 2022.

Each cycle of the survey collected information on different topics. Some topics have been repeated in both fortnightly and monthly surveys. The topics included:

- self-assessed physical and mental health
- emotional and mental wellbeing
- use of health services (including telehealth)

- job situation (including access to leave, job search and working from home arrangements)
- training and development of skills
- household finances (including income, saving, spending and financial stress)
- receipt of government assistance payments and supports
- care and assistance provided to vulnerable people inside and outside of household
- caring for children and child care and schooling arrangements during COVID-19
- social contacts and participation in activities
- personal and household stressors
- lifestyle changes
- COVID-19 vaccination attitudes and experiences
- behaviours around COVID-19 testing
- precautions taken due to COVID-19
- life after COVID-19.

Disability status was captured in the survey using a subset of questions from the ABS Short Disability Module. 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.

In the survey, a person is considered to have disability if they have one or more conditions (including long-term health conditions) which have lasted, or are likely to last, for at least 6 months and restrict everyday activities.

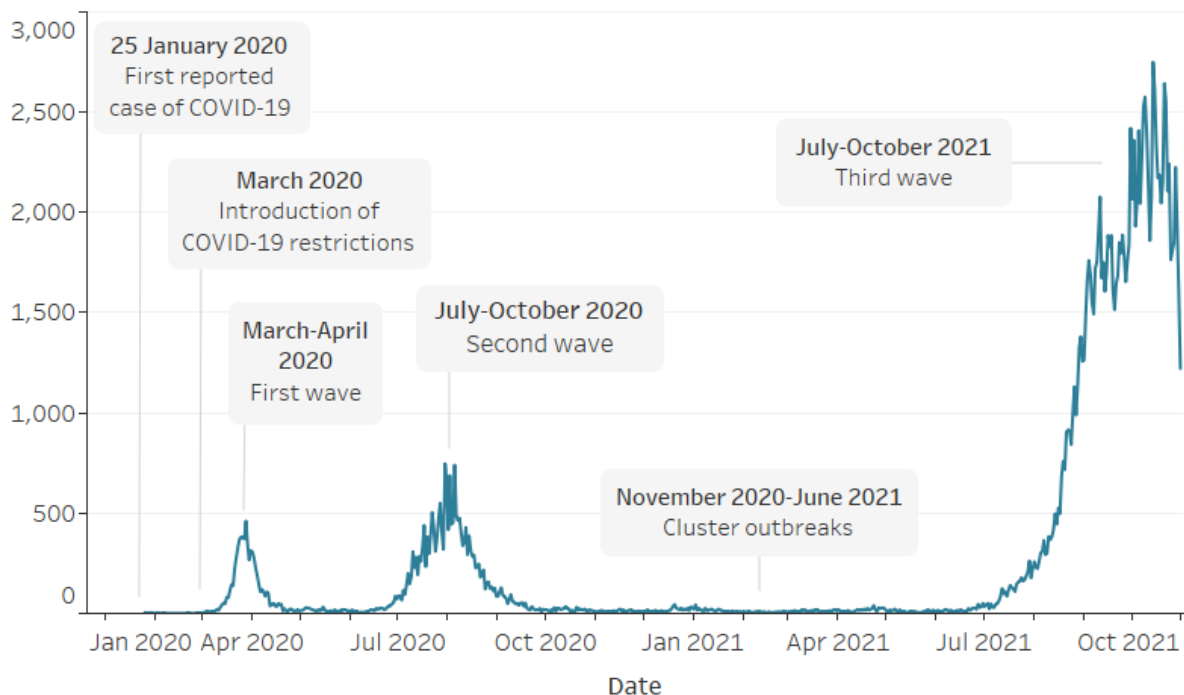
The survey collected data from people aged 18 and over in private dwellings across Australia (excluding very remote areas). It did not include people living in institutional settings, such as aged care facilities.

Timeline of COVID-19 events between January 2020 and October 2021

Due to constant and rapid changes in the COVID-19 situation, the numbers reported in this section should be viewed in the context of the situation at the time of data collection. Therefore, throughout this section, references are made to the month in which the data were collected. A brief timeline of COVID-19 in Australia between January 2020 and October 2021 is provided below for reference.

New daily COVID-19 cases¹ in Australia between January 2020 and October 2021

New cases / day



¹New confirmed cases as announced. These do not include historical cases or technical adjustments and may differ from other data sources.

Source: <https://www.covid19data.com.au/>

January–February 2020

- first case of COVID-19 in Australia reported on 25 January 2020
- new cases among international arrivals only
- public health measures comprised blocking international arrivals from some countries.

March–April 2020 – first wave

- first cases of community transmission of the virus (2 March); the number of daily new cases grew sharply from the beginning of March, reached a peak of 464 on 28 March, and then started falling to fewer than 20 cases a day by the end of April
- Australian borders closed to all non-residents on 20 March; from 27 March, returning residents were required to spend 2 weeks in supervised quarantine hotels
- introduction of border control measures for some states and territories
- introduction of physical distancing rules (21 March), and restrictions on non-essential gatherings and services (such as pubs, gyms and cinemas) (22 March)

- announcement of first (12 March) and second (22 March) economic stimulus packages; a safety net package for mental health, telehealth and domestic violence services, and emergency food relief (29 March); JobKeeper payment (30 March) and free child care for working parents (2 April).

May–June 2020 – gradual easing of restrictions

- continuing international border closures; continuing state and territory border control measures for some jurisdictions; slight easing of restrictions in some states and territories (from 1–12 May)
- The National Cabinet’s three-stage plan to begin easing restrictions (8 May)
 - Stage 1: allowing gatherings of up to 10 people, up to 5 visitors in the family home, and some local and regional travel
 - Stage 2: expansion of stage 1, with gatherings of up to 20 people, and more businesses reopening, including gyms, beauty services and entertainment venues
 - Stage 3: the ‘new normal’ – transition to COVID-safe ways of living and working, with gatherings of up to 100 people permitted
- average daily case numbers around 15 throughout May, fewer than 10 in the first half of June
- all jurisdictions in stage 2 and some in stage 3 during June.

July–October 2020 – second wave

- restrictions reinstated in regions of Victoria from 1 July due to new COVID-19 clusters
- second wave largely localised to Melbourne and much more widespread and deadlier than the first (at its peak, Victoria had more than 7,000 active cases).
- the wave ended with zero new cases being recorded on 26 October 2020.

November 2020–June 2021

- cluster outbreaks in late 2020 and mid-2021, with several brief snap lockdowns in certain states to contain the spread.

July–October 2021 – third wave

- an outbreak of the SARS-CoV-2 Delta variant during June 2021 in New South Wales caused lockdowns for almost half of Australia's population and most major cities from early July 2021
- the outbreak continued to worsen to new record daily cases into August. In late August to mid-September 2021 Victoria had its first 9 deaths since late October 2020.

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of-novel-coronavirus-in-australia](https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/first-confirmed-case-of-novel-coronavirus-in-australia)

Health

Key findings

- One in 4 (24%) of adults with disability experienced worsening of physical between March 2020 and May 2021 (16% without disability).
- 29% of adults with disability had high or very high levels of psychological distress in 2021 (17% without disability).
- 21% of adults with disability had a telehealth consultation in the 4 weeks to April 2021 (12% without disability).

People with disability generally have poorer physical and mental health and more complex health needs than those without disability. This section looks at the health of Australians aged 18 and over before and during the COVID-19 pandemic, and the use of health services (including telehealth) during this period.

Household Impacts of COVID-19 Survey

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The survey was initially conducted between April 2020 and June 2021. From 1 April to 10 July 2020, the survey was conducted fortnightly with the same panel of respondents. From August 2020, the survey was conducted monthly with a new panel. Panel members have rotated, with new members added in November 2020 and March 2021. At the time of writing, the June 2021 survey was the last in the series; the survey was subsequently reinstated for 3 months from February to April 2022.

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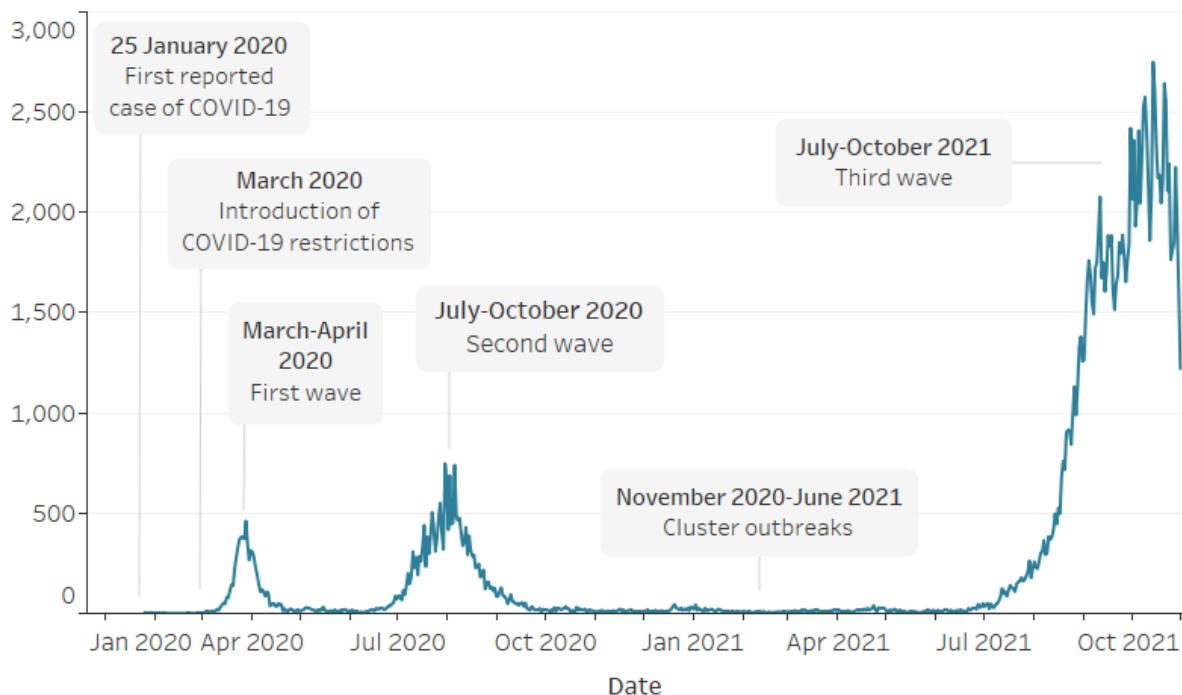
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Physical and mental health status

The Household Impacts of COVID-19 Survey collected information about people's health in its December 2020, January 2021 and May 2021 iterations.

This section looks at the self-reported health status of Australians 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.

Self-assessed health

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 Household Impacts of COVID-19 Survey, self-assessed health status was collected separately for physical and mental health for people aged 18 and over against a 5-point scale from excellent to poor. The supplementary data tables accompanying this section include data for adults, as presented on this page.

Self-assessed health has varied throughout the COVID-19 pandemic for people with and without disability (Figure COVID.1). Between December 2020 and May 2021, the proportion reporting excellent or very good physical health:

- was much lower for adults with disability than for adults without disability (25% compared with 64% in December 2020)
- somewhat recovered between January and May 2021 (from 21% to 29% for adults with disability, and from 50% to 55% for adults without disability) (ABS 2020b, 2021a, 2021d).

Excellent or very good mental health was (Figure COVID.1):

- less likely to be reported by adults with disability than those without (38% compared with 50% in May 2021)
- for adults with disability, more likely to be reported in May 2021 (38%) than in December 2020 (30%)
- for adults without disability, similarly likely to be reported in May 2021 (50%) and in December 2020 (52%) (ABS 2020b, 2021d).

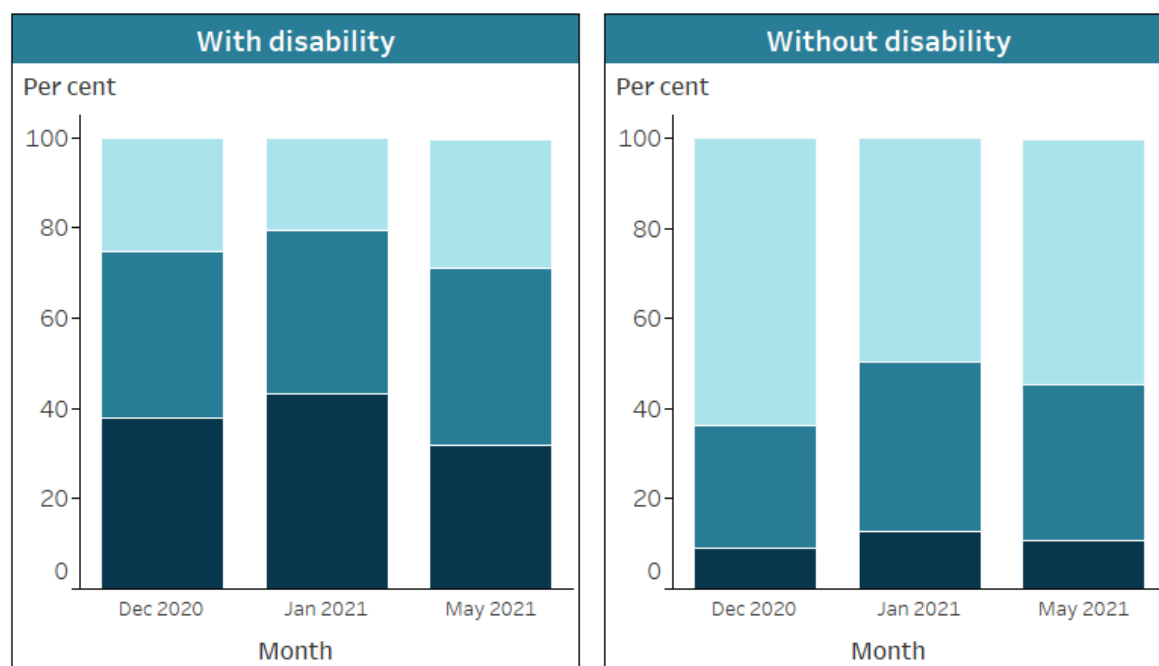
Figure COVID.1: Self-assessed physical or mental health of adults¹, by disability status and month, 2020–2021

Select to view physical or mental health status

- ☒ Physical health
☐ Mental health

Select to highlight physical health status

- ☐ Excellent / very good
☐ Good
☐ Fair / poor



¹People aged 18 and over living in households.

Source: ABS 2020c, 2021a and 2021e; see also tables COVID1 and COVID2.

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

The results for physical health in the early stages of the pandemic were broadly similar to previous results for general health from the 2017–18 National Health Survey but deteriorated during 2021 (especially for people without disability). As reported in the [‘Health’](#) section of this report:

- in 2017–18, 24% of adults with disability rated their general health as excellent or very good, compared with 65% of adults without disability (ABS 2018).

Health before and during COVID-19

In January and May 2021, the Household Impacts of COVID-19 Survey asked respondents to compare their current physical and mental health with what it was before COVID-19 (or March 2020). In May 2021, most people rated their current physical health about the same as in March 2020 (Figure COVID.2):

- 64% of adults with disability and 69% of adults without disability rated their physical health as about the same

- adults with disability were more likely than those without disability to say their physical health was worse or much worse in May 2021 (24% compared with 16%) (ABS 2021d).

The distribution of responses comparing current health with its March 2020 levels was similar for both groups in January 2021 (ABS 2021a).

Figure COVID.2: Physical or mental health of adults¹ in May 2021 compared with before COVID-19², by disability status, May 2021

Select to view physical or mental health status

- ☒ Physical health
☐ Mental health



¹People aged 18 and over living in households.

²March 2020.

Source: ABS 2021e; see also tables COVID3 and COVID4.

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

Similarly to physical health, in May 2021 most people rated their mental health as about the same compared with what it was before COVID-19 (or March 2020) (Figure COVID.2):

- adults with disability and those without disability were equally likely to rate their mental health as about the same (68% and 67%)
- adults with disability (23%) and those without disability (17%) were also similarly likely to say their mental health was worse or much worse in May 2021 than before COVID-19 (ABS 2021d).

These response patterns were similar in the January 2021 survey (ABS 2021a).

Psychological distress

In November 2020, as well as March and June 2021, the Household Impacts of COVID-19 survey collected information about negative events or feelings experienced by respondents in the 4 weeks leading up to the interview. This allows identification of levels of psychological distress of people aged 18 and over.

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. The questions ask 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.

In the ABS National Health Survey (NHS) and the Household Impacts of COVID-19 Survey, K10 is collected for people aged 18 and over.

People with disability were consistently more likely to experience high or very high levels of psychological distress than people without disability:

- in November 2020, 34% of adults with disability and 16% of adults without disability
- in June 2021, 29% of adults with disability compared with 17% of adults without disability (ABS 2020a, 2021e).

The results for people with disability were similar to 2017–18 results reported in the [‘Health’](#) section of this report, however, people without disability were about twice as likely to report high or very high levels of psychological distress during COVID-19 than before it:

- in 2017–18, 32% of adults with disability and 8.0% of adults without disability experienced high or very high levels of psychological distress (ABS 2018).

Activities to maintain health

In May 2021, similarly high proportions of adults with disability (87%) and without disability (89%) reported participating in one or more activities for physical health since March 2020 (ABS 2021d). The most common activities were similar for both groups and included (Figure COVID.3):

- walking regularly for transport, exercise, recreation or sport (55% for adults with disability and 61% for adults without disability)
- watching or changing their diet (47% and 49%)
- regularly doing physical activity (other than walking) (40% and 48%)
- getting enough sleep (37% and 40%) (ABS 2021d).

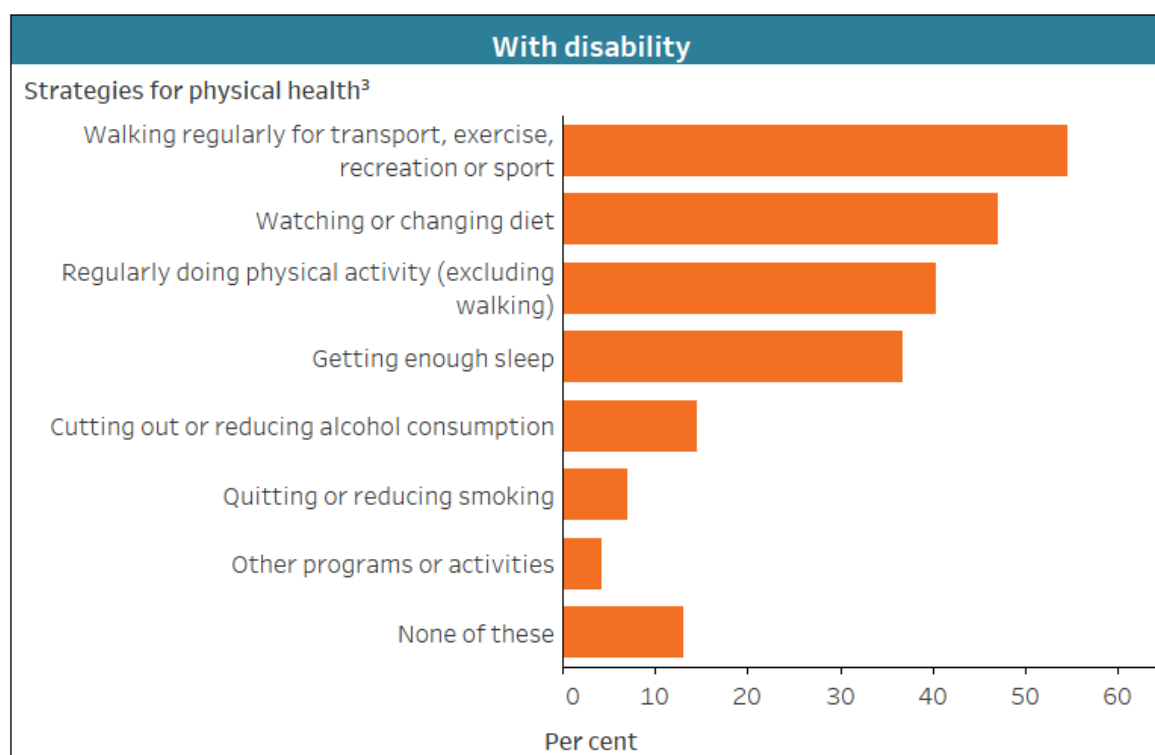
Figure COVID.3: Strategies adults¹ use to maintain physical or mental health², by disability status, May 2021

Select disability status Select strategies for

☒ With disability ☒ Physical health

☐ Without disability ☐ Mental health

86.7% of people with disability participated in one or more strategies to maintain physical health



¹People aged 18 and over living in households.

²Does not include the use of formalised services.

³Includes 'not stated', which is not listed among the strategies.

⁴Includes practising meditation, mindfulness, yoga or other relaxation techniques.

⁵Includes vitamins, supplements or herbal remedies.

Source: ABS 2021e; see also tables COVID6 and COVID7.

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

Similar proportions of adults with disability (77%) and without disability (71%) reported in May 2021 using one or more strategies to manage their mental health since March 2020 (ABS 2021d). The most common activities were also similar for both groups (Figure COVID.3):

- organising their home, life or other things (35% for adults with disability and 36% for those without disability)
- doing more of the things they enjoy (34% and 33%)
- practising thinking positively or setting achievable goals (32% and 28%)
- increasing levels of exercise or physical activity (27% and 31%) (ABS 2021d).

Use of health services

Use of telehealth services

Telehealth

Telehealth service is a consultation with a health care provider by phone or video call. Medicare rebates on telehealth services were first introduced in July 2011 on video consultations for Australians in eligible remote and regional areas, and for residents of residential aged care facilities and patients of eligible Aboriginal Medical Services.

From 13 March 2020, new MBS telehealth items were made available to help reduce the risk of community transmission of COVID-19; by 30 March 2020, telehealth was made universally available to all Australians, with reduced provider and service restrictions, and for telephone calls as well as video conferencing (Hunt and Kidd 2020).

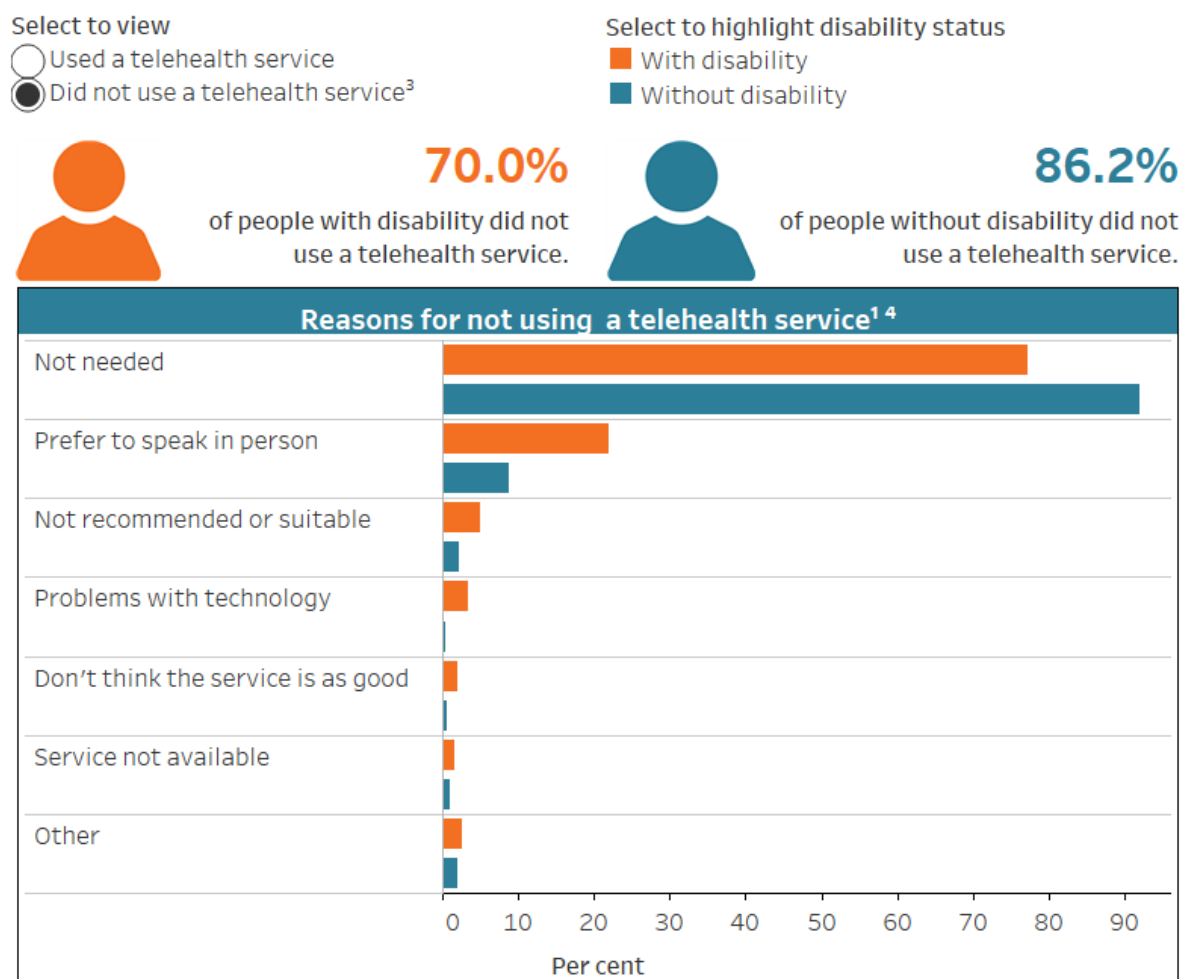
In November 2020 and April 2021, the Household Impacts of COVID-19 Survey asked Australians aged 18 and over about their use of telehealth services in the previous 4 weeks, including any appointments with a health professional over the phone, by video conferencing, or through other communication technologies.

In April 2021, adults with disability (21%) were more likely than those without disability (12%) to report having had a telehealth consultation in the previous 4 weeks. For adults with disability, this was a decrease from November 2020 (30%), while remaining similar for those without disability (14% in November 2020) (ABS 2020a, 2021c).

The most common uses of telehealth services were similar across November 2020 and April 2021 and between people with and without disability. The most common uses reported by adults with disability in November 2020 were (Figure COVID.4):

- as a replacement for a face-to-face or physical appointment with a health professional (73%)
- for a prescription (39%)
- to manage a chronic health condition (25%)
- for a mental health service (20%) (ABS 2021c).

Figure COVID.4: Use of telehealth services¹ in the last 4 weeks by adults², by disability status, November 2020



#Margin of error greater than 10 percentage points, or proportion $\pm$ margin of error less than 0% or greater than 100%. Use with caution.

¹Appointment with a health professional over the phone, by video conferencing or through other communication technologies.

²People aged 18 and over living in households.

³Includes people who did not need to see a health professional.

⁴For those who did not use a telehealth service in the last four weeks.

Source: ABS 2020a; see also tables COVID8, COVID9 and COVID10.

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

In November 2020, for people who did not access telehealth services, the most common reasons included (Figure COVID.4):

- the service was not needed – adults with disability were less likely to give this response (77%) than those without disability (92%)
- people preferred to speak in person with health professionals – adults with disability were more likely to give this response (22%) than those without disability (8.7%) (ABS 2020a).

Future use of telehealth services

In November 2020, about half (51%) of adults with disability said they would likely use telehealth services even once the COVID-19 restrictions were lifted, 30% said they were not likely to use them, and 19% were not sure. This pattern was similar for adults without disability, of whom 48% said they would continue using telehealth services, 32% said they were not likely to use them, and 20% were unsure (ABS 2020a).

Reasons to use (or not to use) telehealth services in the future were mostly similar for people with and without disability, with the following exceptions:

- convenience (the ability to use the service anywhere) was less important to people with disability
 - of the people who said they would use the service in the future or were not sure, 69% of adults with disability picked convenience as one of the reasons, compared with 80% of those without disability
- of the people who said they would not use the service in the future (or were not sure), people with disability were more likely to say they would not be using the service because
 - it was not recommended for their condition or treatment (12% for adults with disability compared with 5.4% for adults without disability)
 - they did not have the required technology (11% compared with 2.7%) (ABS 2020a).

Use of mental health or support services

Mental health or support services

In April 2021 and December 2020, the Household Impacts of COVID-19 Survey asked Australians aged 18 and over about their use of mental health or support services since 1 March 2020. The services asked about included:

- general practitioners (GPs) for mental health
- psychologists, psychiatrists or other mental health specialists
- other health workers such as social workers, nurses and occupational therapists
- crisis support or counselling services such as Lifeline
- online mental health information such as Head to Health.

The data were designed to provide a snapshot of the changes brought about by the COVID-19 pandemic. However, the questions used to collect this information were not comparable with the ABS 2018–19 Patient Experience Survey (ABS 2020c).

Adults with disability were more likely than those without disability to report that:

- they had used at least one mental health or support service between March 2020 and April 2021 (29% of adults with disability, compared with 13% of those without disability)
- they had needed but did not use a mental health or support service between March and December 2020 (11% and 5.4%, respectively)
- their use of mental health or support services had decreased between March and December 2020 (17% of adults with disability compared with 7.8% of those without disability) (ABS 2020b, 2021c).

The most common mental health or support services used in April 2021 were (more than one service could be reported):

- GP for mental health (20% for people with disability compared with 8.2% for those without disability)
- psychologist, psychiatrist or other mental health specialist (19% compared with 7.1% for those without disability) (ABS 2021c).

Similar proportions were reported in December 2020 (ABS 2020b).

Around 3 in 10 people with and without disability reported starting a new mental health or support service since 1 March 2020 that they had not used before (28% and 30%) (ABS 2020b).

Where can I find out more?

[Data tables](#) for this report.

[ABS National Health Survey: First Results, 2017-18.](#)

[ABS Household Impacts of COVID-19 Survey.](#)

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[ABS \(2020a\)](#) *Household Impacts of COVID-19 Survey, November 2020*, ABS, accessed 26 November 2021. <https://www.abs.gov.au/statistics/people/people-and-communities/household-impacts-covid-19-survey/nov-2020>

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COVID-19 cases and vaccinations

Key findings

- 12,721 COVID-19 cases were reported for NDIS participants by May 2022.
- 46% of adults with disability had received at least one dose of a COVID-19 vaccine by June 2021 (28% without disability).
- 25% of adults with disability said they may not get a COVID-19 vaccination when it became available to them (June 2021).

Many people with disability are at increased risk of severe illness from COVID-19, due both to direct impacts of any underlying chronic conditions and to possible challenges maintaining physical distancing and applying other COVID-19 precautions (Department of Health 2021a). For these reasons, people with disability were one of the priority groups to become eligible for COVID-19 vaccination in the early stages of Australia's COVID-19 vaccine rollout strategy (Department of Health 2021b).

This section provides information on experiences of people with disability with COVID-19 vaccination, as well as on the number of COVID-19 cases among NDIS participants. Note that population-wide administrative data sources about COVID-19 infections, vaccinations and deaths do not include information about disability status, limiting the information currently available about the direct impacts of the virus on people with disability to survey data and the subset of the population who are NDIS participants.

Household Impacts of COVID-19 Survey

The data used in this section are largely from the Australian Bureau of Statistics' (ABS) Household Impacts of COVID-19 Survey. This survey was designed to provide a quick snapshot of the changing social and economic situation for Australian households with particular focus on how they were faring in response to the COVID-19 pandemic.

The survey was initially conducted between April 2020 and June 2021. From 1 April to 10 July 2020, the survey was conducted fortnightly with the same panel of respondents. From August 2020, the survey was conducted monthly with a new panel. Panel members have rotated, with new members added in November 2020 and March 2021. At the time of writing, the June 2021 survey was the last in the series; the survey was subsequently reinstated for 3 months from February to April 2022.

Each cycle of the survey collected information on different topics. Some topics have been repeated in both fortnightly and monthly surveys. The topics included:

- self-assessed physical and mental health
- emotional and mental wellbeing
- use of health services (including telehealth)

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- precautions taken due to COVID-19
- life after COVID-19.

Disability status was captured in the survey using a subset of questions from the ABS Short Disability Module. 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.

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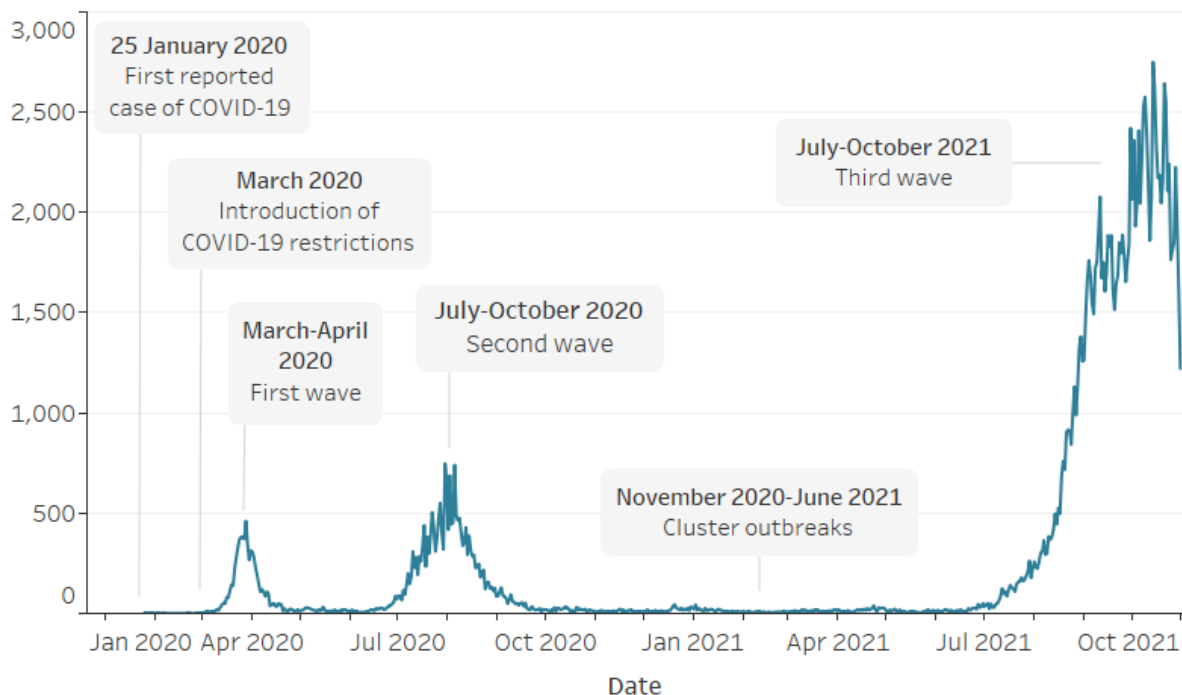
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Timeline of COVID-19 events between January 2020 and October 2021

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¹New confirmed cases as announced. These do not include historical cases or technical adjustments and may differ from other data sources.

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- first case of COVID-19 in Australia reported on 25 January 2020
- new cases among international arrivals only
- public health measures comprised blocking international arrivals from some countries.

March–April 2020 – first wave

- first cases of community transmission of the virus (2 March); the number of daily new cases grew sharply from the beginning of March, reached a peak of 464 on 28 March, and then started falling to fewer than 20 cases a day by the end of April
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- announcement of first (12 March) and second (22 March) economic stimulus packages; a safety net package for mental health, telehealth and domestic violence services, and emergency food relief (29 March); JobKeeper payment (30 March) and free child care for working parents (2 April).

May–June 2020 – gradual easing of restrictions

- continuing international border closures; continuing state and territory border control measures for some jurisdictions; slight easing of restrictions in some states and territories (from 1–12 May)
- The National Cabinet's three-stage plan to begin easing restrictions (8 May)
 - Stage 1: allowing gatherings of up to 10 people, up to 5 visitors in the family home, and some local and regional travel
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- restrictions reinstated in regions of Victoria from 1 July due to new COVID-19 clusters
- second wave largely localised to Melbourne and much more widespread and deadlier than the first (at its peak, Victoria had more than 7,000 active cases).
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- cluster outbreaks in late 2020 and mid-2021, with several brief snap lockdowns in certain states to contain the spread.

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- an outbreak of the SARS-CoV-2 Delta variant during June 2021 in New South Wales caused lockdowns for almost half of Australia's population and most major cities from early July 2021
- the outbreak continued to worsen to new record daily cases into August. In late August to mid-September 2021 Victoria had its first 9 deaths since late October 2020.

COVID-19 cases among NDIS participants

The NDIA collaborated with other government agencies (including the Department of Social Services, the NDIS Quality and Safeguards Commission, Services Australia, and state and territory governments) to support NDIS participants through the pandemic.

As of May 2022:

- A total of 12,721 COVID-19 cases had been reported among NDIS participants.
- There were 74 COVID-19 related deaths (0.6% of NDIS participant cases) (Department of Health 2022).

Experiences of COVID-19 vaccination

COVID-19 vaccine rollout in Australia

COVID-19 vaccination in Australia followed a phased approach (Department of Health 2021b).

Phase 1a, which started on 22 February 2021, made the vaccines available to quarantine and border workers, frontline health care worker priority sub-groups, aged care and disability care staff, and aged care and disability care residents.

Phase 1b started on 22 March 2021 (Hunt 2021a). Eligible population groups included adults aged 70 and over, health care workers other than those eligible under Phase 1a, Aboriginal and Torres Strait Islander people aged 55 and over, younger adults with an underlying medical condition, including those with a disability, and critical and high risk workers including defence, police, fire, emergency services and meat processing.

Phase 2a started on 3 May 2021. It opened vaccinations for adults aged 50–69, Aboriginal and Torres Strait Islander people aged 18–54, and critical and high risk workers other than those eligible under phases 1a and 1b (Prime Minister of Australia 2021a).

The originally planned **Phase 2b** (the balance of the adult population) and **Phase 3** (those under 18 years of age) were rolled out in a revised form:

- From 8 June 2021, vaccination was opened to all adults aged 40 and over, Aboriginal and Torres Strait Islander people aged 16 and over, NDIS participants aged 16 and over, and carers of NDIS participants of any age (Prime Minister of Australia 2021b).
- From 9 August 2021, children aged 12–15 with specific medical conditions, or who identified as Aboriginal and Torres Strait Islander or lived in a remote community, were able to receive a Pfizer-BioNTech COVID-19 vaccine (Hunt 2021b). This was expanded to all NDIS participants aged 12–15 from 25 August 2021 (Reynolds and Hunt 2021) and, from 13 September, to all children aged 12–15 (Prime Minister, Minister for Health and Aged Care, Minister for Education and Youth 2021).
- From 30 August 2021, all Australians aged over 16 became eligible for vaccination (Prime Minister of Australia 2021c). From 1 October 2021, the eligibility was extended to all those aged 12 years and over for both Pfizer and Moderna vaccines (Hunt 2021c).

Based on the Household Impacts of COVID-19 Survey data, in June 2021, adults with disability were more likely than those without disability to report:

- having received at least one dose of a COVID-19 vaccine (46% of adults with disability compared with 28% of adults without disability)
- having received their vaccination from their usual GP (50% compared with 31%)
- being motivated to get a vaccine because
 - it was recommended by a GP or other health professional (38% compared with 28%)
 - they had health conditions which made them more vulnerable to COVID-19 (28% compared with 13%) (ABS 2021d).

Among those who had at least one dose of a COVID-19 vaccine:

- 75% of adults with disability and 73% of those without disability reported that it was very easy to get a COVID-19 vaccination, with 2.9% and 2.1% reporting that it was not at all easy
- the most commonly reported factors which affected their ability to get a COVID-19 vaccination were
 - waiting time to get an appointment too long (7.8% for adults with disability and 8.6% for adults without disability)
 - wanting a different vaccine to what was available to them (6.0% and 2.8%)
 - difficulty in finding out how to get a vaccine (5.5% and 3.6%) (ABS 2021d).

Among those who had not had, or were not sure if they had had, a vaccination:

- 74% of adults with disability and 77% of adults without disability reported knowing where to get a vaccination
- the most common reported factors that affected, or would affect, the ability to get a COVID-19 vaccination for themselves were
 - wanting a different vaccine to what was available to them; this response was more likely for adults with disability (24%) than those without disability (12%)
 - waiting time to get an appointment too long (9.2% and 12%) (ABS 2021d).

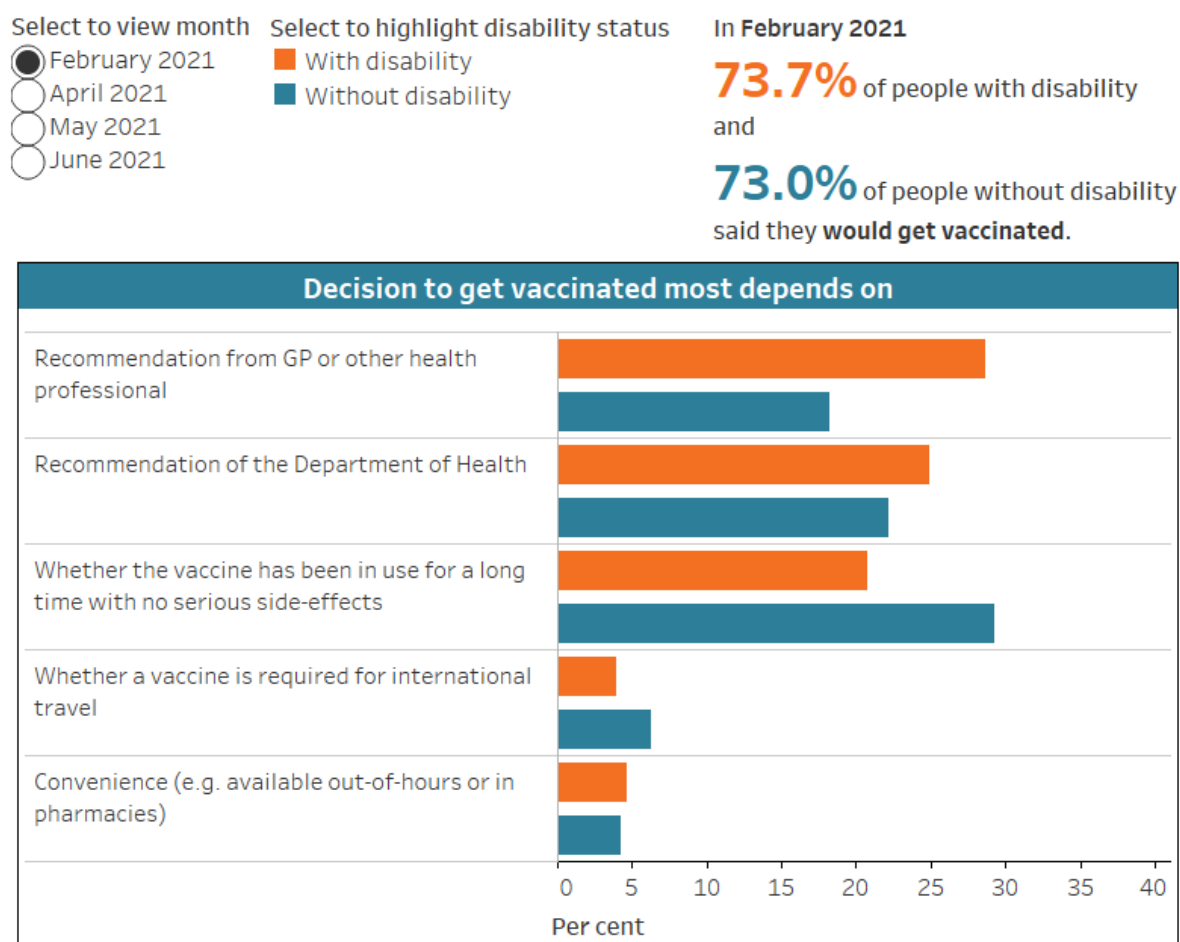
Attitudes to COVID-19 vaccination

In June 2021, people with and without disability said that their decision whether to get vaccinated for COVID-19 most depended on (Figure COVID.5):

- recommendation from GP or other health professional, with this response more likely for adults with disability (33%) than those without disability (20%) (of those who said they would get vaccinated or were not sure)
- recommendation of the Department of Health, with this response similarly likely for adults with disability (15%) and those without disability (20%)

- whether the vaccine had been in use for a long time with no serious side effects, with this response less likely for adults with disability (12%) than for those without disability (20%) (ABS 2021d).

Figure COVID.5: Most common main reasons¹ to get vaccinated against COVID-19, by disability status and month, 2021



¹Top 5 main reasons, as selected in a given month by people aged 18 and over living in households, who agreed or strongly agreed they would get a COVID-19 vaccine or were not sure. Excludes those who disagreed or strongly disagreed they would get a vaccine.

Source: ABS 2021b, 2021d, 2021e, 2021f; see also tables COVID11 and COVID12.

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

These results were generally similar for February, April and May 2021 except (Figure COVID.5):

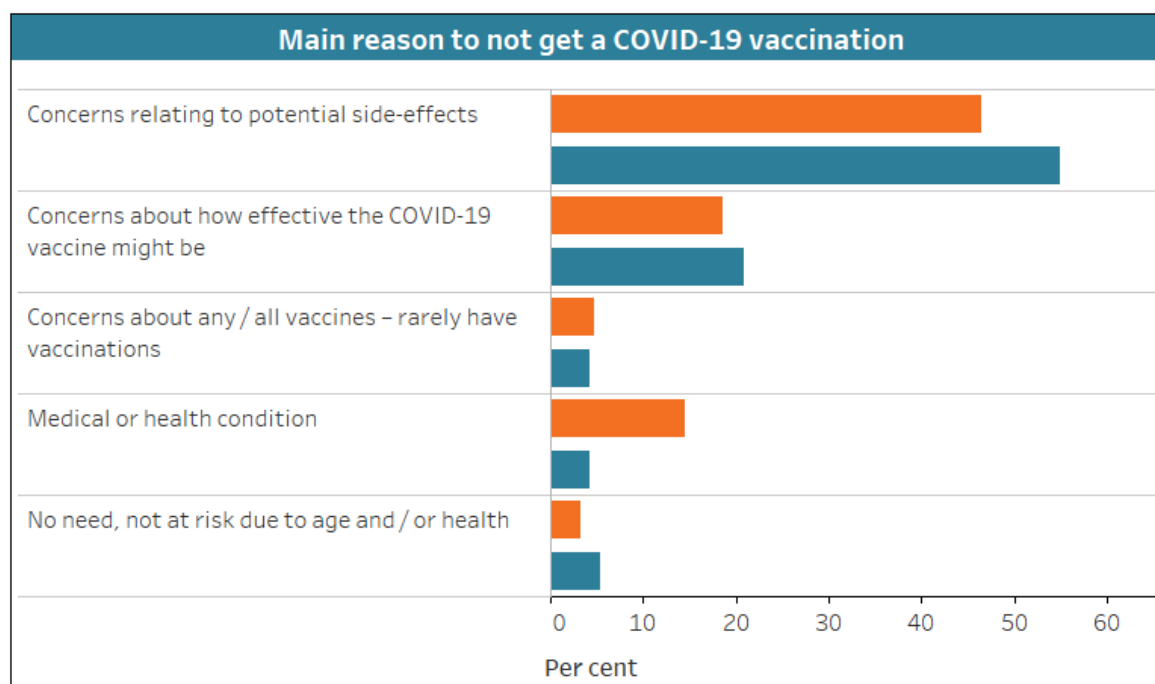
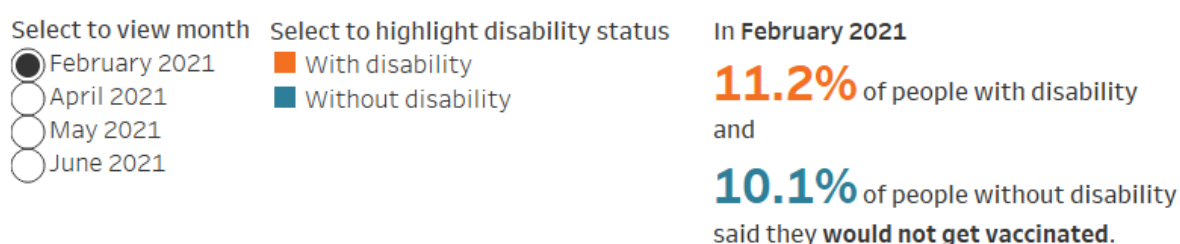
- in February 2021, more adults with disability chose the recommendation of the Department of Health as the reason (25% compared with 15% in June 2021)
- fewer people named the reason as whether the vaccine had been in use for a long time with no serious side effects in June 2021 than did in February (12% of adults with disability and 20% of those without disability in June 2021, compared with 21% and 29% in February 2021) (ABS 2021a, 2021d).

In June 2021, 13% of adults with disability said they would not get a COVID-19 vaccination when it became available and was recommended to them, and a further 13% were not sure. Proportions were similar for those without disability.

For adults with and without disability who said they would not get a vaccination or were not sure, the main reasons for both groups in June 2021 were (Figure COVID.6):

- concerns relating to potential side effects (53% and 52%)
- concerns about the effectiveness of the COVID-19 vaccine (8.5% and 16%)
- health or medical condition (8.0% and 7.6%) (ABS 2021d).

Figure COVID.6: Most common main reasons¹ to not get vaccinated against COVID-19, by disability status and month, 2021



#Margin of error greater than 10 percentage points, or proportion $\pm$ margin of error less than 0% or greater than 100%. Use with caution.
¹Top 5 main reasons, as selected in a given month by people aged 18 and over living in households, who disagreed or strongly disagreed they would get a COVID-19 vaccine or were not sure. Excludes those who agreed or strongly agreed they would get a vaccine.
 Source: ABS 2021b, 2021d, 2021e, 2021f; see also tables COVID11 and COVID13.
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Comparing these results with data collected in December 2020, and February, April and May 2021:

- concerns about effectiveness and side effects of the vaccine had fallen between December 2020 and February 2021 for both groups, after which the proportions choosing these reasons remained relatively stable
- there appears to be a downward trend in the proportions of people saying their health or medical condition is the main reason not to get vaccinated, however the numbers of people choosing this response were too small to say whether this trend is significant (ABS 2020, 2021a, 2021b, 2021c).

Where can I find out more?

[Data tables](#) for this report.

[ABS Household Impacts of COVID-19 Survey.](#)

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COVID-19 attitudes and precautions

Key findings

- 32% of adults with disability felt overwhelmed because of COVID-19 (26% of those without disability).
- 29% of adults with disability relied on their GP as a source of information about COVID-19 (21% without disability).
- 49% of adults with disability said they would definitely get a COVID-19 test for mild symptoms (at June 2021).

The spread of COVID-19 produced a strong demand for information and resulted in creation of an extensive array of information resources. This included information about symptoms, recommended precautions against the virus, mandatory locally imposed restrictions to combat the spread of the virus, and availability of health and other services, including services to test for COVID-19. Technological advances and the rise of social media meant the information could be made available widely and quickly, but at the same time created a COVID-19 'infodemic' characterised by overabundance of information and, in some cases, misinformation (WHO 2020).

This section looks at information needs and sources used by Australians with and without disability during the first year of COVID-19, precautions taken due to COVID-19, and attitudes to COVID-19 testing. The data in this section are drawn from the ABS Household Impacts of COVID-19 Survey as well as the Children and Young People with Disability Australia (CYDA) COVID-19 survey.

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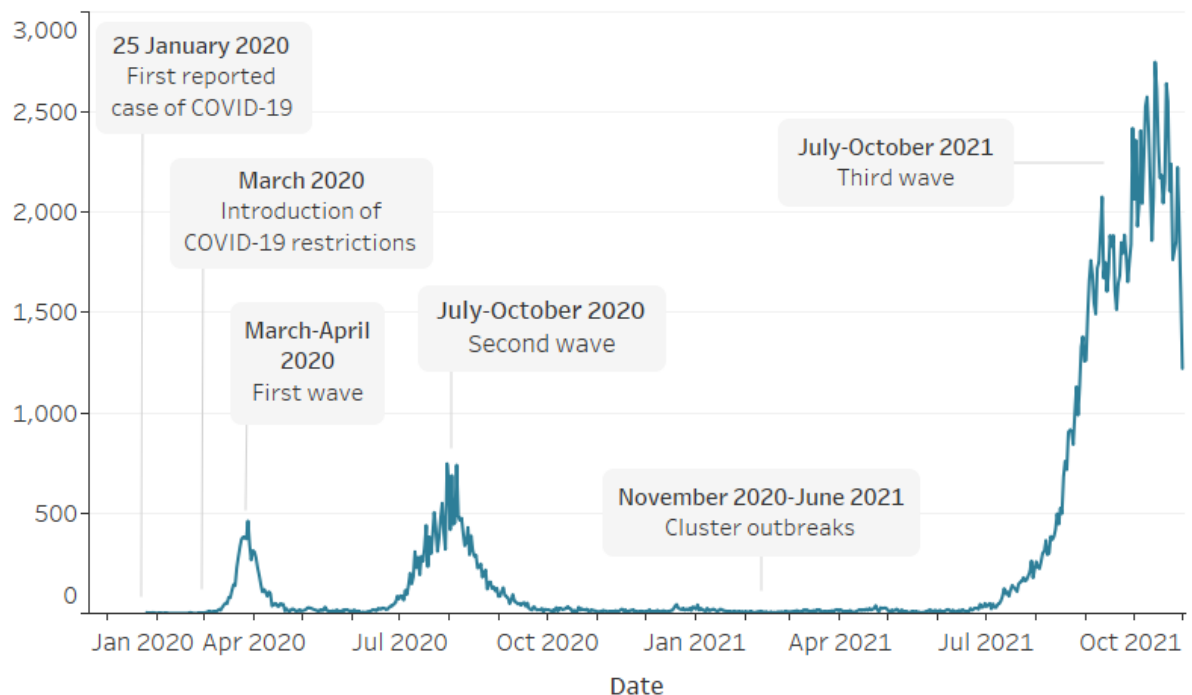
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CYDA COVID-19 survey

Children and Young People with Disability Australia (CYDA), a national representative organisation for children and young people (aged 0–25) with disability, ran an online survey between 16 March and 23 April 2020 about the experiences of children and young people with disability during the COVID-19 pandemic. The survey was promoted among CYDA members (more than 5,000 people) and via social media by other disability advocacy organisations. Respondents self-selected to participate.

Of 697 people who responded to the survey:

- 93% were a family member of a child or young person with disability, 6% were a person with disability aged over 25, 4% were a young person with disability, 3% were 'other' (for example, speech pathologist) (respondents could belong to more than one category).
- The majority of responses were for young people aged 7–18.
- 43% of the young people were enrolled in a mainstream school, 30% in a special school.
- 95% of the young people lived at home with family.
- Almost 9 in 10 (88%) had a current NDIS plan (Dickinson and Yates 2020).

Needs for health information and support in the early stages of the pandemic

The CYDA COVID-19 survey conducted in the early months of the pandemic found that many children and young people with disability and their families and carers experienced a lack of information about COVID-19 and related supports, with 82% of respondents saying there was not enough information about COVID-19 (Dickinson and Yates 2020). Particular information and support people with disability and their families needed about COVID-19 related to:

- health information and support (named by 43% of respondents)
- support for buying essential items (named by 34% of respondents)
- NDIS information and supports (31% of respondents)
- education information and supports (29% of respondents)
- mental health information and supports (23% of respondents)
- employment information and supports (12% of respondents) (Dickinson and Yates 2020).

Free-text responses also emphasised that people needed more targeted information on the effects of COVID-19 on specific conditions.

Attitudes towards COVID-19

In December 2020, the Household Impacts of COVID-19 survey asked Australians aged 18 and over about their attitudes towards COVID-19. In the week prior to the survey adults with disability were:

- more likely than adults without disability to think about COVID-19 at least once a day (61% for adults with disability compared with 49% for those without)
- as likely as adults without disability to actively seek information about COVID-19 at least once a day (22% and 19%)
- more likely than adults without disability to have felt overwhelmed because of COVID-19 (32% compared with 26%) (ABS 2020b).

Many people reported that these behaviours had occurred less frequently in the previous week than 6 months ago (or June 2020), but this was less often the case for people with disability:

- thinking about COVID-19 (50% of adults with disability said they were doing this less frequently than 6 months ago, compared with 59% of adults without disability)
- actively seeking information about COVID-19 (52% and 61%)
- feeling overwhelmed because of COVID-19 (50% and 59%) (ABS 2020b).

Sources of COVID-19 health information

In March 2021, the Household Impacts of COVID-19 Survey asked about the sources of health information related to COVID-19 that people used. Noting that more than one main source could be reported, the main sources used by adults with and without disability were similar:

- Australian news sources (72% and 71%, respectively)
- government health information sources (47% and 57%, respectively) (ABS 2021c).

People with disability were:

- more likely than those without disability to have used a GP or other health professionals as one of the main sources of COVID-19 health information (29% compared with 21%)
- less likely than those without disability to use social media as their source of information (23% compared with 34%) (ABS 2021c).

Precautions taken due to COVID-19

The CYDA COVID-19 survey found that, in March–April 2020, many children and young people with disability and their families were self-isolating:

- 43% voluntarily self-isolated from school or education

- 30% were required to self-isolate because of child or young person with immune or other medical conditions
- 13% were required to self-isolate because of health information (such as experiencing symptoms or having been in contact with a confirmed COVID-19 case) (Dickinson and Yates 2020).

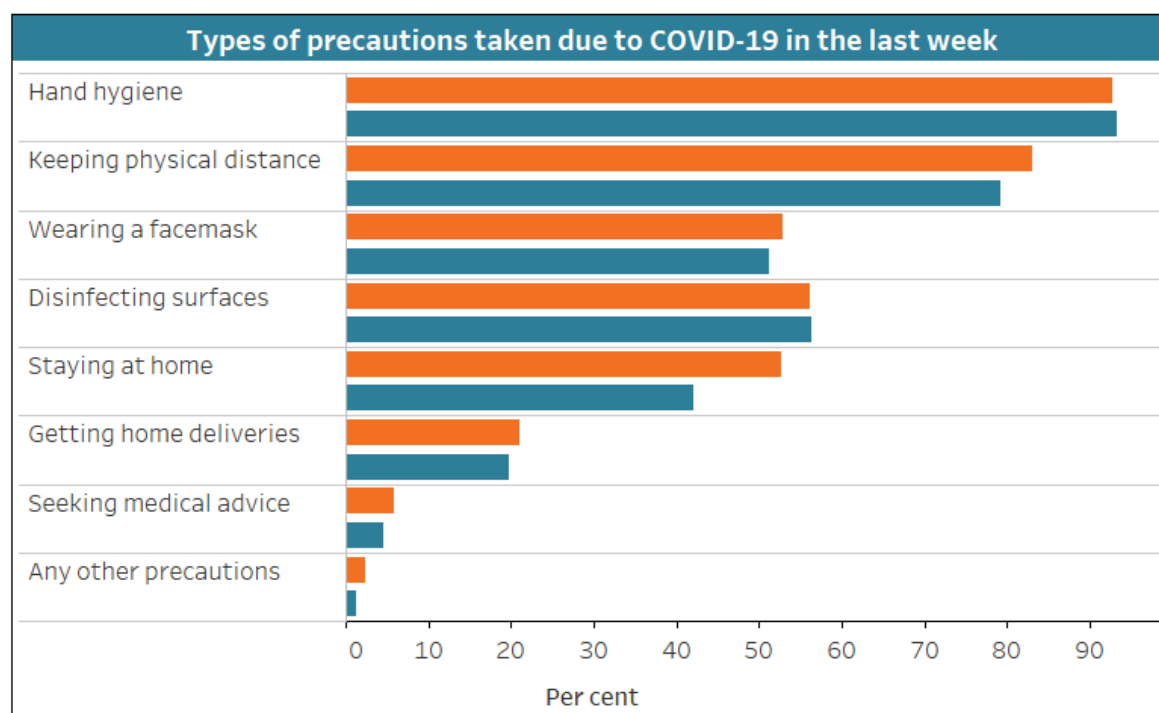
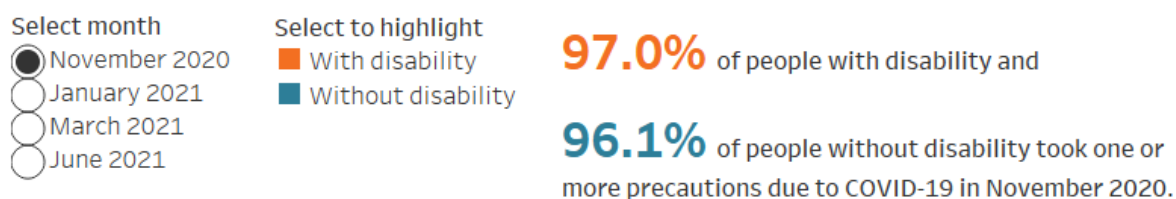
In November 2020, and January, March and June 2021, the Household Impacts of COVID-19 Survey asked about precautions taken during the previous week because of COVID-19. As could be expected, proportions of people following different types of precautions varied in line with the changing COVID-19 situation and public health advice at the time.

In June 2021, most adults with and without disability took one or more precautions due to COVID-19 (93% and 91%) (ABS 2021f). This was similar to reports in previous months (ABS 2020a, 2021a, 2021c).

Between November 2020 and June 2021, the most common precautions were similar for adults with and without disability and included (Figure COVID.7):

- regularly washing hands or using hand sanitiser (87% of adults with disability and 84% of adults without disability in June 2021)
- keeping physical distance (69% and 61% in June 2021)
- staying at home (43% and 41% in June 2021)
- disinfecting surfaces before using them (46% and 42% in June 2021)
- wearing a face mask (43% and 44% in June 2021) (ABS 2021f).

Figure COVID.7: Precautions taken by adults¹ during the last week due to COVID-19, by disability status, November 2020, January 2021, March 2021 and June 2021



¹People aged 18 and over living in households. Includes people who did not take any precautions due to the spread of COVID-19.
Source: ABS 2020a, 2021a, 2021c, 2021f; see also Table COVID14.
<http://www.aihw.gov.au>

Compared with November 2020, in June 2021 adults with and without disability were less likely to report:

- washing hands or using hand sanitiser regularly
- keeping physical distance from people
- disinfecting surfaces before using them (ABS 2020a, 2021f).

Comparing each of the survey periods, people both with and without disability were most likely to report reporting wearing a face mask in January 2021 (61% and 65%) (ABS 2021a).

Following COVID-19 state and territory recommendations and restrictions

In December 2020, when asked about their understanding of their state or territory's recommendations and restrictions, more than 4 in 5 adults (82% of adults with disability and 85% of adults without disability) rated their understanding as very good (47% and 45%) or good (35% and 40%) (ABS 2020b).

Most people with and without disability reported following their state or territory's recommendations and restrictions to help prevent the spread of COVID-19 (95% for both groups):

- People with disability (35%) were more likely than people without disability (26%) to report following the recommendations and restrictions exactly.
- The majority of people with disability (72%) and without disability (81%) felt that other people were following their state or territory's recommendations and restrictions to help prevent the spread of COVID-19 (ABS 2020b).

Use of public transport during COVID-19

In March 2020 (before the introduction of COVID-19 restrictions), people with disability were less likely to regularly use public transport than people without disability (Figure COVID.8):

- About 12% of adults with disability used public transport once a week or more often, compared with 27% of those without disability.
- About 8 in 10 (79%) adults with disability used public transport several times a year or less often, compared with 65% of those without disability (ABS 2021c).

Figure COVID.8: Use of public transport by adults¹ before and after COVID-19 restrictions, by disability status and month, 2020–2021

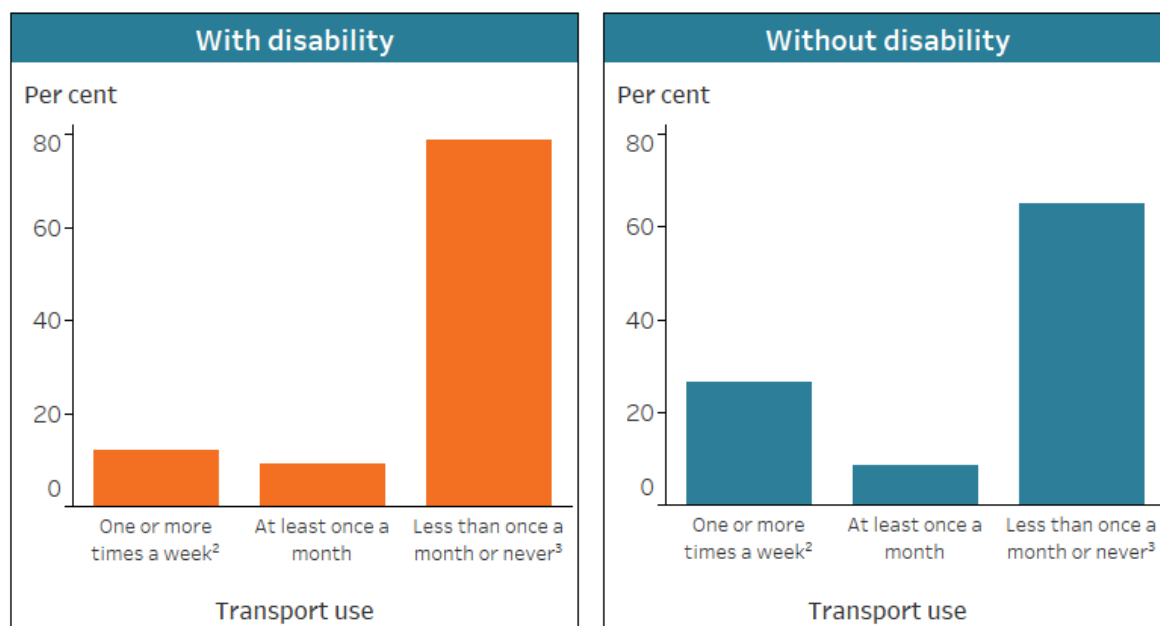
Select to view month

- ☒ March 2020
- ☐ December 2020
- ☐ March 2021
- ☐ June 2021

Before COVID-19 restrictions in **March 2020**,

12.1% of people with disability and **26.5%** of people without disability

used public transport **one or more times a week**.



¹People aged 18 and over living in households.

²AIHW calculation combining 'all or most days' and 'at least once a week'.

³AIHW calculation combining 'several times a year', 'once a year or less' and 'never or almost never'.

⁴In the last 4 weeks.

Source: ABS 2020c, 2021c, 2021f; see also tables COVID15 and COVID16.

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

Regular use of public transport in general declined during the pandemic, but for people with disability the use of public transport remained broadly unchanged (Figure COVID.8):

- For adults with disability, proportions reporting regular use of public transport remained similar to the March 2020 level in December 2020 and March 2021 (10% both months) and in June 2021 (8%).
- For adults without disability, proportions reporting regular use of public transport fell from 27% in March 2020 to 14% in June 2021 (ABS 2020b, 2021c, 2021f).

People with disability were more likely to report feeling uncomfortable using public transport than people without disability, both before and during COVID-19 restrictions:

- Before COVID-19 restrictions (March 2020), 23% of adults with disability and 14% of adults without disability reported feeling uncomfortable or very uncomfortable using public transport.

- In March 2021, 45% of adults with disability and 36% of adults without disability reported feeling uncomfortable or very uncomfortable using public transport.
- Similar results were reported for taxis and ride share services (ABS 2021c).

The 3 main actions that people with or without disability felt would help them be more comfortable using public transport, taxi or ride share services were:

- people understanding, and visibly following, COVID-safe practices (such as wearing face masks, social distancing and sanitising hands) (27% and 34%, respectively)
- widespread uptake of a vaccine (13% and 16%, respectively)
- having received a vaccine (12% and 9.6%, respectively) (ABS 2021c).

Travel intentions

In May 2021 (when travel within states and territories and, for the most part, travel between states and territories was open and encouraged), adults with disability were:

- less likely than those without disability to intend to travel to see family or friends, for holidays or for recreation between June and August 2021 (33% compared with 42%) (ABS 2021e).

Of those who did not intend to travel or were not sure:

- adults with disability were less likely than those without disability to say they wanted to travel (58% compared with 69%)
- the most common reasons to not intend to travel were
 - cannot afford to travel (28% for adults with disability and 21% for adults without disability)
 - no reason to travel or nowhere they wanted to go (26% and 29%)
 - COVID-19 travel restrictions would make it too difficult or impossible to travel (25% and 31%)
 - concerns about the risks of COVID-19 or COVID-19 outbreaks (24% and 26%) (ABS 2021e).

Attitudes to COVID-19 testing

The symptoms of COVID-19 are similar to those of other respiratory infections, such as influenza or common cold (Department of Health 2020). The public health advice on whether people should get tested for COVID-19 if they had symptoms of a respiratory infection (such as a sore throat, cough, fever, or aches and pains) varied throughout the pandemic. During the initial stages of the pandemic, eligibility for COVID-19 testing was determined by a GP or medical professional (Department of Social Services 2020a). However, from mid-2020 the public health advice consistently recommended to test for

COVID-19 for any symptoms of a respiratory infection, even if the symptoms were mild (Department of Social Services 2020b).

In June 2021, less than half of adults said they would definitely get a COVID-19 test if they had mild symptoms of a respiratory infection:

- 49% of adults with disability reported they would definitely get tested for mild symptoms (similar to those without disability, 44%)
- 35% of adults with disability said they would probably or possibly get tested (42% without disability)
- 16% of adults with disability and 14% of adults without disability said they would probably or definitely not get tested for mild symptoms (ABS 2021f).

These reports were similar to earlier reports in December 2020, and February and April 2021 (ABS 2020b, 2021b, 2021d).

Excluding the people who said they would definitely get a COVID-19 test for mild symptoms, the most common reasons not to get tested were similar for people with and without disability:

- symptoms unrelated to COVID-19 (59% for adults with disability and 61% for adults without disability in June 2021)
- few or no cases of COVID-19 where the respondents lived, or they were not in a 'hot spot' (46% and 52%)
- symptoms not serious enough (42% and 44%)
- not having been in contact with anyone who had COVID-19 symptoms (37% and 38%) (ABS 2021f).

This was similar to reports in December 2020, and February and April 2021 (ABS 2020b, 2021b, 2021d).

In June 2021, of those who said they may not get a COVID-19 test for mild symptoms, adults with disability (62%) and those without disability (66%) were similarly likely to report that they would definitely get a COVID-19 test if they had severe symptoms of a respiratory infection (ABS 2021f).

Life after COVID-19 restrictions

In June 2021, the Household Impacts of COVID-19 survey asked Australians aged 18 and over when they would expect life to return to normal. In general, people with disability were less optimistic about life returning to normal sooner than people without disability:

- people with disability were less likely to expect that life would return to normal within a year than those without disability (20% for adults with disability compared with 27% for adults without disability)
- people with disability were more likely to say that life would never return to normal (20% compared with 14%)

- about 1 in 6 people (15% of adults with disability and 18% of those without disability) said that life had already returned to normal (ABS 2021f).

There were certain aspects of life under COVID-19 restrictions which people wanted to continue in the future. Among the most common aspects (named by at least 1 in 5 people with disability), some were similar for people with and without disability, including:

- spending more time with family and friends (27% for adults with disability and 34% for adults without disability)
- slower pace of life (23% and 28%)
- taking more domestic holidays (22% and 29%)
- less environmental impact (22% and 26%) (ABS 2021f).

Others were less likely to be named by people with disability, including:

- spending less/saving more (22% for adults with disability and 31% for adults without disability)
- working from home (19% and 37%) (ABS 2021f).

People with disability were more likely than people without disability to say they wanted none of the selected aspects of life under COVID-19 restrictions to continue (24% compared with 15%) (ABS 2021f).

Where can I find out more?

[Data tables](#) for this report.

[ABS Household Impacts of COVID-19 Survey](#).

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Social support

Key findings

- NDIS participants aged 0–14 were getting along better with their siblings and family during COVID-19 than before it.
- 41% of adults with disability chose not to attend any social gatherings in December 2020 (34% without disability).
- 1 in 4 adults providing unpaid care reported difficulty in providing care due to COVID-19.

This section reports on formal and informal supports provided to people with disability since the introduction of COVID-19 restrictions in March 2020. It draws on the data collected by the National Disability Insurance Agency (NDIA) as part of its NDIS Outcomes Framework Survey, the ABS Household Impacts of COVID-19 Survey, and several smaller surveys and administrative data collections conducted since March 2020.

Social connectedness

NDIS participants and their families and carers

An NDIA report on NDIS participant and family/carers outcomes during the early stages of the COVID-19 pandemic (up to 30 June 2020) showed that during COVID-19 access to social connections outside participants' households had decreased. However, in some cases, participants reported improved feelings of support and said their families were brought closer together (NDIA 2020a).

NDIS Outcomes Framework Survey

The National Disability Insurance Agency (NDIA) regularly collects information on how participants, their families and carers are progressing in different areas of their lives, as part of the Long Form Outcomes Framework survey.

A new cohort of participants is added to the survey every year. Selected NDIS participants are invited to take part in the baseline survey at Scheme entry; those who agree to participate are contacted annually for a follow-up interview. Families and carers of participants are also interviewed (NDIA 2020b).

The survey adopts a lifespan approach, with 4 respondent groups based on participant age: birth to before school, from starting school to 14 years of age, 15–24 years, and 25 years and over. Questions asked of participants and their families and carers differ based on the participant's age group (NDIA 2020b).

The survey design allows 2 types of comparisons of outcomes for participants and their families and carers over time:

- comparison of baseline outcomes for cohorts of participants who had entered the Scheme in different years (baseline comparison)
- comparison of baseline outcomes with later outcomes observed for the same participants (longitudinal comparison) (NDIA 2020b).

In particular, it is possible to compare the results collected before 23 March 2020 (when the COVID-19 restrictions were introduced) with those collected after that date.

Based on comparison of their baseline outcomes, participants who entered the Scheme after the introduction of COVID-19 restrictions (compared with those whose entry was before March 2020):

- children (aged 0–14) with disability were getting along better with siblings, and better fitting into their family's everyday life
- young children (from birth to before starting school) were less likely to participate in age-appropriate community, cultural or religious activities
- participants aged 25 and over were less likely to currently be a volunteer
- participants aged 15 and over were less likely to have someone outside their home to call on for help if needed, and more likely to say they wanted to see their family more often (NDIA 2020a).

Families and carers of participants whose Scheme entry was after the introduction of COVID-19 restrictions (compared with those whose entry was before March 2020):

- were in general more positive about having enough contact with friends, practical help and emotional support
- were more likely to say they have enough parenting support and are confident in their ability to support their child's development (for families of participants aged 0–14) (NDIA 2020a).

In terms of longitudinal comparison, looking at baseline outcomes (at Scheme entry) and a later observation for the same participants during the COVID-19 period:

- compared with pre-COVID-19 period, young children (from birth to before starting school) were less likely to improve with regard to participating in community, cultural or religious activities, and in being able to make friends with people outside their family
- participants aged 25 and over were less likely to improve in terms of knowing people in their community (NDIA 2020a).

At 30 June 2021, NDIS participants who had been in the Scheme for at least 2 years reported higher rates of community and social participation during COVID-19 compared with their baseline outcomes:

- 43% for participants aged 15–24 (compared with pre-COVID-19 baseline of 34%)
- 45% for participants aged 25 and over (compared with pre-COVID-19 baseline of 37%) (NDIA 2021b).

Similar results were observed in December 2020 and March 2021 (NDIA 2020c, 2021a).

Adults with disability

In April 2021, the Household Impacts of COVID-19 Survey asked respondents about their social connectedness.

Household Impacts of COVID-19 Survey

The data used in this section are largely from the Australian Bureau of Statistics' (ABS) Household Impacts of COVID-19 Survey. This survey was designed to provide a quick snapshot of the changing social and economic situation for Australian households with particular focus on how they were faring in response to the COVID-19 pandemic.

The survey was initially conducted between April 2020 and June 2021. From 1 April to 10 July 2020, the survey was conducted fortnightly with the same panel of respondents. From August 2020, the survey was conducted monthly with a new panel. Panel members have rotated, with new members added in November 2020 and March 2021. At the time of writing, the June 2021 survey was the last in the series; the survey was subsequently reinstated for 3 months from February to April 2022.

Each cycle of the survey collected information on different topics. Some topics have been repeated in both fortnightly and monthly surveys. The topics included:

- self-assessed physical and mental health
- emotional and mental wellbeing
- use of health services (including telehealth)
- job situation (including access to leave, job search and working from home arrangements)
- training and development of skills
- household finances (including income, saving, spending and financial stress)
- receipt of government assistance payments and supports
- care and assistance provided to vulnerable people inside and outside of household
- caring for children and child care and schooling arrangements during COVID-19
- social contacts and participation in activities
- personal and household stressors
- lifestyle changes
- COVID-19 vaccination attitudes and experiences
- behaviours around COVID-19 testing

- precautions taken due to COVID-19
- life after COVID-19.

Disability status was captured in the survey using a subset of questions from the ABS Short Disability Module. 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.

In the survey, a person is considered to have disability if they have one or more conditions (including long-term health conditions) which have lasted, or are likely to last, for at least 6 months and restrict everyday activities.

The survey collected data from people aged 18 and over in private dwellings across Australia (excluding very remote areas). It did not include people living in institutional settings, such as aged care facilities.

Adults with disability were in general more likely than those without disability to assess their social connectedness as poor:

- 6.9% of adults with disability said their ability to get support from family or friends when they needed it was poor (2.5% of those without disability)
- 12% of adults with disability reported poor sense of being a part of a group or community (5.2% for those without disability)
- 6.0% of adults with disability reported poor levels of confidence to have a say about issues important to them (2.8% for those without disability) (ABS 2021c).

Participation in activities

As could be expected, participation in social activities in 2020 and 2021 varied in line with changing COVID-19 restrictions. For some activities, people with disability were disproportionately affected.

In general, proportions of people reporting participation in various activities were lowest in June 2021 (compared with December 2020 and February and April 2021) (ABS 2020d, 2021b, 2021c, 2021d). During June 2021, adults with disability were:

- less likely to attend social gatherings of more than 10 people at least once in the last 4 weeks (44%, compared with 53% for those without disability)
- less likely to visit bars or restaurants in person at least once in the last 4 weeks (61%, compared with 77% for those without disability)
- less likely to attend a cultural event or venue at least once in the last 4 weeks (12%, compared with 18% for those without disability) (ABS 2021d).

In addition, in June 2021 adults with disability were less likely than those without disability to regularly (at least once a week in the last 4 weeks):

- visit a public park or recreation area (29%, compared with 44% for adults without disability)
- exercise at a gym or play sport (17%, compared with 28% for adults without disability)
- shop in physical stores (73%, compared with 78% for adults without disability) (ABS 2021d).

At the same time, from December 2020 to June 2021, participation in some activities remained stable over time and similar for adults with and without disability, for example:

- going away on holiday for 2 nights or more – proportion of people doing this at least once in the 4 weeks prior to the survey interview ranged between 15% and 20%, with the exception of April 2021 when it reached a peak of 33% for adults without disability
- doing voluntary work for an organisation or a group – proportion of people doing this at least once in the 4 weeks prior to the survey ranged between 13% and 18%
- visiting a casino or gaming area – proportion of people doing this at least once in the 4 weeks prior to the survey ranged between 6% and 10% (ABS 2020d, 2021b, 2021c, 2021d).

Adults with disability were also less likely to participate in activities with family or friends:

- in June 2021, 78% of people with disability reported participating in the last 4 weeks, compared with 85% of people without disability
- this was a decrease for both groups since April 2021, when 88% of adults with disability and 93% of those without disability reported participating (ABS 2021c, 2021d).

Attending social gatherings

In January 2021, the Household Impacts of COVID-19 survey asked Australians aged 18 and over about their attendance at social gatherings since 1 December 2020.

Most people, regardless of their disability status, were comfortable attending social gatherings at their own, a friend's or a family member's residence:

- 80% of adults with disability and 88% of adults without disability reported being comfortable or very comfortable attending gatherings at their own residence
- 80% of adults with disability and 89% of adults without disability reported being comfortable or very comfortable attending gatherings at a friend's or family member's residence (ABS 2021a).

People with disability were less likely than those without disability to report being comfortable or very comfortable while attending:

- social gatherings at restaurants (59% of adults with disability compared with 76% of adults without disability)
- community events (43% compared with 56%) (ABS 2021a).

Most people, regardless of their disability status, felt uncomfortable or very uncomfortable attending social gatherings at nightclubs or bars (72% of adults with disability and 63% of those without disability) (ABS 2021a).

People with disability were more likely than those without disability to choose not to attend any social gatherings since 1 December 2020 due to COVID-19 (41% compared with 34%) (ABS 2021a).

Care provided to people with disability

Many people with disability rely on unpaid and paid care on a daily basis. The COVID-19 pandemic has had an impact on this essential support.

The CYDA COVID-19 survey found that:

- 32% of children and young people or their families with disability experienced cancellation of support workers either by self or service
- 32% reported cancellation of other NDIS funded services (Dickinson and Yates 2020).

Written responses elaborated that cancellations by self could relate to concerns about vulnerability to infection or needs of self or family members to isolate (Dickinson and Yates 2020).

CYDA COVID-19 survey

Children and Young People with Disability Australia (CYDA), a national representative organisation for children and young people (aged 0–25) with disability, ran an online survey between 16 March and 23 April 2020 about the experiences of children and young people with disability during the COVID-19 pandemic. The survey was promoted among CYDA members (more than 5,000 people) and via social media by other disability advocacy organisations. Respondents self-selected to participate.

Of 697 people who responded to the survey:

- 93% were a family member of a child or young person with disability, 6% were a person with disability aged over 25, 4% were a young person with disability, 3% were 'other' (for example, speech pathologist) (respondents could belong to more than one category).
- The majority of responses were for young people aged 7–18.
- 43% of the young people were enrolled in a mainstream school, 30% in a special school.
- 95% of the young people lived at home with family.
- Almost 9 in 10 (88%) had a current NDIS plan (Dickinson and Yates 2020).

People with Disability Australia (PWDA) conducted a survey in May 2020 for its members – people with disability and their families and carers – asking about changes to support received by respondents during the early stages of COVID-19. The survey attracted just over 200 respondents (the response rate for the survey is unknown). Many respondents reported receiving less support, including:

- less NDIS support (reported by 41% of respondents)
- less non-NDIS disability support (reported by 47% of respondents) (PWDA 2020).

The ABS Household Impacts of COVID-19 Survey showed that, between March and June 2020, about 3 in 10 people who regularly used disability services for themselves or a member in their household experienced disruption to the regular formal support:

- 6% of survey participants reported they or someone in their household regularly used disability support services¹
 - of them, 29%* reported experiencing a disruption to their regular service since 1 March 2020 (ABS 2020b).

Types of disruptions to regular disability support services included cancellation of services, changes in how the services were delivered, and changes in the frequency of the services (ABS 2020b).

The provision of unpaid care has also been affected by COVID-19. Between 1 March and mid-May 2020:

- 13% of adults provided unpaid care to a vulnerable person (a person aged 65 or over, or a person with a disability or long-term health condition) living outside their household because of COVID-19
- 23% of adults who had a vulnerable person living in the same household provided more than usual care to that person because of COVID-19
- the most common activity in both cases was shopping (ABS 2020a).

In November 2020:

- 16% of adults reported providing unpaid care to a vulnerable person
- of those who provided care
 - 12% had not provided care or assistance prior to 1 March 2020
 - 25% had difficulty providing care or assistance due to COVID-19 since 1 March 2020 (ABS 2020c).

¹ Proportions marked with asterisk (*) have a Margin of Error (MoE) greater than 10 percentage points which means the estimate should be interpreted with caution.

Disability support workers

The University of Melbourne and University of New South Wales (UNSW) Canberra conducted a national survey of more than 350 disability support workers between late May and June 2020 (the response rate for the survey is unknown). The survey showed that, among respondents:

- 90% were not able to physically distance at work
- 53% provided support that required close personal contact (such as feeding or brushing teeth)
- 14% worked for more than one provider (Kavanagh et al. 2020).

The survey found that respondents worked with an average of 6 people with disability in the week prior to the survey (Kavanagh et al. 2020).

Disability support workers have also been adversely affected financially because of COVID-19. Between late May and June 2020:

- 27% of disability workers cancelled own shifts due to concerns about COVID-19 infection
- 35% of disability workers had their shifts cancelled by clients or employers due to the same concerns
- 1 in 5 disability support workers (20%) experienced financial stress, reporting they could not pay bills, their rent or mortgage, or went without meals (Kavanagh et al. 2020).

Care provided by people with disability

People with disability are more likely to be providing care to others than people without disability. The 2018 Survey of Disability, Ageing and Carers (SDAC) showed that, among people aged 15 and over:

- 25% of people aged 15–64 with disability were carers, compared with 10% of those without disability
- 19% of people aged 65 and over with disability were carers, compared with 16% of those without disability (ABS 2019).

Survey of Disability, Ageing and Carers

Some of the 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 data on disability prevalence in Australia.

The SDAC considers that a person has disability if they have at least one 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.

In November 2020, proportions of people with and without disability providing care were consistent with the 2018 SDAC results:

- adults (aged 18 and over) with disability were more likely to provide care or assistance to a vulnerable person (23%) than adults without disability (14%)
- most care providers had provided care since before 1 March 2020, however this was more likely for carers with disability
 - 96% of people with disability who were providing care in November 2020 also provided care before March 2020, compared with 84% for those without disability (ABS 2020c).

While more than half of carers provided care to a person living in the same household, people with disability were less likely than those without disability to be a carer for someone who lived outside their household:

- 68% of adults with disability and 51% of those without disability cared for a person in the same household
- about a quarter (26%) of adults with disability cared for those not living in the same household (compared with 43% of those without disability)
- similar proportions of adults with and without disability (4.2% and 4.6%) provided care to both persons living in and outside of their household (ABS 2020c).

Similar proportions of carers with and without disability had difficulty providing care, or had to change their work arrangements to provide care after 1 March 2020:

- 24% of carers with disability reported difficulty providing care (26% of those without disability)
- 22% had to change work arrangements in order to provide care (22% of those without disability) (ABS 2020c).

Government and community services

In April 2021, the Household Impacts of COVID-19 Survey asked Australians aged 18 and over about accessing crisis or support services in the 4 weeks prior to the survey.

Crisis and support services

The ABS Household Impacts of COVID-19 Survey asked respondents about accessing and using government, health and other services in the 4 weeks before their April 2021 interview.

Services included:

- housing service or crisis and/or supported accommodation
- job search or other employment support service
- youth support service (for example, Headspace digital work and study service, PCYC)
- family or parenting support program (excluding child care)
- financial crisis support services (for example, National Debt Hotline)
- domestic and family violence services
- alcohol and other drugs support services.

Other online government and health services, such as a government service portal or agency website, a telehealth appointment booking service, an electronic prescription service, [DigitalHealth.gov.au](https://www.digitalhealth.gov.au), [Health Direct](https://www.healthdirect.gov.au), or [Head to Health](https://www.headtohealth.org.au), were asked about separately.

People with and without disability were similarly likely to report accessing one or more crisis or support services in the 4 weeks before the survey:

- 11% of people with disability and 6.3% of people without disability accessed one or more services
- the most common type of services for both groups was job search or other employment support service (8.4% and 5.3%) (ABS 2021c).

About 3 in 10 people reported accessing online government, health and other services during the previous 4 weeks (31% for people both with and without disability). The most commonly accessed online services were the same for both groups, and included:

- a government service portal or agency website (accessed by 21% of adults with disability during the previous 4 weeks)
- a telehealth appointment booking service (accessed by 9.3% of adults with disability)
- an electronic prescription service (accessed by 5.9% for adults with disability)
- DigitalHealth.gov.au (accessed by 2.9% of adults with disability) (ABS 2021c).

Of those who accessed online services in the previous 4 weeks, the main reasons given by people with and without disability for accessing or using an online service were:

- convenience (both 62%)
- saves time (34% for people with disability and 35% for people without disability)
- the only access option available (26% and 25%) (ABS 2021c).

Of those who did not use any of the online services in the previous 4 weeks, people with disability were more likely not to use the services because:

- they preferred an in-person appointment (37% compared with 24% for people without disability)
- they did not have or could not use the required technology (14% compared with 4.1% for people without disability) (ABS 2021c).

Support provided by the NDIS Quality and Safeguards Commission

The NDIS Quality and Safeguards Commission continued to support NDIS participants and providers throughout the COVID-19 pandemic. Between 1 March and 30 June 2021, the commission had received:

- 1,358 contacts and 213 complaints specifically related to COVID-19
- 1,677 provider notifications of changes to support (NDIS Commission 2021).

Provider notifications received during this period indicated the main types of supports and services affected (a single notification could relate to more than one type of support) were:

- therapeutic supports (527 notifications)
- community participation (496 notifications)
- group and centre based activities (500 notifications) (NDIS Commission 2021).

Where can I find out more?

[Data tables](#) for this report.

[ABS Household Impacts of COVID-19 Survey.](#)

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Education

Key findings

- Individual supports to children with disability by education providers fell from 56% to 12% during COVID-19.
- 21% of adults with disability undertook formal or informal study or training in 2020 (28% without disability).
- 73% of adults with disability who studied in 2020 did all of their studies online (59% without disability).

COVID-19 led to significant and long-lasting disruptions to the traditional classroom-based education. In 2020, 1.5 billion students in 188 countries were locked out of their schools (OECD 2021). As the pandemic continued to disrupt education well into 2021, many education systems struggled with adapting to new online modes of learning and maintaining learning continuity and student supports. For students with disability, this may result in added challenges related to reduced individual supports and social interactions, increased reliance on parental supports, and problems with technology.

This section looks at some of the changes in education processes experienced by children, young people and adult students in Australia during the COVID-19 pandemic.

Household Impacts of COVID-19 Survey

The data used in this section are largely from the Australian Bureau of Statistics' (ABS) Household Impacts of COVID-19 Survey. This survey was designed to provide a quick snapshot of the changing social and economic situation for Australian households with particular focus on how they were faring in response to the COVID-19 pandemic.

The survey was initially conducted between April 2020 and June 2021. From 1 April to 10 July 2020, the survey was conducted fortnightly with the same panel of respondents. From August 2020, the survey was conducted monthly with a new panel. Panel members have rotated, with new members added in November 2020 and March 2021. At the time of writing, the June 2021 survey was the last in the series; the survey was subsequently reinstated for 3 months from February to April 2022.

Each cycle of the survey collected information on different topics. Some topics have been repeated in both fortnightly and monthly surveys. The topics included:

- self-assessed physical and mental health
- emotional and mental wellbeing
- use of health services (including telehealth)
- job situation (including access to leave, job search and working from home arrangements)

- training and development of skills
- household finances (including income, saving, spending and financial stress)
- receipt of government assistance payments and supports
- care and assistance provided to vulnerable people inside and outside of household
- caring for children and child care and schooling arrangements during COVID-19
- social contacts and participation in activities
- personal and household stressors
- lifestyle changes
- COVID-19 vaccination attitudes and experiences
- behaviours around COVID-19 testing
- precautions taken due to COVID-19
- life after COVID-19.

Disability status was captured in the survey using a subset of questions from the ABS Short Disability Module. 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.

In the survey, a person is considered to have disability if they have one or more conditions (including long-term health conditions) which have lasted, or are likely to last, for at least 6 months and restrict everyday activities.

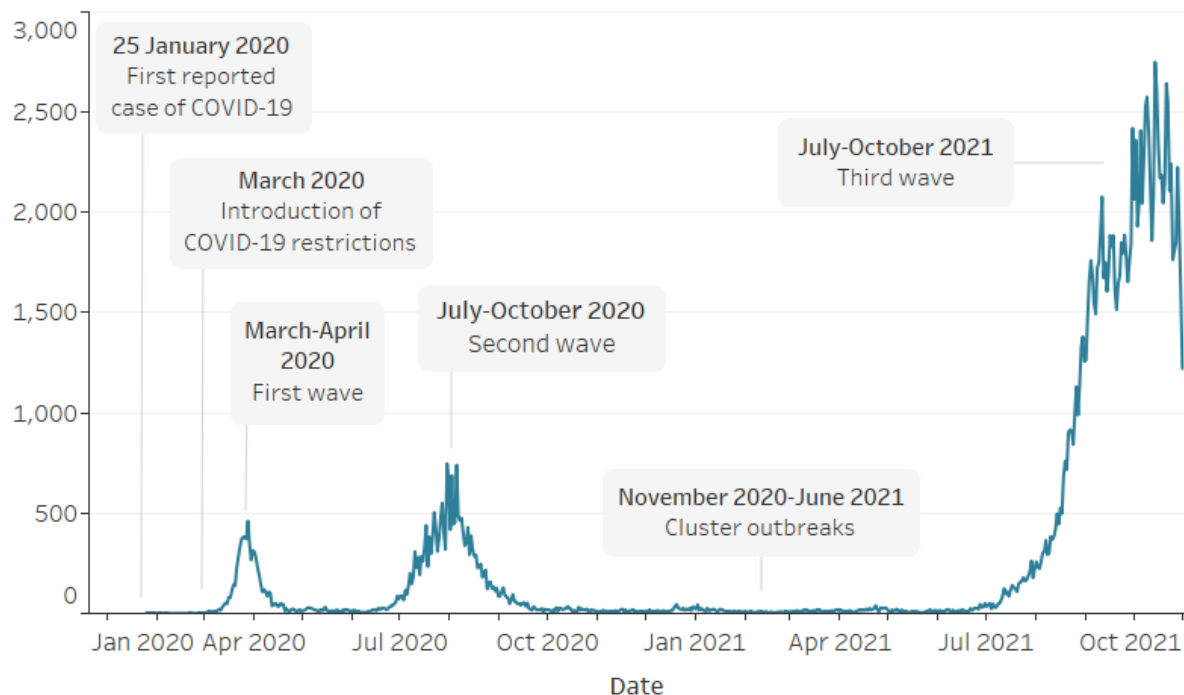
The survey collected data from people aged 18 and over in private dwellings across Australia (excluding very remote areas). It did not include people living in institutional settings, such as aged care facilities.

Timeline of COVID-19 events between January 2020 and October 2021

Due to constant and rapid changes in the COVID-19 situation, the numbers reported in this section should be viewed in the context of the situation at the time of data collection. Therefore, throughout this section, references are made to the month in which the data were collected. A brief timeline of COVID-19 in Australia between January 2020 and October 2021 is provided below for reference.

New daily COVID-19 cases¹ in Australia between January 2020 and October 2021

New cases / day



¹New confirmed cases as announced. These do not include historical cases or technical adjustments and may differ from other data sources.

Source: <https://www.covid19data.com.au/>

January–February 2020

- first case of COVID-19 in Australia reported on 25 January 2020
- new cases among international arrivals only
- public health measures comprised blocking international arrivals from some countries.

March–April 2020 – first wave

- first cases of community transmission of the virus (2 March); the number of daily new cases grew sharply from the beginning of March, reached a peak of 464 on 28 March, and then started falling to fewer than 20 cases a day by the end of April
- Australian borders closed to all non-residents on 20 March; from 27 March, returning residents were required to spend 2 weeks in supervised quarantine hotels
- introduction of border control measures for some states and territories
- introduction of physical distancing rules (21 March), and restrictions on non-essential gatherings and services (such as pubs, gyms and cinemas) (22 March)

- announcement of first (12 March) and second (22 March) economic stimulus packages; a safety net package for mental health, telehealth and domestic violence services, and emergency food relief (29 March); JobKeeper payment (30 March) and free child care for working parents (2 April).

May–June 2020 – gradual easing of restrictions

- continuing international border closures; continuing state and territory border control measures for some jurisdictions; slight easing of restrictions in some states and territories (from 1–12 May)
- The National Cabinet’s three-stage plan to begin easing restrictions (8 May)
 - Stage 1: allowing gatherings of up to 10 people, up to 5 visitors in the family home, and some local and regional travel
 - Stage 2: expansion of stage 1, with gatherings of up to 20 people, and more businesses reopening, including gyms, beauty services and entertainment venues
 - Stage 3: the ‘new normal’ – transition to COVID-safe ways of living and working, with gatherings of up to 100 people permitted
- average daily case numbers around 15 throughout May, fewer than 10 in the first half of June
- all jurisdictions in stage 2 and some in stage 3 during June.

July–October 2020 – second wave

- restrictions reinstated in regions of Victoria from 1 July due to new COVID-19 clusters
- second wave largely localised to Melbourne and much more widespread and deadlier than the first (at its peak, Victoria had more than 7,000 active cases).
- the wave ended with zero new cases being recorded on 26 October 2020.

November 2020–June 2021

- cluster outbreaks in late 2020 and mid-2021, with several brief snap lockdowns in certain states to contain the spread.

July–October 2021 – third wave

- an outbreak of the SARS-CoV-2 Delta variant during June 2021 in New South Wales caused lockdowns for almost half of Australia's population and most major cities from early July 2021
- the outbreak continued to worsen to new record daily cases into August. In late August to mid-September 2021 Victoria had its first 9 deaths since late October 2020.

Children and young people with disability and their families

Many children and young people with disability experienced a change in the operation of their school or education facility during COVID-19. In the CYDA Education Survey 2020, 2 in 3 respondents (67%) reported that their school or education facility moved to remote learning (Dickinson et al. 2020). For some respondents, the changes went beyond that:

- 12% reported their school or education facility had closed
- 4% reported that their education facility had reduced its hours
- 1% reported that the student's enrolment had been cancelled (Dickinson et al. 2020).

CYDA Education Survey 2020

Children and Young People with Disability Australia (CYDA), a national representative organisation for children and young people (aged 0–25) with disability, ran an online survey between 28 April and 14 June 2020 about education-specific issues experienced by young people with disability during COVID-19. The survey covered the periods when schools were mostly closed to students, and when the majority of students transitioned back to face-to-face teaching (Dickinson et al. 2020). The survey was promoted among CYDA members (more than 5,000 people) and via social media by other disability advocacy organisations. Respondents self-selected to participate.

Of 719 respondents, 95% were family members of students with disability, and 5% were young people with disability (Dickinson et al. 2020).

Of the young people with disability who responded (or on whose behalf information was provided):

- 85% were school students, and a further 4% were university, TAFE or vocational education students
- 76% of school students were enrolled in a mainstream school, 17% in a special school, and 3% in both types of school
- 73% were NDIS participants; of these, 31% were receiving NDIS funding to assist in accessing education (prior to COVID-19) (Dickinson et al. 2020).

During this time the responsibility for education shifted away from teachers and schools to parents:

- 78% of respondents reported that parents and carers were mainly responsible for providing the student's daily education routine
- 12% reported the responsibility stayed with the same teacher or educator as before the pandemic.

For some students with disability, the shift to remote learning could be problematic due to difficulties with accessibility of online platforms or learning materials:

- curriculum and learning materials were provided in accessible format to 50% of respondents
- just under half (46%) of respondents had regular contact with the education provider to ensure learning was accessible
- about a quarter (24%) received assistance with technology to support learning at home (Dickinson et al. 2020).

Supports provided by education facilities had drastically decreased during the pandemic. The proportions of respondents receiving supports before and during the pandemic had decreased for all types of supports covered by the survey:

- individual support worker (for example, education aide, learning support worker) (56% of respondents had received this support before COVID-19 compared with 12% during the pandemic)
- supervision (proportion receiving support fell from 48% to 10%)
- social support (fell from 43% to 9%)
- specific aides and equipment (from 40% to 10%)
- behavioural support (fell from 34% to 7%)
- access to specialist allied health (fell from 38% to 15%)
- assistance with personal care (fell from 27% to 8%)
- curriculum modification (fell from 54% to 35%) (Dickinson et al. 2020).

The CYDA survey further highlighted how COVID-19 affected the experience of education for children and young people with disability and their families:

- 72% of students felt more socially isolated from their peers
- 66% of respondents reported the family was not provided with assistance to support the learning of the student with disability during the COVID-19 pandemic
- 61% of respondents thought that the child or young person with disability did not receive adequate educational support during the pandemic (Dickinson et al. 2020).

The survey found that students who received support had better outcomes in maintaining their engagement and reducing social isolation. Support was most effective when more than one type was provided. Those who received 2 or more types of support were:

- more likely than those who did not receive any supports to feel a part of a learning community
- more likely to say they received adequate support in their education

- more likely than those who did not receive support to be engaged in their learning
- less likely to feel socially isolated (Dickinson et al. 2020)

Of the different types of support, social support (which typically involves helping to connect children and young people to their peers in meaningful ways) was most strongly associated with students feeling supported, part of a learning community, engaged in learning and feeling less isolated. This support type saw one of the largest decreases during the pandemic (from 43% to 9%) (Dickinson et al. 2020).

Adults with disability

In January, February and June 2021, the Household Impacts of COVID-19 Survey asked Australians aged 18 and over about their education and training activities.

During 2020:

- 21% of adults (aged 18 and over) with disability and 28% of adults without disability undertook formal or informal study or training
- 9.0% of adults with disability and 13% of those without disability undertook study for a qualification (ABS 2021b).

The proportion studying for a qualification during 2020 was broadly consistent with the 2018 findings in the [‘Education and skills’](#) section of this report, when 9.1% of people aged 15–64 with disability were studying for a non-school qualification at the time of the 2018 Survey of Disability, Ageing and Carers (SDAC) (15% without disability) (ABS 2019).

For those who undertook training or study in 2020, adults with disability were:

- more likely to have done all of their study online (73% compared with 59% of adults without disability)
- less likely to have done at least some of their study face-to-face (27% compared with 41%) (ABS 2021b).

In January 2021, people with disability (20%) were less likely to report an intention to study in the next 6 months than those without disability (27%) (ABS 2021a).

In June 2021, people with and without disability were asked about the study they had done in 2021. Both groups were similarly likely to:

- have done study or training since January 2021 (25% and 29%)
- intend to undertake study or training in 2021 but have not started (22% and 26%) (ABS 2021c).

Of people with and without disability who had done study or training in 2021 or intended to but had not started, 9.2% and 2.7% reported that one of the reasons was that they had more time available during COVID-19 restrictions (ABS 2021c).

Where can I find out more?

[Data tables](#) for this report.

[ABS Household Impacts of COVID-19 Survey](#).

References

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Employment

Key findings

- NDIS participant employment rate remained stable throughout the pandemic (22% for those aged 15 and over).
- In June 2021, 30% of adults with disability who had a job had regularly worked from home (39% without disability).
- 59% of employed adults with disability had not worked from home in the previous 4 weeks (51% without disability).

Household Impacts of COVID-19 Survey

The data used in this section are largely from the Australian Bureau of Statistics' (ABS) Household Impacts of COVID-19 Survey. This survey was designed to provide a quick snapshot of the changing social and economic situation for Australian households with particular focus on how they were faring in response to the COVID-19 pandemic.

The survey was initially conducted between April 2020 and June 2021. From 1 April to 10 July 2020, the survey was conducted fortnightly with the same panel of respondents. From August 2020, the survey was conducted monthly with a new panel. Panel members have rotated, with new members added in November 2020 and March 2021. At the time of writing, the June 2021 survey was the last in the series; the survey was subsequently reinstated for 3 months from February to April 2022.

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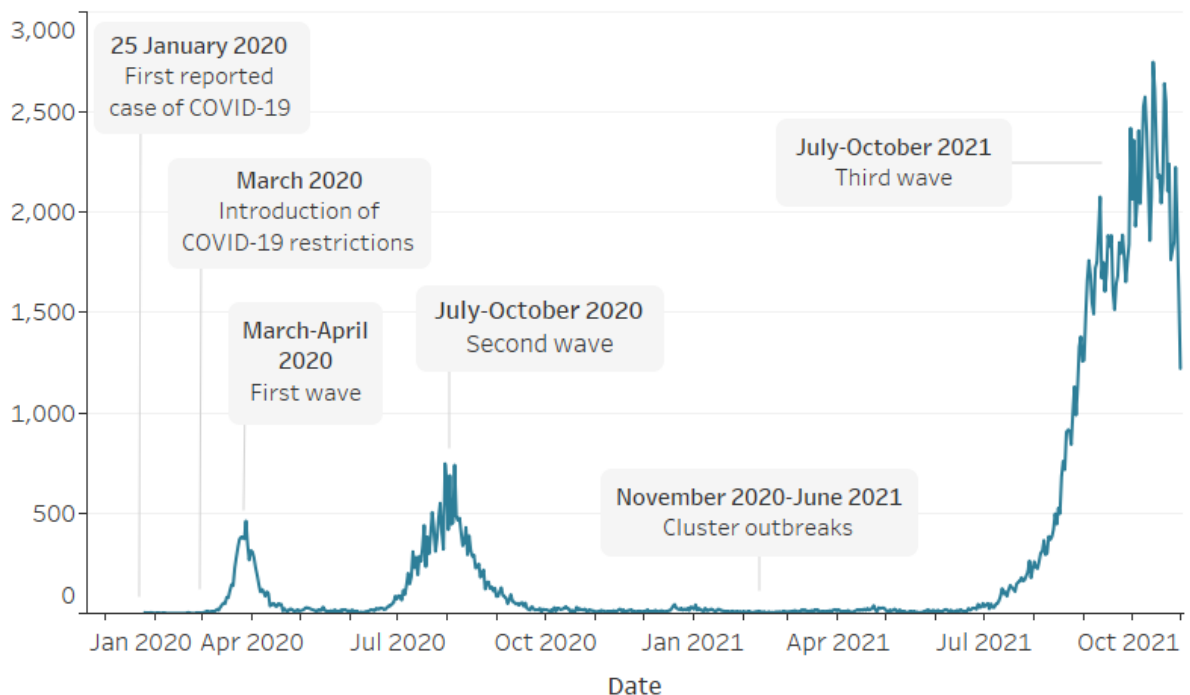
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- the outbreak continued to worsen to new record daily cases into August. In late August to mid-September 2021 Victoria had its first 9 deaths since late October 2020.

NDIS participants and their families and carers

A National Disability Insurance Agency (NDIA) report on NDIS participant and family/carer outcomes during the early stages of the COVID-19 pandemic (up to 30 June 2020) showed that COVID-19 had a mixed impact on employment (NDIA 2020).

NDIS Outcomes Framework Survey

The National Disability Insurance Agency (NDIA) regularly collects information on how participants, their families and carers are progressing in different areas of their lives, as part of the Long Form Outcomes Framework survey.

A new cohort of participants is added to the survey every year. Selected NDIS participants are invited to take part in the baseline survey at Scheme entry; those who agree to participate are contacted annually for a follow-up interview. Families and carers of participants are also interviewed (NDIA 2020b).

The survey adopts a lifespan approach, with 4 respondent groups based on participant age: birth to before school, from starting school to 14 years of age, 15–24 years, and 25 years and over. Questions asked of participants and their families and carers differ based on the participant's age group (NDIA 2020b).

The survey design allows 2 types of comparisons of outcomes for participants and their families and carers over time:

- comparison of baseline outcomes for cohorts of participants who had entered the Scheme in different years (baseline comparison)
- comparison of baseline outcomes with later outcomes observed for the same participants (longitudinal comparison) (NDIA 2020b).

In particular, it is possible to compare the results collected before 23 March 2020 (when the COVID-19 restrictions were introduced) with those collected after that date.

Comparing the outcomes for families and carers of participants aged 0–14 whose NDIS entry was after the introduction of COVID-19 restrictions (23 March 2020) with those whose entry was before that date:

- families and carers of participants who had entered the scheme during COVID-19 were less likely to report having a paid job at the entry date than those who entered the scheme before COVID-19 restrictions
- at the same time, of those in a paid job, higher proportions of responding families who had entered the scheme during COVID-19 reported working 15 or more hours per week
- similarly, more families and carers said they (or their partner) were able to work as much as they wanted
- of those unable to work as much as they wanted, families and carers of participants who entered the scheme during COVID-19 were more likely to give

the availability of jobs as a barrier to working more, and less likely to say the child's situation was a barrier (NDIA 2020).

For families and carers of participants aged 0–14 who had been observed in the scheme at 2 time points (before and after introduction of COVID-19 restrictions), there was some reduction in the likelihood of having a paid job or of working 15 or more hours per week post-COVID (NDIA 2020).

For families and carers of participants aged 15 and over, no significant changes in employment were observed before and after introduction of COVID-19 restrictions (NDIA 2020, 2021):

- at 30 June 2021, the employment rates for families/carers of participants aged 0–14 increased from 46% at baseline to 50% at latest plan
- for families/carers of participants aged 15 or over, employment rates remained at 44% (NDIA 2021).

For the NDIS participants aged 15 years or over who had been in the scheme for at least 2 years, the latest employment rates as at 30 June 2021 remained the same as they were at scheme entry:

- 22% of NDIS participants aged 15 or over were employed as at 30 June 2021, the same as at scheme entry (before 30 June 2019)
- for those aged 15–24, employment rates went from 12% at scheme entry to 21% at the time of the latest plan (NDIA 2021).

Changes in employment

In March–April 2020, an online survey by CYDA designed to capture the impact of COVID-19 on children and young people with disability and their families found that 21% of respondents were unable to work in their usual employment (Dickinson and Yates 2020).

CYDA COVID-19 survey

Children and Young People with Disability Australia (CYDA), a national representative organisation for children and young people (aged 0–25) with disability, ran an online survey between 16 March and 23 April 2020 about the experiences of children and young people with disability during the COVID-19 pandemic. The survey was promoted among CYDA members (more than 5,000 people) and via social media by other disability advocacy organisations. Respondents self-selected to participate.

Of 697 people who responded to the survey:

- 93% were a family member of a child or young person with disability, 6% were a person with disability aged over 25, 4% were a young person with disability, 3% were 'other' (for example, speech pathologist) (respondents could belong to more than one category).
- The majority of responses were for young people aged 7–18.
- 43% of the young people were enrolled in a mainstream school, 30% in a special school.
- 95% of the young people lived at home with family.
- Almost 9 in 10 (88%) had a current NDIS plan (Dickinson and Yates 2020).

The ABS Household Impacts of COVID-19 survey showed that between November 2020 and June 2021:

- proportions of adults (aged 18 and over) with disability who had a job remained relatively constant, ranging between 40% and 46%
- adults with disability were less likely to have a job than adults without disability, whose employment rates varied between 73% and 76% (ABS 2020a, 2020c, 2021a, 2021b, 2021c, 2021d, 2021e, 2021f).

The proportions of people who had a job were similar to the 2018 rates reported in the [‘Employment’](#) section of this report (48% for people aged 15-64 with disability and 80% for those without disability (ABS 2019), however these are not directly comparable due to differences in age and the collection methodology (ABS 2020b).

From November 2020 to June 2021, between 8.5% and 16% of adults with disability reported each month that their job situation had changed² in the month prior to the interview:

- The highest proportions reporting changes in their job situation were in November 2020 (16% of adults with disability) and April 2021 (14% of adults with disability).
- Between a quarter and a half of people with disability whose job situation had changed in the previous month attributed the change to COVID-19.
- Among adults without disability, between 9.1% and 15% reported that their job had changed in the last month (ABS 2020a, 2020c, 2021a, 2021b, 2021c, 2021d, 2021e, 2021f).

² Job situation changes included working more or fewer paid hours, no longer working paid hours, finding a new job, or losing a job. In most cases, job changes were an adjustment to the working hours.

Working from home

COVID-19 restrictions meant that, for many employees, working from home arrangements had become the norm from March 2020. Between December 2020 and June 2021, the reported frequency of working from home was similar for employed people with disability and those without disability (ABS 2021a, 2021b, 2021c, 2021d, 2021e, 2021f). For example, in June 2021:

- 30% of adults with disability who had a job and 39% of those without disability reported working from home regularly (once a week or more often in the previous 4 weeks)
- just over half of employed adults (59% of those with disability and 51% without disability) had never worked from home or had not worked from home in the previous 4 weeks (ABS 2021f).

For those who usually worked from home in their job or business, the main reason for people both with and without disability was restrictions due to COVID-19:

- 16% of employed adults with disability (or about 4 in 10 employed adults with disability who were usually working from home) named COVID-19 restrictions as the main reason for working from home.
- In comparison, 11% of employed adults without disability named COVID-19 restrictions as the main reason (about a quarter of those usually working from home) (ABS 2021b).

The preferences for working from home were generally similar for employed adults with and without disability:

- 45% of people with disability and 58% of people without disability preferred to work from home more or about the same
- 32% of people with disability and 26% of people without disability said that their type of work could not be done from home
- 22% of people with disability and 16% of people without disability preferred to work from home less or not at all (ABS 2021b).

Where can I find out more?

[Data tables](#) for this report.

[ABS Household Impacts of COVID-19 Survey](#).

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Income and housing

Key findings

- 28% of adults with disability experienced worsening of household finances in the year to February 2021 (18% without disability).
- 13% of adults with disability drew on savings to support basic living expenses (3.9% without disability).
- 7.5% of adults with disability experienced rental stress in the previous 4 weeks (2.6% without disability).

People with disability, and their households and families, are less likely than people without disability to have a high level of income, and are more likely to receive their income from government sources than from salary or wages. At the same time, many people with disability have greater costs of living than those without disability. A recent Australian study by Vu and colleagues (2020) estimated that, to achieve the same standard of living, people with disability needed to have adult-equivalent disposable income 50% higher than those without disability (Vu et al. 2020).

This section looks at people's financial situation during the COVID-19 pandemic, and at their expectations of future changes to their household finances and savings.

Household Impacts of COVID-19 Survey

The data used in this section are largely from the Australian Bureau of Statistics' (ABS) Household Impacts of COVID-19 Survey. This survey was designed to provide a quick snapshot of the changing social and economic situation for Australian households with particular focus on how they were faring in response to the COVID-19 pandemic.

The survey was initially conducted between April 2020 and June 2021. From 1 April to 10 July 2020, the survey was conducted fortnightly with the same panel of respondents. From August 2020, the survey was conducted monthly with a new panel. Panel members have rotated, with new members added in November 2020 and March 2021. At the time of writing, the June 2021 survey was the last in the series; the survey was subsequently reinstated for 3 months from February to April 2022.

Each cycle of the survey collected information on different topics. Some topics have been repeated in both fortnightly and monthly surveys. The topics included:

- self-assessed physical and mental health
- emotional and mental wellbeing
- use of health services (including telehealth)
- job situation (including access to leave, job search and working from home arrangements)
- training and development of skills

- household finances (including income, saving, spending and financial stress)
- receipt of government assistance payments and supports
- care and assistance provided to vulnerable people inside and outside of household
- caring for children and child care and schooling arrangements during COVID-19
- social contacts and participation in activities
- personal and household stressors
- lifestyle changes
- COVID-19 vaccination attitudes and experiences
- behaviours around COVID-19 testing
- precautions taken due to COVID-19
- life after COVID-19.

Disability status was captured in the survey using a subset of questions from the ABS Short Disability Module. 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.

In the survey, a person is considered to have disability if they have one or more conditions (including long-term health conditions) which have lasted, or are likely to last, for at least 6 months and restrict everyday activities.

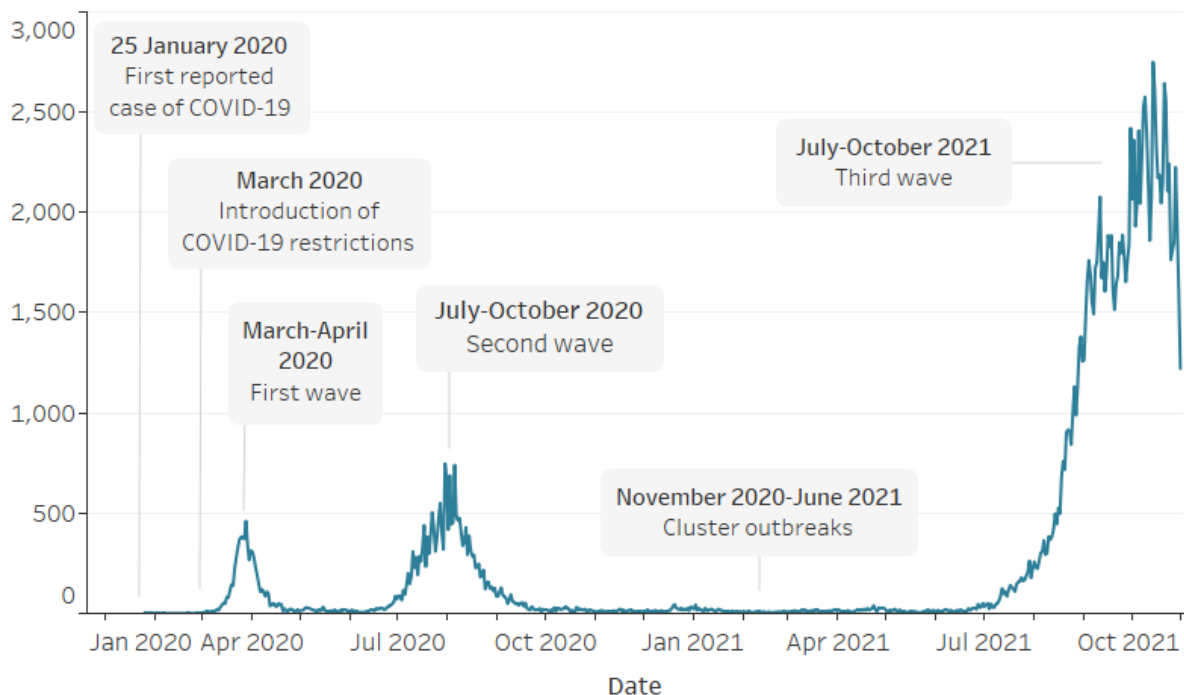
The survey collected data from people aged 18 and over in private dwellings across Australia (excluding very remote areas). It did not include people living in institutional settings, such as aged care facilities.

Timeline of COVID-19 events between January 2020 and October 2021

Due to constant and rapid changes in the COVID-19 situation, the numbers reported in this section should be viewed in the context of the situation at the time of data collection. Therefore, throughout this section, references are made to the month in which the data were collected. A brief timeline of COVID-19 in Australia between January 2020 and October 2021 is provided below for reference.

New daily COVID-19 cases¹ in Australia between January 2020 and October 2021

New cases / day



¹New confirmed cases as announced. These do not include historical cases or technical adjustments and may differ from other data sources.

Source: <https://www.covid19data.com.au/>

January–February 2020

- first case of COVID-19 in Australia reported on 25 January 2020
- new cases among international arrivals only
- public health measures comprised blocking international arrivals from some countries.

March–April 2020 – first wave

- first cases of community transmission of the virus (2 March); the number of daily new cases grew sharply from the beginning of March, reached a peak of 464 on 28 March, and then started falling to fewer than 20 cases a day by the end of April
- Australian borders closed to all non-residents on 20 March; from 27 March, returning residents were required to spend 2 weeks in supervised quarantine hotels
- introduction of border control measures for some states and territories
- introduction of physical distancing rules (21 March), and restrictions on non-essential gatherings and services (such as pubs, gyms and cinemas) (22 March)

- announcement of first (12 March) and second (22 March) economic stimulus packages; a safety net package for mental health, telehealth and domestic violence services, and emergency food relief (29 March); JobKeeper payment (30 March) and free child care for working parents (2 April).

May–June 2020 – gradual easing of restrictions

- continuing international border closures; continuing state and territory border control measures for some jurisdictions; slight easing of restrictions in some states and territories (from 1–12 May)
- The National Cabinet's three-stage plan to begin easing restrictions (8 May)
 - Stage 1: allowing gatherings of up to 10 people, up to 5 visitors in the family home, and some local and regional travel
 - Stage 2: expansion of stage 1, with gatherings of up to 20 people, and more businesses reopening, including gyms, beauty services and entertainment venues
 - Stage 3: the 'new normal' – transition to COVID-safe ways of living and working, with gatherings of up to 100 people permitted
- average daily case numbers around 15 throughout May, fewer than 10 in the first half of June
- all jurisdictions in stage 2 and some in stage 3 during June.

July–October 2020 – second wave

- restrictions reinstated in regions of Victoria from 1 July due to new COVID-19 clusters
- second wave largely localised to Melbourne and much more widespread and deadlier than the first (at its peak, Victoria had more than 7,000 active cases).
- the wave ended with zero new cases being recorded on 26 October 2020.

November 2020–June 2021

- cluster outbreaks in late 2020 and mid-2021, with several brief snap lockdowns in certain states to contain the spread.

July–October 2021 – third wave

- an outbreak of the SARS-CoV-2 Delta variant during June 2021 in New South Wales caused lockdowns for almost half of Australia's population and most major cities from early July 2021
- the outbreak continued to worsen to new record daily cases into August. In late August to mid-September 2021 Victoria had its first 9 deaths since late October 2020.

Financial stress

People with disability were more likely than people without disability to report that:

- their household finances had worsened over the previous 12 months (28% compared with 18%, in February 2021)
 - 8 in 10 people (regardless of disability status) whose financial situation had declined attributed the decline at least in part to COVID-19
- their household was unable to pay one or more selected bills³ on time in the previous 3 months due to a shortage of money (14% compared with 5.5%, in January 2021)
- they drew on accumulated savings or term deposits in the previous 4 weeks to support basic living expenses (13% compared with 6.9%, in January 2021)
- they had borrowed from family or friends in the previous 4 weeks to support basic living expenses (5.5% compared with 0.9%, in January 2021) (ABS 2021a, 2021b).

People with disability were less likely than those without disability to say that:

- their household expected to be able to pay all bills received in the next 3 months (85% of adults with disability compared with 93% of those without disability, in January 2021)
- they would be able to raise \$2000 for something important within a week (74% compared with 82%, in January 2021) (ABS 2021a).

Expected changes in household finances

In June 2021, people with and without disability had similar expectations of changes to their household income and spending (Figure COVID.9):

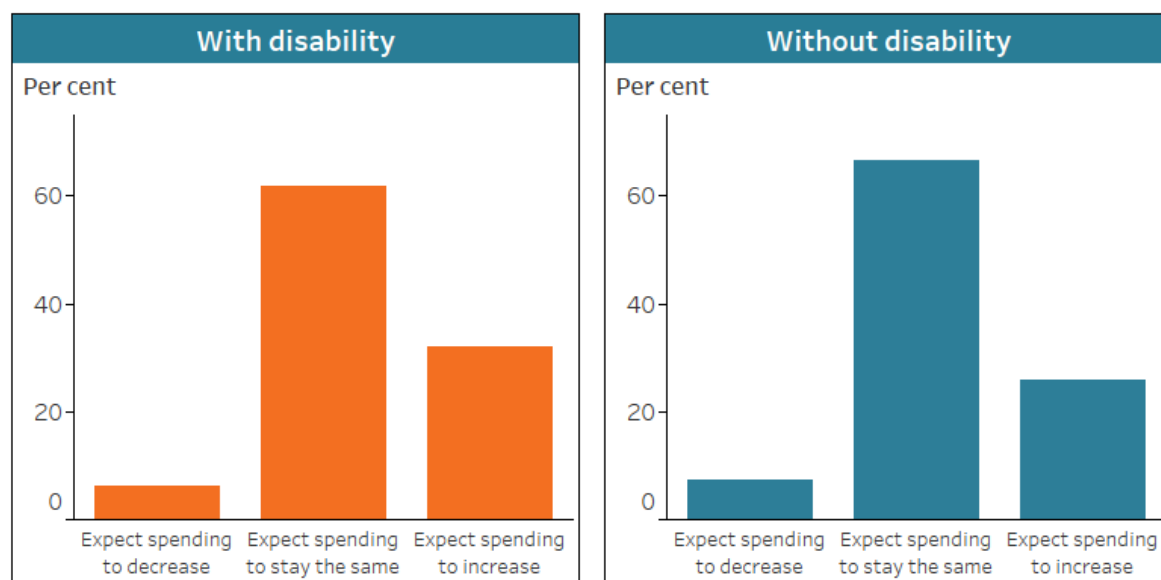
- 2 in 3 adults with disability (66%) expected their household income to stay the same over the next 12 months, 22% expected income to increase, and 12% expected income to decrease
- 6 in 10 adults with disability (62%) expected their household expenses to stay the same over the next 12 months, 32% expected expenses to increase, and 6.2% expected expenses to decrease
- response patterns were similar for people without disability (ABS 2021e).

³ Selected bills included electricity, gas or telephone bills, mortgage or rent payments, car registration or insurance, and home and/or contents insurance.

Figure COVID.9: Whether adults¹ expect household finances to change over the next 12 months, by finance type and disability status, 2021

Select finance type

- ☐ Household finances²
- ☐ Household savings³
- ☒ Household spending^{3 4}



¹People aged 18 and over living in households.

²Collected in May 2021.

³Collected in June 2021.

⁴Includes spending on groceries, clothing, personal care, housing (such as rent, mortgage payments, utilities, maintenance, home improvements), transportation, recreation and entertainment, education, and any large items (such as home appliances, electronics, furniture or car payments).

Source: ABS 2021e and 2021f; see also tables COVID17, COVID18 and COVID19.

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

However, people with disability were (Figure COVID.9):

- more likely to say they expected household finances overall to worsen over the next 12 months (17% for adults with disability compared with 8.7% for adults without disability, in May 2021)
- less likely to say they expected their household to be able to save money over the next 12 months (39% compared with 58% in June 2021) (ABS 2021d, 2021e).

Of those who expected their household spending to increase over the next 12 months (at June 2021), people with and without disability were equally likely to say the increase would be due to:

- increase in food or grocery expenses (22% for adults with disability and 18% for those without disability)
- increase in rent or mortgage (6.3% and 6.8%)
- increase in housing costs other than rent or mortgage (12% and 14%)
- increase in energy expenses (7.5% and 7.4%)

- increase in expenses other than those related to housing, food or groceries, or energy (27% and 24%) (ABS 2021e).

Economic stimulus payments

The Australian Government introduced a range of measures in response to the COVID-19 pandemic to support individuals and businesses and stimulate the economy. These measures included lump sum payments, fortnightly supplement to eligible payment recipients, and support for businesses to keep people employed.

COVID-19 economic stimulus payments

Lump sum payments

Two lump sum payments of \$750 each were paid to eligible recipients as part of an economic stimulus package in response to the COVID-19 pandemic.

The first payment was announced by the Australian Government on 12 March 2020 (with payments to be made from 31 March 2020) to current recipients of social security income support payments, family assistance payments, veterans payments, other eligible payment recipients and concession card holders (Prime Minister and Treasurer 2020a).

The second payment was announced on 22 March 2020 and was paid from 13 July 2020 to the same recipients as the first payment who were eligible for a qualifying payment or card on 10 July 2020, with the exception of those who were receiving the Coronavirus Supplement on 10 July 2020 (Prime Minister of Australia 2020b).

Coronavirus Supplement

The Coronavirus Supplement was a payment of \$550 per fortnight to be paid for at least 6 months. The Supplement was announced by the Australian Government on 22 March 2020, with payments starting from 27 April 2020 (Prime Minister and Treasurer 2020b).

Eligible recipients of the Coronavirus Supplement included current recipients of JobSeeker Payment, Parenting Payment, Youth Allowance, ABSTUDY Living Allowance, Austudy, Farm Household Allowance and Special Benefit. Recipients of Age Pension, Disability Support Pension (DSP), and Carer Payment were not eligible for the Coronavirus Supplement.

The Supplement was extended from 25 September 2020 to 31 December 2020, with the amount adjusted to \$250 per fortnight. The eligibility criteria remained the same (Australian Government 2020).

From 1 January 2021, the Supplement was further extended at a rate of \$150 per fortnight (Prime Minister and Minister for Families and Social Services 2020). The Coronavirus Supplement ended on 31 March 2021.

JobKeeper Payment

The JobKeeper Payment was a wage subsidy scheme introduced by the Australian Government and payable from 30 March 2020 (Prime Minister and Treasurer 2020c). The payment was open to eligible businesses which received a significant financial setback caused by the COVID-19 pandemic. It provided a flat payment of \$1,500 per fortnight through the employer, before tax.

The JobKeeper Payment was extended from 28 September, with a two-tier rate based on the number of hours worked per fortnight. Between 28 September 2020 and 3 January 2021, the full fortnightly rate was \$1,200, with \$750 paid to those who worked less than 20 hours per fortnight. From 4 January 2021, the fortnightly rates decreased to \$1,000 for full rate and \$650 for those working less than 20 hours per fortnight (Prime Minister, Treasurer and Minister for Families and Social Services 2020).

The JobKeeper Payment ended on 28 March 2021.

As reported in the [‘Income and finance’](#) section of this report:

- 39% of people with disability aged 15-64 received government payments in 2017; of them 45% received Disability Support Pension (DSP) and a further 5.2% received Carer Payment
- 80% of people with disability aged 65 and over received government payments in 2017; of them 89% received Age Pension, 3.6% received Carer Payment, and 2.3% received DSP (DSS and MIAESR 2019).

This suggests that a large proportion of people with disability was likely not eligible for the fortnightly Coronavirus Supplement, either because they did not receive any government payments, or because the payments they received did not qualify for the Supplement.

The lower employment rate among working-age people with disability (48%, compared with 80% for those without disability in 2018, as reported in the [‘Employment’](#) section of this report) (ABS 2019) suggests people with disability were also less likely to access the JobKeeper payment compared with people without disability.

Between November 2020 and March 2021, people with disability were about as likely as people without disability to be receiving temporary Coronavirus Supplement (Figure COVID.10):

- In March 2021, 12% of adults with disability reported receiving the Coronavirus Supplement compared with 8.0% of those without disability (ABS 2021c).

Fewer people with disability received the JobKeeper Payment than the Coronavirus Supplement (Figure COVID.10):

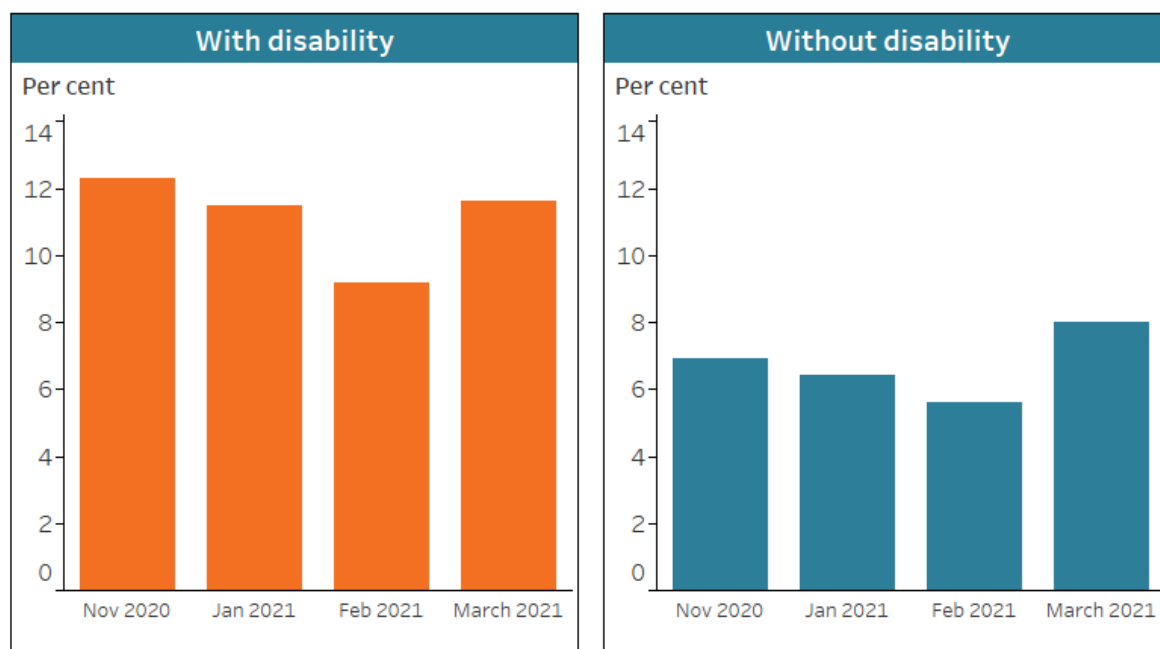
- In March 2021, 2.6% of adults with disability reported receiving the JobKeeper Payment compared with 12% of adults with disability receiving the Coronavirus Supplement (ABS 2021c).

Figure COVID.10: Proportion of adults¹ receiving Coronavirus Supplement and JobKeeper Payment, by disability status and month, 2020–2021

Select to view payment type

☒ Coronavirus Supplement²

☐ JobKeeper Payment³



¹People aged 18 and over living in households.

²From the Commonwealth Government in response to COVID-19.

³From an employer in response to COVID-19.

Source: ABS 2020a, 2021a, 2021b, 2021c; see also tables COVID20 and COVID21.

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

Housing

COVID-19 had a relatively modest impact on the living arrangements of people with or without disability:

- Small proportions of people with and without disability reported that they had moved into another household due to COVID-19 since 1 March 2020 (3.6% and 4.2% in December 2020).
- People with and without disability were equally likely to have someone stay temporarily in their household due to COVID-19 since 1 March 2020 (6.9% and 6.8% in December 2020).
- Nine in 10 adults with disability (93%) and without disability (92%) reported their household did not experience changes to rent or mortgage payments between March and December 2020 (ABS 2020).

At the same time, people with disability were more likely than people without disability to report rental stress – difficulty in paying rent or fear of eviction (7.5% of adults with disability compared with 2.6% of those without disability) (ABS 2020).

Where can I find out more?

[Data tables](#) for this report.

[ABS Household Impacts of COVID-19 Survey](#).

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12. Key data gaps

12. 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.

Most of the data used in this report were collected before the COVID-19 situation emerged in Australia in early 2020. The report includes a new chapter presenting selected findings on experiences of people with disability during the early to mid-stages of the COVID-19 pandemic in Australia (2020 to mid-2021), using administrative data as well as surveys developed in 2020 to specifically assess people's experiences during the pandemic. The COVID-19 pandemic further highlighted the limitations of existing data sources, with information about COVID-19 vaccination status, infection rates and deaths among people with disability not readily available using existing administrative data sources. High quality data will be even more important in future as we seek to understand the longer-term impacts on people with disability of the virus itself, the direct and indirect effects of the isolation requirements imposed in response to the virus, and the 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 useful only 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 contain data only 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 more than 35 sources of data on people with disability, both survey and administrative. The definition of disability and the population scope for each of these data sources is presented in ['Definitions of disability data table'](#).

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
COVID-19 (Coronavirus) and Children and Young People with Disability Survey, Children and Young People with Disability Australia (CYDA)
Education Survey 2020, CYDA
General Social Survey (GSS), ABS
Graduate Outcomes Survey (GOS), Quality Indicators for Learning and Teaching (QILT)
Household Impacts of COVID-19 Survey (HICS), ABS
Household Income and Labour Dynamics in Australia (HILDA) Survey, Melbourne Institute of Applied Economic and Social Research
Life Tables, ABS
National Social Housing Survey, Australian Institute of Health and Welfare (AIHW)
National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), ABS
National Aboriginal and Torres Strait Islander Social Survey (NATSISS), ABS
National Health Survey (NHS), ABS
Patient Experience Survey (PEx), ABS
People with Disability and COVID-19 Survey, People with Disability Australia (PWDA)
Personal Safety Survey (PSS), ABS
Student Experience Survey, 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, Department of Social Services (DSS)

Australian Government Housing Data Set, DSS
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
NDIS Quality and Safeguards Commission data
Payment Demographic Data, DSS
Rental Affordability Snapshot, Anglicare
Report on Government Services, Productivity Commission
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 (NCVER)
TVET Student Outcomes Collection, NCVER
Linked data
Multi-Agency Data Integration Project (MADIP), ABS

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:

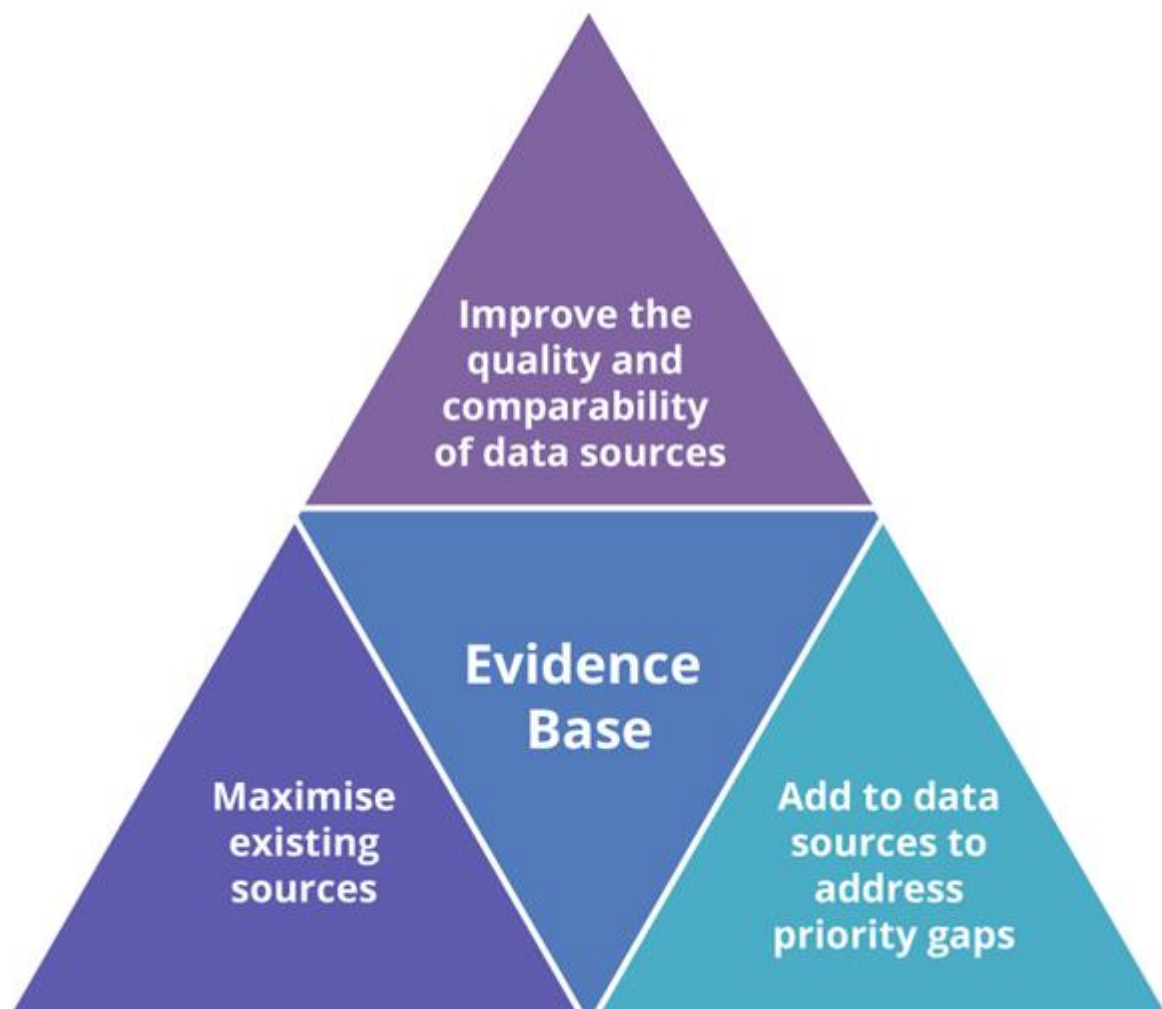
- what services people with disability use (across mainstream and specialist areas), and how coordinated, timely, appropriate and effective they are
- how much contact people with disability have with the justice and child protection systems, as victims and as offenders
- how the experience of disability 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, intersex and queer (LGBTIQ+)
- 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 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
- reporting against the Australia's Disability Strategy 2021–31 Outcomes Framework
- the Report on Government Services (SCRGSP 2021)
- 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)
- NDIS Quality and Safeguards Commission.

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 data set 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 whether 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 the diversity and intersectionality in the disability population. For example, key data gaps exist for people with disability who:

- are also Aboriginal and/or Torres Strait Islander
- live in rural and remote Australia
- live in care settings
- are also LGBTIQ+ 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 peoples

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 2019b). 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 2019a). 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 2018c)
- 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 experienced 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 2018b).

Improvements could also be made to the AIHW's Specialist Homeless Services Collection, which provides data 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, but 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 one 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 before 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.

Between April 2020 and December 2021, the New South Wales, Victorian, South Australian, Queensland and Australian Capital Territory governments worked together with the Department of the Prime Minister and Cabinet, the Department of Social Services, the NDIA, the AIHW and the ABS to pilot test the development of a National Disability Data Asset (NDDA). The pilot brought together data from a range of domains relevant to people with disability, their families and carers, such as health and wellbeing; learning and skills; the justice system, safety and rights; personal and community support; inclusion and accessibility; and economic security. The pilot phase, which concluded on 31 December 2021, demonstrated value for government, academic and community use, including options for information sharing, research, and wider public reporting. In December 2021, the Australian Government announced funding of \$40 million to further develop the NDDA. Decisions from governments are being sought about further work to establish an enduring NDDA, and (if agreed) how the next phase of development will progress.

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).

As part of Australia's Disability Strategy, the Australian and state and territory governments agreed to develop a comprehensive data plan to ensure data needed to measure outcomes for people with disability are collected, shared and progressively improved over the life of the Strategy, and to identify where data need to be linked between systems to improve understanding of the impact of the Strategy.

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13. Acknowledgements

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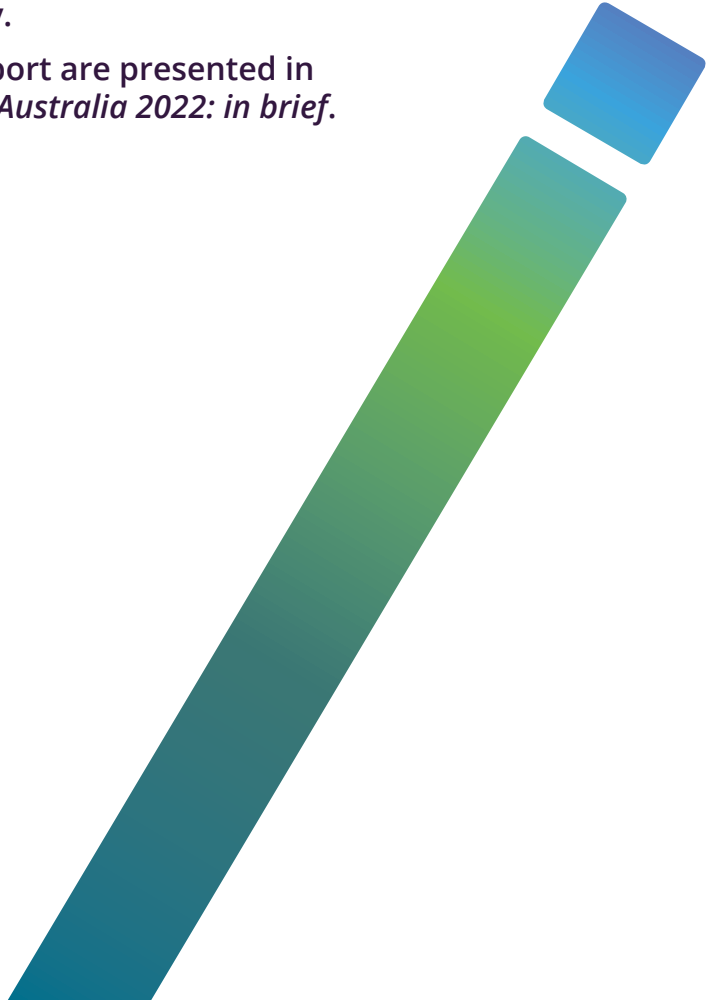
This report uses unit record data from Household, Income and Labour Dynamics in Australia (HILDA) Survey conducted by the Australian Government Department of Social Services (DSS). The findings and views reported in this report, however, are those of the authors and should not be attributed to the Australian Government, DSS, or any of DSS' contractors or partners. DOI: 10.26193/IYBXHM

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People with disability in Australia brings together information from a range of national data sources to contribute to greater understanding of 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 2022: in brief*.



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better decisions,
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