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AIHW

People with disability in Australia

2022

in brief



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The AIHW is an independent statutory Australian Government agency producing authoritative and accessible information and statistics to inform and support better policy and service delivery decisions, leading to better health and wellbeing for all Australians.

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Australian Institute of Health and Welfare

Board Chair

Mrs Louise Markus

Chief Executive Officer

Mr Rob Heferen

Any enquiries about or comments on this publication should be directed to:

Australian Institute of Health and Welfare

GPO Box 570

Canberra ACT 2601

Tel: (02) 6244 1000

Email: info@aihw.gov.au

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About *People with disability in Australia: in brief*

This In brief report provides an overview of key content of the Australian Institute of Health and Welfare's *People with disability in Australia* online report. It follows earlier 2019 and 2020 editions. This 2022 edition updates data where available and includes new sections on social inclusion and the financial situation of people with disability, as well as their experiences during the earlier stages of the COVID-19 pandemic.

This report includes data collected during the evolving COVID-19 situation in Australia in early 2020 to mid-2021. High-quality data will also be important in future as we seek to understand the impacts 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 shutdowns.

The main report, *People with disability in Australia*, can be viewed at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia>.

More information, such as on trends and groups within the disability population, is presented in the online content, where possible.



People with disability in Australia

Disability affects many people, directly or indirectly. 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.

Like everyone, people with disability interact with every aspect of life in Australia, across a multitude of social policy and program areas (for example, health, social support, education, employment, housing and justice). Some, however, face challenges in routinely and actively participating in these everyday aspects of life.

How people with disability participate in society is influenced by factors such as the level of their disability, the availability of services and the accessibility of their environment, and by community attitudes and discrimination.

While many people with disability participate fully in Australian society, in general, they are more likely than people without disability to have poorer general and mental health, experience violence or abuse, leave school early, and experience unemployment.

What is disability?

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.

There are varying degrees of disability – from having no impairment or limitation to a complete loss of functioning. It can be associated with genetic disorders, illnesses, accidents, ageing, injuries or a combination of these factors.

What is meant by impairment?

An impairment refers to problems in body function or structure (including mental functions), such as loss of sight, loss of hearing, loss of a limb, impairment of mood or emotion, impairment of speech, and any other lack of function of body organs.

What is meant by activity limitation?

An activity limitation refers to difficulties in executing everyday activities, such as self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance or meal preparation. Self-care, mobility and communication are often referred to as core activities. In this report, people who always or sometimes need help with one or more core activities are referred to as people with severe or profound disability.

What is meant by participation restriction?

A participation restriction refers to problems a person may experience in involvement in life situations, such as in education or employment.

How many people have disability?

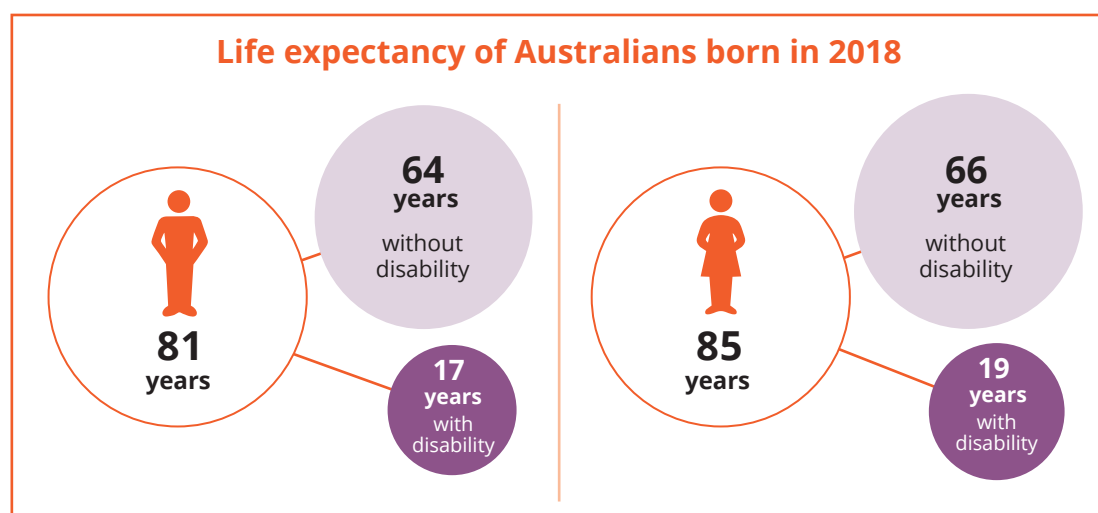
More than 4 million people in Australia have disability, or around 18% of the population (2018). This is also known as the prevalence of disability.

People with disability are diverse – having different types and levels of disability, coming from all demographic and socioeconomic groups, and having varying needs for assistance. For example, of people with disability:

- **1 in 2** (51%) are **female**
- **1 in 4** (23%) have a **mental or behavioural disorder** as their main condition, including:
 - 6.5% with intellectual and developmental disorders (including autism)
 - 3.8% with mood affective disorders, such as depression
 - 2.6% with dementia or Alzheimer disease
- **1 in 3** (32%) have **severe or profound disability**
- **1 in 3** (30%) need help with **health care**
- **1 in 4** (27%) need help with **property maintenance**
- **1 in 4** (23%) need help with **household chores**
- **1 in 2** (48%) aged 5 and over have a **schooling or employment restriction** (2018).

The prevalence of disability increases with age. Around 1 in 8 (12%) people aged under 65 have some level of disability, rising to 1 in 2 (50%) for those aged 65 and over. This means that the longer we live, the more likely we are to experience some form of disability.

The disability-free life expectancy of people in Australia (that is, the estimated number of years people can expect to live without disability) is increasing over time.




Health of people with disability

Some people with disability experience poor health, engage in behaviours that increase their risk of poor health, or experience barriers (such as cost) in accessing or using health services.

General and mental health


Based on self-reported data, people with disability are more likely to have poor general and mental health than people without disability.

Table 1: Self-assessed general health, by disability status

 Self-assessed general health	Adults with disability ^(a)	Adults without disability ^(a)
Excellent or very good	24%	65%
Good	34%	28%
Fair or poor	42%	7.0%

(a) Living in households (2017–18).

Table 2: Self-reported level of psychological distress (K10^(a)), by disability status

 Self-reported level of psychological distress (K10)	Adults with disability ^(b)	Adults without disability ^(b)
Low or moderate	68%	92%
High or very high	32%	8.0%

(a) K10 is a survey device used to measure non-specific psychological distress in people.










(b) Living in households (2017–18), excluding proxy interviews.

For more information, including breakdowns by sex, age, and disability group, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/health/health-status>.

Health risk behaviours

Health risk factors and behaviours (such as poor diet, physical inactivity, and smoking) can have a detrimental effect on a person's health. In general, people with disability are more likely to engage in some risky health behaviours than people without disability.

Table 3: Selected health risk factors and behaviours, by disability status

Health risk factors and behaviours		With disability ^(a)	Without disability ^(a)
	Do not eat enough fruit and vegetables each day (aged 2+)	47%	41%
	Drink sugar sweetened drinks daily (aged 2+)	12%	7.8%
	Are overweight or obese based on measured body mass index (aged 2+)	72%	55%
	Have an increased risk of poor health based on measured waist circumference (aged 18+)	76%	59%
	Do not do enough physical activity for their age (including at work) (aged 15+)	72%	52%
	Have hypertension (aged 18+)	54%	27%
	Smoke daily (aged 15+)	18%	12%
	Exceed the guidelines for lifetime risk for alcohol consumption (aged 15+) ^(b)	14%	16%
	Exceed the guidelines for single occasion risk for alcohol consumption (aged 15+) ^(c)	31%	44%

(a) Living in households (2017–18).

(b) Consumed more than 2 standard drinks of alcohol per day on average in the past week.







(c) Consumed more than 4 standard drinks of alcohol on a single occasion in the past year.

For more information, including breakdowns by sex and age, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/health/health-risk-factors-and-behaviours>.

Barriers to accessing health services

Some people with disability experience difficulties accessing and using health services. Barriers include longer than desired waiting times, the cost of services, the accessibility of buildings, discrimination by health professionals, and a lack of communication between health professionals.

Table 4: Barriers to accessing and using health services experienced by people with disability

Barrier	Experience of people with disability
 Waiting times^(a)	<ul style="list-style-type: none"> • 1 in 4 (24%) who see a general practitioner (GP) wait longer than they feel is acceptable to get an appointment. • 3 in 10 (29%) wait 1 or more days after making an appointment to see a GP for urgent medical care. • 7 in 10 (70%) who have been on a public dental waiting list wait 1 month to more than 1 year for dental care.
 Cost^(a)	<ul style="list-style-type: none"> • 1 in 13 (7.6%) who need to see a GP delay or do not go because of the cost. • 1 in 22 (4.6%) who need to see a medical specialist do not go mainly because of the cost. • 3 in 10 (28%) who need to see a dental professional delay or do not go because of the cost. • 1 in 28 (3.6%) who need to go to hospital delay or do not go because of the cost.
 Communication between health professionals^(a)	<ul style="list-style-type: none"> • 1 in 5 (21%) who see 3 or more health professionals for the same health condition report issues caused by lack of communication among them.
 Discrimination^(b)	<ul style="list-style-type: none"> • 1 in 29 (3.5%) experience disability discrimination from health staff (GP, nurse or hospital staff).
 Accessing buildings^(c)	<ul style="list-style-type: none"> • 1 in 8 (12%) have difficulty accessing medical facilities (GP, dentist or hospital).
 Unmet need for health care^(d)	<ul style="list-style-type: none"> • 1 in 5 (18%) who need help with health-care activities have their need only partly met or not met at all.

(a) Aged under 65 living in households, in the last 12 months (2018).

(b) Aged 15–64 living in households, in the last 12 months (2018).

(c) Aged 5–64 living in households who need assistance or have difficulty with communication or mobility, in the last 12 months (2018).

(d) Aged 5–64 living in households (2018).

Current data make it difficult to directly compare health-care access issues for people with disability with those for people without disability. However, available data suggest that people with disability are more likely than the general Australian population to face barriers, such as cost, when accessing some types of health services.

For more information, including breakdowns by sex, age and other intersectional cohorts, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/health/access-to-health-services>.

Social support

Many people, including those with disability, use social support services intermittently throughout life – if and when the need arises. Others need long-term support to help them fully participate in all facets of life.

What is meant by social support?

In this report, social support refers to government-funded support provided by specialist disability services and aged care services. However, social support can also be considered more broadly than this, and may include, for example, income support, housing assistance and homelessness support.

Specialist disability support services

Specialist disability support services are designed to help people with disability participate fully in all aspects of everyday life. They may supplement other support a person receives – such as that provided by mainstream services, the community or informal carers.

What are specialist disability support services?

Specialist disability support services may include:

- assistive technology (for example, wheelchairs, hearing aids and voice-recognition computer software)
- case management
- early childhood intervention services
- life skills development
- specialist accommodation and home modifications
- support to live in the community (such as 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 those aged 65 and over, provided they meet eligibility requirements.

Government-funded specialist disability support services are now largely provided through the National Disability Insurance Scheme (NDIS). Most people using services under the former National Disability Agreement (NDA) have transitioned to the NDIS, except for those using open employment services.

Who receives specialist disability support services?

Specialist disability support services are now largely provided through the NDIS.

Table 5: Selected characteristics of people using NDIS services

Selected characteristics	NDIS participants (at 31 March 2022) ^(a)
Number of active participants	519,000
Of active participants:	
Aged 14 and under	41%
Male ^(b)	62%
Aboriginal or Torres Strait Islander ^(b)	8.7%
Autism primary disability	34%
Intellectual ^(c) primary disability	18%
Psychosocial primary disability	11%

(a) Active participants with approved plans.

(b) Excluding 'Not stated' or 'other'.

(c) Including Down syndrome.

Do people get the help they need?

Based on self-reported survey data, an estimated 40% of people with disability living in households need assistance from formal service providers. Most of these (86%) receive some formal support. For those receiving formal assistance, providers are most often private commercial organisations (for 61% of those receiving formal assistance) or government providers (46%) (2018). (People may receive support from more than one provider.)

The majority of people with disability aged 15 and over who receive formal assistance are satisfied with the quality of service (82%) and the range of services available (73%) (of those people whose level of satisfaction could be determined) (2018).

These data are provided for context and are not intended to evaluate specialist service provision under the NDIS. It is important to note the following: the latest available survey data are for 2018, which was part-way through the NDIS roll-out; not all formal services are specialist disability support services; and formal services may or may not receive government funding.

(continued)

NDIS outcomes framework

The NDIS outcomes framework questionnaires collect information on 8 life domains from participants, their families and their carers, and provide some measures of the medium- to long-term benefits to participants. This includes asking whether the NDIS has helped with various aspects of life. For example, by 31 March 2022, for participants who have been in the NDIS for at least 2 years:

- 44% of participants aged 15 and over are able to participate in community and social activities
- 22% of participants aged 15 and over are able to participate in work
- 95% of parents and carers of child participants aged 0 to before starting school think the NDIS has improved their child's development.

For more information, including breakdowns by sex, age and other intersectional cohorts, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/social-support/specialist-disability-support-services>.

Younger people in residential aged care

Government-subsidised aged care in Australia is provided on the basis of need, rather than age. Sometimes even very young people live in permanent residential aged care. This can reflect the unavailability of other support services, rather than the suitability of permanent residential aged care to meet these people's needs. Generally, younger people are considered to be better served by other services to provide for their long term needs.

At December 2021, 3,440 younger people (aged under 65) were living in permanent residential aged care in Australia. This was a significant decrease from 4,860 at 30 June 2020.

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

- **more than half** (54%) are males
- **more than half** (56%) are aged 60–64, 37% are aged 50–59 and 7.3% are aged 0–49
- **1 in 13** (8.6%) identify as Aboriginal and/or Torres Strait Islander people
- **7 in 10** (73%) have a high level of need for help with behaviour, 58% have a high level of need for help with activities of daily living, and 51% have a high level of need for help with complex health care.

How is the level of need for help determined?

The Aged Care Funding Instrument (ACFI) level is used to categorise the level of help needed by each person in residential aged care. It is used to assess a person's need for support with activities of daily living, behaviour, and complex health care. For each of these 3 domains, the person is assigned an ACFI level of need of high, medium, low or nil.

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

For more information, including breakdowns by sex, age and other intersectional cohorts, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/social-support/younger-people-in-residential-aged-care>.

Social inclusion

People with disability may face various barriers to participation in society that can lead to lower social participation rates and greater risk of isolation and loneliness than those experienced by without disability.

Among people with disability:

- **1 in 4** (27%) people with disability aged 5 and over, living in households, do not leave home as often as they would like (2018)
- **1 in 4** (23%) aged 15–64 sometimes or often have difficulty getting to the places they need to reach (compared with 17% without disability) (2019)
- **1 in 6** (17%) aged 15–64 experience social isolation, compared with 8.7% without disability (2017)
- **3 in 10** (28%) aged 15–64 say they often feel lonely, compared with 16% without disability (2017).

How is social isolation determined?

As part of the Household, Income and Labour Dynamics in Australia (HILDA) Survey, respondents are asked 10 questions about the amount of social support available to them. The responses are used to calculate an index for reporting on social isolation.

For more information, including breakdowns by sex and age, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/social-support/social-inclusion>.

Discrimination

Experiencing discrimination can make participating in everyday life more difficult for people with disability, affecting education and employment opportunities, and limiting social interactions. A person who is 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. It may be direct or indirect.

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.

In the previous 12 months, among people aged 15–64 with disability living in households:

- **1 in 5** (22%) experienced **some form of discrimination** (including disability discrimination), compared with 1 in 7 (15%) without disability (2019)
- **1 in 6** (16%) experienced **disability discrimination** (2018)
- **4 in 9** (44%) **avoided situations** because of their disability (2018)
- Some experienced barriers to accessibility which could be a form of indirect discrimination:
 - **3 in 10** (30%) of those who had challenges with mobility or communication had **difficulty accessing buildings or facilities** (2018)
 - **1 in 6** (16%) of those who leave home had **difficulty using public transport**, and a further **11%** were **unable to use public transport** at all (2018).

Each year, the Australian Human Rights Commission (AHRC) receives more complaints about disability discrimination than about any other form of discrimination. In 2019-20:

- **44%** of AHRC complaints were about **disability discrimination**
- **21%** were about **sex discrimination**
- **18%** were about **racial discrimination**
- **7.3%** were about **age discrimination**
- **10.9%** related to the ***Australian Human Rights Commission Act***.

People who have experienced disability discrimination are more likely than those who have not to avoid situations, to have poorer general and mental health, to be unemployed, and to have a lower level of income.

Table 6: Selected characteristics of people who have and have not experienced discrimination because of their disability in the last 12 months

Selected characteristics	People with disability who experienced disability discrimination in the last year ^(a)	People with disability who have not experienced disability discrimination in the last year ^(a)
Avoided situations in the last year ^(b)	82%	37%
Self-reported fair or poor health ^(b)	55%	35%
Self-reported a high or very high level of psychological distress ^(c)	70%	37%
Are unemployed ^(b)	8.8%	4.9%
Have a low level of income ^(d)	74%	61%

(a) Living in households (2018).

(b) Aged 15–64.

(c) Aged 18–64.

(d) Aged 15–64 with \$700 or less of personal weekly income.

For more information, including breakdowns by sex and age, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/justice-and-safety/disability-discrimination>.

Experience of violence

Acts of violence can affect anyone. But men and women with disability are more likely than those without disability to have experienced violence, abuse or sexual harassment at some point in their lives.

What is meant by violence, abuse and harassment?

The data provided in this section relate to the following definitions of violence, abuse and harassment.

Violence

Violence refers to:

- Sexual – behaviours of a sexual nature carried out against a person's will, such as sexual assault or threat of sexual assault
- Physical – incidents involving the use or threat of physical force with the intent to harm or frighten a person.

Violence can be perpetrated by strangers or by someone the person knows.

Abuse

Abuse refers to physical and sexual abuse of a child under the age of 15 by an adult. 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

An intimate partner can be a current and previous partner, boyfriend/girlfriend/date and ex-boyfriend/ex-girlfriend. Intimate partner violence includes sexual and/or physical violence by an intimate partner.

Emotional abuse

Emotional abuse refers to when a current or previous partner tries to control the behaviour of a person, causing them emotional harm or fear.

Sexual harassment

Sexual harassment refers to behaviours a person finds improper or unwanted, that make them feel uncomfortable, and are offensive due to their sexual nature.

Table 7: Type of violence experienced, by disability status

Adults who have experienced...	With disability ^{(a)(b)}	Without disability ^(b)
abuse before age 15	20%	11%
violence after age 15:	47%	36%
sexual violence after age 15	16%	9.6%
physical violence after age 15	43%	32%
intimate partner violence after age 15	21%	13%
emotional abuse ^(c) after age 15	26%	17%
sexual harassment in their lifetime	43%	37%

(a) At the time of the survey (2016). It is not possible to determine whether or not a person had disability at the time of experiencing the incident of violence.

(b) Aged 18 and over, living in households.

(c) From a current or previous partner.

For more information, including breakdowns by sex and age, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/justice-and-safety/violence-against-people-with-disability>.

Housing

The availability of affordable, sustainable and appropriate housing helps people to participate in social, economic and community aspects of life. The absence of such housing can have a number of negative consequences, including homelessness, poor health and reduced participation in employment and education.

Most (96%) people with disability live in the community in private dwellings. 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% with severe or profound disability live in private dwellings, compared with close to 100% of people with other levels of disability (2018).

What are private dwellings?

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.

What is cared accommodation?

Cared accommodation is usually long term and may be institutional in style. In this section it covers 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), where a resident has been, or is expected to be, living 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.

For information about younger people in residential aged care, see the '**Social support**' section of the full web report.

Almost two-thirds (64%) of people with disability living in private dwellings own their home – either with (22%) or without (41%) a mortgage. Close to one-third (29%) are renting, and 5.9% live rent free.

Security of tenure

Security of tenure refers to the extent to which someone 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 generally considered more secure than others. For example, owning your home, especially without a mortgage, is usually more secure than renting in the private rental market.

People with disability are more likely than people without disability to rent from a state or territory housing authority.

Table 8: Type of landlord, by disability status

Landlord	With disability ^(a)	Without disability ^(a)
Real estate agent	42%	63%
State or territory housing authority	16%	4.1%
Parent or other relative living in the same dwelling	12%	8.1%
Other person not in same dwelling	12%	12%

(a) Living in households, who have a landlord (2018).

How affordable are rental properties?

Housing affordability, especially in the private rental market, can be a problem for people with disability. For example:

- 32% of income units receiving Commonwealth Rent Assistance (CRA) (at 30 June 2020) who had at least one member receiving the Disability Support Pension (DSP) are in rental stress after receipt of CRA (that is, paid more than 30% of their gross household income on rent); without CRA, 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
- an Anglicare report on affordable housing found that only 0.3% of rental properties advertised in Australia on a selected weekend in 2021 were affordable and appropriate for single people aged 21 and over receiving the DSP, compared with 1.2% for a single person on the minimum wage.

For more information, including breakdowns by sex and age, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/housing>.

Housing assistance

Housing assistance can provide vital support for people when costs associated with accessing or maintaining housing cannot be met by the household.

What is housing assistance?

Housing assistance is generally provided through:

- subsidised rental housing – for example, social housing
- financial payments – for example, CRA and other support for private renters
- specialist homelessness services.

As well as mainstream housing assistance, several initiatives specifically target people with disability. These include home modifications and Specialist Disability Accommodation (SDA). SDA is accommodation provided through the NDIS to participants with extreme functional impairment or very high support needs who meet specific eligibility criteria. At 30 June 2021, nationally, 16,000 active participant plans include SDA.

What is social housing?

Social housing is rental housing that is owned or managed by the government or a community organisation and let to eligible people. Social housing rents are generally set below market levels and are influenced by the income of the household.

What is CRA?

CRA is a non-taxable Australian Government income supplement, received by eligible people renting in the private housing market or community housing to assist with their cost of housing.

What are specialist homelessness services?

People who are homeless or at risk of homelessness can use SHS. These services are funded by governments to provide accommodation support to people in need, help at-risk clients to remain housed, and provide a range of services intended to support stable living conditions (such as counselling, employment or financial services).

Social housing

Around 2 in 5 (39% or about 141,000) social housing households include at least one person with disability (at 30 June 2020).

Commonwealth Rent Assistance

One in 6 (16% or about 266,000) CRA income units received income support via the DSP (in 2020).

For more information, including breakdowns by sex and age, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/housing/housing-assistance>.

Specialist homelessness services

Around 1 in 12 (8.6% or 22,800) people who received support from specialist homelessness services (SHS) in 2019–20 had disability (excluding those with unknown disability status). Three in 10 (30% or 6,700) of these people had severe or profound disability (2019–20).

Anyone can be affected by homelessness. However, some people, including those with disability, may have additional risk factors that increase their likelihood of experiencing homelessness, or that present added barriers to exiting homelessness.

Table 9: Risk factors for experiencing homelessness or remaining homeless, by disability status

Risk factors for experiencing homelessness or remaining homeless	SHS clients with disability ^(a)	SHS clients without disability ^(a)
Has a mental health issue	64%	36%
Began support homeless (rather than at risk of homelessness)	46%	41%
Has experienced domestic or family violence	32%	37%
Misuses drugs or alcohol	21%	12%
Has experienced repeat homelessness	5.8%	2.8%

(a) Aged 10 and over with known disability status (2019–20).

SHS clients with disability generally have a higher, and more complex, need for support than those without disability. This is reflected in their higher:

- 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).

Housing outcomes for SHS clients with disability generally improve at the end of support period, with fewer homeless when they leave support. Four in 10 (42%) SHS clients with disability are homeless when they start support, compared with 3 in 10 (31%) at the end of support (2019–20).

For more information, including breakdowns by sex and age, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/housing/homelessness-services>.

Education

Attaining a higher level of education is generally associated with better employment outcomes and higher income, which are key factors in attaining economic security and independence.

An estimated 1 in 10 (10%) school students (aged 5–18) in Australia have disability, and almost 1 in 18 (5.4%) have severe or profound disability. Almost all (89%) children and young people aged 5–18 with disability go to primary or secondary school – the same proportion as for those without disability.

Most (89%) school students with disability go to a mainstream school, while 12% go to a special school; 1 in 5 (20%) students with severe or profound disability attend a special school. Of school students with disability who attend a mainstream school, those with severe or profound disability (21%) are more likely than other students with disability (13%) to go to special classes in a mainstream school (2018).

People with disability are more likely than people without disability to leave school early and to have a lower level of education.

Table 10: Level of educational attainment, by disability status

Level of educational attainment	With disability ^(a)	Without disability ^(a)
Aged 15–64 who left school before age 16 ^(b)	21%	8.9%
Aged 20 and over who have completed Year 12	34%	66%
Aged 20 and over who have a Bachelor degree or higher	17%	35%

(a) Living in households (2018).

(b) Who acquired disability before age 15.

There have been improvements in school retention for people with disability over time – people with disability who left school in more recent years are less likely to have left school before age 16. Around 1 in 10 (11%) people aged 15–24 who acquired disability before age 15 left school before age 16, compared with 3.6% of those without 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% of people with disability had completed year 12 or equivalent, compared with 85% of people without disability
- 50–54, 38% compared with 56%
- 85 and over, 15% compared with 20% (2018).

Most school students with disability (57%) receive support at school, though not all students with disability who need support with their education receive it: 1 in 10 (10%) school students who need support do not receive it and 1 in 5 (21%) who receive support need more.

Around 1 in 12 (8.3%) people aged 15–64 who are studying for a non-school qualification have disability. Very few (1.5%) have severe or profound disability. People with disability aged 15–64 are less likely to be studying for a non-school qualification (9.1%) than people without disability (15%).

For more information, including breakdowns by sex and age, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/education-and-skills>.

Employment

Employment is linked not only to income and economic security, but also to other aspects of a person's wellbeing. Barriers to finding or keeping employment can, for example, affect a person's standard of living and mental health as well as have broader impacts on their family and the community.

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.

More than 1 million working-age (aged 15–64) people with disability participate in the labour force through work or looking for work. But some people with disability face challenges seeking and engaging in employment. This is reflected in the lower rates of labour force participation and employment, higher rates of unemployment, and longer duration of unemployment than those without disability.

What do measures of employment mean?

Labour force participation rate

The labour force participation rate is the number of employed and unemployed working-age people as a percentage of the working-age population.

Employment rate

The employment rate (employment-to-population ratio) is the number of employed working age people as a percentage of the working-age population.

Unemployment rate

The unemployment rate is the number of working-age people who are unemployed and looking for work (who are available to start work) as a percentage of the working-age population participating in the labour force.

Underemployed

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.

Table 11: Selected measures of employment, by disability status

Selected measures of employment	Working-age people with disability ^(a)	Working-age people without disability ^(a)
Labour force participation rate	53%	84%
Employment rate	48%	80%
Employed full time ^(b)	59%	68%
Employed part time ^(b)	41%	32%
Underemployed ^(b)	10%	6.9%
Unemployment rate	10%	4.6%
Unemployment for at least 1 year ^(c)	22%	14%

(a) Aged 15–64, living in households (2018).

(b) Percentage of employed people.

(c) Percentage of unemployed people who have been unemployed for 52 weeks or more.

Most employed (88%) and unemployed (82%) working-age people with disability do not require additional support from their employer to work. Similarly, 82% of employed working age people with disability do not need to take regular time off work because of their disability and/or condition(s).

How difficult is it to find work?

Most (93%) working-age people with disability who are unemployed report at least one difficulty finding work, compared with 83% without disability. For unemployed people with disability, the most common reason is their ill health or disability (45%). This is followed by lack of necessary skills or education (34%), considered too old by employers (27%), too many applicants for available jobs (27%), and insufficient work experience (25%) (2018).

For more information, including breakdowns by sex and age, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/employment>.

Income and finance

Most working-age (aged 15–64) people with disability have some source of income (90%), as do those without disability (90%). However, for working-age people with disability, this income is more likely (43%) than for those without disability (7.9%) to come primarily from a government payment than from salary or wages. One in 4 (25%) working-age people with disability are permanently unable to work because of their condition(s) (2018).

Table 12: Main source of income, by age group and disability status

Main source of income	With disability ^(a)	Without disability ^(a)
Income from salary or wages	24%	71%
Aged 15–24	48%	83%
Aged 25–64	42%	80%
Aged 65+	3.9%	12.9%
Income from government pension or allowance	56%	13%
Aged 15–24	44%	11%
Aged 25–64	42%	7.4%
Aged 65+	70%	49%

(a) Living in households (2018).

Income support

Around 754,000 people aged 16 and over received DSP (at June 2020). Most (88% or more than 660,000) of these were aged 16–64.

What is income support?

Income support is a payment provided by government to help with living costs. People with disability who need help with living costs may access disability-specific payments (such as the DSP) or other payments (such as the JobSeeker Payment).

What is the Disability Support Pension?

The DSP is the main income support payment available specifically to people with disability. It is a means-tested income support payment for people aged 16 and over but under the Age Pension age (at claim) and who have reduced capacity to work because of their disability.

Who receives the Disability Support Pension (June 2020)?

4.0%
of the Australian
population **aged 16–64**
receive the DSP



About **1 in 5** (21%)
income support payment
recipients aged 16–64
receive the DSP



Over half
(**54%**) of DSP
recipients aged
16–64 are
aged 50–64



Around **1 in 3** (37%) of DSP
recipients aged 16–64 **have a**
psychological or psychiatric
condition as their primary
medical condition



DSP recipients tend to stay on the DSP for a long time, with very few moving onto other payments or exiting the income support system. At June 2020, 81% of recipients aged 16–64 had been on the DSP for at least 5 years, 56% for 10 or more years.

Examining income support payment data for a cohort of DSP recipients aged 16–64 in 2009 over time, shows that by 2018:

- **58%** were still receiving the DSP
- **23%** had moved onto the Age Pension
- **1.0%** had moved to other payments (other than the Age Pension)
- **4.2%** were not on income support
- **13%** had died.

Level of income

People with disability generally have a lower level of personal income than people without disability. Having a person with disability living in the household is also associated with lower levels of household income.

Table 13: Level of personal income, by disability status

Level of personal income	With disability ^(a)	Without disability ^(a)
Low income (\$383 or less per week)	38%	27%
Mid income (\$384 to \$1,150 per week)	42%	36%
High income (\$1,151 or more per week)	20%	37%

(a) Aged 15–64, living in households (2018).

Measuring income

To compare household or family incomes, weekly equivalised income is used. This is the total income, of that household or family, adjusted by applying an equivalence scale to compare income levels between households or families of differing size and composition.

Table 14: Level of weekly household income, by household disability status

Level of household income ^(a)	Household with a person with disability	Household without a person with disability
Low income (\$593 or below per week)	38%	18%
Mid income (\$594 to \$1,388 per week)	43%	45%
High income (\$1,389 or more per week)	19%	37%

(a) Weekly equivalised household income (2018).

Families where a parent has disability are more likely than those that do not to have a low level of family income.

Table 15: Level of weekly family income, by parental disability status

Level of weekly family income ^(a)	Families with a parent with disability ^(a)	Families without a parent with disability ^(a)
Low income (\$561 or below per week)	27%	17%
Mid income (\$526 to \$1,343 per week)	50%	48%
High income (\$1,344 or more per week)	23%	35%

(a) Weekly equivalised family income.

(b) Living in households (2018).

Families with a child with disability are more likely to have a low level of family income than families that do not have a child with disability.

Table 16: Level of weekly family income, by child disability status

Level of weekly family income ^(a)	Families with a child with disability ^(b)	Families without a child with disability ^(b)
Low income (\$561 or below per week)	27%	17%
Mid income (\$562 to \$1,343 per week)	51%	48%
High income (\$1,344 or more per week)	23%	35%

(a) Weekly equivalised family income.

(b) Living in households (2018).

Financial situation

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.

Of people with disability aged 15–64 (2017):

- **2 in 5 (38%)** describe their level of prosperity as just getting along, and a further **8.7%** describe it as poor or very poor (compared with 24% and 2.2%, respectively, for people without disability)
- **2 in 5 (42%)** are not satisfied with their financial situation (24% without disability)
- **55%** would not be able to easily raise \$3,000 in an emergency (41% without disability)
- **2 in 10 (20%)** have experienced financial stress in the current year (8.8% without disability).

For more information, including breakdowns by sex and age, and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/income-and-finance>.

Impacts of the COVID-19 pandemic

Health impacts, vaccinations and precautions

Existing 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 in Australia. However, for people with disability who are NDIS participants, data show that, 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).

Self-assessed health has varied throughout the COVID-19 pandemic for people with and without disability. In May 2021, most people, regardless of their disability status, said their physical and mental health was about the same as it was before COVID-19 (or in March 2020). At the same time, people with disability were more likely than those without disability to say their **physical health got worse** or much worse.

Table 17: Current self-assessed physical and mental health compared with before COVID-19, by disability status, May 2021

Self-assessed health, compared with before COVID-19 (March 2020)	Adults ^(a) with disability	Adults ^(a) without disability
Physical health		
Better or much better	12%	15%
About the same	64%	69%
Worse or much worse	24%	16%
Mental health		
Better or much better	8.6%	15%
About the same	68%	67%
Worse or much worse	23%	17%

(a) People aged 18 and over living in households.

Adults with disability were more likely than those without disability to use **telehealth services** (such as appointments with a health professional over the phone or by video conferencing) during the pandemic:

- in November 2020, 30% of adults with disability reported having had a telehealth consultation in the previous 4 weeks (14% without disability)
- in April 2021, 21% of adults with disability reported having had a telehealth consultation in the previous 4 weeks (12% without disability).

Analysis of June 2021 survey data on **COVID-19 vaccinations** shows that **nearly half** (46%) of adults with disability had received at least one dose of a COVID-19 vaccine by June 2021 (28% of adults without disability).

Table 18: COVID-19 vaccination status and intentions, by disability status, June 2021

COVID-19 vaccination status and intentions	Adults ^(a) with disability	Adults ^(a) without disability
Received at least one dose of COVID-19 vaccine	46%	28%
Would get a COVID-19 vaccine once it was available to them ^(b)	73%	74%
Would not get a COVID-19 vaccine once it was available to them	13%	11%
Not sure if would get a COVID-19 vaccine	13%	15%

(a) People aged 18 and over living in households.

(b) Includes people who already received at least one dose of COVID-19 vaccine.

Of those who received at least one vaccine dose:

- 38% of adults with disability were motivated to get it because it was recommended by a health professional (28% of those without disability)
- 28% of those with disability were motivated to get a vaccine because they had health conditions which made them more vulnerable (13% for those without disability).

The most common reason for not wanting to get vaccinated was concerns relating to potential side effects (53% for those with disability and 52% for those without disability).

Regular use of public transport declined during the pandemic. People with disability were less likely to regularly use public transport than people without disability before COVID-19. Regular public transport use during the pandemic declined more for people without disability than for people with disability.

Table 19: Regular use of public transport, by disability status and month

Proportion used public transport one or more times per week in the last 4 weeks	Adults ^(a) with disability	Adults ^(a) without disability
March 2020	12%	27%
December 2020	9.8%	12%
March 2021	9.9%	16%
June 2021	7.9%	14%

(a) People aged 18 and over living in households.

Social and economic participation

Adults with disability were less likely than those without disability to participate in a range of social activities during the COVID-19 pandemic, including attendance at social gatherings, regularly visiting a public park or recreation area, or exercising.

Four in 10 (41%) adults with disability chose not to attend **any** social gatherings during **December 2020** (34% without disability).

Table 20: Participation in social activities, by disability status, June 2021

Proportion of participation in social activities	Adults ^(a) with disability	Adults ^(a) without disability
...at least once in the last 4 weeks:		
Attended social gatherings of more than 10 people	44%	53%
Visited bars or restaurants in person	61%	77%
Attended a cultural event or venue	12%	18%
...at least once a week, in the last 4 weeks:		
Visited a public park or recreation area	29%	44%
Exercised at a gym or played sport	17%	28%
Shopped in physical stores	73%	78%

(a) People aged 18 and over living in households.

During 2020, **9.0% of adults** (aged 18 and over) with disability and 13% of those without disability **undertook study for a qualification**. This was broadly consistent with the 2018 rates, when 9.1% of people aged 15–64 with disability were studying for a non-school qualification.

Of those undertaking study or training in 2020, adults with disability were more likely to have done all of their **study online (73%)** compared with adults without disability (59%).

Of the NDIS participants who had been in the scheme for at least 2 years, **22%** of those aged 15 or over were **employed** at 30 June 2021, the same as at scheme entry (before 30 June 2019).

Income and finances

Adults with disability were more likely to experience financial stress during the COVID-19 pandemic than those without disability, including adverse effects on household income, finances, and savings.

Almost 3 in 10 (28%) adults with disability reported that their household finances had **worsened** over the previous 12 months, compared with 18% of those without disability (in February 2021). **Eight in 10** people (regardless of disability status) whose financial situation declined, attributed the decline at least in part to COVID-19.

Analysis of January 2021 data on other indicators of **financial stress** shows that people with disability were more likely to report worse financial outcomes than people without disability.

Table 21: Selected characteristics of financial stress, by disability status, January 2021

Selected characteristics ^(a)	Adults ^(a) with disability	Adults ^(a) without disability
Household unable to pay one or more selected bills ^(b) on time in the last 3 months due to a shortage of money	14%	5.5%
Drawn on accumulated savings or term deposits in the last 4 weeks to support basic living expenses	13%	6.9%
Borrowed from family and friends in the last 4 weeks to support basic living expenses	5.5%	0.9%
Expect to be able to pay all bills received in the next 3 months	85%	93%
Able to raise \$2,000 for something important within a week	74%	82%

(a) People aged 18 and over living in households.

(b) Includes electricity, gas or telephone bills, mortgage or rent payments, car registration or insurance, and home and/or contents insurance.

Life after COVID-19 restrictions

In June 2021:

- **1 in 5 (20%)** adults with disability expected life would **return to normal within a year** (27% without disability)
- **1 in 5 (20%)** adults with disability thought life would **never return to normal** (14% without disability).

There were certain aspects of life under COVID-19 restrictions people wanted to continue in the future (June 2021):

- **1 in 4 (27%)** adults with disability wanted to continue spending more time with family and friends (34% without disability)
- **1 in 4 (23%)** enjoyed the slower pace of life (28% without disability)
- **1 in 5 (22%)** adults with disability named spending less or saving more as the aspect of life they wanted to continue (31% of adults without disability)
- **1 in 5 (19%)** wanted to continue working from home (37% without disability)
- **1 in 4 (24%)** people with disability wanted **none** of the aspects of life under COVID-19 restrictions to continue (15% without disability).

For more information and lists of data sources, see the full web report at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/experiences-of-people-with-disability-during-covid-19-pandemic>.

What are the key data gaps?

People with disability in Australia brings together information from more than 35 national data sources to contribute to a greater understanding of disability in Australia. These include population surveys and administrative data sets. Although these data sources provide important insights into the experiences of people with disability in Australia, critical data gaps remain. 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
- contact of people with disability with the justice and child protection systems
- how access to and quality of disability and support services vary 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, how successful is the transition from school to further education or employment
- unmet need for services (within and outside of the NDIS)
- the immediate and long-term impacts of natural disasters and emergencies on people with disability
- the quality and sustainability of the disability workforce.

These gaps largely result from a mix of issues with existing data (such as inconsistent definitions of disability across data sources and key data not being widely available for use or sharing), and data not being collected at all (such as many mainstream data collections not including information which would enable people with disability to be identified). The COVID-19 pandemic further highlighted these limitations, with information about COVID-19 vaccination status, infection rates and deaths among people with disability not readily available using existing administrative data sources.

Opportunities to enhance the evidence base about people with disability include:

- improving the quality and comparability of data across sources, such as by gaining agreement to adopt more consistent definitions across data collections where possible, or adding a disability ‘flag’ to mainstream data collections (an agreed set of questions to identify people with disability and the severity, or degree, of their disability)
- maximising the use of existing data sources; for example, by bringing together information from multiple data sources, such as in this report
- adding to available data sources to cover priority data gaps, such as by enhancing or adding data items to existing data collections, enabling data sharing and linkage of data, and creating new data collections or data assets.

These gaps and opportunities are not exhaustive, but are a starting point for future discussion. The Australian Institute of Health and Welfare (AIHW) continues to work with other statistical agencies and data custodians to maximise and streamline the collection of data about people with disability and to improve its quality.

During 2020 and 2021, the Australian, New South Wales, Victorian, South Australian, Queensland and Australian Capital Territory governments worked together 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; housing; 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. Decisions from governments are now being sought about further work to establish an enduring NDDA.

As part of Australia's Disability Strategy, the Australian, state and territory governments agreed to develop a comprehensive data plan – Australia's Disability Strategy Data Improvement 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 our understanding of the impact of the Strategy.

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Abbreviations

ABS	Australian Bureau of Statistics
ACFI	Aged Care Funding Instrument
AHRC	Australian Human Rights Commission
AIHW	Australian Institute of Health and Welfare
COVID-19	Coronavirus disease 2019
CRA	Commonwealth Rent Assistance
DSP	Disability Support Pension
GP	general practitioner
HILDA	Household, Income and Labour Dynamics in Australia (HILDA) Survey
K10	Kessler-10
NDA	National Disability Agreement
NDDA	National Disability Data Asset
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
SDA	Specialist Disability Accommodation
SDAC	ABS Survey of Disability, Ageing and Carers
SHS	specialist homelessness services



People with disability in Australia 2022: in brief presents key highlights from the AIHW's main report *People with disability in Australia 2022*.

People with disability in Australia brings together information from a range of national data sources to contribute to a greater understanding of disability in Australia.

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Stronger evidence,
better decisions,
improved health and welfare