



Australian Government

Australian Institute of
Health and Welfare

Australia's
Disability
Strategy
2021–2031

Creating
an inclusive
community
together

Australia's Disability Strategy

2021–2031

Outcomes Framework

First annual report

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.

© The Australian Institute of Health and Welfare 2023



All material presented in this document is provided under a Creative Commons Attribution 4.0 International licence, with the exception of the Commonwealth Coat of Arms (the terms of use for the Coat of Arms are available at <https://www.pmc.gov.au/government/commonwealth-coat-arms>) or any material owned by third parties, including for example, design, layout or images obtained under licence from third parties and signatures. All reasonable efforts have been made to identify and label material owned by third parties.

The details of the relevant licence conditions are available on the Creative Commons website (available at <https://creativecommons.org>), as is the full legal code for the CC BY 4.0 license.

A complete list of the Institute's publications is available from the Institute's website www.aihw.gov.au.

ISBN 978-1-922802-53-8 (Online)

ISBN 978-1-922802-54-5 (Print)

DOI: 10.25816/tvs0-6542

Suggested citation

Australian Institute of Health and Welfare (2023) *Australia's Disability Strategy 2021–2031 Outcomes Framework: First annual report*, catalogue number ADS 1, AIHW, Australian Government.

Australian Institute of Health and Welfare

Board Chair (acting)

Dr Erin Lalor

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

Published by the Australian Institute of Health and Welfare.

Please note that there is the potential for minor revisions of data in this report.
Please check the online version at www.aihw.gov.au for any amendments.

Contents

Summary	vii
1. Introduction	1
2. Employment and financial security	9
Economic participation	11
Disability Employment Services	11
Employment services.....	13
NDIS participants job support.....	15
Unemployment gap	17
NDIS participants in full award wage employment	19
Transition to employment	21
VET graduate employment	21
Young NDIS participant employment	23
Young people in employment.....	24
Economic independence	26
Median gross income gap	26
3. Inclusive homes and communities.....	31
Housing affordability and housing stress	34
Average social housing wait time	34
Lower income housing stress.....	36
Housing accessibility	38
NDIS participants housing satisfaction	38
Social inclusion and participation	40
NDIS participants pursuing interests	40
Social participation.....	41
Built and natural environment accessibility	44
Access to government buildings.....	44
Accessing buildings and facilities	45
Transport system accessibility	47
Public transport usability	47
Information and communication systems accessibility.....	49
Digital inclusion	49

4. Safety, rights and justice	55
Safety from violence, abuse, neglect and exploitation	58
NDIS complaints abuse and neglect.....	58
Experience of violence.....	59
Trauma-informed policy, processes and programs	62
Seeking support following assault	62
Violence against women and their children	64
Access to safe and secure housing	64
Experience of domestic violence.....	66
Rights are protected and upheld.....	69
Advocacy program support	69
Discrimination complaints resolved	71
Freedom from discrimination.....	73
NDIS participants capacity to self-advocate.....	74
5. Personal and community support	79
Availability of support	81
Quality of formal support	81
Needs fully met.....	82
People with complex, high needs are supported.....	85
NDIS participants choice and control	85
Informal and carer supports.....	87
Carer satisfaction with support.....	87
Access to alternative care.....	88
Availability of assistive technology	90
NDIS participants use of assistive technology	90
Additional aids	92

6. Education and learning	97
Participation in early childhood education	99
Preschool enrolment	99
Participation in school education	101
Year 10 completion	101
Year 12 completion	103
Participation in tertiary education	105
VET participation	105
Undergraduate participation	106
VET completion	108
Higher education completion	110
Participation in informal education	112
7. Health and wellbeing	115
Health and wellbeing	117
Unmet hospitalisation needs	117
Self-reported health	118
Prevention and early intervention	120
Avoidable emergency presentations	120
Medical facility accessibility	121
Mental health	123
High psychological distress	123
NDIS participants life satisfaction	124
8. Community attitudes	129
Abbreviations	131
Appendix A: Methods	132

Summary

Summary

The Outcomes Framework is a key initiative under **Australia's Disability Strategy 2021–2031** (the Strategy) to measure, track and report on outcomes for people with disability over the life of the Strategy. Annual reporting against the measures in the Outcomes Framework will show what progress is being made on outcomes for people with disability.



The Strategy has **7 outcome areas**. These represent those areas that people with disability have said need to improve to achieve the Strategy's vision for an inclusive Australian society – one that ensures people with disability can fulfil their potential, as equal members of the community.

Outcome areas



Employment and financial security



Inclusive homes and communities



Safety, rights and justice



Personal and community support



Education and learning



Health and wellbeing



Community attitudes

The Outcomes Framework has 85 measures across the 7 outcome areas of the Strategy and **3 types of measures**.

System measures

These track the contribution that key systems, such as health care, housing, education, and employment, are making to achieve outcomes.

Population measures

These track the changes in outcomes over time for people with disability.

Community attitudes measures

These track the change in attitudes towards people with disability, and how people with disability experience community attitudes.

The purpose of this initial annual report is to provide an overview of the status of the Outcomes Framework measures at 'baseline', namely at the closest point in time to the start of the Strategy in December 2021. Baseline data are the data against which updated annual and (where available) quarterly data for each of the measures will be compared over the life of the Strategy.

This report also includes time series analysis (where data permit) for the period up to and including the baseline data point. This provides a context for the reporting of the baseline value and updated results.

How were people with disability faring at baseline?

For this initial annual report, baseline data are available for 47 launch measures, with historical data also available for 45 of these. The number of data points available for these historical data varies from 2 to 10 points in time.

Key findings

Favourable trends before baseline:



The **average time waited for public housing** by newly allocated households with a member with disability was **413 days** in 2020–21, a **decrease** from **580 days** in 2011–12.

System measure



More than **7 in 10** (72%) **disability discrimination complaints** that underwent an Australian Human Rights Commission conciliation process were **successfully resolved** in 2020–21 compared with just over **6 in 10** (62%) in 2011–12.

System measure



More than **2 in 5** (45%) people with disability aged 20–64 had **completed Year 12** (or equivalent) in 2018 compared with fewer than **2 in 5** (37%) in 2012.

Population measure

Unfavourable trends before baseline:



There was **no real change** in the **unemployment rate gap** between people with disability and people without disability between 2012 and 2018 (4.0 and 4.7 percentage points, respectively, for people aged 15 and over).

Population measure



Just over **4 in 5** (82%) specialist homelessness services clients with disability who were **experiencing domestic and family violence** were **provided assistance for accommodation** when needed in 2020–21 compared with 87% in 2013–14.

System measure



Around **1 in 7** (14%) people with disability aged 5 and over had **difficulty accessing medical facilities** in 2018 compared with 11% in 2015.

Population measure

Was there variation for different groups?

Results at baseline varied based on age, gender and severity of disability.



People with **severe or profound disability** aged 5 and over were **less likely** to have participated in **community and social activities** (90%) than people with other disability status (97%) in 2018.

Population measure



A higher proportion of **male than female** jobseekers with disability aged 15 and over (using jobactive) **obtained a job placement** in a 12-month period that was sustained for at least 26 weeks (8.3% and 6.5%, respectively) in 2020–21.

System measure



A higher proportion of **female than male** vocational education and training graduates with disability aged 15 and over were **employed on completion of their training** (53% and 50%, respectively) in 2021.

System measure



Almost 1 in 2 (49%) people with disability aged 18–24 were experiencing **high or very high levels of psychological distress** in 2018 compared with 2 in 5 (40%) aged 45–64 and fewer than 1 in 5 (19%) aged 65 and over.

Population measure

How are things tracking 6 months into the Strategy?

Of the 47 launch measures with data, 11 had updated data since the baseline. Results for updated data are preliminary as they cover only the first 6 months of the Strategy rather than a full year. Many of the changes are small, which should be taken into account when considering the results. The updated measures are predominantly from National Disability Insurance Scheme (NDIS) data collections, as these have the most recent data updates.



Just over **1 in 5** (21%) **NDIS participants in the labour force** aged 15–64 were in **open employment at full award wage** in the fourth quarter (Q4) of 2021–22 compared with 20% in the second quarter (Q2) of 2021–22.

Population measure



Just under **2 in 3** (65.1%) **NDIS participants** aged 15–64 reported **spending their free time doing activities that interested them** in 2021–22 Q4 compared with 65.5% in 2021–22 Q2.

System measure



Just over **3 in 4** (76%) **NDIS participants** aged 15–64 reported that the **NDIS had helped them to have more choice and control over their lives** after 2 years in the scheme in 2021–22 Q4 compared with 75% in 2021–22 Q2.

System measure

Future plans

The next annual report with data updates will be released in late 2023. Data updates will also be released quarterly on the [Australia's Disability Strategy Outcomes Framework webpages](#), with the first release scheduled for March 2023.

People with disability were clear that they did not want the Strategy reporting to be limited to data that were available at launch. For this reason, the future measures in the Outcomes Framework were designed to be developed over the life of the Strategy. For more details on the government approach to developing these measures, including agreed plans for reporting on future measures, see the Strategy's [Data Improvement Plan](#).

Introduction

1

1. Introduction

Australia's Disability Strategy 2021–2031

[Australia's Disability Strategy 2021–2031](#) (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 next 10 years. Its vision is an inclusive Australian society that ensures people with disability can fulfil their potential as equal members of the community. All governments – Australian, state, territory and local – are committed to delivering on its principles.

The Strategy builds on its predecessor, the National Disability Strategy 2010–2020, which saw a range of reforms introduced to better support and include people with disability. The consultation process for the 2021–2031 Strategy found that improvements were recognised across the 6 outcomes areas of the 2010–2020 Strategy. However, for the 1 in 6 Australians with disability, significant barriers remain to their being able to live independently, to be employed and financially secure, to have access to services they need and to opportunities they have the right to in order to fully participate in community life ([The Social Deck 2019](#)).

The 7 outcome areas in the Strategy set out where governments at all levels – working with people with disability, the community and business – will focus on delivering the needed changes. The outcome areas are those that people with disability have said need to improve to achieve the Strategy's vision.

- Employment and financial security
- Inclusive homes and communities
- Safety, rights and justice
- Personal and community support
- Education and learning
- Health and wellbeing
- Community attitudes

By delivering against the policy priorities under each of the 7 outcome areas in the Strategy, governments envisage all aspects of Australian life becoming more inclusive of people with disability.

For information on the development of the Strategy, see [Australia's Disability Strategy Hub](#).

Outcomes Framework

The Outcomes Framework is a key initiative under the Strategy to measure, track and report on outcomes for people with disability across the life of the Strategy. Annual reporting against the measures in the Outcomes Framework will show what progress is being made for people with disability.

There are 85 measures across the 7 outcome areas of the Strategy, and 3 types of measure:

- **System measures:** these track the contribution key systems such as health care, housing, education, and employment are making to achieve outcomes. Some service systems are specifically for people with disability while others are mainstream systems for all Australians.
- **Population measures:** these track changes in outcomes over time for people with disability.
- **Community attitude measures:** these track the change in attitudes towards people with disability, and how people with disability experience community attitudes.

As future measures will replace launch measures in some cases, the number of measures being reported against will change as new data become available.

The Strategy was developed by Australian, state, territory and local governments, through more than 2 years of engagement with people with disability, their families and carers. People with disability were clear they did not want the Strategy reporting to be limited to data that were available at launch. For this reason, there are:

- **48 launch measures** chosen as data should be available from the start of the Strategy
- **37 future measures** for which data are being developed. For more details on the government approach to developing future measures, see the Strategy's [Data Improvement Plan](#) on Australia's Disability Strategy Hub.

There will be opportunities to revisit the measures at the review points of the Strategy, the first of which will follow the release of the final report of the Disability Royal Commission at the end of 2023. Further reviews will occur in 2025 and 2029.

Some measures focus on specific groups of people with disability, such as National Disability Insurance Scheme (NDIS) participants; others relate to the broader population of people with disability.

This report includes data on 47 of the 48 launch measures: 21 system measures and 26 population measures.

The outcome areas are reported in separate sections, but it is important to note that they are interrelated and connected. For example, improved outcomes in education and learning can lead to better outcomes in employment and financial security ([Australia's Disability Strategy 2021–2031](#)). For more information, see the [Outcomes Framework](#).

Purpose of the initial and future annual reports

The annual reports complement the [Australia's Disability Strategy Outcomes Framework webpage](#) by providing more context around the progress of measures. The reports are intended for people with disability, government policymakers at all levels, disability advocacy groups and anyone who wishes to follow what progress is being made for people with disability based on the Outcomes Framework measures.

This initial report provides an overview of the status of the Outcomes Framework measures at 'baseline'; that is, when the Strategy began in December 2021. Moving forward, baseline data are the data against which updated annual and (where available) quarterly data for each of the measures will be compared over the life of the Strategy.

The baseline data point is generally the closest collection time point before December 2021. As data collections have different collection and reporting periods (for example, quarterly, annual or triennial), the baseline reference point differs across measures depending on the underlying data source (see also [About the data](#) below).

For some measures, the expected baseline data (that is, from the closest collection time point before December 2021) were not yet available when this report was prepared as the relevant collections had not yet been finalised. The baseline data for these measures will be included in future reports when they become available. For this report, 'pre-baseline' data are reported for these measures – that is, data from the collection preceding the expected baseline data.

Latest results (that is, data for the first time point post-baseline) are also included in this initial report for 11 measures in the relevant sections. The focus of the 'Latest results' section throughout this report and future annual reports is on presenting changes over time for each measure. Future annual reports are expected to be released at the end of each calendar year. The [Australia's Disability Strategy Outcomes Framework webpages](#) includes available updated data on a quarterly basis.

Intersectionality and diversity

The Strategy recognises that the diversity of people with disability needs to be understood, acknowledged and celebrated. Intersectionality acknowledges that a person or group of people can be affected by multiple forms of disadvantage due to their race, sex, gender identity, sexual orientation, impairment, class, religion, age, social origin and other identity markers ([Australia's Disability Strategy 2021–2031](#)).

The Outcomes Framework reporting includes data disaggregated for the following groups of people with disability where relevant data are available (see also [Data limitations](#)):

- age group
- sex and gender
- lesbian, gay, bisexual, and transgender (LGBT) status
- type of disability
- state and territory
- Indigenous status
- culturally and linguistically diverse (CALD) status
- remoteness.

In this initial report, data are presented disaggregated by age group, by gender, and by severity of disability where data are available (see also [Box 1: Severity of disability](#)).

Disaggregated data for the remaining areas of diversity are available on the [Australia's Disability Strategy Outcomes Framework webpages](#) where data permit. Detailed data are also provided as Excel tables in [Australia's Disability Strategy Outcomes Framework 2021–2031: First annual report | Data downloads](#).

Box 1: Severity of disability

The Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC) is the main source for data on severity of disability in this report.

SDAC classifies disability according to the degree of limitation or impairment in core activities into **profound, severe, moderate, and mild limitation**. In addition, SDAC distinguishes people with disability who have no limitation in core activities but have schooling or employment restriction, and people with disability who have no specific limitation or restriction.

Severe or profound disability includes people with severe or profound core activity limitation – always or sometimes needing assistance or supervision with self-care, mobility, and/or communication. People with **other disability** status are those who have disability with other than severe or profound core activity limitation.

About the data

Data sources

Data for the 47 available launch measures presented in this report are drawn from 17 data sources. Twenty-eight measures are drawn from surveys and 19 from administrative data collected as part of service delivery. Some collections are well established for reporting while others are relatively new.

The Outcomes Framework draws on NDIS participant data for 9 of the 47 launch measures and 1 of the future measures. The approach taken to reporting NDIS data here is different from that taken in NDIS reports.

- NDIS reports provide longitudinal analysis; that is, they track the same group of participants over time, from when they enter the NDIS through to their latest plan review (or reassessment). Generally, data are reported by cohort, based on how long participants have been in the NDIS. In NDIS reporting, 'baseline' refers to when the participant enters the NDIS.
- In the Outcomes Framework, analysis of changes over time are based on a series of data points, each representing a snapshot of NDIS participants at a given point in time. This means that some of the participants will be the same across time points, some may have exited the NDIS, and some will be new entrants. In the Outcomes Framework, the baseline is the closest time point to when the Strategy began (December 2021). See also [Measuring changes over time and differences between groups](#).

For more detailed technical information about NDIS data and other data sources, including frequency of reporting, see [Australia's Disability Strategy Outcomes Framework | Data sources](#).

Data limitations

The measures in the Outcomes Framework reflect what the Strategy would ideally like to track. However, most data collections used for reporting were not set up for the specific purpose of reporting against the Strategy. In the case of administrative data collections, statistical reporting is generally a secondary purpose to the data's primary role in relation to service delivery. Some Outcomes Framework measures have been revised slightly so that they align more closely to the available data; other measures have been revised slightly to clarify the intent of the measure. These adjustments are described in the relevant 'measure' section of the report.

Disability is a complex concept making it sometimes difficult to measure. A significant limitation for consistent reporting on outcomes for people with disability when drawing from a range of data sources is the variation in how 'disability' is defined. The most comprehensive definition of disability comes from the ABS SDAC. Other ABS surveys such as the National Health Survey (NHS) and the Personal Safety Survey (PSS) use the ABS [Short Disability Module](#). Definitions of disability used by administrative collections often relate to the purpose of their service delivery. See [Australia's Disability Strategy Outcomes Framework | Data sources](#) for definitions of disability used in different data sources.

The Strategy recognises that gender diversity is an important aspect for reporting outcomes for people with disability. Currently, many collections include only the categories 'male' and 'female'. In some collections where additional categories are included, small numbers – together with requirements to maintain privacy – limit what can be reported. For more information, see [Australia's Disability Strategy Outcomes Framework | Data sources](#).

Data development

A key initiative of the Strategy is to undertake data development to overcome some of the limitations of existing data. Work is being undertaken to refine the Outcomes Framework measures and develop new data sources to inform the evidence base as part of the [Data Improvement Plan](#).

The Outcomes Framework will include data from Australia's Disability Strategy Survey – to be conducted in 2022, with findings reported in the 2023 annual report.

As part of the [Data Improvement Plan](#) governments will work together to link deidentified data between systems ([Outcomes Framework](#)). The National Disability Data Asset (NDDA) is a potential rich source for reporting on measures for which there are currently no sources, as well as for improving data for some existing measures.

Measuring changes over time and differences between groups

This report includes sections relating to 'Results at baseline' and 'Latest results'. The 'Results at baseline' sections include time series analysis (where data permit) for the period up to and including the baseline data point. This provides context for the reporting of the baseline and latest results. The 'Results at baseline' sections also include baseline results for disaggregated data for gender or sex, and age where available.

The 'Latest results' sections in this initial report include a progress status for the measure; that is, a comparison of the first data point after baseline with the baseline value. Future reports will compare the latest updated data with the baseline. These comparisons will support the Outcome Framework's aim to measure progress over the life of the Strategy.

Results at baseline

For the baseline data presented in this report, the following approach was taken to determine whether changes are real:

- For changes over time, where there were sufficient data points (generally 10 time periods), percentage changes in rates over time were analysed using linear regression, with the confidence level set at 95%.
- For survey data where there were fewer than 10 time periods, or comparisons made between 2 groups, confidence intervals were used to provide an approximation of the true differences between rates. If the confidence intervals do not overlap, the difference is considered to be statistically significant. However, in some instances where confidence intervals overlap slightly, a further significance test (the z-test) can indicate a statistically significant difference.

Differences found to be statistically significant in this report are noted as 'real' differences.

Latest results

To report on the progress status for a measure, the latest data point will be compared with the baseline (that is, the closest time point, generally, before December 2021).

The change observed between the latest data and the baseline data is used to assign one of the following 4 categories:

- progress
- no change
- regress
- not enough data (that is, there is only one point of data).

Commenting on whether a measure has improved or not, considers the following:

- *Confidence* – is there confidence that the change is real and not a product of chance or some underlying uncertainty in the data?
- *Importance* – is the change important (that is, the size of the change)?

Determining confidence in the change is based on a technical evaluation of the data. Where there is some underlying uncertainty in the data, the confidence status indicates that care should be taken when looking at the reported progress status for the measure.

Information is provided on the size of the change so that the reader can determine whether the change is an important one. For example, a change may be 'real' in statistical terms, but not important if the change is small. To avoid the misinterpretation of very small changes, those that are <0.5 of a percentage point in either direction have been classified as 'no change'.

For more details of the methodological approach for measuring progress over time, see [Appendix A: Methods](#).

Overview of results

For this initial annual report, historical data were available for 45 of the 47 launch measures with available baseline data. The number of data points available for the historical data varied from 2 to 10 points in time.

Results for the 11 measures with updated data are preliminary as they cover only the first 6 months of the Strategy rather than a full year. Many of the changes are small, which should be taken into account when considering the results. The updated measures are predominantly from the NDIS data collections, as these have the most recent data updates.

Impact of COVID-19 on baseline results

The Strategy's start date, and the baseline data point for many indicators, fall within the period that restrictions were still in place in Australia to reduce the spread of COVID-19 in the community. This should be taken into account when reviewing changes over time against the baseline, particularly in relation to measures in the [Employment and financial security](#) outcome area.

Note on rounding

Percentages in the report are generally rounded to whole numbers except for those under 10% which are rounded to 1 decimal place. Exceptions include the reporting on latest results, where rounding to whole numbers would obscure differences between the baseline and the latest results.

Structure of the report

The following sections report on measures in each of the 7 outcome areas.

- Section 2 – Employment and financial security
- Section 3 – Inclusive homes and communities
- Section 4 – Safety, rights and justice
- Section 5 – Personal and community support
- Section 6 – Education and learning
- Section 7 – Health and wellbeing
- Section 8 – Community attitudes

See the following resources for additional information on the data presented in this report:

- [Australia's Disability Strategy Outcomes Framework 2021–2031: First annual report | Data downloads.](#)
- [Australia's Disability Strategy Outcomes Framework webpages.](#)

References

[Australia's Disability Strategy 2021–2031 \(2021\)](#), Department of Social Services, Australian Government, accessed 16 June 2022.

The Social Deck (2019) [Right to opportunity: consultation report to help shape the next national disability strategy](#), DSS website, accessed 22 November 2022.



Employment and financial security

2

2. Employment and financial security

Outcome

People with disability have economic security, enabling them to plan for the future and exercise choice and control over their lives

Why is this outcome area important?

Employment and financial security are central to improving outcomes for people with disability. This includes providing jobs and career opportunities and having adequate income for people with disability to meet their needs ([Australia's Disability Strategy 2021–2031](#)).

What are the policy priorities?

1. **Economic participation:** Increase employment of people with disability.
2. **Transition to employment:** Improve the transition of young people with disability from education to employment.
3. **Economic independence:** Strengthen financial independence of people with disability.

Launch measures

Data for the 3 policy priorities under this outcome area are available for 5 system measures and 4 population measures (Table 2.1). For future measures requiring development, see [Future measures](#).

Table 2.1: Employment and financial security reference guide

Policy priority	Launch measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Economic participation	Number of valid 52-week full outcome claims for employment in the 12-month period for people with disability* (system measure)	2020-21	16,041	2021-22	26,242	10,201	Progress
Economic participation	Proportion of people with disability using jobactive who obtain at least one job placement in a 12-month period which later converted to a 26-week outcome [‡] (system outcome)	2020-21	7.5%	n.a.	n.a.	n.a.	n.a.
Economic participation	Proportion of NDIS participants who get the support they need to do their job ^(a) (system measure)	2021-22 Q2	65.9%	2021-22 Q4	64.7%	-1.2 pp	Regress
Economic participation	Gap in proportion of people with disability in the labour force who are unemployed, compared with proportion of people without disability (population measure)	2018	4.7 pp	n.a.	n.a.	n.a.	n.a.
Economic participation	Proportion of NDIS participants aged 15-64 in the labour force who are in open employment at full award wage (population measure)	2021-22 Q2	19.9%	2021-22 Q4	20.5%	0.6 pp	Progress
Transition to employment	Proportion of VET graduates with disability who are employed on completion of training (system measure)	2021	51.6%	n.a.	n.a.	n.a.	n.a.
Transition to employment	Proportion of NDIS young people (aged 15-24) in employment (system measure)	2021-22 Q2	17.6%	2021-22 Q4	18.1%	0.5 pp	Progress
Transition to employment	Proportion of young people (aged 15-24) with disability in the labour force who are employed ^(b) (population measure)	2018	75.9%	n.a.	n.a.	n.a.	n.a.
Economic independence	Gap in median gross income for a person with disability aged 15-64 years compared with people without disability (population measure)	2018	\$511	n.a.	n.a.	n.a.	n.a.

‡ Measure wording has been revised to reflect available data more accurately or clarify the measure's intent. See relevant measure section below for more information.

n.a. - not available; pp - percentage points; VET - vocational education and training.

(a) This measure will be replaced in the future by 'Proportion of NDIS participants with an employment goal in receipt of employment income in the last 12 months'.

(b) This measure will be replaced in the future by 'Proportion of school leavers with disability who are not in employment, education or training 12 months later'.

Economic participation

Increasing the employment of people with disability supports them in having more control over their lives, in being financially independent and in having a better standard of living. Paid employment also leads to better mental and physical health and wellbeing. Though some people with disability are unable to work, others are able to do so and have the necessary skills. Increasing employment of people with disability who are able to work will ensure that these individuals are fully participating in the economy ([Australia's Disability Strategy 2021–2031](#)).

It should be noted that employment alone does not always provide people with disability with adequate income to be self-sufficient. The Disability Support Pension is an important safety net in this regard.

An essential enabler for finding and maintaining employment is having appropriate supports.

Community attitudes also play a critical role (see also the outcome area [Community attitudes](#)).

Services that play an important role in supporting people with disability to find employment and get the support they need to do their job include Disability Employment Services (DES), Workforce Australia (previously, jobactive) and supports funded through the NDIS.

As well as employment barriers that existed before COVID-19, systems data presented under this policy priority reflect the challenging employment conditions for people with disability that resulted from restrictions associated with controlling the spread of COVID-19.

Disability Employment Services

DES is a program funded by the Australian Government that aims to assist jobseekers with disability, injury or health conditions to prepare for, find and keep a job in the open labour market. The program assists with maintaining employment by providing employment support for at least 52 weeks.

The desired key system outcome for this measure is that DES supports people with disability to find and maintain employment. The measure was intended to track the number of people supported to achieve at least 12 months employment at their work capacity in DES.

Due to the nature of the data, the counting unit for this measure is valid claims rather than the number of participants. The measure looks at how many full valid claims were created for people with disability where the outcome was employment at or above their work capacity that lasted 52 weeks (that is a year).

The data are reported here as:

- number of valid 52-week full outcome claims for employment in the 12-month period for people with disability.

System measure: Number of valid 52-week full outcome claims for employment in the 12-month period for people with disability

Desired outcome: Increase in the number of claims

Data source: Department of Social Services – DES

Results at baseline: 2020–21

- In 2020–21, there were 16,041 valid claims for full 52-week employment outcomes for people with disability aged 15 and over.
- The number fell between 2019–20 and 2020–21 by approximately 18%, from 19,540 to 16,041 (Figure 2.1). This reflects the challenging economic and labour market conditions caused by the restrictions introduced in March 2020 to control the impact of COVID-19. See also [Things to consider when interpreting results](#) regarding the potentially problematic nature of the baseline.
- In 2020–21, the number of valid claims for full 52-week employment outcomes for males was around 25% higher than the number for females (8,915 and 7,126, respectively).
- There were 6,194 valid claims for full 52-week employment outcomes among people with disability aged 25–44, and 6,774 among those aged 45–64. This compares with 2,826 claims for those aged 15–24. However, over three-quarters (78%) of claims in this age group were for those aged 20–24 (2,194 claims), likely due to those aged 15–19 generally still studying. Looking at 5-year age groups, those aged 20–24 had the highest number of valid claims for full 52-week employment outcomes. Only 247 claims were for people with disability aged 65 and over. This is likely due to fewer people aged 65 and over being in the workforce generally.

Latest results: 2021–22

- In 2021–22, there were 26,242 valid claims for full 52-week employment outcomes for people with disability aged 15 and over. This was an increase of 10,201 valid claims (an increase of approximately 64%) since the baseline year, 2020–21 (16,041 valid claims). This indicates an improvement since the Strategy began.
- The number of valid claims in 2021–22 is also 6,702 (or 34%) higher than in 2019–20 (19,540) indicating that the number is higher than the pre-COVID-19 levels.

Things to consider when interpreting results

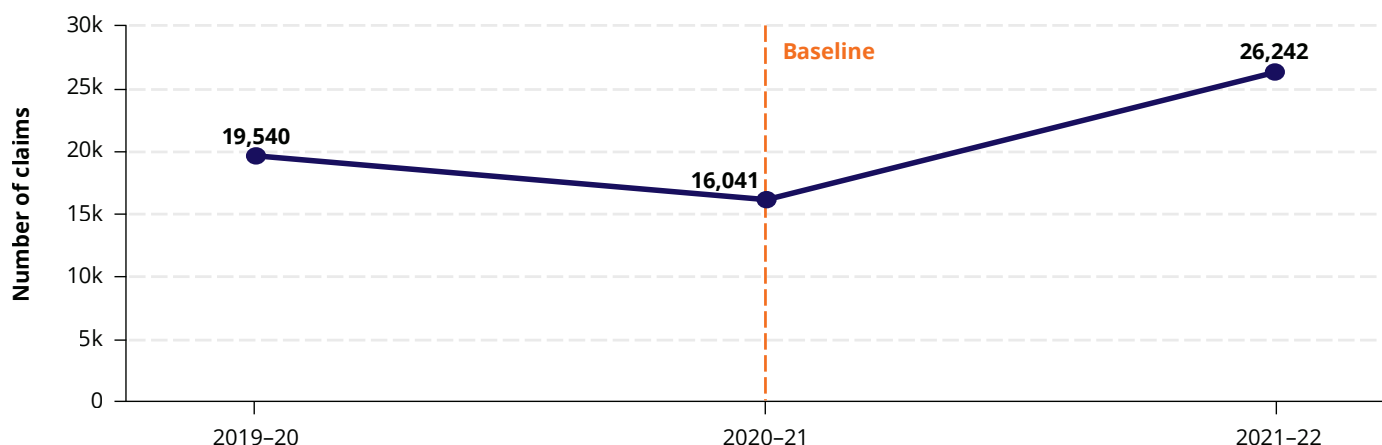
- Full employment outcome claims are those where the participant is working hours at or above their work capacity on average.
- Data for this measure are available only for the period from 1 July 2019 onwards. This is because a full 52-week employment outcome could only be claimed 52 weeks after the participant had begun placement with a DES provider contract established from 1 July 2018 under the DES Grant Agreement.
- The baseline year 2020–21 for this measure is potentially problematic due to the likely impact of COVID-19 on 2019–20 and 2020–21 results, and the lack of data available for time series analysis over a longer period in the pre-COVID-19 period. The adverse impact of COVID-19 on 2020–21 results means that comparisons of changes over time should also take into account pre-baseline (2019–20) results.
- There are limitations on the measure as an absolute number, as it does not provide any insight into how many people did not achieve 12 months of full employment.
- DES data are not directly comparable with the jobactive data presented below, as they measure different outcomes.

Latest results: 26,242 (2021–22)

Baseline: 16,041 (2020–21)

Progress status (preliminary): Progress

Figure 2.1: Valid claims for full 52-week employment outcomes among people with disability aged 15 and over who participated in DES, 2019–20 to 2021–22



Source: Administrative data from the Department of Employment and Workplace Relations Employment Business Intelligence Warehouse (DEWR EBIW).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | DES](#).

Employment services

jobactive was the Australian Government employment service that connected job seekers with employers and helped them find, prepare for and keep a job. The program ran from July 2015 to June 2022; it was replaced by Workforce Australia on 4 July 2022 (DEWR 2022). Unlike DES, which is targeted to help people with disability, jobactive was – and Workforce Australia is – a mainstream service open to all Australians seeking employment.

The measure is intended to track the proportion of people with disability in the labour force who use jobactive and successfully find employment within 12 months. Due to the nature of the available data, the measure is reported here as:

- proportion of people with disability using jobactive who obtain at least one job placement in a 12-month period which later converted to a 26-week outcome.

The reported measure tracks sustainable employment gained through jobactive.

System measure: Proportion of people with disability using jobactive who obtain at least one job placement in a 12-month period which later converted to a 26-week outcome

Desired outcome: Increase in the proportion

Data source: Department of Employment and Workplace Relations (DEWR) – Business Systems

Results at baseline: 2020–21

- In 2020–21, 7.5% of people with disability using jobactive obtained at least one job placement in a 12-month period which later converted to a 26-week outcome. This was 1 percentage point higher than in 2015–16 (6.5%).

- There is no clear trend for the period 2015–16 to 2020–21, with the proportion increasing from 6.5% in 2015–16 to its highest in 2017–18 (7.8%). It dropped to its lowest point in 2019–20 (4.5%), likely due to the impact of COVID-19 on the labour market, before increasing by around two-thirds (67%) in 2020–21 to 7.5%. This was close to its highest point of 7.8% in 2017–18 (Figure 2.2).
- As a point of comparison, a substantial drop between 2018–19 and 2019–20 was also observed for people without disability using jobactive, from 13% to 7.1%. The proportion for people without disability then almost doubled between 2019–20 and 2020–21 (from 7.1% to 14%).
- In 2020–21, a higher proportion of male than female jobseekers with disability obtained a job placement in a 12-month period which later converted to a 26-week outcome (8.3% and 6.5%, respectively).
- In 2020–21, the youngest age group (aged 15–24) had the highest proportion of people with disability with at least one job placement in a 12-month period which converted to a 26-week outcome (10%). This compares with 9.2% for those aged 25–44 and 6.1% for those aged 45–64.

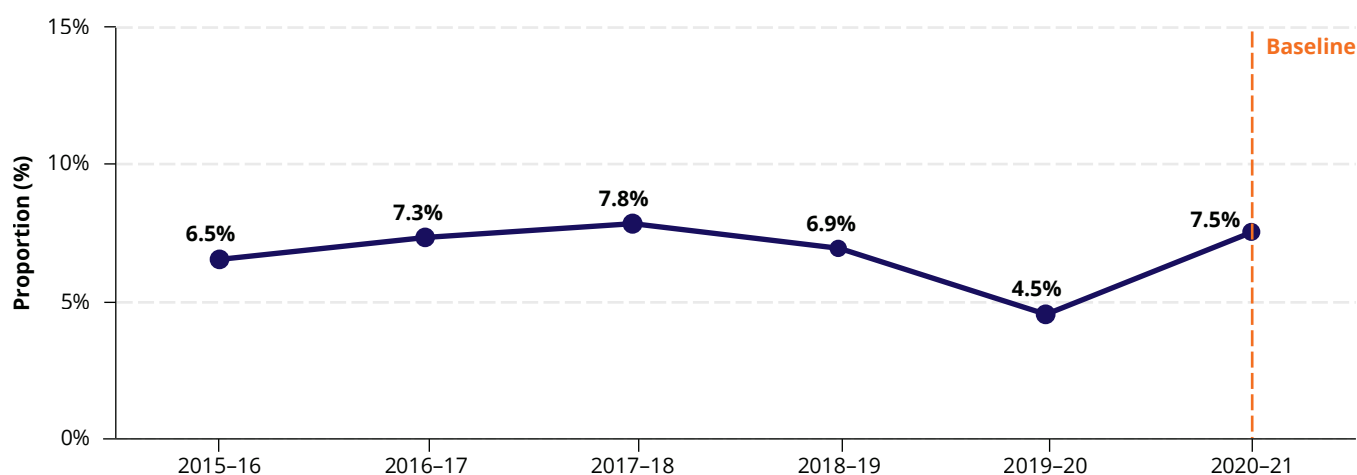
Latest results

- Updated data are not yet available for this measure. Data for 2021–22 will be included in the 2023 annual report. Due to the introduction of the Workforce Australia program in July 2022, 2021–22 will be the last year of reporting job placements using jobactive data.
- Data for the 2022–23 reporting period will be drawn from the Workforce Australia program and reported in the 2024 annual report. Data will not be comparable with jobactive data.

Things to consider when interpreting results

- Results for this measure are not comparable with results for the DES measure as they are from different data sources, cover different populations and measure different outcomes.

Figure 2.2: Proportion of people with disability using jobactive aged 15 and over who obtained at least one job placement in a 12-month period which later converted to a 26-week outcome, 2015–16 to 2020–21



Source: DEWR administrative data.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Employment services](#).

NDIS participants job support

A key focus of the NDIS is to improve social and economic participation for its participants ([NDIS Participant Employment Strategy 2019–2022](#)). In 2020–21 Q2, NDIS participants could receive support to do their job from several services, including DES (described earlier) and the NDIS. The NDIS funding can include supports in employment, which are for day-to-day assistance in the workplace to maintain employment ([NDIS 2021](#)). It can also include ancillary support; for example, transport to work, personal care at work, assistive technology (used both at work and at home) and capacity building for skills development.

Data for this measure are from the NDIS Short Form questionnaire and include participants who answered:

- ‘Yes’ to ‘Are you currently working in a paid job?’ and
- either ‘Yes’ or ‘No’ to ‘Do you get the support you need to do your job?’

Note that the question is not intended (nor is it interpreted by participants) to be limited to NDIS support. Nor does a ‘No’ response necessarily mean that the NDIS is responsible for providing the required support. It may reflect other factors, such as employer capability to provide support.

System measure: Proportion of NDIS participants who get the support they need to do their job

Desired outcome: Increase in the proportion

Data source: National Disability Insurance Agency (NDIA) Business Systems

This measure will be replaced in the future when available data are improved. During the life of the Strategy, this measure will be replaced by ‘Proportion of NDIS participants with an employment goal in receipt of employment income in last 12 months’.

Results at baseline: 2021–22 Q2

- In the second quarter (Q2) of 2021–22 (baseline quarter), just under two-thirds (66%) of NDIS participants aged 15–64 reported that they had received the support they needed to do their job. This was 12 percentage points lower than in the second quarter (Q2) of 2018–19 (78%).
- The overall trend for the period 2018–19 Q2 to 2021–22 Q2 was downward (Figure 2.3). Fitting a regression model to the data shows a modelled decrease of 1 percentage point per quarter and a modelled decrease of 16% over the reference period. COVID-19 may have been a contributing factor.
- In 2021–22 Q2, a slightly higher proportion of male than female participants reported receiving support to do their job (68% and 64%, respectively).
- The proportion of NDIS participants who reported that they had received the support they needed to do their job varied by age category. While over two-thirds of those aged 25–64 (69%) reported receiving the support they needed, the proportion was just over half for those aged 15–24 (55%). A contributing factor to the difference may be that a large number of the older population are working in an Australian Disability Enterprise (ADE), with NDIS support to maintain employment. There are fewer young people working in, or entering, ADEs.

Latest results: 2021–22 Q3 and Q4

- In 2021–22 Q4, just under 2 in 3 (64.7%) NDIS participants aged 15–64 reported that they had received the support they needed to do their job. This was 1.2 percentage points lower than at baseline (2021–22 Q2) (65.9%), indicating regress since the Strategy began.
- There were decreases in both post-baseline quarters, 2021–22 Q3 (0.5 of a percentage point) and 2021–22 Q4 (0.7 of a percentage point). However, they were similar to decreases seen in the previous quarters 2021–22 Q1 and 2021–22 Q2 (0.5 and 0.7 of a percentage point, respectively).

- The observed decreases in both 2021–22 Q3 and 2021–22 Q4 are smaller than the modelled quarterly decrease (0.9 of a percentage point) over the period 2018–19 Q2 to 2021–22 Q4.

Things to consider when interpreting results

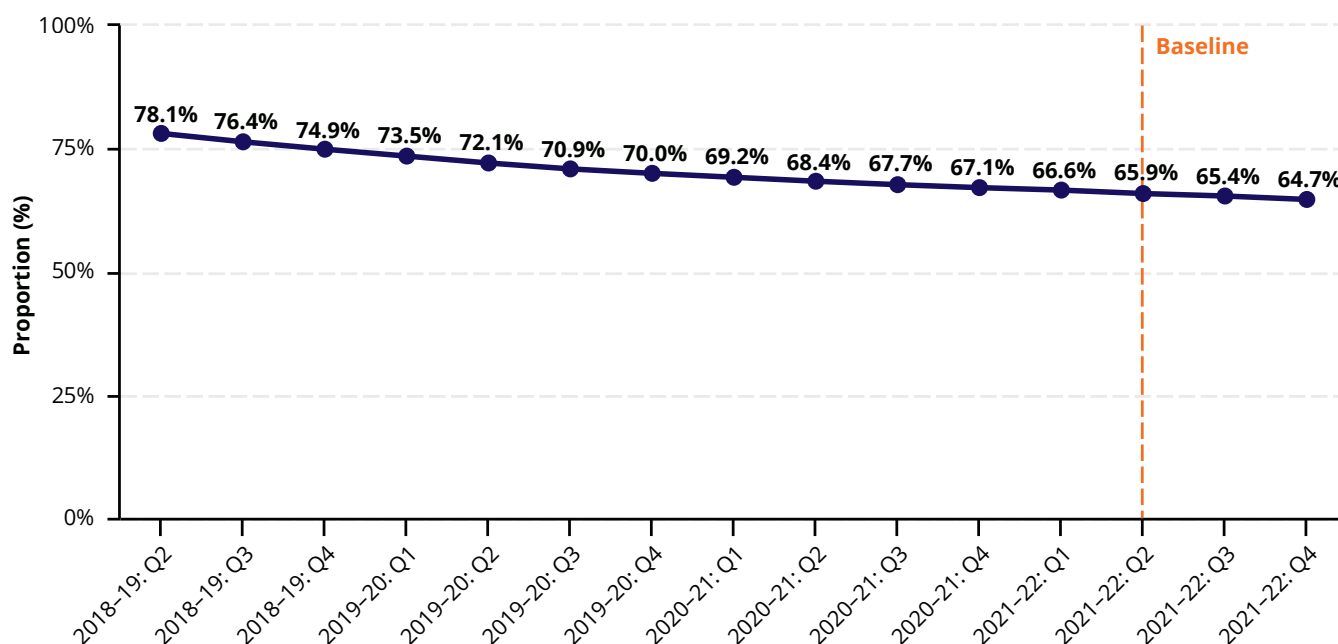
- Several external factors may influence responses to the question 'Do you get the support you need to do your job?'. Respondents may not need additional support to do their job or they may receive the disability-related support required but other sources of support are lacking, such as informal or employer-provided support.
- The restrictions associated with controlling the spread of COVID-19 may have also adversely affected the provision of support during this time.
- Time series analysis for the NDIS data presented here provide a series of data points each representing a snapshot of NDIS participants at a given point in time. This is different from the longitudinal approach taken in NDIS reporting.

Latest results: 64.7% (2021–22 Q4)

Baseline: 65.9% (2021–22 Q2)

Progress status (preliminary): Regress

Figure 2.3: Proportion of NDIS participants aged 15–64 who get the support they need to do their job, 2018–19 Q2 to 2021–22 Q4



Source: NDIA Business System.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Job support](#).

Unemployment gap

Tracking changes over time in unemployment rates of people with disability compared with people without disability will indicate whether access to employment is becoming more accessible for people with disability.

‘Unemployment’ refers to those who reported 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 ([ABS 2019](#)). ‘Labour force’ includes people who are employed or unemployed ([ABS 2022](#)).

The desired population outcome for this measure is to see a decrease in the unemployment gap between people with and without disability.

Population measure: Gap in proportion of people with disability in the labour force who are unemployed, compared with proportion of people without disability

Desired outcome: Decrease in the unemployment gap

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, 9.2% of people with disability aged 15 and over in the labour force were unemployed. This was twice as high as the proportion of people without disability (4.5%); a gap of 4.7 percentage points.
- Between 2012 and 2018, there was no real change in the unemployment rate gap between people with and without disability (Figure 2.4). In 2012, 8.7% of people with disability were unemployed compared with 4.7% of those without disability (a gap of 4 percentage points). In 2015, the proportions were 9.1% and 5.1%, respectively, a gap of 4 percentage points.
- In 2018, there was no real difference in the unemployment rate gap between males with and without disability (5 percentage points) and between females with and without disability (4.1 percentage points).
- There was no real difference in the unemployment rate gap between those aged 15–24 with and without disability (13 percentage points) and those aged 25–44 (7.5 percentage points). However, the gap for the older age group (aged 45–64) (3.7 percentage points) was smaller than the gap for either of the younger age groups (aged 15–24 and 25–44).
- There was no significant difference between the proportion of people with [severe or profound disability](#) who were unemployed (11%) and people with other disability who were unemployed (8.8%).

Latest results

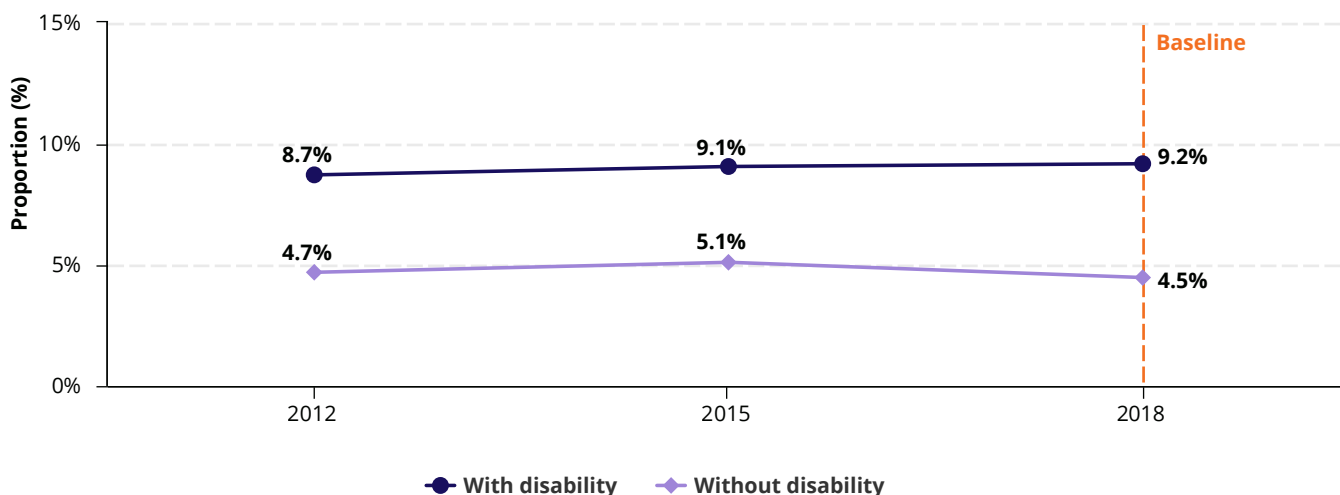
Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and will be included in the 2024 annual report.

Things to consider when interpreting results

- The measure does not reflect underemployment – that is, people who are employed, usually work 34 hours or less per week, would like a job with more hours, and would be available to start work with more hours if offered a job in the next 4 weeks. Underemployment may be due to a lack of available support.

- The measure does not account for people who are 'discouraged' from or have temporarily stopped participating in the labour force (for example, those who would like to work but are not actively searching or could not start in the next 4 weeks).
- Data for this measure have been randomly adjusted. This means that results may not be exactly as those reported elsewhere.

Figure 2.4: Proportion of people with and without disability aged 15 and over in the labour force who are unemployed, 2012, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Unemployment gap](#).

NDIS participants in full award wage employment

'Open employment' refers to employment in the open market and employees being paid the relevant minimum wage or above ([NDIS 2020](#)). People with disability face a number of barriers in relation to open employment, including discrimination by employers or colleagues, and employment restrictions (such as limited hours of work or restrictions on the type of work available) ([AIHW 2022a](#)).

Data for this measure are collected as part of the NDIS Short Form questionnaire. Data include NDIS participants who answered:

- 'Yes' or 'No, but I would like one' to the question 'Are you currently working in a paid job?' and
- 'Open employment market with full award wages' to the question 'What type of employment is it?'

The desired population outcome for this measure is an increase in the proportion of NDIS participants in the labour force who are in open employment at full award wages.

Population measure: Proportion of NDIS participants aged 15–64 who are in open employment at full award wage

Desired outcome: Increase in the proportion

Data source: NDIA Business System

Results at baseline: 2021–22 Q2

- In 2021–22 Q2 (baseline quarter), 20% of NDIS participants in the labour force aged 15–64 were in open employment at full award wage. This was 3 percentage points higher than in 2018–19 Q2 (17%).
- The overall trend for the period leading up to and including the baseline (2018–19 Q2 to 2021–22 Q2) was favourable, with an almost consistent quarter to quarter increase (Figure 2.5). Fitting a regression model to the data shows a modelled increase of 0.3 of a percentage point per quarter and a modelled increase of 18% over the reference period.
- In the December 2021–22 Q2, NDIS male participants were less likely than female participants to report being in open employment (17% and 24%, respectively).
- A higher proportion of older participants aged 25–64 (22%) than younger participants aged 15–24 (15%) were in open employment at full award wage.

Latest results: 2021–22 Q3 and Q4

- In 2021–22 Q4, just over 1 in 5 (21%) NDIS participants in the labour force aged 15–64 were in open employment at full award wage. This was higher than at baseline (2021–22 Q2) (20%) indicating progress since the Strategy began.
- There was an observed increase of 0.3 of a percentage point in both post-baseline quarters 2021–22 Q3 and 2021–22 Q4 (based on unrounded values). This was similar to increases seen in the previous quarters 2021–22 Q1 and 2021–22 Q2 (0.3 and 0.4 of a percentage point, respectively).
- The observed increases in 2021–22 Q3 and 2021–22 Q4 were the same as the modelled quarterly increase (0.3 of a percentage point) over the period 2018–19 Q2 to 2021–22 Q4.

Things to consider when interpreting results

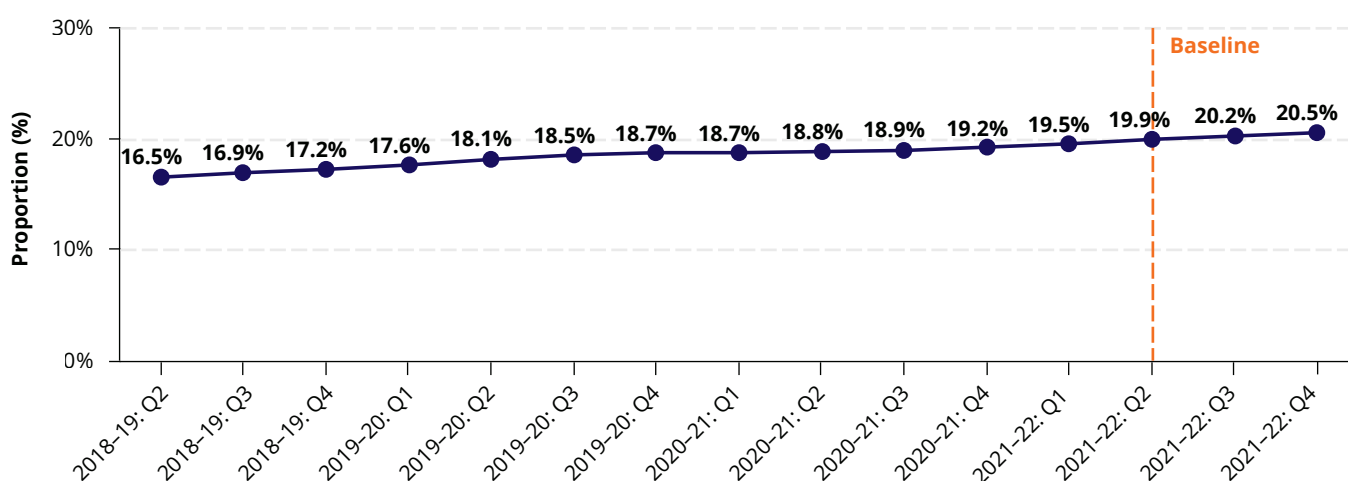
- Data from NDIS participants who answered, 'Yes' or 'No, but I would like one' to the question 'Are you currently working in a paid job?' are intended to capture NDIS participants who are in the labour force.
- The measure does not include people employed under the Supported Wage System (SWS) – that is, open employment at less than full award wages. The SWS applies to those who have a reduced working capacity. If an employee is covered by an award or registered agreement with an SWS provision, an eligible employee is entitled to a percentage of the minimum pay rate for their classification, depending on their assessed work capacity ([NDIS 2020](#)).
- This measure looks at the proportion of NDIS participants aged 15–64 in the labour force who are in open employment at full award wage. It does not provide insight into the proportion of employed individuals who are in open employment, which may show different results. For example, as younger people are less likely to be employed than older people (due to many still being involved in study), young employed people with disability may be more likely to be in open employment than older employed people with disability.
- Time series analysis for the NDIS data presented here provides a series of data points each representing a snapshot of NDIS participants at a given point in time. This is different from the longitudinal approach taken in NDIS reporting.

Latest results: 20.5% (2021–22 Q4)

Baseline: 19.9% (2021–22 Q2)

Progress status (preliminary): Progress

Figure 2.5: Proportion of NDIS participants aged 15–64 in the labour force who are in open employment at full award wage, 2018–19 Q2 to 2021–22 Q4



Source: NDIA Business System.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | NDIS participants in full award wage employment](#).

Transition to employment

Improving the transition of young people with disability from education to employment requires preparing them for employment. This includes supporting them to access skills development and work experience which can have long-term benefits for their employment prospects and careers ([Australia's Disability Strategy 2021–2031](#)).

VET graduate employment

VET is post-compulsory education and training that provides people with occupational or work-related knowledge and skills. It includes programs that provide the basis for subsequent vocational programs ([SCRGSP 2022](#)). VET courses and qualifications are certificate I, II, III, IV; diploma; advanced diploma; vocational graduate certificate and diploma ([ASQA 2021](#)).

The desired key system outcome for this measure is that VET graduates with disability transition into employment on completing their training.

System measure: Proportion of VET graduates with disability who are employed on completion of training

Desired outcome: Increase in the proportion

Data source: National Centre for Vocational Education Research (NCVER)

Results at baseline: 2021

- In 2021, 52% of domestic VET graduates with disability aged 15 and over were employed on completion of training. This was 4 percentage points lower than in 2016 (56%).
- There is no clear trend for the period 2016 to 2021, with the proportion showing little change between 2016 and 2019 (Figure 2.6). However, between 2019 and 2020, the proportion dropped 8 percentage points from 53% to 45%, its lowest point, before returning to 52% in 2021 (an increase of 6 percentage points).
- The substantial drop in the proportion in 2020 likely reflects the challenging labour market faced by graduates – caused by the restrictions introduced to control the impact of COVID-19.
- Students with disability have consistently had lower rates of employment on completion of training than those without disability. In 2021, the difference was 23 percentage points (52% compared with 74%). However, overall, the pattern for those without disability over time is similar to that for people with disability. For those without disability, the proportion was higher in 2016 (80%) than in 2021 (74%), with a drop to its lowest point in 2020 (71%).
- In 2021, half of male VET graduates with disability (50%) were employed on completion of their training, while just over half of female VET graduates with disability were employed (53%).
- People with disability aged 25–44 had the highest proportion of students employed on completion of training (58%), while those aged 65 and over had the lowest (27%). The proportion was similar for the youngest age group (15–24 years) (50%) and those aged 45–64 (49%).

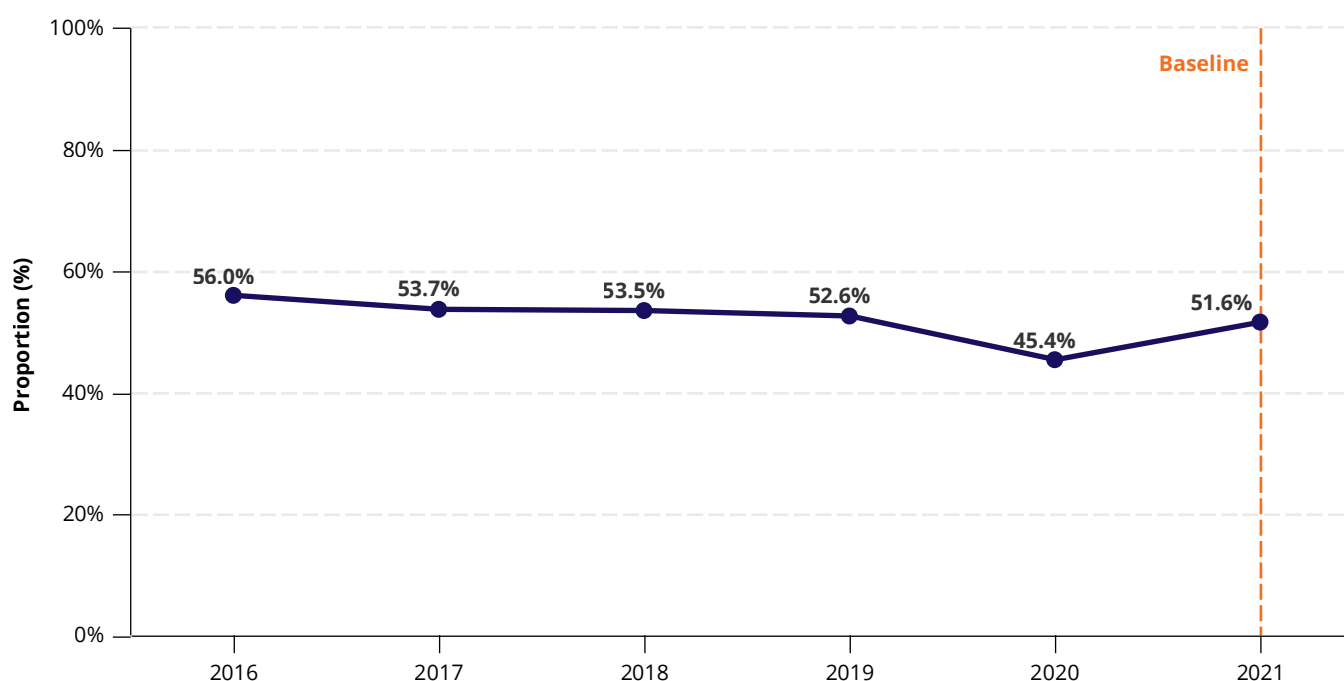
Latest results

Updated data are not yet available for this measure. New data for 2022 VET student outcomes are expected to be available in late 2022 and will be included in the 2023 annual report.

Things to consider when interpreting results

- For the purposes of this measure, VET graduates refer to 'qualification completers' – that is, students who completed a training package qualification or an accredited qualification. 'Employed on completion of training' refers to 'employed after training'. Data are restricted to domestic students.
- The National Student Outcomes Survey is conducted annually and includes students who completed nationally recognised VET delivered by registered training organisations (RTOs) in Australia. The 2021 survey collected data between June and August 2021 from students who completed their qualifications in 2020.
- This measure does not take into account whether students were employed before training and/or whether they are employed in the same occupation as the training course. The measure also does not capture students who went on to undertake further vocational training.

Figure 2.6: Proportion of VET graduates with disability aged 15 and over who are employed on completion of training, 2016 to 2021



Source: NCVER 2021, Australian VET statistics: VET student outcomes 2021 (customised data request).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | VET graduate employment](#).

Young NDIS participant employment

Successful engagement of young people in the labour market and society is crucial for not only their own personal economic prospects and wellbeing but also for overall economic growth and social cohesion (OECD 2022).

This measure focuses on young NDIS participants aged 15–24. Data are collected from the NDIS Short Form questionnaire and refer to participants aged 15–24 who answered 'Yes' to the question 'Are you currently working in a paid job?'

The desired key system outcome for this measure is that the NDIS supports young people leaving school to prepare for employment.

System measure: Proportion of NDIS young people (aged 15–24) in employment

Desired outcome: Increase in the proportion

Data source: NDIA Business System

Results at baseline: 2021–22 Q2

- In 2021–22 Q2 (baseline quarter), 18% of NDIS participants aged 15–24 were in employment. This was 1 percentage point higher than in 2018–19 Q2 (17%).
- There is no consistent trend for the period 2018–19 Q2 to the baseline quarter 2021–22 Q2 (Figure 2.7). The proportion showed a steady increase between 2018–19 Q2 and 2019–20 Q3, rising 1 percentage point from 17% to 18%, before declining to its lowest point (17%) in 2020–21 Q2. This likely reflects the impact of restrictions related to COVID-19 and challenging employment conditions. In 2021–22 Q1, the proportion began increasing, reaching 18% in 2021–22 Q2 (baseline quarter).
- In 2021–22 Q2, a slightly lower proportion of males aged 15–24 were in employment compared with females (17% and 18%, respectively).

Latest results: 2021–22 Q3 and Q4

- In 2021–22 Q4, 18.1% of NDIS young participants (aged 15–24) were in employment. This was 0.5 of a percentage point higher than at baseline (2021–22 Q2) (17.6%), indicating progress since the Strategy began.
- There were similar small increases in both post-baseline quarters 2021–22 Q3 and 2021–22 Q4 (0.2 and 0.3 of a percentage point, respectively). These increases were similar to those seen in the previous quarters 2021–22 Q1 and 2021–22 Q2 (0.2 and 0.3 of a percentage point, respectively).

Things to consider when interpreting results

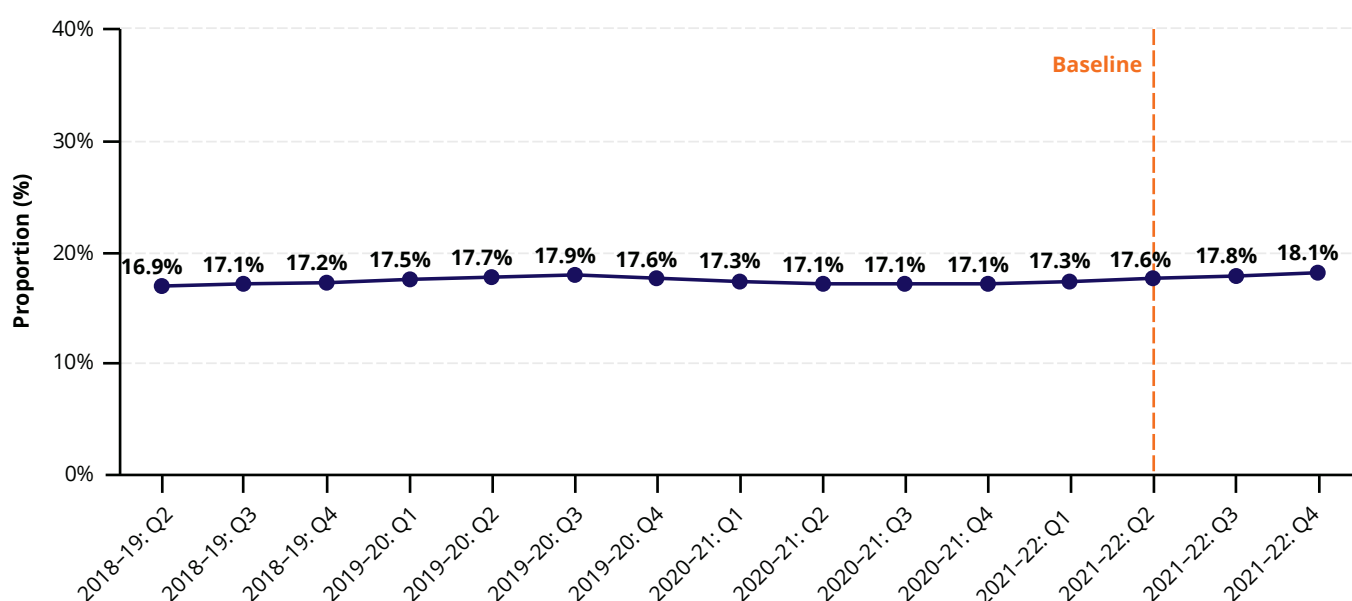
- Time series analysis for the NDIS data presented here provides a series of data points each representing a snapshot of NDIS participants at a given point in time. This is different from the longitudinal approach taken in NDIS reporting.

Latest results: 18.1% (2021–22 Q4)

Baseline: 17.6% (2021–22 Q2)

Progress status (preliminary): Progress

Figure 2.7: Proportion of NDIS young people aged 15–24 in employment, 2018–19 Q2 to 2021–22 Q4



Source: NDIA Business System.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Young NDIS participant employment](#).

Young people in employment

The desired key population outcome for this measure is to see an increase in young people with disability moving from education to employment.

Population measure: Proportion of young people (aged 15–24) with disability in the labour force who are employed

Desired outcome: Increase in the proportion

Data source: ABS SDAC

This measure will be replaced in the future when available data are improved. During the life of the Strategy, this measure will be replaced by 'Proportion of school leavers with disability who are not in employment, education or training 12 months later'.

Results at baseline: 2018

- In 2018, just over three-quarters (76%) of young people with disability aged 15–24 in the labour force were employed. There was no significant change in the proportion across the 3 available time periods 2012 (76%), 2015 (80%) and 2018 (76%) (Figure 2.8).
- Nor was there a significant difference between the proportion of young males with disability in the labour force who were employed (72%) compared with young females (79%).
- There was no real difference in the proportion of young people in the labour force who were employed between those with [severe or profound disability](#) (76%) and those with other disability (76%).

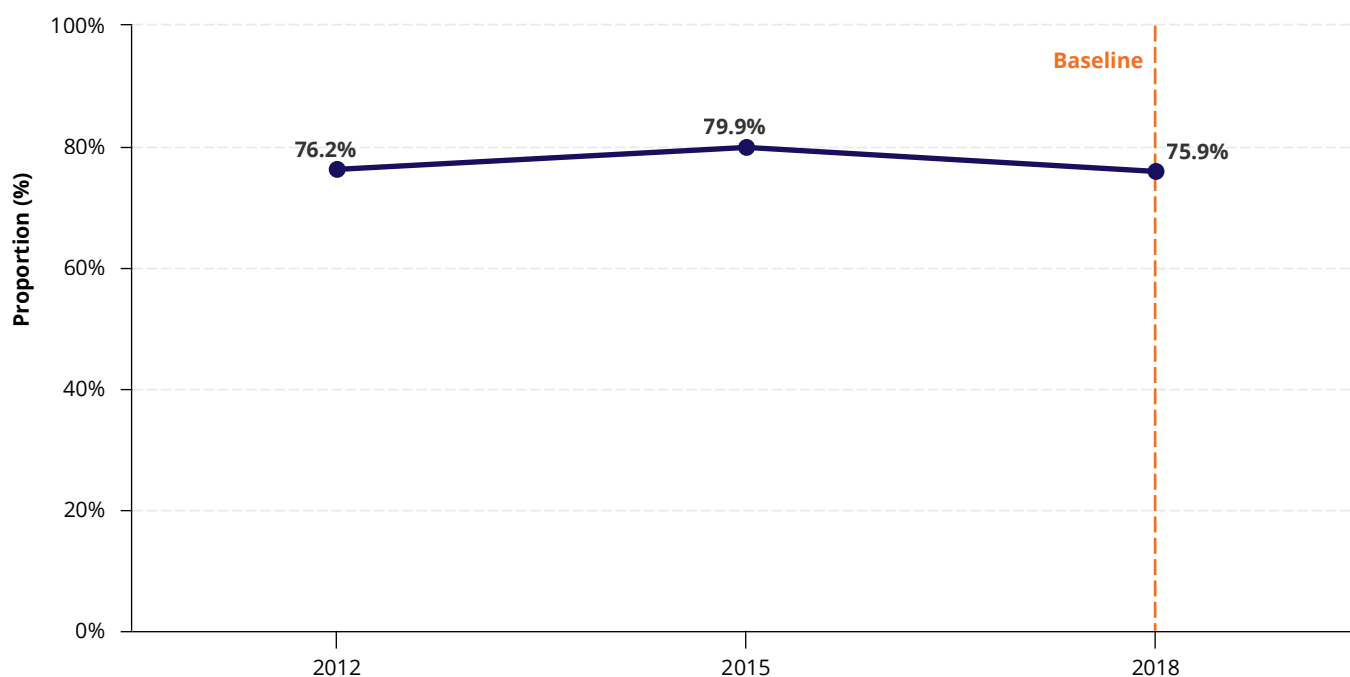
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and will be included in the 2024 annual report.

Things to consider when interpreting results

- Young people with disability in the labour force, and/or employment, only measures the subset of young people with disability who are actively seeking work. Some young people with disability will not be seeking work because of the nature of their impairments.

Figure 2.8: Proportion of young people aged 15–24 with disability in the labour force who are employed, 2012, 2015 and 2018



Source: AIHW analysis of ABS 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Young people in employment](#).

Economic independence

Limited employment opportunities affect a person's finances. Strengthening the financial independence of people with disability by ensuring they have an adequate income is critical to providing them with increased financial security, economic independence and an appropriate standard of living. An adequate income gives people more choice and control over their lives, enabling their participation in community life. The income support system provides an important safety net for people with disability who are unable to work or cannot find employment ([Australia's Disability Strategy 2021–2031](#)).

Median gross income gap

Looking at a person's income level can provide insight into potential inequality in standard of living ([AIHW 2022b](#)).

This measure reports the difference in the median weekly gross income between people with disability and people without disability who are of working age (15–64 years). The desired population outcome for this measure is to see an increase in people with disability experiencing economic independence.

Population measure: Gap in median gross income for a person with disability aged 15–64 years compared with people without disability

Desired outcome: Reduction in the median income gap

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, the median gross income for people with disability aged 15–64 was \$505, just under half the median gross income for people without disability (\$1016); a gap of \$511.
- In 2015, the median gross income for people with disability aged 15–64 was also just under half that for people without disability (\$465 and \$950, respectively); a gap of \$485 (Figure 2.9). There was no significant change in the gap between 2015 and 2018.
- Severity of disability was associated with the gap between people with and without disability. In 2018, the gap between people with [severe or profound disability](#) and people without disability (\$586) was greater than the gap between people with other disability and people without disability (\$416).
- For males, the gap (\$683) between those with and without disability was almost 90% higher than the equivalent gap for females (\$363).
- The gap was greatest among the 45–64 age group (\$651), followed by those aged 25–44 (\$506). The gap was considerably lower among young people aged 15–24 (\$87).

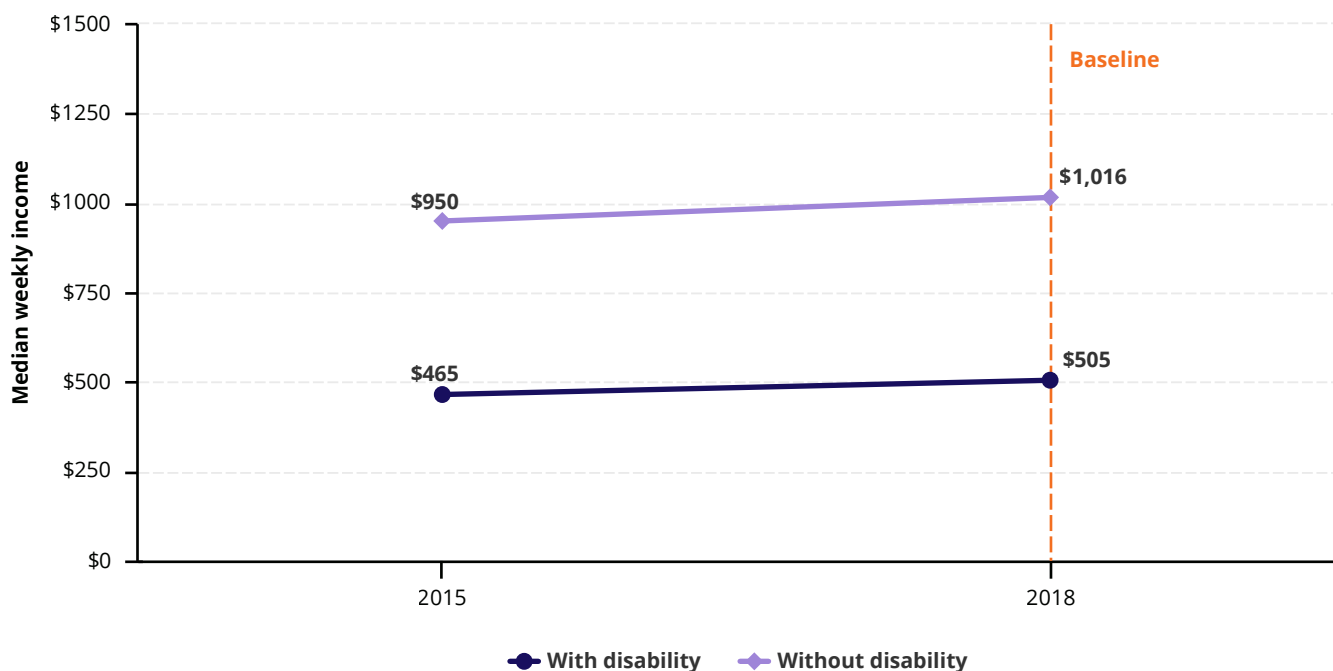
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and will be included in the 2024 annual report.

Things to consider when interpreting results

- Data presented for 2015 have not been adjusted for inflation; this affects an ability to make a true comparison between the 2 time periods.
- Total weekly income is calculated excluding people whose income was 'Not stated', 'Not applicable', 'Amount not known', or people who reported no sources of income.
- While most people with disability aged 15–64 are just as likely as those without disability to have some form of income, for people with disability, particularly for those with [severe or profound disability](#), this income is more likely to come primarily from a government payment rather than from salary or wages ([AIHW 2022b](#)). This would be a contributing factor to the difference in gross median income.

Figure 2.9: Median gross income for people with disability aged 15–64 compared with people without disability, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Median gross income gap](#).

Future measures

The employment and financial security measures listed in Table 2.2 will undergo future data development and will be included in future reports as data become available.

Table 2.2: Employment and financial security measures requiring further development

Policy priority	Measure
Economic participation	Proportion of NDIS participants with an employment goal in receipt of employment income in the last 12 month ^(a) (system measure)
Transition to employment	Proportion of school leavers with disability who are not in employment, education or training 12 months later ^(b) (population measure)
Economic independence	Proportion of public sector employees with disability (system measure)

(a) In the future, this measure will replace 'Proportion of NDIS participants who get the support they need to do their job'.

(b) In the future, this measure will replace 'Proportion of young people (aged 15–24) with disability in the labour force who are employed'.

References

- ABS (Australian Bureau of Statistics) (2019) [*Disability, Ageing and Carers, Australia: summary of findings methodology, glossary*](#), ABS website, accessed 29 September 2022.
- (2022) 'Glossary', [*Labour force, Australia methodology*](#), ABS website, accessed 29 September 2022
- AIHW (Australian Institute of Health and Welfare) (2022a) 'Employment participation needs and challenges', [*People with disability in Australia*](#), AIHW, Australian Government, accessed 18 August 2022.
- (2022b) 'Level of personal income', [*People with disability in Australia*](#), AIHW, Australian Government, accessed 18 August 2022.
- ASQA (Australian Skills Quality Authority) (2021) [*What is an RTO?*](#), ASQA website, accessed 2 August 2022.
- [*Australia's Disability Strategy 2021–2031 \(2021\)*](#), Department of Social Services, Australian Government, accessed 16 June 2022.
- DEWR (Department of Employment and Workplace Relations) (2022) [*jobactive*](#), DEWR website, accessed 2 August 2022.
- NDIS (National Disability Insurance Scheme) (2020) [*Employment outcomes for NDIS participants as at 31 December 2020*](#), NDIS, Australian Government, accessed 21 July 2022
- (2021) [*Supports in employment*](#), NDIS website, accessed 16 June 2022.
- (2022) [*Participant Employment Strategy 2019–22*](#), NDIS website, accessed 17 January 2023.
- OECD (Organisation for Economic Co-operation and Development) (2022) [*Youth employment and social policies*](#), OECD website, accessed 16 June 2022.
- SCRGSP (Steering Committee for the Review of Government Service Provision) (2022) [*Report on Government Services: 5 Vocational education and training: Key terms and references*](#), Productivity Commission, Australian Government, accessed 27 October 2022.



Inclusive homes and communities

3

3. Inclusive homes and communities

Outcome

People with disability live in inclusive, accessible and well-designed homes and communities

Why is this outcome area important?

Having an affordable and appropriate place to live in a community that is accessible and inclusive is central to how people with disability live, work and socialise ([Australia's Disability Strategy 2021–2031](#)). Ensuring that public buildings and facilities, and public transport, are accessible to people with disability is crucial to an inclusive society. With services increasingly online across all aspects of life, accessibility of online services is also crucial for people with disability to be digitally included.

What are the policy priorities?

1. **Housing affordability/stress:** The availability of affordable housing is increased.
2. **Housing accessibility:** Housing is accessible and people with disability have choice and control about where and who they live with and who comes into their home.
3. **Social inclusion and participation:** People with disability are able to fully participate in social, recreational, sporting, religious and cultural life.
4. **The built and natural environment accessibility:** The built and natural environment is accessible.
5. **Transport system accessibility:** Transport systems are accessible for the whole community.
6. **Information and communication systems accessibility:** Information and communication systems are accessible, reliable and responsive.

Launch measures

Data for the 6 policy priorities under this outcome area are available for 3 system measures and 6 population measures (Table 3.1). For future measures requiring development, see [Future measures](#).

Table 3.1: Inclusive homes and communities reference guide

Policy priority	Launch measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Housing affordability and stress	Average time waited for newly allocated households with a member with disability in public housing or SOMIH [‡] (system measure)	2020–21	413 days public housing 389 days SOMIH	n.a.	n.a.	n.a.	n.a.
Housing affordability and stress	Proportion of households with at least one person with disability in lowest 40% income whose housing costs exceed 30% of household income (system measure)	2017–18	20.1%	n.a.	n.a.	n.a.	n.a.
Housing accessibility	Proportion of social housing dwellings that meet Livable Housing Design silver accessibility standards ^(a) (system measure)	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Housing accessibility	Proportion of NDIS participants who are happy with current home ^(b) (population measure)	2021–22 Q2	73.4%	2021–22 Q4	73.2%	–0.2 pp	No change
Social inclusion and participation	Proportion of NDIS participants who spend free time doing activities that interest them ^(c) (system measure)	2021–22 Q2	65.5%	2021–22 Q4	65.1%	–0.4 pp	No change
Social inclusion and participation	Proportion of people with disability who participated in community or social activities in the past 12 months* (population measure)	2018	95%	n.a.	n.a.	n.a.	n.a.
The built and natural environment accessibility	Proportion of people with disability who have difficulty accessing government buildings (system measure)	2018	8.1%	n.a.	n.a.	n.a.	n.a.
The built and natural environment accessibility	Proportion of people with disability who had no difficulty accessing buildings or facilities in the last 12 months (population measure)	2018	69.1%	n.a.	n.a.	n.a.	n.a.
Transport system accessibility	Proportion of people with disability who can use all forms of public transport with no difficulty ^(d) (population measure)	2018	66.3%	n.a.	n.a.	n.a.	n.a.

Policy priority	Launch measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Information and communication systems accessibility	Difference in digital inclusion between people with disability and the Australian population ^{‡(e)} (population measure)	2021	9.1 points	n.a.	n.a.	n.a.	n.a.

‡ Measure wording has been revised to reflect available data more accurately or clarify the measure's intent. See relevant measure section below for more information.

n.a. – not available; pp – percentage points; SOMIH – state owned and managed Indigenous housing.

(a) Data for this measure are being developed.

(b) This measure will be replaced in the future by 'Proportion of people with disability whose home is suitable and accessible'.

(c) This measure will be replaced in the future by 'Number of community, political, social, recreational, sporting, religious and cultural groups that have active inclusion policies for people with disability'.

(d) This measure will be replaced in the future by 'Proportion of people with disability who can access public or private transport when needed'.

(e) This measure will be replaced in the future by 'Proportion of people with disability reporting the internet sites and apps they want to use are accessible'.

Housing affordability and housing stress

Living in housing that is affordable, safe and with long-term security is important to provide a sense of home and to be able to participate in the community ([Australia's Disability Strategy 2021–2031](#)).

Average social housing wait time

People living with disability often struggle to find affordable housing, and are vulnerable to housing or rental stress ([AIHW 2022a](#)). They may also struggle to find accommodation that is appropriate to their needs. Social housing is a form of housing assistance in Australia that aims to assist in these circumstances.

Social housing programs are rental housing owned or managed by the government – public housing, and state owned and managed Indigenous housing (SOMIH) – or a community organisation (community housing, or Indigenous community housing) ([AIHW 2020](#)).

In the context of social housing, households that include people with disability are considered as special needs households. Such a household may also be regarded as being in greatest need if it is experiencing or is at risk of homelessness. Being at risk of homelessness means the existing accommodation poses a threat to life or safety, exacerbates a health condition, is inappropriate to needs, or has very high rental costs. Households in greatest need are prioritised by social housing programs ([AIHW 2020](#)).

This measure is intended to track the average time waited for social housing for people with disability. This is not currently feasible as waiting list data are currently available only for public housing and SOMIH. They are not available for community housing and Indigenous community housing. The measure is reported here as:

- average time waited for newly allocated households with a member with disability in public housing or SOMIH.

The desired key system outcome for this measure is that social housing supports people with disability to live in secure housing.

System measure: Average time waited for newly allocated households with a member with disability in public housing or SOMIH

Desired outcome: Decrease in the average wait time

Data source: National Housing Assistance Data Repository (NHADR)

Results at baseline: 2020–21

Public housing

- In 2020–21 (baseline year), the average time waited for public housing by newly allocated households (with a member with disability) was 413 days – 167 fewer days than in 2011–12 (580 days) (Figure 3.1).
- The trend for the period 2011–12 to 2020–21 was favourable; overall, the trend was downward, although with some fluctuation. Fitting a regression model to the data showed a modelled decrease of 18.7 days per year and a modelled decrease of 26% over the reference period.

SOMIH

- In 2020–21 (baseline year), the average time waited for SOMIH by newly allocated households (with a member with disability) was 389 days – 98 fewer days than in 2011–12 (487 days).

- There was no clear trend for the period 2011–12 to 2020–21, with the average time waited fluctuating over the reference period. It reached its highest point (542) in 2013–14, and its lowest (255) in 2016–17, before rising to 389 days in 2020–21 (baseline).

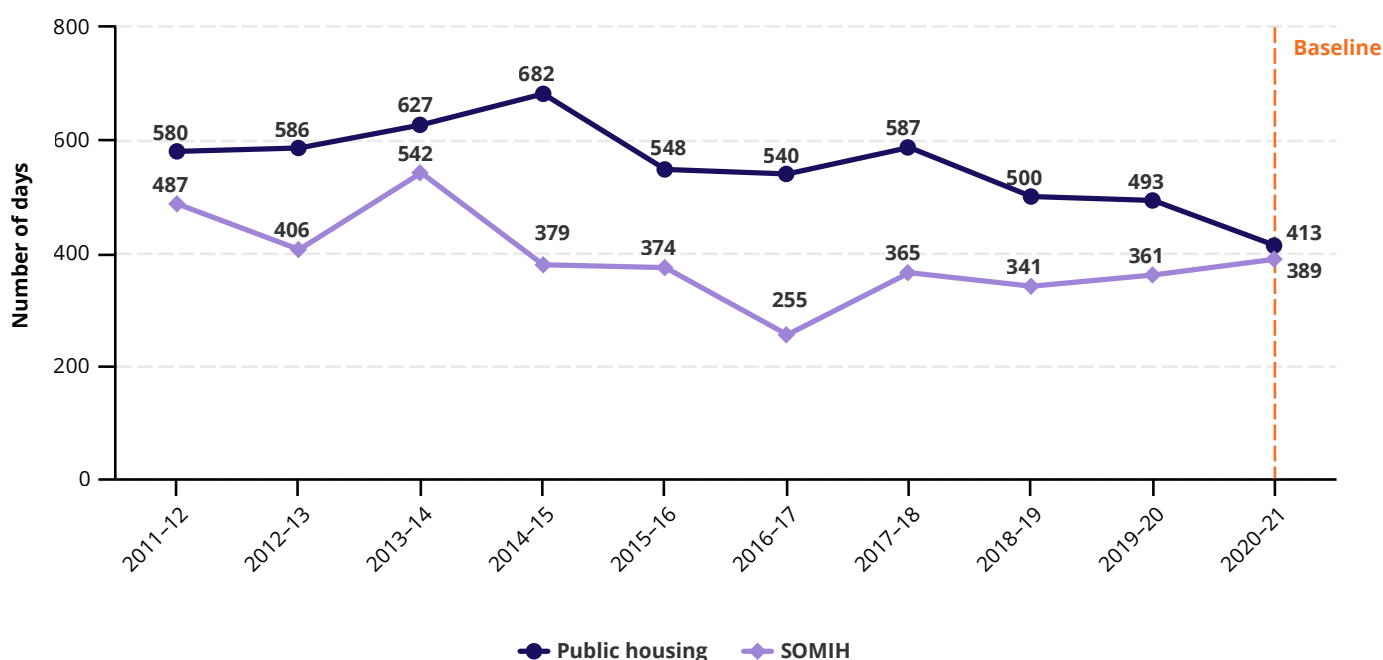
Latest results

Updated data are not yet available for this measure. New data from the 2021–22 NHADR are expected to be available in 2023 and will be included in the 2023 annual report.

Things to consider when interpreting results

- The number of newly allocated households (with a member with disability) in public housing also dropped between 2011–12 and 2020–21, from 8,653 to 5,294 households. Fitting a regression model to the data showed a modelled decrease of 381 households per year, and a modelled decrease of 39% over the reference period.
- The number of newly allocated households (with a member with disability) in SOMIH was lower in 2020–21 (128) than in 2011–12 (181). Fitting a regression model to the data showed a modelled decrease of 8 households per year, and a modelled decrease of 36% over the reference period.
- Waiting times are also influenced by the size of the dwelling required, as well as by the amenities or modifications needed to accommodate a person's disability.

Figure 3.1: Average time waited (days) for newly allocated households with a member with disability in public housing and SOMIH, 2011–12 to 2020–21



Source: AIHW NHADR.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Average social housing wait time](#).

Lower income housing stress

One way of examining housing affordability is to look at households whose spending on housing is likely to affect their ability to afford other living costs – such as food, clothing, transport and utilities. A common threshold applied is the proportion of households spending more than 30% of their income on housing costs. Those households whose equivalised disposable household income falls in the bottom 40% of Australia's income distribution, excluding the bottom 2%, are referred to as lower income households ([ABS 2022](#)). Lower income households that spend more than 30% of gross household income on housing costs are considered to be in financial housing stress ([AIHW 2021](#)).

The desired population outcome of this measure is to see a reduction in people with disability in housing stress.

Population measure: Proportion of households with at least one person with disability in lowest 40% income whose housing costs exceed 30% of household income

Desired outcome: Decrease in the proportion

Data source: ABS Survey of Income and Housing (SIH)

Pre-baseline results: 2017–18

- In 2017–18, 20% of households with at least one person with disability in the lowest 40% income distribution had housing costs that exceeded 30% of household income.
- There was no real difference between the proportions of households experiencing housing cost stress across the 3 time periods for which data are reported: 2013–14 (21%), 2015–16 (22%) and 2017–18 (20%) (Figure 3.2).

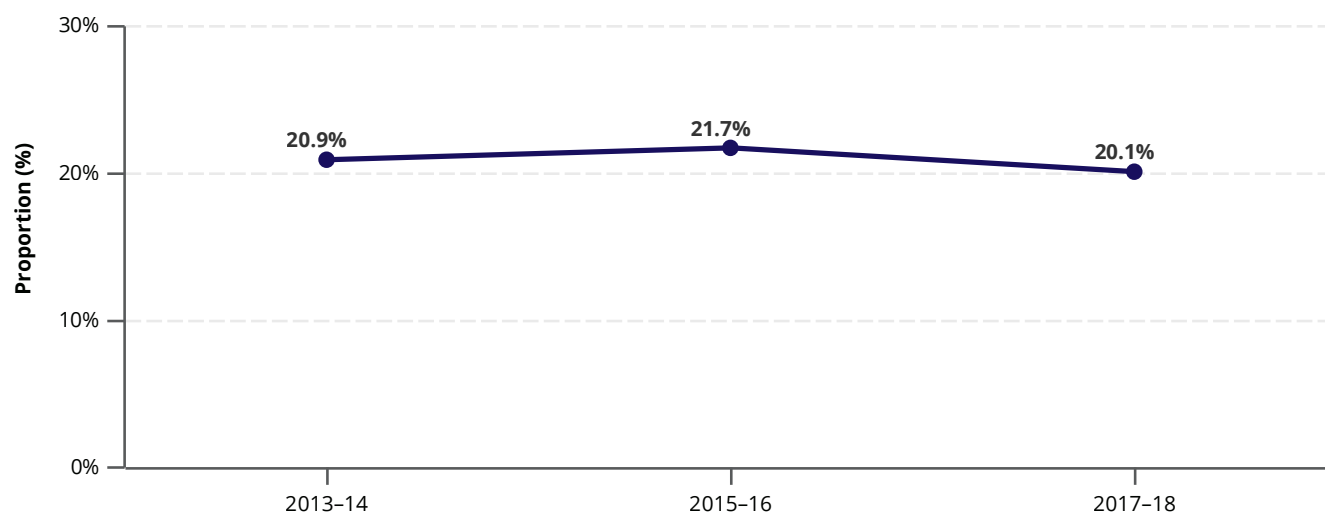
Results at baseline

Baseline data are not yet available for this measure. New data from the 2019–20 ABS SIH will be included in the 2023 annual report.

Things to consider when interpreting results

- Households are defined as households with disability if they include at least one member aged 15 and over with disability. These data do not include households with one or more members with disability aged 14 and under.

Figure 3.2: Proportion of lower income households with disability experiencing housing stress, 2013–14, 2015–16 and 2017–18



Source: AIHW analysis of ABS SIH 2013–14, 2015–16 and 2017–18 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Lower income housing stress](#).

Housing accessibility

Accessible and well-designed housing supports independence and social and economic participation. Increasing the accessibility and availability of housing provides choices on one's living situation, enabling people with disability to visit, socialise and connect with neighbours, family and friends ([Australia's Disability Strategy 2021-2031](#)).

NDIS participants housing satisfaction

Housing plays a key role in the health and wellbeing of people with disability by providing shelter, safety and security. People with disability may have specific housing-related needs. These can include the need to modify their dwelling, move to more suitable accommodation, or move closer to other services ([AIHW 2022a](#)). Adequate housing contributes to the health of NDIS participants and their engagement in the community ([NDIS 2022a](#)). The NDIS aims to give participants more choice and control over where they live, who they live with and how they are supported in their home ([NDIS 2021](#)).

Data for this measure are collected as part of the NDIS Short Form questionnaire. Data include NDIS participants who answered 'Yes' to the question 'Thinking about where you currently live in relation to your disability support needs: Are you happy with the home you live in?'

The desired population outcome for this measure is to see an increase in people with disability who live in a suitable and accessible home.

Population measure: Proportion of NDIS participants who are happy with current home

Desired outcome: Increase in the proportion

Data source: NDIA – Business Systems

This measure will be replaced in the future when available data are improved. During the life of the Strategy, this measure will be replaced by 'Proportion of people with disability whose home is suitable and accessible'.

Results at baseline: 2021-22 Q2

- In 2021-22 Q2, almost three-quarters (73%) of NDIS participants aged 15-64 reported that, in relation to their disability support needs, they are happy with their current home. This was 3 percentage points lower than in 2018-19 Q2 (76%) (Figure 3.3).
- The overall trend for the period leading up to and including the baseline (2018-19 Q2 to 2021-22 Q2) was unfavourable, as indicated by a slight downward trend. Fitting a regression model to the data shows a modelled decrease of 0.2 of a percentage point per quarter and a modelled decrease of 3% over the reference period.
- In 2021-22 Q2, a slightly higher proportion of male than female participants reported that they were happy with their current home (74% and 72%, respectively).
- A higher proportion of younger participants aged 15-24 (82%) than older participants aged 25-64 (70%) reported that they were happy with their current home.

Latest results: 2021-22 Q3 and Q4

- In 2021-22 Q4, almost three-quarters (73.2%) of NDIS participants aged 15-64 responded that they were happy with their current home. There has been a very small decrease of 0.2 of a percentage point since baseline (2021-22 Q2) (73.4%), indicating no change since the Strategy began. There was

a decrease of 0.1 of a percentage point in both post-baseline quarters 2021–22 Q3 and 2021–22 Q4, similar to those seen in the previous quarters 2021–22 Q1 and 2021–22 Q2 (0.1 and 0.0 of a percentage point, respectively).

- The observed decreases in 2021–22 Q3 and 2021–22 Q4 were smaller than the modelled quarterly decrease (0.2 of a percentage point) over the period 2018–19 Q2 to 2021–22 Q4.

Things to consider when interpreting results

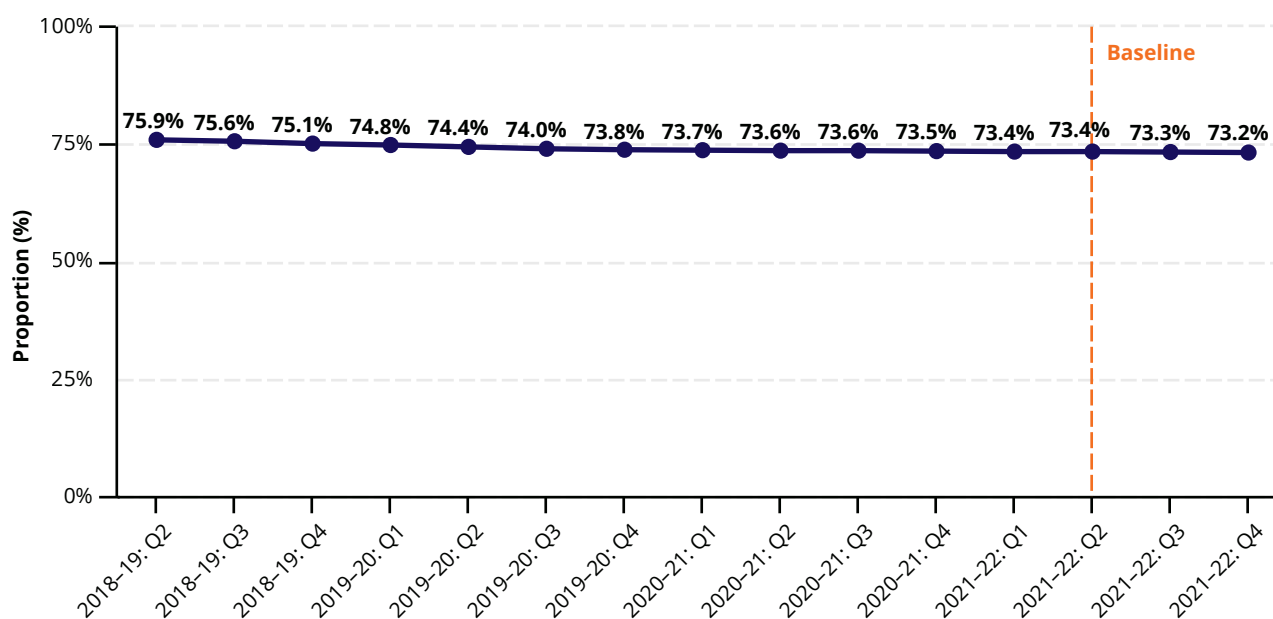
- The reported data capture satisfaction with current housing for NDIS participants; however, they do not capture what the housing issues are for those participants who are not satisfied.
- Time series analysis for the NDIS data presented here provides a series of data points, each representing a snapshot of NDIS participants at a given point in time. This is different from the longitudinal approach taken in NDIS reporting.

Latest results: 73.2% (2021–22 Q4)

Baseline: 73.4% (2021–22 Q2)

Progress status (preliminary): No change

Figure 3.3: Proportion of NDIS participants aged 15–64 who are happy with their current home, 2018–19 Q2 to 2021–22 Q4



Source: NDIA Business System.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia’s Disability Strategy Outcomes Framework | NDIS participants housing satisfaction](#).

Social inclusion and participation

People with disability should be supported to live more connected lives in their communities. This includes being able to fully participate in social, recreational, sporting, religious and cultural life. Ensuring accessibility in relation to physical and sensory needs as well as easily accessible information about community services, events and facilities helps to create an inclusive community ([Australia's Disability Strategy 2021–2031](#)).

NDIS participants pursuing interests

Recreational activities are an important part of life for many people, enjoyed independently or with support from friends, family and the community. Such activities can support people with disability to achieve independence, and social and economic participation ([NDIS 2022b](#)).

Data for this measure are collected as part of the NDIS Short Form questionnaire. Data include NDIS participants who answered 'Yes' to the question 'Do you spend your free time doing activities that interest you?'

The desired key system outcome for this measure is that community organisations are accessible to people with disability.

System measure: Proportion of NDIS participants who spend free time doing activities that interest them

Desired outcome: Increase in the proportion

Data source: NDIA – Business Systems

This measure will be replaced in the future when available data are improved. During the life of the Strategy, this measure will be replaced by 'Number of community, political, social, recreational, sporting, religious and cultural groups that have active inclusion policies for people with disability'.

Results at baseline: 2021–22 Q2

- In 2021–22 Q2, two-thirds (66%) of NDIS participants aged 15–64 reported that they spend their free time doing activities that interest them. This was 4 percentage points lower than in 2018–19 Q2 (70%).
- The overall trend for the period leading up to and including the baseline (2018–19 Q2 to 2021–22 Q2) was unfavourable, trending downward. Fitting a regression model to the data shows a modelled decrease of 0.4 of a percentage point per quarter and a modelled decrease of 6.9% over the reference period.
- In 2021–22 Q2, a higher proportion of male than female participants reported that they spend their free time doing activities that interest them (69% and 62%, respectively).
- A greater proportion of NDIS participants aged 15–24 reported that they spend their free time doing activities that interest them (76%) than NDIS participants aged 25–64 (62%).

Latest results: 2021–22 Q3 and Q4

- In 2021–22 Q4, fewer than 2 in 3 (65.1%) of NDIS participants aged 15–64 reported spending their free time doing activities that interested them. This was a decrease of 0.4 of a percentage point since baseline (2021–22 Q2) (65.5%), indicating no change since the Strategy began (Figure 3.4).
- There was a decrease of 0.2 of a percentage point in both post-baseline quarters 2021–22 Q3 and 2021–22 Q4, slightly larger than those seen in quarters 2021–22 Q1 and 2021–22 Q2 (0.1 of a percentage point).

- The observed decreases in 2021–22 Q3 and 2021–22 Q4 were smaller than the modelled quarterly decrease (0.4 of a percentage point) over the period 2018–19 Q2 to 2021–22 Q4.

Things to consider when interpreting results

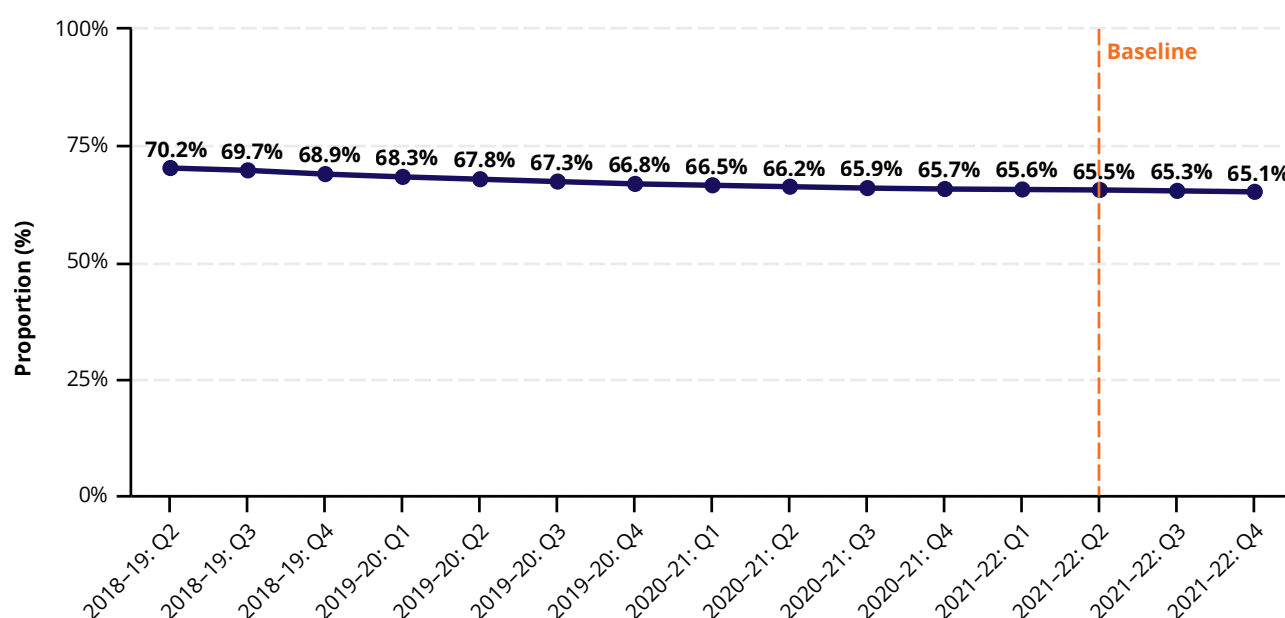
- Time series analysis for the NDIS data presented here provides a series of data points each representing a snapshot of NDIS participants at a given point in time. This is different from the longitudinal approach taken in NDIS reporting.

Latest results: 65.1% (2021–22 Q4)

Baseline: 65.5% (2021–22 Q2)

Progress status (preliminary): No change

Figure 3.4: Proportion of NDIS participants aged 15–64 who spend free time doing activities that interest them, 2018–19 Q2 to 2021–22 Q4



Source: NDIA Business System.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | NDIS participants pursuing interests](#).

Social participation

Participation in society is essential for better health and wellbeing outcomes, as social isolation and loneliness can be harmful to both mental and physical health ([AIHW 2022b](#)).

People with disability may face various barriers to participation in society, including discrimination. This may lead to lower social participation rates, as well as greater risk of isolation and loneliness than experienced by those without disability ([AIHW 2022b](#)).

This measure is intended to track the proportion of people with disability who have been actively involved in community, cultural or religious groups in the past 12 months or taken part in an activity they organised. Due to the nature of the available data, the measure is reported here as:

- proportion of people with disability who participated in community or social activities in the past 12 months.
- For the purposes of this measure, community or social activities include cultural, sport or social activities. The desired population outcome for this measure is to see increased social inclusion and participation for people with disability.

Population measure: Proportion of people with disability who participated in community or social activities in the past 12 months

Desired outcome: Increase in the proportion

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, 95% of people with disability, aged 5 and over, reported that they had participated in community or social activities in the past 12 months.
- Participation in community and social activities by people with disability has remained consistently high across the reference period, with very little difference between 2012 (95%), 2015 (96%) and 2018 (95%) (Figure 3.5).
- Participation in community and social activities did not differ between males with disability (95%) and females with disability (95%).
- Those aged 5–24 reported a slightly higher proportion of involvement in activities (97%) than the older age groups 45–64 (years) (95%) and 65 years and over (94%).
- Participation in community or social activities varied depending on the severity of disability. People with [severe or profound disability](#) were less likely to have participated in such activities (90%) than people with other disability (97%).

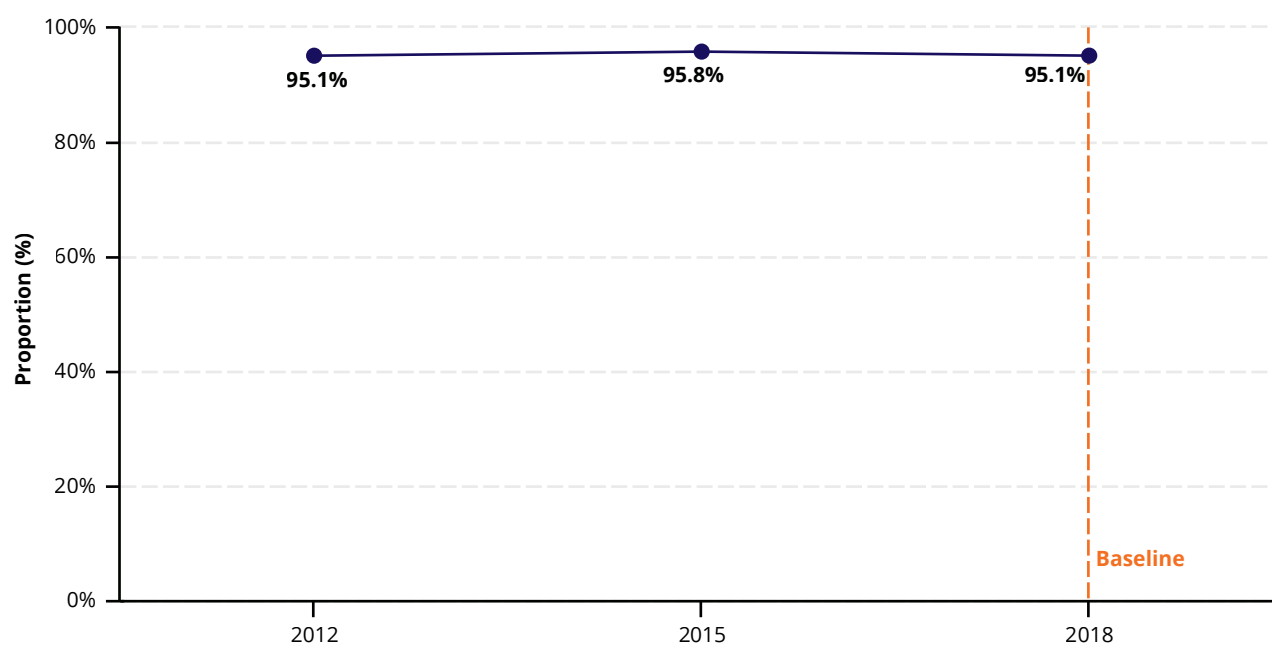
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- The measure does not include people with disability who are not living in households or who do not leave their home at all.
- Participation in activities is collected for activities away from home only.

Figure 3.5: Proportion of people with disability aged 5 and over who participated in community or social activities in the past 12 months, 2012, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Social participation](#).

Built and natural environment accessibility

People with disability have the right to access public places and to have the same opportunities as others to participate in community life. To achieve this, the services and facilities provided to the community need to accommodate the access requirements of people with disability ([Government of Western Australia 2022](#)).

The physical environment can present a barrier to how some people with disability participate in community life. Public spaces, buildings and facilities may have obstacles that make moving around the community and participating in everyday activities difficult ([AIHW 2022c](#)).

Improving accessibility to the built and natural environment enables everyone, regardless of age or ability, to use buildings, transport, parks and playgrounds without the need for specialised or adapted features ([Australia's Disability Strategy 2021–2031](#)).

Access to government buildings

To ensure that people with disability have the same opportunities as the wider population to access necessary services, government buildings need to be accessible for people with all forms of disability ([Government of Western Australia 2022](#)).

The desired key system outcome for this measure is that buildings are accessible.

System measure: Proportion of people with disability who have difficulty accessing government buildings

Desired outcome: Decrease in the proportion

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, 8.1% of people with disability who need assistance or have difficulty with communication or mobility, aged 5 and over, experienced difficulty accessing government buildings.
- Between 2015 to 2018, there has been no real change in the proportion of people with disability, aged 5 and over, who experienced difficulty accessing government buildings (7.6% and 8.1%, respectively) (Figure 3.6).
- In 2018, 8.1% of both males and females with disability experienced difficulty accessing government buildings.
- By age group, the proportion of people with disability aged 5–24 who experienced difficulty accessing government buildings (3.1%) was less than half that for the older age groups (8.7% for those aged 25–44, 11% for those aged 45–64 and 8.2% for those aged 65 and over).
- A higher proportion of people with [severe or profound disability](#) experienced difficulty accessing government buildings (8.8%) than people with other disability (6.1%).

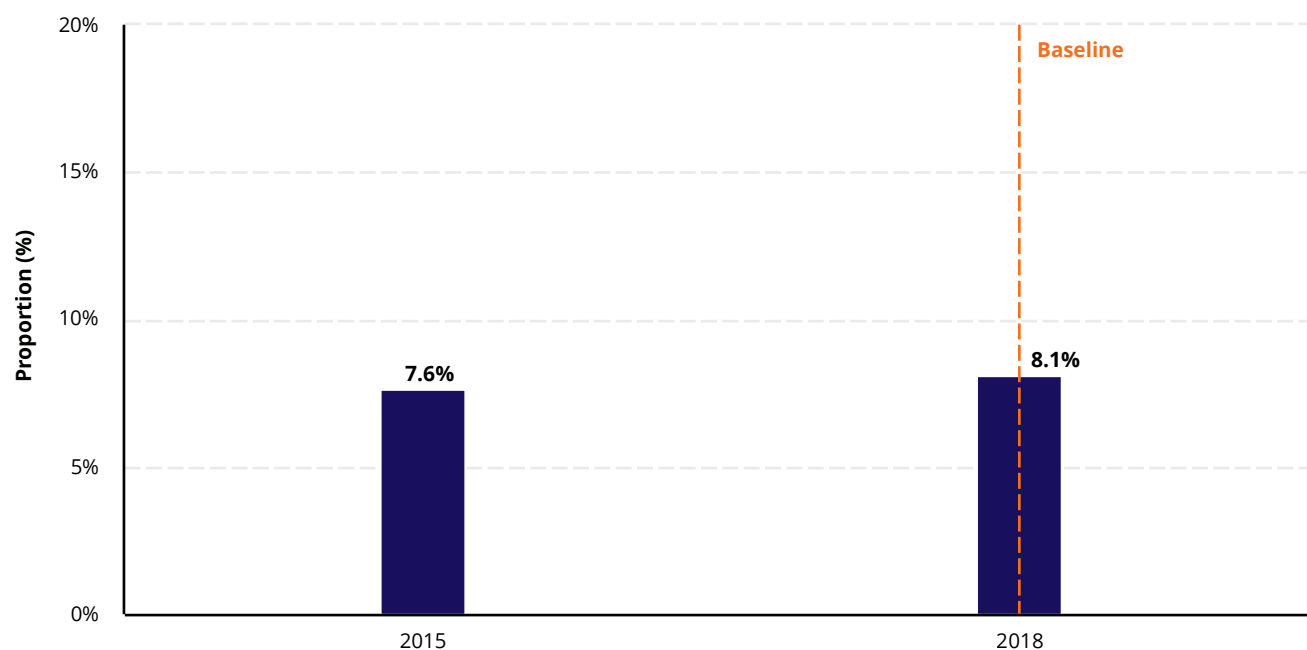
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- Data are limited to people with disability aged 5 and over living in households who need assistance or have difficulty with communication or mobility and who leave home.

Figure 3.6: Proportion of people with disability aged 5 and over who have difficulty accessing government buildings, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Access to government buildings](#).

Accessing buildings and facilities

Buildings and outdoor spaces that are not accessible exclude people with disability from participating in work, education, and social and cultural life ([Australia's Disability Strategy 2021–2031](#)). Avoiding everyday activities – such as going to school or work, attending events, or seeking medical help – increases the risk that people with disability will experience social isolation, which can, in turn, affect their overall health and wellbeing ([AIHW 2022c](#)).

The desired population outcome for this measure is to see an increase in people with disability being able to access locations.

Population measure: Proportion of people with disability who had no difficulty accessing buildings or facilities in the last 12 months

Desired outcome: Increase in the proportion

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, nearly 7 in 10 (69%) people with disability who need assistance or have difficulty with communication or mobility, aged 5 and over, had no difficulty accessing buildings or facilities in the last 12 months.
- This proportion has decreased since 2015, when 72% of people with disability, aged 5 and over, had no access difficulties (Figure 3.7). While there was no difference across years for those aged 5–64, the proportion for those aged 65 and over fell from 68% in 2015 to 63% in 2018.
- A greater proportion of males with disability (72%) had no difficulty accessing buildings or facilities, compared with females with disability (66%).
- Across age groups, the youngest age group (5–14 years) was the group most likely to have had no difficulty accessing buildings or facilities in the previous 12 months (90%), followed by those aged 15–24 (80%).
- A lower proportion of people with [severe or profound disability](#) had no difficulty accessing buildings or facilities in the previous 12 months (66%) than people with other disability (79%).

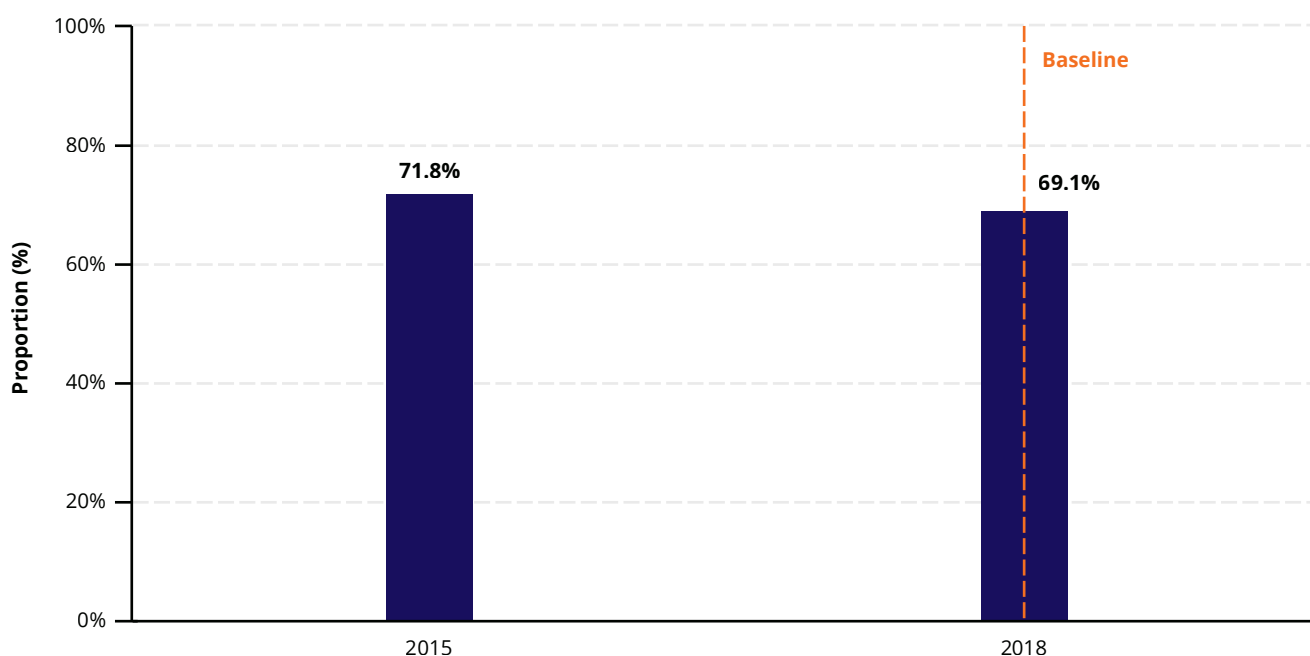
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- Data are limited to people with disability aged 5 and over living in households who need assistance or have difficulty with communication or mobility and who leave home.

Figure 3.7: Proportion of people with disability aged 5 and over who had no difficulty accessing buildings or facilities in the last 12 months, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Accessing buildings and facilities](#).

Transport system accessibility

Being able to use public, private and community transport to move around the community underpins all aspects of life. Accessibility of transport systems includes the transport itself, its entry points, getting to and from the transport, and information to support the journey (for example, hearing loops and alerting devices). People with disability should also have equal access to emerging technology and transport options (for example, rideshare) ([Australia's Disability Strategy 2021–2031](#)).

Public transport usability

Mobility limitations and difficulties using public or private transport can make it difficult for people with disability to get to the places they need to go. Accessible transport options, mobility aids and assistance are important to ensure that people with disability can participate in society equally and independently ([AIHW 2022d](#)).

Barriers to accessing public transport include inaccessible travel information, inadequate disability car parking, inaccessible stops and stations, as well as discriminatory or abusive behaviour by staff or members of the public ([DRC 2018](#)).

The desired population outcome for this measure is that more people with disability can access transport in their community.

Population measure: Proportion of people with disability who can use all forms of public transport with no difficulty

Desired outcome: Increase in the proportion

Data source: ABS SDAC

This measure will be replaced in the future when available data are improved. During the life of the Strategy, this measure will be replaced by 'Proportion of people with disability who can access public or private transport when needed'.

Results at baseline: 2018

- In 2018, approximately 2 in 3 (66%) people with disability, aged 5 and over, could use all forms of public transport with no difficulty.
- The proportion of people with disability who could use all forms of public transport with no difficulty increased between 2012 and 2015 (from 64% to 66%) but remained the same in 2018 (66%) (Figure 3.8).
- A greater proportion of males with disability (70%) than females with disability (63%) could use all forms of public transport with no difficulty.
- The youngest (5–14 years) and oldest age groups (65 years and over) had the lowest proportions of people with disability who could use all forms of public transport with no difficulty (45% and 63%, respectively). There was no real difference between the age groups 15–24, 25–44 and 45–64 (71%, 75% and 72%, respectively).
- A lower proportion of people with [severe or profound disability](#) could use all forms of public transport with no difficulty (25%) than people with other disability (83%).

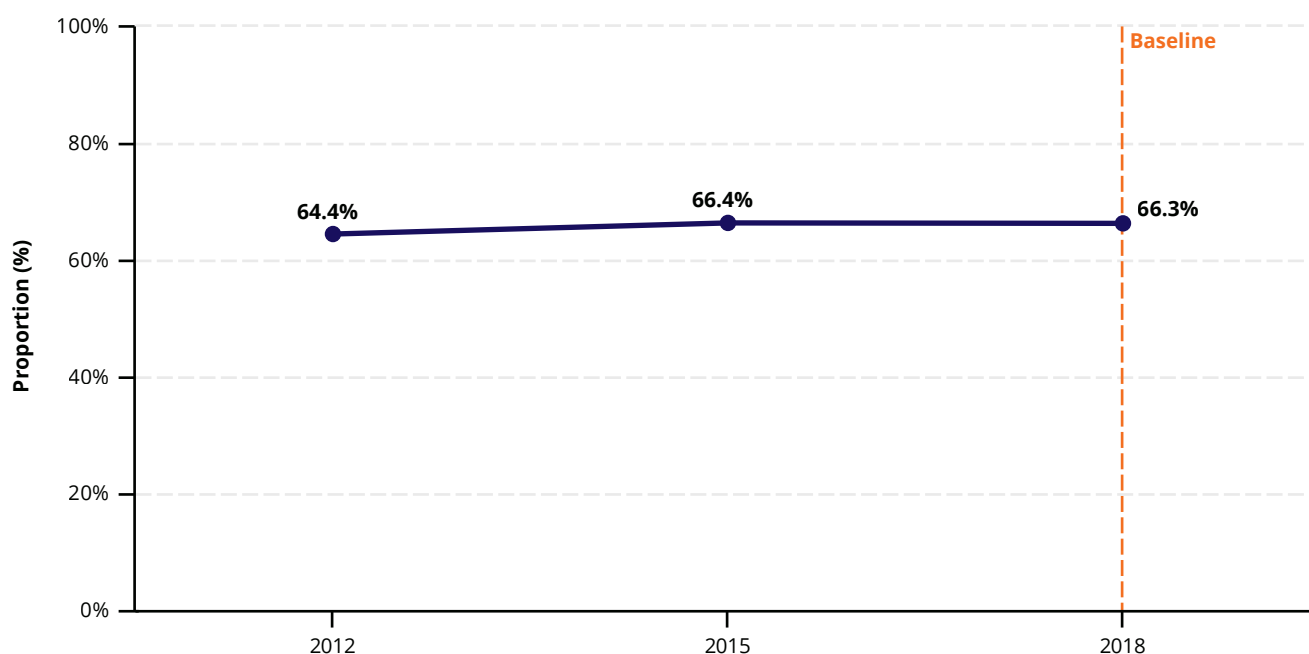
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- The measure does not include people with disability who are not living in households or who do not leave their home at all.

Figure 3.8: Proportion of people with disability aged 5 and over who can use all forms of public transport with no difficulty, 2012, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Public transport usability](#).

Information and communication systems accessibility

Increasingly, digital technology is becoming a key means to participating in all elements of daily life, in personal networks, in employment and education and in community life. It needs to be accessible to everyone. Access to digital technology can have a positive impact on the health of, and opportunities for, people with disability ([Australia's Disability Strategy 2021–2031](#)).

Digital inclusion

The premise of digital inclusion is that everyone should have the opportunity to be able to fully utilise digital technologies and the benefits they bring across many aspects of economic and social life ([Australian Digital Inclusion Index \(ADII\) 2022](#)).

Data for this measure are sourced from the ADII which uses data from the Australian Internet Usage Survey. The ADII measures digital inclusion across the 3 dimensions of Access, Affordability, and Digital Ability. Individual Index dimensions are equally weighted in the construction of the total Index to derive an overall score from 0–100 ([ADII 2022](#)). See [Things to consider when interpreting results](#) for information on Index threshold scores from highly excluded through to highly included.

The measure was set to track the percentage difference in digital inclusion between people with disability and the Australian population. Measure wording has been revised to clarify the intent and is reported here as:

- difference in digital inclusion between people with disability and the Australian population.

The desired population outcome for this measure is an increase in people with disability being able to access communication and information networks.

Population measure: Difference in digital inclusion between people with disability and the Australian population

Desired outcome: Reduction in score difference

Data source: ADII

This measure will be replaced in the future when available data are improved. During the life of the Strategy, this measure will be replaced by 'Proportion of people with disability reporting the internet sites and apps they want to use are accessible'.

Results at baseline: 2021

- In 2021, the ADII score was, on average, 62 for people with disability and 71 for the total population: a gap of 9 points.
- The gap in 2021 was narrower (4 points less) than the gap in 2020, when it was 13 points. In 2020, people with disability recorded an Index score of 55, compared with the total population's score of 68 (Figure 3.9).
- In 2021, the gap between the score for males with disability (58 points) and the total male population (72 points) was 14 points. This is more than twice as high as the gap between females with disability (65 points) and the total female population (71 points) of 5 points.
- For people with disability, the youngest age group (18–44 years) had the highest 2021 Index score of all age groups (76). This age group also had the lowest gap (except for those aged 75 and over) between them and the total population aged 18–44 (4 points: scores of 76 and 80 for people with disability and the total population, respectively).
- The gap for the 18–44 age group was 4 points while the gap for the age groups 45–54 and 55–64 was more than twice as large (8.9 and 8.6 points, respectively).
- The gap was narrowest (0.3 of a point) for those aged 75 and over (47.1 and 47.4, respectively), indicating that both people with and without disability in this age group are more likely to be digitally excluded.

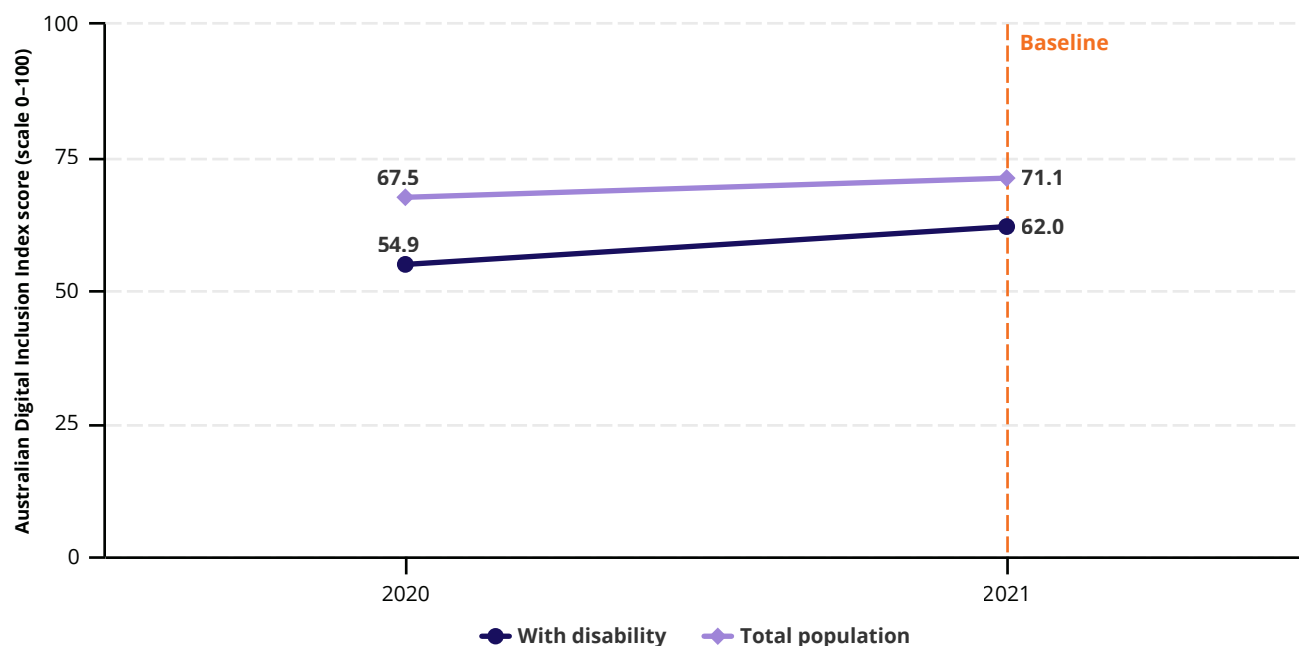
Latest results

Updated data are not yet available for this measure. New data for the ADII are expected to be available in 2023 and will be included in the 2023 annual report.

Things to consider when interpreting results

- The Index threshold scores for the 4 groups of inclusion/exclusion: Highly excluded (45 or below), Excluded (above 45 and below 61), Included (61 and below 80), Highly included (80 and above).
- The sample size of respondents with disability was 420 in 2020 and 374 in 2021.

Figure 3.9: Average ADII scores for people with disability aged 18 and over and the total population, 2020 and 2021



Source: Thomas, J., Barraket, J., Parkinson, S., Wilson, C., Holcombe-James, I., Brydon, A., Kennedy, J. (2021). Australian Digital Inclusion Index: 2021, Dashboard Dataset Release 1. Melbourne: RMIT and Swinburne University of Technology, and Telstra.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Digital inclusion](#).

Future measures

The inclusive homes and communities measures listed in Table 3.2 will undergo future data development and will be included in future reports as data become available.

Table 3.2: Inclusive homes and communities measures requiring further development

Policy priority	Measure
Housing accessibility	Number and proportion of homes that are built to standards according to the National Construction Code (NCC) and the Livable Housing Design, Australian Building Codes Board (ABCB) Standard ^(a) (system measure)
Housing accessibility	Proportion of people with disability whose home is suitable and accessible ^(b) (population measure)
Social inclusion and participation	Number of community, political, social, recreational, sporting, religious and cultural groups that have active inclusion policies for people with disability ^(c) (system measure)
Transport system accessibility	Compliance with the Disability Standards for Accessible Public Transport (system measure)
Transport system accessibility	Proportion of people with disability who can access public or private transport when needed ^(d) (population measure)
Information and communication systems accessibility	Proportion of Australian, state and territory, and local government websites that meet Web Content Accessibility Guidelines (WCAG) 2.0 accessibility standard or above (system measure)
Information and communication systems accessibility	Proportion of people with disability reporting the internet sites and apps they want to use are accessible ^(e) (population measure)

- (a) In the future, this measure will replace 'Proportion of social housing dwellings that meet Livable Housing Design silver accessibility standards'.
- (b) In the future, this measure will replace 'Proportion of NDIS participants who are happy with current home'.
- (c) In the future, this measure will replace 'Proportion of NDIS participants who spend free time doing activities that interest them'.
- (d) In the future, this measure will replace 'Proportion of people with disability who can use all forms of public transport with no difficulty'.
- (e) In the future, this measure will replace 'Difference in digital inclusion between people with disability and the Australian population'.

References

- ABS (Australian Bureau of Statistics) (2022) 'Housing affordability', [Survey of Income and Housing](#), ABS website, accessed 15 November 2022.
- ADII (Australian Digital Inclusion Index) (2022) [Australian Digital Inclusion Index](#), RMIT Swinburne University of Technology and Telstra, accessed 14 September 2022.
- AIHW (Australian Institute of Health and Welfare) (2020) [Housing assistance in Australia 2020](#), AIHW, Australian Government, accessed 14 September 2022.
- (2021) [Housing affordability](#), AIHW, Australian Government, accessed 14 September 2022.
- (2022a) 'Housing', [People with disability in Australia](#), AIHW, Australian Government, accessed 14 September 2022.
- (2022b) 'Social inclusion', [People with disability in Australia](#), AIHW, Australian Government, accessed 14 September 2022.
- (2022c) 'Disability discrimination', [People with disability in Australia](#), AIHW, Australian Government, accessed 14 September 2022.
- (2022d) 'Activities people need help with', [People with disability in Australia](#), AIHW, Australian Government, accessed 14 September 2022.
- [Australia's Disability Strategy 2021–2031](#) (2021), Department of Social Services, Australian Government, accessed 2 August 2022.
- DRC (Disability Resources Centre) (2018) [Transport for all](#), DRC, accessed 14 September 2022.
- Government of Western Australia (2022) [Disability services](#), Government of Western Australia, accessed 14 September 2022.
- NDIS (National Disability Insurance Scheme) (2021) [Consultation paper: an ordinary life at home](#), NDIS, Australian Government, accessed 14 September 2022.
- (2022a) [Getting out into the world': pathways to community participation and connectedness for NDIS participants with intellectual disability, on the autism spectrum and/or with psychosocial disability](#) [summary report], NDIS, Australian Government, accessed 14 September 2022.
- (2022b), [What do we mean by social and recreational support?](#), NDIS website, Australian Government, accessed 14 September 2022.
- Thomas J, Barraket J, Parkinson S, Wilson C, Holcombe-James I, Brydon A and Kennedy J (2021) [Australian Digital Inclusion Index: 2021](#). Dashboard Dataset Release 1, RMIT and Swinburne University of Technology, and Telstra.



Safety, rights and justice

4

4. Safety, rights and justice

Outcome

The rights of people with disability are promoted, upheld and protected, and people with disability feel safe and enjoy equality before the law

Why is this outcome area important?

People with disability are experts in their own lives and have the same rights as people without disability ([Australia's Disability Strategy 2021–2031](#)). Community acceptance of the rights and experiences of people with disability will maximise individual power and autonomy – and support economic participation, social inclusion, safety and equality ([Australia's Disability Strategy 2021–2031](#)).

People with disability are at greater risk of experiencing violence than people without disability ([DRC 2021](#)). They can also face discrimination on the basis of disability and barriers in exercising their rights before the law ([AIHW 2022](#)).

People with disability often face multiple barriers making complaints about services and service providers, particularly in cases of violence, neglect and abuse. These barriers include lack of experience in asserting their rights as consumers, fear of retribution, negative experiences with complaints systems (including not being believed) and difficulty in communicating what happened ([DSS 2016](#)). Advocacy plays an important role in upholding the rights of people with disability.

What are the policy priorities?

1. **Safety from violence, abuse, neglect and exploitation:** People with disability are safe and feel safe from violence, abuse, neglect and exploitation.
2. **Trauma-informed policy, processes and programs:** Policies, processes and programs provide better responses to people with disability who have experienced trauma.
3. **Violence against women and their children:** Policies, processes and programs for people with disability promote gender equality and prevent violence against groups at heightened risk, including women and their children.
4. **Rights are protected and upheld:** The rights of people with disability are promoted, upheld and protected.
5. **Access to justice:** People with disability have equal access to justice.
6. **Equitable treatment in criminal justice system:** The criminal justice system responds effectively to the complex needs and vulnerabilities of people with disability.

Launch measures

Data for 4 policy priorities under this outcome area are available for 4 system measures, and 5 population measures (Table 4.1). For future measures requiring development, see [Future measures](#).

Table 4.1: Safety, rights and justice reference guide

Policy priority	Launch measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Safety from violence, abuse, neglect and exploitation	Number of complaints related to abuse and neglect per 1,000 NDIS participants (system measure)	2021–22	1.5 complaints per 1,000 NDIS participants	n.a.	n.a.	n.a.	n.a.
Safety from violence, abuse, neglect and exploitation	Proportion of adults with disability aged 18 years and over who have experienced violence since age 15, compared with adults without disability* (population measure)	2016	47.0%	n.a.	n.a.	n.a.	n.a.
Trauma-informed policy, processes and programs	Proportion of people with disability who experienced assault and sought advice or support after the most recent incident (population measure)	2016	51.6%	n.a.	n.a.	n.a.	n.a.
Violence against women and their children	Proportion of SHS clients with disability experiencing domestic and family violence who are provided assistance for accommodation when needed ^{†(a)} (system measure)	2020–21	82.3%	n.a.	n.a.	n.a.	n.a.
Violence against women and their children	Proportion of women with disability aged 18 years and over who have experienced family or domestic violence since age 15, compared with women without disability [†] (population measure)	2016	44.5%	n.a.	n.a.	n.a.	n.a.
Rights are protected and upheld	Proportion of assessed NDAP clients who reported improved choice and control to make their own decision [†] (system measure)	2020–21	62.2%	2021–22	58.8%	-3.4 pp	Regress ^{##}
Rights are protected and upheld	Proportion of complaints related to disability discrimination lodged with the AHRC that are successfully resolved by conciliation [†] (system measure)	2020–21	72.0%	n.a.	n.a.	n.a.	n.a.

Policy priority	Launch measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Rights are protected and upheld	Proportion of people with disability who have not experienced discrimination due to disability in the last 12 months (population measure)	2018	90.4%	n.a.	n.a.	n.a.	n.a.
Rights are protected and upheld	Proportion of NDIS participants who feel able to advocate (stand up) for themselves (population measure)	2021-22 Q2	37.3%	2021-22 Q4	37.2%	-0.1 pp	No change

* Measure wording has been revised to reflect available data more accurately or clarify the measure's intent. See relevant measure section below for more information.

Confidence status: care should be taken when looking at the reported progress status for this measure as there is some uncertainty in the data.

n.a. – not available; pp – percentage points; SHS – specialist homelessness services; AHRC – Australian Human Rights Commission.

(a) This measure will be replaced in the future by 'Proportion of domestic and family violence services that are accessible and inclusive for women with disability'.

Safety from violence, abuse, neglect and exploitation

People with disability are more likely to experience violence, abuse, neglect and exploitation, and fare worse in institutional contexts. They are also more likely to become victims of crime. Protecting people with disability from such harms is essential to maximising their safety and equality ([Australia's Disability Strategy 2021–2031](#)).

NDIS complaints abuse and neglect

The NDIS Quality and Safeguards Commission (NDIS Commission) is an independent agency established to improve the quality and safety of NDIS supports and services. One of its functions is to investigate, manage, conciliate and resolve complaints relating to the supports and services of NDIS providers. Anyone can make a complaint to the Commissioner about issues with supports and services from an NDIS provider ([NDIS Commission 2022a](#)).

Complaints made to the NDIS Commission are classified into 4 categories: provider practice, provider policies and procedures, worker conduct or capability, and alleged abuse and neglect. 'Abuse and neglect' include financial abuse. For the quarter April–June 2022, 1 in 5 (20%) of complaints related to alleged abuse and neglect ([NDIS Commission 2022b](#)).

The NDIS Commission deals with complaints through a range of actions, including helping complainants to resolve the issue themselves, asking the provider to resolve the complaint directly, holding conciliation meetings, or formally investigating the situation ([NDIS Commission 2022c](#)).

The desired key system outcome for this measure is that NDIS services are high quality and safe.

System measure: Number of complaints related to abuse and neglect per 1,000 NDIS participants

Desired outcome: Decrease in the number of complaints per 1,000 NDIS participants

Data source: NDIS Commission – Business Systems

Results at baseline: 2021–22

- In 2021–22, there were 678 complaints related to abuse and neglect, a rate of 1.5 complaints per 1,000 NDIS participants.
- Data exclude Early Childhood Early Intervention (ECEI) gateway clients, which, for the purposes of this analysis, equate to participants aged 0 to 6 as at 30 June 2022. This cohort has been excluded from the analysis.
- Results for 2021–22 are not comparable with available data for 2019–20 and 2020–21, which include ECEI gateway clients.
- In 2020–21, there were 1,478 complaints, including ECEI gateway clients related to abuse and neglect – a rate of 3.4 complaints per 1,000 NDIS participants.
- Between 2019–20 and 2020–21, the number of complaints rose from 854 to 1,478, and from 2.5 to 3.4 complaints per 1,000 NDIS participants, a rise of approximately 36%.
- The increase between 2019–20 and 2020–21 reflects that the NDIS Commission's complaints service is still relatively new. The management of quality and safeguards in Western Australia only began on 1 December 2020, with no associated data for 2019–20. At the same time, the number of active NDIS participants increased between 2019–20 and 2020–21 from 338,959 to 432,613, an increase of 28%. With both the number of complaints and the number of active NDIS participants changing over time, more data are needed before a trend for this measure may emerge.

Latest results

Updated data are not yet available for this measure. NDIS Commission data for 2021–22 will be included in the 2023 annual report.

Things to consider when interpreting results

- Complaints made to the NDIS Commission relate specifically to concerns regarding NDIS supports or services.
- The measure does not capture the outcomes of the complaints, the reporting of which can be quite complex. Complaints may span more than one area and there are many ways in which they can be resolved. Complaints can also be re-opened.

For more information on this measure, including breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | NDIS complaints abuse/neglect](#).

Experience of violence

Acts of violence can affect anyone; however, people with disability may be especially vulnerable ([AIHW 2022](#)). For reporting against this measure, violence is defined according to the ABS PSS as any incident involving the occurrence, attempt or threat of either physical or sexual assault experienced by a person ([ABS 2017a](#)). Emotional abuse is excluded.

The measure is intended to track the proportion of people with disability aged 15 and over who have experienced violence, compared with people without disability. Due to the nature of the available data, the measure is reported here as:

- proportion of adults with disability aged 18 and over who have experienced violence since age 15, compared with adults without disability.

The desired population outcome for this measure is a reduction in the gap between safety for people with and without disability.

Population measure: Proportion of adults with disability aged 18 years and over who have experienced violence since age 15, compared with adults without disability

Desired outcome: Decrease in the proportion

Data source: ABS PSS

Results at baseline: 2016

- In 2016, close to half (47%) of people with disability aged 18 and over reported experiencing violence since age 15, compared with over a third (36%) of adults without disability – a difference of 11.1 percentage points.
- These proportions were lower in 2016 than in 2012 for both people with disability aged 18 and over (47% compared with 53%) and those without disability (36% compared with 41%). However, the difference between the proportions for people with and people without disability in 2016 (11.1 percentage points) was similar to that in 2012 (11.7 percentage points) (see Figure 4.1).

- In 2016, both males and females with disability were more likely to have experienced violence since age 15 than their counterparts without disability (for males: 48% compared with 39%; for females: 46% compared with 33%). However, there was no significant difference in the gap between males with and without disability and females with and without disability (8.7 and 13.5 percentage points, respectively).
- For people with disability, those aged 25–44 were most likely to report having experienced violence since age 15 (62%). This was 23 percentage points higher than those without disability (38%).
- There was no significant difference in the experience of violence since the age of 15 between people with [severe or profound disability](#) (49%) and those with other disability (47%).

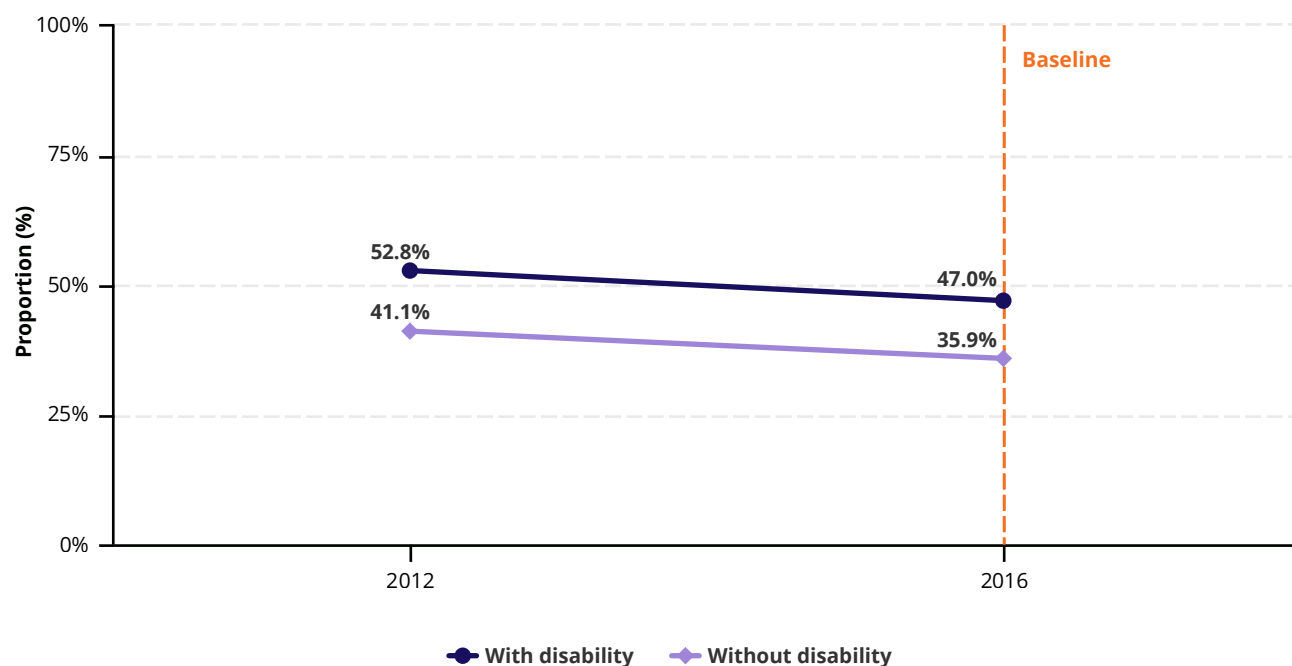
Latest results

Updated data are not yet available for this measure. Data from the 2021–22 ABS PSS will be included in the 2023 annual report.

Things to consider when interpreting results

- The ABS PSS uses the ABS [Short Disability Module](#) to identify ‘disability or restrictive long-term health condition’.
- The ABS PSS collects disability status at the time of the survey. It does not indicate whether a person had disability at the time of the reported incident of violence.
- ABS PSS data exclude people living in institutional care settings, such as hospitals, nursing homes, aged care hostels and other cared accommodation.
- Questions about experiences of violence are not asked during proxy interviews. This means that a small number of people with a profound or severe communication disability or from a non-English-speaking background that prevents them from responding to survey questions themselves are excluded from the sensitive component of the ABS PSS survey ([ABS 2017b](#)).

Figure 4.1: Proportion of people with disability aged 18 and over who have experienced violence since age 15, compared with people without disability, 2012 and 2016



Source: AIHW analysis of ABS PSS 2012 and 2016 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For more information on this measure, including breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Experience of violence](#).

Trauma-informed policy, processes and programs

Traumatic life experiences require responses that are sensitive to the lived experience of the individual. Trauma-informed approaches respect and recognise that people with disability are experts in their own lives. Implementing trauma-informed approaches in policies, processes and programs provides better responses to people with disability who have experienced trauma ([Australia's Disability Strategy 2021–2031](#)).

Seeking support following assault

While formal and informal supports are available, people with disability who experience violence often have limited or no access to information about where and how to seek these supports ([DRC 2022](#)).

Another barrier to accessing support is that many people with disability who are experiencing violence do not report abuse or identify that they need protection due to fear of negative repercussions ([AHRC 2013](#)). Other reasons for not seeking support include fear of not being believed, fear/uncertainty of the criminal justice system and a lack of access to support networks ([ABS 2013](#)).

The desired population outcome for this measure is to see an increase in people with disability accessing trauma-informed services.

Population measure: Proportion of people with disability who experienced assault and sought advice or support after the most recent incident

Desired outcome: Increase in the proportion

Data source: ABS PSS

Results at baseline: 2016

- In 2016, just over half (52%) of people with disability aged 18 or over who experienced assault sought advice or support after the most recent incident. This proportion has fallen since 2012 when it was 57% (see Figure 4.2).
- A greater proportion of females with disability than males with disability reported that they sought advice or support following recent incidents of assault (63% and 39%, respectively).
- For the age groups where the data were sufficiently robust for comparison, there was no real difference in whether people with disability sought advice or support after the most recent incident of assault (49% for those aged 25–44; 51% for those aged 45–64).
- There was no real difference between people with [severe or profound disability](#) (58%) and people with other disability (51%) in regard to whether they sought advice or support after the most recent incident or assault.

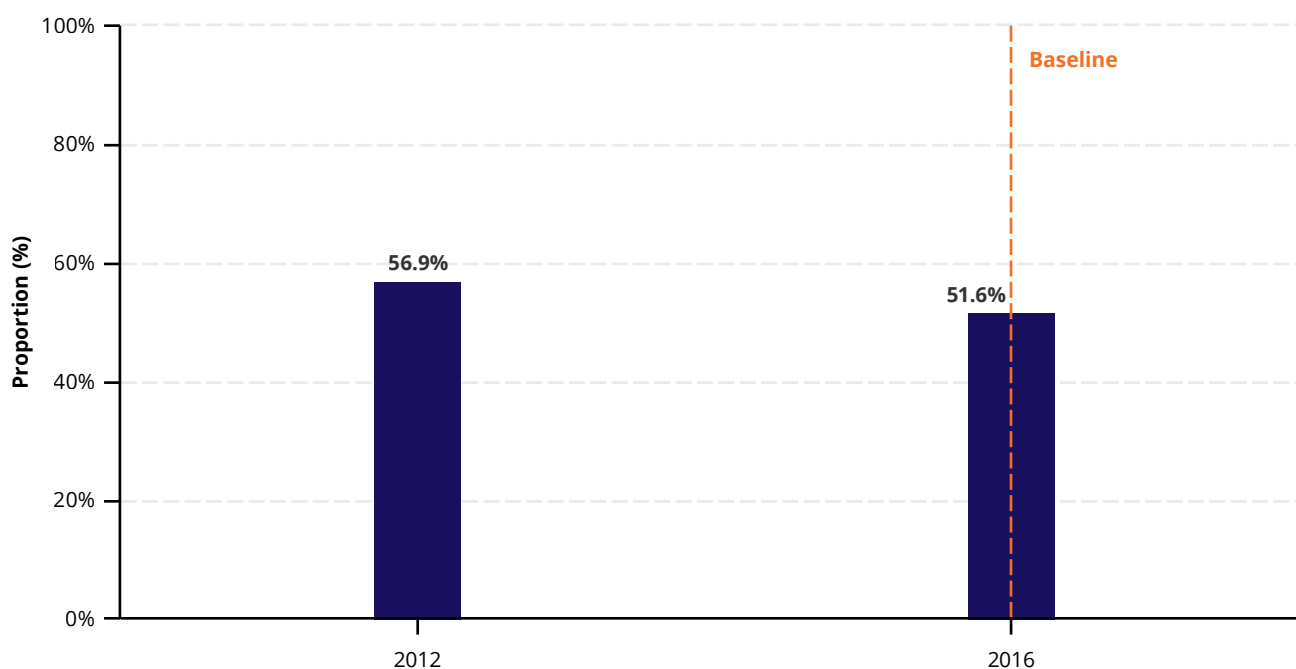
Latest results

Updated data are not yet available for this measure. Data from the 2021–22 ABS PSS will be included in the 2023 annual report.

Things to consider when interpreting results

- The ABS PSS uses the ABS [Short Disability Module](#) to identify 'disability or restrictive long-term health condition'.
- The ABS PSS collects disability status at the time of the survey. It does not indicate whether a person had disability at the time of the reported incident of violence.
- ABS PSS data exclude people living in institutional care settings, such as hospitals, nursing homes, aged care hostels and other cared accommodation.
- Data are restricted to people with disability aged 18 and over who experienced sexual assault and/or physical assault less than 10 years ago (2016 data) or less than 20 years ago (2012 data). While the time period for the recall of the most recent incident differs between the 2 iterations of the survey, the data are considered generally comparable ([ABS 2017c](#)).
- Analysis of data is based on the most recent incident of assault, regardless of assault type.
- Questions about experiences of violence are not asked during proxy interviews. This means that a small number of people with a profound or severe communication disability or from a non-English-speaking background that prevents them from responding to survey questions themselves are excluded from the sensitive component of the ABS PSS survey ([ABS 2017b](#)).

Figure 4.2: Proportion of people with disability aged 18 and over who sought advice after experiencing assault, 2012 and 2016



Source: AIHW analysis of ABS PSS 2012 and 2016 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For more information on this measure, including breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Seeking support following assault](#).

Violence against women and their children

Policies, processes and programs for people with disability that promote gender equality and prevent violence against groups at heightened risk are essential to improving the safety of people with disability. Women, children and young people are at a particularly heightened risk of violence, abuse, neglect and exploitation. Effective preventive actions targeting violence against women and children require an inclusive and collaborative effort across a range of settings. The Strategy should be considered in conjunction with other plans such as the next National Plan to Reduce Violence against Women and Children and the next National Framework for Protecting Australia's Children ([Australia's Disability Strategy 2021–2031](#)).

Access to safe and secure housing

Domestic and family violence is a major national health and welfare issue that can have lifelong impacts for victims and perpetrators. While it affects people of all ages and from all backgrounds, people with disability are particularly vulnerable to this form of violence ([AIHW 2019](#)). These types of violence can have a serious impact on individuals, families and communities, and can inflict physical injury, psychological trauma and emotional suffering ([AIHW 2019](#)).

Women with disability experience higher rates of intimate partner violence, emotional abuse, stalking and sexual violence than women without disability and men with disability ([DRC 2020a](#)).

People with disability may have a greater exposure to risk factors associated with homelessness than the general population. Many people with disability, particularly those with [severe or profound disability](#), seek homelessness services as a result of experiencing domestic and family violence ([AIHW 2021](#)).

Specialist homelessness services (SHS) provide accommodation-related and/or personal assistance to people who are experiencing or are at risk of homelessness. SHS accommodation services include:

- short-term or emergency accommodation
- medium-term/transitional housing
- assistance to obtain long-term housing
- assistance to sustain tenancy or prevent tenancy failure or eviction
- assistance to prevent foreclosures or for mortgage arrears ([AIHW 2021](#)).

A client is identified as having disability if they reported a limitation in core activities (self-care, mobility and/or communication) and that they always or sometimes needed assistance with one or more of these core activities.

The measure is intended to track the proportion of people with disability experiencing domestic and family violence who are assisted into safe and secure housing when requested. Due to the nature of the available data, the measure is reported here as:

- proportion of SHS clients with disability experiencing domestic and family violence who are provided assistance for accommodation when needed.

The desired key system outcome for this measure is that domestic and family violence services provide assistance needed to people with disability.

System measure: Proportion of SHS clients with disability experiencing domestic and family violence who are provided assistance for accommodation when needed

Desired outcome: Increase in the proportion

Data source: Specialist Homelessness Services Collection (SHSC)

This measure will be replaced in the future when available data are improved. During the life of the Strategy, this measure will be replaced by 'Proportion of domestic and family violence services that are accessible and inclusive for women with disability'.

Results at baseline: 2020–21

- In 2020–21, 82% of SHS clients with disability experiencing domestic and family violence were provided assistance for accommodation when needed.
- This proportion decreased between 2013–14 and 2016–17 from 87% to 81% and has remained between 81% and 82% since (Figure 4.3). The number of SHS clients with disability experiencing domestic and family violence who were provided assistance for accommodation has fallen over time. Regression modelling of the data shows a modelled decrease of 0.8 of a percentage point per year and a modelled decrease of 6.4% over the reference period.
- There was no difference in the proportion of male and female clients with disability experiencing domestic and family violence who were provided assistance for accommodation when needed (82%).
- A slightly higher proportion of those aged 0–14 and 25–44 (84%) were provided accommodation assistance when needed compared with those aged 15–24 and 45–64 (81% and 79%, respectively). Data for those aged 65 and over have not been reported due to reliability issues associated with small numbers.

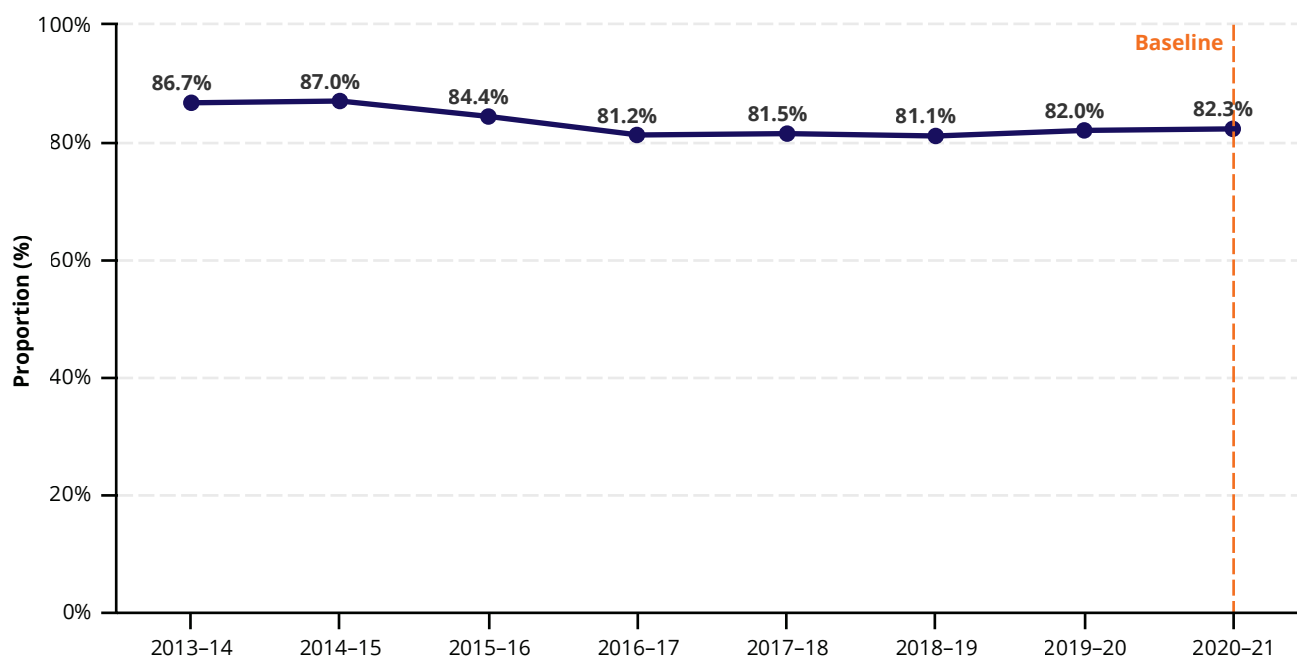
Latest results

Updated data are not yet available for this measure. Data from the 2021–22 AIHW SHSC will be included in the 2023 annual report.

Things to consider when interpreting results

- Disability status was unknown for 21% of SHS clients experiencing domestic and family violence who needed assistance in 2013–14. Between 2014–15 and 2020–21, the proportion of SHS clients with unknown disability status has ranged between 4.1% and 6.7% of these clients.
- Data for 2013–14 to 2016–17 have been adjusted for non-response. Due to improvements in the rates of agency participation and Statistical Language Key validity, data for 2017–18 onwards are not weighted. The removal of weighting does not constitute a break in time series, and weighted data from 2011–12 to 2016–17 are comparable with unweighted data for 2017–18 onwards.

Figure 4.3: Proportion of SHS clients with disability (all ages) experiencing domestic and family violence who are provided assistance for accommodation when needed, 2013–14 to 2020–21



Source: SHSC.

For figure notes, see [Appendix B: Figure notes and sources](#).

For more information on this measure, including breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Access to safe and secure housing](#).

Experience of domestic violence

A key challenge in defining and measuring family and domestic violence lies in the complexity of the behavioural acts involved, and the relationships and situations in which these acts occur (ABS 2013). For the purposes of this measure, family and domestic violence is defined as physical and/or sexual violence perpetrated by an intimate partner (current, previous, boyfriend or girlfriend or date, ex-boyfriend, or exgirlfriend) or relative or in-law (father/mother, son or daughter, brother or sister, or other relative or in-law). It also includes emotional abuse by a current or previous partner.

The measure is intended to track the proportion of females with disability aged 15 and over who have experienced family or domestic violence compared with women without disability. Due to the nature of the available data, the measure is reported here as:

- proportion of women with disability aged 18 and over who have experienced family or domestic violence since age 15, compared with women without disability.

The desired population outcome for this measure is a decrease in family and domestic violence against women with disability. Data are from the ABS PSS.

Population measure: Proportion of women with disability aged 18 and over who have experienced family or domestic violence since age 15, compared with women without disability

Desired outcome: Reduction in gap

Data source: ABS PSS

Results at baseline: 2016

- In 2016, 44% of women with disability aged 18 and over had experienced family or domestic violence since age 15; this was 14 percentage points higher than the proportion for women without disability (30%) (Figure 4.4).
- While the proportions were higher in 2016 than in 2012 for both women with and without disability (44% and 43% for those with disability; 30% and 28% for those without disability), the change was only significant for women without disability.
- There was no real change in the difference between the proportions for women with and without disability in 2012 and 2016 (14.7 and 14.3 percentage points, respectively).
- For those aged 65 and over with disability, the proportion was higher in 2016 than in 2012 (30% and 25%, respectively – an increase of 5 percentage points).
- The difference between women with and without disability who had experienced family or domestic violence since age 15 was higher among those aged 25–44 (26 percentage points) than either those aged 45–64 (16 percentage points) or 65 and over (8.8 percentage points).
- Women with [severe or profound disability](#) were more likely to report having experienced violence since age 15 (49%) than women with other disability (44%).

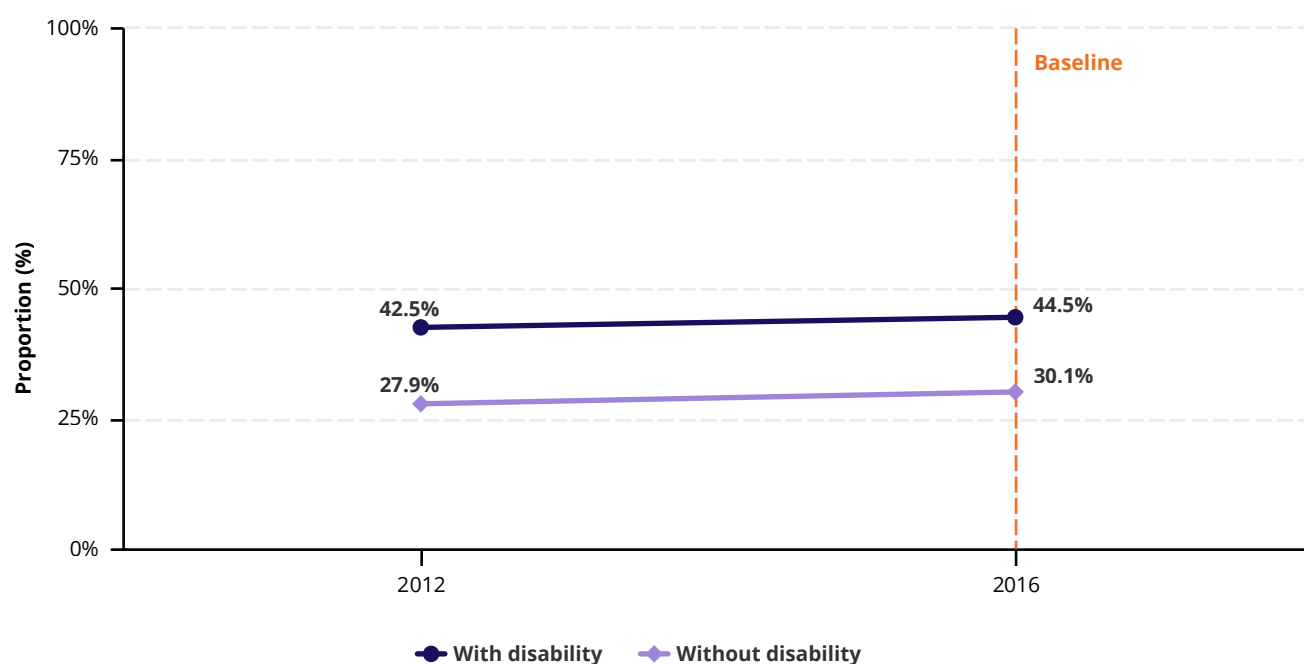
Latest results

Updated data are not yet available for this measure. Data from the 2021–22 ABS PSS will be included in the 2023 annual report.

Things to consider when interpreting results

- The ABS PSS uses the ABS [Short Disability Module](#) to identify ‘disability or restrictive long-term health condition’.
- The ABS PSS collects disability status at the time of the survey. It does not indicate whether a person had disability at the time of the reported incident of violence.
- ABS PSS data exclude people living in institutional care settings, such as hospitals, nursing homes, aged care hostels and other cared accommodation.
- For analysis, family or domestic violence includes emotional abuse by a current and/or previous partner since age 15, violence by a current or previous partner since age 15, and violence by a family member since age 15 (in the past 10 years for 2016 data; and in the past 20 years and restricted to the most recent incident only for 2012 data).
- While the time period for the most recent incident differs between the 2 iterations of the survey, the data are considered generally comparable ([ABS 2017c](#)).
- Questions about experiences of violence are not asked during proxy interviews. This means that a small number of people with a profound or severe communication disability or from a non-English-speaking background that prevents them from responding to survey questions themselves are excluded from the sensitive component of the ABS PSS survey ([ABS 2017b](#)).

Figure 4.4: Proportion of women with disability aged 18 and over who have experienced family or domestic violence since age 15, compared with women without disability, 2012 and 2016



Source: AIHW analysis of ABS PSS 2012 and 2016 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For more information on this measure, including breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Experience of domestic violence](#).

Rights are protected and upheld

The Australian Human Rights Commission (AHRC), and state and territory human rights/anti-discrimination bodies play an important role in promoting and protecting rights of people with disability, including helping individuals and organisations understand and meet their legal responsibilities. Disability advocacy supports people with disability to safeguard their rights, experience equality and overcome barriers that can affect their ability to participate in the community ([Australia's Disability Strategy 2021–2031](#)).

Advocacy program support

Funded by the Australian Government, the National Disability Advocacy Program (NDAP) provides advocacy support to people with disability that promotes, protects and ensures their full and equal enjoyment of all human rights, enabling their community participation ([DSS 2022](#)).

The measure is intended to track the proportion of those people who accessed independent advocacy programs who report improved choice and control to make their own decisions. The first year for which data are available for this measure is 2020–21. This is because the reporting on improved choice and control to make one's own decisions by NDAP clients only became mandatory as of 1 January 2021. For 2020–21, 8.6% of clients had been assessed – that is, 8.6% of NDAP clients had been asked about improved choice and control to make their own decisions. For 2021–22, 14% of NDAP clients had been assessed.

The proportion of assessed clients will increase over time. In view of this, the measure is reported here as:

- proportion of assessed NDAP clients who reported improved choice and control to make their own decisions.

The desired key system outcome for this measure is that people with disability get the information and supports they need to have their rights upheld and to make their own decisions.

System measure: Proportion of assessed NDAP clients who reported improved choice and control to make their own decisions

Desired outcome: Increase in the proportion

Data source: Department of Social Services – Data Exchange (DEX)

Results at baseline: 2020–21

- In 2020–21, around 6 in 10 (62%) of assessed NDAP clients reported improved choice and control to make their own decisions.
- There was minimal difference between the proportion of male and female NDAP clients who reported improved choice and control to make their own decisions (63% and 62%, respectively).
- Two-thirds of assessed NDAP clients aged 0–24 reported improved choice and control to make their own decisions (66%). This was a little higher than for clients aged 45–64 (63%) and 25–44 (59%).

Latest results: 2021–22

- In 2021–22, 58.8% of assessed clients reported improved choice and control to make their own decisions. This was 3.4 percentage points lower than at baseline (2020–21) when it was 62.2% (Figure 4.5).
- Although the proportion of assessed clients in 2021–22 was higher (14%) than in 2020–21 (8.6%), the data may not be representative of all participants in the program. For this reason, there is some uncertainty in the data. Care should be taken when looking at reported progress for this measure and the difference needs to continue to be monitored.

Things to consider when interpreting results

- A 'client' can be either a person with disability or a carer/family member of a person with disability.
- The SCORE system used for the NDAP data is designed to measure the result of a client's interaction with a service funded by the Department of Social Services, and it captures a point in time in the client's service journey.

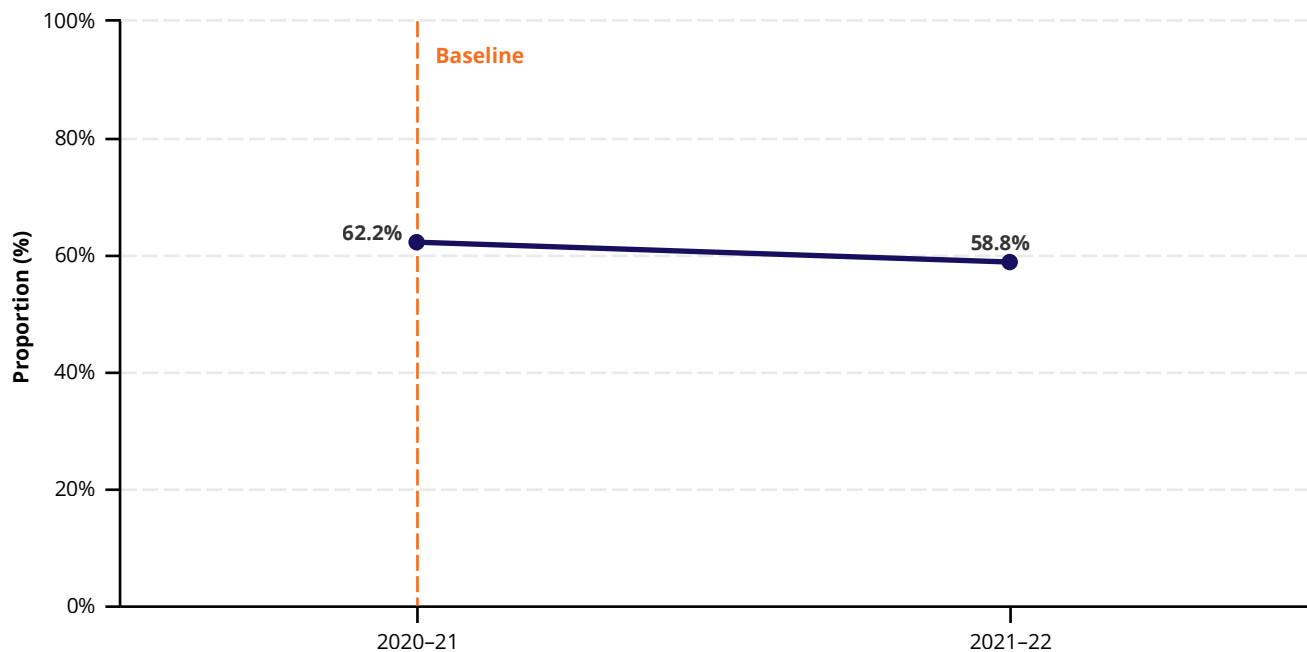
Latest results: 58.8% (2021–22)

Baseline: 62.6% (2020–21)

Progress status (preliminary): Regress

Confidence status: Care should be taken when looking at the reported progress status for this measure as there is some uncertainty in the data

Figure 4.5: Proportion of assessed NDAP clients (all ages) who reported improved choice and control to make their own decisions, 2020–21 to 2021–22



Source: Department of Social Services – Data Exchange.

For figure notes, see [Appendix B: Figure notes and sources](#).

For more information on this measure, including breakdowns of the data, visit [Australia's Disability Strategy Outcomes Framework | Advocacy program support](#).

Discrimination complaints resolved

Disability discrimination occurs when a person with disability is treated less favourably than a person without disability in circumstances that are not materially different ([Australian Government 1992](#)). The *Disability Discrimination Act 1992* (Cwlth) makes it unlawful to discriminate against a person because of their disability in many areas of public life, including employment, education, getting or using services, renting or buying a house or unit, and accessing public places ([AHRC 2014](#)).

Under the *Disability Discrimination Act 1992*, disability is broadly defined to include physical, intellectual, sensory, neurological and psychiatric disability, as well as including people who may have a disease and people with an imputed disability (that is, being treated as if they have disability). Relatives, friends and carers are also protected if they are discriminated against because of their association with a person with disability ([AHRC 2016](#)).

The AHRC is an independent statutory organisation that functions under the *Australian Human Rights Commission Act 1986* (Cwlth) to protect and promote human rights in Australia. A key function of the AHRC is to inquire into and attempt to conciliate complaints of unlawful discrimination ([Australian Human Rights Commission Act 1986](#)). In 2020–21, the highest proportion of all complaints received by the AHRC were lodged under the *Disability Discrimination Act 1992* (37%) ([AHRC 2022a](#)).

Many complaints lodged with the AHRC are resolved through conciliation. This process provides the complainant (the person making the complaint) and the respondent (the person or organisation being complained about) with an opportunity to talk about the issues raised in the complaint and attempt to resolve the matter themselves ([AHRC 2022b](#)). Not all complaints lodged with the AHRC go through a conciliation process and can be finalised on other grounds. For example, some are terminated or declined because they are outside the scope of the relevant Act, or another remedy has been sought and the AHRC is satisfied that the subject matter of the complaint has been adequately dealt with. Others may be withdrawn by complainants or discontinued; for example, where a complainant does not respond to the Commission's attempts to contact them.

This measure is intended to track the proportion of complaints related to disability discrimination lodged with the AHRC/relevant state and territory bodies that are investigated and resolved. Due to differences between the *Disability Discrimination Act 1992* and state and territory acts relating to disability discrimination, the measure is reported here as:

- proportion of complaints related to disability discrimination lodged with the AHRC that are successfully resolved by conciliation.

The measure focuses on complaints that were attempted to be resolved by conciliation. The desired key system outcome for this measure is that the *Disability Discrimination Act 1992* is implemented effectively to ensure people with disability are not discriminated against.

System measure: Proportion of complaints related to disability discrimination lodged with the AHRC that are successfully resolved by conciliation

Desired outcome: Increase in the proportion

Data source: AHRC – Business Systems

Results at baseline: 2020–21

- In 2020–21, almost three-quarters (72% or 495) of the 688 complaints related to disability discrimination that were lodged with the AHRC and went through a conciliation process were successfully resolved.
- This proportion was higher in 2020–21 than in 2011–12, when it was less than two-thirds (62%). The proportion of complaints successfully resolved through conciliation has fluctuated over the reference period, with the highest proportion in 2017–18 (74%) and the lowest in 2012–13 (60%) (Figure 4.6).
- Based on regression modelling of the data, there was a modelled 1% increase per year and a modelled increase of 14% over the reference period.

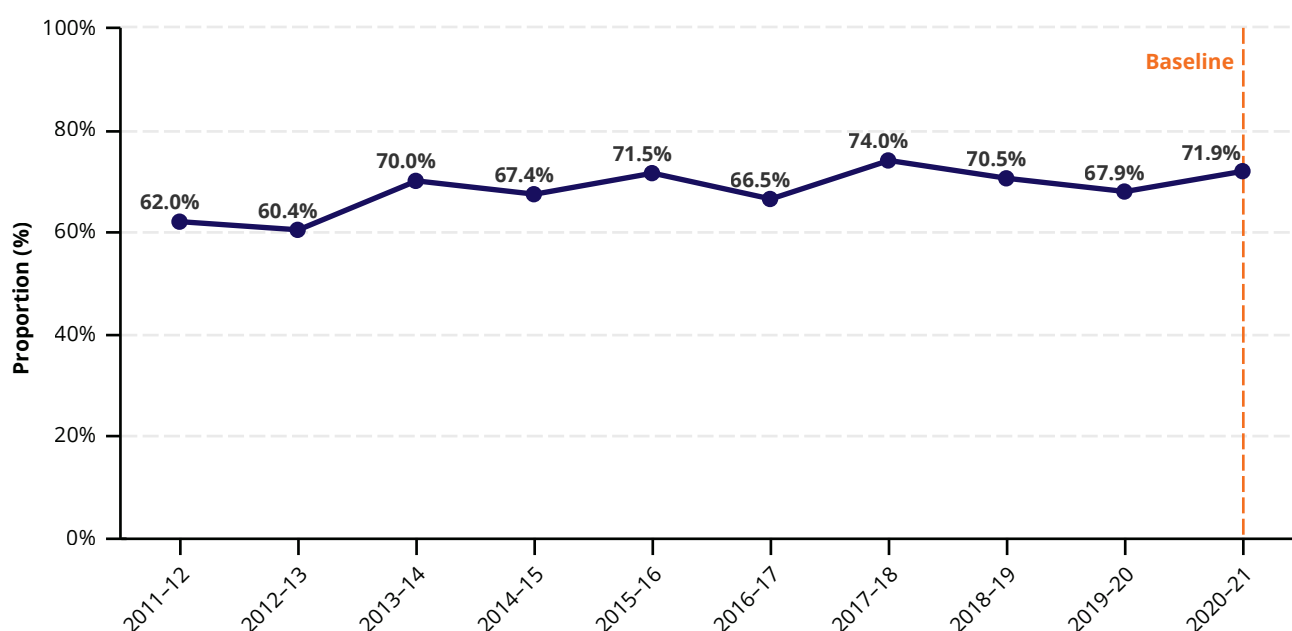
Latest results

Updated data are not yet available for this measure. AHRC complaints data for 2021–22 will be included in the 2023 annual report.

Things to consider when interpreting results

- One complaint may raise a number of grounds and areas of discrimination and be against one or more respondents ([AHRC 2022b](#)).
- Complaints for which a conciliation process was begun but which could not be resolved through this process include those that were finalised on other grounds; for example, they may have been withdrawn.

Figure 4.6: Proportion of complaints related to disability discrimination lodged with the AHRC that were successfully resolved by conciliation, 2011–12 to 2020–21



Source: AHRC annual reports 2011–12 to 2014–15; AHRC complaints statistics 2015–16 to 2020–21.

For figure notes, see [Appendix B: Figure notes and sources](#).

For more information on this measure, including breakdowns of the data, visit [Australia's Disability Strategy Outcomes Framework | Discrimination complaints resolved](#).

Freedom from discrimination

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 ([AIHW 2022](#)).

The desired population outcome for this measure is to see a decrease in discrimination against people with disability. Data for this measure are from the ABS SDAC.

Population measure: Proportion of people with disability who have not experienced discrimination due to disability in the last 12 months

Desired outcome: Increase in the proportion

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, 90% of people aged 15 and over with disability did not experience discrimination due to disability in the last 12 months.
- There was no real difference between the proportion of people with disability aged 15 and over who reported not having experienced disability discrimination in the previous 12 months in 2015 (91%) and 2018 (90%) (Figure 4.6). Looking at broad age groups, significant, albeit small, differences were found for both 15–64 and 65 and over age groups, with proportions lower in 2018 than in 2015 (15–64 years: 84.5% and 86.2%, respectively; 65 years and over: 96.8% and 97.9%, respectively).
- In 2018, there was a small difference in the proportion of males (91.2%) and females (89.7%) who reported that they did not experience discrimination due to disability in the previous 12 months (a difference of 1.5 percentage points).
- The age group most likely to have reported not having experienced discrimination in the previous 12 months was those aged 65 and over (97%).
- People with [severe or profound disability](#) were less likely to report not having experienced discrimination due to disability in the previous 12 months (82%) than those with other disability (93%).

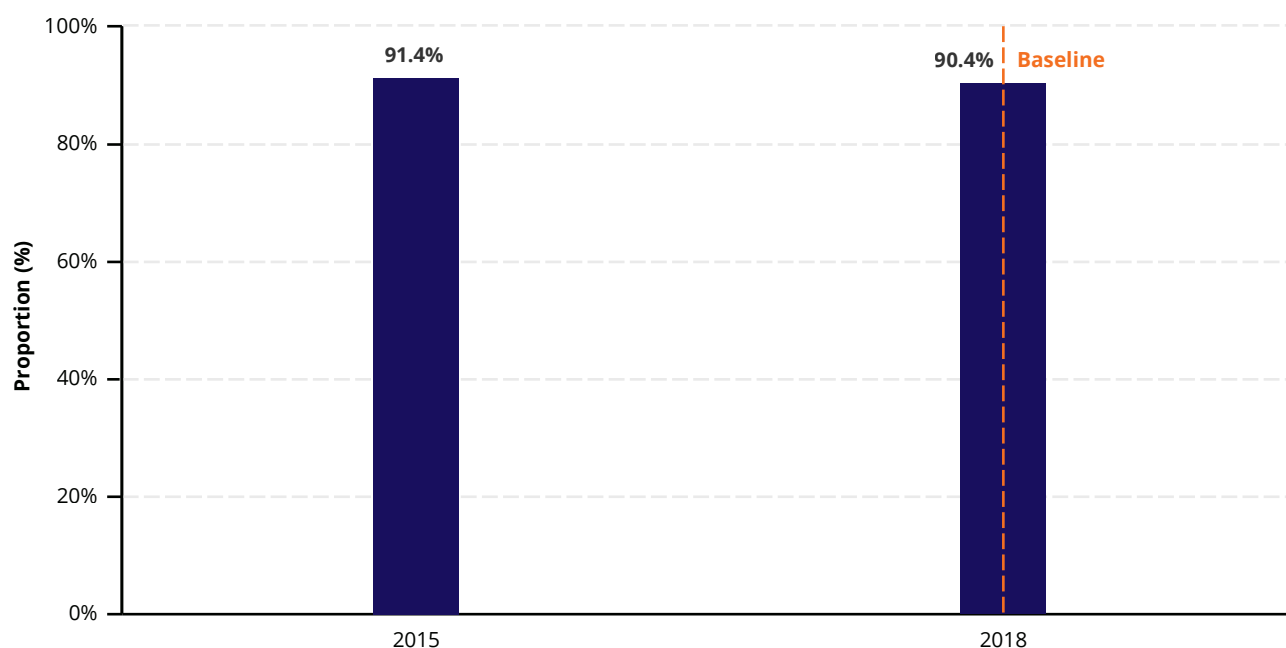
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- The ABS SDAC collects discrimination data for people with disability aged 15 and over living in households who had a personal interview. Unlike other modules in the ABS SDAC, the discrimination module does not allow response by a proxy.

Figure 4.7: Proportion of people with disability aged 15 and over who have not experienced discrimination due to disability in the last 12 months, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For more information on this measure, including breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Freedom from discrimination](#).

NDIS participants capacity to self-advocate

Self-advocacy is when a person or group with disability speaks up or acts to represent themselves. Self-advocacy, or assistance with advocacy, is important to promote and protect an individual's rights ([DRC 2020b](#)).

Data for this measure are collected as part of the NDIS Short Form questionnaire. Data include NDIS participants who responded 'Yes' to the question 'Do you feel able to advocate (stand up) for yourself? That is, do you feel able to speak up if you have issues or problems with accessing supports?'

Population measure: Proportion of NDIS participants who feel able to advocate (stand up) for themselves

Desired outcome: Increase in the proportion

Data source: NDIA Business Systems

Results at baseline: 2021–22 Q2

- In 2021–22 Q2 (baseline quarter), over a third (37%) of NDIS participants aged 15–64 reported that they felt able to advocate for themselves.
- The proportion in 2021–22 Q2 was 4 percentage points lower than in 2018–19 Q2 (41%).
- The overall trend for the period leading up to the baseline (2018–19 Q2 to 2021–22 Q2) was unfavourable, trending downward (Figure 4.8). Fitting a regression model to the data shows a modelled decrease of 0.3 of a percentage point per quarter and a modelled decrease of 9.1% over the reference period.

- In 2021–22 Q2, a slightly higher proportion of female than male NDIS participants reported feeling able to advocate for themselves (39% and 36%, respectively).
- By age group, the proportion of NDIS participants aged 25–64 who reported feeling able to advocate for themselves was nearly double that for those aged 15–24 (43% and 23%, respectively).

Latest results: 2021–22 Q3 and Q4

- In 2021–22 Q4, 37.2% of NDIS participants aged 15–64 responded that they felt able to advocate for themselves. There was a very small decrease of 0.1 of a percentage point since baseline (2021–22 Q2) (37.3%), indicating no change since the Strategy began.
- The small decrease since baseline occurred in 2021–22 Q4 as there was no change in 2021–22 Q3. The small decrease is the same as that seen in 2021–22 Q2 (baseline). In 2021–22 Q1, there had been a small increase (0.1 of a percentage point).
- The observed decrease in 2021–22 Q4 was smaller than the modelled quarterly decrease (0.2 of a percentage point) over the period 2018–19 Q2 to 2021–22 Q4.

Things to consider when interpreting results

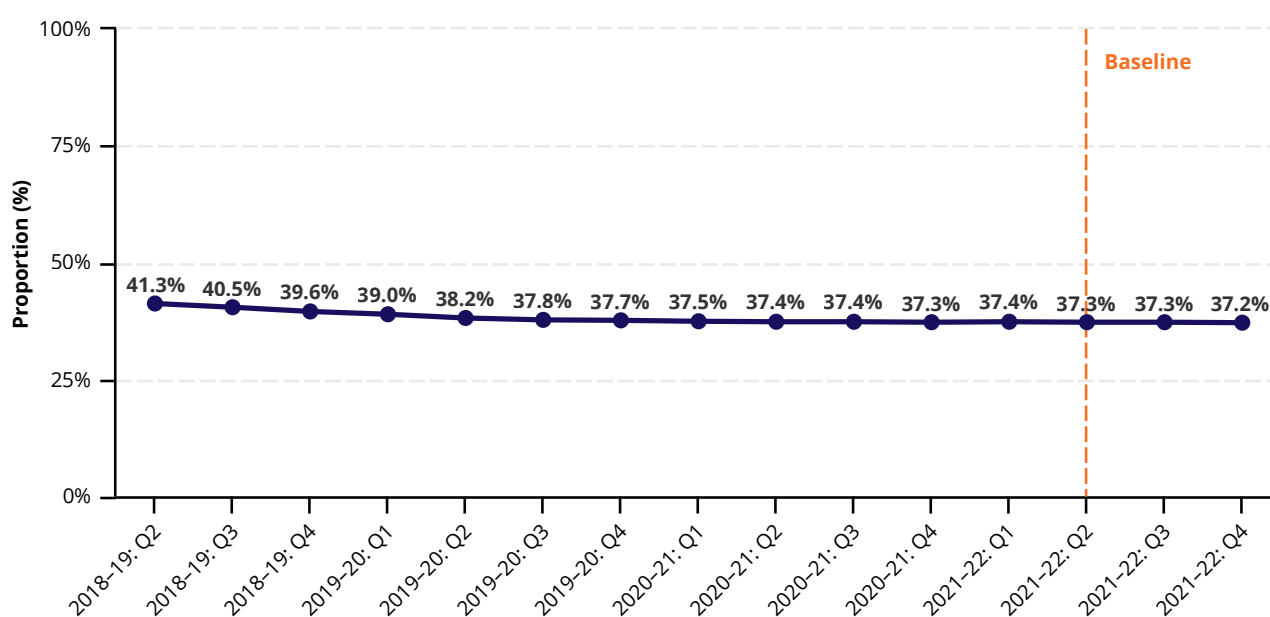
- Time series analysis for the NDIS data presented here provides a series of data points each representing a snapshot of NDIS participants at a given point in time. This is different from the longitudinal approach taken in NDIS reporting.

Latest results: 37.2% (2021–22 Q4)

Baseline: 37.3% (2021–22 Q2)

Progress status (preliminary): No change

Figure 4.8: Proportion of NDIS participants aged 15–64 who feel able to advocate (stand up) for themselves, 2018–19 Q2 to 2020–22 Q4



Source: NDIA Business Systems.

For figure notes, see [Appendix B: Figure notes and sources](#).

For more information on this measure, including breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | NDIS participants capacity to self-advocate](#).

Future measures

The safety, rights and justice measures listed in Table 4.2 will undergo future data development and will be included in future reports as data become available.

Table 4.2: Safety, rights and justice measures requiring further development

Policy priority	Measure
Trauma-informed policy, processes, and programs	Number of services for people with disability that use a trauma-informed approach (system measure)
Violence against women and their children	Average length of time a child with disability remains in the child protection system compared with children without disability (system measure)
Violence against women and their children	Rate of children with disability aged 0–17 who were the subject of a child protection resubstantiation in a given year (population measure)
Violence against women and their children	Proportion of domestic and family violence services that are accessible and inclusive for women with disability ^(a) (system measure)
Access to justice	Proportion of people with disability supported to communicate and participate when interacting with police or judicial officers at court (system measure)
Access to justice	Proportion of people with disability who reported having equal access to justice compared with people without disability (population measure)
Equitable treatment in criminal justice system	Proportion of people with disability returning to corrective services within 2 years compared with the proportion of people without disability (system measure)
Equitable treatment in criminal justice system	Proportion of people with disability detained in prisons and forensic facilities compared with people without disability (population measure)

(a) In the future, this measure will replace ‘Proportion of SHS clients with disability experiencing domestic and family violence who are provided assistance for accommodation when needed’.

References

- Australian Government (1992) [Disability Discrimination Act 1992](#), Australian Government, accessed 18 August 2022.
- (1986) [Australian Human Rights Commission Act 1986](#), Australian Government, accessed 18 August 2022.
- ABS (Australian Bureau of Statistics) (2013) [Defining the data challenge for family, domestic and sexual violence](#), ABS website, accessed 18 August 2022.
- (2017a) [Personal safety, Australia](#), ABS website, accessed 18 August 2022.
- (2017b) ‘Survey development and data collection’, [Personal Safety Survey, Australia: user guide, 2016](#), ABS website, accessed 18 August 2022.
- (2017c) ‘Violence – Most recent incident’, [Personal Safety Survey, Australia: user guide, 2016](#), ABS website, accessed 18 August 2022.
- AHRC (Australian Human Rights Commission) (2013) [Access to justice in the criminal justice system for people with disability – submissions received](#), AHRC website, accessed 18 August 2022.
- (2014) [Disability discrimination](#), AHRC, accessed 18 August 2022.

- (2016) [Overview of the DDA \(Disability Discrimination Act\)](#), AHRC website, accessed 18 August 2022.
- (2022a) [Complaint statistics 2020–21](#), AHRC, accessed 18 August 2022.
- (2022b) [Understanding and preparing for conciliation – unlawful discrimination](#), AHRC website, accessed 18 August 2022.
- AIHW (Australian Institute of Health and Welfare) (2019) [Family, domestic and sexual violence in Australia: continuing the national story](#), AIHW, Australian Government, accessed 31 August 2022.
- (2021) [Specialist homelessness services annual report 2020–21](#), AIHW, Australian Government, accessed 18 August 2022.
- (2022) ‘Disability discrimination’, [People with disability in Australia](#), AIHW, Australian Government, accessed 18 August 2022.
- [Australia’s Disability Strategy 2021–2031](#) (2021), Department of Social Services, Australian Government, accessed 2 August 2022.
- DRC (Disability Royal Commission) (2020a) [Violence and abuse of people with disability at home \[Issues paper\]](#), DRC, Australian Government, accessed 31 August 2022.
- (2020b) [Rights and attitudes \[Issues paper\]](#), DRC, Australian Government, accessed 18 August 2022.
- (2021) [People with disability face much greater risk of violence than people without disability](#), DRC, Australian Government, accessed 19 December 2022.
- (2022) [Overview of responses to the Violence and abuse of people with disability at home Issues paper](#), DRC, Australian Government, accessed 18 August 2022.
- DSS (Department of Social Services) (2016) [NDIS Quality and Safeguarding Framework](#), DSS, Australian Government, accessed 31 August 2022.
- (2022) [National Disability Advocacy program](#), DSS website, Australian Government, accessed 18 August 2022.
- NDIS Quality and Safeguards Commission (2022a) [Commissioner’s functions](#) (2022) NDIS Quality and Safeguards Commission, accessed 5 September 2022.
- (2022b) [NDIS Quality and Safeguards Commission Activity Report – 1 April to 30 June 2022](#), NDIS Quality and Safeguards Commission, accessed 5 September 2022
- (2022c) [Timelines and resolution of complaints](#) (2022) NDIS Quality and Safeguards Commission, accessed 5 September 2022.



Personal and community support

5

5. Personal and community support

Outcome

People with disability have access to a range of supports to assist them to live independently and engage in their communities

Why is this outcome area important?

Personal and community supports are fundamental to improving overall outcomes for people with disability. It is important for people with disability to be able to live independently and be involved in community activities such as education, work, training, recreation, cultural life and neighbourhood activities ([Australia's Disability Strategy 2021–2031](#)).

Personal and community supports can include specialist disability services; for example, the NDIS, mainstream services, informal carers, carer supports services and assistive technology.

What are the policy priorities?

1. **Availability of support:** People with disability are able to access supports that meet their needs.
2. **People with complex, high needs are supported:** The NDIS provides eligible people with permanent and significant disability with access to reasonable and necessary disability supports.
3. **Informal and carer supports:** The role of informal support is acknowledged and supported.
4. **Availability of assistive technology:** People with disability are supported to access assistive technology.

Launch measures

Data for the 4 policy priorities under this outcome area are available for 4 system measures and 3 population measures (Table 5.1). For future measures requiring development, see [Future measures](#).

Table 5.1: Personal and community support reference guide

Policy priority	Launch measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Availability of support	Proportion of people with disability (aged 15 and over) who are satisfied with the quality of assistance received from formal service providers (system measure)	2018	82.1%	n.a.	n.a.	n.a.	n.a.
Availability of support	Proportion of people with disability who had their needs fully met ^(a) (population measure)	2018	72.2%	n.a.	n.a.	n.a.	n.a.
People with complex, high needs are supported	Proportion of NDIS participants aged 15–64 who responded ‘Yes’ to ‘Has the NDIS helped you have more choice and control over your life?’ after two years in the scheme?’ (system measure)	2021–22		2021–22			
		Q2	75.4%	Q4	75.9%	0.5 pp	Progress
Informal and carer supports	Proportion of carers who are satisfied with the range of services available to assist in caring role (system measure)	2018	49.9%	n.a.	n.a.	n.a.	n.a.
Informal and carer supports	Proportion of informal carers of people with disability who report no unmet need for respite care [†] (population measure)	2018	86.2%	n.a.	n.a.	n.a.	n.a.
Availability of assistive technology	Proportion of NDIS participants who received assistive technology supports valued at more than \$1,500 in the last 12 months [†] (system measure)	2021–22		2021–22			
		Q2	17.6%	Q4	16.7%	–0.9 pp	Regress
Availability of assistive technology	Proportion of people with disability who do not need additional aids ^(b) (population measure)	2018	94.1%	n.a.	n.a.	n.a.	n.a.

[†] Measures where wording has been revised to reflect available data more accurately or clarify the measure’s intent. See relevant measure section below for more information.

n.a. – not available; pp – percentage points

(a) This measure will be replaced in the future by ‘Proportion of people who report that they can access mainstream support services when they need them’.

(b) This measure will be replaced in the future by ‘Proportion of people with disability who can access the assistive technology they need’.

Availability of support

People with disability need access to personal and community supports that meet their needs. This includes both formal specialist disability services and mainstream services, as well as informal support provided by family, friends and the community.

Quality of formal support

People with disability who require formal assistance can seek either targeted or universal formal support services. A range of organisations and individuals can provide formal assistance. In the ABS SDAC, formal providers of assistance for people with disability are defined as help provided by:

- organisations or individuals representing organisations (whether profit making or non-profit making, government or private), or
- other persons (excluding informal assistance/providers), on a regular, paid basis, who are not associated with any organisation ([ABS 2019a](#)).

The desired key system outcome for this measure is that people with disability receive the supports they need.

System measure: Proportion of people with disability (aged 15 and over) who are satisfied with the quality of assistance received from formal service providers

Desired outcome: Increase in the proportion

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, 82% of people with disability, aged 15 and over, reported that they were satisfied with the quality of assistance received from formal service providers.
- Between 2012 and 2015, there was no change in the proportion (85% in both periods); however, there was a small decrease (to 82%) between 2015 and 2018 (Figure 5.1).
- There was no real difference in the proportion of males and females with disability, aged 15 and over, reporting that they were satisfied with the quality of assistance received from formal service providers (81% and 83%, respectively).
- By age group, people with disability aged 65 and over (84%) were more likely to report satisfaction with the quality of assistance received from formal service providers than people aged 15–24 (70%). Note that the results for those aged 15–24 had a margin of error greater than 10 percentage points and should be interpreted with caution. There were no significant differences in the proportions of satisfaction between the other age groups.
- People with [severe or profound disability](#), aged 15 and over, were less likely to report satisfaction with the quality of assistance received from formal service providers (79%) than those with other disability (84%).

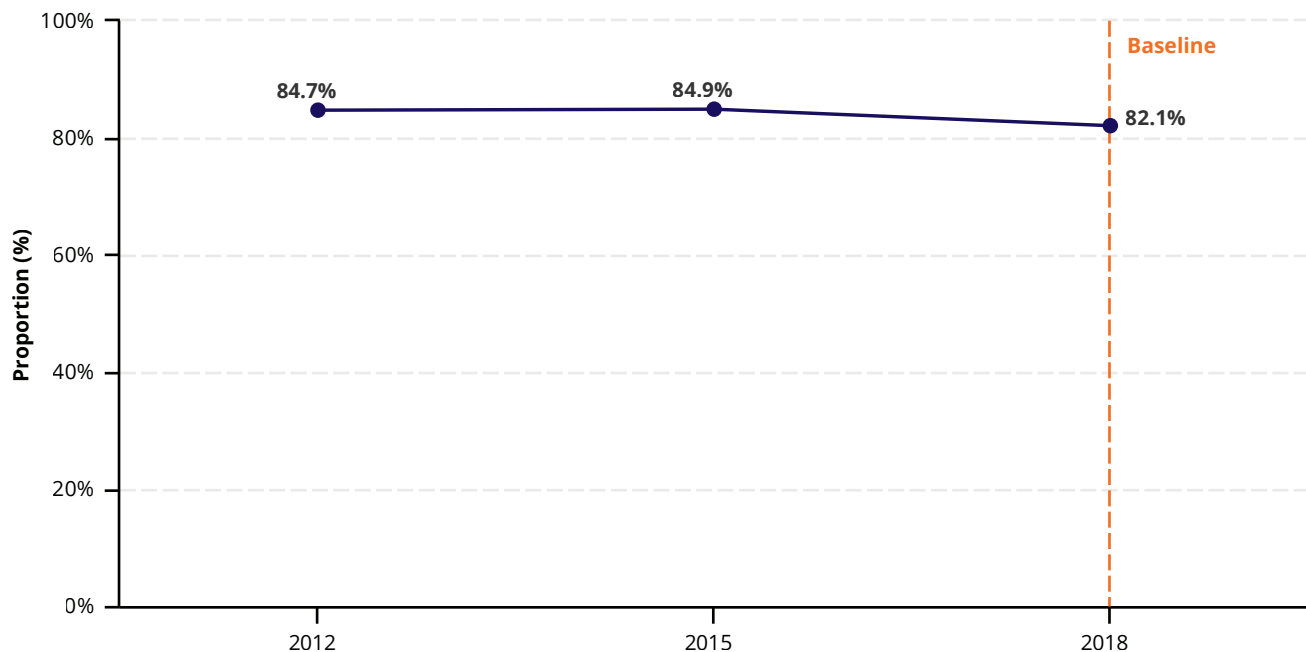
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- Data are restricted to people with disability aged 15 and over living in households who received assistance with at least one activity from organised services in the last 6 months, excluding those who had a proxy interview.

Figure 5.1: Proportion of people with disability aged 15 and over who are satisfied with the quality of assistance received from formal service providers, 2012, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Quality of formal support](#).

Needs fully met

Some people with disability require support to maintain everyday wellness at home and to be fully included in community activities ([Australia's Disability Strategy 2021–2031](#)).

People needing support may seek formal assistance, such as specialist and mainstream services provided by formal organisations or other paid providers (including the NDIS or Disability Employment Services). These services may supplement other support that a person with disability receives, such as informal care provided by family, friends or neighbours ([AIHW 2021a](#)).

The desired population outcome for this measure is an increase in people with disability accessing the services they need.

Population measure: Proportion of people with disability who had their needs fully met

Desired outcome: Increase in the proportion

Data source: ABS SDAC

This measure will be replaced in the future when available data are improved. During the life of the Strategy, this measure will be replaced by 'Proportion of people who report that they can access mainstream support services when they need them'.

Results at baseline: 2018

- In 2018, 72% of people with disability considered their needs were fully met.
- The proportion increased slightly between 2012 and 2015 (from 72.7% to 74.2%) before decreasing to 72.2% in 2018 (Figure 5.2).
- A greater proportion of males with disability considered their needs fully met than females with disability (74% and 70%, respectively).
- People with disability in the 0–15 age group reported the lowest proportion of needs being fully met (57%). People with disability aged 15–24 (67%) were also less likely to report their needs being fully met than those aged 45–64 (75%) and 65 and over (74%).
- People with [severe or profound disability](#) were considerably less likely than people with other disability to report their needs being fully met (47% and 82%, respectively).

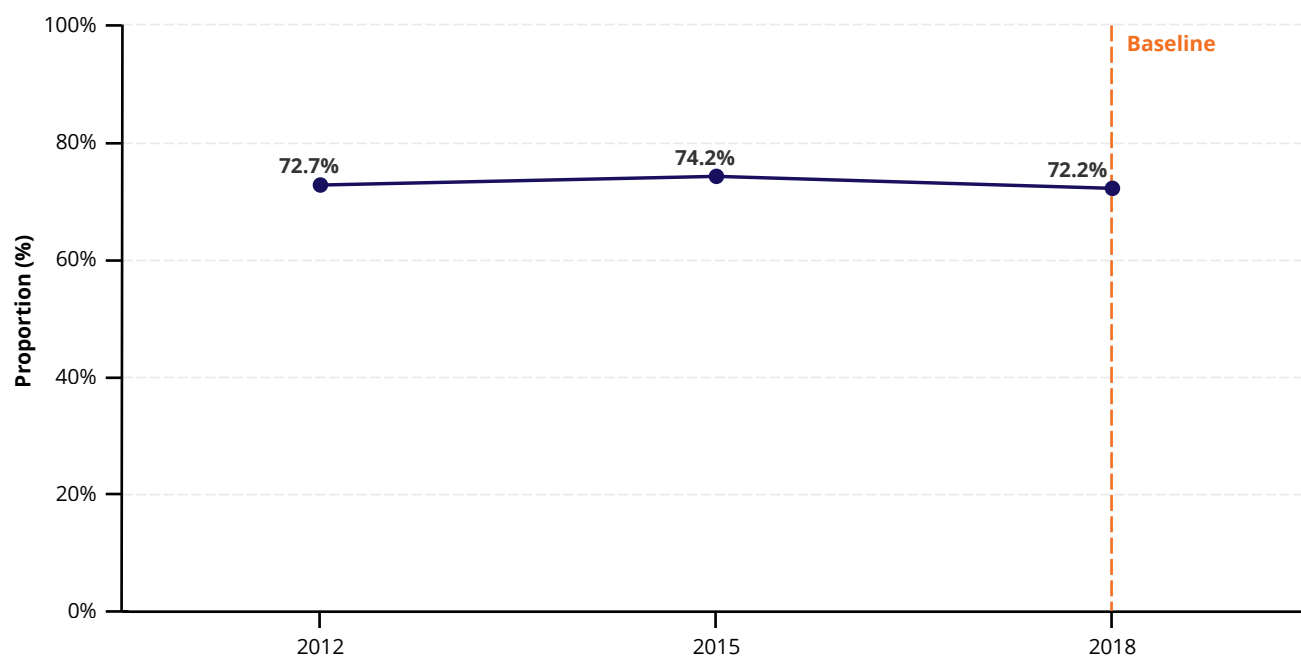
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- Data are restricted to people with disability living in households.
- People who have their needs fully met are those who do not need any assistance or do not need any more assistance with activities.
- People who do not have their needs fully met are those who need more assistance with at least one activity, regardless of whether any assistance is currently received.
- Data exclude people for whom responses included that they were too young, a need for assistance had not been assessed, or they did not know if they needed more assistance.

Figure 5.2: Proportion of people with disability (all ages) who had their needs fully met, 2012, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Needs fully met](#).

People with complex, high needs are supported

The NDIS supports people with disability caused by a permanent impairment, which may be intellectual, cognitive, neurological, sensory, physical or psychosocial ([NDIS 2022a](#)). The NDIS provides funding for people with disability to receive a package of flexible supports that meet their needs.

NDIS participants choice and control

Access to disability supports through the NDIS helps people with disability pursue their goals and aspirations and exercise choice and control over their own lives ([Australia's Disability Strategy 2021–2031](#)).

Data for this measure are collected from the NDIS Short Form questionnaire. They refer to participants who have been in the scheme for at least 2 years and responded to the question 'Has the NDIS helped you have more choice and control over your life?'.

The desired key system outcome for this measure is that NDIS participants receive the support they need.

System measure: Proportion of participants aged 15–64 who responded 'Yes' to 'Has the NDIS helped you have more choice and control over your life?' after two years in the scheme

Desired outcome: Increase in the proportion

Data source: NDIA Business Systems

Results at baseline: 2021–22 Q2

- In 2021–22 Q2 (baseline quarter), 75% of NDIS participants aged 15–64 responded that the NDIS has helped them to have more choice and control over their life after 2 years in the scheme. This was 3 percentage points higher than in 2018–19 Q1 (72%).
- The overall trend for the period 2018–19 Q1 to 2021–22 Q2 was favourable, generally trending upward with some fluctuation in the earlier quarters (Figure 5.3). Fitting a regression model to the data, there was a modelled increase of 0.36 of a percentage point per quarter and a modelled increase of 6.6% over the reference period.
- In 2021–22 Q2, a slightly greater proportion of female than male NDIS participants reported having more choice and control over their life (77% and 74%, respectively).
- By age group, a higher proportion of participants aged 25–64 reported having more choice and control over their life than participants aged 15–24 (78% and 69%, respectively).

Latest results: 2021–22 Q4

- In 2021–22 Q4, just over three-quarters (76%) of NDIS participants aged 15–64 responded that the NDIS had helped them to have more choice and control over their life after 2 years in the scheme. This was higher than at baseline (2021–22 Q2) (75%), indicating progress since the Strategy began.
- Increases for this measure occurred in both 2021–22 Q3 (0.3 of a percentage point) and 2021–22 Q4 (0.2 of a percentage point) based on unrounded values.
- The observed increases for both quarters were slightly lower than the modelled quarterly increase (0.4 of a percentage point) over the entire period (2018–19 Q2 to 2021–22 Q4).
- The observed increases in 2021–22 Q3 and Q4 are within the range of the quarter-to-quarter changes seen in the historical data. They were smaller than the quarter-to-quarter increases seen for 2021–22 Q1 (0.4 of a percentage point) and 2021–22 Q2 (0.6 of a percentage point).

Things to consider when interpreting results

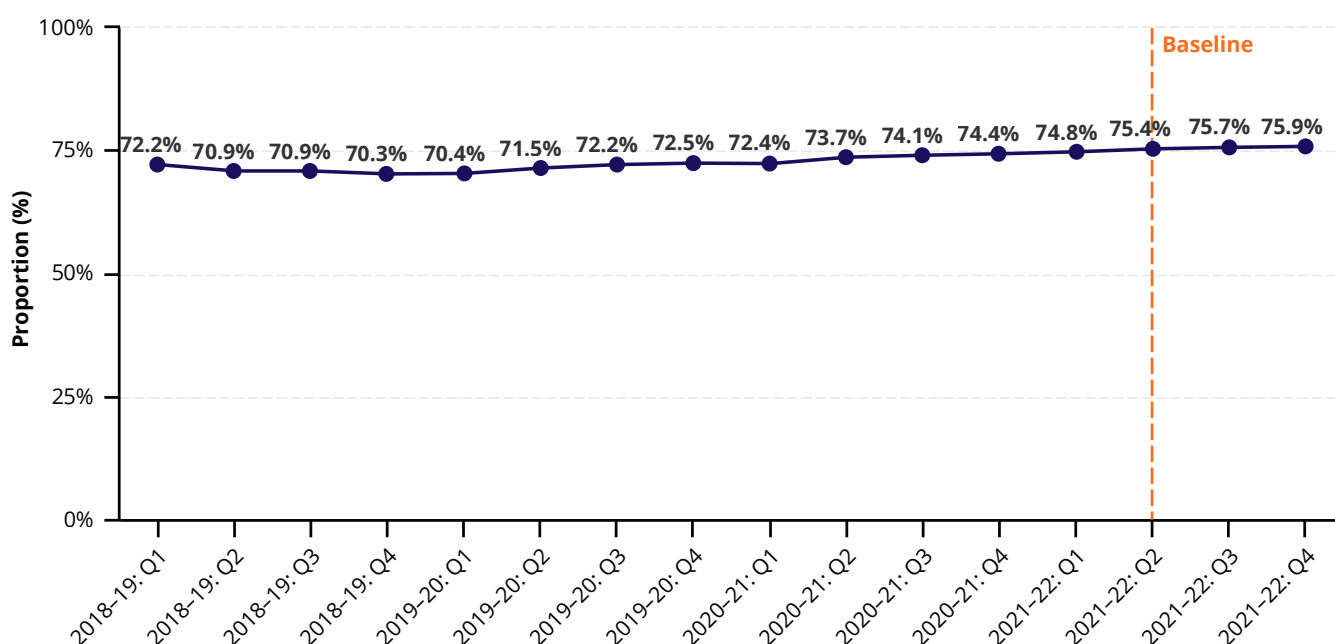
- Time series analysis for the NDIS data presented here provides a series of data points each representing a snapshot of NDIS participants at a given point in time. This is different from the longitudinal approach taken in NDIS reporting.

Latest results: 75.9% (2021–22 Q4)

Baseline: 75.4% (2020–21 Q2)

Progress status (preliminary): Progress

Figure 5.3: Proportion of NDIS participants aged 15–64 who responded ‘Yes’ to ‘Has the NDIS helped you have more choice and control over your life?’ after 2 years in the scheme, 2018–19 Q2 to 2021–22 Q4



Source: NDIA Business System.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | NDIS participants choice and control](#).

Informal and carer supports

The informal support provided by parents, siblings, kinship guardians, other family members and friends is vitally important to people with disability. The support provided is often one of mutual support ([Australia's Disability Strategy 2021–2031](#)).

Informal support can include practical and emotional support, and representing the interests and rights of the person being supported. Acknowledging and supporting those who provide informal care (including voluntary organisations) can increase the participation of people with disability in community life ([Australia's Disability Strategy 2021–2031](#)).

Carer satisfaction with support

Carers are those who provide any informal assistance to people with disability.

Caring can incur health and emotional costs for some informal carers. Access to, and awareness of, carer support services, such as respite care, may alleviate these impacts of caring ([Deloitte Access Economics 2020](#)).

Due to the available data, for the purposes of this measure, carers refer to primary carers. A primary carer is someone over the age of 15 who provides the most informal assistance to a person with disability for the core activities of mobility, self-care and communication ([ABS 2019b](#)).

The desired key system outcome for this measure is that carer support services provide carers of people with disability with appropriate assistance.

System measure: Proportion of carers who are satisfied with the range of services available to assist in caring role

Desired outcome: Increase in the proportion

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, half (50%) of carers, aged 15 and over, of people with disability were satisfied with the range of services available to assist in their caring role.
- The proportion of carers aged 15 and over who were satisfied with the range of services to assist in their caring role was 5 percentage points lower in 2018 than in 2012 (50% and 55%, respectively) (Figure 5.4).
- There was no significant difference in satisfaction with the range of services available to assist in their caring role between males and female carers (55% and 48%, respectively).
- By age group, almost two-thirds of carers aged 65 and over were satisfied (64%) with the range of available service to assist in their caring role. This compares with less than half of those aged 15–44 and 45–64 (43% and 47%, respectively).

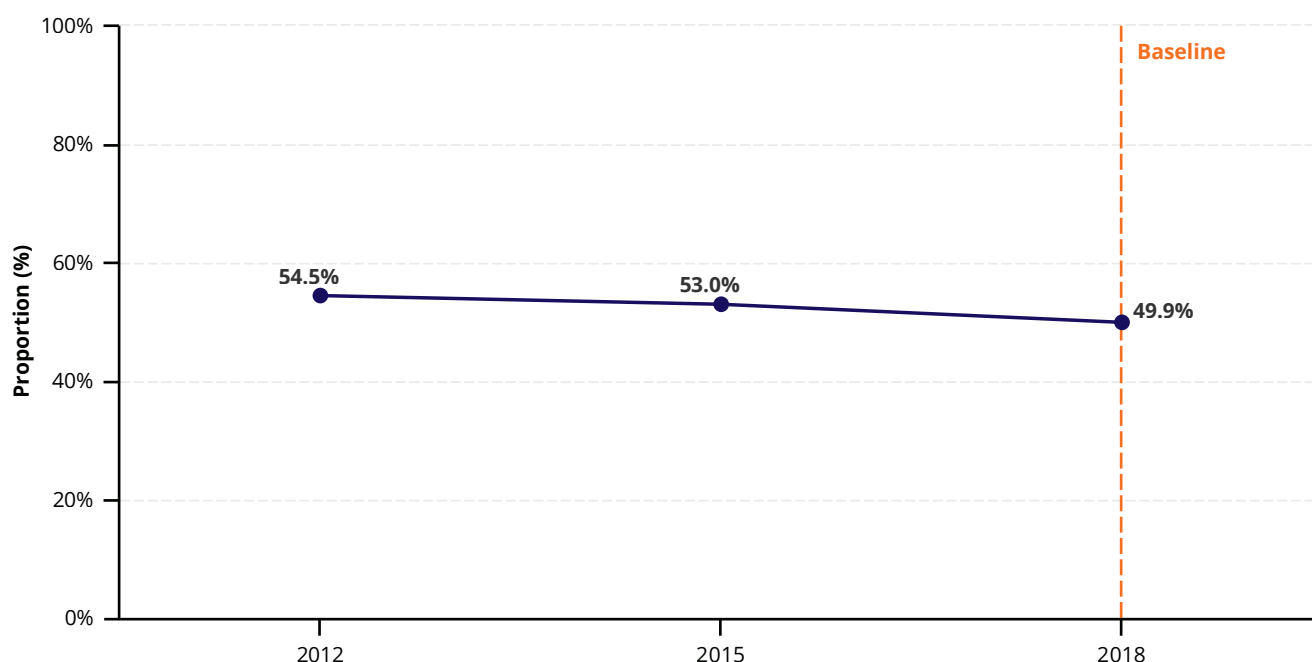
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- Data are restricted to primary carers aged 15 and over living in households, and excludes those who did not know the range of services available or did not answer.

Figure 5.4: Proportion of carers aged 15 and over who are satisfied with the range of services available to assist in caring role, 2012, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Carer satisfaction with support](#).

Access to alternative care

Respite care is a service that provides alternative care arrangements for people with disability ([ABS 2016](#)). Respite care can provide benefits for people with disability as well as their carers. It supports participants by giving them some time away from their families, and carers, by giving them a short break from their caring responsibilities ([NDIS 2022b](#)).

A range of people use respite care for different reasons. However, there may be barriers to accessing these services, such as cost, availability or lack of knowledge about availability ([AIHW 2021b](#)). Due to available data, the population for this measure is restricted to primary carers.

This measure is intended to track the proportion of informal carers of people with disability who report that alternative care arrangements are available and affordable. Due to the nature of the available data, the measure is reported here as:

- proportion of informal carers of people with disability who report no unmet need for respite care.

The desired population outcome for this measure is to see an increase in carers being able to access suitable carer support.

Population measure: Proportion of informal carers of people with disability who report no unmet need for respite care

Desired outcome: Increase in the proportion

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, 86% of carers, aged 15 and over, of people with disability reported no unmet need for respite care.
- Between 2012 and 2018, there was no significant change in the proportion of carers who reported having no unmet need for respite care (ranging between 86% in 2018 and 87% in 2012) (Figure 5.5).
- Male carers were slightly more likely than female carers (89% and 85%, respectively) to report no unmet need for respite care.
- Carers aged 65 and over were most likely to report no unmet need for respite care (92%). There was no significant difference in no unmet need between carers aged 15–44 and 45–64 (82% and 85%, respectively).

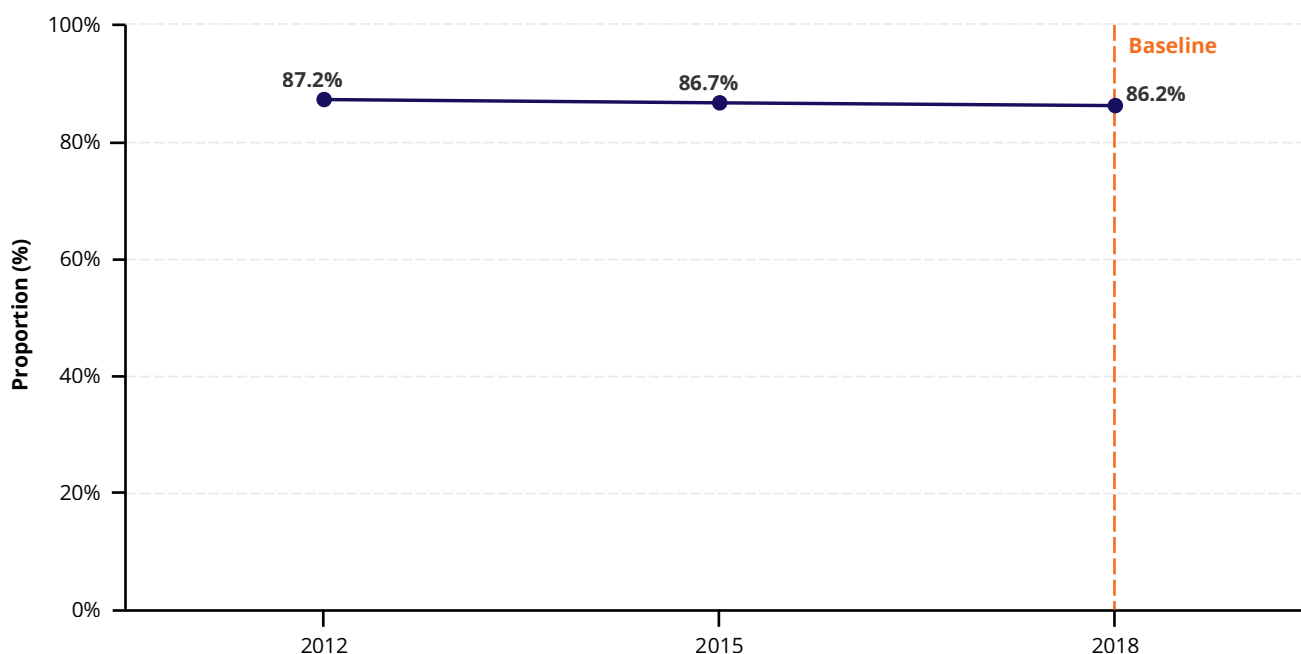
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- Data are restricted to primary carers aged 15 and over living in households.
- Primary carers who have no unmet need for respite care include those who:
 - received respite care in the last 3 months and do not need or do not know if they need it further
 - did not receive respite care in the last 3 months, or have never received respite care, and do not need it or do not know if they need it.

Figure 5.5: Proportion of informal carers aged 15 and over who report no unmet need for respite care, 2012, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Access to alternative care](#).

Availability of assistive technology

Assistive technology comprises devices or systems used by people to make tasks easier. Smart phones and remote controls are examples of such technology used daily by many people. Other types of assistive technology include grab rails, hoists, wheelchairs, hearing aids, text captioning services, home modifications, digital assistive technology, prosthetics and devices to support memory.

For people with disability, access to assistive technology supports inclusion, participation, communication and engagement in all aspects of life ([Australia's Disability Strategy 2021–2031](#)).

NDIS participants use of assistive technology

Assistive technology helps people with disability do things they may not otherwise be able to do (due to their disability) more easily or safely. It is designed to help with everyday tasks and may reduce the need for other supports over time ([NDIS 2022c](#)).

The measure is intended to track the proportion that utilisation of NDIS participants' plans on assistive technology supports. To clarify the intent of the measure, it is reported here as:

- proportion of NDIS participants who received assistive technology supports in the last 12 months.

For reporting, the measure is limited to assistive technology supports valued more than \$1,500.

The desired key system outcome for this measure is that the NDIS provides participants with access to the assistive technology they require.

System measure: Proportion of NDIS participants who received assistive technology supports valued at more than \$1,500 in the last 12 months

Desired outcome: Increase in the proportion

Data source: NDIA Business Systems

Results at baseline: 2021–22 Q2

- In 2021–22 Q2 (baseline quarter), 18% of NDIS participants aged 15–64 received assistive technology supports valued at more than \$1,500 in the previous 12 months.
- The overall trend for the period leading up to and including the baseline (2017–18 Q2 to 2021–22 Q2) was unfavourable, trending downward. A regression model fitted to the data shows a modelled decrease of 0.2 of a percentage point per quarter and a modelled decrease of 16% over the reference period (Figure 5.6).
- In 2021–22 Q2, a slightly higher proportion of female than male NDIS participants received assistive technology supports valued more than \$1,500 (20% and 16%, respectively).
- A higher proportion of NDIS participants aged 25–64 received assistive technology supports valued at more than \$1,500 than those aged 15–24 (21% and 8.0%, respectively).

Latest results: 2021–22 Q4

- In 2021–22 Q4, around 1 in 6 (16.7%) NDIS participants aged 15–64 had received assistive technology supports valued at more than \$1,500 in the previous 12 months. This compares with 17.6% in the 12 months to the baseline (2021–22 Q1), indicating regress since the Strategy began. This drop may reflect the high proportion of participants entering the Scheme during 2022 in autism and developmental delay cohorts (who do not typically need significant assistive technology supports at this level) and ongoing supply chain delays.

- There were decreases in both 2021–22 Q3 (0.7 of a percentage point) and 2021–22 Q4 (0.2 of a percentage point).
- Compared with the modelled quarterly decrease over the period from 2018–19 Q2 to 2021–22 Q4 (0.3 of a percentage point), the observed decrease (0.7 of a percentage point) in 2021–22 Q3 was larger, while in 2021–22 Q4 it was smaller (0.2 of a percentage point).
- The observed decrease in 2021–22 Q3 was the same as that in the previous quarter (2021–22 Q2) (0.7 of a percentage point). The observed decrease for 2021–22 Q4 was within the range of observed quarter-to-quarter changes in the historical data.

Things to consider when interpreting results

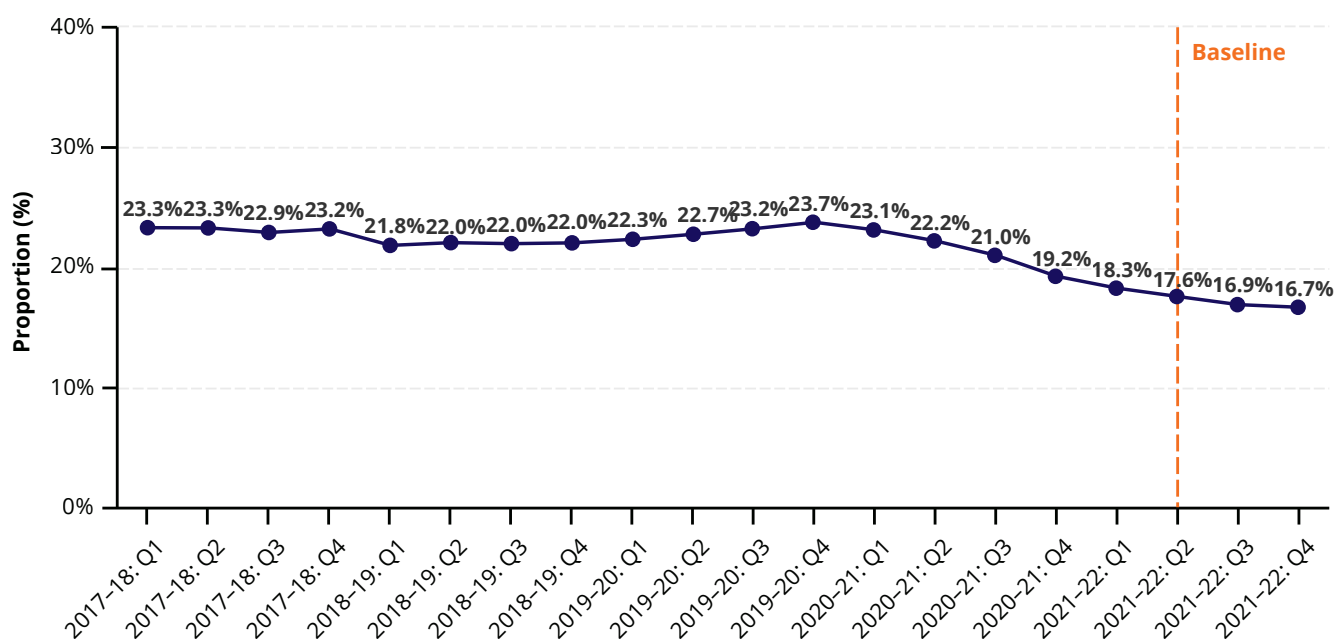
- Time series analysis for the NDIS data presented here provides a series of data points, each representing a snapshot of NDIS participants at a given point in time. This is different from the longitudinal approach taken in NDIS reporting.

Latest results: 16.7% (2021–22 Q4)

Baseline: 17.6% (2020–21 Q2)

Progress status (preliminary): Regress

Figure 5.6: Proportion of NDIS participants aged 15–64 who received assistive technology supports valued more than \$1,500, 2017–18 Q1 to 2021–22 Q4



Source: NDIA Business System.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | NDIS participants use of assistive technology](#).

Additional aids

People with disability may use aids or equipment to assist with their functioning, improve their independence and increase their participation in social and economic life. The use of aids and equipment varies according to a person's living arrangements and their level of impairment ([ABS 2019b](#)).

The desired population outcome for this measure is an increase in the accessibility of assistive technology for people with disability.

Population measure: Proportion of people with disability who do not need additional aids

Desired outcome: Increase in the proportion

Data source: ABS SDAC

This measure will be replaced in the future when available data are improved. During the life of the Strategy, this measure will be replaced by 'Proportion of people with disability who can access the assistive technology they need'.

Results at baseline: 2018

- In 2018, 94% of people with disability (of all ages) did not need additional aids.
- Between 2012 and 2018, there was no change in the proportion of people with disability who did not need additional aids, with the proportion at 94% across all 3 time periods 2012, 2015 and 2018 (Figure 5.7).
- Males with disability reported a slightly higher proportion of not needing additional aids than females with disability (95% and 93%, respectively).
- In 2018, people with disability aged 15–24 (96%) were a little more likely to not need additional aids than those aged 46–64 (93%) and 65 and over (94%).
- People with disability status other than severe or profound were more likely to not need additional aids (97%) than people with [severe or profound disability](#) (87%).

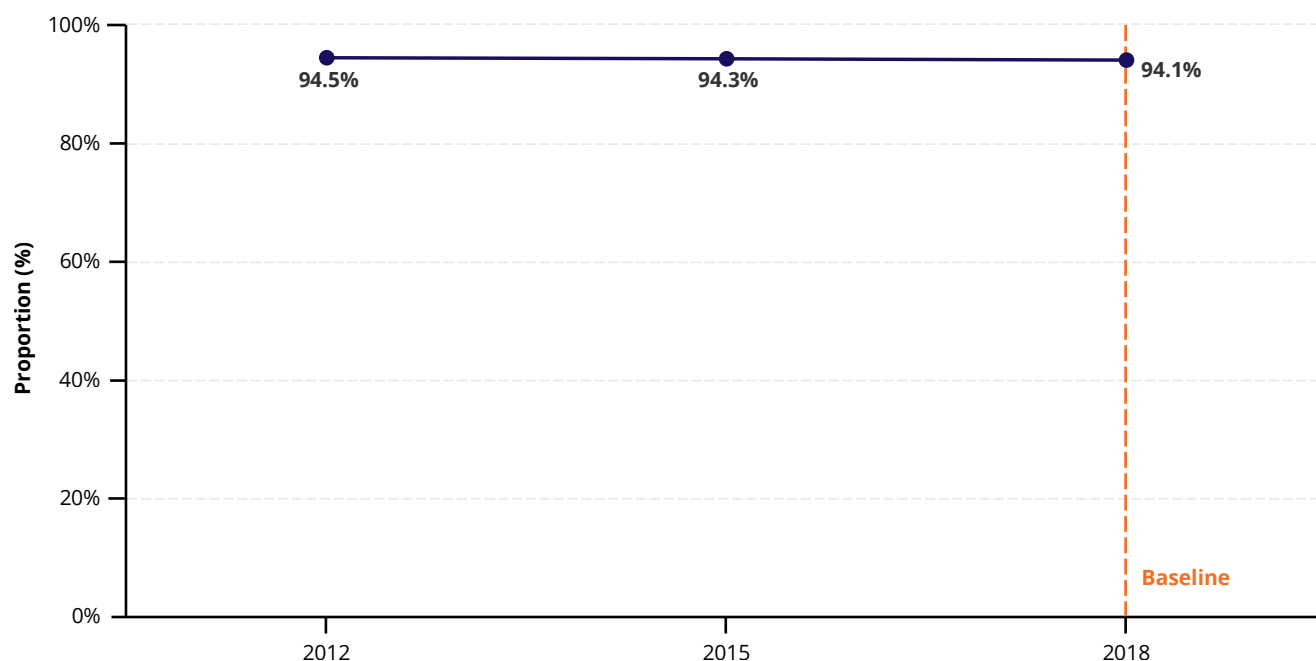
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- Data are restricted to people with disability living in households, excluding those who do not know if they need additional aids.

Figure 5.7: Proportion of people with disability (all ages) who do not need additional aids, 2012, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Additional aids](#).

Future measures

The personal and community support measures listed in Table 5.2 will undergo future data development and will be included in future reports as data become available.

Table 5.2: Personal and community support measures requiring further development

Policy priority	Measure
Availability of support	Proportion of people who report that they can access mainstream support services when they need them ^(a) (population measure)
People with complex, high needs are supported	Proportion of NDIS participants who report systems accessed through their individual support package were effective (population measure)
Availability of assistive technology	Proportion of people with disability who can access the assistive technology they need ^(b) (population measure)

(a) In the future, this measure will replace 'Proportion of people with disability who had their needs fully met'.

(b) In the future, this measure will replace 'Proportion of people with disability who do not need additional aids'.

References

ABS (Australian Bureau of Statistics) (2016) [*Disability, Ageing and Carers, Australia: summary of findings, 2015*](#), ABS website, accessed 15 September 2022.

— (2019a) [*Disability, Ageing and Carers, Australia: summary of findings methodology*](#), ABS website, accessed 15 September 2022.

— (2019b) [*Disability, Ageing and Carers, Australia: summary of findings*](#), ABS website, accessed 15 September 2022.

AIHW (Australian Institute of Health and Welfare) (2021a) [*Specialised supports for people with disability*](#), AIHW, Australian Government, accessed 25 November 2022.

— (2021b) [*Informal carers*](#), AIHW, Australian Government, accessed 15 September 2022.

[*Australia's Disability Strategy 2021–2031*](#) (2021), Department of Social Services, Australian Government, accessed 2 August 2022.

Deloitte Access Economics (2020) [*The value of informal care in 2020*](#), Deloitte Access Economics, accessed 23 September 2022.

NDIS (National Disability Insurance Scheme) (2022a) [*Am I eligible*](#), NDIS website, Australian Government, accessed 21 September 2022.

— (2022b) [*How we can help carers*](#), NDIS website, Australian Government, accessed 21 September 2022.

— (2022c) [*What do we mean by assistive technology?*](#), NDIS website, Australian Government, accessed 23 September 2022.



Education and learning

6

6. Education and learning

Outcome

People with disability achieve their full potential through education and learning

Why is this outcome area important?

Education, both formal and informal, is critical to developing skills and to providing pathways for people with disability to find fulfilling employment and gain financial independence. It also enhances general wellbeing and leads to enriched lives ([Australia's Disability Strategy 2021–2031](#)).

The Disability Standards for Education 2005 clarify the obligations of education and training providers; they seek to ensure that students with disability can access and participate in education on the same basis as students without disability ([Department of Education 2021a](#)).

Despite educational reforms over the last decade, marked gaps remain for students with disability in attaining Year 12 or equivalent, VET qualifications, and participation in university studies ([Australia's Disability Strategy 2021–2031](#)). Preschool education is also an area requiring attention.

What are the policy priorities?

1. **Participation in early childhood education:** Children with disability can access and participate in high-quality early childhood education and care.
2. **Participation in school education:** Build capability in the delivery of inclusive education to improve educational outcomes for school students with disability.
3. **Participation in tertiary education:** Improve pathways and accessibility to further education and training for people with disability.
4. **Participation in informal education (life skills):** People with disability have increased opportunities to participate in accessible and inclusive lifelong learning.

Launch measures

Data for 3 of the 4 policy priorities under this outcome area are available for 3 system measures and 4 population measures (Table 6.1). For future measures requiring development, see [Future measures](#).

Table 6.1: Education and learning reference guide

Policy priority	Launch measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Participation in early childhood education	Proportion of children enrolled in a preschool program in the year before full-time schooling (YBFS) who have disability, compared with proportion of children aged 4 to 5 years who have disability in the community* [¶] (system measure)	2020 [¶]	6.0% preschool 7.6% community	n.a.	n.a.	n.a.	n.a.
Participation in school education	Proportion of people with disability who completed Year 10 [‡] (or equivalent) (population measure)	2018	85.5%	n.a.	n.a.	n.a.	n.a.
Participation in school education	Proportion of people with disability who completed Year 12 [‡] (or equivalent) (population measure)	2018	45.5%	n.a.	n.a.	n.a.	n.a.
Participation in tertiary education	Proportion of VET students with disability (aged 15–64) (system measure)	2021	4.4%	n.a.	n.a.	n.a.	n.a.
Participation in tertiary education	Proportion of undergraduate higher education students with disability (system measure)	2020 [¶]	8.1%	n.a.	n.a.	n.a.	n.a.
Participation in tertiary education	Qualification completion rate for VET students aged 15–64 with disability, compared with students without disability (Population measure)	Cohort 2017–2021	40.0% with disability 46% without disability	n.a.	n.a.	n.a.	n.a.
Participation in tertiary education	Proportion of students with disability who complete a higher education qualification [¶] (population measure)	Cohort 2015–2020 [¶]	50.6%	n.a.	n.a.	n.a.	n.a.

[‡] Measures where wording has been revised to reflect available data more accurately or clarify the measure's intent. See relevant measure section below for more information.

[¶] Pre-baseline data. Will be revised with baseline data for 2021 in the 2023 annual progress report.

n.a. – not available at this time.

Participation in early childhood education

High-quality, affordable and inclusive early childhood education and care help children with disability and their families to succeed in life. Such early education and care benefit children's primary education years and can support future success not only in educational attainment and employment, but also in economic and social participation ([Australia's Disability Strategy 2021–2031](#)).

Preschool enrolment

Preschool programs are structured, play-based learning programs which are delivered by a qualified teacher and aimed at children in the year or two before starting full-time schooling ([SCRGSP 2019](#)).

In Australia, preschool attendance is not compulsory. However, recognising its benefits, the Australian and state and territory governments agreed to the Preschool Reform Agreement, to support delivery of 600 hours of preschool for all children in the year before school ([FFR 2021](#)).

This measure is intended to track the proportion of children with disability enrolled in a preschool program the year before full-time schooling (YBFS) compared with representation in community. Data limitations associated with this measure mean that it cannot be reported as specified in the Outcomes Framework, as estimated resident population data for children with disability are not available. For this reason, the proportion of children with disability enrolled in preschool is compared with the estimated prevalence of children with disability in Australia. Disability prevalence is sourced from the ABS SDAC, the best source for this data. The measure is reported as:

- proportion of children enrolled in a preschool program in the YBFS who have disability, compared with the proportion of children aged 4 to 5 years who have disability in community.

The desired key system outcome for this measure is that the preschool system supports children with disability to achieve their full potential.

System measure: Proportion of children enrolled in a preschool program in the YBFS who have disability, compared with the proportion of children aged 4 to 5 years who have disability in the community

Desired outcome: Proportion of children enrolled in a preschool program in the YBFS who have disability to reflect their representation in the community

Data source: Report on Government Services (RoGS)

Pre-baseline results: 2020

- In 2020, the proportion of children with disability who were enrolled in a preschool program in the YBFS was 6.0%, a little lower than the proportion of children with disability aged 4–5 in the community in 2018 – the latest year for which prevalence data for disability from the ABS SDAC are available (7.6%; 95% CIs 6.2–9%).
- The proportion of children with disability who were enrolled in a preschool program in the YBFS in 2020 (6.0%) was a little lower than results for both 2018 (6.2%) and 2019 (6.8%), where results were closer to the proportion of children with disability aged 4–5 years in the community in 2018 (7.6%; 95% CI 6.2–9%) (Figure 6.1).
- Data are not currently available for reporting this measure by gender.

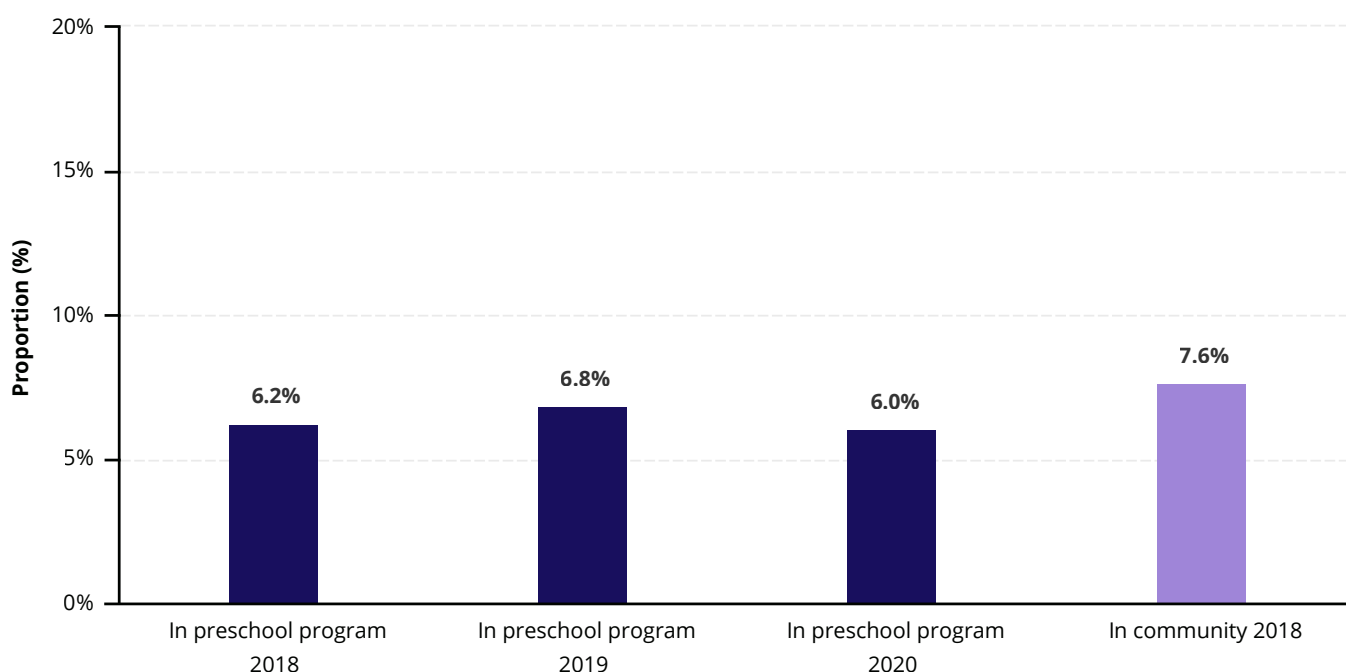
Results at baseline: 2021

Updated data are not yet available for this measure. Baseline data from the annual RoGS are expected to be available in early 2023 and will be included in the 2023 annual report and on the [Australia's Disability Strategy Outcomes Framework webpages](#) in the first half of 2023.

Things to consider when interpreting results

- While the best available sources have been used for this measure, care should be taken in comparing results as the data come from 2 different sources.
- The YBFS population is an estimate of a single year cohort for the population that will transition to full-time schooling in the following year. Preschool starting age varies across jurisdictions and the YBFS population age range is specific to each state or territory. Data are not directly comparable across jurisdictions but are comparable across years for jurisdictions.

Figure 6.1: Proportion of children enrolled in a preschool program in the YBFS with disability, 2018 to 2020, compared with the proportion of children aged 4 to 5 with disability in the community, 2018



Source: Steering Committee for the Review of Government Service Provision. Report on government services, Part B: child care, education and training. Chapter 3. Early Childhood Education and Care, 2020, 2021, 2022.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Preschool enrolment](#).

Participation in school education

Students with disability have the right to access and participate in education on the same basis as students without disability. They also have the right to be educated in an environment free from bullying, harassment or exclusion ([Australia's Disability Strategy 2021–2031](#)).

Accessibility and inclusion strategies have supported increased secondary school completion for some students with disability. However, people with disability have been more likely to leave school at younger ages and have lower levels of educational attainment ([AIHW 2022a](#)).

Reducing the gaps in educational attainment between people with and without disability is essential to improve lifetime outcomes for people with disability ([Australia's Disability Strategy 2021–2031](#)).

Year 10 completion

In Australia, it is mandatory for young people to complete year 10 or an approved equivalent and to continue full-time education, employment or training (or a combination) until at least age 17 under the National Youth Participation Requirement ([ACARA 2011](#); [SCRGSP 2022](#)).

This measure is intended to track the proportion of students with disability who complete Year 10 or equivalent. Due to a lack of data available for reporting on students specifically, the measure is reported here as:

- proportion of people with disability who completed Year 10 (or equivalent).

The desired population outcome for this measure is to see an increase in young people with disability completing secondary school. Reporting is restricted to people aged 20–64.

Population measure: Proportion of people with disability who completed year 10 (or equivalent)

Desired outcome: Increase in the proportion

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, more than 8 in 10 (86%) people with disability, aged 20–64, had completed Year 10 (or equivalent).
- The proportion of people with disability aged 20–64 who had completed Year 10 (or equivalent) consistently increased over the period from 2012 to 2018 (Figure 6.2). It rose 3 percentage points between 2012 and 2015 (from 79% to 82%) and a further 4 percentage points between 2015 and 2018 (from 82% to 86%).
- In 2018, the Year 10 (or equivalent) completion rate for males with disability was lower than that for females with disability (84% and 87%, respectively).
- Rates of Year 10 (or equivalent) completion by age group differed between the younger age groups and those aged 45–64. Those aged 20–24 and 25–44 had similarly high completion rates (91% and 90%, respectively). The rate for those aged 45–64 (83%) was 8 percentage points lower than that for those aged 20–24.
- Rates of Year 10 (or equivalent) completion varied by the severity of disability. People with [severe or profound disability](#) were less likely to have completed Year 10 (or equivalent) (80%) than people with other disability (87%).

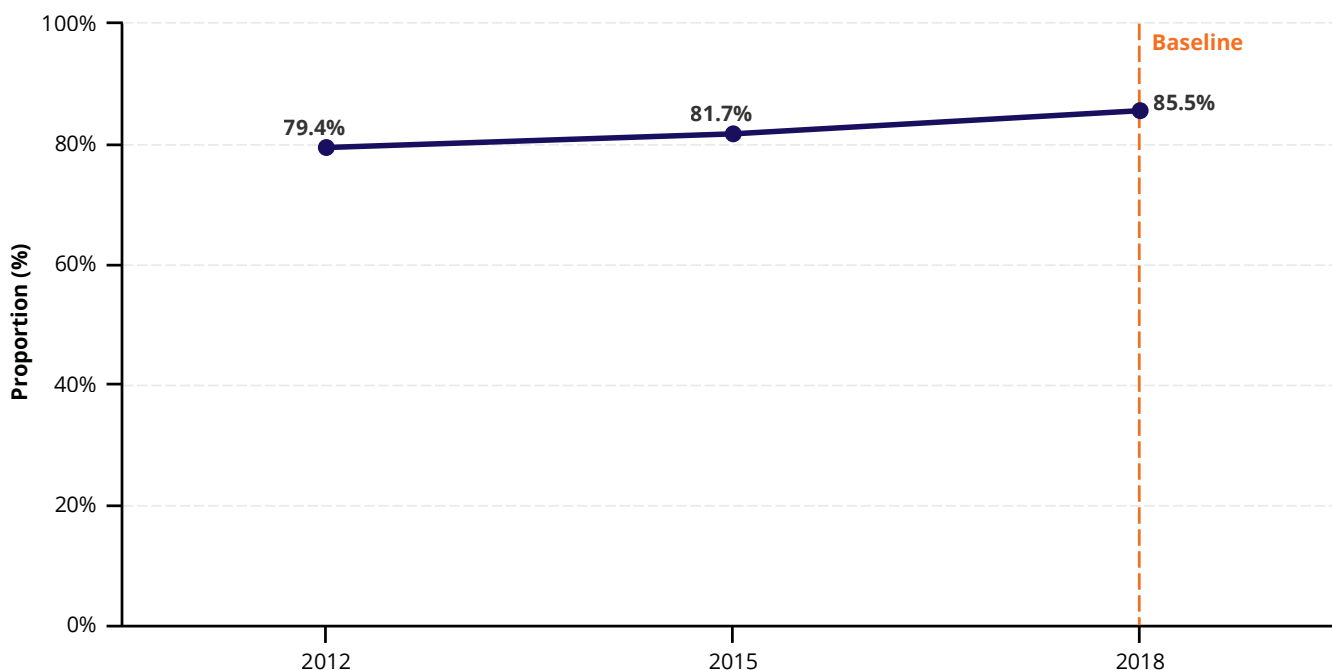
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- Data for this measure are restricted to people with disability aged 20–64 living in households, excluding those who never attended school.

Figure 6.2: Proportion of people with disability aged 20–64 who completed Year 10 (or equivalent), 2012, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Year 10 completion](#).

Year 12 completion

A key measure of educational achievement is completing Year 12 or an equivalent non-school qualification (including VET qualifications). Year 12 completion is not mandatory in Australia; however, those who do complete it are more likely to participate in further education or training, and transition successfully into the workforce ([ABS 2011](#)).

This measure is intended to track the proportion of students with disability who complete Year 12 or equivalent. Due to a lack of data available for reporting on students specifically, the measure is reported here as:

- proportion of people with disability who completed Year 12 (or equivalent).

The desired population outcome of this measure is to see an increase in young people with disability completing secondary school. Reporting is restricted to people aged 20–64.

Population measure: Proportion of people with disability who completed year 12 (or equivalent)

Desired outcome: Increase in the proportion

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, more than 2 in 5 (45%) people with disability, aged 20–64, had completed Year 12 (or equivalent).
- The Year 12 (or equivalent) completion rate has consistently increased over the 3 reporting periods from 2012 to 2018 (Figure 6.3). It rose 5 percentage points between 2012 and 2015 (from 37% to 42%) and a further 4 percentage points between 2015 and 2018 (from 42% to 46%).
- Year 12 (or equivalent) completion rates were a little lower among males with disability than among females with disability (42% and 49%, respectively).
- Rates of Year 12 (or equivalent) completion varied between the younger age groups and those aged 45–64. The age groups 20–24 and 25–44 had the highest completion rates (67% and 58%, respectively). The rate for those aged 45–64 (37%) was 30 percentage points lower than that for 20–24-year-olds.
- In 2018, completion rates varied by the severity of disability; 41% of those with [severe or profound disability](#) had completed Year 12 (or equivalent) compared with 47% of those with other disability.

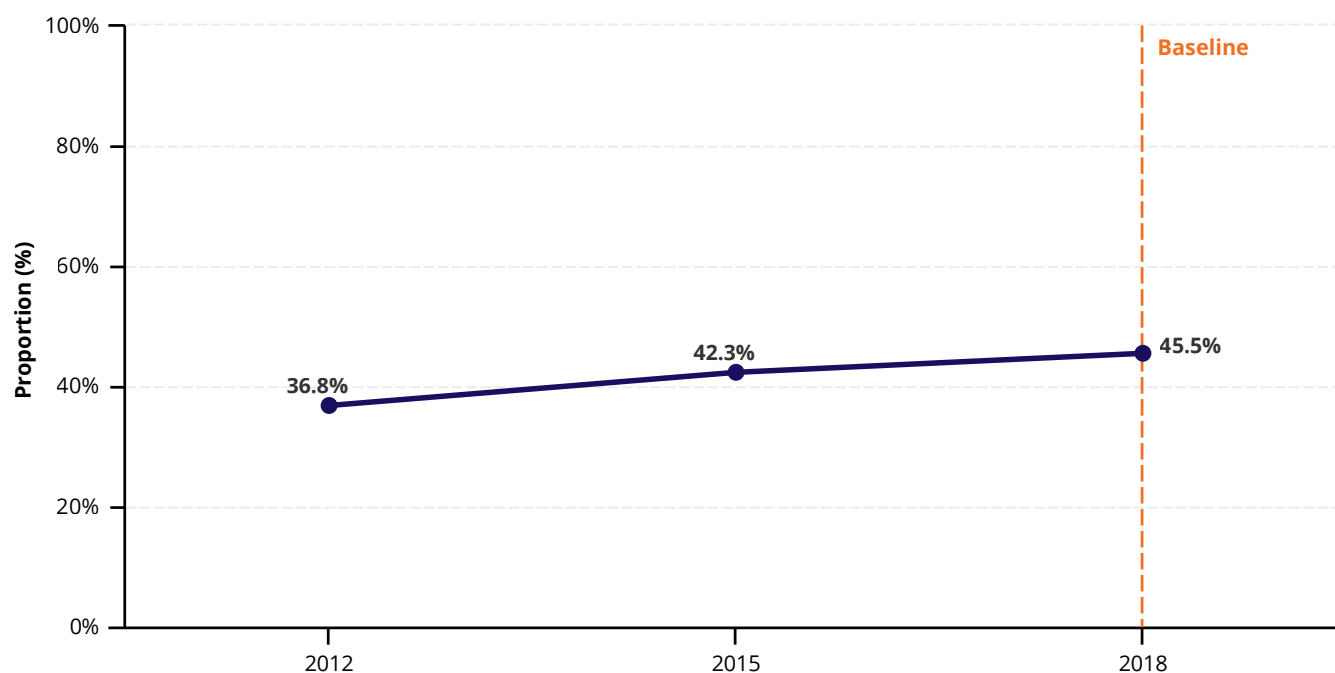
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- Data are restricted to people with disability aged 20–64 living in households, excluding those who never attended school.

Figure 6.3: Proportion of people with disability aged 20–64 who completed Year 12 (or equivalent), 2012, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Year 12 completion](#).

Participation in tertiary education

Improving pathways and accessibility to post-school education and training for people with disability assists them to achieve their full potential, and to access the same opportunities as Australians without disability ([Australia's Disability Strategy 2021–2031](#)). Having a higher level of education generally results in better employment outcomes and higher income, which are both key factors in economic security and independence ([AIHW 2022b](#)).

VET participation

A focus for the VET sector is on providing individuals with the skills they need to get a job or change jobs. The VET sector supports the development of technical and employability skills to participate productively in the workforce ([NCVER 2020](#)). VET is also an important pathway for educational re-engagement for early school leavers ([Lim 2022](#)). The desired key system outcome of this measure is that VET supports people with disability to continue their learning.

Data are for domestic VET students.

System measure: Proportion of VET students with disability (aged 15–64)

Desired outcome: Increase in the proportion

Data source: NCVER

Results at baseline: 2021

- In 2021, the proportion of domestic VET students with disability aged 15–64 was 4.4%.
- The proportion of domestic VET students with disability aged 15–64 has changed little over the period from 2017 to 2021, remaining at less than 5% and ranging between 4.3% (2017 to 2019) and its highest point of 4.6% in 2020 (Figure 6.4).
- In 2021, the proportion of male VET students with disability (4.1%) was slightly lower than that for female VET students with disability (4.9%).
- There was a higher proportion of VET students with disability aged 15–24 (5.6%) than aged 25–44 (3.3%) and 45–64 (4.8%).

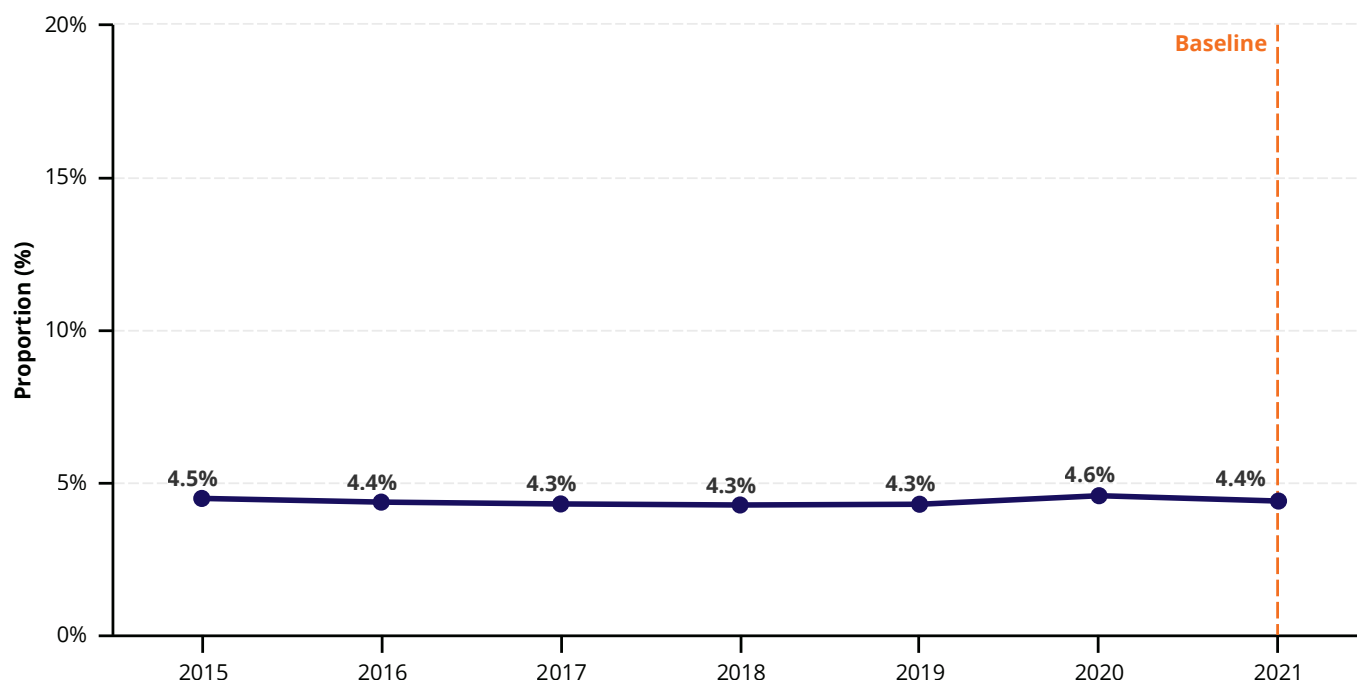
Latest results

Updated data are not yet available for this measure. New data from NCVER are expected to be available in 2023 and will be included in the 2023 annual report.

Things to consider when interpreting results

- Data for VET domestic student numbers has a relatively high proportion of students for whom disability status was unknown; results should thus be treated with some caution. In 2021, disability status was unknown for 11.6% of students, a drop since 2017 (14.9%).

Figure 6.4: Proportion of domestic VET students with disability aged 15–64, 2017 to 2021



Source: NCVER 2022, Australian vocational education and training statistics: Total VET students and courses 2021 (DataBuilder)

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | VET participation](#).

Undergraduate participation

Undergraduate higher education develops students' skills and knowledge to prepare them for more highly skilled or professional employment. It is also a pathway to postgraduate study. Undergraduate study in Australia includes an undergraduate certificate, a diploma or advanced diploma that is not accredited as a VET award, an associate degree, a bachelor degree or an honours program ([DE 2021b](#)).

The desired key system outcome for this measure is that the higher education system supports people with disability to participate in higher education.

Data are for domestic students aged 15 and over at [Table A and B providers](#) only (that is, public universities and private universities that receive Australian Government assistance) ([TCSI 2021](#)).

System measure: Proportion of undergraduate higher education students with disability

Desired outcome: Increase in the proportion

Data source: Higher Education Statistics Collection

Pre-baseline results: 2020

- In 2020, the proportion of domestic undergraduate higher education students with disability aged 15 and over was 8.1%. This was 3.1 percentage points higher than the proportion in 2011 (5.0%) (Figure 6.5).
- The proportion of domestic undergraduate higher education students with disability consistently increased between 2011 and 2020. Fitting a regression model to the data shows a modelled increase of 0.4 of a percentage point per year and a modelled increase of 66% over the reference period.
- The number of domestic undergraduate higher education students with disability in 2020 (62,900) was twice as high as the number in 2011 (30,600). Fitting a regression model to the data shows an increase in the number of students of 3,610 per year and a modelled increase of 108% over the reference period.
- In 2020, the proportion of male students with disability (6.9%) was a little lower than the proportion of female students with disability (8.8%). The proportion of students with disability in the category indeterminate/intersex or unspecified was 32%. However, it should be noted that the number of students in this category is relatively low compared with the number of male and female students (335 compared with 22,100 males and 40,500 females). This may affect comparability.
- The proportion of students with disability increases with age. While 7.2% of those aged 15–24 were students with disability, the proportion increased to 9.7% for those aged 25–44, 13% for those aged 45–64 and 14% for those aged 65 and over. However, it should also be noted that the number of students with disability fell with age. While 41,300 students were aged 15–24, only 310 students with disability were aged 65 and over.

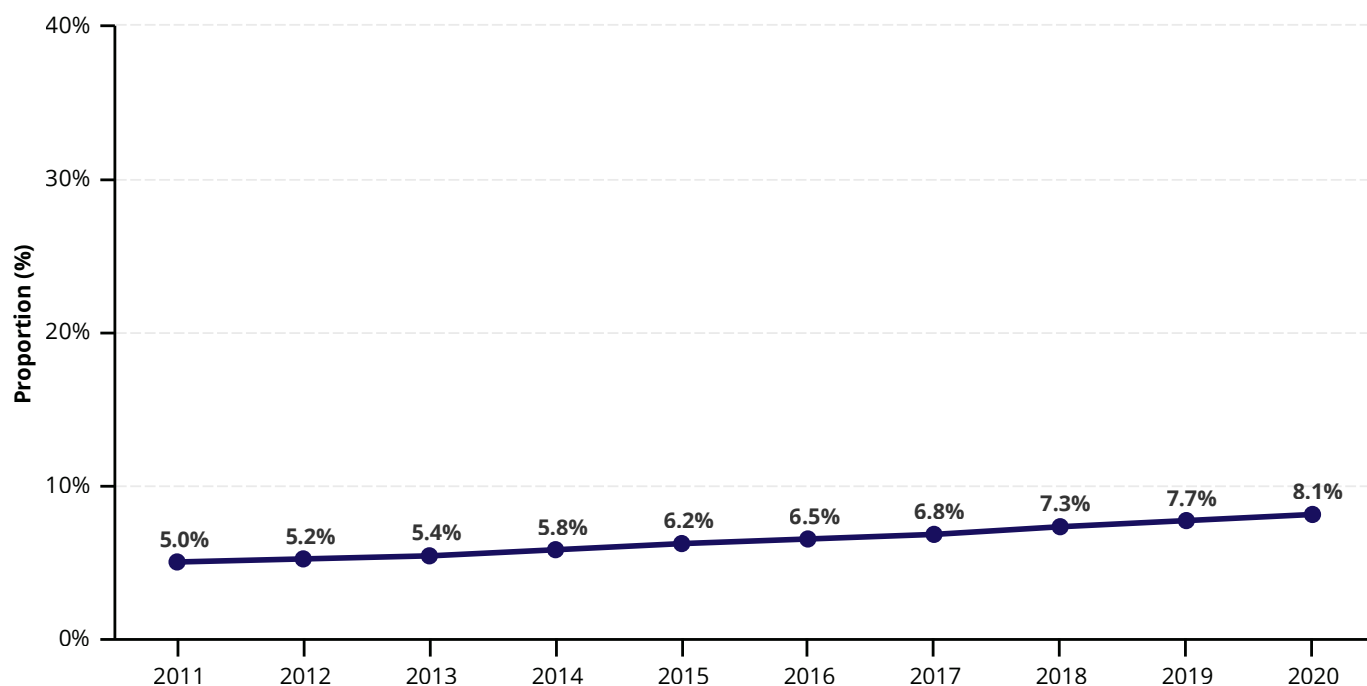
Baseline results: 2021

Data for the baseline year (2021) are not yet available for this measure. Data from the Department of Education's 2021 Higher Education Statistics Collection are expected to be available for inclusion in the 2023 annual report.

Things to consider when interpreting results

- Data on disability status are self-identified. This means that if a student does not self-identify, the student is considered to be without disability for the purposes of the data collection.
- Some of the increase in the proportion of undergraduate higher education students with disability since 2011 may, in part, reflect improved disability disclosure or data collection practices. However, currently it is not possible to quantify this.

Figure 6.5: Proportion of undergraduate higher education students with disability aged 15 and over, 2011 to 2020



Source: Department of Education Higher Education Statistics Collection.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Undergraduate participation](#).

VET completion

Experiencing disability can substantially disrupt the educational attainment of young people. As a result, course completion rates tend to be lower among students with disability than among those without disability ([Fossey et al. 2015](#)).

The baseline rates reported here are observed actual completion rates for the cohort 2017–2021 – that is, students who started their qualifications in 2017 and completed them by 2021. This cohort analysis is based on the assumption that enough time has passed for all students who were going to complete their qualification to have done so.

A desired population outcome of the Strategy is an increase in young people transitioning into further study, training and completion of qualifications. This measure focuses on qualification completions.

Data are for domestic VET students.

Population measure: Qualification completion rate for VET students aged 15–64 with disability, compared with students without disability

Desired outcome: Reduction in gap

Data source: NCVER

Results at baseline: Cohort 2017–2021

- In 2021, the qualification completion rate for domestic VET students with disability aged 15–64 for cohort 2017–2021 was 40% compared with 46% for those without disability.
- Between cohorts 2015–2019 and 2017–2021, the completion rate for students with disability increased from 38.5% to 40.0% (1.5 percentage points). For students without disability, it increased from 42.9% to 46.3% (3.4 percentage points) (Figure 6.6). However, the gap in completion rates between students with disability and students without disability was:
 - 4.4 percentage points for cohort 2015–2019
 - 4.5 percentage points for cohort 2016–2020
 - 6.2 percentage points for cohort 2017–2021.
- For cohort 2017–2021, completion rates for VET students with disability varied by gender but were lower for students with disability than for students without disability for both males (37% compared with 43%) and females (43% compared with 50%). The difference between male VET students with and without disability (6 percentage points) was similar to that between female VET students with and without disability (7 percentage points). However, females, both with and without disability, had higher completion rates than their male counterparts.
- For cohort 2017–2021, completion rates varied by age group, but were consistently lower for students with disability than for those without disability. The youngest age group (15–24-year-olds) had the highest completion rates for students with and without disability (46% and 50%, respectively). This age group also had the smallest difference in completion rates between students with and without disability (4.1 percentage points). The largest difference in completion rates between students with and without disability was observed in the 25–44 age group (10 percentage points).

Latest results

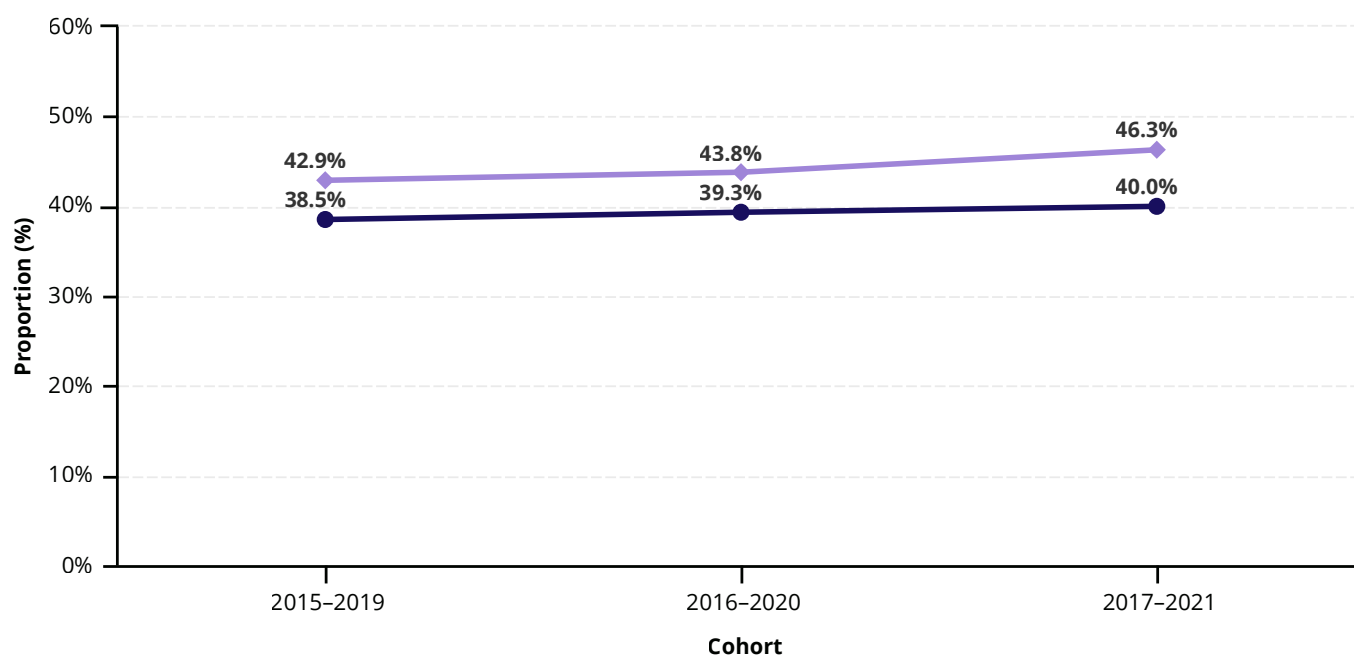
Updated data are not yet available for this measure. New data from NCVER are expected to be available in 2023 and will be included in the 2023 annual report.

Things to consider when interpreting results

These data on VET completion rates have a relatively high proportion of students for whom disability status was unknown, and results should be treated with some caution. For cohort 2017–2021, disability status was unknown for 18% of enrolled students, a little higher than for cohorts 2016–2020 (17%) and 2015–2019 (15%).

- While completion rates improved, the number of VET students with and without disability who completed their qualification dropped. The number of students with disability in cohort 2017–2021 who completed their qualification was 8.0% lower (or 3,800 fewer) than for cohort for 2015–2019. For those without disability, it was 21% lower (or 138,800 fewer students).

Figure 6.6: Qualification completion rate for VET students aged 15–64 with and without disability, cohorts 2015–2019, 2016–2020 and 2017–2021



Source: NCVER 2022. Australian vocational education and training statistics: total VET students and courses 2021 (customised data request).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, visit [Australia's Disability Strategy Outcomes Framework | VET completion](#).

Higher education completion

Higher education in Australia consists of undergraduate (see [Undergraduate participation](#) for definition) and postgraduate study. Post-graduate awards include a graduate certificate that is not accredited as a VET award, a graduate diploma that is not accredited as a VET award, a master's degree, and a doctoral degree ([DE 2021b](#)).

The desired population outcome of the Strategy is for there to be an increase in young people with disability transitioning into further study, training and completing qualifications. This measure focuses on students with disability who complete their higher education qualification.

Higher education qualification completion rates presented here are based on cohort analyses that track higher education student outcomes over time. Data relate to higher education students who commenced their studies in a given year and completed their studies over a 6-year period. For example, cohort 2015–2020 are students who commenced their studies in 2015 and completed them in any year between 2015 and 2020.

Data are for domestic onshore undergraduate and post-graduate students at [Table A and B providers](#) only (that is public universities and private universities that receive Australian Government assistance).

Population measure: Proportion of students with disability who complete a higher education qualification

Desired outcome: Increase in the proportion

Data source: Higher Education Statistics Collection

Pre-baseline results: cohort 2015–2020

- Of domestic students with disability aged 15 and over who commenced their studies in 2015, just over half (51%) had completed a higher education qualification (undergraduate or post-graduate) by 2020 (cohort 2015–2020) (Figure 6.7). This compares with 55% for cohort 2005–2010.
- The proportion of domestic students with disability who completed a higher education qualification over a 6-year period has consistently fallen over time (Figure 6.7).
- Fitting a regression model to the data for cohorts 2005–2010 to 2015–2020, there was a modelled decrease of 0.5 of a percentage point per year and a modelled decrease of 8.2% over the reference period.
- Results for cohort 2015–2020 may have been affected by restrictions associated with COVID-19. The decrease between cohorts 2014–2019 and 2015–2020 was 1 percentage point, compared with the modelled average 0.5 percentage decrease per year.
- While the proportion of students completing a higher education qualification has fallen, the number of students with disability who completed a higher education qualification has consistently increased over the reference period. Nine thousand students with disability in the 2015–2020 cohort completed their qualification, compared with 4,400 students in the 2005–2010 cohort. Fitting a regression model to the data shows a modelled increase in the number of students of 520 per year and a modelled increase of 137% over the reference period. It should be noted that the size of the increase, in part, reflects the relatively small size of the cohort of students with disability.
- For the cohort 2015–2020, the completion rate was a little lower for males with disability than for females with disability (50% and 51%, respectively).
- Completion rates varied by age, with the youngest age group (15–24-year-olds) having the highest completion rate (56%). The lowest rate was for the age group 45–64 (37%).

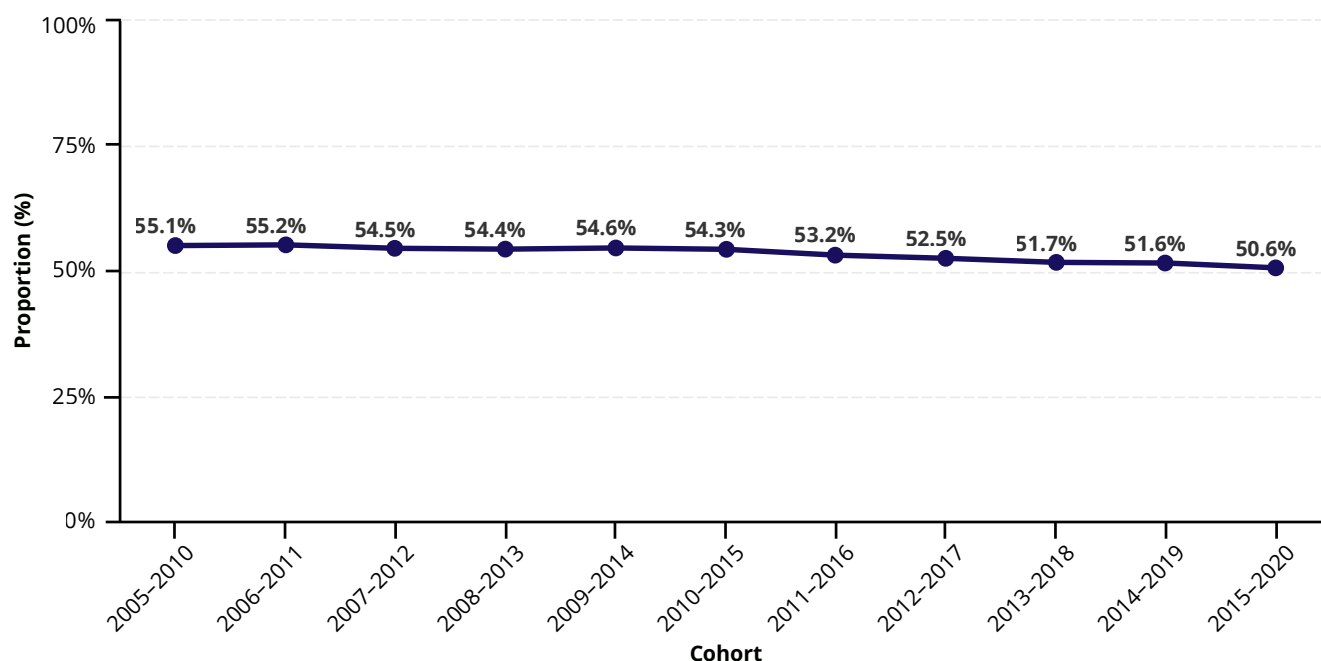
Baseline results: cohort 2016–2021

Data for the baseline cohort 2016–2021 are not yet available for this measure. Data from the Department of Education 2021 Higher Education Statistics Collection are expected to be available for the 2023 annual report.

Things to consider when interpreting results

- Of the student cohorts who had not completed their degree within the reported 6-year period, many are still engaged in their study, and have the potential to do so over a longer period. Future reports will include data on the proportion who are still studying as additional context. For data relating to completions over a 9-year period, see [First annual report | Data tables: Education and Learning](#).
- The data presented for this measure do not take into account that some students with disability may be studying part time, which is a factor in completion times. For the student population as a whole (that is, students with and without disability), lower completion rates may be observed in the older student cohort as they are more likely to be part-time students ([DE 2017](#)).

Figure 6.7: Proportion of students with disability aged 15 and over who completed a higher education qualification, cohorts 2005–2010 to 2015–2020



Source: Department of Education Higher Education Statistics Collection.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Higher education completion](#).

Participation in informal education

Lifelong learning has many benefits, including the acquisition of knowledge and the development of skills. Lifelong learning can also facilitate career advancement. Opportunities for learning should be equally accessible to people with disability in both formal and informal settings. These include adult and community education, continuing education and training, professional development and self-directed learning ([Australia's Disability Strategy 2021–2031](#)).

Data are not yet available for measures under this policy priority (see also below).

Future measures

The education and learning measures listed in Table 6.2 will undergo future data development and will be included in future reports as data become available.

Table 6.2: Education and learning measures requiring further development

Policy priority	Measure
Participation in early childhood education	Proportion of children with disability who meet school readiness indicators in first year of school (population measure).
Participation in school education	Proportion of students with disability attending school 90% or more of the time (system measure).
Participation in school education	Proportion of students with disability in Year 9 achieving at or above the national minimum standard for reading (system measure).
Participation in informal education	Proportion of people with disability who reported satisfaction with their access to Active Communication Education (ACE) (system measure).
Participation in informal education	Proportion of people with disability who report having participated in an informal learning activity in the last 12 months (population measure).

References

- ABS (Australian Bureau of Statistics) (2011) [Year 12 attainment](#), ABS website, accessed 16 June 2022.
- ACARA (Australian Curriculum, Assessment and Reporting Authority) (2011) [National Report on Schooling in Australia 2011](#), ACARA website, accessed 2 August 2022.
- AIHW (Australian Institute of Health and Welfare) (2022a) 'Educational attainment', [People with disability in Australia](#), AIHW, Australian Government, accessed 3 August 2022.
- (2022b) 'Education and skills', [People with disability in Australia](#), AIHW, Australian Government, accessed 25 November 2022.
- [Australia's Disability Strategy 2021–2031](#) (2021), Department of Social Services, Australian Government, accessed 16 June 2022.
- Department of Education (2017) [Completion rates of higher education students – cohort analysis, 2005–2014](#), Department of Education website, Australian Government, accessed 3 August 2022.
- (2021a) [Disability Standards for Education 2005](#), Department of Education website, Australian Government, accessed 2 August 2022.
- (2021b) [Courses of study](#), Department of Education website, Australian Government, accessed 3 August 2022.
- FFR (Federal Financial Relations) (2021) [Preschool Reform Agreement](#), FFR, Australian Government, accessed 27 October 2022.
- Fossey E, Chaffey L, Venville A, Ennals P, Douglas J and Bigby C (2015) [Supporting tertiary students with disabilities: individualised and institution-level approaches in practice](#), NCVER, accessed 2 August 2022.
- Lim P (2022) [VET as a re-engagement pathway for early school leavers](#), NCVER, accessed 2 August 2022.
- NCVER (National Centre for Vocational Education Research) (2020) [Workforce-ready: challenges and opportunities for VET](#), NCVER, accessed 3 August 2022.
- SCRGSP (Steering Committee for the Review of Government Service Provision) (2019) [Report on Government Services 2019, volume B: Child care, education and training](#), Productivity Commission, Australian Government, accessed 2 August 2022.
- (2022) [Report on Government Services 2022, School education](#), Productivity Commission, Australian Government, accessed 2 August 2022.
- TCSI (Tertiary Collection of Student Information) (2021) [Glossary](#), TCSI website, accessed 16 June 2022.



Health and wellbeing

7

7. Health and wellbeing

Outcome

People with disability attain the highest possible health and wellbeing outcomes throughout their lives

Why is this outcome area important?

Good health and wellbeing are critical determinants of a person's quality of life. The Strategy focuses on physical aspects of health and wellbeing as well as improving mental health outcomes for people with disability. Addressing the social, cultural and economic determinants of health and wellbeing is an important part of this ([Australia's Disability Strategy 2021–2031](#)).

What are the policy priorities?

1. **Health and wellbeing:** All health service providers have the capabilities to meet the needs of people with disability.
2. **Prevention and early intervention:** Health services are timely, comprehensive, appropriate and effective to support better overall health and wellbeing.
3. **Mental health:** Supports and services are appropriate, effective and accessible for people with disability.
4. **Emergency responses:** Disaster preparedness, risk management plans and public emergency responses are inclusive of people with disability, and support their physical and mental health, and wellbeing.

Launch measures

Data for 3 policy priorities under this outcome area are available for 2 system measures, and 4 population measures (Table 7.1). For future measures requiring development, see [Future measures](#).

Table 7.1: Health and wellbeing reference guide

Policy priority	Launch measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Health and wellbeing	Proportion of people with disability who reported unmet need for hospital admission in the last 12 months ^(a) (system measure)	2018	10.4%	n.a.	n.a.	n.a.	n.a.
Health and wellbeing	Proportion of people with disability who reported excellent, very good or good health compared with people without disability (population measure)	2018	68.8% <i>with disability</i> 94.3% <i>without disability</i>	n.a.	n.a.	n.a.	n.a.
Prevention and early intervention	Number of people with disability with GP-type emergency department presentations (system measure)	2017–18	<i>disability</i>	n.a.	n.a.	n.a.	n.a.
Prevention and early intervention	Proportion of people with disability with difficulty accessing medical facilities (GP, dentist, hospital) ^(b) (population measure)	2018	119,478	n.a.	n.a.	n.a.	n.a.
Mental health	Proportion of adults with disability with high or very high levels of psychological distress (population measure)	2018	13.8%	n.a.	n.a.	n.a.	n.a.
Mental health	Proportions of NDIS participants who report feeling satisfied about their life in general now and in the future (population measure)	2018	30.7%	n.a.	n.a.	n.a.	n.a.
		2020–21	45.7%	2021–22	47.3%	1.6 pp	Progress ^{##}

^{##} Confidence status: Care should be taken when looking at the reported progress status for this measure as there is some uncertainty in the data.

GP – general practitioner; n.a. – not available; pp – percentage points.

(a) This measure will be replaced in the future by 'Number of potentially avoidable deaths in hospital for people with disability compared with people without disability'.

(b) This measure will be replaced in the future by 'Proportion of people with disability who accessed prevention and early intervention services in the last 12 months without difficulty, compared with people without disability'.

Health and wellbeing

Poorer health experiences among people with disability can be due to inadequate access to health care or the provision of inadequate care. Health care issues can include access to health services; the appropriateness of equipment, training or facilities; the operation of health systems and processes; and health care worker attitudes ([Australia's Disability Strategy 2021–2031](#)).

Ensuring that health service providers have the capabilities to meet the needs of people with disability is essential to attaining the highest possible health and wellbeing outcomes for people with disability.

Unmet hospitalisation needs

A key system outcome of the Strategy is that hospitals provide high-quality and suitable services to people with disability. Currently, a transitional measure on unmet need for hospital admission is being reported.

System measure: Proportion of people with disability who reported unmet need for hospital admission in the last 12 months

Desired outcome: Decrease in the proportion

Data source: ABS SDAC

This measure will be replaced in the future when available data are improved. During the life of the Strategy, it will be replaced by 'Number of potentially avoidable deaths in hospital for people with disability compared to people without disability'.

Results at baseline: 2018

- In 2018, 1 in 10 (10%) people with disability, of all ages, who needed to go to hospital in the previous 12 months, reported an unmet need for hospital admission.
- From 2012 to 2018, there was no real change in the proportion of people with disability who reported an unmet need for hospital admission, which ranged between 10.4% (in 2018) and 11.5% (in 2015) (Figure 7.1). For people with disability aged 65 and over, the proportion was lower in 2018 (3.7%) than in 2012 (5.6%).
- In 2018, a higher proportion of females than males with disability reported an unmet need for hospital admission (12% and 9.0%, respectively).
- People with disability aged 25–44 had the highest proportion of reported unmet need for hospital admission (24%), while those aged 65 and over had the lowest (3.7%).
- People with [severe or profound disability](#) were more likely to report unmet need for hospitalisation than people with other disability (13% and 8.7%, respectively).

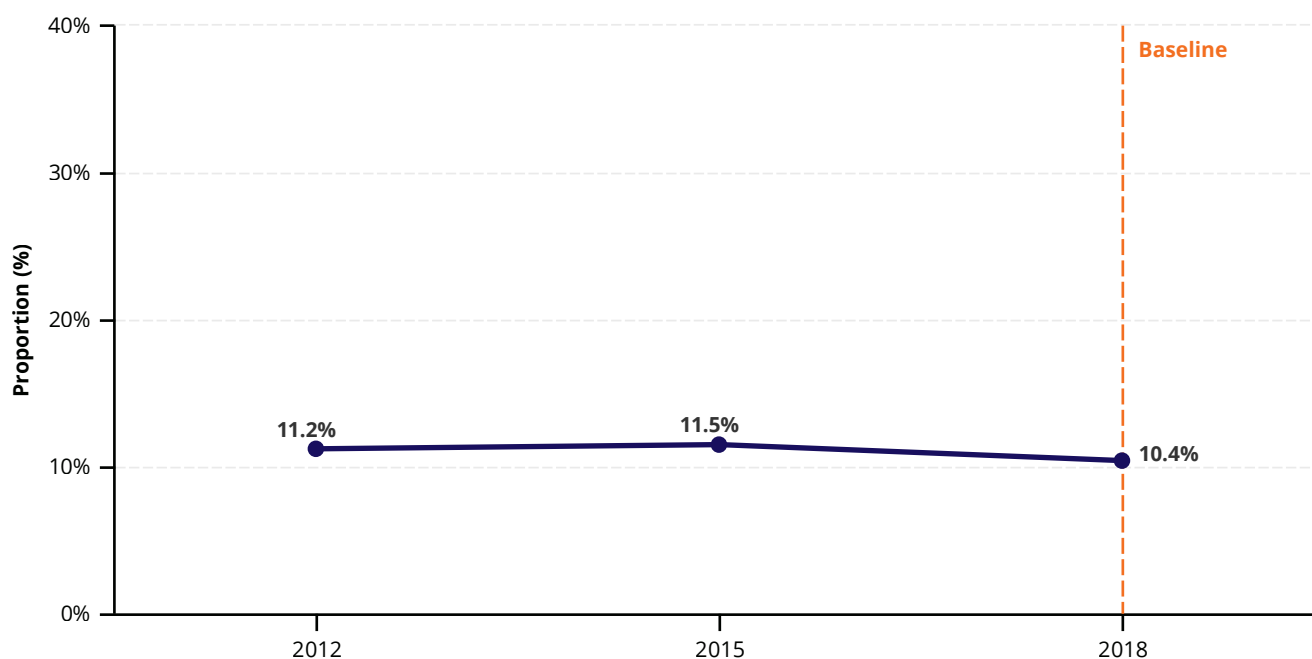
Latest results

Updated data are not yet available for this measure. New data from 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- Data are restricted to people with disability living in households who needed to go to hospital in the last 12 months. Those who did not know if they had an unmet need for hospital admission are excluded.

Figure 7.1: Proportion of people with disability (all ages) who reported unmet need for hospital admission in the last 12 months, 2012, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Unmet hospitalisation needs](#).

Self-reported health

Self-assessed health status is a commonly used measure of overall health and reflects a person's perception of their own health at a given point. It also 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 ([AIHW 2022](#)).

The desired population outcome for this measure is that the gap between the proportion of adults with disability and those without disability who report they are in good health is reduced.

Population measure: Proportion of people with disability who reported excellent, very good or good health compared with people without disability

Desired outcome: Reduction in the difference

Data source: ABS National Health Survey (NHS)

Pre-baseline results: 2017–18

- In 2017–18, almost 7 in 10 (69%) people with disability aged 15 and over reported excellent, very good or good health compared with over 9 in 10 (94%) people without disability. This was a difference of 25 percentage points.
- From 2011–12 to 2017–18, there was no real change in the proportion for either people with disability, people without disability, or the difference between them (Figure 7.2). For people with disability, the proportion ranged from 69% (in 2017–18) to 70% (in 2011–12). For people without disability, it ranged from 93.8% (in 2011–12) to 94.3% (in 2017–18). The difference ranged from 24 to 25 percentage points.

- Males and females with disability reported similar proportions of excellent, very good or good health (70% and 68%, respectively). However, the difference between males with and without disability was smaller than the difference between females with and without disability (24 and 27 percentage points, respectively).
- The difference between people with and without disability who reported excellent, very good or good health was larger in the older age groups – 45–64 years and 65 years and over (28 and 27 percentage points, respectively) – than in younger age groups – 15–24 years and 25–44 years (16 and 20 percentage points, respectively).
- In 2017–18, people with [severe or profound disability](#) were considerably less likely (40%) than those with other disability (73%) to report excellent, very good or good health.

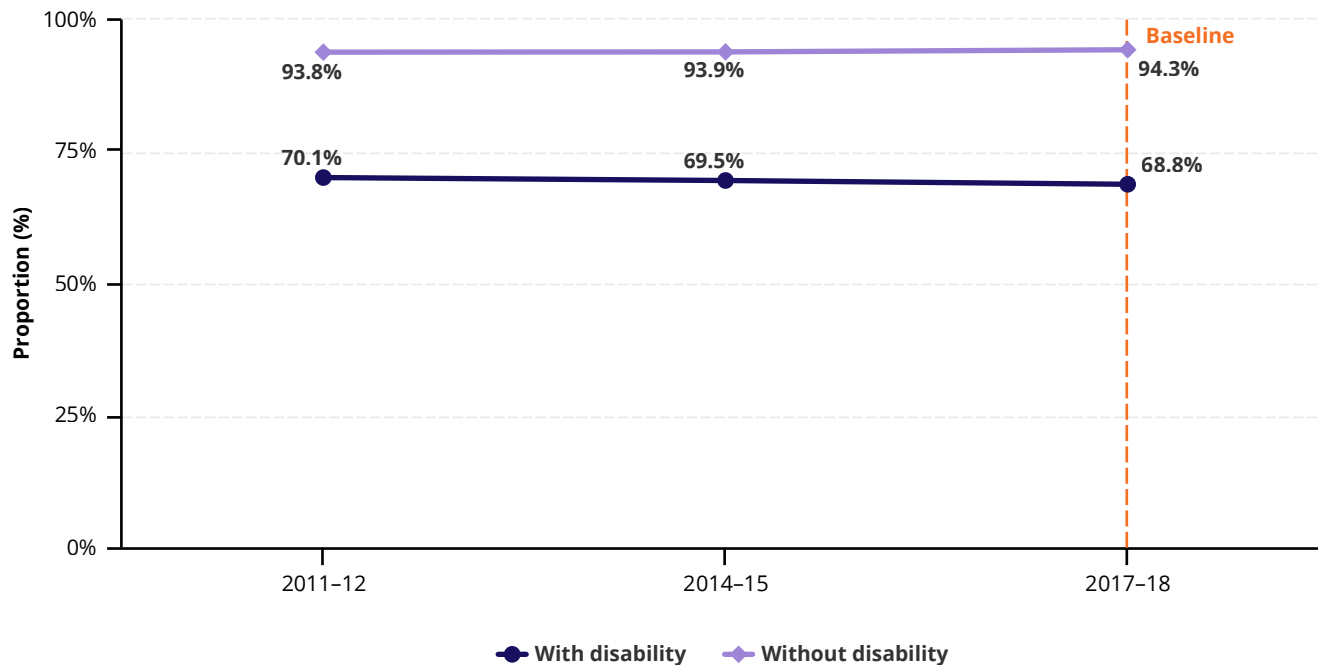
Results at baseline

New data from the 2020–21 ABS NHS will be included in the 2023 annual report.

Things to consider when interpreting results

- The ABS NHS collects data from people in private dwellings and does not include people living in institutional settings, such as aged care facilities.
- The ABS NHS uses the Short Disability Module to identify people with a ‘disability or restrictive long-term health condition’. See also [Data sources: ABS NHS](#).

Figure 7.2: Proportion of people with disability aged 15 and over who reported excellent, very good or good health compared with people without disability, 2011–12, 2014–15 and 2017–18



Source: AIHW analysis of ABS NHS 2011–12, 2014–15 and 2017–18 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia’s Disability Strategy Outcomes Framework | Self-reported health](#).

Prevention and early intervention

Preventive and early intervention health services that are timely, comprehensive, appropriate and effective support better overall health and wellbeing. People with disability experience preventable health conditions and comorbidities at higher rates than people without disability, placing them at substantially higher risk of adverse health outcomes. Access to early interventions, regular health assessments and rehabilitation improves long-term outcomes for individuals and can help to reduce future costs of care and support ([Australia's Disability Strategy 2021–2031](#)).

Avoidable emergency presentations

A visit to a hospital emergency department where the care or service received in emergency could have, instead, been provided by a general practitioner (GP) is an avoidable emergency presentation. Factors such as cost, geographic location, accessibility of facilities and unavailability of other health services can affect which health service is visited ([AIHW 2020](#)).

The desired key system outcome for this measure is that primary health care provides people with disability with high-quality prevention and early intervention services when they need them.

System measure: Number of people with disability with GP-type emergency department presentations

Desired outcome: Decrease in the number of people

Data source: ABS SDAC

This measure will be replaced in the future when available data are improved. During the life of the Strategy, it will be replaced by 'Proportion of people with disability who accessed prevention and early intervention services in the last 12 months without difficulty compared with people without disability'.

Results at baseline: 2018

- In 2018, 119,500 people with disability of all ages, felt that a GP could have provided care for their latest emergency department visit.
- The number fell between 2012 (136,000) and 2015 (114,000); however, there was no real change between 2015 (114,000) and 2018 (119,500) (Figure 7.3).
- In 2018, there was no significant difference between the number of females and males with disability who felt that a GP could have provided care for their latest emergency department visit (55,300 and 64,200, respectively).
- Those aged 65 and over had a considerably higher number of avoidable emergency presentations (42,100) than younger age groups: those aged under 15 (12,300), aged 15–24 (9,900) and aged 25–44 (23,500).
- Fewer people with [severe or profound disability](#) felt that a GP could have provided care for their latest emergency (43,600) than people with other disability (75,900).

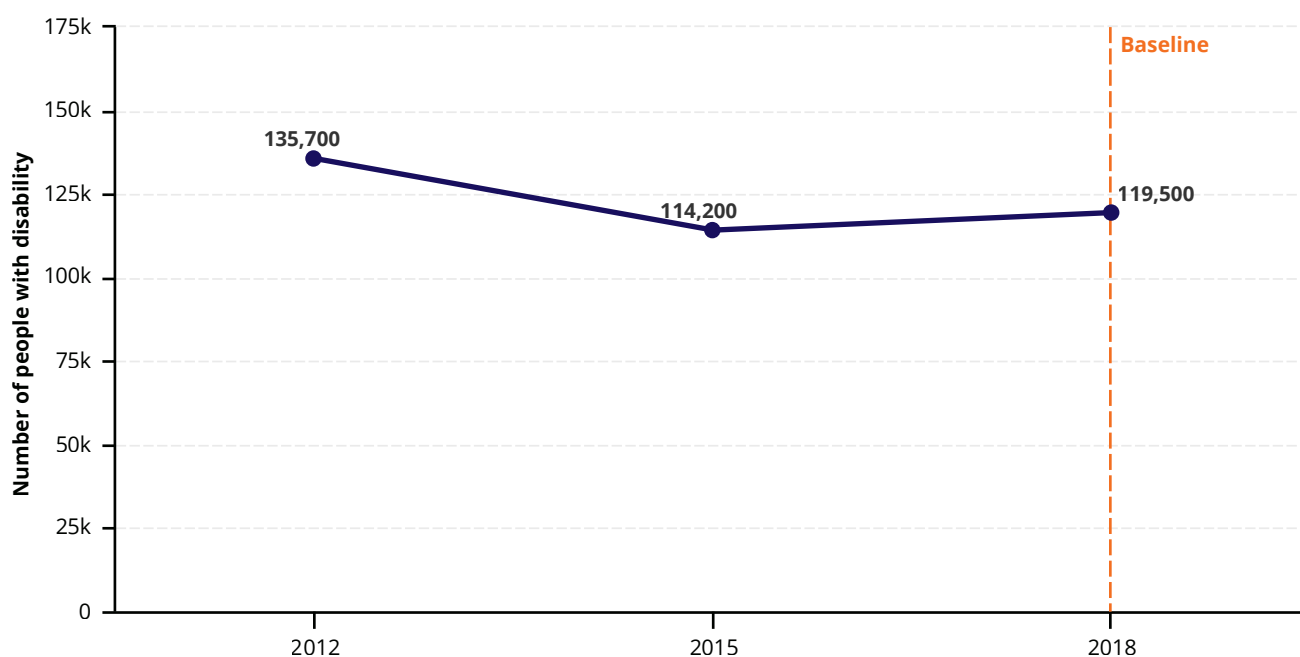
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- Data are restricted to people with disability living in households who have been to a hospital emergency department for own health in the last 12 months. Data are based on subjective assessment of the person with disability, not that of a medical professional.
- Data exclude people who did not know if a GP could have provided care for the most recent visit to an emergency department.

Figure 7.3: Number of people with disability (all ages) with avoidable emergency department presentations, 2012, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2012, 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Avoidable emergency presentations](#).

Medical facility accessibility

Like everyone, people with disability have a range of health care needs, and access a variety of health services and facilities, including GPs, dentists and hospitals. People with disability may encounter barriers that limit their access to these facilities, which can negatively affect their access to health care.

Better outcomes for people with disability are achieved when health providers deliver communication, services and facilities that are accessible and appropriate ([Australia's Disability Strategy 2021–2031](#)).

The desired population outcome for this measure is to see an increase in long-term wellbeing for people with disability.

Population measure: Proportion of people with disability with difficulty accessing medical facilities (GP, dentist, hospital)

Desired outcome: Decrease in the proportion

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, 14% of people with disability aged 5 and over had difficulty accessing medical facilities. This was a 3-percentage point increase from 11% in 2015 (Figure 7.4).
- In 2018, females with disability were more likely to report difficulty accessing medical facilities than males with disability (15% and 12%, respectively).
- People with disability aged 65 and over had a significantly higher proportion of those having difficulty accessing medical facilities (17%) than younger age groups: 5–14 (6.5%), 15–24 (10%) and 25–44 (11%).
- People with [severe or profound disability](#) were more likely to experience difficulty accessing medical facilities (16%) than people with other disability (8.8%).

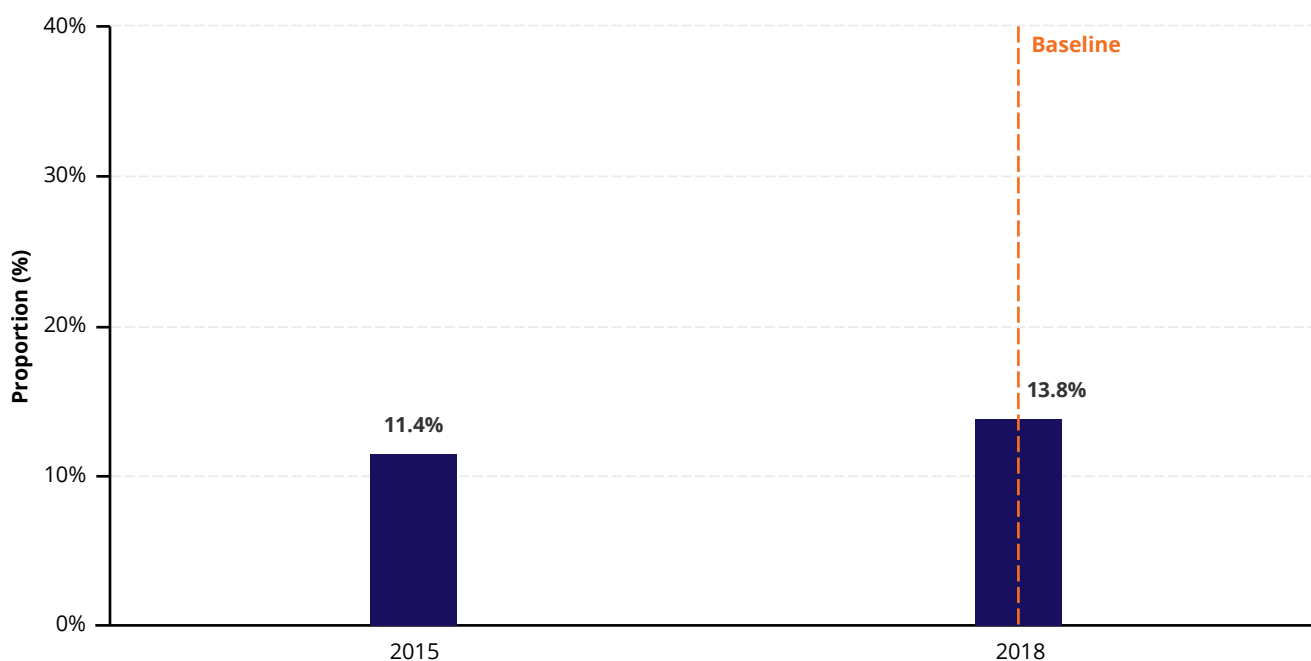
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- Data are restricted to people with disability aged 5 and over living in households who need assistance or have difficulty with communication or mobility, and who leave home.

Figure 7.4: Proportion of people with disability aged 5 and over who had difficulty accessing medical facilities, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | Medical facility accessibility](#).

Mental health

A person's mental health is a major determinant of general health and wellbeing and affects the ability to lead a productive and fulfilling life. Poor mental health can lead to lower levels of social and community engagement – and poorer education, employment and housing outcomes – which, in turn, can worsen mental health. Having appropriate, effective and accessible mental health supports and services that meet the needs of people with disability, and embedding a cross-sector approach to building mental health and wellbeing, are essential ([Australia's Disability Strategy 2021–2031](#)).

High psychological distress

Psychological distress refers to a person's overall level of psychological strain or pain. Self-reported psychological distress is an important indication of the overall mental health of a population ([AIHW 2022](#)).

Data for this measure are based on the Kessler Psychological Distress Scale-10 (K10). Questions in the K10 ask about negative emotional states experienced by the participant in the last 4 weeks ([ABS 2019](#)). Higher levels of psychological distress indicate that a person may have, or is at risk of developing, mental health issues ([AIHW 2022](#)).

The desired population outcome for this measure is to see an increase in people with disability experiencing good mental health.

Population measure: Proportion of adults with disability with high or very high levels of psychological distress

Desired outcome: Decrease in the proportion

Data source: ABS SDAC

Results at baseline: 2018

- In 2018, 31% of adults with disability aged 18 and over experienced a high or very high level of psychological distress.
- From 2015 to 2018, there was no real change in the proportion of adults with disability who experienced a high or very high level of psychological distress (30.1% and 30.7%, respectively) (Figure 7.5).
- In 2018, a higher proportion of adult females than adult males with disability reported high or very high levels of psychological distress (33% and 28%, respectively).
- People with disability aged 18–24 had a higher proportion of those experiencing high or very high levels of psychological distress (49%) than people with disability in older age groups – 45–64 years (40%) and 65 years and over (19%).
- People with disability aged 65 and over had the lowest proportion of those experiencing high or very high levels of psychological distress (19%) of all other age groups.
- A significantly higher proportion of people with [severe or profound disability](#) experienced high or very high levels of psychological distress (50%) than people with other disability (25%).

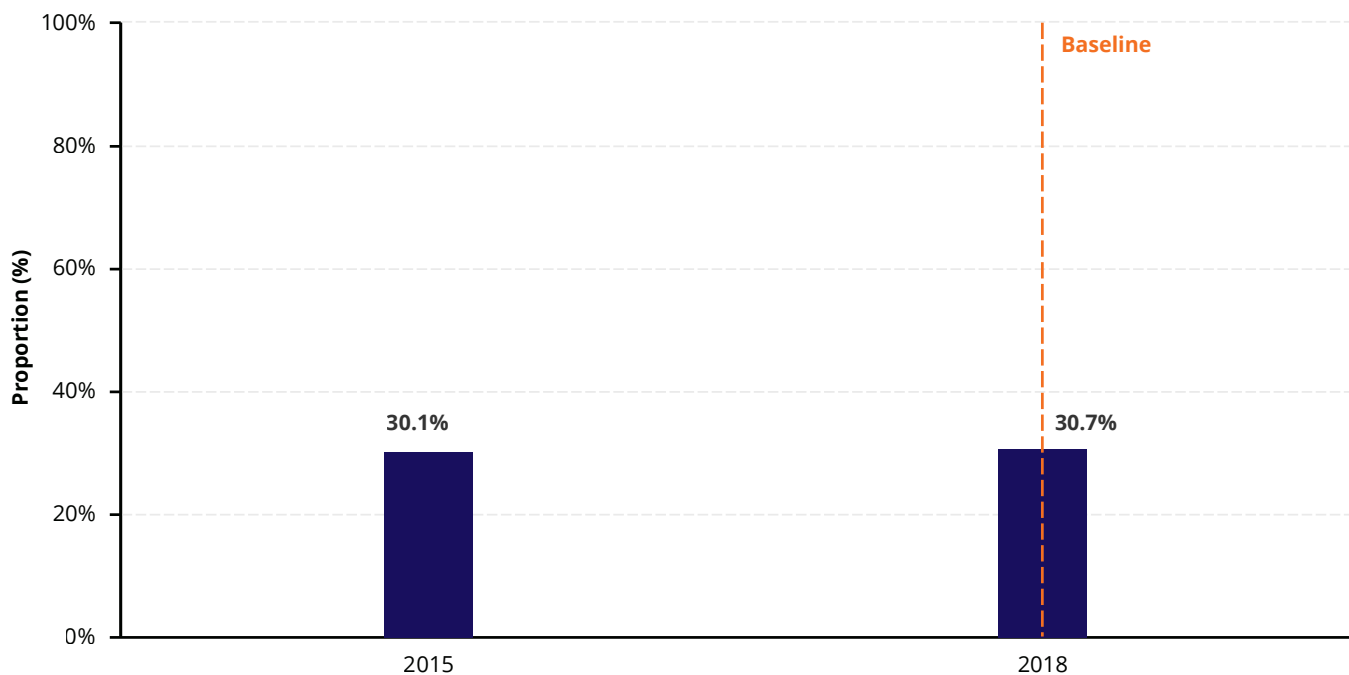
Latest results

Updated data are not yet available for this measure. New data from the 2022 ABS SDAC are expected to be available in the first half of 2024 and included in the 2024 annual report.

Things to consider when interpreting results

- While data for this measure were originally intended to be sourced from the ABS NHS, the ABS SDAC was used because it has greater coverage of people with disability.
- Data are restricted to people with disability aged 18 and over living in households, excluding those who were not asked the psychological stress questions, or instances where it was not possible to determine score.

Figure 7.5: Proportion of adults with disability aged 18 and over with high or very high levels of psychological distress, 2015 and 2018



Source: AIHW analysis of ABS SDAC 2015 and 2018 (detailed Microdata).

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | High psychological distress](#).

NDIS participants life satisfaction

Life satisfaction measures how people evaluate their life as a whole rather than their current feelings. Measuring life satisfaction can be helpful for understanding happiness and subjective wellbeing ([OECD 2022](#)).

The desired population outcome for this measure is to see an increase in people with disability reporting that they are happy with the life they live. Data for this measure are from the NDIS Long Form Outcomes Framework questionnaire, and include participants who responded 'Delighted', 'Pleased' or 'Mostly satisfied' to the question 'Thinking about my life in general now and in the future, I feel'.

Population measure: Proportion of NDIS participants who report feeling satisfied about their life in general now and in the future

Desired outcome: Increase in the proportion

Data source: NDIA – Business Systems

Results at baseline: 2020–21

- In 2020–21, less than half (46%) of NDIS participants, aged 15–64 reported feeling satisfied about their life in general now and in the future.
- There is no consistent trend for the period leading up to and including the baseline (2016–17 to 2020–21). The proportion increased between 2016–17 and 2018–19, before falling in 2019–20 (to 44%) and then rising again in 2020–21 (to 46%).
- In 2020–21, a higher proportion of male than female participants reported feeling satisfied about their life in general now and in the future (48% and 43%, respectively).
- There was some variation by age group for this measure. Among NDIS participants aged 25–64, 47% reported feeling satisfied compared with 42% of participants aged 15–24.

Latest results: 2021–22

- In 2021–22, 47.3% of NDIS participants aged 15–64 reported feeling satisfied about their life in general now and in the future. This was 1.6 percentage points higher than at baseline (2020–21) (45.7%), indicating progress since the Strategy began. However, care should be taken when looking at reported progress for this measure as there is some uncertainty in the data see [Things to consider when interpreting results](#).
- The observed increase (1.6 percentage points) in 2021–22 was a little larger than the observed year-to-year increase in 2020–21 (1.3 percentage points), and within the range of changes observed in the historical data.

Things to consider when interpreting results

- Data for this measure come from the NDIS Long Form Questionnaire, and are collected from a voluntary, non-probability sample of NDIS participants over a 3-month period (September through November). In 2021–22, the sample for the age range 15–64 was around 2,800 NDIS participants.
- The data collection has been established for NDIS longitudinal reporting, rather than the cross-sectional reporting used here. The nature of the sampling methods means that results may not be representative of the whole NDIS population. For this reason, care should be taken when looking at reported progress for this measure as there is some uncertainty in the data.
- Time series analysis for the NDIS data presented here provide a series of data points, each representing a snapshot of NDIS participants at a given point in time. This is different from the longitudinal approach taken in NDIS reporting.

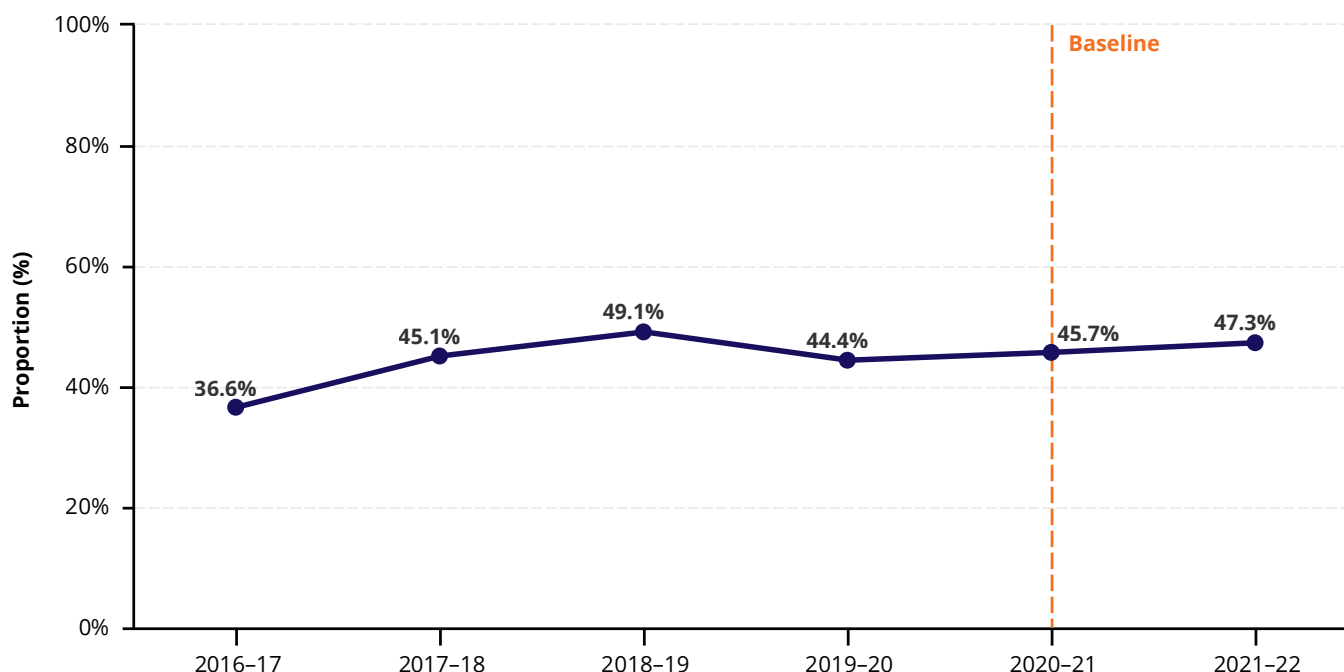
Latest results: 47.3% (2021–22)

Baseline: 45.7% (2020–21)

Progress status (preliminary): Progress

Confidence status: Care should be taken when looking at the reported progress status for this measure as there is some uncertainty in the data

Figure 7.6: Proportion of NDIS participants aged 15–64 who report feeling satisfied about their life in general now and in the future, 2016–17 to 2020–21



Source: NDIA Business System.

For figure notes, see [Appendix B: Figure notes and sources](#).

For the latest data and breakdowns of the data, see [Australia's Disability Strategy Outcomes Framework | NDIS participants' life satisfaction](#).

Future measures

The health and wellbeing measures listed in Table 7.2 will undergo future data development and will be included in future reports as data become available.

Table 7.2: Health and wellbeing measures requiring further development

Policy priority	Measure
Health and wellbeing	Number of potentially avoidable deaths in hospital for people with disability compared with people without disability ^(a) (system measure)
Health and wellbeing	Proportion of people with disability who are satisfied with the quality of care provided by the allied and community health sector (system measure)
Prevention and early intervention	Proportion of people with disability who accessed prevention and early intervention services in the last 12 months without difficulty, compared with people without disability ^(b) (population measure)
Mental health	Rates of restraint of people with disability in acute mental health hospital services (system measure)
Mental health	Number of involuntary hospital admissions (system measure)
Emergency response	Proportion and number of disaster management services that have disability-inclusive plans in place (system measure)
Emergency response	Proportion of people with disability reporting satisfaction in the accessibility of emergency, disaster preparedness and response information and services (population measure)

(a) In the future, this measure will replace 'Proportion of people with disability who reported unmet need for hospital admission in the last 12 months'.

(b) In the future, this measure will replace 'Proportion of people with disability with difficulty accessing medical facilities (GP, dentist, hospital)'.

References

ABS (Australian Bureau of Statistics) (2019) 'Kessler Psychological Distress Scale-10 (K10)', [National Health Survey: Users Guide, 2017–18](#), ABS website, accessed 5 September 2022.

AIHW (Australian Institute of Health and Welfare) (2020) [Coordination of health care: experiences of barriers to accessing health services among patients aged 45 and over](#), AIHW, Australian Government, accessed 5 September 2022.

— (2022) 'Health status', [People with disability in Australia](#), AIHW, Australian Government, accessed 15 August 2022.

[Australia's Disability Strategy 2021–2031](#) (2021), Department of Social Services, Australian Government, accessed 15 August 2022.

OECD (Organisation for Economic Co-operation and Development) (2022) [Life satisfaction](#), OECD website, accessed 5 September 2022.



Community attitudes

8

8. Community attitudes

Outcome

Community attitudes support equality, inclusion and participation in society for people with disability

Why is this outcome area important?

Positive community attitudes play a pivotal role in ensuring people with disability are included and supported to participate in all aspects of society. People with disability report the greatest barriers they face are stigma, unconscious bias and a lack of understanding of disability. Changing community attitudes, both social and professional, will provide more choice and independence, and lead to better support, improved treatment and more respect for people with disability ([Australia's Disability Strategy 2021–2031](#)).

What are the policy priorities?

1. **Employer attitudes to employing people with disability:** Employers value the contribution people with disability make to the workforce, and recognise the benefits of employing people with disability.
2. **Key sector attitudes to people with disability:** Key professional workforces are able to confidently and positively respond to people with disability.
3. **People with disability in leadership roles:** Increase representation of people with disability in leadership roles.
4. **Value and respect for people with disability:** Improving community attitudes to positively impact on policy priorities under the Strategy.

Launch measures

There were no appropriate data sources available at launch to support reporting of the 4 community attitude measures.

Future measures

Data for the community attitudes measures listed in Table 8.1 will come from the Strategy Survey. Data collection for the Strategy Survey began in September 2022 and will conclude in January 2023. Data compilation will occur at the start of 2023, followed by analysis from March to June 2023 and integration into the Outcomes Framework by September 2023.

Table 8.1: Community attitudes measures requiring further development

Policy priority	Measure
Employer attitudes to employing people with disability	Proportion of employers who value the contribution and benefits of employing people with disability (system measure)
Key sector attitudes to people with disability	Key professionals are disability confident and respond positively to people with disability: <ul style="list-style-type: none">- % of educators- % of health professionals- % of personal and community support workers- % of justice/legal sector workers (system measure)
People with disability in leadership roles	Proportion of people with disability who report feeling represented in leadership roles (system measure)
Value and respect for people with disability	Proportion of people with disability who report feeling valued and respected in their community (system measure)

Abbreviations

ABS	Australian Bureau of Statistics
ABS PSS	Australian Bureau of Statistics Personal Safety Survey
ADE	Australian Disability Enterprise
AHRC	Australian Human Rights Commission
CALD	culturally and linguistically diverse
CI	confidence intervals
COVID-19	coronavirus disease
DES	Disability Employment Services
DEWR	Department of Employment and Workplace Relations
DEWR-EBIW	Department of Employment and Workplace Relations-Employment Business Intelligence Warehouse
ECEI	Early Childhood Early Intervention
K10	Kessler Psychological Distress Scale-10
LGBT	lesbian, gay, bisexual and transgender
NCVER	National Centre for Vocational Education Research
NDAP	National Disability Advocacy Program
NDDA	National Disability Data Asset
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NHADR	National Housing Assistance Data Repository
NHS	National Health Survey
RoGS	Report on Government Services
RTO	registered training organisation
SDAC	Survey of Disability, Ageing and Carers
SHSC	Specialist Homelessness Services Collection
SIH	Survey of Income and Housing
SOMIH	state owned and managed Indigenous housing
SWS	Supported Wage System
VET	Vocational Education and Training
YBFS	year before full-time schooling

Appendix A: Methods

Methodology for reporting on the progress of measures over time

To report on the progress over time of each measure in the Outcomes Framework, the most recent data point is compared to the baseline data (that is, the latest data available before December 2021, the starting point of the Strategy).

The change observed between the most recent data and the baseline data is used to assign one of the following 4 categories:

- *Progress*: measures with 2 or more data points, where the latest observed change since the baseline is in the direction that the Strategy wants to achieve.
- *No change*: measures with 2 or more data points, where the latest data remain similar to the baseline.
- *Regress*: measures with 2 or more data points where the latest observed change since the baseline is in the opposite direction to what the Strategy wants to achieve.
- *Not enough data*: measures where there is only a single data point available (usually the baseline).

Measures with no available data (future measures) are listed at the end of each domain section.

Measuring progress

Commenting on whether a measure has improved or not, considers the following:

- *Confidence*: Is there confidence in the change (that is, that the change is real and not a product of chance or some underlying uncertainty in the data)?
- *Importance*: Is the change important (that is, the size of the change)?

Confidence

Determining confidence in the change is based on a technical evaluation. Where appropriate, statistical methods are used to assist with determining confidence where there are 2 or more data points.

For sampled data, sampling error is considered for determining whether the change is statistically significant, based on overlapping confidence intervals and z-tests.

For administrative data, the following criteria are considered:

- the source of the data
- whether the data are complete for the full population or only covers a sub-set
- the timeliness of the data
- the reliability of any disability indicator including:
 - the likely accuracy of the data collected
 - the level of missing data and whether that level is changing over time
- whether there are any changes to, or inconsistencies in, the metadata between subpopulations (for example, jurisdictions), or over time

- the magnitude of any observed difference
- whether there is any seasonality observed in the data
- where historical data are available for the measure:
 - whether the observed difference from the benchmark is consistent with past observations and trends (based on linear regression analysis)
 - the size of any change compared to the variability historically observed in the data.

Importance

Importance refers to whether an observed change is worthwhile in the context of a set of subject-specific considerations. For example, a change may be 'real' in statistical terms, but not important if the change is small.

Information is provided in relation to the size of the change, so that readers can determine whether the change is an important one.

To avoid the misinterpretation of very small changes, those that are <0.5 of a percentage point in either direction have been classified as 'no change'.

Regression analysis

The linear regression analysis used for reporting looks only at changes over time for the summary measure. It does not control for multiple characteristics, as would be done, for example, with multiple regression modelling.

The Australian Institute of Health and Welfare undertook all regression analysis.

Rounding

Percentages in the report are generally rounded to whole numbers except for those less than 10% which are rounded to 1 decimal place. Exceptions include for the reporting on latest results, where rounding to whole numbers would obscure differences between the baseline and the latest results.

This first annual report for the Australia's Disability Strategy Outcomes Framework provides an overview of all measures being tracked under Australia's Disability Strategy at 'baseline' – that is, when the Strategy began in December 2021. Moving forward, baseline data will be the point of comparison against which changes for each of the measures will be compared over the life of the Strategy.