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

4th annual report

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

Contents

Summary

Summary

The Outcomes Framework is a key part of Australia's Disability Strategy 2021–2031 (the Strategy) designed to measure, track, and report on the progress for people with disability. The annual reports on the Outcomes Framework will highlight the advancements made each year.

This summary is for the 4th annual report on the Strategy's Outcomes Framework, showcasing the key changes in 2025. For a detailed overview of the updates in 2025, please refer to the full 4th annual report and the [Australia's Disability Strategy Outcomes Framework dashboard](#).

Highlights from 2025

The Strategy tracks information on issues important to people with disability. These measures include information about employment, financial security, homes and community, safety and justice, support services, education and learning, health and wellbeing, and community attitudes. Data are used to monitor these areas to see if the Strategy is making a difference. New data are added to measures over time. The progress status of a measure is decided by comparing the original data collected under the Strategy to the most recent data available for the measure. The status shows if the measure has changed over time, and the direction of the change.

In 2025, 32 measures were updated:

- 12 showed improvement,
- 10 showed no change, and
- 10 showed regress.

Twelve of these measures received a status update for the first time. There were also 10 measures that were listed on the Outcomes Framework dashboard for the first time, establishing a baseline to track future progress.

Key findings for measures that were updated in 2025

Improvements were reported for 12 measures updated in 2025, including:

Community attitudes

The proportion of people with disability who feel represented in leadership roles has increased from 19% in 2022 to 23% in 2024.

Health and wellbeing

The number of involuntary hospital admissions per 100,000 people with disability decreased from 2,013 hospital admissions in 2020–21 to 1,841 in 2021–22.

Education and learning

The proportion of undergraduate higher education students with disability increased from 10% in 2021 to 13% in 2023.

Employment and financial security

The proportion of NDIS participants aged 15–64 in the labour force who are in open employment at full award wage increased from 20% in 2021–22 Q2 to 24% in 2024–25 Q3.

There were 10 measures updated in 2025 which showed **no change**, including:

Education and learning

The proportion of students with disability who complete a higher education qualification has changed little. For cohort 2018–2023, 55% of students with disability completed a higher education qualification, compared with 59% for cohort 2005–2010.

Community attitudes

5 of the 7 Community Attitude measures showed little or no change. Shifting community attitudes is a long-term process and it's likely that any substantive change may take several years to show results.

Health and wellbeing

The number of potentially avoidable deaths in hospital for people with disability, compared with people without disability per 100,000 people changed little. In 2021–22, there were 238 potentially avoidable deaths per 100,000 people with disability during hospital admission or emergency department presentation, compared with 33 deaths per 100,000 people without disability.

There were 10 measures updated in 2025 which had **regressed** since baseline. Among these were:

Inclusive homes and communities

The average waiting time for social housing has increased since baseline. In 2023−24, households with people with disability were waiting an average of 547−811 days for newly allocated social housing through available government housing schemes.

Safety, rights and justice

The proportion of complaints related to disability discrimination lodged with the Australian Human Rights Commission that were successfully resolved by conciliation decreased from 72% in 2020–21 to 61% in 2023–24.

Employment and financial security

In 2024–25 Q3, 63% of NDIS participants reported they get the support they need to do their job, compared with 66% in 2021–22 Q2.

Further details on these measures and other measures which were updated in 2025 can be found on the Outcomes Framework dashboard | all measures.

Insights from measures that were introduced in 2025

In 2025, several new measures were reported for the first time on the Strategy's Outcomes Framework. These measures covered various outcome areas, including health and wellbeing, safety, rights and justice, and personal and community support. These measures indicated that:

* accessing preventive and early intervention health care services in the last 12 months was easier for people without disability (82%) than for people with disability (66%)

* 68% of people with disability were supported when dealing with police and/or judicial officers

* 80% of people with disability could access mainstream support services when needed compared with 89% of people without disability.

Spotlight: Living in remote areas

As part of the commitment to provide better information for people with disability, measures are reported by different priority groups where data allow. This annual report highlights similarities and differences based on remoteness.

Location can impact access to supports and services and community inclusion. Distance can multiply the difficulties for people with disability, creating barriers to effective participation and inclusion. Key findings from Outcomes Framework 2025 data included:

* NDIS participants in remote areas are less likely to get the support they need to do their job (58%, compared with 63% of participants in major cities), be in open employment at full award wage (21% vs 25%), receive assistive technology supports (28% vs 37%), or feel that the NDIS had helped them have more choice and control over their life (74% vs 80%).

* Students with disability in remote areas are less likely to complete their higher education qualification than those in major cities: the completion rates were 34% (remote) and 43% (major cities) for VET students and 50% (remote) and 57% (major cities) for higher education students with disability.

* However, VET graduates with disability in remote areas are more likely to be employed on completion of training (68%, compared with 57% in major cities).

Further details about people with disability living in remote areas compared to major cities are provided in the full report.

Activities supporting the Outcomes Framework

Development of disability flags within the National Disability Data Asset (NDDA)

Disability flags are types of information about disability. For example, how many people have disability and what disability they have. These flags provide consistent data to research and develop insights that can benefit the disability community, though they do not capture all people with disability in Australia.

The first set of flags focus on individuals who receive or are eligible for disability-related government payments and services, such as NDIS participants or recipients of the Disability Support Pension. Developed through the NDDA, these flags were used to examine 3 measures through data extracted from the National Health Data Hub (NHDH).

Use of linked data

In 2025, 3 measures using linked data (potentially avoidable deaths, GP-type emergency presentations and involuntary hospital admissions) were reported on the Outcomes Framework dashboard for the first time. The data were extracted from the NHDH using the disability flags developed through the NDDA. These measures can be explored in more detail under the Health and wellbeing outcome area on the dashboard.

Future plans

Data updates will continue to be released quarterly on the Australia's Disability Strategy Outcomes Framework webpages, with the next release scheduled for April 2026.

Developing **future measures** for the ADS Outcome Framework continues. For further details on which measures are under development, see the Strategy's Data Improvement Plan.

Work continues with the disability community, their representatives and experts in disability data to develop more **disability flags** in national and state data collections. This will improve the availability of data for people with disability, providing greater insights into the issues that impact them.

The next annual report will be released in early 2027.

Introduction

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1. Introduction

Australia's Disability Strategy 2021–2031

Australia's Disability Strategy (the Strategy) is built upon a fundamental commitment to human rights, ensuring that people with disability can fully participate in society on an equal basis. At the heart of this commitment lies the United Nations Convention on the Rights of Persons with Disabilities (CRPD), a landmark international agreement that sets out the rights and freedoms of people with disability and the obligations of governments to uphold them. By aligning with the CRPD, the Strategy is designed to help people with disability enjoy human rights and freedoms on an equal basis with all Australians.

The Outcomes Framework translates the Strategy's vision into measurable outcomes, ensuring accountability and progress in key areas such as employment, education, healthcare, and community participation. For information on Australia's Disability Strategy and Outcomes Framework, see Australia's Disability Strategy Hub.

Outcomes Framework

The Australia's Disability Strategy Outcomes Framework (ADS OF) is a key part of the Strategy which lists measures that need to be tracked to know if the Strategy is working. Under the Strategy's 7 outcome areas there are Policy Priorities. The ADS OF dashboard and annual reports show what progress is being made against each policy priority. Every quarter, available data are used to update the ADS OF dashboard.

Of the 64 measures with data on the ADS OF dashboard, 32 measures were given an updated progress status in 2025. An additional 12 measures had data available for the first time.

How did the Strategy do in 2025 under each outcome area?

- **Employment and financial security** – 6 measures were updated and one measure had data available for the first time. Overall, this Outcome Area showed improvement since 2021, with 4 out of the 6 updated measures showing an improvement since baseline.
- **Inclusive homes and communities** – 3 measures were updated and 2 measures had data available for the first time. Overall, this Outcome Area has regressed since baseline with one measure showing improvement and 2 showing regress.
- **Safety rights and justice** – 5 measures were updated and 4 had data available for the first time. Overall, this Outcome Area showed mixed progress since 2021, with 3 out of the 5 updated measures showing regression since baseline, while 2 have improved.
- **Personal and community safety** – 2 measures were updated and one measure had data available for the first time. Overall, this Outcome Area showed mixed progress since 2021, with one of the 2 updated measures showing improvement, and the other showing regression.
- **Education and learning** – 5 measures were updated and one measure had data available for the first time. Overall, this Outcome Area did not show improvement in 2025, with 2 measures showing no change, one measure showing improvement, and 2 measures showing regression since baseline.

- **Health and wellbeing** – 3 measures were updated and 3 measures had data available for the first time. Overall, the Outcome Area is improving. In 2025, 2 of the 3 updated measures were showing as improving, and one measure was showing as no change since baseline.
- **Community Attitudes** – all 7 measures were updated. Overall, there was little change in this outcome area, with 5 of the 7 measures showing no change, one measure showing regress and one showing improvement.

Further information on all measures is available on the ADS OF dashboard, including additional data for the 31 measures not updated in 2025.

A full list of measures can be found on the All Measures webpage of the ADS OF dashboard.

Snapshot on people with disability living in remote areas

Latest data from the 2021 Australian Census showed that 5.9% of people in *Remote* areas and 4.3% in *Very remote* areas needed assistance with core activities of self-care, mobility or communication – this is similar to the definition of severe or profound disability used by other Australian disability data sources. The National Disability Data Asset (NDDA) indicated that 5.2% of people in *Remote* areas and 5.5% in *Very remote* areas received disability-related government payments and services in 2022.

Generally, Australians in rural and remote regions face unique challenges due to geographic isolation, limited infrastructure, and poorer access to services. This may lead to poorer health and wellbeing outcomes compared with people living in *Major cities* (AIHW 2024). Living in a remote location is likely to have an even greater effect on people with disability.

The focus of this snapshot is to present findings from ADS OF 2025 data on people with disability living in remote areas compared with those living in *Major cities*. The terms 'remote' or 'remote areas' are used in this snapshot to describe people living in *Remote* or *Very remote* areas. While this snapshot does not specifically analyse outcomes for Aboriginal and Torres Strait Islander (First Nations) people, it is important to note that they experience higher rates of disability and are over-represented in remote areas – which may be relevant when interpreting these data. Data are current as at the time of October 2025 release.

For most ADS OF measures across the 7 outcome areas, outcomes and experiences of people with disability were similar for those living in rural and remote areas and those living in *Major cities*. Still, some of the ADS OF findings suggested that people with disability in remote areas may struggle to access services. This is particularly the case for the National Disability Insurance Scheme (NDIS) participants.

NDIS participants in remote areas were less likely than participants in *Major cities* to:

- get the support they needed to do their job (58% and 63%, respectively)
- be employed in open employment at full award wage (21% and 25%, respectively)
- receive assistive technology supports (28% and 37%, respectively)
- feel that the NDIS had helped them have more choice and control over their life (74% and 80%, respectively).

Conversely, NDIS participants in remote areas were more likely to feel they were able to advocate for themselves compared with participants in *Major cities* (43% and 37%, respectively), and to spend time doing activities that interest them (69% and 64%, respectively).

Figure 1.1: Proportion of NDIS participants aged 15–64 in remote areas and *Major cities*, by selected outcomes
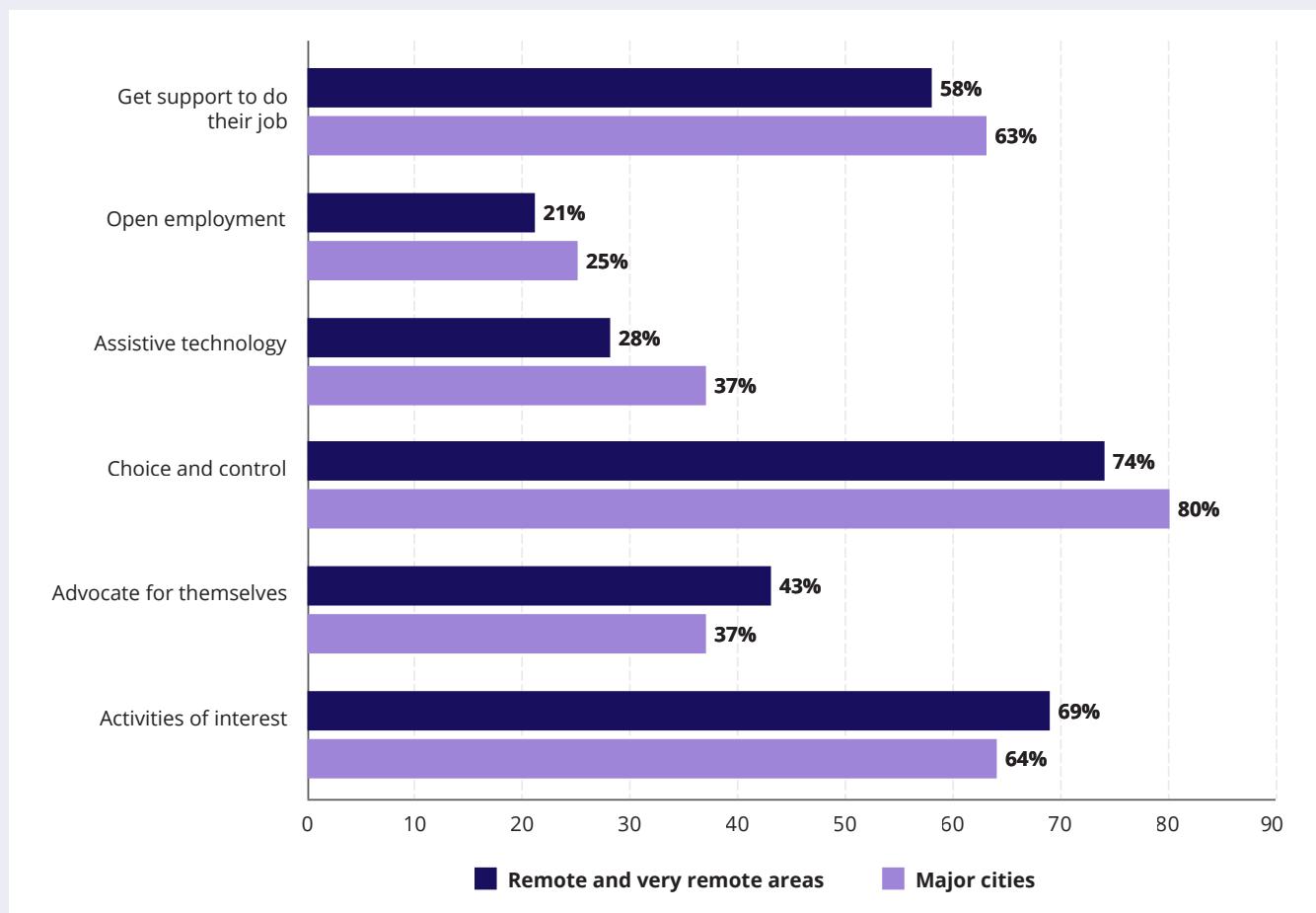
Source: NDIA Business Systems.

Clients of Specialist Homelessness Services (SHS) with disability who experienced domestic and family violence and needed assistance with accommodation in 2023–24 were more likely to be provided such assistance if they were in remote areas (92%) than in *Major cities* (77%).

When it comes to education and employability, the findings were mixed:

- Students with disability in remote areas were less likely to complete their qualification than those in *Major cities*; the completion rates were 34% (*remote*) and 43% (*Major cities*) for vocational and education training (VET) students and 50% (*remote*) and 57% (*Major cities*) for higher education students with disability.

- However, VET graduates with disability in remote areas were more likely to be employed on completion of training compared with those in *Major cities* (68% and 57%, respectively).

Figure 1.2: Education and employment, by selected outcomes
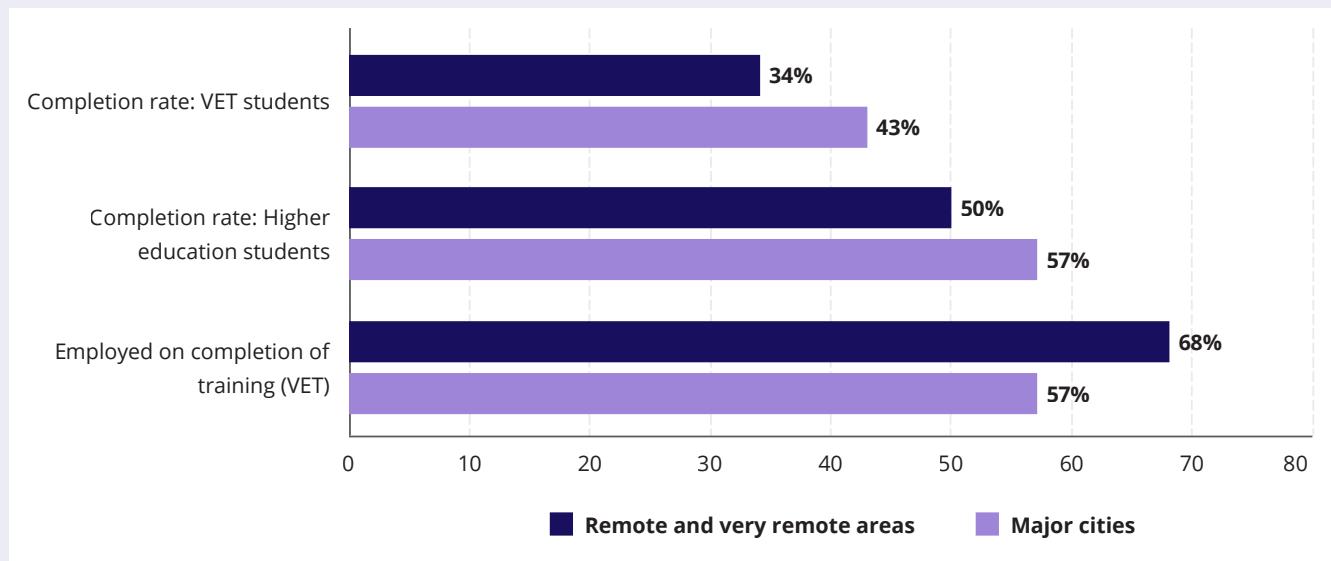
Sources: Department of Education Higher Education Statistics Collection; NCVER 2024.

How to read this report

This report presents a summary of measures that have updated data since the previous annual report, and measures that have data available for the first time.

This report has 7 chapters based on the 7 outcome areas of the Strategy. Each chapter includes information on the following:

Measures with an updated progress status in 2025.

When a change is observed between the latest data and the baseline data (that is, the latest data available before December 2021, when the Strategy began), the measures are assigned a 'progress status' which includes the following categories:

- improving
- no change
- regress.

As data collections have varying collection and reporting periods (for example, quarterly, annual or triennial), measures derived from different data sources may have different timings for baseline and updated data.

Key demographic insights for each measure with updated progress status in 2025.

The ADS OF dashboard disaggregates measures by a range of characteristics where data allow. Measures can have the following disaggregations depending on the data source:

- age group
- sex and gender
- lesbian, gay, bisexual, transgender, intersex, queer/questioning and asexual (LGBTIQA+) people
- type and severity of disability
- state and territory
- First Nations people
- culturally and linguistically diverse (CALD) people
- remoteness.

This report highlights key demographic insights for each measure with a progress status update in 2025. It includes state and territory data for measures only where the data are available and there is a substantial variation between the highest and lowest proportions. For information on how data are disaggregated for each measure, see Appendix B: Figure notes and sources.

Measures with data available for the first time in 2025.

Where appropriate, each chapter includes a table that lists the measures with data available for the first time in 2025. In 2025, new data were available for 15 measures:

- Wave 2 of Australia's Disability Strategy survey provided baseline data for 8 new measures.
- The Personal Safety Survey (PSS) provided baseline data for 3 measures.
- Linked data provided new baseline data and progress status for 3 measures.
- The Employment services measure has new baseline data due to a change in services.

About the data

Data sources

Data for the 64 measures reported in the ADS OF dashboard are drawn from 21 data sources. For more details, see ADS OF Data Sources.

NDIS participant data for quarter 4 of 2025 were not included, except for data on NDIS participants' use of assistive technology.

National Disability Data Asset (NDDA) first-generation disability indicators

The first-generation disability indicators were developed through the NDDA and used to examine 3 measures using National Health Data Hub (NHDH) data. These measures were reported in the ADS OF dashboard for the first time in January and April 2025.

The indicators combine linked data to flag "Whether a person has received disability-related government payments or services". The indicators include participants of the NDIS, and people who have received Australian Government funded disability-related support payments.

Currently, this does not represent all people with disability in Australia. It is an interim method agreed for use through the NDDA co-governance arrangements until data improvements make more suitable additional data available. For more information, see the NDDA Disability Indicators Explanatory Notes.

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 ADS OF dashboard 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 noted in the relevant 'measure' section of the report.

The complexities of disability sometimes make it difficult to define. A significant limitation for consistent reporting on outcomes for people with disability is the variation in how 'disability' is defined when data are drawn from a range of sources. The most comprehensive definition of disability comes from the Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC). Other ABS surveys such as the National Health Survey (NHS) and the PSS use the ABS Short Disability Module. Definitions of disability used by administrative collections often relate to the purpose of their service delivery. For definitions of disability used in different data sources, see ADS OF Data sources.

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 ADS OF Data sources.

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.

For additional information on the data presented in this report, see:

- Australia's Disability Strategy Outcomes Framework 2021–2031: 4th annual report | Data downloads
- ADS OF dashboard.

References

- AIHW (Australian Institute of Health and Welfare) (2024), *Rural and remote health*, AIHW, Australian Government, accessed 8 October 2025.

2

Employment and financial security

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?

People with disability want fair access to employment and financial security. This requires:

- creating inclusive job opportunities
- supporting meaningful career development
- guaranteeing a sufficient income to meet everyday needs.

Policy priorities

1. **Economic participation** (5 measures): Supporting people with disability to find and keep jobs.
2. **Transition to employment** (3 measures): Supporting young people with disability who leave school to find work.
3. **Economic independence** (2 measures): Supporting people with disability to earn enough money to live well, plan for their future and have choice and control over their own lives.

2025 Summary

Data are available for all 10 measures for the first time in 2025. Of these:

- 6 measures were updated (Table 2.1)
- 1 measure had data available for the first time which will be the baseline (Table 2.2)
- 3 measures were not updated.

Of the 6 updated measures:

- 4 showed improvements
- 1 showed no change
- 1 showed a regression.

Overall, this Outcome Area is showing improvement since 2021.

- Two of the 5 measures for Economic participation showed an improvement, with 1 measure regressing.
- Two of the 3 measures for Transition to employment showed an improvement.
- There has been no change to Economic independence.

Key findings

- The number of valid claims for people with disability using Disability Employment Services (DES) who were able to successfully secure employment for at least a year improved (from 16,041 claims in 2020–21 to 19,297 in 2024–25). However, the number of claims peaked in 2022–23 at 31,281 claims, falling by 11,984 claims in 2024–25 (Figure 2.1). This decline is partly due to changes to eligibility criteria and labour market demand post COVID-19 lockdowns.

- The percentage of NDIS participants aged 15–64 who were in 'open employment at full award wage' has increased steadily from 20% in 2021–22 Q2 to 24% in 2024–25 Q3 (Figure 2.3).

- The percentage of VET graduates with disability who were able to secure employment following completion of their training has also improved over time, from 52% in 2021 to 59% in 2024. The proportion peaked at 62% in 2023 and has since decreased to 59% in 2024 (Figure 2.4).

- The engagement of NDIS participants aged 15–24 who are employed has increased from 18% in 2021–22 Q2 to peaking and holding steady at 20% in 2024–25 Q3 (Figure 2.5).

- Although the percentage of APS employees with disability is trending upwards, it is not a significant difference since baseline (5.1% in 2021 and 5.5% in 2024; Figure 2.6).

- The percentage of NDIS participants who received the support they needed to do their jobs slightly declined in 2024–25 (from 66% in 2021–22 Q2 to 63% in 2024–25 Q3). Although there has been an increase of one percentage point from Q2 to Q4 of 2023–24 (Figure 2.2).

Information on each measure below includes the latest update, baseline and progress status, key demographic insights, and charts showing the direction of change since baseline and new data available for the first time.

Table 2.1: Employment and financial security measures

Measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Policy Priority: Economic participation						
Number of valid 52-week full outcome claims for employment in the 12-month period for people with disability*	2020–21	16,041	2024–25	19,297	3,256 valid claims	Improving
Proportion of NDIS participants who get the support they need to do their job[a]	2021–22 Q2	66%	2024–25 Q3	63%	-3 pp	Regress
Proportion of NDIS participants aged 15–64 in the labour force who are in open employment at full award wage	2021–22 Q2	20%	2024–25 Q3	24%	4 pp	Improving
Policy Priority: Transition to employment						
Proportion of VET graduates with disability who are employed on completion of training	2021	52%	2024	59%	7 pp	Improving
Proportion of NDIS young people (aged 15–24) in employment	2021–22 Q2	18%	2024–25 Q3	20%	2 pp	Improving
Policy Priority: Economic independence						
Proportion of Australian Public Service employees with disability*[b]	December 2021	5.1%	December 2024	5.5%	0.4 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

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) Due to historical updates, the baseline value may have changed from earlier releases.

Table 2.2: Employment and financial security measures that had data available for the first time in 2025

Measure	Baseline time point	Baseline value	Progress status
Policy Priority: Economic participation			
Proportion of people with disability using Workforce Australia Services who achieved a 26-week outcome in the 12-month period[a]	2023–24	8.6%	Not known yet

(a) From 4 July 2022, jobactive was replaced by Workforce Australia. These programs are not comparable, and as a result, the measure has replaced jobactive data with Workforce Australia Services data and a new baseline has been set.

Policy Priority: Economic participation

This policy priority aims to increase employment for people with disability who are able to work and ensure that they have opportunities to participate in the economy. There are 5 measures under this policy priority:

- Disability employment services (updated)
- NDIS participants job support (updated)
- Unemployment gap
- NDIS participants in full award wage employment (updated)
- Employment services (baseline added).

The updated measures are discussed below.

Measure: Disability Employment Services

Full name – [Number of valid 52-week full outcome claims for employment in the 12-month period for people with disability](#)

Disability Employment Services (DES) is a program funded by the Australian Government to help people with disability find work and keep a job.

The measure tracks the number of valid claims for people with disability engaging with the DES who were able to successfully secure employment during the reporting period. For more information, see [Data dictionary: Disability Employment Services (DES)](#).

Disability Employment Services

Latest update: 19,297 claims (2024–25)

Baseline: 16,041 claims (2020–21)

Progress status: Improving

Of the 19,297 valid claims:

- the age group with the highest number of claims (8,399) was 45–64 years followed by 25–44-year-olds (7,527 claims)
- most claims were made by people whose primary disability was psychiatric (7,947 claims), followed by physical (7,156)
- the lowest number of claims (19) were made by people with deafblindness as their primary disability.

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 2024–25
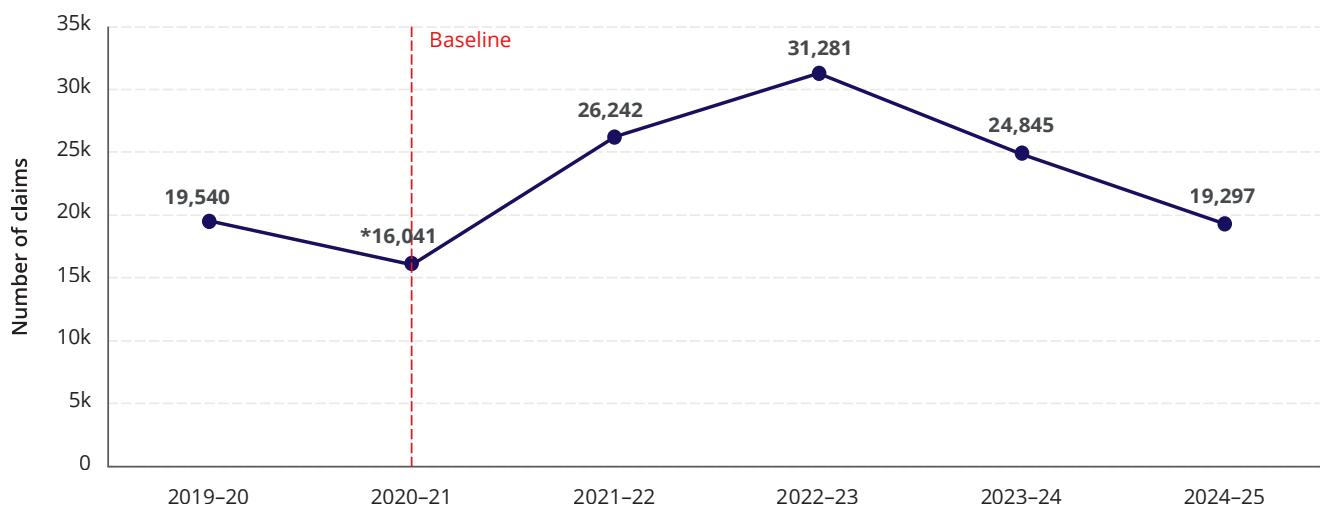
*Comparisons of the latest data against baseline should be made with caution as the 2020–21 results were impacted by COVID-19.

Source: Department of Social Services, using 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.

Measure: NDIS participants job support

Full name – Proportion of NDIS participants aged 15 to 64 who get the support they need to do their job

A key focus of the NDIS is to improve social and economic participation for its participants. This measure tracks the percentage of NDIS participants who received the support they needed to do their jobs. For more information, see Data dictionary: NDIS participants job support.

NDIS participants job support

Latest update: 63% (2024–25 Q3)

Baseline: 66% (2021–22 Q2)

Progress status: Regress

Of the NDIS participants who reported being employed in the latest quarter (2024–25 Q3):

- 67% of those aged 25–44 received the support they needed to do their job, followed by 64% of those aged 45–64, and 55% of those aged 15–24
- 67% of those from 'regional – population between 15,000 and 50,000' areas received the support they needed to do their job compared with 58% of those from remote or very remote areas
- 87% of those with Down syndrome received the support they needed to do their job compared with 47% of NDIS participants with stroke and 55% of participants with a hearing impairment.

Figure 2.2: Proportion of NDIS participants aged 15–64 who get the support they need to do their job, 2021–22 Q2 to 2024–25 Q3
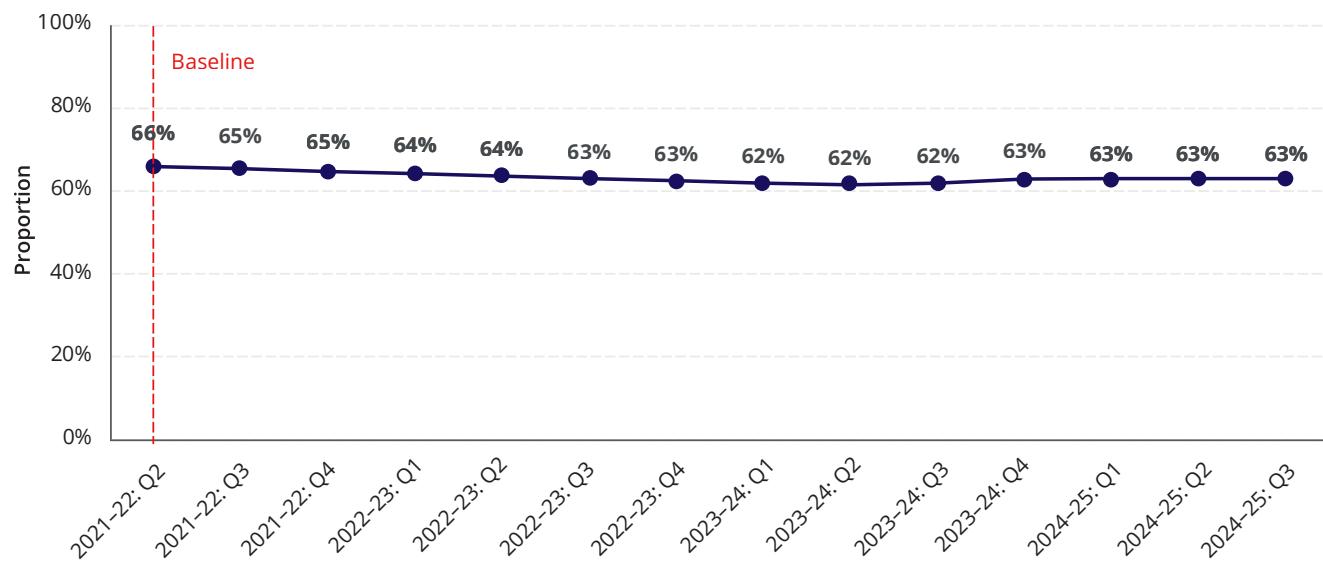
Source: NDIA Business Systems.

For figure notes, see Appendix B: Figure notes and sources.

Measure: NDIS participants in full award wage employment

Full name – Proportion of NDIS participants aged 15–64 who are in open employment at full award wage

People with disability want access to open employment that is free of discrimination from employers or colleagues, and that is suitable for those with employment restrictions (such as restrictions in number of hours they can work, or type of work they can undertake) (AIHW 2024).

This measure tracks the percentage of NDIS participants aged 15–64 in the workforce who are in 'open employment at full award wage'. For more information, see Data dictionary: NDIS participants in full award wage employment.

NDIS participants in full award wage employment

Latest update: 24% (2024–25 Q3)

Baseline: 20% (2021–22 Q2)

Progress status: Improving

In the latest quarter (2024–25 Q3):

- 29% of female NDIS participants, and 21% of male participants reported being in open employment
- 27% of NDIS participants aged 45–64 were in open employment, followed by 26% of those aged 25–44, and 19% of those aged 15–24
- 64% of NDIS participants with a hearing impairment disability compared with 6.4% of those with Down syndrome reported being in open employment.

Figure 2.3: Proportion of NDIS participants aged 15–64 in the labour force who are in open employment at full award wage, 2021–22 Q2 to 2024–25 Q3
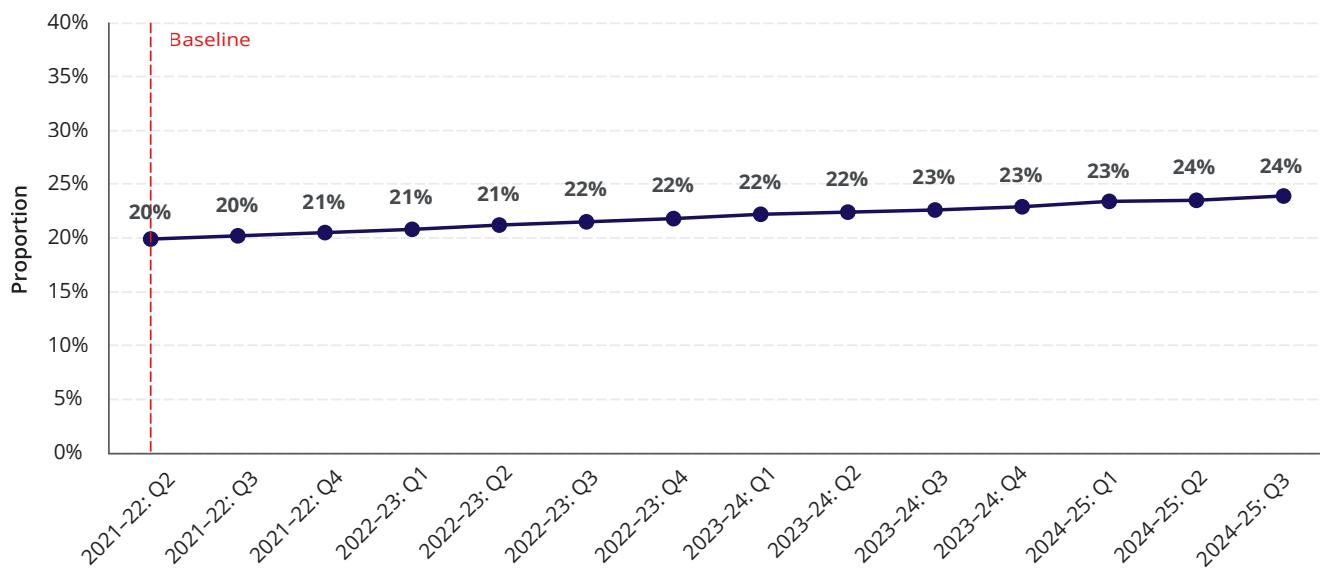
Source: NDIA Business Systems.

For figure notes, see Appendix B: Figure notes and sources.

Policy Priority: Transition to employment

Young people with disability want to be prepared for the workforce. This includes opportunities to develop skills and gain work experience that will improve their employment prospects and careers.

The purpose of the "Transition to employment" policy priority is to support people with disability to find work after they finish school or complete vocational training courses. There are 3 measures under this policy priority:

- VET graduate employment (updated)
- Young NDIS participant employment (updated)
- Young people in employment.

The updated measures are discussed below.

Measure: VET graduate employment

Full name – Proportion of VET graduates with disability who are employed on completion of training

Vocational Education and Training (VET) is post-compulsory education and training that provides people with occupational or work-related knowledge and skills.

This measure tracks the percentage of VET graduates with disability who were able to secure employment following completion of their training. For more information, see Data dictionary: VET graduate employment.

VET graduate employment

Latest update: 59% (2024)

Baseline: 52% (2021)

Progress status: Improving

In 2024:

- 66% of VET graduates with disability aged 25–44 were employed after completion of training, followed by 62% of those aged 45–64 and 56% of those aged 15–24
- 68% of VET graduates with disability who lived in *Remote and very remote* areas were employed after completion of training compared with 57% of those who lived in *Major cities*.

Figure 2.4: Proportion of VET graduates with disability aged 15 and over who are employed on completion of training, 2016 to 2024
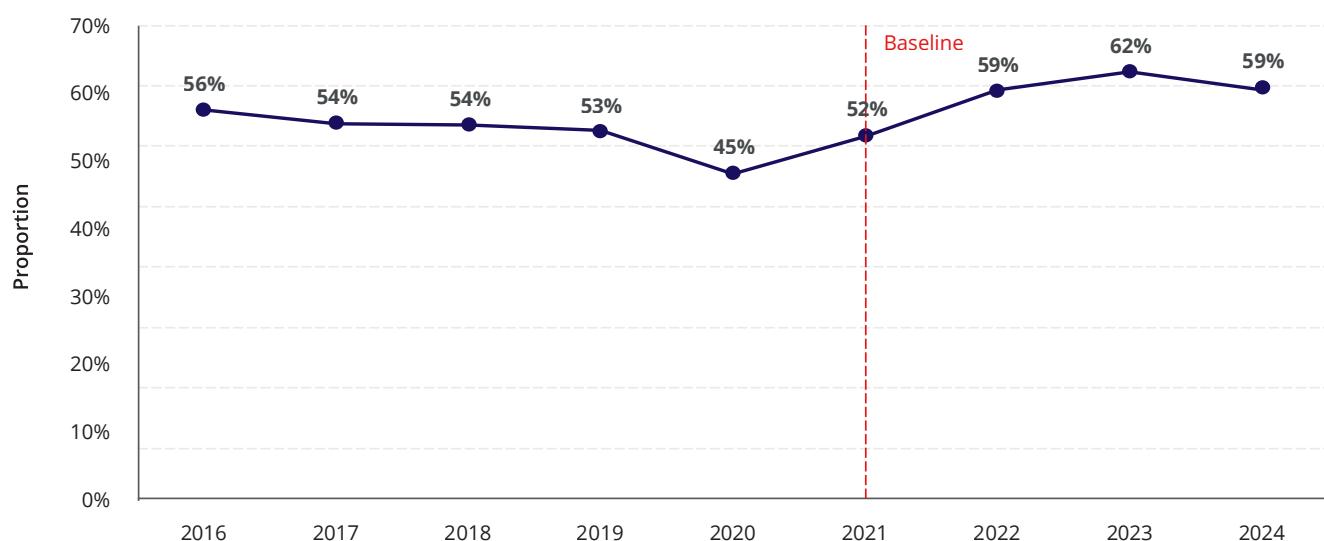
Source: NCVER 2024, Australian VET statistics: VET student outcomes 2024 (customised data request).

For figure notes, see Appendix B: Figure notes and sources.

Measure: Young NDIS participant employment

Full name – Proportion of NDIS young people (aged 15–24) in employment

Young people participating in the labour market and society benefits them and overall economic growth (OECD 2022).

The measure tracks the engagement of NDIS participants aged 15–24 with the labour market – specifically paid employment. For more information, see Data dictionary: Young NDIS participant employment.

> **Young NDIS participant employment**
>
> **Latest update:** 20% (Q3 of 2024–25)
>
> **Baseline:** 18% (Q2 of 2021–22)
>
> **Progress status:** Improving
>
> In the latest quarter (2024–25 Q3):
>
> - 23% of NDIS participants aged 15–24 from regional areas with populations between 5,000 and 15,000 were employed compared with 19% of those from *Major cities*
> - 47% of NDIS participants aged 15–24 who had a hearing impairment disability were employed, compared with 12% of those with psychosocial disability.

Figure 2.5: Proportion of NDIS young people aged 15–24 in employment, 2021–22 Q2 to 2024–25 Q3
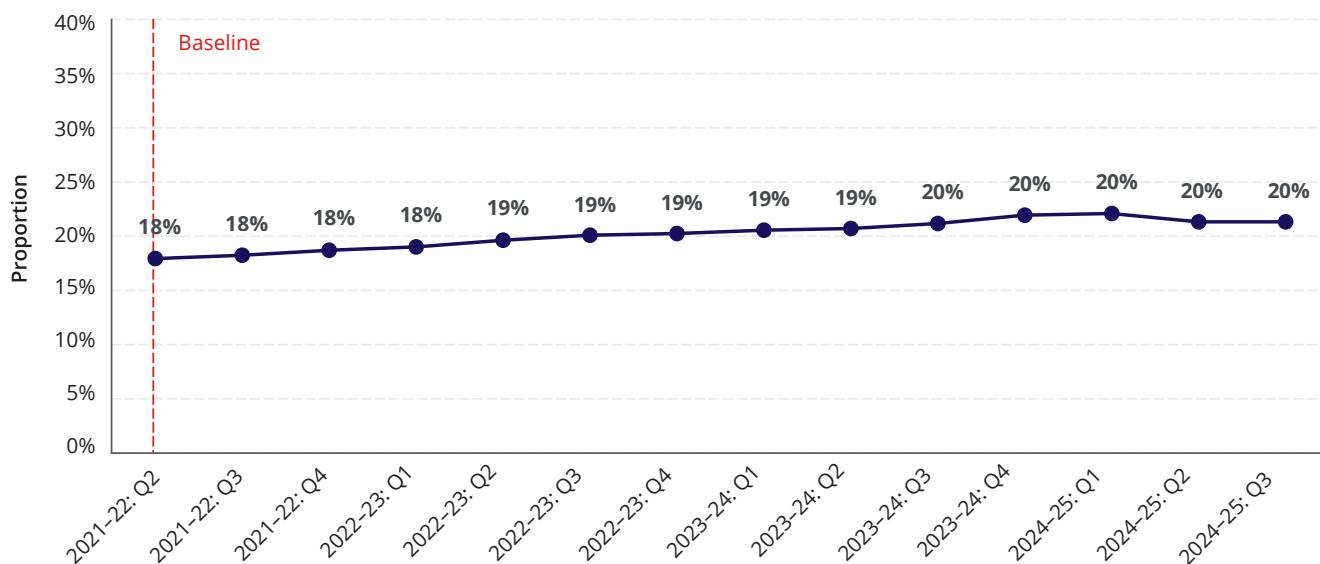
Source: NDIA Business Systems.

For figure notes, see Appendix B: Figure notes and sources.

Policy Priority: Economic independence

The "Economic independence" policy priority aims to expand opportunities for people with disability to secure stable employment and improve their financial wellbeing. Progress is measured by tracking the proportion of people with disability employed in the Australian Public Service (APS), as well as the income gap between people with and without disability. There are 2 measures under this policy priority:

- Public sector employment (updated)
- Median gross income gap.

The updated measure is discussed below.

Measure: Public sector employment

Full name – Proportion of Australian Public Service employees with disability

The Australian Public Service Disability Employment Strategy 2020–2025 aims to significantly increase the representation of people with disability employed in the APS. For more information, see Data dictionary: Public sector employment.

> **Public sector employment**
>
> **Latest update:** 5.5% (December 2024)
>
> **Baseline:** 5.1% (December 2021)
>
> **Progress status:** No change
>
> In December 2024:
>
> - 9.7% of First Nations APS employees had disability
> - 6.8% of APS employees from *Inner regional* areas had disability, compared with 3.1% from *Very remote* areas.

Figure 2.6: Proportion of Australian Public Service employees with disability, June 2016 to December 2024
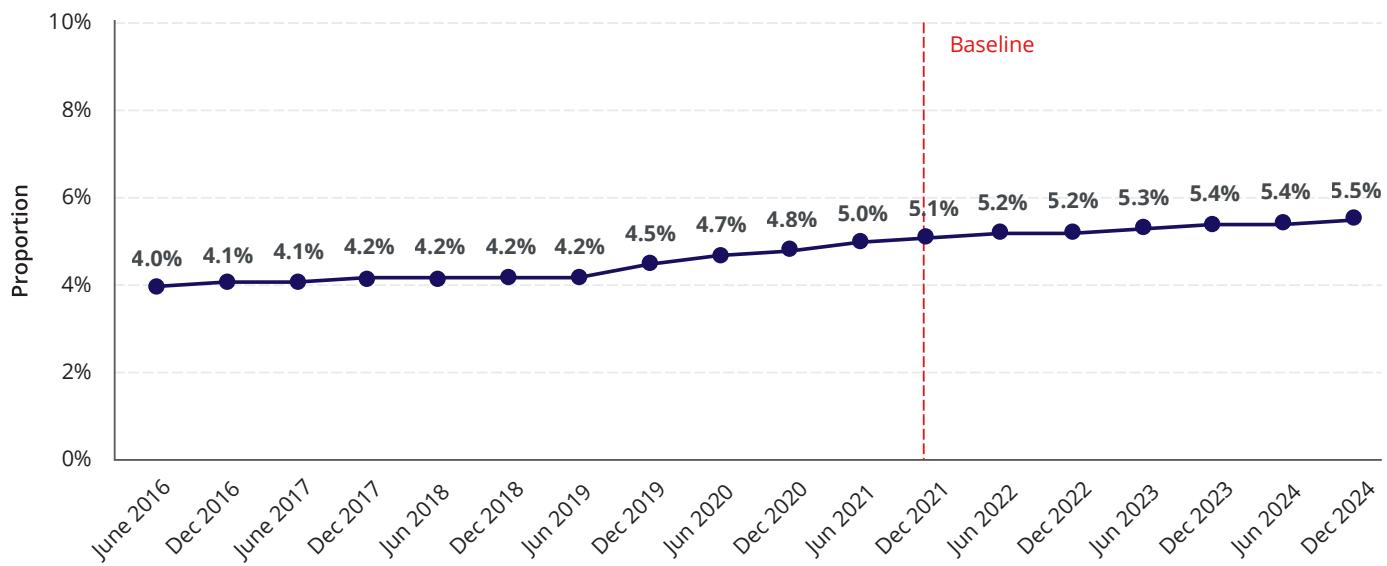
Source: Australian Public Service Employment Database (APSED).

For figure notes, see Appendix B: Figure notes and sources.

References

AIHW (2024) 'Employment participation needs and challenges', *People with disability in Australia*, AIHW, Australian Government, accessed 23 July 2024.

OECD (Organisation for Economic Co-Operation and Development) (2022) *Youth*, OECD, accessed 23 July 2024.

3

Inclusive homes and communities

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?

Accessible, affordable, and secure housing in inclusive communities is vital for people with disability to:

- live independently
- participate in work
- connect socially.

Policy priorities

1. **Housing affordability and housing stress** (2 measures): Improving access to affordable housing for people with disability.
2. **Housing accessibility** (2 measures): Making sure people with disability can live in homes that meet their needs.
3. **Social inclusion and participation** (2 measures): Supporting the inclusion of people with disability in their communities.
4. **The built and natural environment accessibility** (2 measures): Making sure buildings and facilities are accessible for people with disability.
5. **Transport system accessibility** (2 measures): Making sure people with disability can access the public transport they need.
6. **Information and communication systems accessibility** (3 measures): Supporting people with disability to be able to find and use information they need.

2025 Summary

Data are available for 10 of 13 measures. In 2025:

- 3 measures were updated (Table 3.1)
- 2 measures had data available for the first time (Table 3.2)
- 5 measures were not updated.

Of the 3 updated measures:

- 1 showed improvement
- 2 showed regression.

Overall, this Outcome Area has regressed since 2021.

- One out of 2 measures for social inclusion and participation is improving.
- Both measures for the built and natural environment accessibility are improving.
- The remaining 7 measures are regressing or not yet known.

Key findings

- Since baseline (2021–22 Q2), the proportion of NDIS participants who spent their free time doing activities that interested them has increased by 0.5 percentage points (65.5% in 2021–22 Q2 to 66.0% in 2024–25 Q3) (Figure 3.2). The trend dipped to its lowest point in 2023–24 Q1 (64.1%) before rising to 66.0%.

- There has been an overall increase in the average time waited for both public housing (134 days) and state owned and managed Indigenous housing (SOMIH; 422 days) since baseline. This means that more households which have a person with disability as a member are on average waiting longer (Figure 3.1). In particular the average time waited for SOMIH housing has more than doubled since baseline. Because the number of households with disability that are allocated each year for SOMIH are small, averages can be skewed if a household is allocated that has been waiting a long time. For the 2023–24 period, an increase in both the number of allocations and the number of days waited have caused the increase in the average wait time for SOMIH households.

- Since baseline, the proportion of people with disability who participated in social activities has decreased by four percentage points (Figure 3.3). Overall, the trend appears to be decreasing since its peak of 78% in 2010.

Information on each measure below includes the latest update, baseline and progress status, key demographic insights, and a chart showing the direction of the change since baseline.

Table 3.1: Inclusive homes and communities

Measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Policy Priority: Housing affordability/stress						
Average time waited for newly allocated households with a member with disability in public housing or SOMIH*	2020–21	413 days *public housing* 389 days *SOMIH*	2023–24	547 days *public housing* 811 days *SOMIH*	134 days *public housing* 422 days *SOMIH*	Regress
Policy Priority: Social inclusion and participation						
Proportion of NDIS participants who spend free time doing activities that interest them[a]	2021–22 Q2	65.5%	2024–25 Q3	66.0%	0.5 pp	Improving

(continued)

Measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Policy Priority: Social inclusion and participation						
Proportion of people with disability who are an active member of club or association, or participate in community, political, religious, activism, or nonprofit activities*	2018	75%	2022	71%	-4 pp	Regress

*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.

pp – percentage points; SOMIH – state owned and managed Indigenous housing.

(a) 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'.

Table 3.2: Inclusive homes and communities measures with data available for the first time in 2025

Measure	Baseline time point	Baseline value	Progress status
Policy Priority: Housing affordability/stress			
Proportion of people with disability whose home is suitable and accessible	2024	83%	Not known yet
Policy Priority: Information and communication systems accessibility			
Proportion of people with disability reporting the internet sites and apps they want to use are accessible	2024	82%	Not known yet

Policy Priority: Housing affordability and housing stress

This policy priority aims to ensure that people with disability live in houses that are affordable, safe, and secure.

Its purpose is to measure the wait for social housing where a person with disability is a member of the household. There are 2 measures under this policy priority:

• Average time waited for social housing (updated)

• Lower income housing stress.

The updated measure is discussed below.

Measure: Average time waited for social housing allocation

Full name – Average time waited for newly allocated households with a member with disability in public housing or SOMIH

Social housing is a form of housing assistance in Australia. Social housing programs are rental houses that are owned or managed by the government, such as public housing or state owned

and managed Indigenous housing (SOMIH), or by a community organisation (community housing, or Indigenous community housing) (AIHW 2025).

This measure examines the average time waited for newly allocated households, where at least one household member has a disability. The measure looks at both public housing and state owned and managed Indigenous housing (SOMIH). This measure has no disaggregated data. For more information, see Data Dictionary: Average time waited for social housing.

Average time waited for social housing allocation

Latest update: Public housing: 547 days, SOMIH: 811 days (2023–24)

Baseline: Public housing: 413 days, SOMIH: 389 days (2020–21)

Progress status: Regress

In 2023–24:

- for households with at least one person with disability, the average time waited for public housing increased to a peak at 637 days in 2022–23 before dropping to 547 days in 2023–24
- the average time waited for SOMIH (for households with at least one person with disability) increased from 406 days in 2022–23 to 811 days in 2023–24
- the proportion of newly allocated households with a member with disability in public housing increased slightly from 2020–21 (36%) to 2023–24 (37%)
- the proportion of newly allocated households (with a member with disability) in SOMIH stayed steady between 2020–21 (13%) and 2023–24 (13%).

Figure 3.1: Average time waited (days) for newly allocated households with a member with disability in public housing and SOMIH, 2011–12 to 2023–24
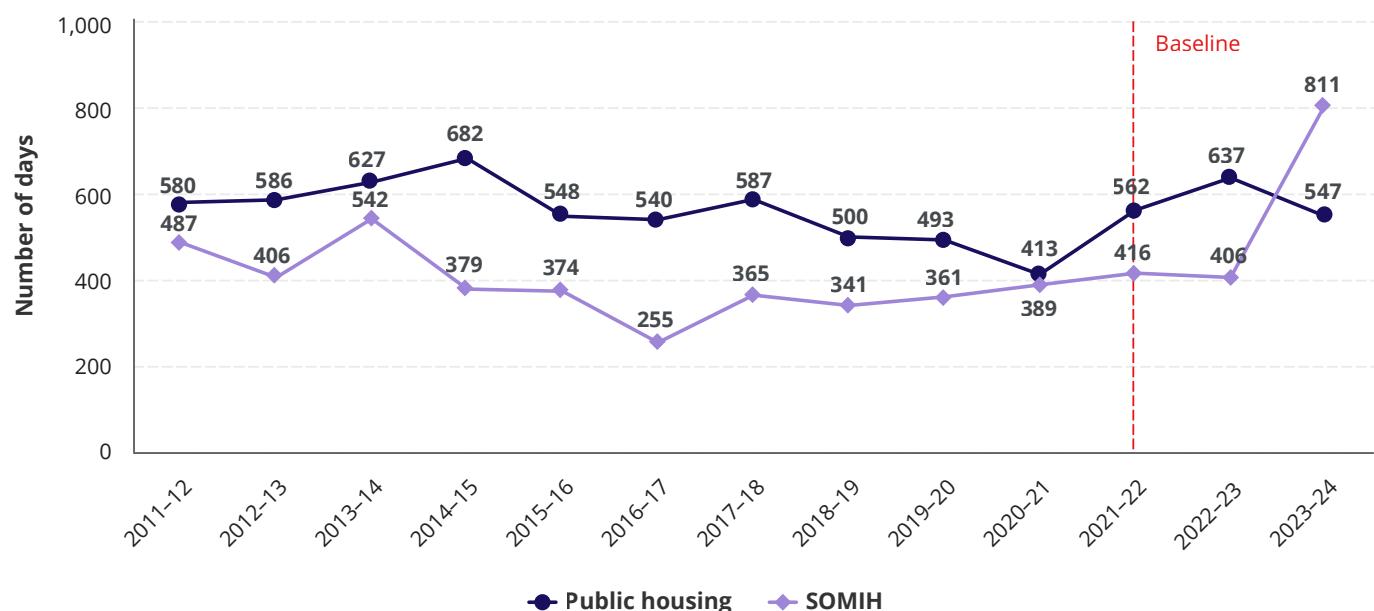
Source: AIHW NHADR.

For figure notes, see Appendix B: Figure notes and sources.

Policy Priority: Social inclusion and participation

People with disability want to connect with their communities and participate in social, recreational, sporting, religious and cultural events.

The "Social inclusion and participation" policy priority aims to support people with disability to take part in social and community activities they enjoy. There are 2 measures under this policy priority:

- NDIS participants pursuing interests (updated)
- Social participation (updated).

The updated measures are discussed below.

Measure: NDIS participants pursuing interests

Full name – Proportion of NDIS participants aged 15 to 64 who spend free time doing activities that interest them

Recreational activities are an important part of life for many people, enjoyed alone or with support from friends, family and the community. Such activities can help people with disability to be independent and participate in work and social activities (NDIS 2025).

This measure aims to look at the percentage of NDIS participants who spend their free time doing activities that interest them. For more information, see Data Dictionary: NDIS participants pursuing interests.

NDIS participants pursuing interests

Latest update: 66.0% (2024–25 Q3)

Baseline: 65.5% (2021–22 Q2)

Progress status: Improving

In the latest quarter (2024–25 Q3):

- the 15–24 age group was more likely to spent free time doing activities that interest them (76%) compared with the 45–64 age group (59%)
- of the disability groups, 86% of NDIS participants with Down syndrome spent their free time doing activities that interest them, compared with 47% of NDIS participants in the Psychosocial disability group.

Figure 3.2: Proportion of NDIS participants aged 15–64 who spend free time doing activities that interest them, 2021–22 Q2 to 2024–25 Q3
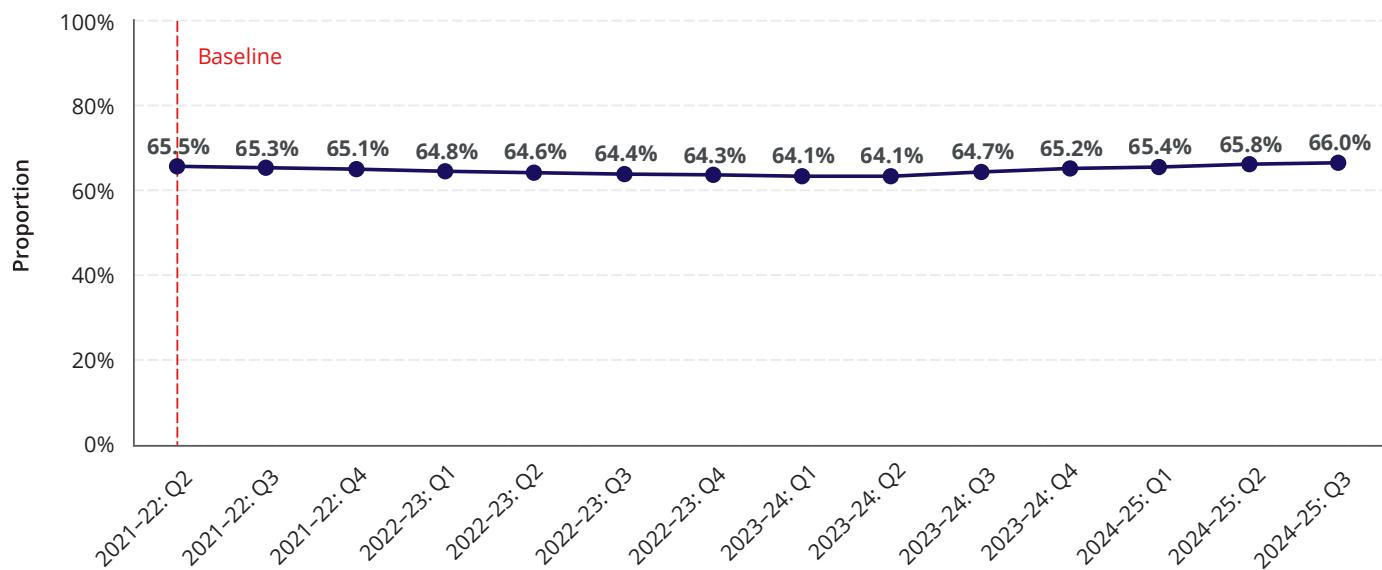
Source: NDIA Business Systems.

For figure notes, see Appendix B: Figure notes and sources.

Measure: Social participation

Full name – Proportion of people with disability who are an active member of club or association, or participate in community, political, religious, activism, or nonprofit activities

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 2024). 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 2024). For more information, see Data Dictionary: Social participation.

The measure looks at the percentage of people with disability who participated in social activities (were an active member of club or association, or participated in community, political, religious, activism, or nonprofit activities).

Social participation

Latest update: 71% (2022)

Baseline: 75% (2018)

Progress status: Regress

In 2022, participation in social activities varied by characteristics of people with disability:

- 73% of females and 69% of males participated in social activities
- 74% of those aged 65 and over, 70% of those aged 25–44 or 45–64, and 69% of those aged 15–24 participated
- 78% of people from CALD backgrounds with high English proficiency participated compared with 70% of people from non-CALD backgrounds
- 82% of those with bachelor's degree or higher participated compared with 64% of those with Year 11 and below.

Figure 3.3: Proportion of people with disability (aged 15 and over) who participated in social activities (were an active member of club or association, or participated in community, political, religious, activism, or nonprofit organisations), 2006 to 2022
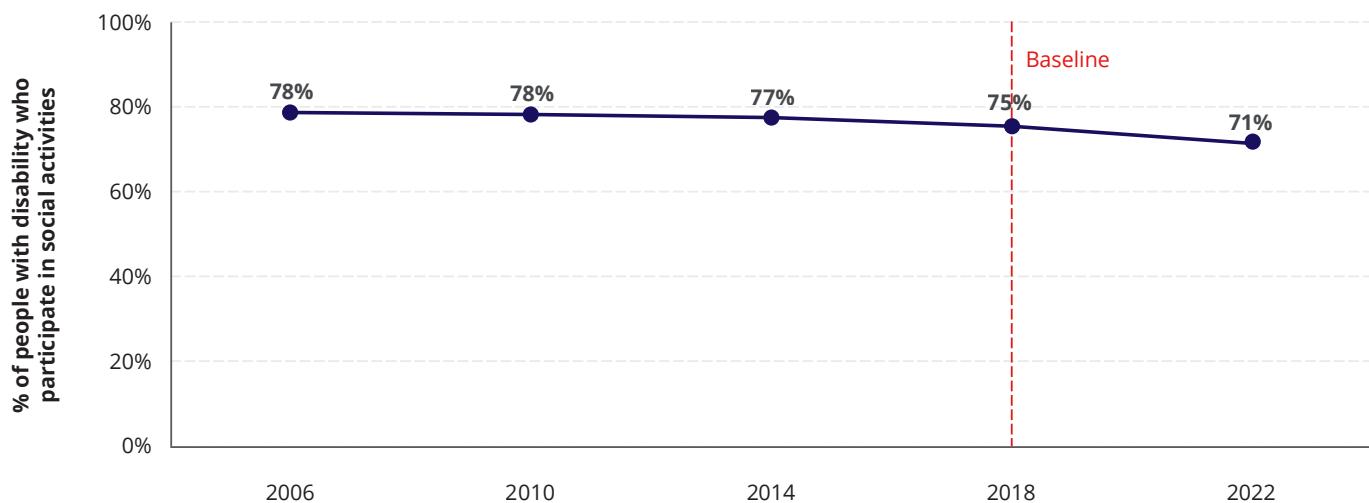
Source: Department of Social Services – Household, Income and Labour Dynamics in Australia (HILDA) Survey.

For figure notes, see Appendix B: Figure notes and sources.

References

AIHW (2024) 'Social inclusion and community support', *People with disability in Australia*, AIHW, Australian Government, accessed 08 October 2025.

AIHW (2025) *Housing assistance in Australia*, AIHW, Australian Government, accessed 8 October 2025.

NDIS (2025) *Our Guidelines*, NDIA, Australian Government, accessed 8 October 2025.

4

Safety, rights and justice

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. Community acceptance of the rights and experiences of people with disability:

- will maximise individual power and autonomy
- support economic participation, social inclusion, safety and equality.

Policy priorities

1. **Safety from violence, abuse, neglect and exploitation** (2 measures): Making sure services for people with disability are high quality and safe, and that people with disability are safe.
2. **Trauma-informed policy, processes and programs** (2 measures): Improving access to services that support people with disability who have experienced trauma.
3. **Violence against women and their children** (4 measures): Keeping women and children with disability safe from violence, abuse and neglect.
4. **Rights are protected and upheld** (4 measures): Protecting the rights of people with disability, decreasing discrimination, and improving access to supports that help people with disability stand up for themselves and make their own decisions.
5. **Access to justice** (2 measures): Supporting access to justice for people with disability.
6. **Equitable treatment in criminal justice system** (2 measures): Reducing the use of criminal justice interventions when responding to the needs of some people with disability.

2025 Summary

Data are available for 10 out of 16 measures. In 2025:

- 5 measures were updated (Table 4.1)
- 4 measures had baseline data added (Table 4.2)
- 1 measure was not updated.

Of the 5 updated measures:

- 2 showed improvement
- 3 showed regression.

Overall, this Outcome Area is showing mixed progress since 2021.

- Two out of 10 measures showed improvements and 1 showed no change.
- Three out of 10 measures showed regression and for 4 measures the change is not yet known.

Key findings

- 66% of assessed clients reported improved choice and control in 2023–24, 4 percentage points higher than at baseline (62%), indicating an improvement since the start of the Strategy (Figure 4.3). In 2021–22, the percentage decreased to 59% but has steadily increased to its highest peak in 2023–24 (66%).
- 38.1% of NDIS participants aged 15–64 responded that they felt able to advocate for themselves in Q3 of 2024–25, an increase of 0.8 percentage point since Q2 of 2021–22 (37.3%), indicating an improvement since the start of the Strategy.
- There were 3.1 complaints related to abuse and neglect per 1,000 NDIS participants in 2023–24, an increase of 0.8 from the baseline of 2.3 in 2020–21 (Figure 4.1). In 2022–23, the number of complaints related to abuse and neglect per 1,000 NDIS participants increased to 3.2 complaints per 1,000 NDIS participants, before decreasing to 3.1 in 2023–24. Alongside this increase, the overall number of complaints received increased from 7,843 in 2020–21 to 29,054 in 2023–24. The rise in complaints of abuse and neglect may reflect a growing awareness among NDIS participants of their rights and the Commission's role in protecting them.
- 76% of Specialist Homelessness Services (SHS) clients with disability in 2023–24 experiencing domestic and family violence were provided with assistance for accommodation when needed, dropping 6 percentage points (82%) since the Strategy began (Figure 4.2).
- 61% of lodged complaints related to disability discrimination were successfully resolved by conciliation in 2023–24, a decrease of 11 percentage points (72%) from baseline, indicating a regress since the Strategy began (Figure 4.4). After a peak in 2017–18 where 74% of lodged complaints were successfully resolved by conciliation, the trend has fluctuated considerably. Since baseline (71%; 2020–21), the proportion of lodged complaints successfully resolved dropped to its second lowest at 61% in 2022–23 and remained there in 2023–24.

Information on each measure below includes the latest update, baseline and progress status, key demographic insights, and a chart showing the direction of the change since baseline.

Table 4.1: Safety, rights and justice measures updated in 2025

Measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Policy Priority: Safety from violence, abuse, neglect and exploitation						
Number of complaints related to abuse and neglect per 1,000 NDIS participants	2021–22	2.3 complaints per 1,000 NDIS participants	2023–24	3.1 complaints per 1,000 NDIS participants	0.8 complaints per 1,000 NDIS participants	Regress
Policy Priority: 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*	2020–21	82%	2023–24	76%	-6 pp	Regress
Policy Priority: Rights are protected and upheld						
Proportion of assessed NDAP clients who reported improved choice and control to make their own decision*	2020–21	62%	2023–24	66%	4 pp	Improving**
Proportion of complaints related to disability discrimination lodged with the AHRC that are successfully resolved by conciliation*	2020–21	72%	2023–24	61%	-11 pp	Regress
Proportion of NDIS participants who feel able to advocate (stand up) for themselves	2021–22 Q2	37.3%	2024–25 Q3	38.1%	0.8 pp	Improving

*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.

AHRC – Australian Human Rights Commission; NDAP – National Disability Advocacy Program; NDIS – National Disability Insurance Scheme; pp – percentage points; SHS – specialist homelessness services.

Table 4.2: Safety, rights and justice measures that had data available for the first time in 2025

Measure	Baseline time point	Baseline value	Progress status
Policy Priority: Safety from violence, abuse, neglect and exploitation			
Proportion of adults with disability aged 18 years and over who have experienced violence, compared with adults without disability	2021–22	12% *with disability* 9.7% *without disability*	Not known yet
Policy Priority: Trauma-informed policy, processes and programs			
Proportion of people with disability who experienced assault and sought advice or support after the most recent incident	2021–22	65% for physical assault by male 59% for sexual assault by male towards female	Not known yet
Policy Priority: Violence against women and their children			
Proportion of women with disability aged 18 years and over who have experienced family or domestic violence, compared with women without disability	2021–22	11% *with disability* 7.7% *without disability*	Not known yet
Policy Priority: Access to justice			
Proportion of people with disability supported to communicate and participate when interacting with police or judicial officers at court	2024	68%	Not known yet

Policy Priority: Safety from violence, abuse, neglect and exploitation

This policy priority aims to protect people with disability from experiencing violence, abuse, neglect and exploitation which is essential to maximising their safety and equality. Its purpose is to make sure services for people with disability are high quality and safe, and that people with disability are safe. There are 2 measures under this policy priority area:

- NDIS complaints abuse and neglect (updated)
- Experience of violence (baseline added).

The updated measure is discussed below.

Measure: NDIS complaints abuse and neglect

Full name – Number of complaints related to abuse and neglect per 1,000 NDIS participants

The NDIS Quality and Safeguards Commission (NDIS Commission) is an independent agency established to improve the quality and safety of NDIS (National Disability Insurance Scheme) supports and services. For more information, see Data Dictionary: NDIS complaints abuse and neglect.

The measure tracks the number of complaints related to abuse and neglect (by an NDIS support or service) per 1,000 NDIS participants. This measure is disaggregated by states and territories only.

> **NDIS complaints abuse and neglect**
>
> **Latest update:** 3.1 complaints per 1,000 NDIS participants (2023–24)
>
> **Baseline:** 2.3 complaints per 1,000 NDIS participants (2021–22)
>
> **Progress status:** Regress

Figure 4.1: Number of complaints related to abuse and neglect per 1,000 NDIS participants, 2021–22 and 2023–24
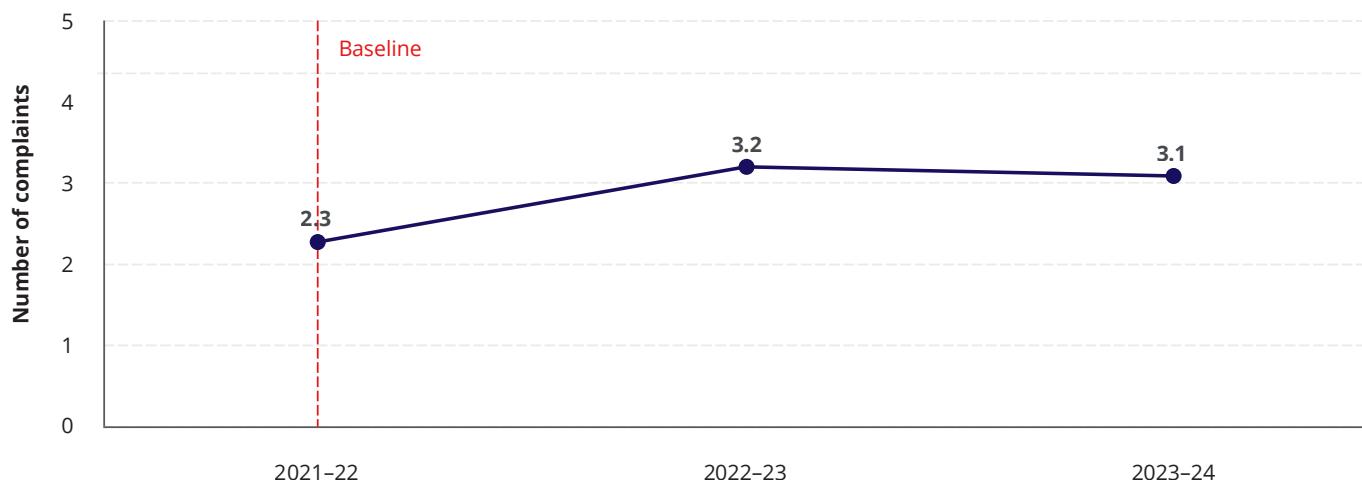
Source: NDIS Quality and Safeguards Commission.

For figure notes, see Appendix B: Figure notes and sources.

Policy Priority: 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, such as women and their children, are essential to improving the safety of people with disability.

The Strategy should be considered in conjunction with other plans such as the next National Plan to End Violence against Women and Children 2022–2033 and the Safe & Supported: The National Framework for Protecting Australia's Children 2021–2031.

The purpose of the "Violence against women and their children" policy priority is to provide timely support to women and children with disability experiencing domestic and family violence who need assistance. There are 2 measures under this policy priority area:

• Access to safe and secure housing (updated)

• Experience of domestic violence (baseline added).

The updated measure is discussed below.

Measure: Access to safe and secure housing

Full name – [Proportion of Specialist Homelessness Services (SHS) clients with disability experiencing domestic and family violence who are provided assistance for accommodation when needed](#).

People with disability may have a greater exposure to risk factors associated with homelessness than the general population. Domestic and family violence can result in people with disability, including those with severe or profound disability, seeking homelessness services ([AIHW 2025](#)).

[Specialist homelessness services (SHS)](#) provide accommodation-related and/or personal assistance to people who are experiencing or are at risk of homelessness. For more information, see [Data Dictionary: Access to safe and secure housing](#).

The measure looks at the percentage of SHS clients with disability who experienced domestic and family violence who are provided assistance for accommodation when needed.

Access to safe and secure housing

Latest update: 76% (2023–24)

Baseline: 82% (2020–21)

Progress status: Regress

In 2023–24:

- 79% of First Nations clients with disability were provided assistance with accommodation when needed, and 75% of non-Indigenous clients
- 83% of clients aged 0–14 were provided assistance with accommodation when needed, compared with 71% in both the 15–24 and 45–64 age groups
- 82% of clients with disability from CALD backgrounds were provided assistance with accommodation when needed, compared with 75% among the non-CALD group
- 92% of clients with disability from Remote and very remote areas were provided assistance with accommodation when needed, compared with 69% in *Inner regional* areas.

Figure 4.2: Proportion of SHS clients with disability (all ages) experiencing domestic and family violence who are provided assistance for accommodation when needed, 2013–14 to 2023–24
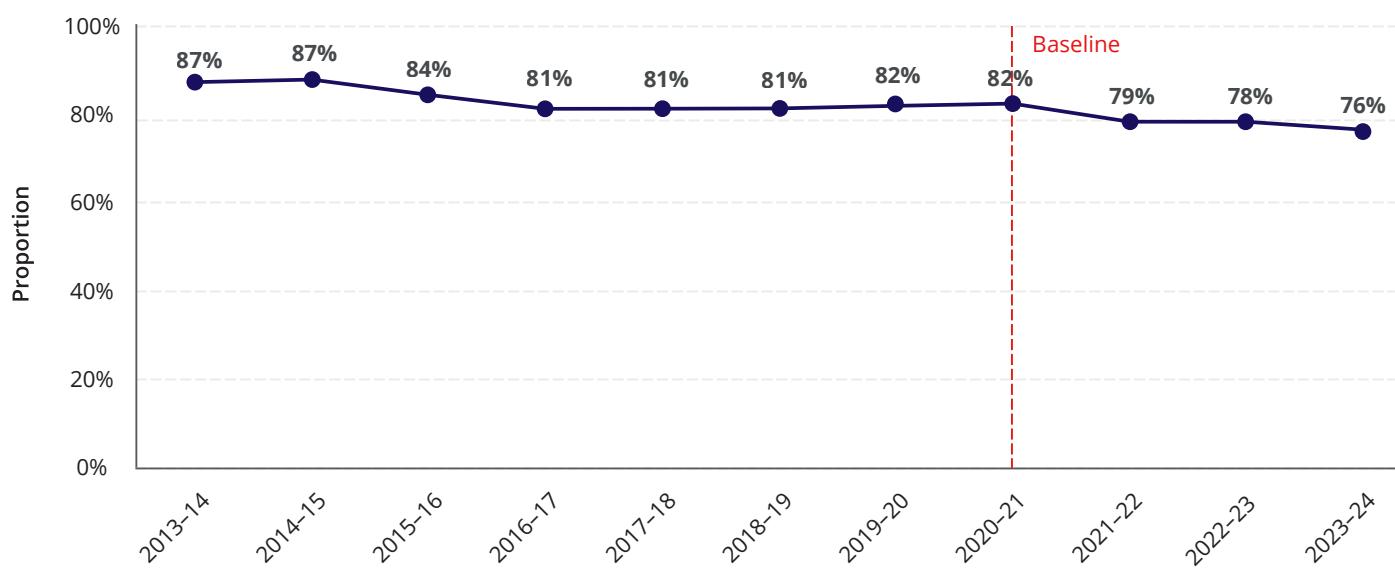
Source: Specialist Homelessness Services Collection (SHSC).

For figure notes, see Appendix B: Figure notes and sources.

Policy Priority: 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.

The purpose of the "Rights are protected and upheld" policy priority is to decrease discrimination by supporting and strengthening the organisations responsible for protecting the rights of people with disability. It aims to improve access to supports that help people with disability stand up for themselves and make their own decisions.

There are 4 measures under this policy priority area:

• Advocacy program support (updated)

• Discrimination complaints resolved (updated)

• Freedom from discrimination

• NDIS participants capacity to self-advocate (updated).

Updated measures are discussed below.

Measure: Advocacy program support

Full name – Proposition of assessed NDAP clients who reported improved choice and control to make their own decisions

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 (Department of Health, Disability and Ageing 2025). For more information, see Data Dictionary: Advocacy program support.

The measure examines the percentage of NDAP clients who reported having improved choice and control to make their own decisions.

Advocacy program support

Latest update: 66% (2023–24)

Baseline: 62% (2020–21)

Progress status: Improving

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

In 2023–24:

- 64% of assessed NDAP clients aged under 25 reported improved choice and control, compared with 67% aged 45–64
- 70% of NDAP clients from CALD backgrounds reported improved choice and control, compared with 66% among non-CALD NDAP clients
- 69% of NDAP clients with psychiatric disability reported improved choice and control, compared with 66% of clients with sensory/speech disability.

Figure 4.3: Proportion of assessed NDAP clients (all ages) who reported improved choice and control to make their own decisions, 2020–21 to 2023–24
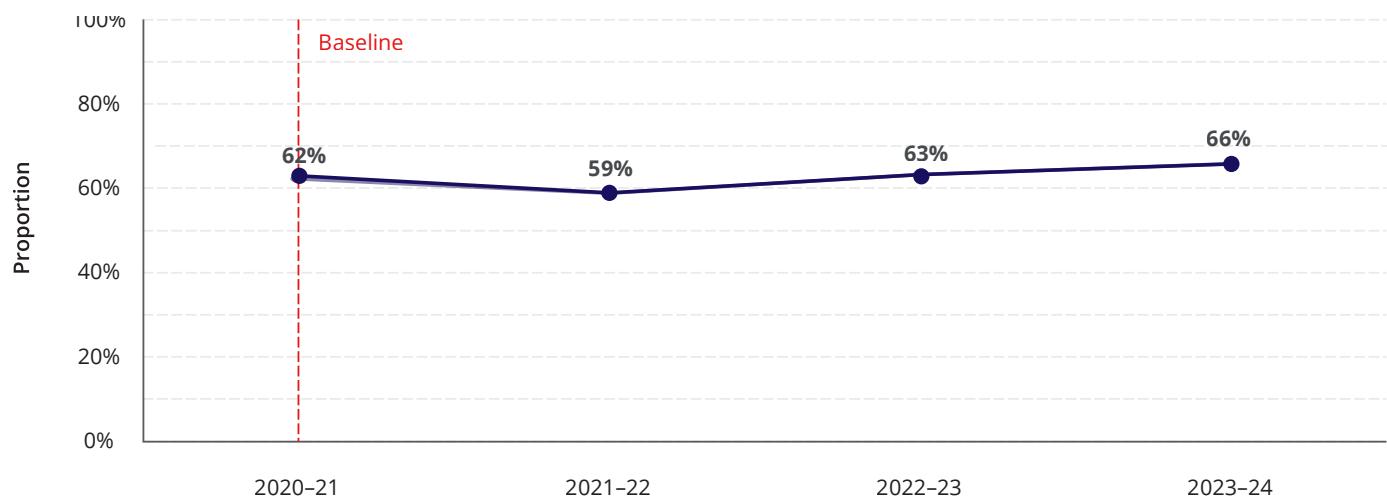
Source: Department of Social Services – Data Exchange.

For figure notes, see Appendix B: Figure notes and sources.

Measure: Discrimination complaints resolved

Full name – [Proportion of complaints related to disability discrimination lodged with the AHRC that are successfully resolved by conciliation](#)

Disability discrimination occurs when a person with disability is treated less favourably than a person without disability in circumstances that are not materially different.

Under the *[Disability Discrimination Act 1992](#)* (Commonwealth), it is unlawful to discriminate against a person because of their disability in employment, education, goods, services and facilities, accommodation and access to premises ([AHRC 2014](#)). Relatives, friends and carers are also protected if they are discriminated against because of their association with a person with disability ([AHRC 2012](#)). For more information, see [Data Dictionary: Discrimination complaints resolved](#).

The measure explores the percentage of complaints related to disability discrimination lodged with the [Australian Human Rights Commission (AHRC)](#) that are successfully resolved by conciliation. This measure is disaggregated by the type of complaint.

Discrimination complaints resolved

Latest update: 61% (2023–24)

Baseline: 72% (2020–21)

Progress status: Regress

In 2023–24:

- the highest percentage of complaints successfully resolved by conciliation related to goods, services and facilities (55%)
- the lowest percentage of complaints successfully resolved by conciliation related to access to premises (11%).

Figure 4.4: Proportion of complaints related to disability discrimination lodged with the AHRC that were successfully resolved by conciliation, 2011–12 to 2023–24
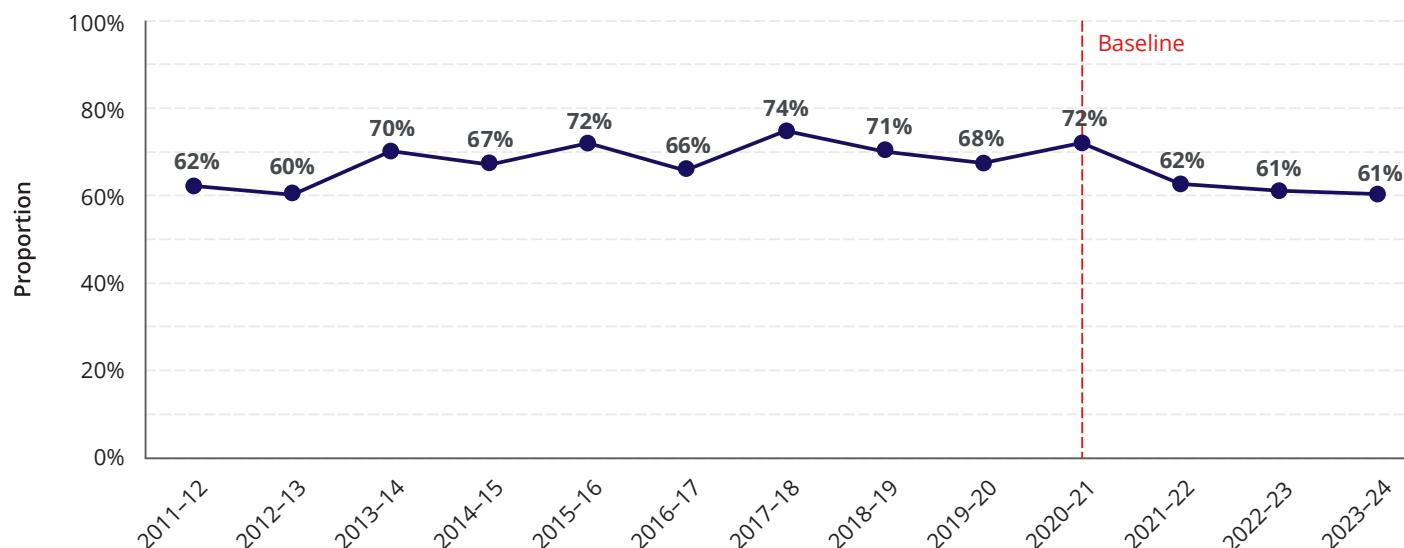
Source: AHRC annual reports 2011–12 to 2014–15; AHRC complaints statistics 2015–16 to 2023–24.

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

Measure: NDIS participants capacity to self-advocate

Full name – [Proportion of NDIS participants aged 15 to 64 who feel able to advocate (stand up) for themselves](#)

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 2020](#)). For more information, see [Data Dictionary: NDIS participants capacity to self-advocate](#).

The measure examines the percentage of NDIS participants aged 15–64 who responded that they felt able to advocate for themselves.

> **NDIS participants capacity to self-advocate**
>
> **Latest update:** 38.1% (2024–25 Q3)
>
> **Baseline:** 37.3% (2021–22 Q2)
>
> **Progress status:** Improving
>
> In 2024–25 Q3:
>
> - 48% of NDIS participants aged 45–64 felt able to advocate for themselves, compared with 25% of those aged 15–24
> - 82% of NDIS participants with a spinal cord injury felt able to advocate for themselves, followed by 78% of NDIS participants with multiple sclerosis, compared with 16% of NDIS participants with Down syndrome.

Figure 4.5: Proportion of NDIS participants aged 15–64 who feel able to advocate (stand up) for themselves, 2021–22 Q2 to 2024–25 Q3
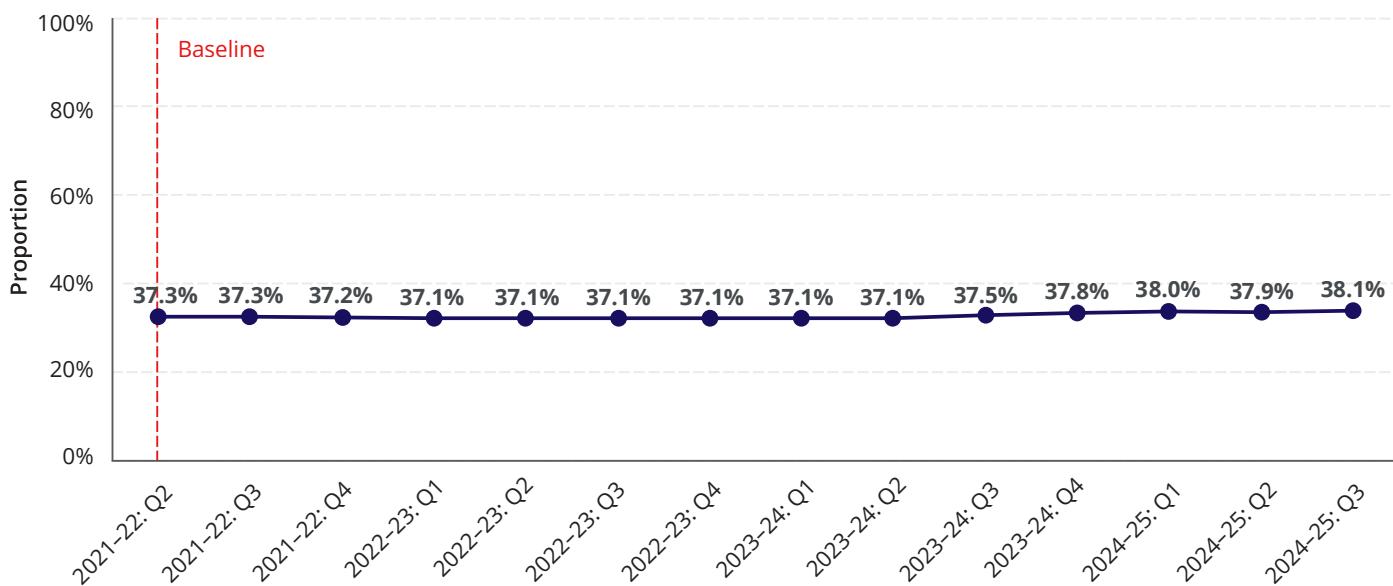
Source: NDIA Business Systems.

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

References

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5

Personal and community support

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. Personal and community supports can include:

- specialist disability services (for example, the NDIS)
- mainstream services
- unpaid carers
- carer supports services and assistive technology.

For more information, see Australia's Disability Strategy 2021–2031.

Policy priorities

1. **Availability of support** (3 measures): Making sure people with disability have access to and receive the support services they need.
2. **People with complex, high needs are supported** (2 measures): Providing services that support those people with disability who have complex high needs.
3. **Informal and carer supports** (2 measures): Providing enough services and alternative care arrangements to give carers of people with disability the support they need.
4. **Availability of assistive technology** (2 measures): Improving access to assistive technologies and aids for people with disability.

The policy priority "Informal and carer supports" did not have data updates for 2025 and is not included in this report.

2025 Summary

Data are available for 8 of 9 measures. In 2025:

- 2 measures were updated (Table 5.1)
- 1 measure had data available for the first time (Table 5.2)
- 5 measures were not updated.

Of the 2 updated measures:

- 1 showed improvement
- 1 showed regression.

Overall, this Outcome Area is not improving since 2021.

- Two of the 3 measures for Availability of the support showed no change and regression. Progress for the third measure is not yet known.
- The only measure for People with complex, high needs are supported policy priority is improving.
- Of the 2 measures for Informal and carer supports, 1 regressed and 1 showed no change.
- Both measures for Availability of assistive technology showed regression.

Key findings

- According to the latest data (2024–25 Q3), 80% of NDIS participants aged 15–64 believed that the NDIS had helped them have more choice and control over their life after 2 years in the scheme. This was an increase of 5 percentage points since baseline (2021–22 Q2; 75%) (Figure 5.1). The proportion has increased gradually over the life of the Strategy.
- Since baseline, the proportion of NDIS participants who received assistive technology supports has decreased by 13 percentage points, from 49% in Q2 of 2021–22 to 36% in Q4 of 2024–25. This indicated a regression since the Strategy began (Figure 5.2).

Information on each measure below includes the latest update, baseline and progress status, key demographic insights, and a chart showing the direction of the change since baseline.

Table 5.1: Personal and community support measures updated in 2025

Measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Policy Priority: 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	2021–22 Q2	75%	2024–25 Q3	80%	5 pp	Improving
Policy Priority: Availability of assistive technology						
Proportion of NDIS participants who received assistive technology supports	2021–22 Q2	49%	2024–25 Q4	36%	-13 pp	Regress

NDIS – National Disability Insurance Scheme; pp – percentage points.

Table 5.2: Personal and community support measures with data available for the first time in 2025

Measure	Baseline time point	Baseline value	Progress status
Policy Priority: Availability of support			
Proportion of people with disability who report that they can access mainstream support services when they need them, compared with people without disability	2024	80% of people with disability 89% of people without disability	Not known yet

Policy Priority: People with complex, high needs are supported

This policy priority aims to measure NDIS services that support people with disability who have complex high needs.

The NDIS supports people with disability caused by a permanent impairment, which may be intellectual, cognitive, neurological, sensory, physical or psychosocial (NDIS 2025a). The NDIS provides funding for people with disability to receive a package of flexible supports that meet their needs.

The purpose of the "People with complex, high needs are supported" policy priority is to determine if NDIS participants with complex needs have choice and control to receive the support they need. There are 2 measures under this policy priority:

- NDIS participants choice and control (updated)
- NDIS individual support.

The updated measure is discussed below.

Measure: NDIS participants choice and control

Full name – 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

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). For more information, see Data Dictionary: NDIS participants choice and control.

The measure examines the percentage of NDIS participants who responded 'Yes' to 'Has the NDIS helped you have more choice and control over your life?' after two years in the scheme.

NDIS participants choice and control

Latest update: 80% (2024–25 Q3)

Baseline: 75% (2021–22 Q2)

Progress status: Improving

In 2024–25 Q3:

- the highest proportion of NDIS participants who believed the NDIS had helped them have more choice and control (after two years in the scheme) was among those aged 45–64 (84%), compared with 74% for NDIS participants aged 15–24

- NDIS participants in *Major cities* and regional centres (populations over 50,000, and between 5,000 and 15,000) reported the highest rates of increased choice and control after two years in the scheme (80%), compared with 74% in *Remote and very remote* areas

- by disability group, 90% of NDIS participants with multiple sclerosis believed the NDIS helped them have more choice and control (after 2 years in the scheme), compared with 71% of participants with a hearing impairment or other sensory/speech disability.

Figure 5.1: 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, 2021–22 Q2 to 2024–25 Q3
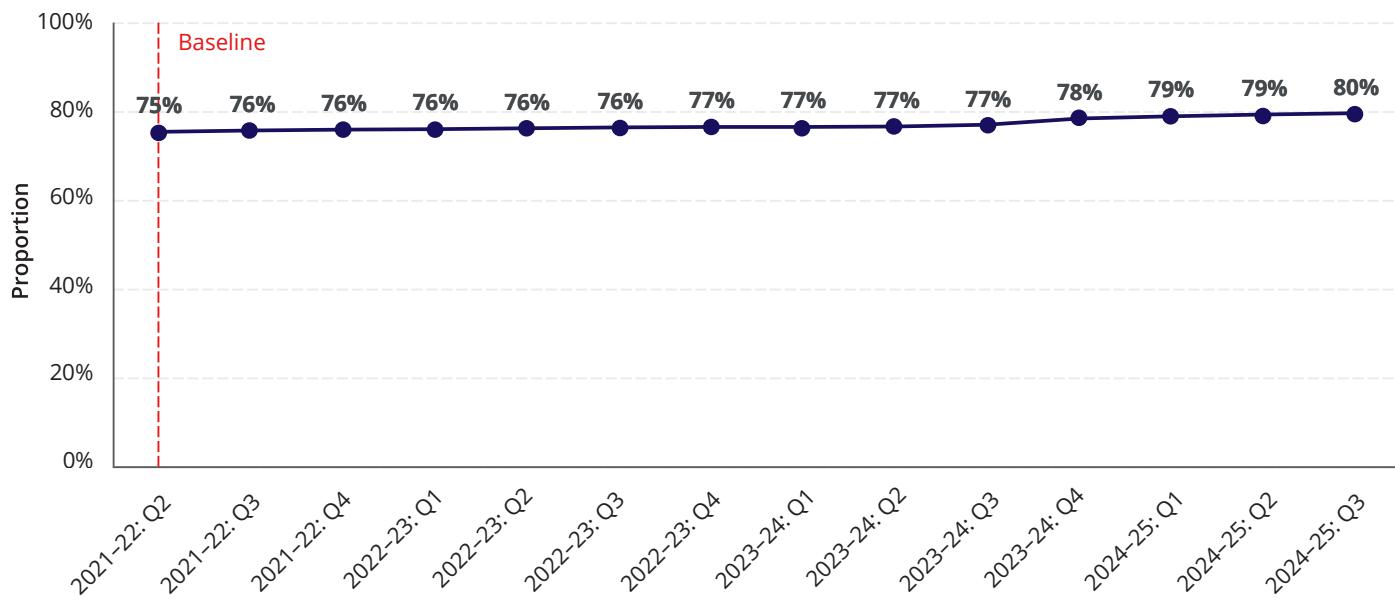
Source: NDIA Business Systems.

For figure notes, see Appendix B: Figure notes and sources.

Policy Priority: Availability of assistive technology

Assistive technology comprises devices or systems used by people to make tasks easier. Apps on a smart phone and remote controls are examples of this technology. 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.

The purpose of the "Availability of assistive technology" policy priority is to increase and support access to assistive technologies and aids where needed for people with disability. There are 2 measures under this policy priority:

- NDIS participants use of assistive technology (updated)
- Additional aids.

The updated measure is discussed below.

Measure: NDIS participants use of assistive technology

Full name – Proportion of NDIS participants who received assistive technology supports in the last 12 months

Assistive technology helps people with disability do things they may not otherwise be able to do easily or safely due to their disability. Assistive technology is designed to help with everyday tasks and may reduce the need for other supports over time (NDIS 2025b). For more information, see Data Dictionary: NDIS participants use of assistive technology.

The measure looks at the percentage of NDIS participants who received assistive technology supports in the last 12 months.

NDIS participants use of assistive technology

Latest update: 36% (2024–25 Q4)

Baseline: 49% (2021–22 Q2)

Progress status: Regress

Note: *Decision made in December 2025 to suspend reporting pending data review.*

In 2024–25 Q4:

- the proportion of female NDIS participants who received assistive technology supports was 44%, compared with 30% of male participants
- the age group with the highest percentage of NDIS participants who received assistive technology supports was 45–64 years (50%), and the lowest was the 15–24 age group (26%)
- by disability group, the highest percentage of NDIS participants who received assistive technology support was for the spinal cord injury group (87%) and the lowest was other sensory/speech group (15%).

Figure 5.2: Proportion of NDIS participants aged 15–64 who received assistive technology supports, 2021–22 Q2 to 2024–25 Q4
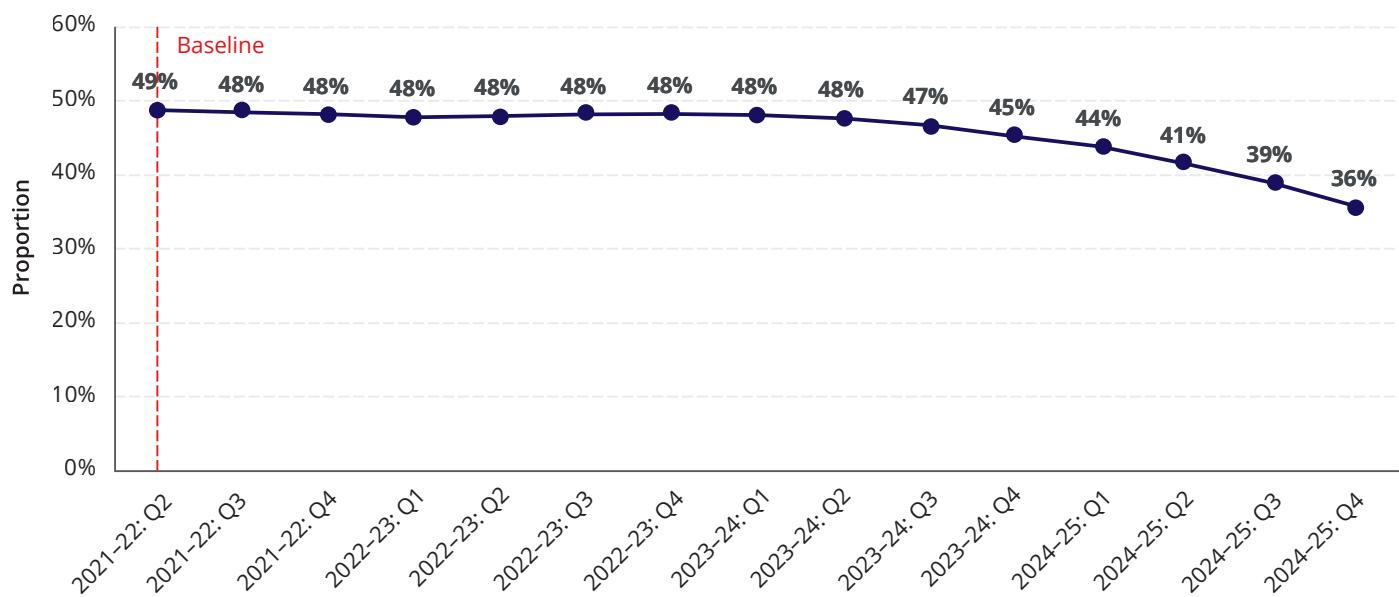
Source: NDIA – Business Systems.

For figure notes, see Appendix B: Figure notes and sources.

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Education and learning

6

6. Education and learning

Why is this outcome area important?

Participation in education, both formal and informal, is critical to:

- developing skills
- providing pathways to find fulfilling employment
- gain financial independence.

Education leads to enhanced general wellbeing and enriched lives.

Policy priorities

1. **Participation in early childhood education** (2 measures): Helping children with disability to be ready to start school.
2. **Participation in school education** (4 measures): Supporting students with disability to finish high school.
3. **Participation in tertiary education** (4 measures): Supporting people with disability to participate in and complete additional education after high school.
4. **Participation in informal education (life skills)** (2 measures): Supporting people with disability to continue to learn life skills.

2025 Summary

Data are available for 8 of 12 measures. In 2025:

- 5 measures were updated (Table 6.1)
- 1 measure had data available for the first time (Table 6.2)
- 2 measures were not updated.

Of the 5 updated measures:

- 1 showed improvement
- 2 showed no change
- 2 showed a regression.

Overall, this Outcome Area is not showing improvement since 2021.

- The single measure for Participation in early childhood education showed no change.
- Both measures for Participation in school education showed improvement.

- Of the 4 measures for Participation in tertiary education, 1 showed improvement, 1 showed no change and 2 measures showed regression.
- Progress for the single measure in Participation in informal education (life skills) is not yet known.

Key findings

- In 2024, 7.6% of children enrolled in a preschool program in the year before full-time schooling (YBFS) had disability. This was higher than in 2023, when 7.1% of children enrolled in a preschool program in the YBFS had disability. However, children with disability were still under-represented in preschool programs: in 2022, 8.8% of children aged 4–5 in the community had disability. [2022 is the latest year for which data on prevalence of disability in the community are available.]
- Since baseline, the proportion of domestic VET students with disability aged 15–64 had decreased by 0.5 percentage points, from 4.4% in 2021 to 3.9% in 2023. This indicated that the measure has not improved since the start of the Strategy (Figure 6.2).
- In 2023, the proportion of domestic undergraduate higher education students with disability aged 15 and over was 13%. This was 3 percentage points higher than in 2021 (10%), which indicated an improvement in the measure since the start of the Strategy (Figure 6.3).
- The qualification completion rate for cohort 2019–2023 domestic VET students with disability aged 15–64 was 42% compared with 49% for those without disability. This represented a gap of 7 percentage points. The gap increased by one percentage point compared with the 2017–2021 cohort, indicating that the measure had not improved since the start of the Strategy. Between cohorts 2015–2019 and 2019–2023, the completion rate for students with disability increased from 39% to 42% (3 percentage points). For students without disability, it increased from 43% to 49% (6 percentage points) (Figure 6.4). The gap in completion rates between students with disability and students without disability had increased year on year from 4 percentage points for cohort 2015–2019 to 7 percentage points for cohort 2019–2023.
- Over half (55%) of domestic students with disability aged 15 and over who commenced their studies in 2018 had completed a higher education qualification (undergraduate or post-graduate) by 2023 (cohort 2018–2023). Likewise, 55% of students with disability who commenced their studies in 2016 had completed a qualification by 2021 (baseline cohort 2016–2021). This indicated that the measure had not improved since the start of the strategy. The proportion of domestic students with disability who completed a higher education qualification over a 6-year period had consistently fallen over time (Figure 6.5). While the proportion had fallen, the number of students had consistently increased over the reference period. More than 12,200 students with disability in the 2018–2023 cohort completed their qualification, compared with just under 4,700 students in the 2005–2010 cohort.

Information on each measure below includes the latest update, baseline and progress status, key demographic insights, and a chart showing the direction of the change since baseline.

Table 6.1: Education and learning measures updated in 2025

Measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Policy Priority: 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*	2021 2018	6.2% *preschool* 7.6% *community*	2024 2022	7.6% *preschool* 8.8% *community*	Baseline value gap: 1.4 pp. Latest value gap: 1.2 pp. Difference in gap: -0.2 pp	No change
Policy Priority: Participation in tertiary education						
Proportion of VET students with disability (aged 15–64)	2021	4.4%	2023	3.9%	-0.5 pp	Regress
Proportion of undergraduate higher education students with disability	2021	10%	2023	13%	3 pp	Improving
Qualification completion rate for VET students aged 15–64 with disability, compared with students without disability	Cohort 2017–2021	40% *with disability* 46% *without disability*	Cohort 2019–2023	42% *with disability* 49 % *without disability*	Baseline value gap: 6 pp Latest value gap: 7 pp Difference in gap: 1 pp	Regress
Proportion of students with disability who complete a higher education qualification	Cohort 2016–2021	54.9%	Cohort 2018–2023	55.3%	0.4 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.

pp – percentage points; VET – vocational education and training.

Table 6.2: Education and learning measures with data available for the first time in 2025

Measure	Baseline time point	Baseline value	Progress status
Policy Priority: Participation in informal education (life skills)			
Proportion of people with disability who report having participated in an informal learning activity in the last 12 months	2024	54%	Not known yet

Policy Priority: Participation in early childhood education

Quality early childhood education sets the foundation for all children to realise their potential, particularly vulnerable and disadvantaged children. High-quality, affordable and inclusive early childhood education and care help children with disability and their families to succeed in life. 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).

The purpose of the "Participation in early childhood education" policy priority is to support and encourage access and participation of children with disability in early childhood education and care settings. There are 2 measures under this policy priority:

- Preschool enrolment (updated)
- School readiness.

The updated measure is discussed below.

Measure: Preschool enrolment

Full name – 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

In Australia, preschool enrolment, or attendance, is not compulsory. However, recognising its benefits, the Australian Government has provided a per-child funding contribution since 2009 to support States in delivering 15 hours of quality preschool a week. This was initially through Universal Access National Partnership arrangements, and from 2022, through the Preschool Reform Agreement (Federal Financial Relations 2021). For more information, see Data Dictionary: Preschool enrolment.

The measure looks at the percentage of children enrolled in a preschool program in the year before fulltime schooling (YBFS) who have disability and compares it to the percentage of children aged 4 to 5 years who have disability in the community. The measure is disaggregated by state and territory data only.

> **Preschool enrolment**
>
> **Latest update:** 7.6% (preschool) (2024); 8.8% (community) (2022)
>
> **Baseline:** 6.2% (preschool) (2021); 7.6% (community) (2018)
>
> **Progress status:** No change

Figure 6.1: Proportion of children enrolled in a preschool program in the YBFS with disability, 2018 to 2024, compared with the proportion of children aged 4 to 5 with disability in the community, 2024
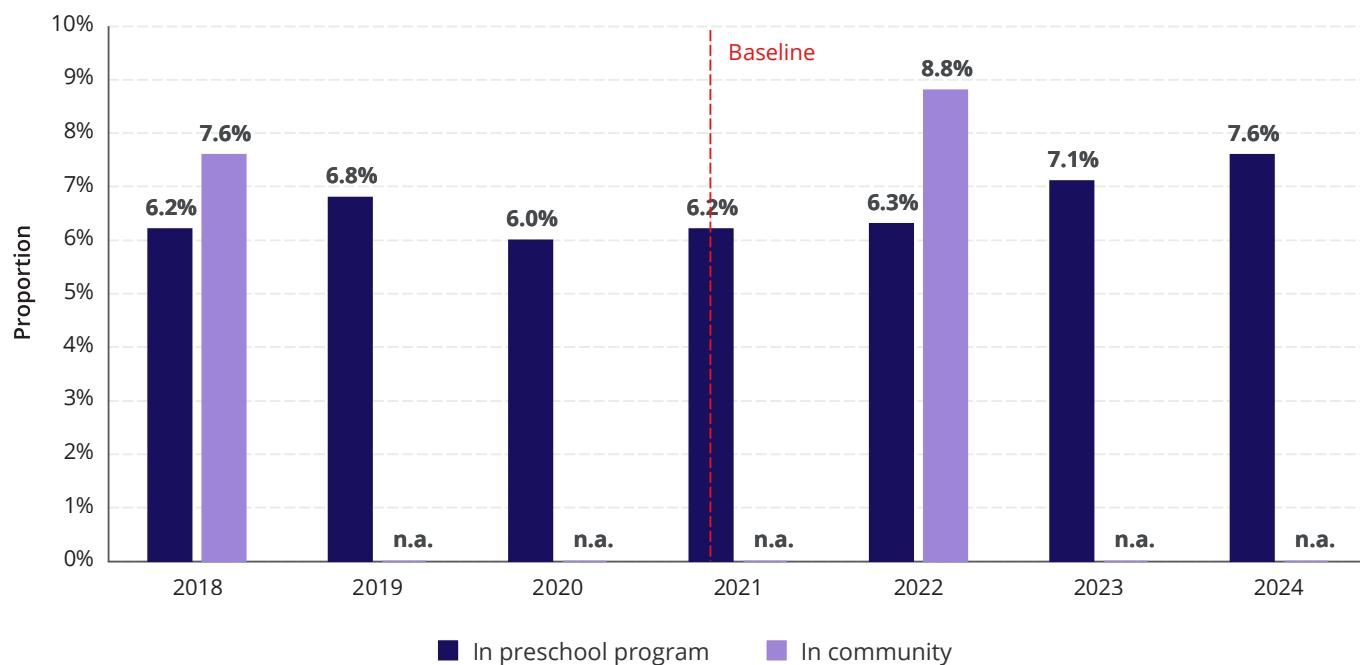
n.a. Data not available.

Source: SCRGSP. Report on government services, Part B: child care, education and training. Chapter 3. Early Childhood Education and Care, 2020, 2021, 2022, 2023 and 2024.

For figure notes, see Appendix B: Figure notes and sources.

Policy Priority: 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. 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 2024).

The purpose of the "Participation in tertiary education" policy priority is to support people with disability to participate in and complete additional education after high school. This includes VET and higher education qualifications. There are 4 measures under this policy priority:

- VET participation (updated)
- Undergraduate participation (updated)
- VET completion (updated)
- Higher education completion (updated).

The updated measures are discussed below.

Measure: VET participation

Full name – Proportion of VET students with disability (aged 15–64)

The VET sector provides individuals with the skills needed to get a job or change jobs and supports the development of technical and employability skills to participate in the workforce (Griffin 2020). VET is also an important pathway for educational re-engagement for early school leavers (Lim 2022). For more information, see Data Dictionary: VET participation.

The measure determines the percentage of VET students with disability aged 15–64.

VET participation

Latest update: 3.9% (2023)

Baseline: 4.4% (2021)

Progress status: Regress

In 2023:

- 9.1% of First Nations VET students had disability, compared with 4.0% of non-Indigenous VET students
- 5.0% of VET students from culturally and linguistically diverse (CALD) backgrounds had disability, compared with 1.7% among the non-CALD group.

Figure 6.2: Proportion of domestic VET students with disability aged 15–64, 2015 to 2023
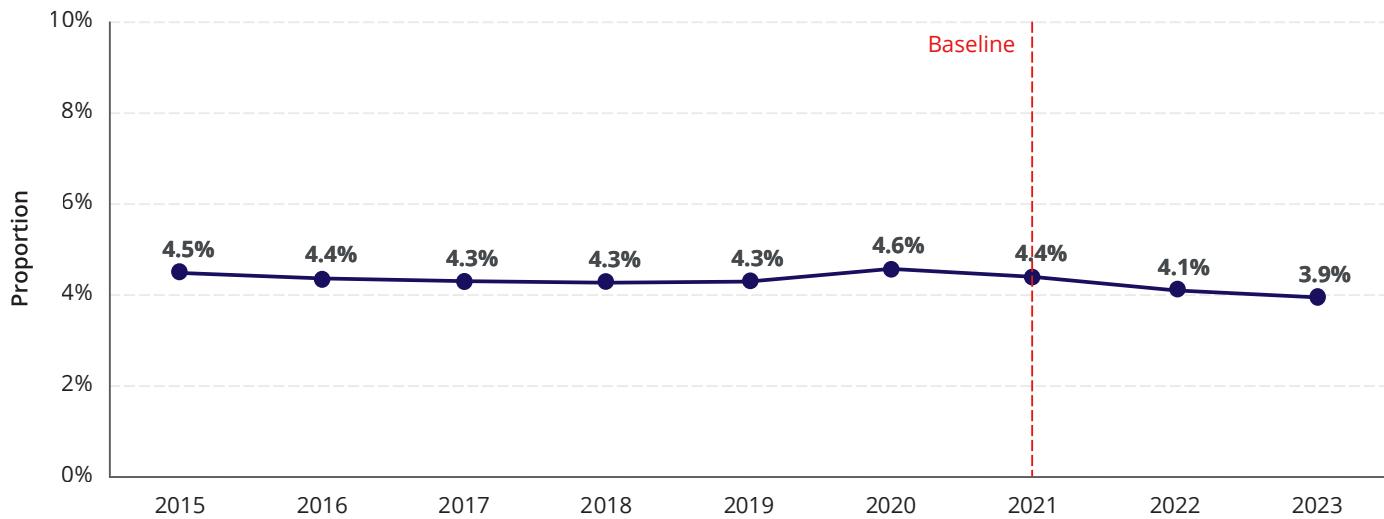
Source: NCVER 2024, Australian vocational education and training statistics: Total VET students and courses 2023 (DataBuilder).

For figure notes, see Appendix B: Figure notes and sources.

Measure: Undergraduate participation

Full name – Proportion of undergraduate higher education students with disability

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 (Department of Education 2025). For more information, see Data Dictionary: Undergraduate participation.

The measure looks at the percentage of undergraduate higher education students with disability.

Undergraduate participation

Latest update: 13% (2023)

Baseline: 10% (2021)

Progress status: Improving

In 2023:

- 20% of First Nations undergraduate higher education students had disability, compared with 12% of non-Indigenous students
- 22% of undergraduate higher education students aged 65 and over had disability, compared with 11% of undergraduate students aged 15–24
- of the undergraduate higher education students with disability, 49% had a mental health condition and 26% had a medical condition.

Figure 6.3: Proportion of undergraduate higher education students with disability aged 15 and over, 2011 to 2023*
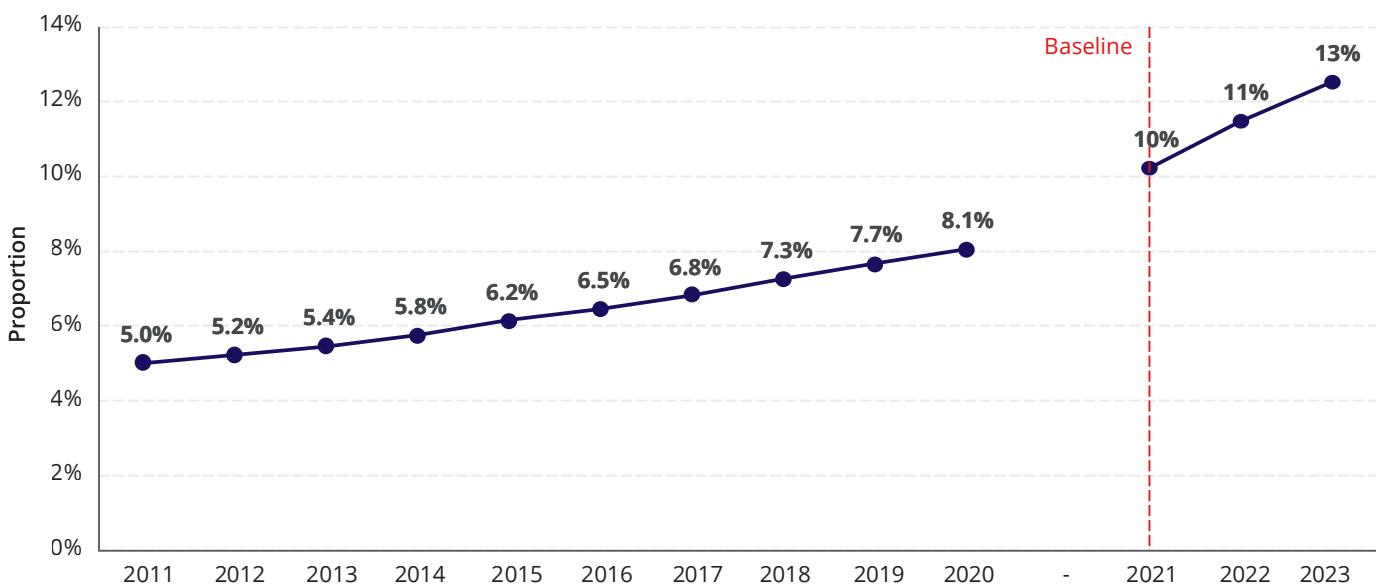
*Due to changes in data collection, data before and including 2020 are not comparable with data from 2021 onwards. Based on Table A (Public universities) and Table B (Private universities that receive Commonwealth assistance) providers only.

Source: Department of Education Higher Education Statistics Collection.

For figure notes, see Appendix B: Figure notes and sources.

Measure: VET completion

Full name – [Qualification completion rate for VET students aged 15–64 with disability, compared with students without disability](#)

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](#)). For more information, see [Data Dictionary: VET completion](#).

The measure looks at the qualification completion rate for VET students aged 15–64 with disability, compared with students without disability.

VET completion

Latest update: 42% (with disability), 49% (without disability) (2019–2023)

Baseline: 40% (with disability), 46% (without disability) (2017–2021)

Progress status: Regress

For the 2019–2023 cohort:

- 45% of females with disability completed their VET qualification compared with 39% of males
- 43% of people with disability from CALD backgrounds completed their VET qualification, as did 42% of people with disability from non-CALD backgrounds
- 43% of people in *Major cities* with disability completed their VET qualification compared with 34% in *Remote and very remote* areas.

Figure 6.4: Qualification completion rate for VET students aged 15–64 with and without disability, cohorts 2015–2019 to 2019–2023
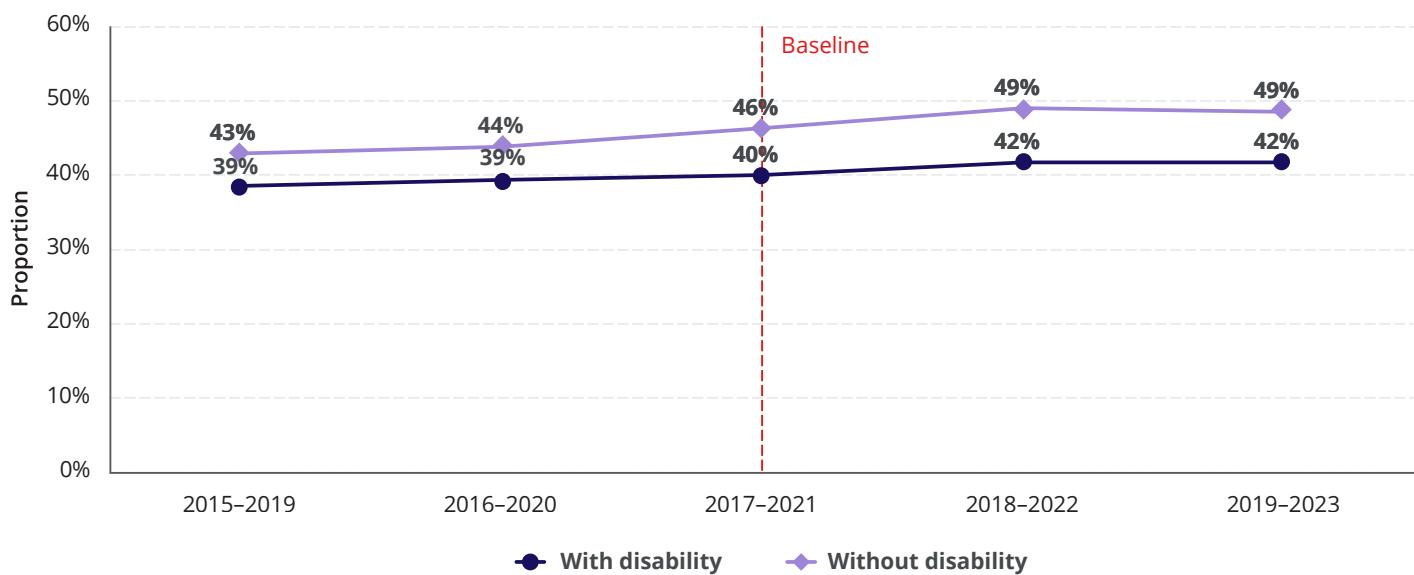
Source: NCVER 2024. Australian vocational education and training statistics: total VET students and courses 2023 (customised data request).

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

Measure: Higher education completion

Full name – Proportion of students with disability who complete a higher education qualification

Higher education in Australia consists of undergraduate and postgraduate study. Post-graduate awards include a graduate certificate or diploma that is not accredited as a VET award, a master's degree, and a doctoral degree (Department of Education 2025). For more information, see Data Dictionary: Higher education completion.

The measure looks at the percentage of students with disability who complete a higher education qualification.

Higher education completion

Latest update: 55.3% (2018–2023)

Baseline: 54.9% (2016–2021)

Progress status: No change

For cohort 2018–2023:

- the highest percentage of students with disability who completed a higher education qualification was among the 15–24 age group (61%), and the lowest was for the 45–64 age group (41%)
- 55% of students with disability from an English-speaking background completed a higher education qualification, compared with 63% of students with disability from a non-English-speaking background
- the highest percentage of students who completed a higher education qualification were in the 'vision' disability group (59%) and the lowest percentage were in both 'mobility' and 'other' groups (53%).

Figure 6.5: Proportion of students with disability aged 15 and over who completed a higher education qualification, cohorts 2005–2010 to 2018–2023
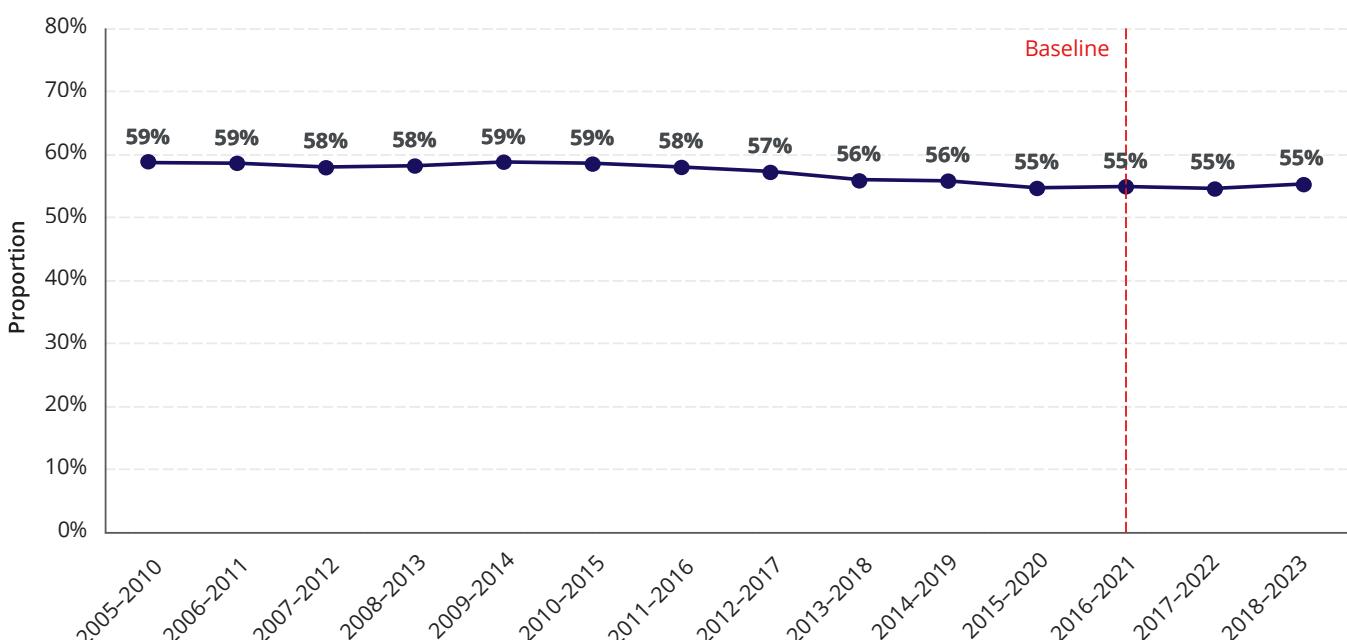
Source: Department of Education Higher Education Statistics Collection.

For figure notes, see Appendix B: Figure notes and sources.

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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?

The Strategy focuses on physical aspects of health and wellbeing as well as improving mental health outcomes for people with disability. Good health and wellbeing are critical determinants of a person's quality of life. People with disability:

- generally report poorer health and higher levels of psychological distress than people without disability (AIHW 2024a)
- may also experience disadvantage or inequality in social, cultural and economic determinants of health (AIHW 2024b).

Addressing these determinants of health and wellbeing is important in improving overall health outcomes.

Policy priorities

1. **Health and wellbeing** (3 measures): Supporting the health of people with disability by improving their experience when they need to access health services.
2. **Prevention and early intervention** (3 measures): Improving access to health care for people with disability.
3. **Mental health** (4 measures): Supporting the mental health of people with disability and improving their experience of mental health care.
4. **Emergency responses** (2 measures): Improving emergency service responses for people with disability.

2025 Summary

Data are available for 10 of 12 measures. In 2025:

- 3 measures were updated (Table 7.1)
- 3 measures had data available for the first time (Table 7.2)
- 4 measures were not updated.

Of the 3 updated measures:

- 1 showed no change
- 2 showed improvement.

Overall, this Outcome Area is showing improvement since 2021.

- Two of the 3 measures for Health and wellbeing showed no change and the progress for 1 measure is not known yet.
- Two of the 3 measures for Prevention and early intervention showed improvement and the progress for 1 measure is not known yet.
- Two of the 3 measures for Mental health showed improvement and 1 measure showed no change.
- Progress for the only measure for Emergency responses is not known yet.

Key findings

- In 2020–21, there were 228 potentially avoidable deaths per 100,000 people with disability, and 33 deaths per 100,000 people without disability. In 2021–22, this increased to 238 potentially avoidable deaths per 100,000 people with disability, while the number for people without disability remained the same. Since baseline, the gap between the number of potentially avoidable deaths per 100,000 people with disability has increased by 10 per 100,000 people, denoting little change (Figure 7.1).
- In 2020–21, there were just under 18,300 GP-type emergency department presentations per 100,000 people with disability. This decreased by 653 per 100,000 to about 17,600 emergency presentations per 100,000 people with disability in 2021–22, indicating that the measure is improving (Figure 7.2).
- In 2020–21, there were about 2,000 involuntary hospital admissions per 100,000 people with disability. This dropped to about 1,800 hospital admissions per 100,000 people with disability in 2021–22, decreasing by 172 per 100,000, indicating that the measure is improving (Figure 7.3).

Information on each measure below includes the latest update, baseline and progress status, key demographic insights, and a chart showing the direction of the change since baseline.

Table 7.1: Health and wellbeing measures updated in 2025

Measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Policy Priority: Health and wellbeing						
Number of potentially avoidable deaths in hospital for people with disability, compared with people with disability per 100,000 people	2020–21	228 per 100,000 *with disability* 33 per 100,000 *without disability*	2021–22	238 per 100,000 *with disability* 33 per 100,000 *without disability*	Difference in gap: 10 per 100,000	No change
Policy Priority: Prevention and early intervention						
Number of GP-type emergency department presentations per 100,000 people with disability	2020–21	18,261 per 100,000	2021–22	17,608 per 100,000	653 per 100,000	Improving

Measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Policy Priority: Mental health						
Number of involuntary hospital admissions per 100,000 people with disability	2020–21	2,013 per 100,000	2021–22	1,841 per 100,000	172 per 100,000	Improving

GP – general practitioner; pp – percentage points.

Table 7.2: Health and wellbeing measures with data available for the first time in 2025

Measure	Baseline time point	Baseline value	Progress status
Policy Priority: Health and wellbeing			
Proportion of people with disability who are satisfied with the quality of care provided by community allied health care sector	2024	89%	Not known yet
Policy Priority: Prevention and early intervention			
Proportion of people with disability who accessed preventive and early intervention services without difficulty in the last 12 months, compared with people with disability	2024	66%	Not known yet
Policy Priority: Emergency responses			
Proportion of people with disability reporting satisfaction in the accessibility of emergency, disaster preparedness and response information and services	2024	86%	Not known yet

Policy Priority: 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.

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.

The purpose of the "Health and wellbeing" policy priority is to support the health of people with disability by improving their experience when they need to access health services. There are 3 measures under this policy priority:

- Potentially avoidable deaths (updated)
- Community health care satisfaction (baseline added)
- Self-reported health.

The updated measure is discussed below.

Measure: Potentially avoidable deaths

Full name – [Number of potentially avoidable deaths in hospital for people with disability, compared with people without disability per 100,000 people](#)

Potentially avoidable deaths are deaths where the underlying cause is potentially preventable, through health care screening or primary prevention, or potentially treatable through existing primary or hospital care. This is an internationally recognised way of assessing health outcomes and health system performance. For more information, go to [Data Dictionary: Potentially avoidable deaths](#).

This measure replaced the previous measure – *Proportion of people with disability who reported unmet need for hospital admission in the last 12 months.*

The measure looks at the number of potentially avoidable deaths per 100,000 of people with disability compared with the rate for people without disability. In 2025, this measure is disaggregated by sex and age group only.

> **Potentially avoidable deaths**
>
> **Latest update:** 238 per 100,000 people with disability; 33 per 100,000 people without disability (2021–22)
>
> **Baseline:** 228 per 100,000 people with disability; 33 per 100,000 people without disability (2020–21)
>
> **Progress status (preliminary):** No change
>
> In 2021–22:
>
> - the rate of potentially avoidable deaths (PADs) per 100,000 people was greater in females with disability (255) than males with disability (225), but smaller in females without disability (27) than males without disability (39)
> - the rate of PADs per 100,000 people was highest in the 65 and over age group for people both with and without disability (668 and 111, respectively) and lowest in the under 15 age group for people with and without disability (8 and 2, respectively).

Figure 7.1: Number of potentially avoidable deaths in hospital of people with disability compared with people without disability (per 100,000), 2020–21 to 2021–22
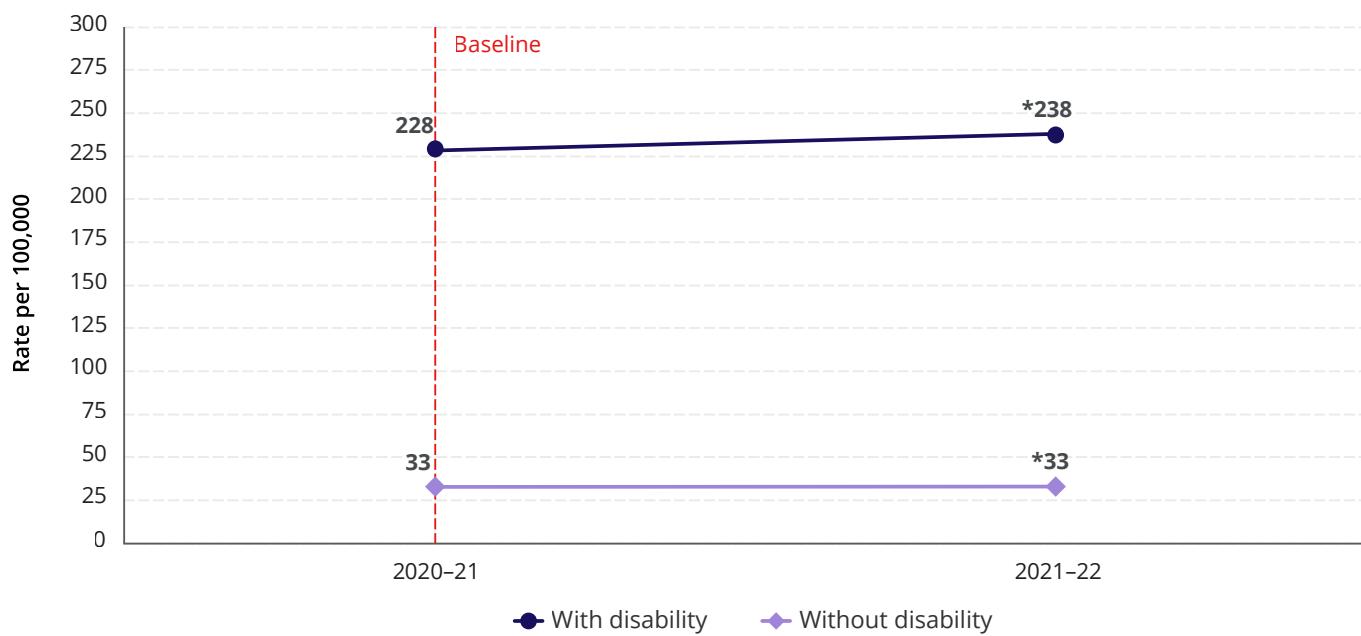
*ACT data are currently excluded for 2021–22 due to a technical issue. Work is underway to resolve this.

Source: AIHW NHDH 2021–22, analysis of NHDH.

For figure notes, see Appendix B: Figure notes and sources.

Policy Priority: 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 improved long-term outcomes for individuals and helped to reduce future costs of care and support.

The purpose of the "Prevention and early intervention" policy priority is to improve access to preventive and primary health care services for people with disability. There are 3 measures under this policy priority area:

• GP-type emergency presentations (updated)
• Medical facility accessibility
• Access to preventive health care (baseline added).

The updated measure is discussed below.

Measure: GP-type emergency presentations

Full name – Number of GP-type emergency department presentations per 100,000 people with disability

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). For more information, see Data Dictionary: GP-type emergency presentations.

This measure replaced the previous measure – *Number of people with disability with GP-type emergency department presentations.*

The measure looks at the number of GP-type emergency department presentations per 100,000 people with disability. In 2025, this measure is disaggregated by sex and age group only.

GP-type emergency presentations

Latest update: 17,608 emergency presentations per 100,000 (2021–22)

Baseline: 18,261 emergency presentations per 100,000 (2020–21)

Progress status (preliminary): Improving

In 2021–22:

- there was a higher rate of GP-type emergency department presentations for females with disability compared with males (18,539 presentations per 100,000 and 16,926 per 100,000, respectively)
- the rate of GP-type emergency department presentations per 100,000 people was highest for people with disability aged 30–44 (22,856 presentations), and lowest for people aged 65 and over (8,968 presentations).

Figure 7.2: Number of GP-type emergency department presentations per 100,000 people with disability, 2020–21 to 2021–22
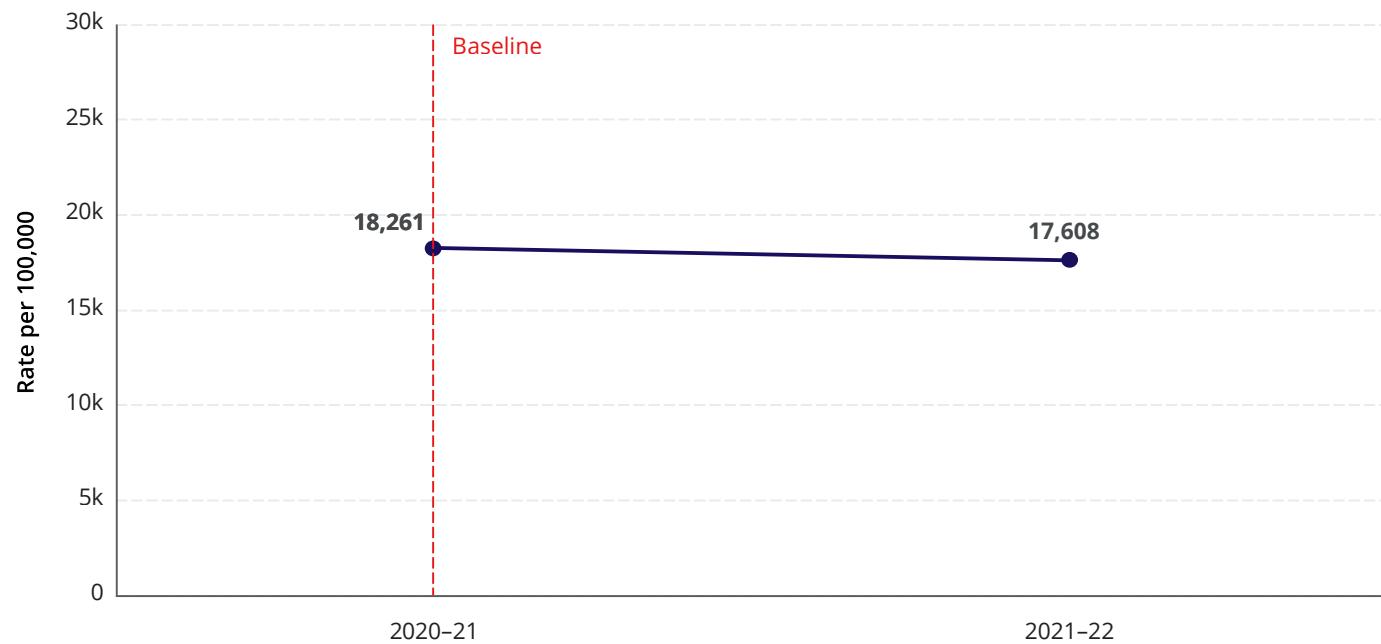
Source: AIHW NHDH 2021–22, analysis of NHDH.

For figure notes, see Appendix B: Figure notes and sources.

Policy Priority: 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.

The purpose of the "Mental health" policy priority is to support the mental health of people with disability and improve their experiences with mental health care services. There are 3 measures under this policy priority area:

- Involuntary hospital admissions (updated)
- High psychological distress
- NDIS participants life satisfaction.

The updated measure is discussed below.

Measure: Involuntary hospital admissions

Full name – Number of involuntary hospital admissions per 100,000 people with disability

Involuntary treatment is the compulsory assessment and/or treatment of people in mental health services without the person's consent being given. This is described as a form of restrictive practice and is mandated under respective state and territory legal and regulatory frameworks and approved under certain conditions (AIHW 2025). For more information, see Data Dictionary: Involuntary hospital admissions.

The measure looks at the number of involuntary hospital admissions per 100,000 people with disability. In 2025, this measure is disaggregated by sex and age group only.

> **Involuntary hospital admissions**
>
> **Latest update:** 1,841 per 100,000 (2021–22)
>
> **Baseline:** 2,013 per 100,000 (2020–21)
>
> **Progress status (preliminary):** Improving
>
> In 2021–22:
>
> - the rate of involuntary hospital admissions per 100,000 was higher for males with disability (1,887) than females with disability (1,777)
> - the rate of involuntary hospital admission was highest for people with disability aged 30–44 (4,883 admissions per 100,000), and lowest for people with disability aged under 15 (76 admissions per 100,000).

Figure 7.3: Number of involuntary hospital admissions per 100,000 people with disability, 2020–21 to 2021–22
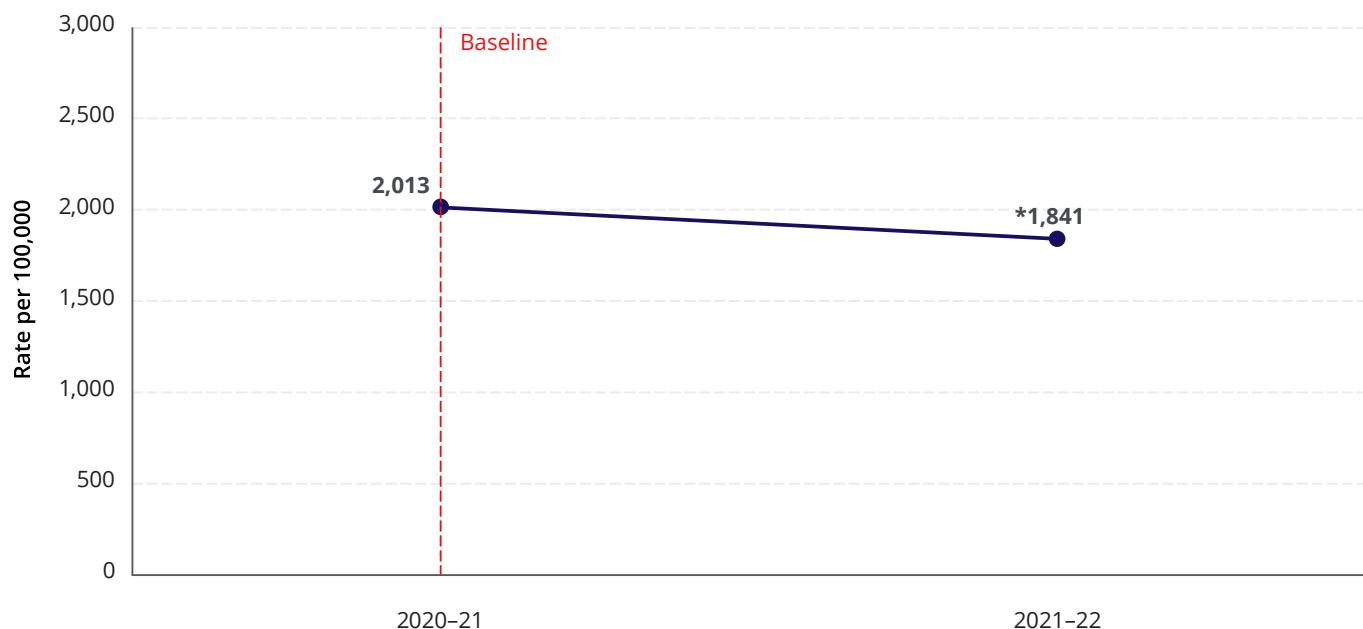
*ACT data are currently excluded for 2021–22 due to a technical issue. Work is underway to resolve this.

Source: AIHW NHDH 2021–22, analysis of NHDH.

For figure notes, see Appendix B: Figure notes and sources.

References

AIHW (2020) *Coordination of health care: experiences of barriers to accessing health services among patients aged 45 and over*, AIHW, Australian Government, accessed 13 October 2025.

AIHW (2024a) 'Health', *People with disability in Australia*, AIHW, Australian Government, accessed 13 October 2025.

AIHW (2024b) '*Social determinants of health*', AIHW, Australian Government, accessed 13 October 2025.

AIHW (2025) 'Involuntary treatment in mental health care', *Mental Health*, AIHW, Australian Government, accessed 13 October 2025.

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?

Community attitudes play a critical role in shaping the everyday experiences of people with disability, influencing their inclusion, independence, and access to opportunities. Stigma, unconscious bias, and limited understanding of disability remain persistent barriers for many people with disability, particularly for non-visible disabilities and the experiences of First Nations and culturally and linguistically diverse (CALD) people with disability.

These attitudes are often deeply embedded in both social and professional settings, affecting how people with disability are treated and supported. Improving disability awareness and literacy across the community is essential to fostering respect, reducing discrimination, and creating a more inclusive Australia, as envisioned in Australia's Disability Strategy 2021–2031.

Under the United Nations (UN) *Convention on the Rights of Persons with Disabilities*, Australia has an obligation to raise disability awareness and to foster respect for the rights and dignity of all people with disability. This includes:

- promoting positive perceptions
- raising greater social awareness
- recognising the skills, merits and abilities of persons with disabilities, and of their contributions to the workplace, the labour market (UN 2006) and community.

Policy priorities

1. **Employer attitudes to employing people with disability** (1 measure): Helping more employers understand the benefits of employing people with disability.

2. **Key sector attitudes to people with disability** (4 measures): Supporting more positive attitudes towards people with disability by workers in key sectors.

3. **People with disability in leadership roles** (1 measure): Supporting more people with disability to become leaders.

4. **Value and respect for people with disability** (1 measure): Making sure people with disability feel respected and valued by their community.

Australia's Disability Strategy Survey – Wave 2

The Australia's Disability Strategy Survey (the ADS Survey) was commissioned by the Australian Government Department as part of the Strategy's activities to provide data on community attitudes and perceptions of disability.

The first wave of the survey was conducted in 2022. Wave 2 of the survey was conducted in 2024. The Wave 2 survey allowed for a progress status to be reported in October 2025 for the first time for 7 measures on community attitudes.

The ADS Survey Wave 2 report was written by the AIHW and published on the [Disability Gateway website](#).

2025 Summary

Data are available for all 7 measures.

In 2025, all 7 measures were updated for the first time (Table 8.1). Of the 7 updated measures:

- 1 showed improvement
- 5 showed no change
- 1 showed regression.

Overall, there was little change in this outcome area since 2021.

- The single measure for Employer attitudes to employing people with disability showed regression.
- All 4 measures for Key sector attitudes to people with disability showed no change.
- The single measure for People with disability in leadership roles showed improvement.
- The single measure for Value and respect for people with disability has not changed.

Key findings

- In 2022, 77% of employer responses were positive on valuing the contribution and benefits of employing people with disability. This dropped to 74% in 2024, indicating that the measure has regressed slightly since the start of the Strategy (Figure 8.1).
- In 2022, 63% of educator responses were positive about being disability confident and responding positively to people with disability (Figure 8.2). In 2024, the proportion of educators who said they were positive about being disability confident was the same (63%), indicating no change over 2 years.
- In 2022, 71% of responses from health workers were positive about being disability confident and responding positively to people with disability (Figure 8.3). In 2024, the proportion of health workers who said they were positive about being disability confident did not change (71%), indicating no change over 2 years.
- In 2022, 79% of responses from personal and community support workers were positive about being disability confident and responding positively to people with disability. In 2024, this was reported as 77%, indicating no change since the start of the Strategy (Figure 8.4).
- In 2022, 66% of responses from justice and legal workers were positive about being disability confident and responding positively to people with disability. This increased to 68% in 2024 but the improvement was not statistically significant due to a small sample (Figure 8.5).

- In 2022, 19% of people with disability aged 18 and over reported feeling represented in leadership roles. This increased to 23% in 2024, indicating that the measure has improved since the start of the Strategy (Figure 8.6).
- In 2022, 54% of people with disability aged 18 and over felt valued and respected by their community. This was similar in 2024 (53%), indicating no change since the start of the Strategy (Figure 8.7).

For more information about the data collected through Australia's Disability Strategy Survey, see Data Source | Australia's Disability Strategy Survey.

Information on each measure below includes the latest update, baseline and progress status, key demographic insights, and a chart showing the direction of the change since baseline.

Table 8.1: Community attitudes measures updated in 2025

Measure	Baseline time point	Baseline value	Latest time point	Latest value	Change since baseline	Progress status
Policy Priority: Employer attitudes to employing people with disability						
Proportion of employers who value the contribution and benefits of employing people with disability*	2022	77%	2024	74%	-3 pp	Regress
Policy Priority: Key sector attitudes to people with disability						
Educators[a] are disability confident and respond positively to people with disability*	2022	63%	2024	63%	0 pp	No change
Health workers are disability confident and respond positively to people with disability*	2022	71%	2024	71%	0 pp	No change
Personal and community support workers are disability confident and respond positively to people with disability*	2022	79%	2024	77%	-2 pp	No change
Justice and legal workers are disability confident and respond positively to people with disability*	2022	66%	2024	68%	2 pp	No change
Policy Priority: People with disability in leadership roles						
Proportion of people with disability who report feeling represented in leadership roles	2022	19%	2024	23%	4 pp	Improving
Policy Priority: Value and respect for people with disability						
Proportion of people with disability who report feeling valued and respected in their community	2022	54%	2024	53%	-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.

pp – percentage point.

(a) People aged 18 and over who are employed in the education sector (including child care, preschools, primary, secondary, and special schools, technical and vocational education, universities and other higher education institutions, adult education, and community education).

Policy Priority: Employer attitudes to employing people with disability

Having career opportunities and finding and keeping a job are significant issues for people with disability (see also the Employment and financial security outcome area). Many of the perceived obstacles to employing people with disability stem from negative attitudes and misconceptions.

The purpose of the "Employer attitudes to employing people with disability" policy priority is to support and encourage employers to value the contribution and benefits of employees with disability. There is one measure under this policy priority.

- Employer attitudes (updated).

The updated measure is discussed below.

Measure: Employer attitudes

Full name – Employers value the contribution and benefits of employing people with disability

Attitudes of co-workers, managers, clients and the community in general can negatively affect the employment of people with disability. These attitudes, often based on lack of information or misconception, can lead to barriers in accessing and maintaining employment, or to discrimination in hiring and promotion processes (AIHW 2025).

Employers are defined as employed people aged 18 and over who had been involved in hiring employees in the past 12 months. Hiring employees included completing tasks such as writing job descriptions, reviewing applications, interviewing people, and having a say in who was hired.

The measure looks at the percentage of responses from employers that were positive about valuing the contribution and benefits of employing people with disability.

Employer attitudes

Latest update: 74% (2024)

Baseline: 77% (2022)

Progress status: Regress

In 2024:

- a higher proportion of responses from female employers were positive about the value and benefits of employing people with disability compared with male employers (77% and 71%, respectively)
- the proportion of positive responses was highest for employers aged 65 and over (80%), and lowest for employers aged 18–24 (62%)
- employers who had personally known someone with disability (such as a close family member, friend, co-worker, or classmate) were more positive (75%) than those who had no personal connection to someone with disability (69%)
- employers who reported being gay, lesbian, bisexual or some other sexual orientation (80%) were more positive than those who reported being straight (heterosexual) (73%).

Figure 8.1: Proportion of employer (aged 18 and over) that valued the contribution and benefits of employing people with disability, 2022 to 2024
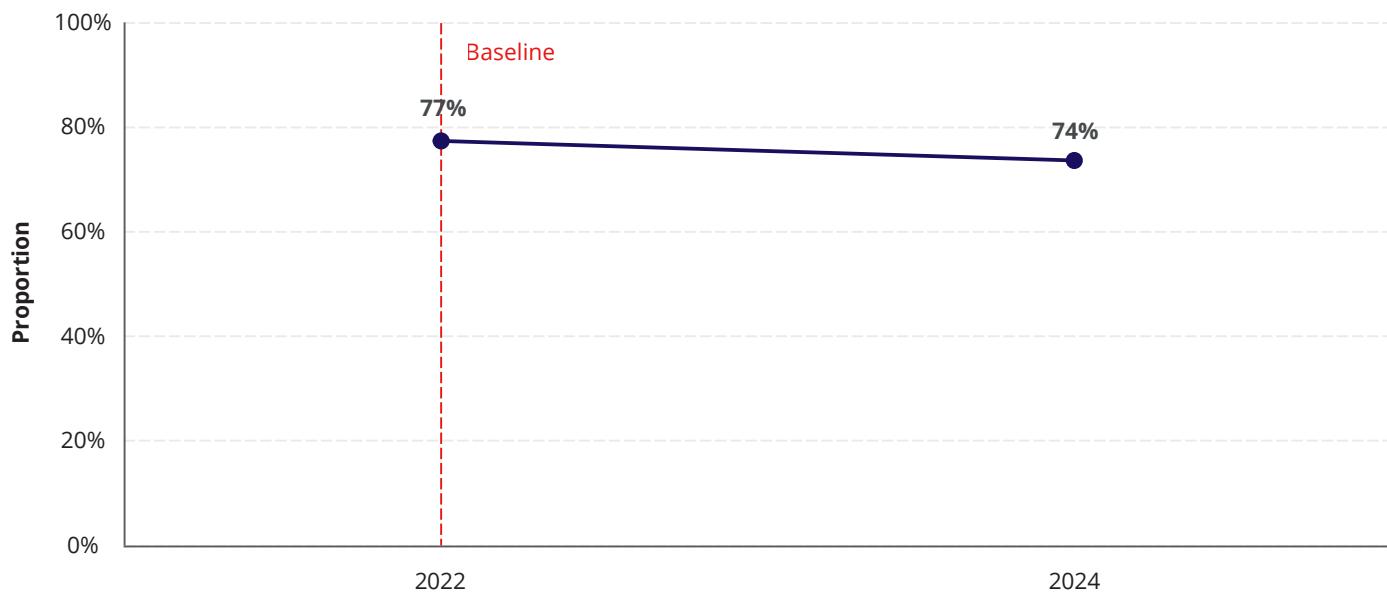
Source: Australia's Disability Strategy Survey – Share with us.

For figure notes, see Appendix B: Figure notes and sources.

Policy Priority: Key sector attitudes to people with disability

This policy priority aims to ensure there is an improved understanding of disability by workers in key professions, with whom people with disability often interact, which will increase access to, and the quality of, the services and supports needed by people with disability.

Training and professional development, together with improvements to legislation, regulation, workplace structures, policies and culture, play a crucial role in developing occupational and workplace attitudes and behaviours towards people with disability (Australian Council of Learned Academies 2024).

The purpose of this policy priority is to support, encourage and promote positive attitudes about people with disability across the key sector areas education, health, personal and community supports, and legal and judicial interactions. There are 4 measures under this policy priority.

• Educator attitudes (updated)
• Health worker attitudes (updated)
• Personal and community support worker attitudes (updated)
• Justice and legal worker attitudes (updated).

Updated measures are discussed below.

Things to consider:

• The measures of key sector attitudes are based on 6 questions about workers' confidence in responding positively to and ability to advise, assist or treat people with disability. For each respondent, attitude and confidence is measured as the average rate of positive responses to the 6 questions, recognising that individual attitudes are a continuum.

• For further details on the 6 questions used to measure key sector attitudes to people with disability, see the Data dictionary: Community attitudes.

Measure: Educator attitudes

Full name – [Educators are disability confident and respond positively to people with disability](#)

Educators are defined as people aged 18 and over who are employed in the education sector (including childcare, preschools, primary, secondary, and special schools, technical and vocational education, universities and other higher education institutions, adult education, and community education).

The measure looks at the proportion of educator responses that were positive about being disability confident and responding positively to people with disability.

Educator attitudes

Latest update: 63% (2024)

Baseline: 63% (2022)

Progress status: No change

In 2024:

- female educators (66%) reported being more disability confident and more likely to respond positively to people with disability than male educators (57%)
- culturally and linguistically diverse (CALD) educators (50%) were generally less disability confident and less likely to respond positively to people with disability than those from non-CALD backgrounds (70%)
- those who were either paid carers (80%) or both paid and unpaid carers (78%) for someone with disability were more disability confident and more likely to respond positively to people with disability than those who were unpaid carers only (65%) or not a carer at all (60%)
- people who currently (72%) or had previously (68%) lived with a person with disability were more disability confident and more likely to respond positively to people with disability than people who have never lived with a person with disability (61%).

Figure 8.2: Proportion of responses from educators (aged 18 and over) that were disability confident and responded positively to people with disability, 2022 to 2024
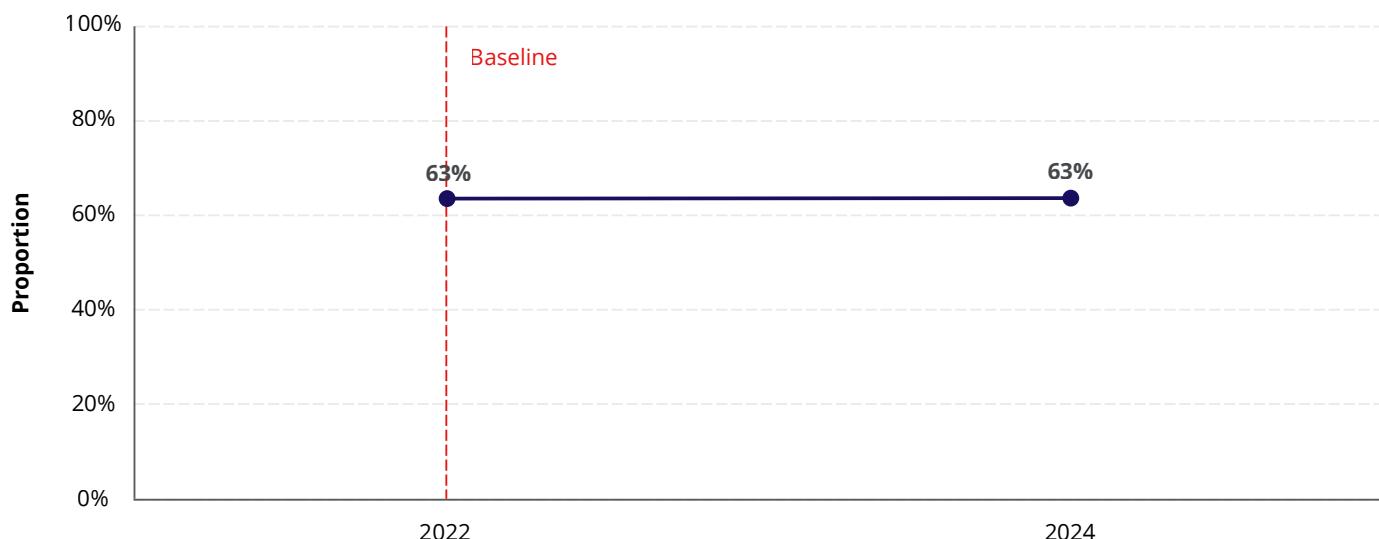
Source: Australia's Disability Strategy Survey – Share with us.

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

Measure: Health worker attitudes

Full name – [Health workers are disability confident and respond positively to people with disability](#)

Health workers are defined as people aged 18 and over who are employed in the health care sector. This included people employed in hospitals, pathology, medical imaging, paramedics or allied and other health services (such as physiotherapy, homeopathy, psychology) or employed as doctors, dentists, and optometrists.

> **Health worker attitudes**
>
> **Latest update:** 71% (2024)
>
> **Baseline:** 71% (2022)
>
> **Progress status:** No change
>
> In 2024:
>
> - culturally and linguistically diverse (CALD) health workers (62%) were less disability confident and positive than those with a non-CALD background (75%)
> - health workers who had disability themselves (76%) were more disability confident and less positive than those who did not have disability (69%)
> - health workers who had a partner (80%), close friend (78%), or teacher/lecturer (78%) with disability were generally more positive and confident than those who had no personal connection to someone with disability (64%).

Figure 8.3: Proportion of responses from health workers (aged 18 and over) that were disability confident and responded positively to people with disability, 2022 to 2024
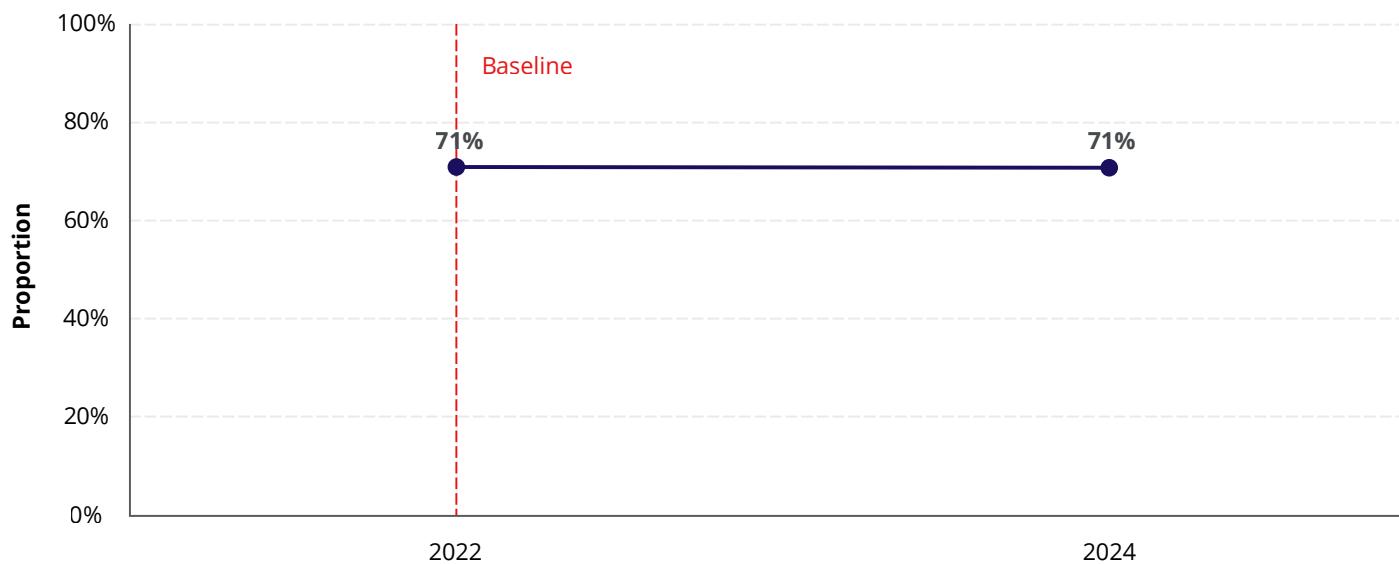
Source: Australia's Disability Strategy Survey – Share with us.

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

Measure: Personal and community support worker attitudes

Full name – Personal and community support workers are disability confident and respond positively to people with disability

Personal and community support workers are defined as people aged 18 and over who are employed in the residential care (including aged care, hospices, crisis care, group homes) or social and community services sector (including adult day services, disability assistance services, youth welfare, and family support and counselling).

> **Personal and community support worker attitudes**
>
> **Latest update:** 77% (2024)
>
> **Baseline:** 79% (2022)
>
> **Progress status:** No change
>
> In 2024:
>
> - non-CALD personal and community support workers (82%) were more disability confident and positive than those from culturally and linguistically diverse backgrounds (69%)
> - workers who were either both paid and unpaid carers (82%) or paid carers only (80%) were more disability confident and positive than those who were not carers (70%)
> - workers who had a personal connection to someone with disability (such as having a family member, friend, co-worker, teacher or classmate with disability) (79%) were more disability confident and positive than those who had no personal connection (70%).

Figure 8.4: Proportion of responses from personal and community support workers (aged 18 and over) that were disability confident and responded positively to people with disability, 2022 to 2024
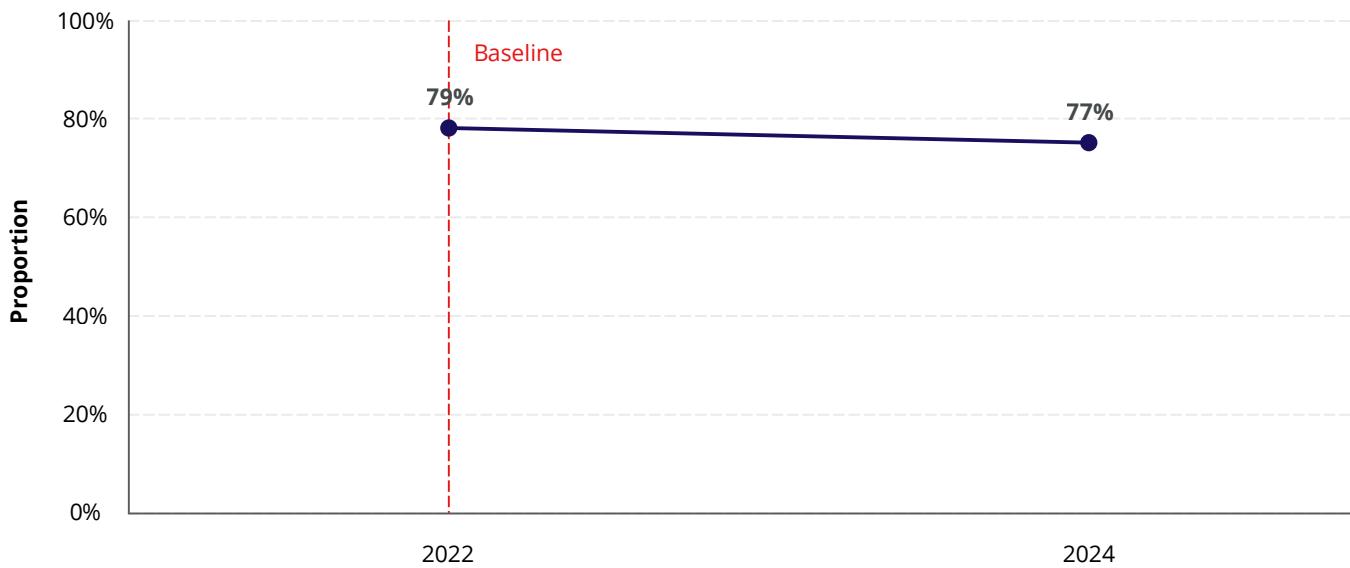
Source: Australia's Disability Strategy Survey – Share with us.

For figure notes, see Appendix B: Figure notes and sources.

Measure: Justice and legal worker attitudes

Full name – [Justice and legal workers are disability confident and respond positively to people with disability](#)

Justice and legal workers are defined as people aged 18 and over who are employed in the legal services (including barristers and solicitors, conveyancing, legal aid, courts) or public order and safety sector (including police, gaols, correctional centres, juvenile detention, remand centres).

Justice and legal worker attitudes

Latest update: 68% (2024)

Baseline: 66% (2022)

Progress status: No change

In 2024:

- justice and legal workers in greater capital cities (66%) were generally less disability confident and positive than those in the rest of state or territory locations (77%)
- workers whose highest education level was a Certificate/Diploma (81%) were more disability confident and positive than those with a Bachelor Degree or higher (61%).

Figure 8.5: Proportion of responses from justice and legal workers (aged 18 and over) that were disability confident and responded positively to people with disability, 2022 to 2024
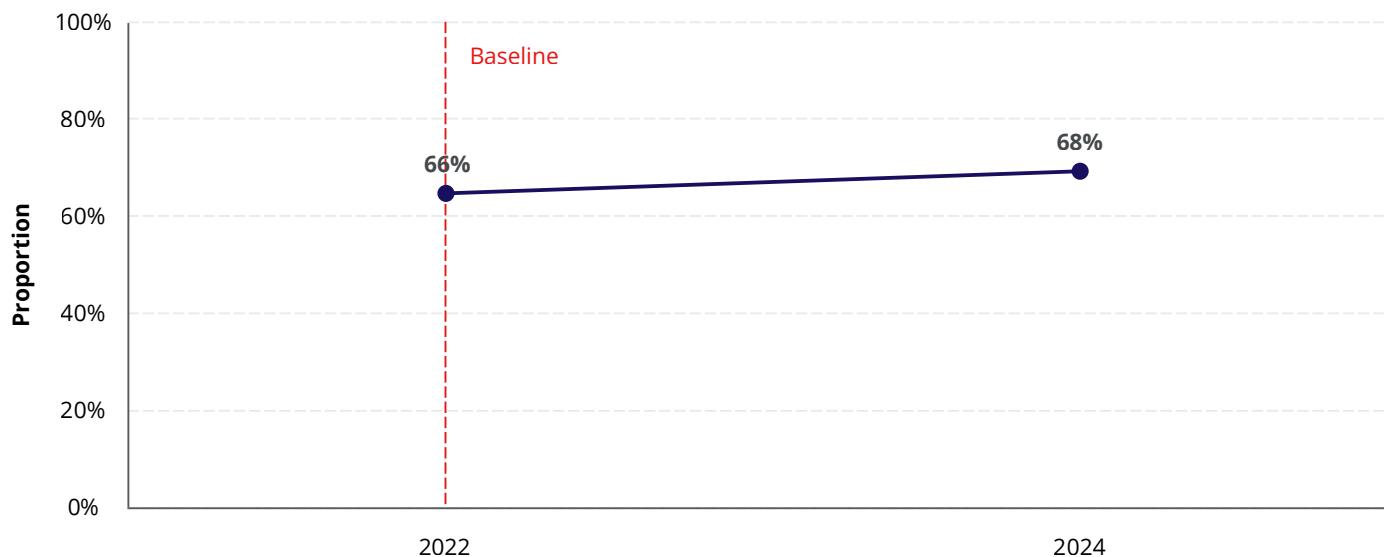
Source: Australia's Disability Strategy Survey – Share with us.

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

Policy Priority: People with disability in leadership roles

This policy priority aims to ensure that there is increased inclusion of people with disability in leadership roles. Including people with disability in leadership roles will facilitate the inclusion of the perspectives of people with disability in decision-making. This will make decisions more reflective of the community.

Having people with disability in leadership roles ensures decisions are shaped by lived experience, leading to more inclusive, effective, and equitable outcomes. It also challenges stereotypes, builds trust, and strengthens organisational culture through diverse perspectives.

There is one measure under this policy priority:

• Feel represented in leadership (updated).

The updated measure is discussed below.

Measure: Feel represented in leadership

Full name – Proportion of people with disability who report feeling represented in leadership roles

People aged 18 and over with disability were asked "Do you feel that people with disability are well represented in leadership roles?" as part of the ADS Survey.

Feel represented in leadership

Latest update: 23% (2024)

Baseline: 19% (2022)

Progress status: Improving

In 2024:

• a higher proportion of men with disability (28%) reported feeling represented than women (18%)

• a higher proportion of people with sensory and speech disability (26%) reported feeling represented compared with people with psychosocial disability (16%)

• those whose highest education level was none or below Year 12 (30%) reported feeling represented more than those whose highest education level was Certificate/Diploma (22%), Year 12 (22%) and a Bachelor Degree or higher (18%).

Figure 8.6: Proportion of people with disability who report feeling represented in leadership roles, 2022 to 2024
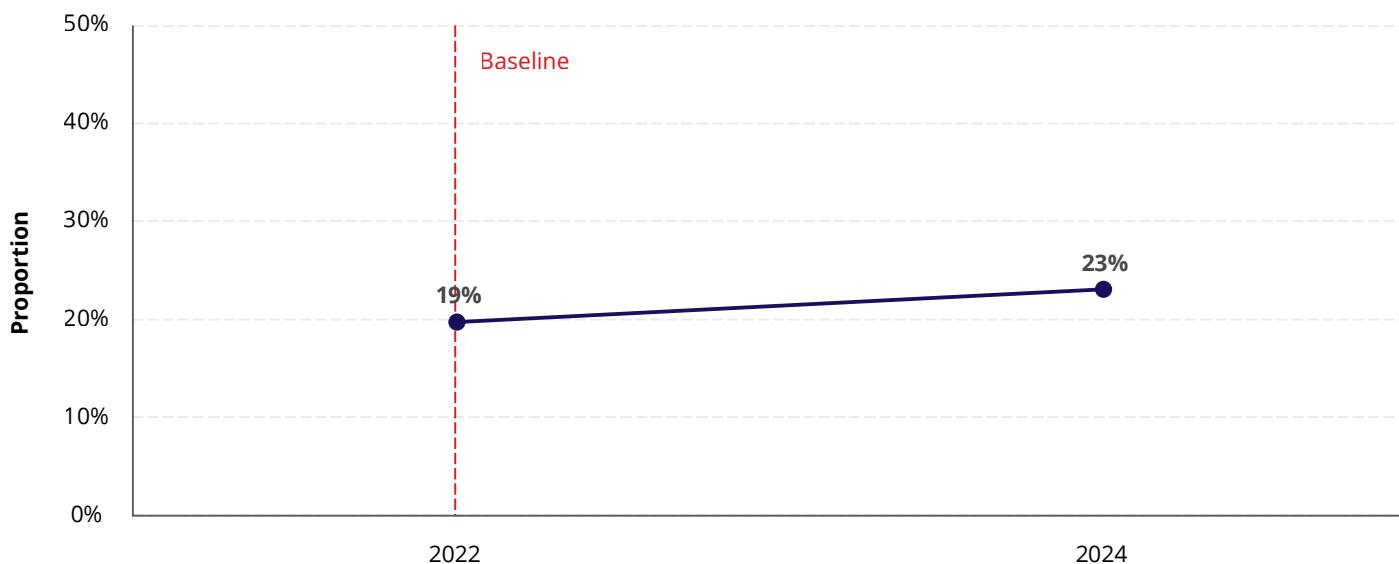
Source: Australia's Disability Strategy Survey – Share with us.

For figure notes, see Appendix B: Figure notes and sources.

Policy Priority: Value and respect for people with disability

This policy priority aims to improve community awareness and understanding of disability to increase inclusion and accessibility for people with disability so that people with disability achieve the same outcomes as people without disability.

For many people with disability, it is not simply having an impairment or impairments that is disabling, but rather the interaction of impairment(s) with barriers to participation in society (Centre of Research Excellence in Disability and Health 2021).

There is one measure under this policy priority.

• Feel valued and respected (updated).

The updated measure is discussed below.

Measure: Feel valued and respected

Full name – Proportion of people with disability who report feeling valued and respected in their community

As part of the ADS Survey, people with disability were asked "In general, how often do you feel valued and respected in your community?".

> **Feel valued and respected**
>
> **Latest update:** 53% (2024)
>
> **Baseline:** 54% (2022)
>
> **Progress status:** No change
>
> In 2024:
>
> - most people with disability aged 65 and over (65%) felt valued and respected in their community, compared with people with disability aged 25–44 (43%)
> - people who reported having severe or profound disability (41%) felt less valued and respected than people with other disability status (57%)
> - those whose highest education level was a Bachelor Degree or higher (60%) felt more valued and respected than those whose highest education level was Year 12 (54%), a Certificate/Diploma (51%), or none or below Year 12 (50%).

Figure 8.7: Proportion of people with disability who report feeling valued and respected in their community, 2022 to 2024
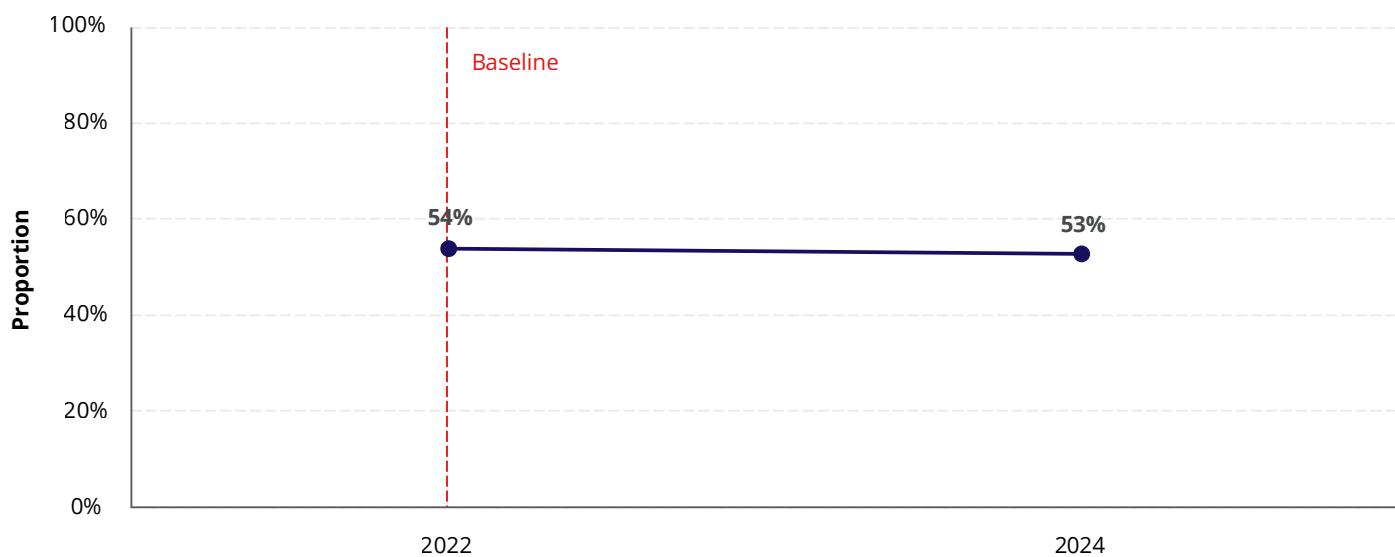
Source: Australia's Disability Strategy Survey – Share with us.

For figure notes, see Appendix B: Figure notes and sources.

References

Australian Council of Learned Academies (2024) *Community attitudes Targeted Action Plan 2021–2024*, Disability Gateway website, Australian Government, accessed 15 October 2025.

AIHW (2025) *ADS Survey Wave 2 (2024) Analysis Report and Summary*, Disability Gateway website, Australian Government, accessed 17 October 2025.

CRE-DH (Centre of Research Excellence in Disability and Health) (2021) *Community Attitudes towards People with Disability – National Survey results*, CRE-DH, accessed 15 October 2025.

UN (United Nations) (2006) *Article 8 – Awareness-raising* [website], Convention on the Rights of Persons with Disabilities (CPRD), UN, accessed 15 October 2025.

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 are used to assign one of the following 4 categories:

- *Improving*: 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. Ninety-five per cent significance level is used to determine whether the change is statistically significant.

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 one 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.

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.

Appendix B: Figure notes and sources

Employment and financial security

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 2024–25

Notes

1. Data was run on 1 July 2025 (as at 30 June 2025) for claims created between 1 July 2024 to 30 June 2025. Participant characteristics are as at the claim creation date.
2. This is not a count of distinct participants, but the count of valid claims created regarding a participant. Claims are counted for a period by the date that the claim was created. However, multiple claims could be created for the same participant for different job placements in that period.
3. The data cannot provide any insight into how many people did not achieve 12 months of full employment.
4. The eligibility criteria for the Disability Employment Services (DES) program is available from the DES Eligibility Referral and Commencement Guidelines.
5. Full outcome claims for employment are outcomes claimed by eligible DES providers for employment where the hours worked each week for the DES participant was at or above their estimated employment benchmark on average.
6. 52-week employment outcomes were only claimable for contracts established under the DES Grant Agreement following the 2018 DES reforms on 1 July 2018. Hence, 52-week Employment Outcomes could only be claimed 52 weeks after the participant had commenced placement with a DES provider contract established from 1 July 2018 (i.e., 1 July 2019 onwards).
7. Claims data are for people aged 15 or over.
8. The decline in claims is due to eligibility changes to the DES program made in 2021 and stronger labour market demand post-COVID-19 lockdowns. With less participant numbers there were fewer people achieving outcomes. However, as the percentage of the total population, outcomes achieved by DES participants remained at a reasonably consistent rate.
9. Small discrepancies with data included in earlier releases of the webpages are due to revisions of the data.
10. DES data are not comparable with other employment services data as they are from different sources, cover different populations, and measure different outcomes.

Source

Department of Social Services, using administrative data from the Department of Employment and Workplace Relations (DEWR) Employment Business Intelligence Warehouse (EBIW).

Figure 2.2: Proportion of NDIS participants aged 15–64 who get the support they need to do their job, 2021–22 Q2 to 2024–25 Q3

Notes

1. Denominator includes participants who answer 'Yes' to 'Are you currently working in a paid job?', and answer either 'Yes' or 'No' to 'Do you get the support you need to do your job?'.
2. Numerator includes participants who answer 'Yes' to 'Are you currently working in a paid job?', and answer 'Yes' to 'Do you get the support you need to do your job?'.
3. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.
4. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See Data sources | National Disability Insurance Agency (NDIA) for more details.
5. 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.
6. Data are for participants aged 15–64.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Figure 2.3: Proportion of NDIS participants aged 15–64 in the labour force who are in open employment at full award wage, 2021–22 Q2 to 2024–25 Q3

Notes

1. Denominator includes participants who answer either 'Yes' or 'No, but I would like one' to 'Are you currently working in a paid job?'.

2. Numerator includes participants who answer either 'Yes' or 'No, but I would like one' to 'Are you currently working in a paid job?', and answer 'Open employment market with full award wages' to 'What type of employment is it?'. The numerator excludes participants who answer 'Self-employed' to 'What type of employment is it?'. It also excludes participants answering 'Australian apprenticeship' or 'Other' (as well as those in the Supported Wage System and Australian Disability Enterprises (ADEs)).

3. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.

4. 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.

5. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See Data sources | National Disability Insurance Agency (NDIA) for more details.

6. The 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 with disability who are in open employment, which may show different results.

7. Data are for participants aged 15–64.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Figure 2.4: Proportion of VET graduates with disability aged 15 and over who are employed on completion of training, 2016 to 2024

Notes

1. Data includes domestic students only aged 15 and over.

2. VET refers to vocational education and training.

3. VET graduates refers to 'qualification completers', that is students who completed a training package qualification or an accredited qualification.

4. 'Employed on completion of training' refers to 'employed after training'.

5. 'VET graduates with disability' refers to those who self-identify as having disability, impairment or long-term condition.

6. Excludes students who undertook recreational, leisure or personal enrichment (short) courses.

7. Excludes students from correctional facilities.

8. This measure does not consider whether students were employed before training and/or whether they are employed in the same occupation as the training course. It also does not capture students who went on to undertake further vocational training.

Source

NCVER (National Centre for Vocational Education Research) 2024. Australian vocational education and training statistics: VET student outcomes 2024 – customised data request.

Figure 2.5: Proportion of NDIS young people aged 15–24 in employment, 2021–22 Q2 to 2024–25 Q3

Notes

1. Denominator excludes participants who do not answer the question 'Are you currently working in a paid job?'.
2. Numerator includes participants who answer 'Yes' to 'Are you currently working in a paid job?'.
3. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.
4. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See Data sources | National Disability Insurance Agency (NDIA) for more details.
5. Data are for participants aged 15–24.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Figure 2.6: Proportion of Australian Public Service employees with disability, June 2016 to December 2024

Notes

1. A person has disability if they report that they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities. Disability status is voluntarily self-reported.
2. Disability status was unknown for 26.1% of Australian Public Service employees in December 2024. Between December 2011 and December 2024, disability status was unknown for between 22.3% and 26.1% of these employees.
3. Data on disability status of APS employees is also included in the APS Employee Census. The 2025 APS Employee Census recorded that 13% of APS employees had disability which is more than the proportion reported in APSED data, supplied via agency human resource systems (5.5%). One factor that may be contributing to this difference is that employees may be concerned about their disability status being recorded in their agency's HR system but comfortable providing this information in a confidential survey.
4. Data are for employees aged 15 and over.
5. Small discrepancies with data in earlier releases of these webpages are due to revision of the CALD methodology. Previous CALD data are not comparable due to this change in methodology.

Source

Australian Public Service Employment Database (APSED).

Inclusive homes and communities

Figure 3.1: Average time waited (days) for newly allocated households with a member with disability in public housing and SOMIH, 2011–12 to 2023–24

Notes

1. 'Newly allocated households' are those households that commenced receiving housing assistance for the relevant program during the reference year.

2. SOMIH refers to state owned and managed Indigenous housing.

3. A household is classified as 'with disability' if any member of the household reports disability. Disability is the umbrella term for any or all of: an impairment of body structure or function, a limitation in activities, or a restriction in participation. Disability may be self-enumerated or related to housing need and thus is likely to under-report the true level of disability in public housing (PH) and SOMIH households. Data across jurisdictions may not be comparable due to different definitions and collection methods of disability for the purpose of accessing social housing.

4. The average time waited can be influenced by the size of the dwelling required, as well as by the amenities or modifications needed to accommodate a person's disability.

5. Excludes households where time waited was not known.

Source

AIHW National Housing Assistance Data Repository.

Figure 3.2: Proportion of NDIS participants aged 15–64 who spend free time doing activities that interest them, 2021–22 Q2 to 2024–25 Q3

Notes

1. Denominator includes participants who answer either 'Yes' or 'No' to 'Do you spend your free time doing activities that interest you?'.

2. Numerator includes participants who answer 'Yes' to 'Do you spend your free time doing activities that interest you?'.

3. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.

4. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See Data sources | National Disability Insurance Agency (NDIA) for more details.

5. Data are for participants aged 15–64.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Figure 3.3: Proportion of people with disability (aged 15 and over) who participated in social activities (were an active member of club or association, or participated in community, political, religious, activism, or nonprofit activities), 2006 to 2022

Note

The measure is restricted to people with disability aged 15 and over living in households.

Source

DSS (Department of Social Services) and MIAESR (Melbourne Institute of Applied Economic and Social Research) 2023. The Household, Income and Labour Dynamics in Australia (HILDA) Survey, GENERAL RELEASE 22 (Waves 1–22) [data set], https://doi.org/10.26193/R4IN30, ADA Dataverse, V7, AIHW analysis of detailed microdata, accessed 3 July 2024.

Safety, rights and justice

Figure 4.1: Number of complaints related to abuse and neglect per 1,000 NDIS participants, 2021–22 to 2023–24

Notes

1. For the purposes of this analysis, Early Childhood Early Intervention (ECEI) equates to participants aged 0 to 6 years as of 30 June 2024. Complaints associated with NDIA participants in ECEI has been excluded.

2. Complaints made to the Quality and Safeguards Commission (NDIS Commission) relate to concerns regarding NDIS supports or services.

3. Abuse and neglect includes financial abuse, and relate to allegations of abuse and neglect.

4. One complaint instance may correspond to allegations of abuse/neglect involving multiple or no participants.

5. A participant can make multiple complaints.

6. The number of complaints (numerator) are those received during the relevant financial year.

7. The NDIS participant counts (denominator) are as at 30 June of the relevant financial year.

8. Number of complaints in this report is a subset of total complaints made to the NDIS Commission so may not align with other publicly released complaints report including the Quarterly Performance Report. The following filters apply to the number of complaints in this report:

   - Complaints related to abuse and neglect only.

   - Complaints associated with verified participants only. A verified participant is one where the NDIS Commission can verify a participant's details against the NDIA database. Not all complaints have a verified participant, for example, those who wish to remain anonymous or where this information was not able to be verified.

   - Verified participants who were 7 years of age or over as at 30 June 2024 only.

   - Report is from the NDIS Commission data holdings as at 30 June 2024.

9. 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.

Source

NDIS Quality and Safeguards Commission.

Figure 4.2: Proportion of SHS clients with disability (all ages) experiencing domestic and family violence who are provided assistance for accommodation when needed, 2013–14 to 2023–24

Notes

1. A client is identified as experiencing family and domestic violence if in any support period during the reporting period:

   - the client was formally referred from a non-Specialist Homelessness Services (SHS) family and domestic violence agency to an SHS agency, or

   - 'family and domestic violence' was reported as a reason they sought assistance, or

   - during any support period they required family or domestic violence assistance.

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

3. 'Provided with assistance' means the client was provided with services at the agency at which they presented.

4. Assistance for accommodation includes: short-term or emergency accommodation, medium-term/transitional housing, long-term housing, assistance to sustain tenancy or prevent tenancy failure or eviction, assistance to prevent foreclosures or for mortgage arrears.

5. Data for 2013–14 to 2016–17 have been adjusted for non-response. Due to improvements in the rates of agency participation and Statistical Linkage Key (SLK) 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.

6. The proportion of SHS clients without disability experiencing domestic and family violence who were provided assistance for accommodation needed has also decreased across the period 2013–14 to 2023–24 (from 85% to 74%).

7. Disability status was unknown for 21% of SHS clients experiencing domestic and family violence who needed, and were provided with, accommodation assistance in 2013–14. Between 2014–15 and 2023–24, disability status was unknown for between 4.1% and 6.7% of clients experiencing domestic and family violence who needed assistance with accommodation.

Source

AIHW Specialist Homelessness Services Collection.

Figure 4.3: Proportion of assessed NDAP clients (all ages) who reported improved choice and control to make their own decisions, 2020–21 to 2023–24

Notes

1. Data current as at 31 July 2024.

2. The target group for advocacy support provided by the National Disability Advocacy Program (NDAP) agencies are people with disability that is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments; is permanent or likely to be permanent; and results in a substantially reduced capacity of the person for communication, learning or mobility and the need for ongoing support services.

3. A 'client' can be either a person with disability or a carer/family member of a person with disability.

4. A client is considered to have improved when the Goals domain 'Empowerment, choice and control to make own decisions' outcome that had changed, with a positive outcome as calculated by the difference between: a. The latest recorded Standard Client Outcome Reporting (SCORE) in the reporting period, for each domain, minus b. The earliest recorded SCORE for the corresponding domain.

5. According to DSS Data Exchange (DEX) protocol, a SCORE may be determined by the practitioner's professional assessment, a client's self-assessment, a joint assessment between the client and practitioner, or an assessment by the client's support person (such as a carer). In the case of a child client, the assessor may be the carer.

6. 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.

7. Participation in the 'partnership approach' became a requirement of funding for all NDAP providers from 1 January 2021. As at 1 August 2021, 'Empowerment, choice and control to make own decisions' Goal assessments has been conducted for 8.6% of all clients in 2020–2021; as at 31 July 2022, 'Empowerment, choice and control to make own decisions' Goal assessments had been conducted for 14% of clients in 2021–2022; as at 31 July 2023, 'Empowerment, choice and control to make own decisions' Goal assessments had been conducted for 18% of clients in 2022–2023; as at 31 July 2024, 'Empowerment, choice and control to make own decisions' Goal assessments had been conducted for 22.5% of clients in 2023–2024.

8. Although the proportion of assessed clients in 2023–24 was higher (23%) than in the previous years (18% in 2022–23, 14% in 2021–22 and 8.6% in 2020–21), 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.

9. Organisations funded under the NDAP program are required under their agreement with the Commonwealth to enter data into the DEX in accordance with the Data Exchange Protocols.

Source

Department of Social Services – Data Exchange.

Figure 4.4: Proportion of complaints related to disability discrimination lodged with the AHRC that were successfully resolved by conciliation, 2011–12 to 2023–24

Notes

1. Measure reports on proportion of disability discrimination complaints successfully resolved by conciliation.
2. The definition of disability in the *Disability Discrimination Act* includes: physical, intellectual, psychiatric, sensory, neurological and learning disabilities, physical disfigurement and the presence in the body of disease-causing organisms, which a person may have now, have had in the past, may have in the future or are believed to have.
3. For years 2015–16 through 2018–19, proportions reported here differ to those included in the Australian Human Rights Commissions (AHRC) annual complaints statistics publications. For these years, the data reported by the AHRC also captured matters that were finalised on alternative grounds (such as 'withdrawn') after attempted, unsuccessful conciliation processes.
4. One complaint may raise a number of grounds and areas of discrimination and be against one or more respondents.
5. 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.
6. The decrease between baseline (2020–21) and 2022–23 are due to the ongoing influence of COVID-19 on the AHRC's complaint handling function. In 2021–22 there was an exponential increase in complaint numbers leading to a considerable complaint backlog, resulting in significantly increased complaint handling timeframes and complaints being discontinued at a higher rate. In 2022–23, increased complaint handling timeframes continued due to the COVID-19 related complaint backlog and the finalisation of COVID-19 'legacy' complaints. The subject matter of the complaints was not always amenable to resolution, particularly those related to state and territory health orders (regarding mask wearing and vaccinations) and Commonwealth government international travel restrictions. Outcomes sought by complainants could not always be supported or achieved through the Commission's conciliation processes.

Sources

1. Source 2011–12: Australian Human Rights Commission (AHRC) Annual Report 2011–12.
2. Source 2012–13: AHRC Annual Report 2012–13.
3. Source 2013–14: AHRC Annual Report 2013–14.
4. Source 2014–15: AHRC Annual Report 2014–15.
5. Source 2015–16: AHRC 2015–16 Complaints statistics.
6. Source 2016–17: AHRC 2016–17 Complaints statistics.
7. Source 2017–18: AHRC 2017–18 Complaints statistics.
8. Source 2018–19: AHRC 2018–19 Complaints statistics.
9. Source 2019–20: AHRC 2019–20 Complaints statistics.
10. Source 2020–21: AHRC 2020–21 Complaints statistics.
11. Source 2021–22: AHRC 2021–22 Complaints statistics.
12. Source 2022–23: AHRC 2022–23 Complaints statistics.
13. Source 2023–24: AHRC 2023–24 Complaints statistics.
14. Australian Human Rights Commission, unpublished data.

Figure 4.5: Proportion of NDIS participants aged 15–64 who feel able to advocate (stand up) for themselves, 2021–22 Q2 to 2024–25 Q3

Notes

1. Denominator includes participants who responded 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?'.
2. Numerator includes participants who answer '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?'.
3. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.
4. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See Data sources | National Disability Insurance Agency (NDIA) for more details.
5. Data are for participants aged 15–64.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Personal and community support

Figure 5.1: 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, 2021–22 Q2 to 2024–25 Q3

Notes

1. Prior to 30 October 2023, there was only one 'Yes' option to the question 'Has the NDIS helped you have more choice and control over your life?'. Starting from 30 October 2023, the 'Yes' option was split into 'Yes, a lot' or 'Yes, a bit'.

2. Denominator includes participants who have been in the scheme for at least two years and have responded 'Yes', 'Yes, a lot', 'Yes, a bit' or 'No' to the question 'Has the NDIS helped you have more choice and control over your life?'.

3. Numerator includes participants who have been in the scheme for at least two years and have responded 'Yes', 'Yes, a lot' or 'Yes, a bit' to the question 'Has the NDIS helped you have more choice and control over your life?'.

4. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.

5. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See Data sources | National Disability Insurance Agency (NDIA) for more details.

6. Data are for participants aged 15–64.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Figure 5.2: Proportion of NDIS participants aged 15–64 who received assistive technology supports, 2021–22 Q2 to 2024–25 Q4

Notes

1. From 2022–23 Q3 (March quarter), data presented in these webpages measures the proportion of active NDIS participants receiving assistive technology supports of any value in the last 12 months. This differs from earlier releases of these webpages (in December 2022 and March 2023) where data was restricted to assistive technology supports valued more than $1,500. The change is due to additional data becoming available, which means that measure data are more complete. Baseline data have also been revised.

2. Data are for NDIS participants aged 15–64 who had an active plan at the start and end of the 12-month period.

3. Participants are likely to still be using and benefitting from assistive technology (as a capital investment) even if there are no costs incurred during a 12-month period.

4. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.

5. All supports funded in a NDIS participant's plan must meet the NDIS Reasonable and Necessary Criteria, which includes that the support will be effective for the participant and be related to their specific disability needs. Not all NDIS participants would necessarily have a reasonable and necessary requirement for assistive technology supports.

6. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See Data sources | National Disability Insurance Agency (NDIA) for more details.

7. Data as at 30 June 2025. This is a three month lag to the latest quarter. Results may change as a result of lagged claims.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Education and learning

Figure 6.1: Proportion of children enrolled in a preschool program in the YBFS with disability, 2018 to 2024, compared with the proportion of children aged 4 to 5 with disability in the community, 2024

Notes

1. The year before full-time schooling (YBFS) population is an estimate of a single year cohort for the population that will transition to full time schooling in the following year. The preschool starting age varies across jurisdictions (see table 3.1 in the 'Service overview' of SCRGSP 2024). The state-specific YBFS definition uses the preschool and school age entry provisions of the state or territory in which the child usually resides.

2. Data on children enrolled in preschool programs are for July/August in the respective year.

3. Data on representation in the community are sourced from: ABS Survey of Disability, Ageing and Carers. These data are comparable across jurisdictions.

4. 'Children with disability' refers to children who need additional assistance in any of the following areas (learning and applying knowledge; education; communication; mobility; self-care; interpersonal interactions and relationships; other – including general tasks, domestic life, community and social life) compared to children of a similar age, that is related to underlying long-term health condition or disability (long-term is longer than six months).

5. 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 Survey of Disability, Ageing and Carers (SDAC), the best source for this data.

6. While the best available sources have been used for this measure, care should be taken when comparing results as the data come from 2 different sources.

7. 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.

Sources

1. State and Territory governments (unpublished) as reported in SCRGSP (Steering Committee for the Review of Government Service Provision) 2020. Report on government services. Part B: child care, education and training. Chapter 3. Early Childhood Education and Care (ECEC).

2. State and Territory governments (unpublished) as reported in SCRGSP 2021. Report on government services. Part B: child care, education and training. Chapter 3. ECEC.

3. State and Territory governments (unpublished) as reported in SCRGSP 2022. Report on government services. Part B: child care, education and training. Chapter 3. ECEC.

4. State and Territory governments (unpublished) as reported in SCRGSP 2023. Report on government services. Part B: child care, education and training. Chapter 3. ECEC.

5. State and Territory governments (unpublished) as reported in SCRGSP 2024. Report on government services. Part B: child care, education and training. Chapter 3. ECEC.

6. State and Territory governments (unpublished) as reported in SCRGSP 2025. Report on government services. Part B: child care, education and training. Chapter 3. ECEC.

7. Australian Bureau of Statistics 2024. Disability, Ageing and Carers, Australia: Summary of Findings, 2022, Cat. no. 4430.0, Canberra; ABS (unpublished).

Figure 6.2: Proportion of domestic VET students with disability aged 15–64, 2015 to 2023

Notes

1. Data includes domestic students aged 15–64 only.

2. VET refers to vocational education and training.

3. 'VET students with disability' refers to those who self-identify as having a disability, impairment or long-term condition.

4. Data for VET domestic student numbers has a relatively high proportion of students for whom disability status was unknown; results should be treated with some caution. In 2023, disability status was unknown for 12% of students, a drop since 2017 (15%).

Source

NCVER (National Centre for Vocational Education Research) 2024. Australian vocational education and training statistics: Total VET students and courses 2023: DataBuilder.

Figure 6.3: Proportion of undergraduate higher education students with disability aged 15 and over, 2011 to 2023

Notes

1. Includes domestic students aged 15 and over only.

2. Excludes domestic students with permanent home residence outside of Australia.

3. Based on Table A (Public universities) and Table B (Private universities that receive Commonwealth assistance) providers only.

4. 'Disability' refers to students who have indicated that they have disability, impairment or long-term medical condition which may affect their studies.

5. Data on disability status are based on self-identification. 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.

6. The data collection method for Higher Education student data changed in 2020, including changes to detailed disability categories.

7. Between 2020 and 2022, the increase in the proportion and number of domestic undergraduate higher education students with disability (3 percentage points, or around 24,200 students) was substantially larger than previous increases seen in the historical data. The particularly large increase in 2022 is likely due to changes made to the detailed disability categories, related to the implementation of the Tertiary Collection of Student Information (TCSI) System, introduced in 2020 to improve data collection practices.

8. Due to an issue related to implementation of the Tertiary Collection of Student Information (TCSI) System over its first year of operation in 2020, enrolment numbers for students with disability were substantially under-reported in the case of several universities. As it is not yet possible to correct this oversight, the entire series has been reported as received and the figures for some individual universities, and the aggregate figures for states and university sectors have been affected. This issue can be seen in the 2020 access, participation, and success indicators and the 2020 retention rates as reported in the 2021 data set. For this reason, caution should be taken when including 2020 enrolment data for students with disability in either annual, aggregate, or cross-institutional comparisons.

Source

Department of Education Higher Education Statistics Collection.

Figure 6.4: Qualification completion rate for VET students aged 15–64 with and without disability, cohorts 2015–2019 to 2019–2023

Notes

1. Observed actual completion rates for the cohort 2019–2023 are for qualifications that commenced in 2019 and were completed by 2023. The calculation assumes that enough time has passed for all students who were going to complete their qualification have done so.

2. Data includes domestic students aged 15–64 only.

3. VET refers to vocational education and training.

4. 'VET Students with disability' refers to students who self-identify as having disability, impairment or long-term condition.

5. 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 2019–2023, disability status was unknown for 16% of enrolled students. This was lower than the previous 3 cohorts: 19% in 2018–2022, 18% in 2017–2021, and 17% in 2016–2020.

6. 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 2019–2023 who completed their qualification was 5.2% lower (or 2,488 fewer) than for cohort 2015–2019. For those without disability, it was 20% (or 131,611 fewer students).

Source

NCVER (National Centre for Vocational Education Research) 2024. Australian vocational education and training statistics: Total VET students and courses 2023, customised data request.

Figure 6.5: Proportion of students with disability aged 15 and over who completed a higher education qualification, cohorts 2005–2010 to 2018–2023

Notes

1. Includes domestic students aged 15 and over only.

2. Excludes domestic students with permanent home residence outside of Australia.

3. Completion rates are 6-year rates for commencing students in a given year who completed their study within a 6-year period. For example, cohort 2018–2023 are students commencing in 2018 who completed their study in any year between 2018 and 2023.

4. Includes Table A (Public universities) and Table B (Private universities that receive Commonwealth assistance) providers only.

5. 'Disability' refers to students who have indicated that they have disability, impairment or long-term medical condition which may affect their studies.

6. The data collection method for Higher Education student data changed in 2020, including changes to detailed disability categories.

7. From July 2024, small discrepancies with the data previously released on these webpages are due to the adoption of new student ID concordances, exclusion of students with an 'unknown' citizenship, and revision of the methodology in calculating completion rates.

8. Of the student cohorts who had not completed their degree within the reported 6-year period, many are still engaged in their student, and have the potential to do so over a longer period. For data relating completions over a 9-year period, see Fourth annual report | Data tables: Education and Learning.

9. The data presented for this measure do not consider 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 (Department of Education 2017).

Source

Department of Education Higher Education Statistics Collection.

Health and wellbeing

Figure 7.1: Number of potentially avoidable deaths in hospital of people with disability compared with people without disability (per 100,000), 2020–21 to 2021–22

Notes

1. Data for this measure comes from the National Health Data Hub (NHDH). For more information, see Data source – National Health Data.

2. This analysis excludes measuring avoidable deaths and the population in WA/NT due to data availability. ACT data are currently excluded for 2021–22 due to a technical issue. Work is underway to resolve this.

3. People with disability include individuals who received disability-related government payments or services. People with disability aged 65 and over are under-represented. This does not represent all people with disability. As a result, people with disability who did not receive these disability-related government payments or services are counted under people without disability in these data. For more information, see NDDA Disability Indicators Explanatory Notes.

4. Deaths registered in 2020 and earlier are based on the final version of cause of death data; deaths registered in 2021 are based on revised version; and deaths registered in 2022 are based on the preliminary version. Revised and preliminary versions are subject to further revision by the Australian Bureau of Statistics.

5. The potentially avoidable death criteria were not specifically designed for people with disability. This analysis uses a modification of the agreed method to calculate Potentially Avoidable Deaths (National Health Agreement: PI 16 – Potentially avoidable deaths, 2024). In this analysis, deaths must have occurred during admitted patient care or during an emergency department visit in addition to the agreed methodology.

6. Rates are expressed as the number of deaths per 100,000 population. Crude rates are calculated using the sum of resident populations at 30 June of the previous financial year, estimated from NHDH data. Residents of WA and NT are excluded.

7. Note that time series comparisons should be interpreted with care. An analysis of the impact of the COVID-19 pandemic on the rate of potentially avoidable deaths of people with disability compared with people without disability was beyond the scope of the ADS OF project at this time.

8. Research suggests that the established methodology for attributing a death as a potentially avoidable death can lead to misattribution of cause of death for people with disability and potential under-classification of deaths in the disability population as potentially avoidable deaths (lowering the rate for the disability population).

9. Validation work completed for the first-generation of NDDA disability indicators has found that the indicators do not capture older Australians with disability as well as other age groups. Older Australians (such as those aged 65 and over) are both more likely to have disability and a higher rate of potentially avoidable deaths. This underrepresentation potentially has inverse effects on the populations of both the people with disability and people without disability used in this analysis (lowering the overall rate of potentially avoidable deaths for the disability population and increasing the rate of potentially avoidable deaths for the non-disability population).

10. ACT data are currently excluded for 2021–22 due to a technical issue. Work is underway to resolve this.

Source

AIHW NHDH 2021–22, analysis of NHDH.

Figure 7.2: Number of GP-type emergency department presentations per 100,000 people with disability, 2020–21 to 2021–22

Notes
1. Data for this measure comes from the National Health Data Hub (NHDH). For more information, see Data source – National Health Data Hub.

2. This analysis excludes ED presentations and the population in WA/NT due to data availability.

3. People with disability include individuals who received disability-related government payments or services between 2020–21 to 2021–22. This does not represent all people with disability. People with disability aged 65 and over are under-represented. As a result, people with disability who did not receive these disability-related government payments or services are counted under people without disability in these data. For more information, see Disability Indicators Explanatory Notes | NDDA.

4. Only presentations to public hospital emergency departments were included.

5. GP-type presentations were identified based on the [National Healthcare Agreement (2022)](#) criteria for identifying GP-type ED presentations.

6. Rates are expressed as the number of GP-type ED presentations per 100,000 population. Crude rates are calculated using the sum of resident populations at 30 June of the previous financial year, estimated from NHDH data. Residents of WA and NT are excluded.

7. Note that time series comparisons should be interpreted with care. An analysis of the impact of the COVID-19 pandemic on the rate of GP-type presentations in people with disability was beyond the scope of the ADS OF project at this time.

Source

AIHW NHDH 2021–22, analysis of NHDH.

Figure 7.3: Number of involuntary hospital admissions per 100,000 people with disability, 2020–21 to 2021–22

Notes

1. Data for this measure comes from the National Health Data Hub (NHDH). For more information, see [Data source – National Health Data Hub](#).

2. This analysis excludes hospital admissions and the population in WA/NT due to data availability. ACT data are currently excluded for 2021–22 due to a technical issue. Work is underway to resolve this.

3. People with disability include individuals who received disability-related government payments or services between 2020–21 to 2021–22. People with disability aged 65 and over are under-represented. This does not represent all people with disability. As a result, people with disability who did not receive these disability-related government payments or services are counted as people without disability in these data. For more information, see [Disability Indicators Explanatory Notes | NDDA](#).

4. Only admissions to public hospitals (including psychiatric hospitals) were included.

5. Involuntary admissions were identified where 'mental health legal status' was recorded as involuntary. Episodes where 'mental health legal status' was not reported were treated as voluntary. More information on this variable can be found here: [Episode of care—mental health legal status, code N](#).

6. Involuntary admissions were identified where 'mental health legal status' was recorded as 'involuntary'. Episodes where 'mental health legal status' was not reported were treated as voluntary.

7. Rates are expressed as the number of involuntary hospital admissions per 100,000 population. Crude rates are calculated using the sum of resident populations at 30 June of the previous financial year, estimated from NHDH data. Residents of WA and NT are excluded.

8. Note that time series comparisons should be interpreted with care. An analysis of the impact of the COVID-19 pandemic on the rate of involuntary hospital admissions of people with disability was beyond the scope of the ADS OF project at this time. Changes to state and territory legislation and data collection methods can result in changes in the recording of contacts or episodes with involuntary legal status.

9. This analysis excludes hospital admissions and the population from Western Australia and the Northern Territory due to data availability. For 2021–22 data, ACT data are unavailable.

Source

AIHW NHDH 2021–22, analysis of NHDH.

Community attitudes

Figure 8.1: Proportion of employers (aged 18 and over) that valued the contribution and benefits of employing people with disability, 2022 to 2024

Notes

1. Restricted to people aged 18 and over who were employed at the time of interview and have been involved in hiring employees in the last 12 months.

2. Employer attitudes to people with disability are based on 6 questions about the benefits and value of employing people with disability. The measure is presented as a proportion of responses that are positive. Respondents who had non-valid responses to more than 2 questions are excluded from the calculation.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.

2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

Figure 8.2: Proportion of responses from educators (aged 18 and over) that were disability confident and responded positively to people with disability, 2022 to 2024

Notes

1. Restricted to people aged 18 and over who were employed in the education industry at the time of interview.

2. Educator attitudes to people with disability are calculated based on 6 questions about the confidence in responding positively to people with disability and the ability to advise, assist or treat people with disability. The measure is presented as a proportion of responses that are positive. Respondents who had non-valid responses to more than 2 questions are excluded from the calculation.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.

2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

Figure 8.3: Proportion of responses from health workers (aged 18 and over) that were disability confident and responded positively to people with disability, 2022 to 2024

Notes

1. Restricted to people aged 18 and over who were employed in the health industry at the time of interview.

2. Health professionals attitudes to people with disability are calculated based on 6 questions about the confidence in responding positively to people with disability and the ability to advise, assist or treat people with disability. The measure is presented as a proportion of responses that are positive. Respondents who had non-valid responses to more than 2 questions are excluded from the calculation.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.

2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

Figure 8.4: Proportion of responses from personal and community support workers (aged 18 and over) that were disability confident and responded positively to people with disability, 2022 to 2024

Notes

1. Restricted to people aged 18 and over who were employed in residential care or social or community support sector at the time of interview.

2. Personal and community support workers attitudes to people with disability are calculated based on 6 questions about the confidence in responding positively to people with disability and the ability to advise, assist or treat people with disability. The measure is presented as a proportion of responses that are positive. Respondents who had non-valid responses to more than 2 questions are excluded from the calculation.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.

2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

Figure 8.5: Proportion of responses from justice and legal workers (aged 18 and over) that were disability confident and responded positively to people with disability, 2022 to 2024

Notes

1. Restricted to people aged 18 and over who were employed in legal services sector or public order and safety sector at the time of interview.

2. Justice and legal sector workers attitudes to people with disability are calculated based on 6 questions about the confidence in responding positively to people with disability and the ability to advise, assist or treat people with disability. The measure is presented as a proportion of responses that are positive. Respondents who had non-valid responses to more than 2 questions are excluded from the calculation.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.

2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

Figure 8.6: Proportion of people with disability who report feeling represented in leadership roles, 2002 to 2024

Notes

1. Restricted to people with disability aged 18 and over who responded 'Yes' or 'No' to the question 'Do you feel that people with disability are well represented in leadership roles?'.

2. For this measure, people with disability are those with disability or restrictive long-term health condition, regardless of whether they self-identify as having disability or a long-term health condition.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.

2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

Figure 8.7: Proportion of people with disability who report feeling valued and respected in their community, 2022 to 2024

Notes

1. The measure was calculated as the number of people who answered 'Always' or 'Often' to 'In general, how often do you feel valued and respected in your community?', divided by the number of people who responded to the question. People who were not sure or did not provide a response were excluded from the calculation.

2. For this measure, people with disability are those who have, and self-identify as having, disability or a long-term health condition.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.

2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

This is the 4th annual report for Australia's Disability Strategy 2021–2031 Outcomes Framework. It provides an overview of the progress being made on outcomes for people with disability in 2025.

Of the 64 measures with data on the ADS OF dashboard, 32 measures were given an updated progress status in 2025. An additional 12 measures had data available for the first time.