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Health and Welfare

A.I.H.W.

People with disability in Australia 2024



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1. Summary

Summary

Introduction

This page presents key findings from the *People with disability in Australia 2024* report. The report is part of a series first published in 2019. The report uses the AIHW's ['Person-centred reporting framework'](#) to present information about experiences and outcomes for people with disability across various aspects of life. For more detailed information on each topic, please see the relevant report chapters.

This summary is also available as a series of downloadable fact sheets. The fact sheets can be accessed from the ['Related material'](#) section in the left navigation menu.

What is disability?

Disability is an umbrella term for any or all of the following:

- impairment – problems in body function or structure
- activity limitation – difficulties in executing activities
- participation restriction – problems an individual may experience in involvement in life situations.

Disability is understood as a dynamic interaction between a person's health condition(s), environmental factors, and personal factors.

Disability may affect people directly or indirectly, and may have large or small effects on people's daily lives. Increasingly, disability is recognised as something that affects most people, to varying degrees and at different life stages.

For more information, see ['Defining disability'](#) section of this report.

How many people have disability?

In 2018, there were an estimated **4.4 million** Australians with disability (**18%** of the total population).

People with disability are diverse – having different types and levels of disability, coming from all demographic and socioeconomic groups, and having varying needs for assistance. For example, of people with disability in 2018:

- 1 in 2 (51%) were female

- 1 in 4 (23%) reported a mental or behavioural disorder as their main condition (the condition causing them the most problems) and 3 in 4 (77%) reported a physical disorder as their main condition
- 1 in 3 (32%) had severe or profound disability
- 1 in 3 (30%) (among those not living in cared accommodation) needed help with health care
- 1 in 4 (27%) (not living in cared accommodation) needed help with property maintenance
- 1 in 4 (23%) (not in cared accommodation) needed help with household chores
- 1 in 2 (48%) (aged 5 and over, and not in cared accommodation) had a schooling or employment restriction.

Disability prevalence increases with age – the longer people live, the more likely they are to experience some form of disability. In 2018:

- 7.6% of children aged 0–14 years had disability
- 13% of people aged 15–64 years had disability
- 50% of people aged 65 years and over had disability.

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

- **Boys born in 2003** could expect to live 78 years on average, including 59 (76%) without disability. **Girls born in 2003** could expect to live 83 years on average, including 62 (75%) without disability.
- **Boys born in 2018** could expect to live 81 years on average, including 64 (79%) without disability. **Girls born in 2018** could expect to live 85 years on average, including 66 (78%) without disability.

Where can I find out more?

For more information about disability prevalence, activities people with disability need help with, disability-free life expectancy, and aspects of personal life of people with disability, see [‘People with disability’](#) chapter of this report.

Health of people with disability

People with disability are more likely than those without disability to have poor **general and mental health**.

- In 2020–21, **31%** of adults (aged 18 and over) with disability said their **health was excellent or very good**, compared with **68%** of those without disability.
- In 2020–21, **33%** of adults with disability experienced **high or very high psychological distress**, compared with **12%** of those without disability.

People with disability have higher **health risk factors** than those without disability. In 2020–21:

- 14% of adults (aged 18 and over) with disability smoked daily, compared with 9.1% of those without disability.
- 8.3% adults with disability had sugary drinks daily, compared with 5.6% of those without disability.

Health risk factors are higher for some sub-groups of people with disability than others. For example, in 2020–21:

- 36% of men (aged 18 and over) with disability exceeded alcohol consumption guidelines, compared with 19% of women with disability. This pattern is similar to the general Australian population.
- 84% of adults with psychosocial disability did not meet physical activity guidelines, compared with 77% of those with physical disability and 70% of those with sensory or speech disability.

Some people with disability experience **barriers to accessing and using health services**. These include longer than desired waiting times, the cost of services, the accessibility of buildings, discrimination by health professionals, and a lack of communication among health professionals. In 2018:

- 7.6% of people with disability aged under 65 delayed or did not see a GP when needed because of cost
- 1 in 4 (24%) people aged 15–64 with disability waited longer than acceptable to get an appointment with a GP
- nearly half (47%) of people aged under 65 with severe or profound disability saw 3 or more health professionals for the same condition, compared with one-third (34%) of people with disability other than severe or profound.

There is limited data that would enable comparison of health-care access for people with disability and for those without disability. However, available data suggest that people with disability are more likely than the general Australian population to face barriers, such as cost, when accessing health services.

Where can I find out more?

For more information about health outcomes, interaction of selected chronic conditions and disability, health behaviours, and access to health services by people with disability, see the [‘Health’](#) chapter of this report.

Social support

In this report, social support refers to government-funded supports provided by specialist disability services. This topic also covers social inclusion, and the experiences of people with disability when accessing key mainstream services.

Government-funded specialist disability support services are now largely provided through the **National Disability Insurance Scheme (NDIS)**.

In June 2023, the NDIS had around **610,500** active participants, of whom **43%** were aged under 15.

Among NDIS participants aged under 65:

- 62% were males and 37% were females
- 37% had autism as their primary disability
- 7.9% identified as First Nations people
- 9.2% identified as culturally and linguistically diverse.

Not all people with disability need **assistance from formal service providers** (formal service providers include organisations or their representatives, and individuals providing regular paid care; formal services may include mainstream services and specialist disability services such as those provided by the NDIS). Based on the latest available survey data, in 2018:

- 40% of people with disability living in households needed assistance from formal service providers. Most (86%) of those who needed formal assistance had received at least some assistance.
- 82% of people with disability who received formal assistance were satisfied with the quality of services and 73% were satisfied with the range of services available (of those aged 15 and over, and where levels of satisfaction could be determined).

People with disability may experience lower rates of **social participation** and greater risk of **isolation and loneliness** than those without disability:

- 1 in 4 (27%) people with disability aged 5 and over, living in households, do not leave home as often as they would like (2018)

- 1 in 4 (23%) people with disability aged 15–64 sometimes or often have difficulty getting to the places they need to reach, compared with 17% of those without disability (2019)
- 1 in 5 (19%) people with disability aged 15–64 experience social isolation (lack of social contact with others), compared with 9.5% without disability (2021)
- 3 in 10 (29%) people with disability aged 15–64 say they often feel lonely, compared with 17% without disability (2021).

Positive **experiences when accessing services** are essential in enabling full social and economic participation of people with disability. According to the new 2022 survey data:

- 94% of people with disability (aged 18 and over) said they were treated with respect when accessing key mainstream services
- 1 in 6 (17%) thought they would have been treated better by service workers if they did not have disability.

Where can I find out more?

For more information about specialist disability services, social participation of people with disability, and their experiences receiving formal supports or accessing key services, see the '[Social support](#)' chapter of this report.

Justice and safety

In 2019, **22%** of people with disability aged 15 and over experienced **some form of discrimination** (including disability discrimination), as did **15%** of those without disability.

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

- 16% experienced **disability discrimination** (2018)
- 44% **avoided situations** because of their disability (2018).

Each year, the Australian Human Rights Commission (AHRC) receives more **complaints about disability discrimination** than about any other form of discrimination. In 2022–23, 46% of AHRC complaints were about disability discrimination.

People who have experienced disability discrimination are more likely to avoid situations (stay away from people or places because of their disability), and have poorer health and socio-economic outcomes than those who have not experienced discrimination.

Barriers to accessing buildings and facilities can represent a form of discrimination. In 2018, among people aged 15–64 with disability living in households and who went to places away from their residence:

- 1 in 6 (16%) had difficulty using public transport, and a further 11% were unable to use public transport at all
- 3 in 10 (30%) of those who had challenges with mobility or communication had difficulty accessing buildings or facilities.

Experiences of violence

Men are much more likely to experience **physical violence** than women.

The proportions of men who reported in 2021–22 that they have experienced physical violence in the last 2 years were similar for men with disability (9.8%) and without disability (9.0%).

Women with disability are more likely to have **recent experiences of violence** than women without disability. In 2021–22:

- 5.8% of women with disability (aged 18 and over) have experienced physical violence in the last 2 years, compared with 4.2% without disability
- 4.0% experienced sexual violence in the last 2 years, compared with 2.5%
- 7.0% experienced emotional abuse by partner in the last 2 years, compared with 4.6%
- 4.6% experienced economic abuse by partner in the last 2 years, compared with 2.4%
- 14% experienced sexual harassment in the last 12 months, compared with 12%.

Some groups of women with disability are more likely to have experienced violence.

Women with **psychosocial disability** (such as disability arising from emotional, nervous, or mental health condition, memory problems, or social or behavioural difficulties) are more likely to have recent experiences of violence, abuse and harassment than other women with or without disability.

Where can I find out more?

For more information about disability discrimination, recent experiences of violence, and general feelings of safety among people with disability, see [‘Justice and safety’](#) chapter of this report.

Housing

In 2018, **96%** of people with disability lived in the community; among people with severe or profound disability, **87%** lived in the community.

Housing plays a key role in the health and wellbeing of people with disability, by providing shelter, safety and security. The availability of affordable, sustainable and appropriate housing helps people with disability to participate in the social, economic and community aspects of life.

Most people with disability live in the community (in private dwellings like houses or apartments), while others live in cared accommodation (such as hospitals or nursing homes). In 2018:

- 96% of people with disability (87% of people with severe or profound disability) lived in the community
- 91% of people aged 65 and over and 99% of people aged under 65 with disability lived in the community
- 82% of people with disability who lived in the community were living in a separate house, as did 81% of people without disability
- 24% of people with disability (excluding children under 15 and dependent students aged 15–24) were living alone, compared with 10% of people without disability
- 12% of people with disability living in the community were living in a dwelling that was modified to their needs, most often to install handrails or grabrails.

Most people with disability live in a home that is owned by themselves or their families (for dependent children) (64% in 2018), either with or without a mortgage. If renting, people with disability are more likely to be **living in public housing** than people without disability – in 2018, this was the case for 16% of renters with disability and 4.1% for those without disability.

At June 2022, 1 in 5 (20%) individuals and families receiving **Commonwealth Rent Assistance (CRA)** received Disability Support Pension (DSP) as their primary income support payment. About 1 in 3 (33%) individuals and families receiving CRA and DSP were in rental stress; this was lower than for all CRA recipients (44%).

Just over 1 in 3 (36%) households living in **social housing** at June 2022 had at least one person with disability. In 2021, 75% of social housing households with a member disability had their needs for safety and security of home met.

About 1 in 10 (9.5% or 25,900) **Specialist Homelessness Services (SHS)** clients in 2022–23 had disability; 2.8% (or 7,600) had severe or profound disability. SHS clients with disability tend to have more **complex support needs**; they need more support services (average of 12.4 service types, compared with 8.8 for clients without disability) and longer support periods (81 days compared with 56).

Where can I find out more?

For more information about housing and living arrangements of people with disability, their housing-related needs, housing assistance and homelessness services accessed by people with disability, see the [‘Housing’](#) chapter of this report.

Education and skills

- In 2018, **10%** of school students (aged 5–18) in Australia had disability, and **5.4%** had severe or profound disability.
- **Around 1 in 12 (8.3%)** people aged 15–64 studying for a non-school qualification had disability.

School-age (5–18) children with disability have similar **school attendance** rates as those without disability. School students with disability can attend a mainstream or a special school. Some students attending mainstream school may attend special classes at their school. In 2018:

- Most (89%) children and young people aged 5–18 with disability attended primary or secondary school – the same proportion as for those without disability.
- Most (89%) school students with disability went to a mainstream school; 18% attended special classes in a mainstream school, and 12% went to a special school.
- Of school students with severe or profound disability, 80% went to a mainstream school (21% attended special classes and 59% regular classes only in a mainstream school) and 20% went to a special school.

People with disability generally have lower **educational attainment** than people without disability. In 2018:

- 21% of people with disability (aged 15–64, living in households and who acquired disability before age 15) had left school before they turned 16, compared with 8.9% of those without disability
- 34% of people with disability aged 20 and over had completed year 12 or equivalent, compared with 66% of those without disability
- 17% of people with disability aged 20 and over had completed a bachelor's degree or higher, compared with 35% of those without disability.

There have been improvements in **school retention and completion** for people with disability over the recent years. This is evident by looking at the younger cohort of people with disability. In 2018:

- among people who acquired disability before age 15, 11% in the 15–24 age group left school before age 16, compared with 25% of those aged 25–64

- 66% of people with disability aged 20–24 had completed year 12 or equivalent, compared with 60% of those aged 25–29 and 56% of those aged 30–34.

About one-third (32%) of school students with disability do not need or receive **support at school** and a further 36% receive sufficient support for their needs. However, 10% of school students with disability need support but do not receive any, and 21% receive some support but need more.

Where can I find out more?

For more information about engagement in education, educational attainment and education participation needs and challenges experienced by people with disability, see [‘Education and skills’](#) chapter of this report.

Employment

In 2018, **48%** of people aged 15–64 with disability were employed (**80%** without disability). **47%** of people aged 15–64 with disability were not in the labour force, most of these (59%) because they were permanently unable to work.

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

People with disability are less likely to **participate in the labour force** than people without disability. In 2018, for people aged 15–64:

- 53% of people with disability were **in the labour force** (working or looking for work), compared with 84% of those without disability. Among people with severe or profound disability, 27% were in the labour force.
- Of people with disability who were not in the labour force, most (59%) were **permanently unable to work**.

People with disability are less likely to be employed, and if employed, are more likely to work part time, compared with those without disability. In 2018, for people aged 15–64:

- 48% of people with disability were **employed** (80% without disability).
- 41% of employed people with disability were working **part-time** hours (32% without disability).
- 10% of employed people with disability were **underemployed** (worked part time and wanted to work more hours), compared with 6.9% of those without disability. At the same time, 28% of employed people with disability were working part time

and did not want a job with more hours (the remaining 3% were unsure or not available to work more hours).

- People with disability were twice as likely to be **unemployed** (10%) as those without disability (4.6%).

Most employed people with disability aged 15–64 do not require **additional support** from their employer to work (88% in 2018) and do not need additional time off from work due to their disability (82% in 2018).

From the employers' perspective, **challenges in employing people with disability** ranged from difficulty in finding qualified people (76% in 2022) to co-workers' attitudes (53%). Three in 10 (30%) employers said their workplaces were more prepared to hire someone with disability now than they were 12 months ago (7.6% were less prepared, and 63% were unchanged from last year).

Where can I find out more?

For more information about labour force participation, employment, underemployment and unemployment of people with disability, their employment participation needs and challenges, and employer perspectives on hiring people with disability, see the ['Employment'](#) chapter of this report.

Income and finance

In 2018, **38%** of households with a person with disability had low income (bottom 3 deciles of household income), compared with **18%** of households without disability.

The type and level of income can provide insights into people's standard of living and economic security. Stable income can provide economic security to support a standard of living and cover essential needs, both now and in the future. Economic security can enhance a person's overall wellbeing and enable full participation in social, economic, political and cultural life.

Most people with disability aged 15–64 **have a source of income** (90% in 2018, the same as for people without disability).

People with disability are less likely to receive income **from wages or salary**, and more likely to receive income **from government payments** than those without disability.

In 2018, for people aged 15–64:

- 41% of people with disability received *some* income from wages or salary (73% without disability)
- 44% of people with disability received *some* income from government payments (12% without disability).

Similarly, for the main source of income, for people aged 15–64 who had a source of income in 2018:

- government pension or allowance was the *main* source of income for 43% of people with disability, 69% with severe or profound disability, and 7.9% without disability
- wages or salary was the *main* source of income for 42% of people with disability, 20% with severe or profound disability, and 80% without disability.

People with disability also tend to have **lower levels of income and financial security** than people without disability:

- In 2018, 38% of households with a person with disability had **low level of household income** (were in the bottom 3 deciles), compared with 18% of households with no disability.
- In 2021, 25% of people with disability aged 15–64 said they would not be able to raise \$3,000 in a week for **an emergency** (9.4% without disability).
- In 2021, 8.8% of people with disability aged 15–64 **went without meals** due to a shortage of money (2.3% without disability).

Disability Support Pension (DSP) is one of Australia’s most prevalent income support payments for people of working age, with 3 in 10 (29%) income support payment recipients aged 16–64 receiving the DSP at March 2023.

Where can I find out more?

For more information about income, finances, and income support receipt of people with disability, see the [‘Income and finance’](#) chapter of this report.

Key data gaps

The *People with disability in Australia 2024* report brings together information from more than 25 national data sources, including population surveys and administrative data sets. Although these data sources provide important insights into the experiences of people with disability in Australia, critical data gaps remain. For example, there is a lack of information on:

- what services people with disability use (across mainstream and specialist areas)
- contact of people with disability with the justice and child protection systems
- the use of restrictive practices (such as seclusion and physical or chemical restraints)
- people with disability in closed and segregated settings and those with communication support needs

- intersectionality and diversity of disability sub-groups – such as people with different types of impairment, First Nations people with disability, people from culturally and linguistically diverse backgrounds, and LGBTIQ+ people with disability
- key lifecourse transitions – such as from school to further education or employment
- unmet need for services (within and outside of the National Disability Insurance Scheme)
- the immediate and long-term impacts of natural disasters and emergencies
- the quality and sustainability of the disability workforce
- supported decision-making for people with disability, such as on the extent to which people with disability are represented and supported in proceedings and decision-making processes
- causes of death of people with disability – such as potentially avoidable deaths.

These gaps largely result from issues with existing data, such as inconsistent definitions of disability, barriers to data sharing, or data about disability not being collected at all (which is the case for many mainstream data collections). These limitations were further highlighted by the COVID-19 pandemic and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission). The Royal Commission made a range of recommendations to address specific data gaps relating to areas such as realising the human rights of people with disability, enabling autonomy, access to services, and participation in all aspects of life, and achieving inclusive systems such as education, employment, and housing.

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

- improving the quality and comparability of data across sources by adopting more consistent definitions, or adding a disability ‘flag’ to mainstream data collections
- maximising the use of existing data sources by bringing together information from multiple sources, such as in this report
- adding to data sources, such as by enhancing or adding data items to existing data collections, enabling data sharing and linkage of data, and creating new data collections or data assets.

These gaps and opportunities are not exhaustive, but are a starting point for future discussion. The AIHW continues to work with other statistical agencies and data custodians to maximise and streamline data about people with disability and to improve data quality.

The Australian, state and territory governments are working together with the disability community to design the National Disability Data Asset. The asset will link de-identified data from Australian and state and territory government sources to better understand the life experiences of people with disability. The linked data will provide new insights into how people with disability interact with multiple support services and programs, and will help improve programs and services for people with disability. The AIHW is

working with the ABS to design and deliver the technical aspects of the disability data asset.

As part of Australia's Disability Strategy 2021–2031, the Strategy's [Data Improvement Plan](#) sets out how to improve the data needed to track progress against the Strategy Outcomes Framework, to ensure data needed to measure outcomes for people with disability are collected, shared and progressively improved over the life of the Strategy, and to identify where data need to be linked between systems to improve our understanding of the impact of the Strategy.

Where can I find out more?

For more information about Australian disability policy environment, the key challenges with existing disability data sources, and what is being done to improve the disability evidence base, see [The disability policy environment](#) and [Key data gaps](#) chapters of this report.



2. About this report

About this report

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

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

2024 update

This web report is the latest in the series first released on 3 September 2019. It includes a broad range of data from the Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC) and other ABS surveys, as well as a range of government (administrative) data on specialist disability services, social housing, homelessness services, education, and income support.

This 2024 update introduces new reporting based on data from the National Disability Insurance Scheme (NDIS). The update also includes new content about the experiences of people with disability when accessing key services, and employers' attitudes and barriers to employing people with disability, using data from a new Australia's Disability Strategy Survey – *Share with us*, conducted in 2022.

Other updates in 2024 include more recent data from the:

- Household, Income and Labour Dynamics in Australia (HILDA) Survey
- National Health Survey
- Personal Safety Survey
- Australian Government Housing Data Set
- National Housing Assistance Data Repository
- Specialist Homelessness Services Collection
- Nationally Consistent Collection of Data on School Students with Disability
- Total Vocational Education and Training (TVET) Students and Courses Collection
- Higher Education Student Data Collection

- TVET Student Outcomes Collection
- Student Experience Survey
- Graduate Outcomes Survey
- Administrative data on income support receipt (Payment Demographics data).

What this report does

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

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

- [Reporting on Australia's Disability Strategy 2021–2031](#) – reporting and tracking the progress of measures in Australia's Disability Strategy Outcomes Framework
- Productivity Commission's annual [Report on Government Services](#) – information on equity, effectiveness and efficiency of government services in Australia relating to people with disability
- National Disability Insurance Agency's (NDIA) [quarterly reporting](#) on the National Disability Insurance Scheme (NDIS) – information on the NDIS in each jurisdiction.

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

What this report does not do

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

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

The analyses presented in this report highlight differences in outcomes and experiences of different groups of people, or varying time trends. In many cases, there can be multiple possible reasons behind these differences, or they could be attributed to government policy changes or variations in implementation of policies or programs.

However, this report does not make any such attributions, nor does it make any inferences about causation.

Person-centred reporting framework

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

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

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

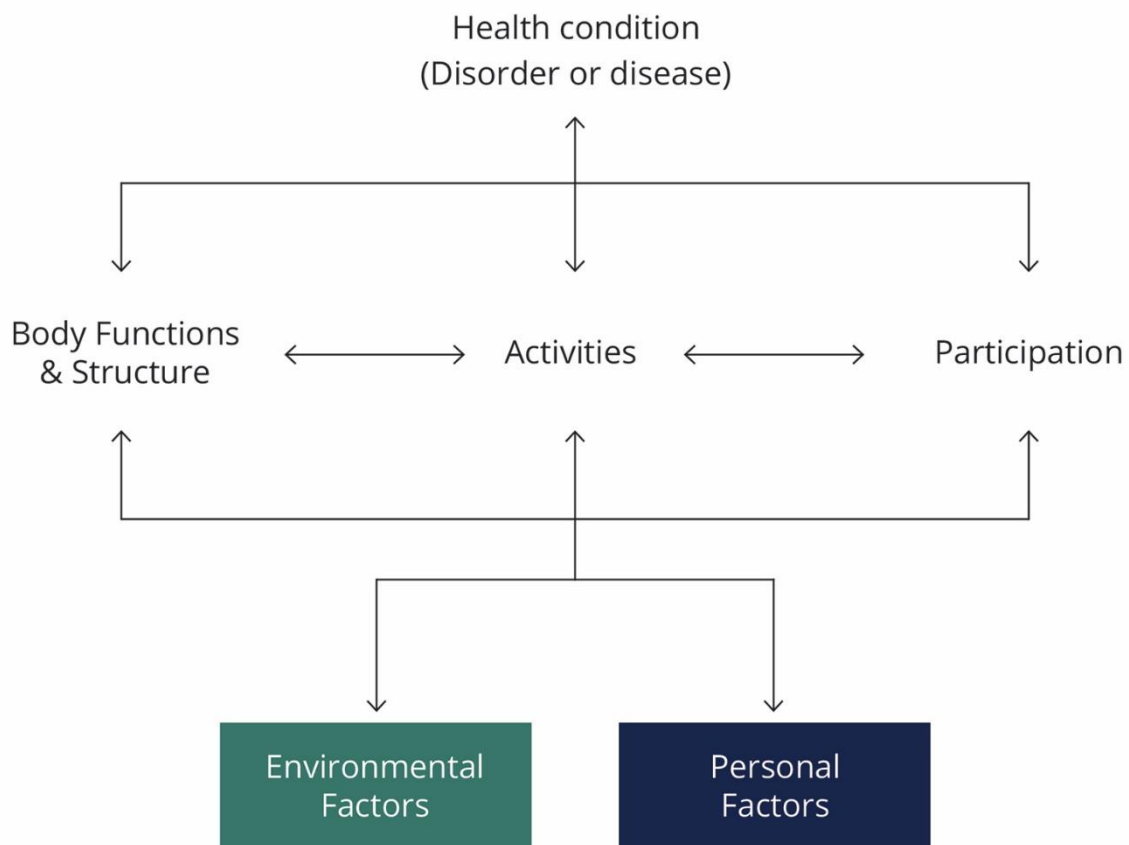


Defining disability

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

The ICF conceptualises a person's level of functioning, in terms of body functions and structures, activities and participation, as a dynamic interaction between their health condition(s) and environmental and/or personal factors (Figure ABOUT.2; WHO 2002). Disability is an umbrella term for impairments of body function or structure, activity limitations or participation restrictions.

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



Source: Modified from WHO 2002.

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

The definition and identification of disability used in each collection can vary, depending on the collection's type and purpose. For example:

- the Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC) uses a comprehensive set of questions to determine disability and is considered the gold standard of disability identification in Australia
- other ABS surveys, such as the National Health Survey, use a shorter set of questions to identify disability (the Short Disability Module)
- the NDIS bases eligibility on a narrower concept of disability in terms of people who have a significant impairment to their functional capacity
- some data collections, such as on hospital admissions, do not identify disability at all.

Those data collections which identify disability may also identify different sub-groups of disability, such as type (e.g., sensory, physical, or psychosocial) and level of disability (based on level of restriction, difficulty, or need for aids or assistance a person with disability has – also sometimes called severity of disability). This report uses the definitions of disability groups as available in each data source (links to relevant resources are provided in '[Definitions of disability used in this report](#)').

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

Definitions of disability used in this report

This report uses more than 25 sources of data on people with disability. The definition of disability and the population scope for each of these data sources is presented in **Data table: Definitions of disability** (available from '[Data tables](#)'). The most robust method is used by the ABS SDAC. The SDAC is a large survey designed to measure the entire spectrum of disability and has the most comprehensive measure. Disability identification and severity is established through more than 120 questions, progressing through a number of steps to first identify whether a person has disability and then, the level or severity of the disability.

The '[Data sources](#)' section of this report also provides additional information on definitions of disability and disability groups in the data sources used in this report.

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The disability policy environment

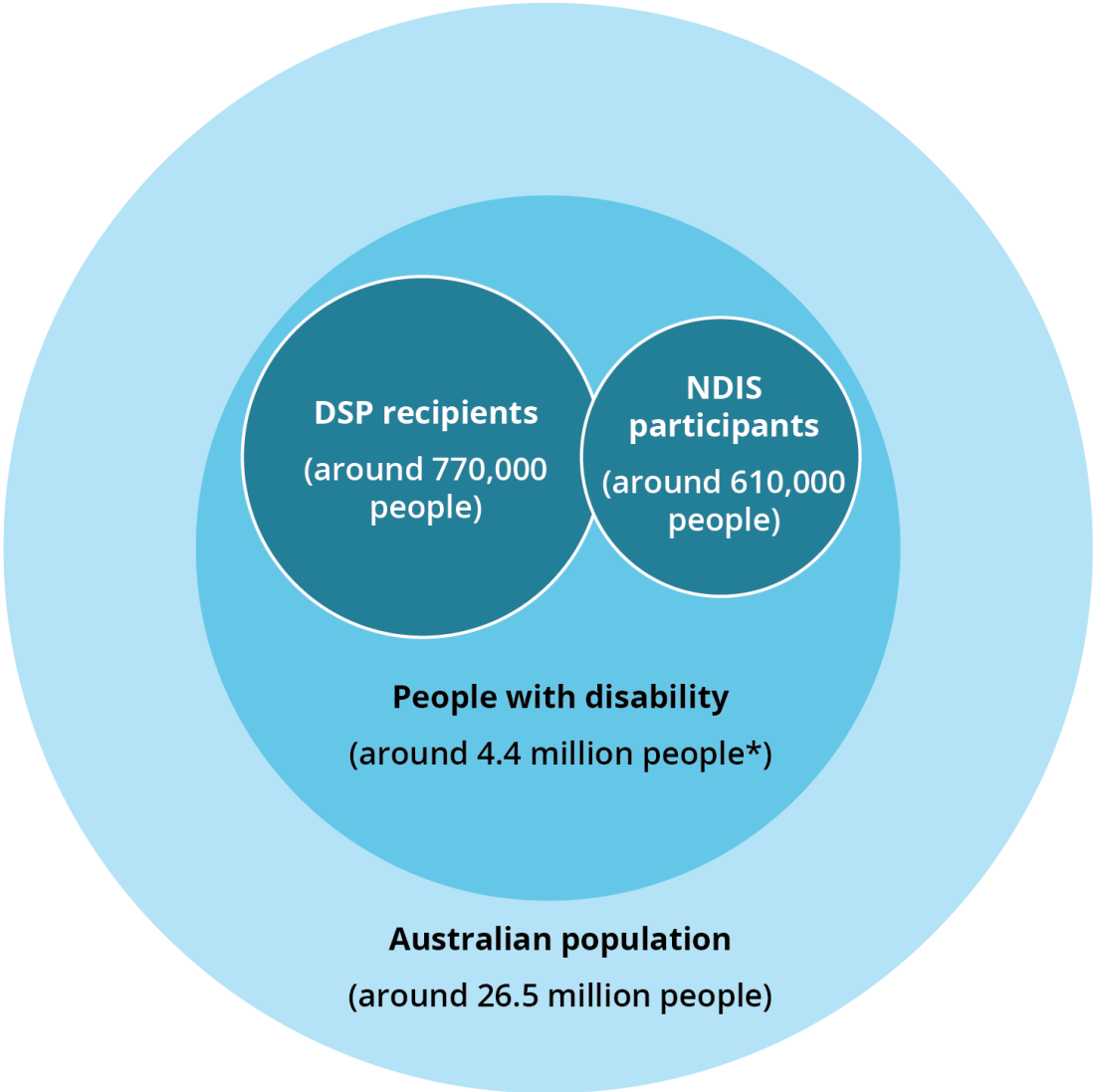
The disability policy environment has significantly changed in recent years, especially in relation to service delivery. This includes:

- launch of the new [Australia's Disability Strategy 2021–2031](#) (the Strategy) to replace the [National Disability Strategy 2010–2020](#), and reporting against the Strategy's outcomes framework via a [dedicated website](#) and a series of [annual reports](#)
- the implementation of the [National Disability Insurance Scheme \(NDIS\)](#)
- the establishment of the [NDIS Quality and Safeguards Commission](#)
- continuing development of the [National Disability Data Asset](#) and Australian National Data Integration Infrastructure
- the implementation of a [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#)
- focus on changing community attitudes and improving awareness of disability.

Common themes running through these changes include:

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

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



Notes

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

DSP = Disability Support Pension

NDIS = National Disability Insurance Scheme

People with disability estimates are as at 2018. DSP recipients, NDIS participants and Australia population are as at 30 June 2023.

United Nations Convention on the Rights of Persons with Disabilities

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

Australia's Disability Strategy will play an important role in protecting, promoting and realising the human rights of people with disability in line with Australia's commitments under the UN CRPD. The principles of the UN CRPD are also reflected in the [Australian Human Rights Commission Act 1986](#) and in the mechanisms for the delivery of services to people with disability (such as the NDIS).

Australia's Disability Strategy 2021–2031

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

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

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

The Strategy and its supporting documents are available on the [Disability Gateway website](#). The AIHW regularly reports on the progress of the Strategy via a dedicated website [Reporting on Australia's Disability Strategy 2021–2031](#).

National Disability Insurance Scheme

In 2010, the Australian Government asked the Productivity Commission to carry out a public inquiry into a long-term disability care and support scheme. In July 2012, in response to the inquiry's final report (PC 2011), the Australian Government introduced the NDIS.

The introduction of the NDIS was a fundamental shift in the way Australians with significant and permanent disability access supports. It is founded in insurance principles to provide eligible Australians who have permanent and significant disability with the reasonable and necessary supports they need (NDIA 2020).

The NDIS was introduced in trial sites in 2013, and has been progressively rolled out across Australia from July 2016. From 1 July 2020, the NDIS has been made available to all eligible Australians, no matter where they live (Minister for the National Disability Insurance Scheme 2020). The National Disability Insurance Agency (NDIA) estimates that, by 30 June 2033, the number of the NDIS participants will exceed 1 million (NDIA 2023). People with disability are directly funded under the NDIS, as distinct from the previous system of block funding to agencies and community organisations that provided disability support services under the National Disability Agreement (NDIA 2020).

NDIS Quality and Safeguards Commission

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

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

National Disability Data Asset

The Australian, state and territory governments are working together with the disability community to design the National Disability Data Asset. The disability data asset went through 2 years of development and testing called the Pilot. The Pilot tested how to best link data to understand outcomes for people with disability, while protecting people's privacy. The Pilot was delivered jointly by the Australian Government and the governments of the Australian Capital Territory, New South Wales, Victoria, South Australia and Queensland. The Pilot provided new insights into how people with disability interact with government services and programs.

The National Disability Data Asset will provide more information about the outcomes, experiences and needs of people with disability by linking de-identified information. This information will help improve programs and services. When complete, the National Disability Data Asset will be used to:

- provide a more complete picture of the programs and services used by people with disability
- help governments improve these programs and services
- share information about how opportunities and outcomes could be improved

- improve reporting on outcomes for people with disability under [Australia's Disability Strategy 2021–2031](#).

Australian National Data Integration Infrastructure

The AIHW and the ABS are developing the underlying technical and governance infrastructure that will deliver the National Disability Data Asset. This infrastructure system is known as the Australian National Data Integration Infrastructure (ANDII). The ANDII refers to the national linkage and integration infrastructure. This includes a national spine and linkage model. It also includes data governance and streamlined data sharing arrangements. Subject to future agreements, the underlying infrastructure could be used to create other specific data assets on other important policy issues.

The ANDII builds on recent government reforms, including the [Data Availability and Transparency Act 2022](#) and the Intergovernmental agreement on data sharing between the Australian and state and territory governments. The ANDII will streamline the approach and reduce the time required to build and access integrated datasets.

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

The [Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability](#) (Royal Commission) was established in April 2019. The Royal Commission investigated:

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

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

The Royal Commission gathered information through research, public hearings, listening to people's personal experiences, submissions, private sessions, and other forums.

The Royal Commission's [Final Report](#) was delivered to the Australian Government on 29 September 2023 (DRC 2023). In this report, the Royal Commission recommended how to improve laws, policies, structures and practices to ensure a more inclusive and just society.

References

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



3. People with disability

People with disability

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

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

Key findings

1. **Disability prevalence:** In 2018, an estimated 1 in 6 (18%) people in Australia had disability (about 4.4 million people).
2. **Severe or profound disability:** In 2018, 1 in 3 (32%) people with disability had severe or profound disability (about 1.4 million).
3. **Assistance needs:** In 2018, 1 in 3 (30%) people with disability living in households needed help with health care.
4. **Disability and life expectancy – boys:** Boys born in 2018 can expect to live 81 years on average, including 17 years (21%) with some level of disability.
5. **Disability and life expectancy – girls:** Girls born in 2018 can expect to live 85 years on average, including 19 years (22%) with some level of disability.
6. **Parenting responsibilities:** In 2021, over half (57%) people with disability aged 35–44 had parenting responsibilities.

Prevalence of disability

Key findings

- **Disability prevalence:** In 2018, an estimated 1 in 6 (18%) people in Australia had disability (about 4.4 million people).
- **Severe or profound disability:** In 2018, 1 in 3 (32%) people with disability had severe or profound disability (about 1.4 million).
- **Main health condition:** In 2018, for 1 in 4 (23%) people with disability, their main health condition was mental or behavioural.

Around 1 in 6 (18%) people in Australia – or about 4.4 million – have disability. This is also known as ‘disability prevalence’. Another 22% (or 5.5 million) of people in Australia have a long-term health condition but no disability, and the remaining 60% (or 14.8 million) have no disability or long-term health condition (ABS 2019a).

What is disability prevalence?

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

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

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

What affects prevalence?

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

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

Why is understanding prevalence important?

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

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics' (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Nearly one-third (32%) of people with disability – about 1.4 million or 5.7% of the Australian population – have severe or profound disability. This means sometimes or always needing help with daily self-care, mobility or communication activities, having difficulty understanding or being understood by family or friends, or communicating more easily using sign language or other non-spoken forms of communication (ABS 2019a).

While the number of people with disability has risen (from about 4.0 million in 2003), the prevalence rate has decreased over this period (from 20.0% in 2003 to 17.7% in 2018, or from an age-standardised rate of 19.8% in 2003 to 16.1% in 2018) (ABS 2019a). This indicates that the increase in the number of people with disability has been slower than the increase in the total population.

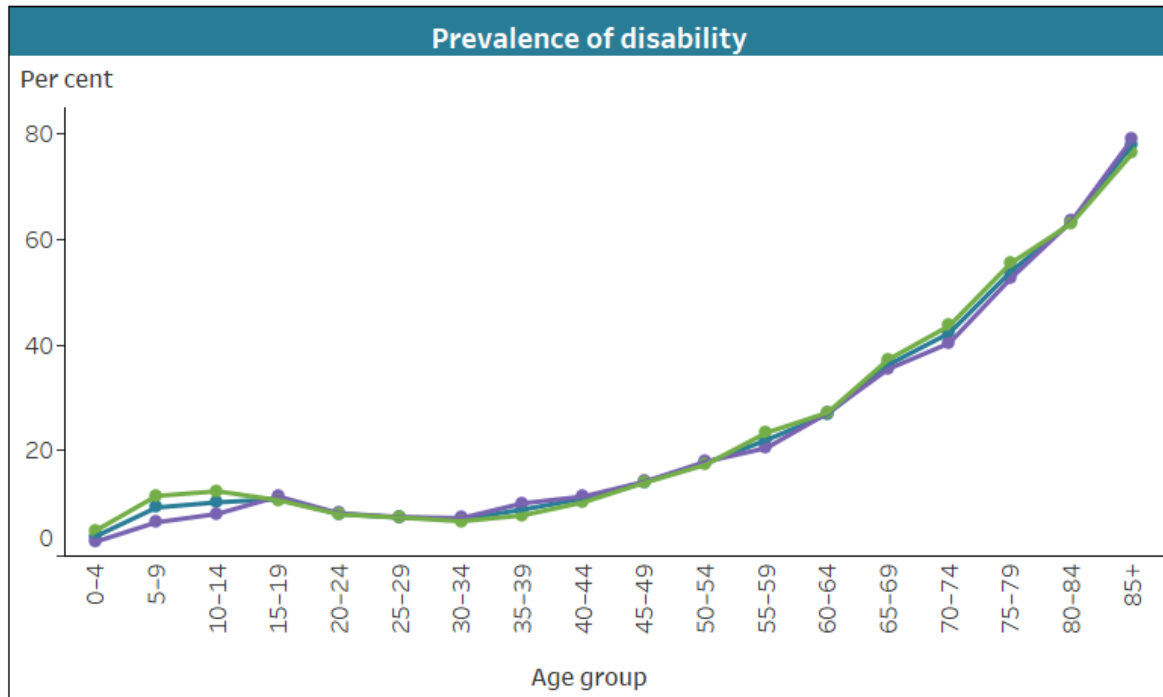
Sex and age

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

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

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

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



Source: ABS 2004, ABS 2010, ABS 2013, ABS 2016, ABS 2019b; see also Table PREV2.
<https://www.aihw.gov.au>

Source data tables: [Data](#) – Prevalence of disability.

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

- before the age of 15, boys are more likely to have disability than girls (9.5% of males and 5.7% of females aged 0–14 have disability)
- 9.2% of males and 9.5% of females aged 15–24 have disability
- 13% of males and females aged 15–64 have disability
- 49% of males and 50% of females aged 65 and over have disability (ABS 2019b).

Boys aged under 15 are also more likely than girls to have severe or profound disability; however, women aged 65 and over are more likely to have severe or profound disability than men (Figure PREVALENCE.1):

- 6.0% of males and 3.0% of females aged 0–14 have severe or profound disability

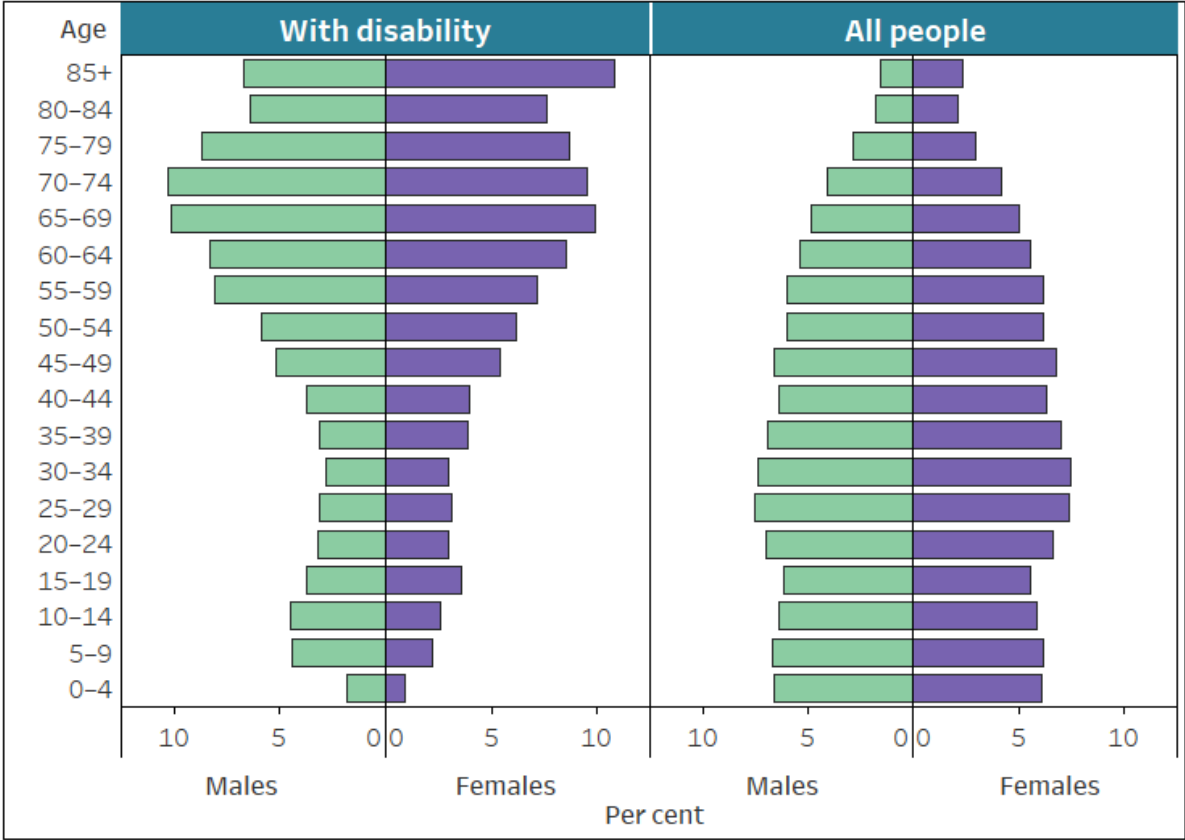
- 3.6% of males and 3.3% of females aged 15–24 have severe or profound disability
- 3.2% of males and females aged 15–64 have severe or profound disability
- 15% of males and 20% of females aged 65 and over have severe or profound disability (ABS 2019b).

Between 2003 and 2018, the prevalence rates of disability and of severe or profound disability generally decreased for both sexes, especially for people aged 65 and over (Figure PREVALENCE.1).

As the likelihood of disability increases with age, and the age structure of a population may change over time, this can affect meaningful comparisons of the changes in underlying disability prevalence rates. Age-standardised rates account for the differences in population structure, and allow better comparisons over time. Between 2003 and 2018, the age-standardised rate of disability fell from 20% to 16%, as did age-standardised rate of severe or profound disability (6.2% in 2003 to 5.2% in 2018) (ABS 2019a).

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

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



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

Source data tables: [Data](#) – Prevalence of disability.

Disability group

Disability group and type of disability

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

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

- sensory and speech disability group (includes loss of sight, loss of hearing, and speech difficulties disability types)
- intellectual (relates to difficulty learning or understanding things)

- physical (includes such disability types as breathing difficulties, blackouts, seizures or loss of consciousness, chronic or recurrent pain, incomplete use of limbs, and more)
- psychosocial (includes nervous or emotional conditions, mental illness, memory problems, and social or behavioural difficulties disability types)
- head injury, stroke or acquired brain injury disability group
- other disability (includes restrictions in everyday activities due to other long-term conditions or ailments) (ABS 2019c).

Prevalence of specific types of disability is discussed in '[Disability type](#)' section of this report.

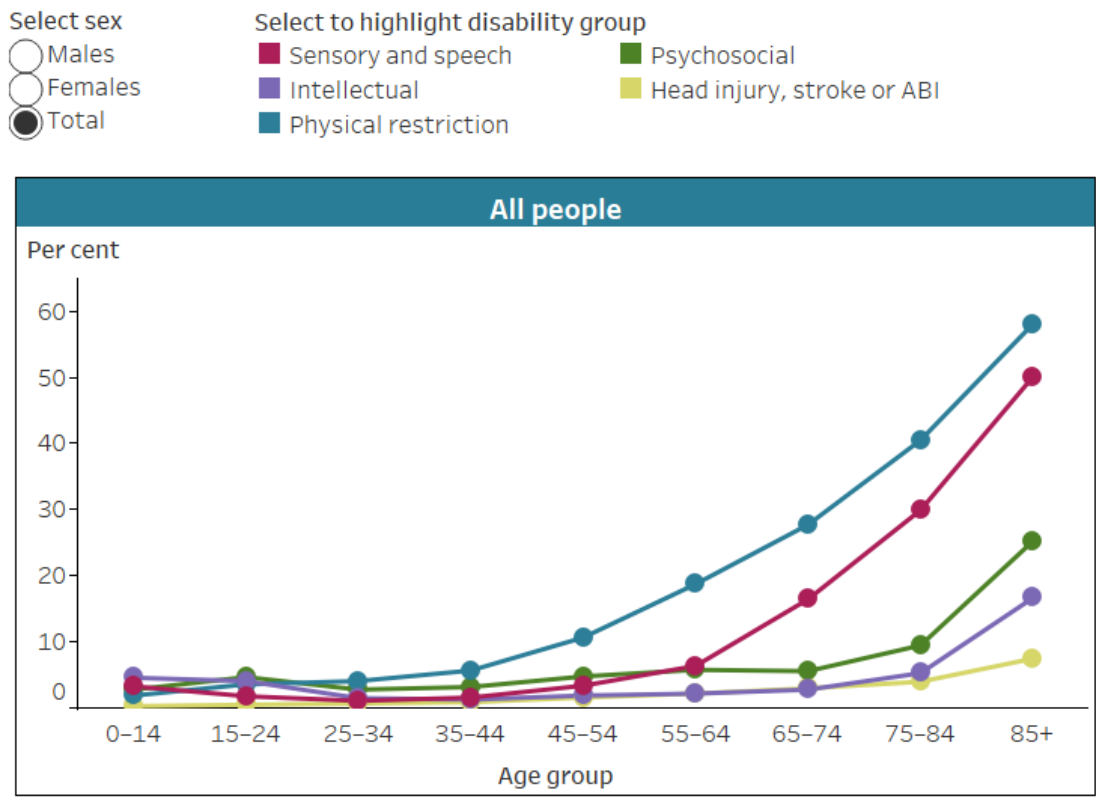
Generally, the prevalence of all disability groups increases with age, but for some disability groups there is also a decrease around the early adulthood years (Figure PREVALENCE.3). This is especially true for males:

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

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

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

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



Source: ABS 2019b; see also Table PREV5.
<https://www.aihw.gov.au>

Notes

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

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

1. ABI refers to acquired brain injury.

Source data tables: [Data](#) - Prevalence of disability.

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

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

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

- 40% (or 482,000) and 30% (or 357,000) of those aged 75–84
- 58% (or 285,000) and 50% (or 246,000) of those aged 85 and over (ABS 2019b).

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

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

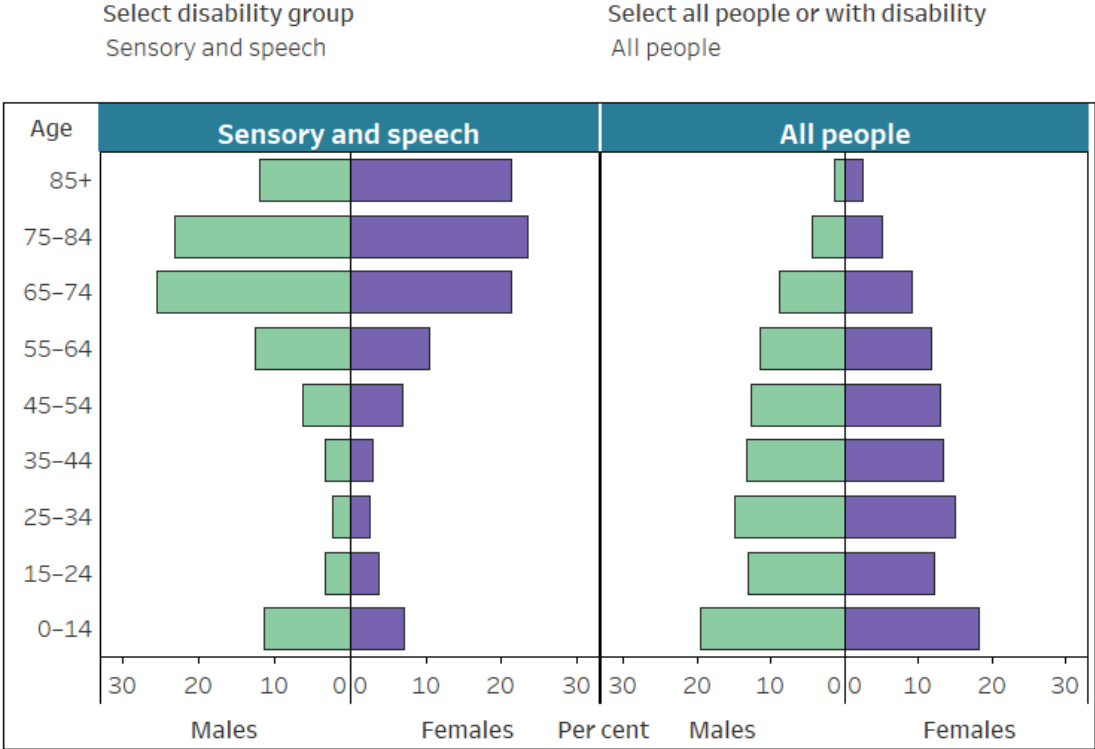
- 2.7% (or 59,000) of people aged 65–74 have intellectual disability, 5.2% (or 62,000) of those aged 75–84, and 17% (or 81,000) of those aged 85 and over
- 5.5% (or 122,000) of people aged 65–74 have psychosocial disability, 9.4% (or 112,000) of those aged 75–84, and 25% (or 124,000) of those aged 85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

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

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

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

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



Source: ABS 2019b; see also Table PREV6.
<https://www.aihw.gov.au>

Notes

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

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

1. ABI refers to acquired brain injury.

Source data tables: [Data](#) – Prevalence of disability.

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

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

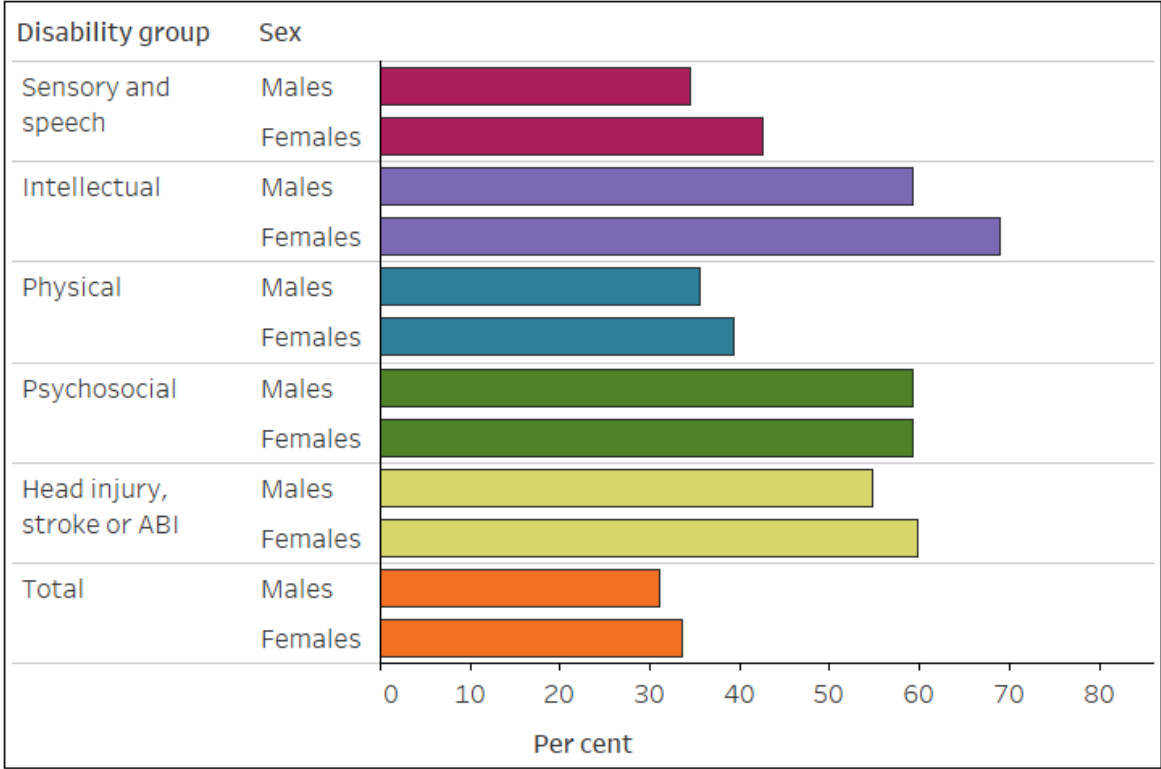
Figure PREVALENCE.5: Severe or profound disability in people with disability, by disability group, age group and sex, 2018

Select to view by age group or sex Select to highlight disability group

Age group Sensory and speech Psychosocial

Sex Intellectual Head injury, stroke or ABI

Physical Total



Source: ABS 2019b; see also tables PREV8 and PREV9.
<https://www.aihw.gov.au>

Notes

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

Source data tables: [Data](#) – Prevalence of disability.

Disability type

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

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

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

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

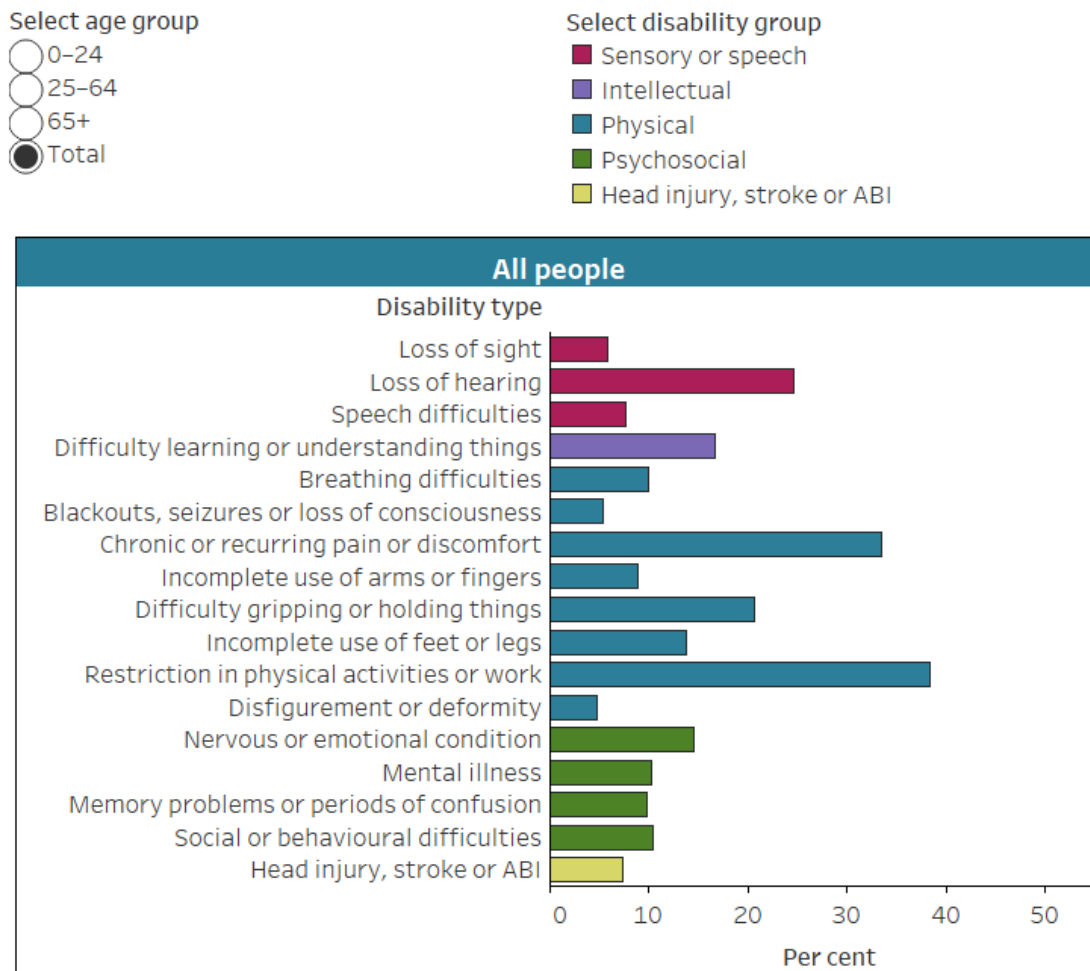
- Restrictions in physical activities or work are common in people with disability of all age groups, but increase with age (12% or 75,000 of those aged under 25, 40% or 707,000 of those aged 25–64 and 46% or 892,000 of those aged 65 and over).
- People with disability aged 25–64 (40% or 704,000) or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

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

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

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

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



Source: ABS 2019b; see also Table PREV12.
<https://www.aihw.gov.au>

Note: ABI refers to acquired brain injury.

Source data tables: [Data](#) – Prevalence of disability.

Main health condition

For about 3 in 4 (77%) people with disability, their main health condition (that is, the condition causing the most problems) is physical (ABS 2019a). This includes diseases of the:

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

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

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

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

What is the relationship between health conditions and disability?

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

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

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

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

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

Causes of disability

The causes of disability are complex and often unidentified. The SDAC collects data about the cause of the main health condition (the condition causing the most problems). Not all people with health conditions have disability, and, for those with disability, their main condition may or may not be the cause of their disability.

The most common cause of the main condition for people with disability is that it 'just came on' (21% or 931,000), followed by diseases, illnesses or hereditary conditions (15% or 649,000) and accidents and injuries (12% or 515,000). This varies by disability level, sex, age group and disability group:

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

Of the 1 in 8 (12% or 515,000) people with disability who are disabled as a result of an accident or injury, the incident most commonly happened on the road (30% or 154,000) or at work (29% or 146,000), followed by at home (18% or 92,000) and at sporting venues (7.6% or 39,000) (ABS 2019b).

One in 8 (13% or 543,000) people with disability living in households were aged under 5 when the main health condition set in or the accident happened. Males are more likely to have been aged under 5 when that happened, especially those with severe or profound disability:

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

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

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

References

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

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Activities people need help with

Key findings

- **Health care:** In 2018, 1 in 3 (30%) people with disability living in households needed help with health care.
- **Property maintenance:** In 2018, 1 in 4 (27%) people with disability living in households needed help with property maintenance.
- **Schooling or employment restriction:** In 2018, 1 in 2 (48%) people with disability aged 5 and over living in households had a schooling or employment restriction.

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

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics' (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Activities of daily living

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

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

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

Source: ABS 2019a; 2019b.

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

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

The need for assistance can also vary between disability groups. The proportion of people aged under 65 with disability living in households who need help with at least one activity of daily living is:

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

Type of accommodation

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

Households

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

Cared accommodation

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

The majority of people with disability live in households:

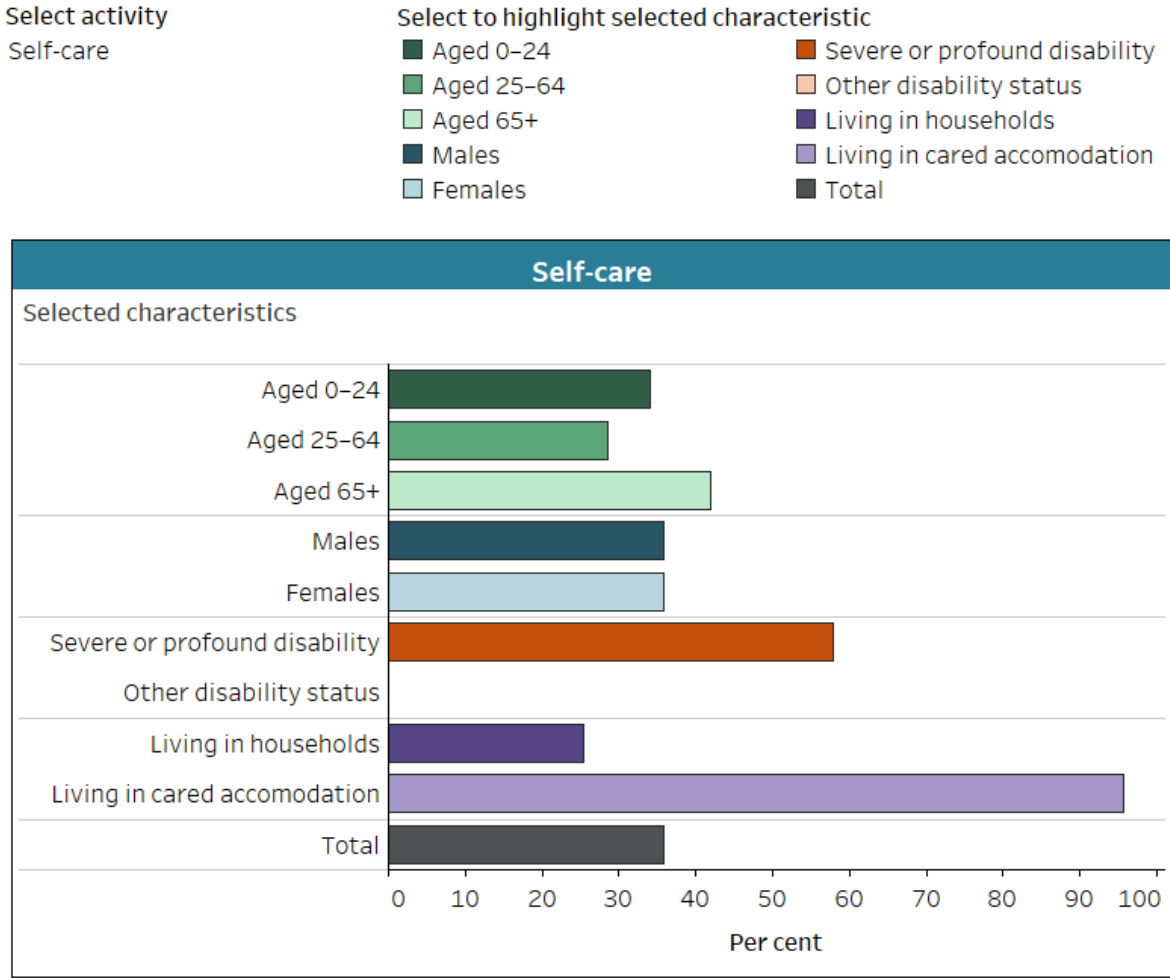
- 99% (or 2.4 million) aged 0–64 live in households and the remaining 0.6% (or 13,500) live in cared accommodation
- 91% (or 1.8 million) aged 65 and over live in households and the remaining 9.0% (or 174,000) live in cared accommodation (ABS 2019b).

See '[Type of housing](#)' for more information on people living in cared accommodation compared with those in households.

People with disability living in cared accommodation (such as in residential aged care or hospital) usually have a higher need for assistance than those living in households. Since the cared accommodation facilities are expected to provide certain home-care services to their residents, the SDAC does not collect information about the need for assistance with household chores, private transport, property maintenance, or meal preparation from people with disability living in cared accommodation. Almost all (99%, or 187,000) people with disability living in cared accommodation need some assistance with a least one of the remaining 6 activities of daily living (100% or 183,000 of those with severe or profound disability and 75% or 4,000 of those with other disability status). This is compared with 99% (or 1.2 million) of people with severe or profound disability living in households, and 43% (or 1.3 million) of those with other disability status living in households who need assistance with at least one of 10 activities (ABS 2019b).

The types of support people with disability need vary according to their age, sex, severity of disability and living arrangements (figures ACTIVITIES.1 and ACTIVITIES.2). For each specific activity of daily living, assistance needs are higher for people with severe or profound disability (compared with those with other disability status), and for people living in cared accommodation (compared with those living in households).

Figure ACTIVITIES.1: Assistance needs by people with disability who need help with at least one activity, by activity, age group, sex, disability severity and living arrangements, 2018



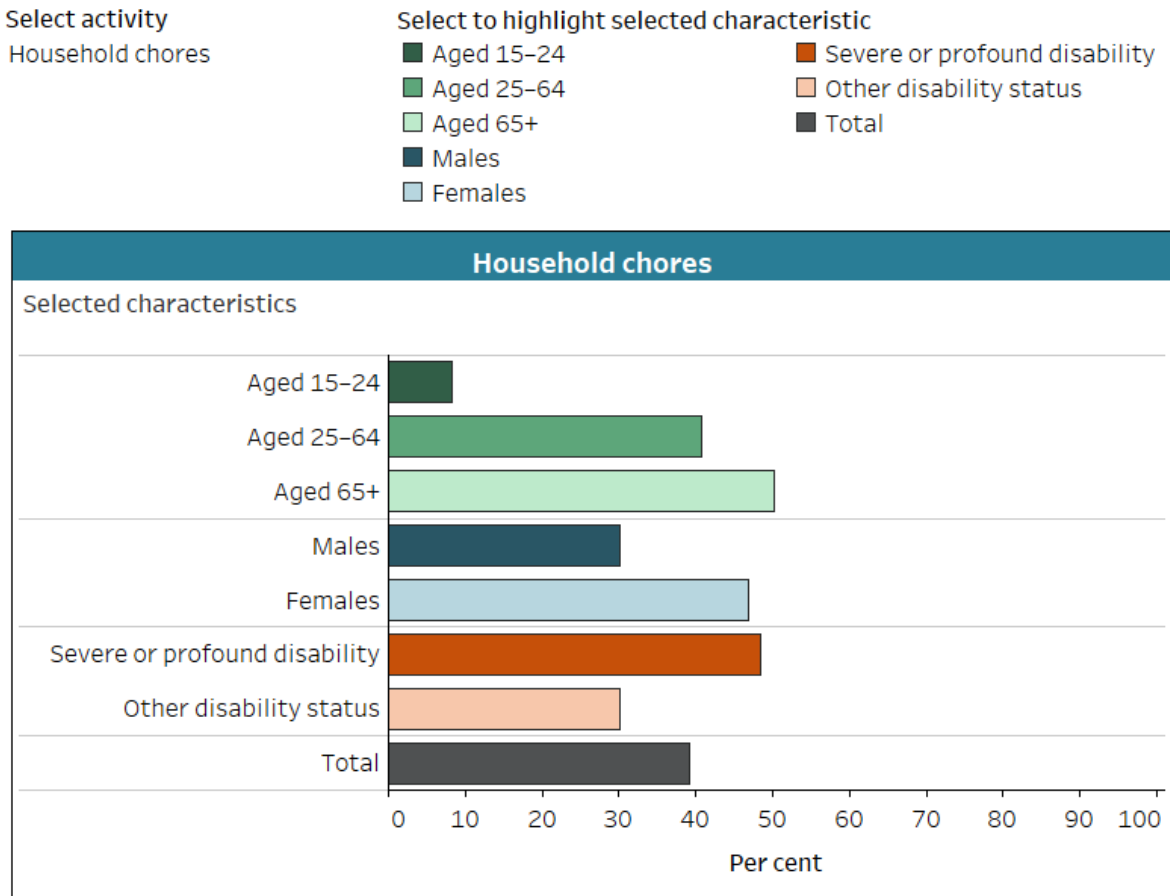
Source: ABS 2019b; see also tables ACTI8, ACTI12, and ACTI15.
<http://www.aihw.gov.au>

Notes

1. People who need assistance with self-care, mobility, or oral communication are classified as people with severe or profound disability. Therefore, people with other disability status have no need for assistance with those activities.
2. Data on need for assistance with health care was collected for people with disability aged 5 and over; data on need for assistance with reading and writing was collected for people with disability aged 15 and over.

Source data tables: [Data](#) – Activities people need help with.

Figure ACTIVITIES.2: Assistance needs with home-care activities by people with disability living in households who need help with at least one activity, by activity, age group, sex and disability severity, 2018



Source: ABS 2019b; see also table ACT112.
<http://www.aihw.gov.au>

Notes

1. Data on need for assistance with household chores, private transport, property maintenance and meal preparation were collected for people living in households only.
2. Data on need for assistance with household chores, property maintenance and meal preparation were collected for people with disability aged 15 and over; data on need for assistance with private transport were collected for people with disability aged 16 and over who leave their place of residence.

Source data tables: [Data](#) – Activities people need help with.

For people with disability who need help with at least one activity, those aged 25–64 are generally less likely to need assistance with the three core activities (self-care, mobility, and oral communication) than those aged under 25 and those aged 65 and over (Figure ACTIVITIES.1). Females (54%) are more likely to need assistance with mobility than males

(46%), while males are more likely to need assistance with oral communication (22%, compared with 15% for females) (Figure ACTIVITIES.1).

For cognitive and emotional tasks, the need for assistance decreases with age (80% of those aged under 25 among people with disability who need assistance with at least one activity, compared with 34% of those aged 65 and over), and is higher for males (54%) than for females (48%) (Figure ACTIVITIES.1). On the other hand, the need for assistance with health care or reading and writing increases with age (Figure ACTIVITIES.1). Females are more likely to need assistance with health care than males, while the need for assistance with reading and writing is similar between the sexes.

For activities of daily living related to home care (household chores, private transport, property maintenance, and meal preparation), the need for assistance for each activity increases with age (Figure ACTIVITIES.2). Females are more likely to need assistance with these activities than males – with the exception of meal preparation, where the need for assistance is similar for males and females.

Mobility and transport

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

Mobility limitations

What are mobility limitations?

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

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

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

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

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

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

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

Use of mobility aids

What are mobility aids?

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

More than 1 in 7 (16% or 679,000) people with disability use mobility aids (7.7% of those aged 0–64 and 25% of those aged 65 and over). Those with severe or profound disability are almost 7 times as likely (37%) to use mobility aids as those with other disability status (5.4%) (ABS 2019b).

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

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

Public transport

One in 7 (14% or 590,000) people with disability (aged 5 and over, living in households and who leave their place of residence) cannot use any form of public transport (12% of those aged 5–64 and 17% of those aged 65 and over). Another 1 in 9 (11% or 458,000)

need help or supervision to use public transport and a further 1 in 14 (6.9% or 282,000) are able to use public transport without help or supervision but have difficulty (ABS 2019b).

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

Private transport

Around one-quarter (24% or 884,000) of people with disability (aged 16 and over living in households who leave their place of residence) need assistance with private transport to get to places away from home (19% of those aged 16–64 and 29% of those aged 65 and over) (ABS 2019b). Females (26% or 509,000) are more likely to need assistance with private transport than males (21% or 372,000):

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

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

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

More than 4 in 5 (82% or 2.9 million) people with disability (aged 17 and over living in households who leave their place of residence and know how to drive) have a driver's license (85% of those aged 17–64 and 78% of those aged 65 and over) (ABS 2019b).

Schooling and employment restrictions

What is an employment or schooling restriction?

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

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

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

- 1 in 2 (48% or 2.0 million) aged 5 and over have a schooling or employment restriction (65% or 768,000 of those with severe or profound disability and 41% or 1.2 million of those with other disability status)
- 4 in 5 (80% or 305,000) aged 5–18 who attend school have specific restrictions related to their schooling (92% or 190,000 of those with severe or profound disability and 66% or 115,000 of those with other disability status)
- 1 in 2 (47% or 88,000) aged 15–64 studying for a non-school qualification have specific restrictions related to education (73% or 25,000 of those with severe or profound disability and 41% or 61,000 of those with other disability status)
- 2 in 3 (68% or 1.4 million) aged 15–64 have specific restrictions related to employment (91% or 457,000 of those with severe or profound disability and 60% or 936,000 of those with other disability status) (ABS 2019b).

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

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

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

References

ABS (Australian Bureau of Statistics) (2019a) *Disability, ageing and carers, Australia: summary of findings, 2018*, ABS, accessed 4 August 2021.

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

Disability-free life expectancy

Key findings

- **At birth:** Girls born in 2018 can expect to live 22% (19 years) of their overall life expectancy with some level of disability. Boys born in 2018 can expect to live 21% (17 years) of their overall life expectancy with some level of disability.
- **At age 65 – men:** Men aged 65 in 2018 can expect to live 53% (11 years) of their remaining lives with some level of disability.
- **At age 65 – women:** Women aged 65 in 2018 can expect to live 54% (12 years) of their remaining lives with some level of disability.

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

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

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

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

How do we measure life and health expectancy?

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

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

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

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

- with disability (all levels)
- with severe or profound disability (a subset of years of life with disability)
- without disability (all levels) – a subset of years of life without severe or profound disability

- without severe or profound disability.

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

For more information see [AIHW Life expectancy and disability in Australia: appendixes A-C](#).

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

Data note

On this page, unpublished ABS abridged life tables are used with unpublished age- and sex-specific disability prevalence rates from the Australian Bureau of Statistics (ABS) **Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

At birth

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

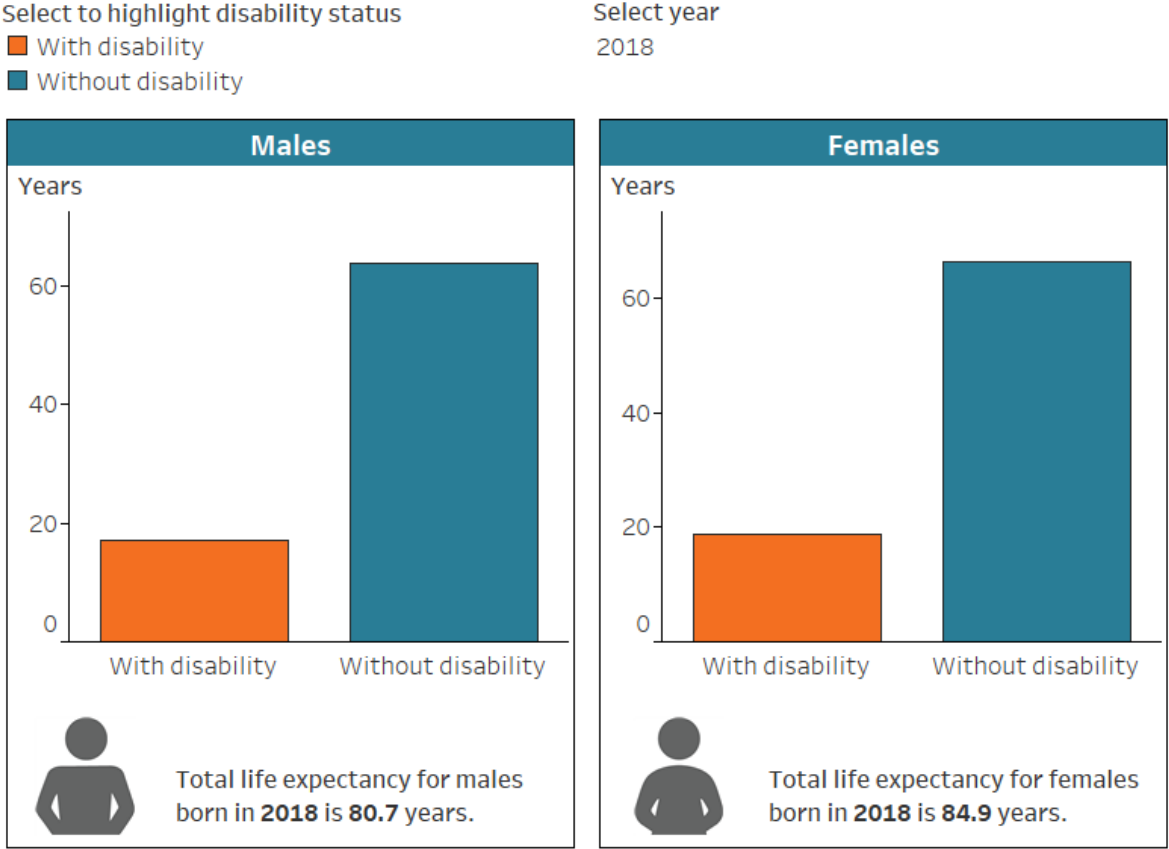
- 64 years will be lived free of disability (Figure LIFE EXPECTANCY.1)
- 17 years will be with some level of disability, including around 5.5 years with severe or profound disability (Figure LIFE EXPECTANCY.2).

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

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

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

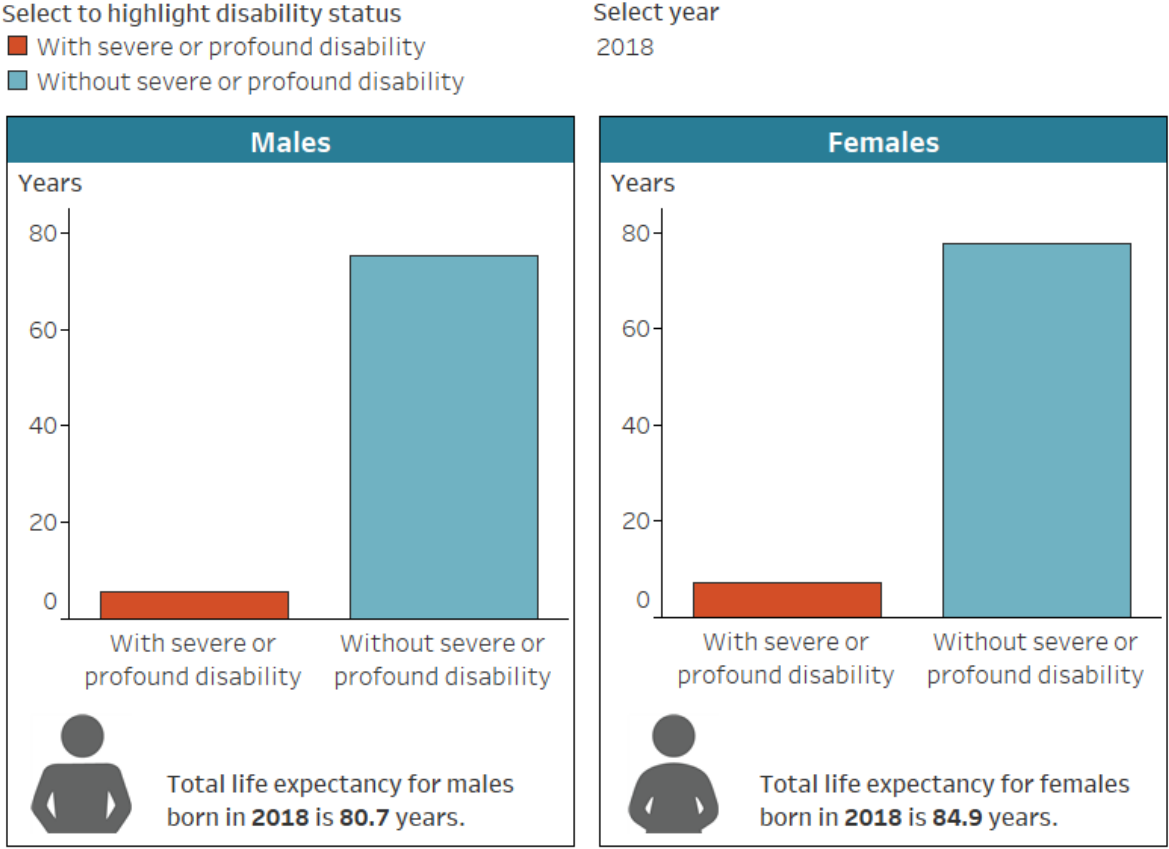
Figure LIFE EXPECTANCY.1: The number of years a person can expect to live without and with disability, by sex, for people born in 2003, 2009, 2012, 2015 and 2018



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

Source data tables: [Data](#) – Disability-free life expectancy.

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



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

Source data tables: [Data](#) – Disability-free life expectancy.

At age 65

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

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

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

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

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

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

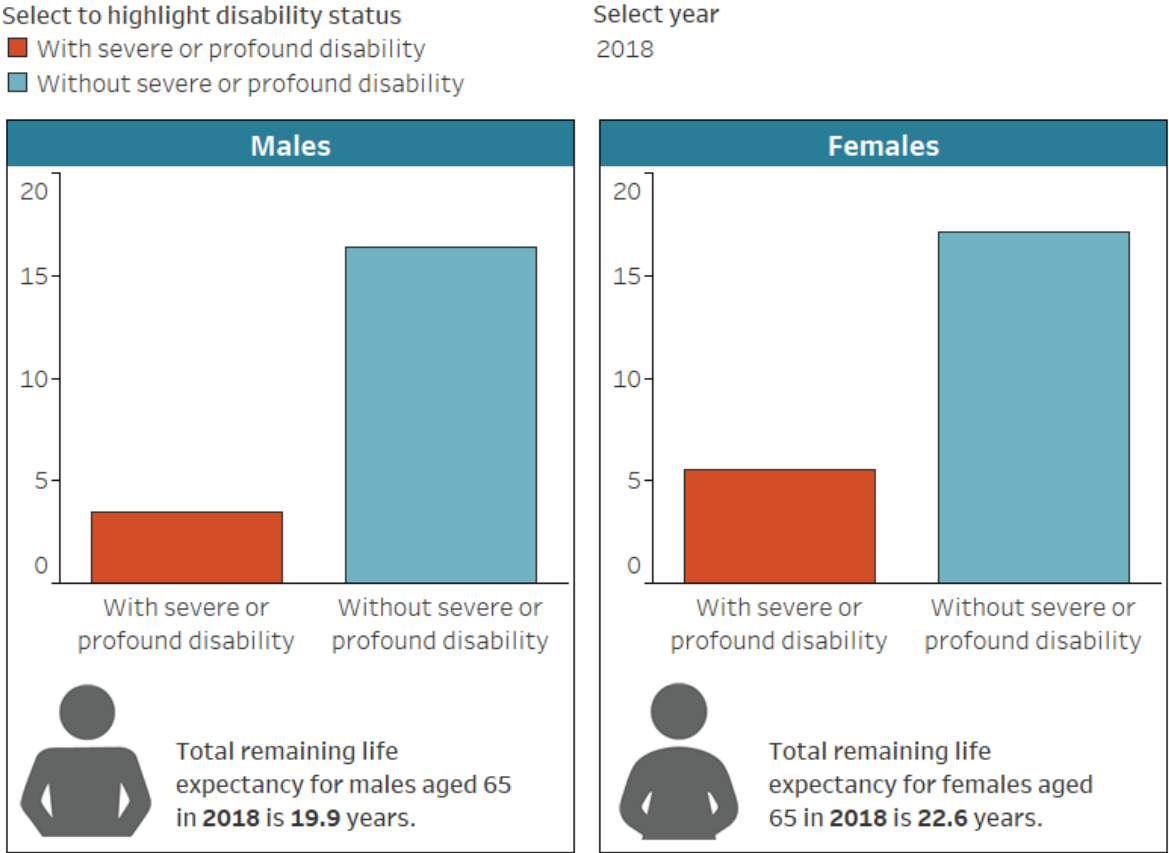
Figure LIFE EXPECTANCY.3: The number of years a person can expect to live without and with disability, by sex, for people aged 65 in 2003, 2009, 2012, 2015 and 2018



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

Source data tables: [Data](#) – Disability-free life expectancy.

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



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

Source data tables: [Data](#) – Disability-free life expectancy.

Throughout life and over time

As individuals age, the number of years they have without disability reduces. Over time, however, the number of estimated years living without disability at any age has increased for men and women (Figure LIFE EXPECTANCY.5).

Men aged:

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

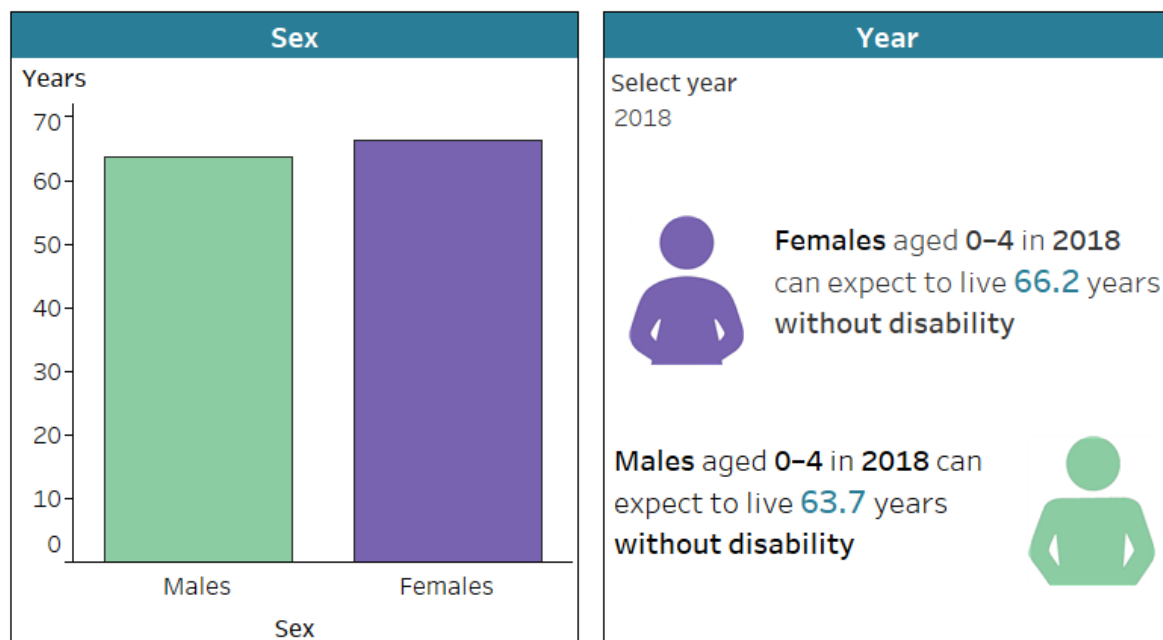
Women aged:

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

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

Select age group

0–4



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

Source data tables: [Data](#) – Disability-free life expectancy.

Gender gap

Females generally have a longer life expectancy. They can expect to live longer with disability compared to males, but their disability-free life expectancy is also longer than for males. The gender gap in the expected years living without overall disability narrowed in most age groups between 2003 and 2018, whilst the gap in the expected years living with severe or profound disability has remained stable for most age groups (Figure LIFE EXPECTANCY.6).

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

Gender gap in health expectancies

Gender gap in health expectancies is the number of years difference between the expected years for females and expected years for males (calculated by subtracting expected years for males from expected years for females).

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



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

Note: Gender gap is calculated by subtracting expected years for males from expected years for females. Positive numbers indicate longer life expectancy for females, and negative numbers indicate longer life expectancy for males.

Source data tables: [Data](#) – Disability-free life expectancy.

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)
- [AIHW Disability-free life expectancy.](#)

References

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<https://pubmed.ncbi.nlm.nih.gov/5554262/>

Personal life

Key findings

- **Parenting responsibilities:** In 2021, over 1 in 2 (57%) people with disability aged 35–44 had parenting responsibilities.
- **Having children:** In 2021, 3 in 10 (29%) people with disability aged 35–44 said they do not have children and are unlikely (or unsure) to have any in the future.
- **Life satisfaction:** In 2021, half (52%) of people with disability aged 15–64 were highly satisfied with their life (42% of those with severe or profound disability).

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

Data note

Data on this page are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the HILDA Survey, see [‘Data sources’](#).

Moving out of the parental home

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

- Nearly two-thirds (63%) of people with disability aged 18–24 are still living in their parental home, which is similar to those without disability (69%).
- Of those aged 25–44 with disability, most say they moved out of home before the age of 25 (70%) and 16% are still living at home (compared with 74% and 9.4%, respectively, of those without disability) (DSS and MIAESR 2022).

Family planning and parenting responsibilities

The proportion of people with parenting responsibilities among those aged 15–64 varies by age group, sex, disability status and disability group:

- People with disability aged 25–34 are about as likely (33%) to have parenting responsibilities for children aged under 18 as those without disability (34%).

The proportions of people with and without disability who have parenting responsibilities are also similar for the 15–24 age group (4.0% for people with disability and 3.0% for those without) and the 55–64 age group (9.6% and 9.8%, respectively).

- People with disability aged 35–44 and 45–54 are less likely (57% and 42%, respectively) than those without disability (74% and 53%, respectively) to have parenting responsibilities.
- Overall, people with disability are similarly likely to have parenting responsibilities whether they are male or female (26% of males and 30% of females aged 15–64 have parenting responsibilities). However, among people with disability aged 25–34, women (40%) are more likely to have parenting responsibilities than men (25%).
- People with physical disability are more likely to have parenting responsibilities (31%) than those with sensory or speech (22%) or intellectual disability (13%) (DSS and MIAESR 2022).

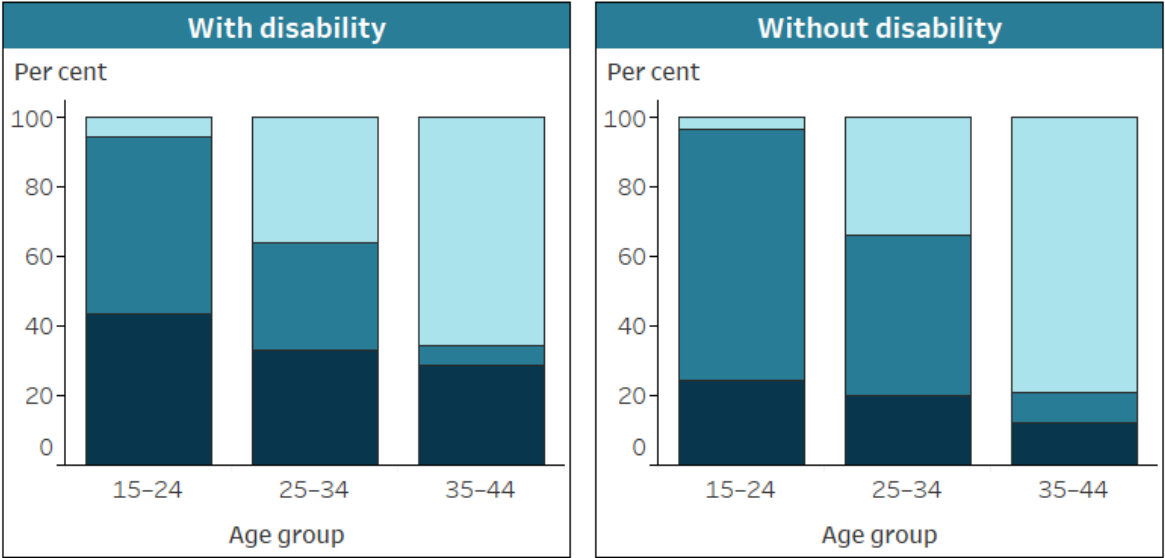
People with disability aged 15–44 are more likely to not have children or say they are unlikely to have children in the future than people without disability:

- One in 3 (34%) people with disability aged 15–44 never had children and say they are unlikely (unsure) to have any in the future, compared with 18% of people without disability. This was the case for all age sub-groups (Figure PERSONAL.1).
- Over one-third (36%) of males and 32% of females aged 15–44 with disability do not have children and say they are unlikely (unsure) to have any in the future.
- Half (51%) of people with severe or profound disability do not have children and say they are unlikely (unsure) to have any in the future, compared with 32% of people with other disability status.
- 57% of people with intellectual disability do not have children and say they are unlikely (unsure) to have any in the future, compared with 40% of those with psychosocial disability, and 30% of those with physical disability (DSS and MIAESR 2022).

Figure PERSONAL.1: Family status and intentions to have children, by disability status and age group, 2021

Select to highlight family planning status

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



Source: DSS & MIAESR 2022; see also tables PERS12.
<http://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Restricted to people aged 15–44.
- 2. ‘Have children’ includes people who have one or more children.
- 3. ‘No children but likely to have children’ includes people who never had a child, but say they are likely to have a child in the future.
- 4. ‘No children and not likely to have children’ includes people who never had a child and are unlikely (unsure) to have a child in the future.

Source data tables: [Data](#) – Personal life.

Satisfaction with the amount of free time

Satisfaction with aspects of life

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

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

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

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

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

The satisfaction with the amount of free time people have varies largely by age group. In general, satisfaction with the amount of free time is lowest for people aged 25–44 and highest for people aged 65 and over (Figure PERSONAL.2).

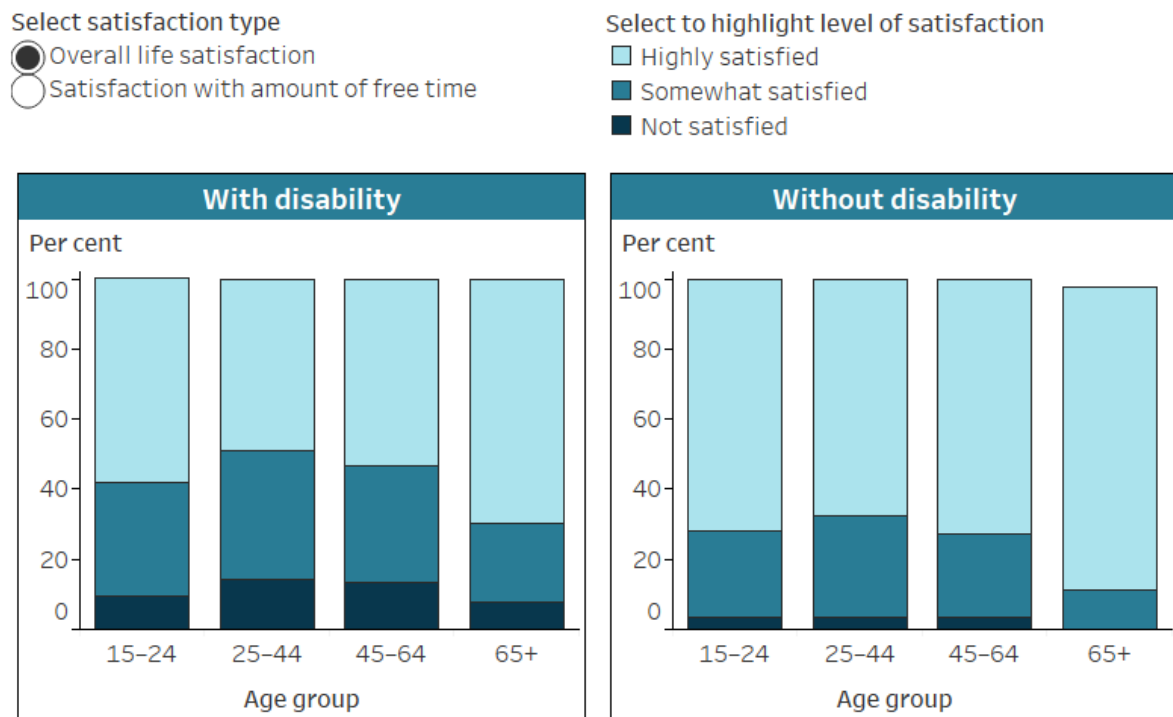
People with disability aged 15–24 are less likely to be satisfied with the amount of free time they have than those without disability (73% compared with 84%), as are people aged 65 and over (91% for those with disability, compared with 95% for those without) (Figure PERSONAL.2).

Of people with disability aged 15–64:

- males are more likely (50%) to be highly satisfied with the amount of free time they have than females (41%)
- those with severe or profound disability are more likely (52%) to be highly satisfied than those with other disability status (44%)
- those living in *Major cities* are less likely (43%) to be highly satisfied than those in *Inner regional areas* (50%)

- those with intellectual disability are more likely (56%) to be highly satisfied than those with physical disability or psychosocial disability (both 44%) (DSS and MIAESR 2022).

Figure PERSONAL.2: Overall life satisfaction and satisfaction with amount of free time for people aged 15 and over, by disability status and age group, 2021



Source: DSS & MIAESR 2022; see also tables PERS17 and PERS22.
<https://www.aihw.gov.au>

Notes

- Satisfaction is collected on an ordinal scale from 0 (totally dissatisfied) to 10 (totally satisfied).
- 'Highly satisfied' includes category 8, 9 and 10 (totally satisfied). 'Somewhat satisfied' includes category 6 and 7. 'Not satisfied' includes category 0 (totally dissatisfied) to 5 (neither satisfied nor dissatisfied).
- The estimated proportion of those 'Not satisfied' with life overall for people aged 65 and over without disability has a relative standard error greater than 50% and is considered too unreliable for general use. Therefore, it is not shown in this figure.

Source data tables: [Data](#) – Personal life.

Life satisfaction

About half (52%) of people with disability aged 15–64 are highly satisfied with their life, all things considered. This is lower than for people without disability, of whom 70% are highly satisfied. People aged 65 and over with disability are more likely to be highly satisfied with their life (70%) than those with disability aged 15–64, but less likely than those aged 65 and over without disability (86%) (Figure PERSONAL.2).

Of people aged 15–64 with disability:

- females are as likely (52%) to be highly satisfied with their life as males (53%)
- those with severe or profound disability are less likely to be highly satisfied (42%) than people with other disability status (54%) (DSS and MIAESR 2022).

How has COVID-19 affected people's lives?

About 6 in 10 (58%) people with disability aged 15 and over said in 2021 that their life changed significantly (to a great or moderate extent) because of the Coronavirus crisis. This was lower than for people without disability, of whom 64% reported significant changes to their life because of COVID-19.

Among people with disability, those aged 15–64 were slightly more likely to report significant changes to their life because of COVID-19 than those aged 65 and over (60%, compared with 55%). Females aged 15–64 were slightly more likely than males to report significant changes (62%, compared with 58%) (DSS and MIAESR 2022).

Where can I find out more?

- [Data tables](#) for this report.
- [The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 21.](#)

References

DSS (Department of Social Services) and MIAESR (Melbourne Institute of Applied Economic Social Research) (2022) *The Household, Income and Labour Dynamics in Australia (HILDA) Survey, General Release 21 (wave 21)*, doi:10.26193/KXNEBO, ADA Dataverse, V3, AIHW analysis of unit record data, accessed 7 December 2022.

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4. Health

Health

Disability and health have a complex relationship. Long-term health conditions might lead to disability, and disability can contribute to health problems (see [‘Defining disability’](#)). The nature and severity of a person’s disability can also influence their health, for example, by limiting access to, and participation in, social and physical activities. People with disability may also experience disadvantage or inequality in social determinants of health – factors such as education, employment, or social support – which may also affect health outcomes. For more information, see [Social determinants of health](#) in [Australia’s Health](#), or the relevant chapters of this report.

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

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

Key findings

1. **Good health:** In 2020–21, 31% of adults with disability rated their health as excellent or very good, compared with 68% of those without disability.
2. **Psychological distress:** In 2020–21, 33% of adults with disability experienced high or very high levels of psychological distress, compared with 12% of those without disability.
3. **Daily smoking:** In 2020–21, 14% of adults with disability were smoking daily, compared with 9.1% of those without disability.
4. **Health conditions and disability:** Having a chronic health condition is often associated with disability. In 2018, 78% of people with emphysema as their main condition had disability.
5. **Cost as barrier to health care:** In 2018, 7.6% of people with disability aged under 65 delayed or did not see a GP when needed because of cost.
6. **Coordination of care:** In 2018, 47% of people with severe or profound disability aged under 65 saw 3 or more health professionals for the same condition.

Reporting on health and wellbeing of people with disability for Australia's Disability Strategy

[Australia's Disability Strategy 2021–2031](#) (the Strategy) is Australia's national disability policy framework. It sets out a plan for continuing to improve the lives of people with disability in Australia over the 10 years to 2031.

The Strategy is supported by an [Outcomes Framework](#). The Outcomes Framework is a key initiative under the Strategy to measure, track and report on the outcomes for people with disability across 7 outcome areas.

One of these outcome areas is [Health and wellbeing](#). This outcome area is about making it easier for people with disability to get good health care and services when they need it. It includes 4 priorities with a total of 11 measures that are used to track what changes over time (6 of which currently have reportable data and 5 require [future data development](#)):

- Health and wellbeing priority:
 - [Unmet hospitalisation needs](#): Proportion of people with disability who reported unmet need for hospital admission in the last 12 months (**10%** in 2018; restricted to people with disability who needed to go to hospital in the last 12 months)
 - [Self-reported health](#): Proportion of people with disability who reported excellent, very good or good health (**68%** in 2022), compared with people without disability (**95%** in 2022)
 - Community health care satisfaction: Proportion of people with disability who are satisfied with the quality of care provided by the allied and community health sector (future data development)
- Prevention and early intervention priority:
 - [Avoidable emergency presentations](#): Number of people with disability with GP-type emergency department presentations (**119,500 people** in 2018)
 - [Medical facility accessibility](#): Proportion of people with disability with difficulty accessing medical facilities (GP, dentist, hospital) (**14%** in 2018; restricted to people with disability who have challenges with mobility or communication)
- Mental health priority:
 - [High psychological distress](#): Proportion of adults with disability with high or very high levels of psychological distress (**31%** in 2018)
 - [NDIS participants life satisfaction](#): Proportion of NDIS participants who report feeling satisfied about their life in general now and in the future (**47%** in 2022–23)
 - Acute mental health restraint use: Rates of restraint of people with disability in acute mental health hospital services (future data development)
 - Involuntary hospital admissions: Number of involuntary hospital admissions (future data development)
- Emergency responses priority:
 - Inclusive disaster management: Proportion and number of disaster management services that have disability inclusive plans in place (future data development)
 - Accessing emergency services: Proportion of people with disability reporting satisfaction in the accessibility of emergency, disaster preparedness and response information and services (future data development).

Note: the numbers reported in this summary box and on the [Reporting on Australia's Disability Strategy 2021-2031](#) website may differ slightly from the numbers reported elsewhere in this report, due to different data sources and/or reporting periods.

Health status

Key findings

- **Good health:** In 2020–21, 31% of adults with disability rated their health as excellent or very good, compared with 68% of those without disability.
- **Psychological distress:** In 2020–21, 33% of adults with disability experienced high or very high levels of psychological distress (12% without disability).
- **Bodily pain:** In 2020–21, 92% of adults with disability reported recently experiencing bodily pain, compared with 61% of those without disability.

One way to measure health is to ask people how they feel about their health, their state of mind and their life in general. This section looks at the health of Australians with disability based on 3 survey tools:

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

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

Data note

Unless indicated otherwise, all data on this page refer to 2020–21.

Data on this page are largely sourced from the Australian Bureau of Statistics (ABS) **National Health Survey (NHS) 2020–21**. For more information about the NHS, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the NHS, see '[Data sources](#)'.

The NHS 2020–21 data collection was affected by COVID-19. This impacted on how the data was collected, the survey content, and response rates. Because of this, the NHS 2020–21 results are not comparable with previous NHS results. For more information, see '[Data sources](#)'.

The classification of people with disability based on the NHS data in this report is different to the previous versions of *People with disability in Australia* report. In this report, people with disability or a long-term health condition who have no core activity limitations nor schooling or employment restrictions are included in the group 'people with disability or long-term health condition', and are referred to as 'people with disability'. In the previous versions of the report, they were included in the group 'people without disability or restrictive long-term health condition', and were referred to as 'people without disability'. Therefore, findings in this report are not comparable with the previous versions.

The ABS **Survey of Disability, Ageing and Carers (SDAC)** also collects information on the health status of people with disability. It does not, however, collect this information for

people without disability, so comparisons between people with and without disability cannot be made. Data using the SDAC are included in the supplementary data tables for reference. For more information about SDAC, see ['Data sources'](#).

General health

An estimated two-thirds (68%) of adults without disability consider their health excellent or very good (Figure STATUS.1). This is not the case for people with disability, with less than one-third (31%) rating their health as excellent or very good.

Self-assessed health status

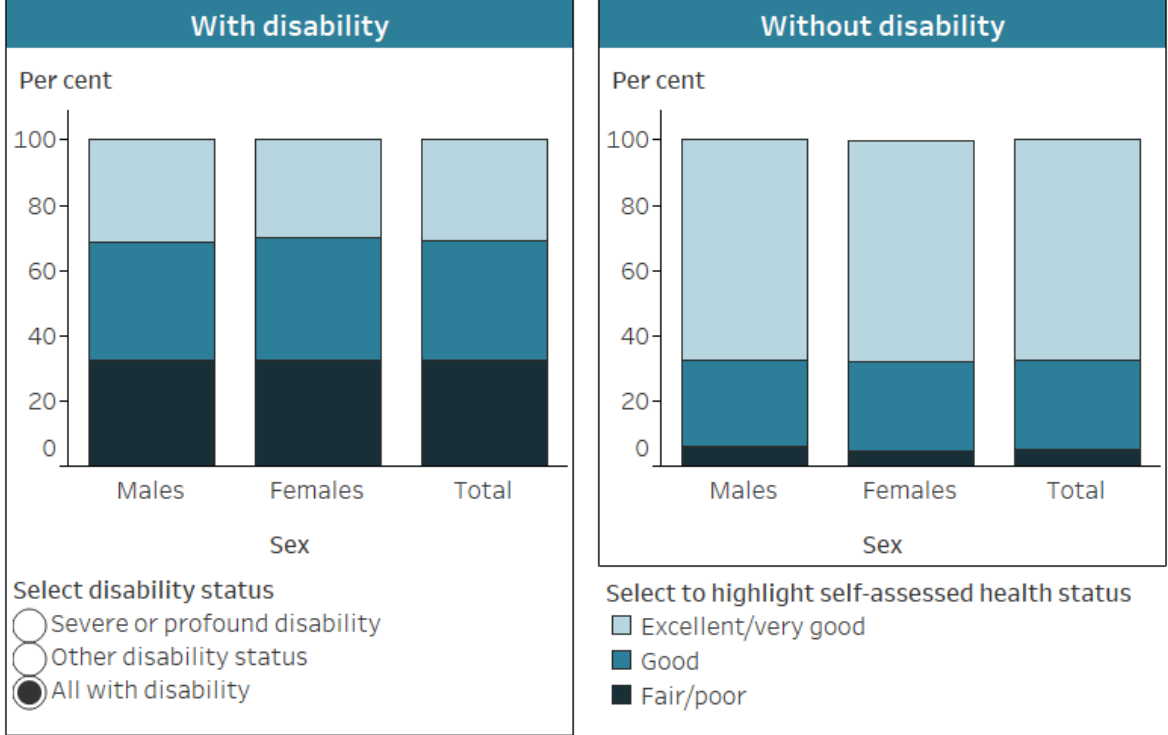
Self-assessed health status is a commonly used measure of overall health in which a person is asked to compare their own health with others around them.

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

In the ABS NHS, self-assessed health status is collected for people aged 15 and over against a 5-point scale from excellent to poor. The results presented in this report and accompanying supplementary data tables are in most cases limited to adults aged 18 and over.

Figure STATUS.1: Self-assessed health status of adults, by disability status and severity, age group, and sex, 2020-21

Select to view by sex or age group
Sex



Source: ABS 2022; see also tables STAT1 and STAT2.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25%–50% and should be used with caution.
- 1. Restricted to people aged 18 and over living in households.
- 2. Numbers may not add up to 100 per cent due to rounding. Data have been randomly adjusted to avoid identifying individual people.

Source data tables: [Data](#) – Health status NHS2020–21.

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

- Adults with disability (32%) are 6 times as likely as those without disability (5.2%) to assess their health as fair or poor.
- Adults with severe or profound disability (70%) are more than twice as likely as adults with other disability (27%) to assess their health as fair or poor, and around 13 times as likely as adults without disability (5.2%).
- Men with disability (32%) are almost 6 times as likely as men without disability (5.8%) to assess their health as fair or poor.
- Women with disability (32%) are around 7 times as likely as women without disability (4.7%) to assess their health as fair or poor (Figure STATUS.1).

There are also differences in how people with disability rate their health depending on their age, disability group, and where they live:

- 32% of adults with disability aged 18–64 rate their health as excellent or very good, compared with 28% among those aged 65 and over (Figure STATUS.1).
- Adults with disability aged 18–64 living in *Major cities* tend to report better health than those living in *Inner regional areas*, with 34% of those living in *Major cities* and 27% in *Inner regional areas* rating their health as excellent or very good (ABS 2022).
- Among adults aged 18 and over with sensory disability, 36% rate their health as excellent or very good, compared with 15% of those with psychosocial disability, 24% of those with intellectual disability, and 25% of those with physical disability (ABS 2022).

Australia’s Disability Strategy reporting

Self-assessed general health is one of the measures reported under the Australia’s Disability Strategy Outcomes Framework. For more information, including trends and comparisons by population groups, please see [Self-reported health](#) on [Reporting on Australia’s Disability Strategy 2021–2031](#) website. Please note that the reported data for this measure do not include 2020–21, since the NHS 2020–21 data are not comparable to other years due to changes in data collection caused by the COVID pandemic.

Mental health

Self-reported psychological distress is an important indication of the overall mental health of a population. An estimated two-thirds (67%) of adults without disability experience a low level of psychological distress (Figure STATUS.2). This is not the case for adults with disability, of whom less than half (43%) experience a low level of psychological distress.

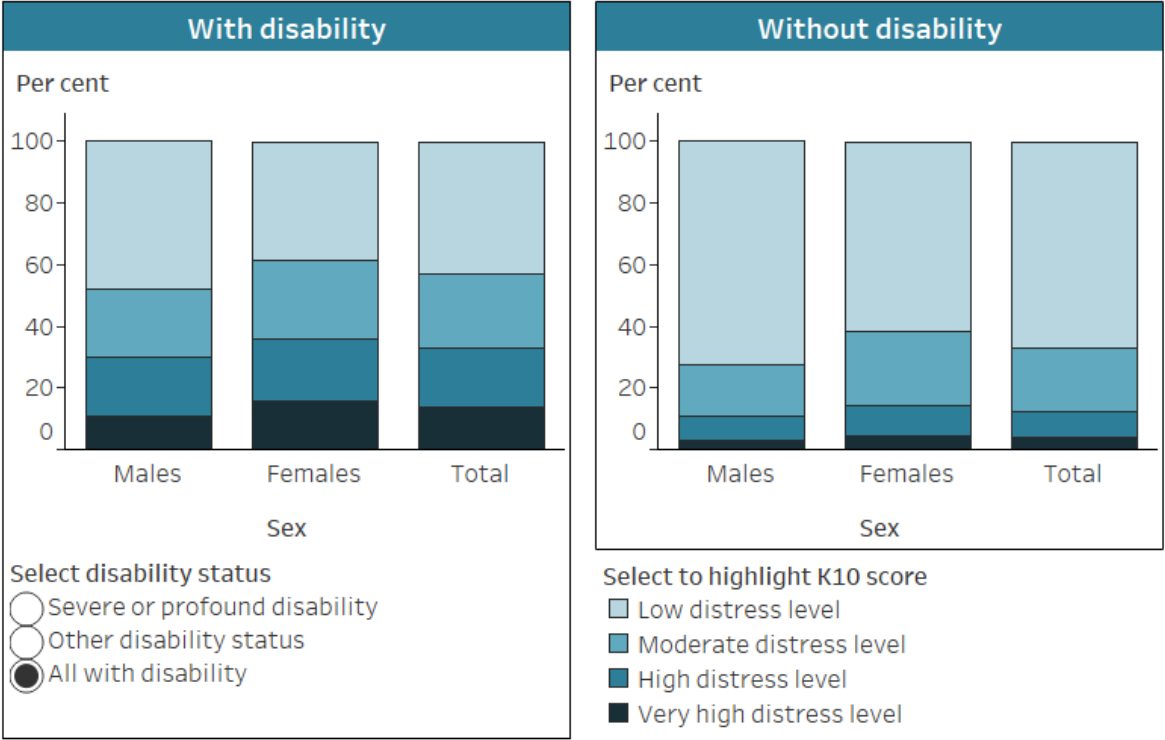
Kessler Psychological Distress Scale (K10)

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

The ABS NHS K10 is collected for people aged 18 and over, excluding interviews conducted with proxy respondents (where the selected respondent is not able to answer for themselves).

Figure STATUS.2: Psychological distress (K10 score) for adults, by disability status and severity, age group, and sex, 2020-21

Select to view by sex or age group
Sex



Source: ABS 2022; see also tables STAT7 and STAT8.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25%–50% and should be used with caution.
- 1. Restricted to people aged 18 and over living in households, excluding interviews with proxy respondents.
- 2. Numbers may not add up to 100 per cent due to rounding. Data have been randomly adjusted to avoid identifying individual people.
- 3. The categories ‘High’ and ‘Very high’ distress for people aged 65 and over without disability are not shown due to small sample numbers and to protect confidentiality.

Source data tables: [Data](#) – Health status NHS2020-21.

In general, adults with disability (especially those with severe or profound disability) experience higher levels of psychological distress than those without disability. High or very high levels of psychological distress are more likely to be experienced by:

- adults with disability (33%) – almost 3 times as likely as those without disability (12%)
- adults with severe or profound disability (55%) – almost twice as likely as those with other disability status (30%)
- women with disability (36%) – compared with men with disability (30%)

- adults with disability aged 18–64 (41%) – more than twice as likely as those aged 65 and over (19%) (Figure STATUS.2). This is especially true for people with disability aged 18–24, of whom about 61% experience high or very high psychological distress (ABS 2022).

Looking at disability groups, the most likely to experience high or very high levels of psychological distress are adults with:

- psychosocial disability (76%)
- intellectual disability (53%).

The least likely to experience this are adults with:

- sensory disability (25%)
- physical disability (35%) (ABS 2022).

Australia’s Disability Strategy reporting

Psychological distress is one of the measures reported under the Australia’s Disability Strategy Outcomes Framework. For more information, including trends and comparisons by population groups, please see [High psychological distress](#) on [Reporting on Australia’s Disability Strategy 2021–2031](#) website. Please note that the data for this measure are reported as of 2018, since the website uses 2018 SDAC data to report on this measure.

Bodily pain

Bodily pain

In addition to general health and mental wellbeing, the ABS NHS also covers bodily pain. Adult respondents aged 18 and over were asked to rate the intensity of physical and bodily pain they may have experienced during the past 4 weeks on a 6-point scale from none to very severe.

Adults with disability are more likely to experience any bodily pain (92%) within the last 4 weeks than those without disability (61%), and 10 times as likely (16%) to have experienced severe or very severe bodily pain as adults without disability (1.6%).

Among adults with disability:

- those with severe or profound disability are 3 times as likely (39%) to have experienced severe or very severe bodily pain within the last 4 weeks as those with other disability status (13%)
- females are slightly more likely (18%) to have experienced severe or very severe bodily pain than males (14%)

- those with sensory disability are least likely (12%) to have experienced severe or very severe bodily pain, compared with those with intellectual or physical disability (both 21%), or psychosocial disability (24%) (ABS 2022).

Health satisfaction

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by HILDA, see '[Data sources](#)'.

Health satisfaction

In 2021, HILDA Survey participants were asked to rate their satisfaction with their own health on a scale from 0 to 10. Ten represents the highest level of satisfaction and zero the lowest (DSS and MIAESR 2022). In this analysis, people who indicate a satisfaction level between 8 and 10 are referred to as being highly satisfied with their health.

In 2021, almost 2 in 3 (64%) people aged 15–64 without disability were highly satisfied with their health. This was not the case for people with disability, with only 1 in 4 (26%) being highly satisfied. Of people with disability aged 15–64:

- those with severe or profound disability were less likely (14%) to be highly satisfied with their health than those with other disability status (28%)
- those with physical disability were less likely (18%) to be highly satisfied with their health than those with intellectual disability (37%) or sensory disability (31%) (DSS and MIAESR 2022).

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).
- [ABS National Health Survey: First Results methodology, 2020–21](#).
- [The Household, Income and Labour Dynamics in Australia Survey](#).

References

ABS (Australian Bureau of Statistics) (2022) *Microdata and TableBuilder: National Health Survey 2020–21*, ABS, AIHW analysis of detailed microdata in DataLab, accessed 4 May 2023. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/national-health-survey>

DSS (Department of Social Services) and MIAESR (Melbourne Institute of Applied Economic Social Research) (2022) *The Household, Income and Labour Dynamics in Australia (HILDA) Survey, General Release 21 (wave 21)*, doi:10.26193/KXNEBO, ADA Dataverse, V3, AIHW analysis of unit record data, accessed 7 December 2022. <https://dataverse.ada.edu.au/dataset.xhtml?persistentId=doi:10.26193/KXNEBO>

Health risk factors and behaviours

Key findings

- **Daily smoking:** In 2020–21, 14% of adults with disability were smoking daily, compared with 9.1% of those without disability.
- **Sugary drinks:** In 2020–21, one in 12 (8.3%) adults with disability had sugary drinks daily, compared with 5.6% without disability.
- **Excessive alcohol consumption:** In 2020–21, more than 1 in 3 (36%) men with disability exceeded alcohol consumption guidelines, and 19% of women with disability.

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

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

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

What are health risk factors and behaviours?

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

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

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

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

Data note

Data on this page are sourced from the Australian Bureau of Statistics (ABS) **National Health Survey (NHS) 2020–21**. For more information about the NHS, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the NHS, see '[Data sources](#)'.

The NHS 2020–21 data collection was affected by COVID-19. This impacted on how the data was collected, survey content, and response rates. Because of this, the NHS 2020–21 results are not comparable with previous NHS results. For more information, see '[Data sources](#)'.

The classification of people with disability based on the NHS data in this report is different to the previous versions of *People with disability in Australia* report. In this report, people with disability or a long-term health condition who have no core activity limitations nor schooling or employment restrictions are included in the group 'people with disability or long-term health condition', and are referred to as 'people with disability'. In the previous versions of the report, they were included in the group 'people without disability or restrictive long-term health condition', and were referred to as 'people without disability'. Therefore, findings in this report are not comparable with the previous versions.

Unless otherwise indicated, all data on this page refer to 2020–21.

Food and nutrition

Food and beverages (our diet) play an important role in overall health and wellbeing. A good diet can:

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

Health conditions often affected by diet include:

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

Fruit and vegetable consumption

Fruit and vegetables

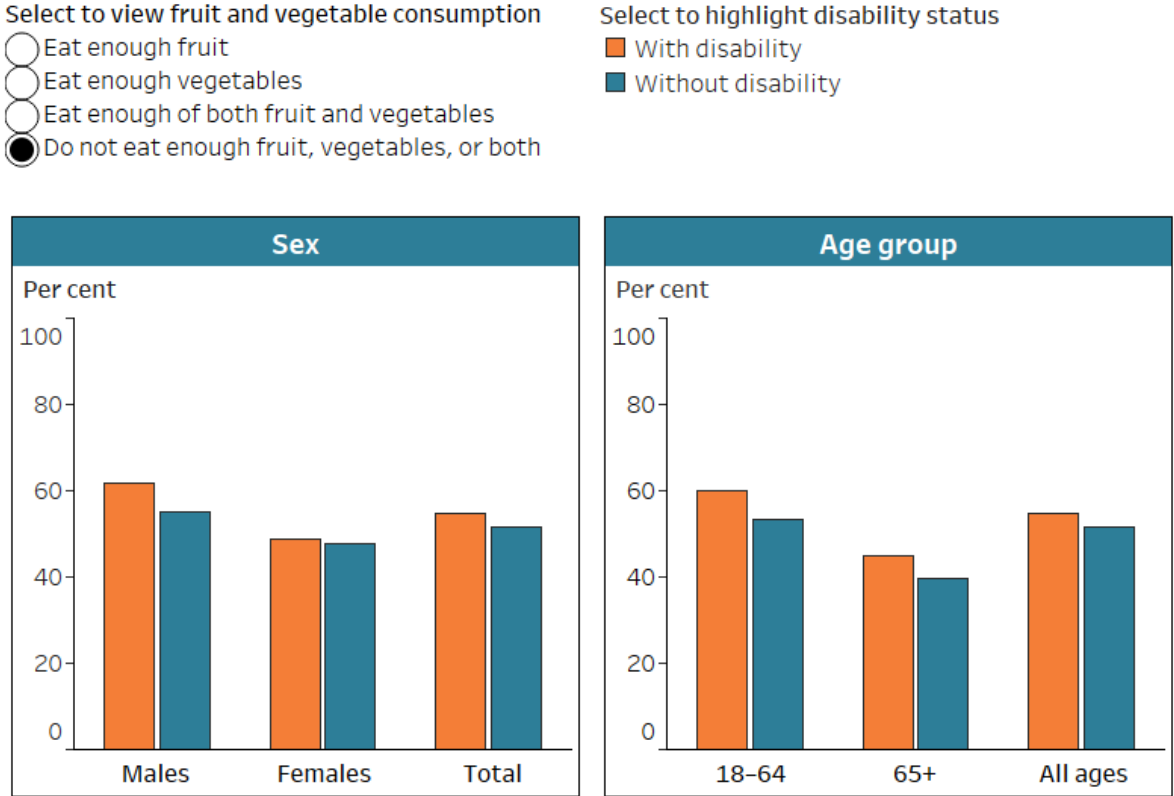
[Australian dietary guidelines \(NHMRC 2013\)](#) recommend that adults eat 2 serves of fruit and at least 5 serves of vegetables per day. For children and adolescents, the guidelines recommend 1 to 2 serves of fruit and 2½ to 5½ serves of vegetables per day depending on age and sex. Guidelines are different for pregnant and breastfeeding women.

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

In the ABS NHS, adequacy of intake (consumption) is based on whether a respondent's reported usual daily fruit or vegetable intake meets or exceeds the NHMRC recommendation. It is collected for people aged 2 and over. The results presented in this report and accompanying supplementary data tables are in most cases limited to adults aged 18 and over.

Many people, including those with disability, do not eat enough fruit and vegetables for optimum health and wellbeing. Based on self-reported data, in 2020–21 around half (55%) of adults aged 18 and over with disability were eating less than the recommended serves of fruit and less than the recommended serves of vegetables each day, and were slightly more likely than people without disability (51%) to not meet the guidelines (Figure RISK.1).

Figure RISK.1: Consumption of fruit and vegetables, by disability status, sex and age group, 2020–21



Source: ABS 2022; see also tables RISK1 and RISK2.
<https://www.aihw.gov.au>

Notes:

1. Restricted to people aged 18 and over living in households.
2. Based on 2013 National Health and Medical Research Council (NHMRC) Australian Dietary Guidelines.
3. The categories 'Eat enough fruit' and 'Eat enough vegetables' also include people who eat enough of both fruit and vegetables.
4. Data have been randomly adjusted to avoid identifying individual people.

Source data tables: [Data](#) – Health risk factors.

Consumption of fruit and vegetables by people with disability varies between males and females, and with age (Figure RISK.1):

- Males aged 18 and over with disability (62%) are more likely than females (49%) to not eat enough fruit or vegetables each day.
- The inadequate intake of fruit and vegetables is highest for the 18–64 age group at 60%, compared with 45% for people aged 65 and over with disability and 42% for children (aged 2–17) with disability (ABS 2022). This is consistent with patterns for the overall population (see [AIHW food and nutrition](#) for more information).

More than half of adults aged 18 and over across most disability groups do not eat enough fruit or vegetables:

- 54% of those with sensory or physical disability do not meet either fruit or vegetable guidelines
- 57% of those with intellectual disability
- 63% of those with psychosocial disability
- 48% of those with head injury, stroke or acquired brain injury (ABS 2022).

Sugar-sweetened and diet drinks

Australian dietary guidelines recommend limiting intake of discretionary items, such as sugar-sweetened drinks and diet drinks, as they tend to have little nutritional value. Limiting intake may help manage some health conditions.

What are sugar-sweetened and diet drinks?

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

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

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

Adults with disability are about 1.5 times as likely to consume sugar-sweetened drinks and diet drinks daily as those without disability (based on self-reported data):

- 8.3% of adults aged 18 and over with disability consume sugar-sweetened drinks daily, compared with 5.6% of adults without disability
- 9.2% of adults aged 18 and over with disability consume diet drinks each day, compared with 6.1% of those without disability (Figure RISK.2).

The consumption of sugar-sweetened drinks varies by sex, age group, and disability group:

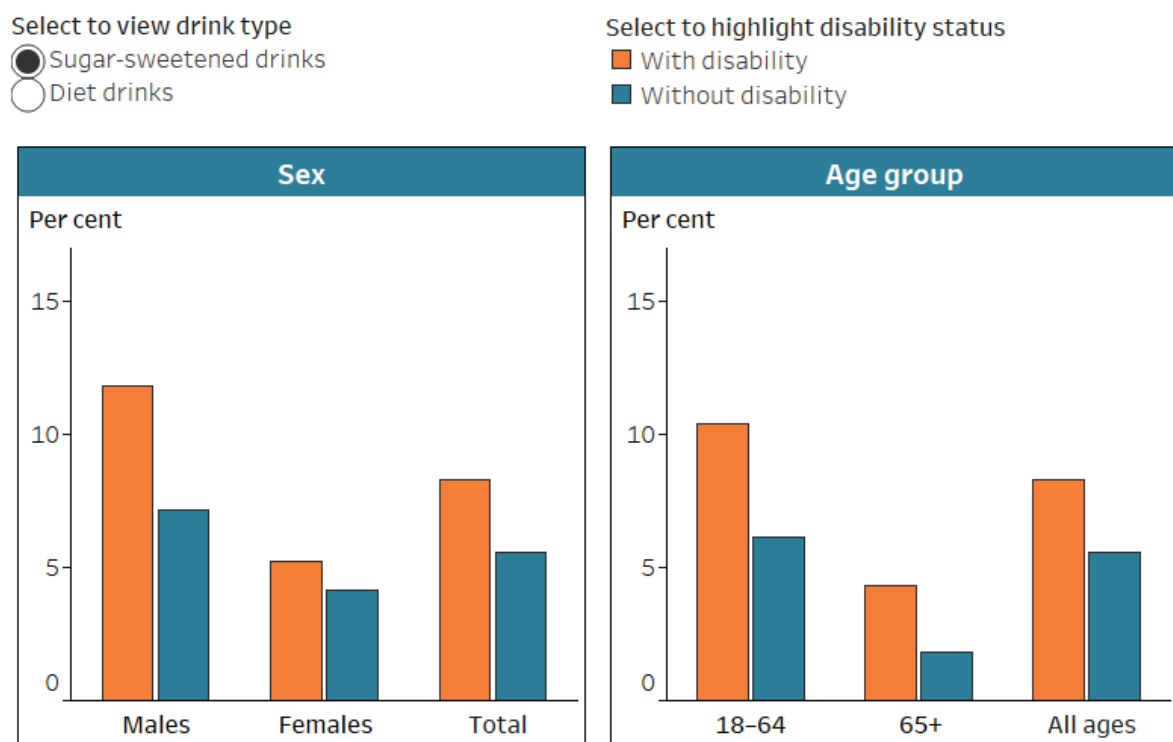
- Males aged 18 and over with disability are more than twice as likely (12%) to consume sugar-sweetened drinks daily as females (5.2%).
- Adults with disability aged 18–64 are more than twice as likely (10%) to consume sugar-sweetened drinks daily as those aged 65 and over (4.3%).

- 12% of adults with psychosocial disability consume sugar-sweetened drinks daily, compared with 5.9% of those with sensory disability (ABS 2022).

The consumption of diet drinks varies by disability severity and sex:

- Adults with severe or profound disability are more likely (17%) to consume diet drinks daily than those with other disability status (8.2%)
- 11% of males aged 18 and over with disability consume diet drinks daily compared with 7.5% of females (ABS 2022).

Figure RISK.2: Daily consumption of sugar-sweetened and diet drinks, by disability status, sex, and age group, 2020–21



Source: ABS 2022; see also tables RISK7, RISK8, RISK13 and RISK14.
<https://www.aihw.gov.au>

Notes

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

1. Restricted to people aged 18 and over living in households.
2. Sugar-sweetened drinks include soft drinks, cordials, sports drinks or caffeinated energy drinks. May include soft drinks in ready to drink alcoholic beverages.
3. Diet drinks have artificial sweeteners in place of sugar. These include diet soft drinks, cordials, sports drinks or caffeinated energy drinks. May include diet soft drinks in ready to drink alcoholic beverages.
4. Data have been randomly adjusted to avoid identifying individual people.

Source data tables: [Data](#) – Health risk factors.

Physical activity

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

What is physical activity?

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

- taking part in a deliberate exercise or sport, like playing tennis or swimming
- muscle strengthening activity, like weight training
- incidental movement, like mowing the lawn
- work-related activity, like lifting.

[Physical activity and exercise guidelines for all Australians \(DHAC 2021\)](#) define sufficient physical activity for adults as:

- adults aged 18–64: 150 to 300 minutes of moderate physical activity or 75 to 150 minutes of vigorous physical activity (or an equivalent combination) over 5 or more days per week, and muscle strengthening activities on at least two days per week
- adults aged 65 and over: at least 30 minutes of physical activity per day.

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

In the ABS NHS, people aged 15 and over are asked to report the intensity, duration and number of sessions spent on physical activity during the week before the survey (including at work). The results presented in this report and accompanying supplementary data tables are in most cases limited to adults aged 18 and over.

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

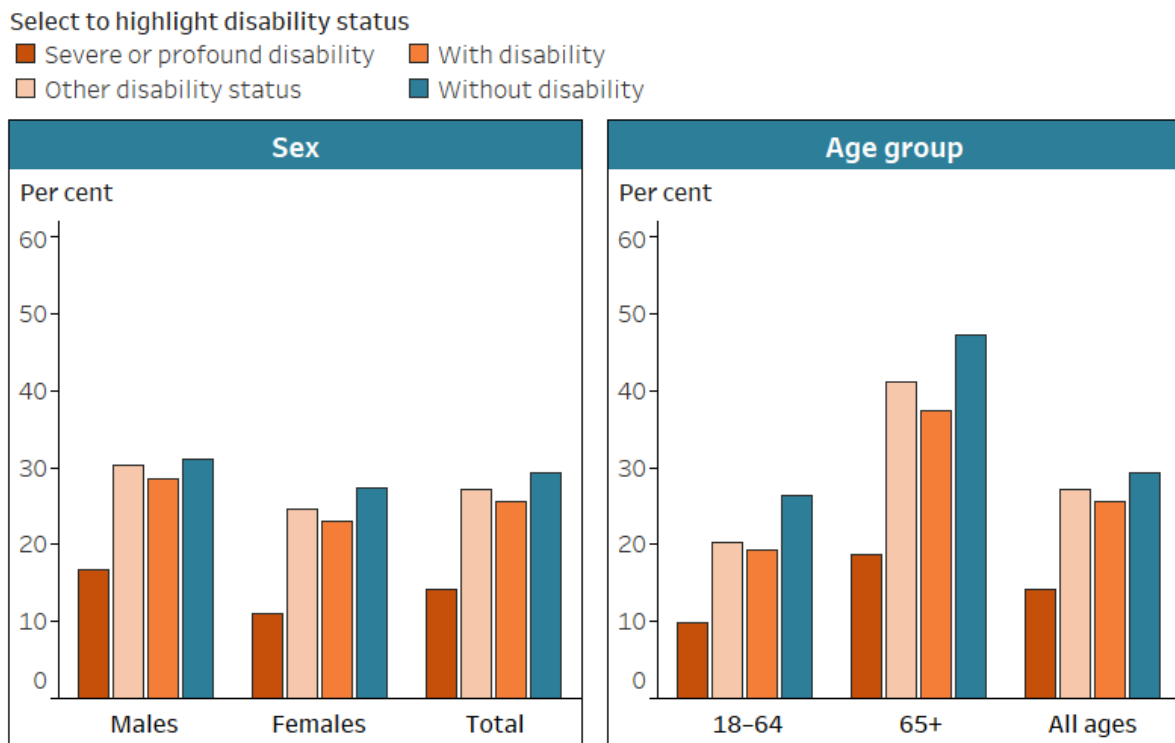
Many people, including those with disability, are not getting enough exercise. Based on self-reported data, nearly three-quarters (74%) of adults aged 18 and over with disability in 2020–21 did not do enough physical activity (including at work) for their age; this was similar for those without disability (71%).

Among adults (aged 18 and over) with disability, physical activity was lower for:

- adults with severe or profound disability (of whom 14% had enough physical activity), compared with adults with other disability status (27%)

- adults with psychosocial (16%) or intellectual (18%) disability, compared with adults with physical restriction (23%), or sensory or speech disability (30%)
- women with disability (23%) compared with men (29%) (Figure RISK.3; ABS 2022). This is consistent with patterns for the overall population.

Figure RISK.3: Proportions of people getting enough physical activity, by disability status and severity, sex, and age group, 2020–21



Source: ABS 2022; see also tables RISK19 and RISK20.
<https://www.aihw.gov.au>

Notes

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

1. Restricted to people aged 18 and over living in households.
2. Based on Australia's Physical Activity and Sedentary Behaviour Guidelines 2014–15.
3. Data have been randomly adjusted to avoid identifying individual people.

Source data tables: [Data](#) – Health risk factors.

People aged 65 and over, both with and without disability, are more likely to meet physical activity guidelines than people aged 18–64, most likely due to differences in the guidelines for the two age groups:

- 37% of people with disability aged 65 and over (47% without disability) had enough physical activity, compared with 19% of people with disability aged 18–64 (26% of those without disability) (Figure RISK.3).

Among adults aged 18–64 with disability, physical activity declines with age:

- 33% of adults with disability aged 18–24 get enough physical activity
- 23% of adults with disability aged 25–44
- 14% of those aged 45–64 (ABS 2022).

Tobacco smoking

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

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

What is tobacco smoking?

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

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

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

Because daily smoking presents the greatest health risk, the results presented on this page relate to people who were daily smokers at the time of the survey. The results presented in this report and accompanying supplementary data tables are limited to adults aged 18 and over.

For more information, see [AIHW smoking and e-cigarettes](#).

About 1 in 7 (14%) adults aged 18 and over with disability smoke daily (based on self-reported data). They are more likely to do so than people without disability (9.1%). Younger adults (aged 18–64) with disability are almost twice as likely (18%) to smoke daily as those without disability (9.5%). This is not the case for older adults (aged 65 and over). The proportion of older adults with disability who are daily smokers (7.2%) is similar to those without disability (6.0%) (Figure RISK.4).

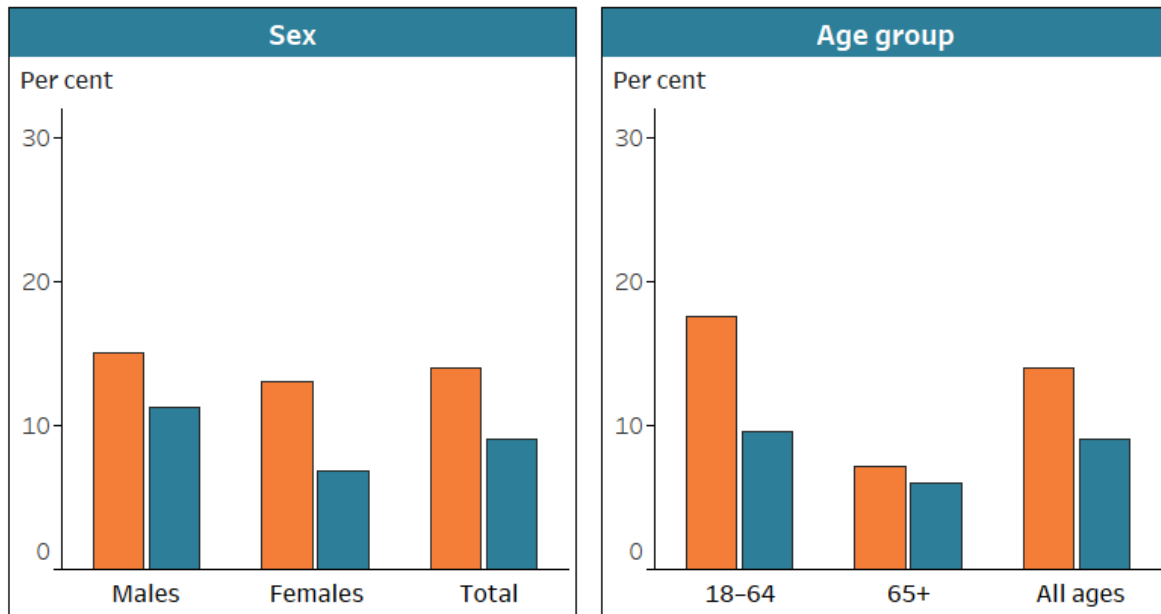
Males aged 18 and over with disability are about as likely (15%) to smoke daily as their female counterparts (13%) (Figure RISK.3), but females aged 18 and over with disability are more likely to have never smoked (60%) than males (41%) (ABS 2022).

Adults (aged 18 and over) with psychosocial disability are more likely (24%) to smoke daily than those with sensory disability (11%) or physical disability (15%) (ABS 2022).

Figure RISK.4: Daily tobacco smoking, by disability status, sex and age group, 2020–21

Select to highlight disability status

- With disability
- Without disability



Source: ABS 2022; see also tables RISK26 and RISK27.
<https://www.aihw.gov.au>

Notes

1. Restricted to people aged 18 and over living in households.
2. Current daily smokers are those who reported at the time of interview that they regularly smoked one or more cigarettes, cigars or pipes per day.
3. Data have been randomly adjusted to avoid identifying individual people.

Source data tables: [Data](#) – Health risk factors.

E-cigarette use and vaping

E-cigarettes and vaping devices do not produce the tar produced by conventional cigarettes which is the main cause of lung cancer. However, many scientists are concerned that using e-cigarettes could increase risk of lung disease, heart disease and cancer. Since October 2021, e-cigarettes that contain nicotine can only be accessed through a prescription in Australia (DHAC 2023). Given these changes have come after the data period reported in this section, any impacts of this change will not be apparent until subsequent data collections.

What are e-cigarettes and vaping devices?

An e-cigarette is a device that heats a liquid to produce vapours that users inhale. This may contain nicotine and other toxic chemicals. E-cigarette use is also commonly referred to as vaping. In this report, e-cigarette use includes the use of vaping devices and/or e-cigarettes.

The ABS NHS 2020–21 introduced new questions on the use of e-cigarettes and vaping. People aged 15 and over were asked:

- if they currently use an e-cigarette or vaping device
- if they had ever used an e-cigarette or vaping device
- about the frequency and quantity of their e-cigarette use or vaping.

The results presented in this report and accompanying supplementary data tables are limited to adults aged 18 and over.

Based on self-reported data from the ABS NHS 2020–21, the use of e-cigarettes and vaping devices is similar for adults aged 18 and over with and without disability:

- 1.8% of adults aged 18 and over with disability are daily e-cigarette users, as are 1.3% of those without disability
- 7.6% of adults with disability have used an e-cigarette in the past or use it less often than daily, and 8.0% of those without disability
- 91% of adults with and without disability have never used an e-cigarette (ABS 2022).

Alcohol consumption

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

What is risky alcohol consumption?

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

[Australian guidelines to reduce health risks from drinking alcohol \(NHMRC 2020\)](#) provide advice on reducing the risk of harm from alcohol-related disease or injury. Based on the guideline for adults, the ABS NHS 2020–21 defines excessive alcohol consumption as:

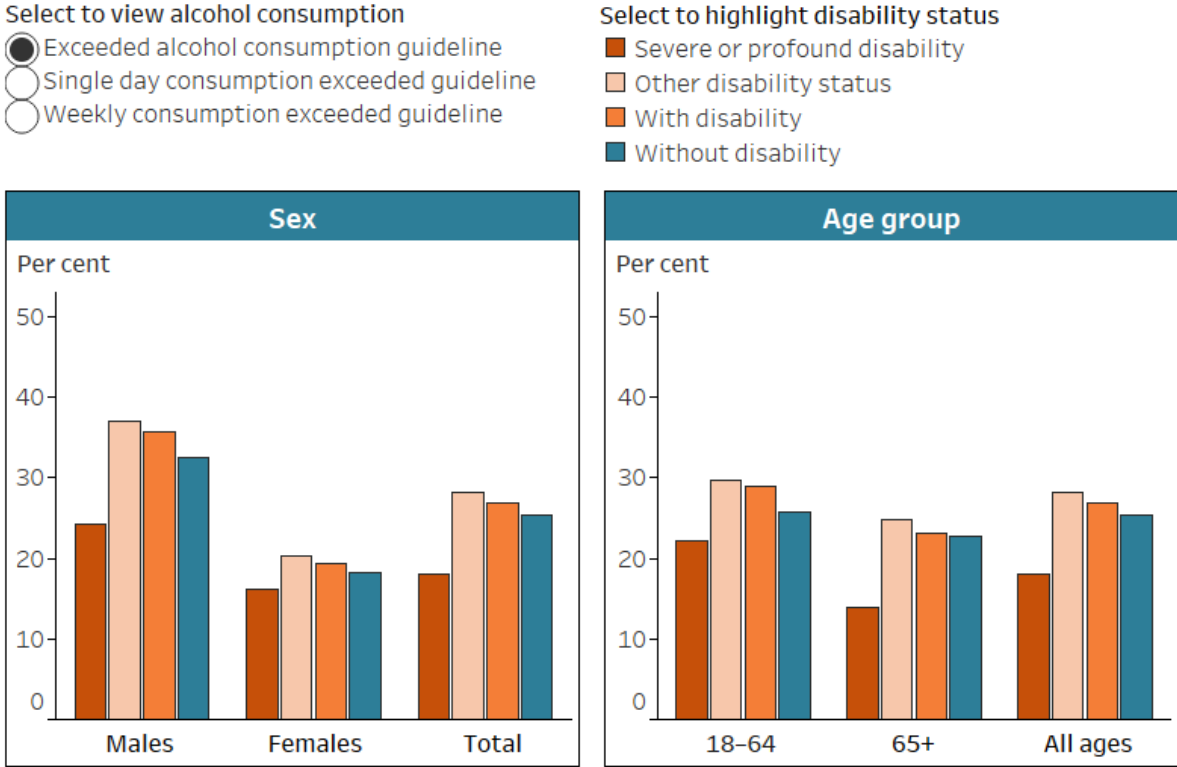
- consuming more than 10 standard drinks of alcohol per week, and/or
- consuming 5 or more standard drinks of alcohol in one day at least monthly over the last 12 months.

In 2020–21, the NHS collected information about alcohol consumption for people aged 15 and over. It should be noted that the above definition of risky alcohol consumption is for people aged 18 and over, and that the current guidelines state that children and young people under 18 years of age should not be drinking alcohol. The results presented in this report and accompanying supplementary data tables are limited to adults aged 18 and over.

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

Based on self-reported data, more than 1 in 4 (27%) adults (aged 18 and over) with disability exceed the recommended alcohol consumption guideline, similar to those without disability (25%) (Figure RISK.5).

Figure RISK.5: Whether exceeded recommended alcohol consumption guidelines, by disability status and severity, sex and age group, 2020–21



Source: ABS 2022; see also tables RISK33 and RISK34. <http://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Restricted to people aged 18 and over living in households.
- 2. Based on the alcohol consumption guideline for adults from the National Health and Medical Research Council (NHMRC) released in 2020.
- 3. Exceeding the weekly consumption guideline is defined as consuming more than 10 standard drinks in the past week.
- 4. Exceeding the single day consumption guideline is defined as consuming 5 or more standard drinks in one day at least monthly over the past year.
- 5. Exceeding the alcohol consumption guideline is defined as exceeding the single day and/or weekly consumption guideline.
- 6. Data have been randomly adjusted to avoid identifying individual people.

Source data tables: [Data](#) – Health risk factors.

Although overall and single-day excessive alcohol consumption levels were similar for adults with and without disability, adults with disability were more likely to exceed the weekly alcohol consumption guideline than those without disability:

- 23% of adults with disability drink more than 10 standard drinks per week, compared with 19% of adults without disability

- 17% of both adults with and without disability drink 5 or more standard drinks in one day at least monthly (ABS 2022).

The alcohol consumption of people with disability varies by sex, age group and disability severity.

Males aged 18 and over with disability are far more likely than their female counterparts to drink at risky levels:

- 36% of males exceed the alcohol consumption guideline compared with 19% of females (Figure RISK.5)
- 31% consume more than 10 standard drinks of alcohol per week, compared with 15%
- 24% consume 5 or more standard drinks of alcohol on a single occasion each month, compared with 11% (ABS 2022).

There is similar variation of alcohol consumption patterns by sex among people without disability (Figure RISK.5; ABS 2022).

Younger adults (aged 18–64) with disability are more likely (29%) to exceed the alcohol consumption guideline than older adults (aged 65 and over) (23%) (Figure RISK.5).

Younger adults with disability are:

- twice as likely (21%) to consume 5 or more standard drinks in a single occasion at least monthly as older adults with disability (9.7%).
- about as likely to consume more than 10 standard drinks per week as older adults with disability (24% compared with 21%) (ABS 2022).

There is similar variation of alcohol consumption patterns by age group among people without disability (Figure RISK.5; ABS 2022).

Adults with severe or profound disability are less likely (18%) to exceed the alcohol consumption guideline than those with other disability status (28%) and are also less likely to consume more than 10 standard drinks of alcohol per week (15% compared with 24%) (Figure RISK.5; ABS 2022).

Where can I find out more?

- [Data tables](#) for this report.
- Health risk factors and behaviours for the general Australian population – [Behaviours & risk factors](#).
- ABS key statistics and information about [Dietary behaviour](#), [Physical activity](#), [Smoking and vaping](#), and [Alcohol consumption](#).
- Dietary guidelines – [National Health and Medical Research Council \(NHMRC\)](#).
- Physical activity and exercise guidelines – [Department of Health and Aged Care \(DHAC\)](#).
- Guidelines to reduce health risks from drinking alcohol – [National Health and Medical Research Council \(NHMRC\)](#).

References

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

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

ABS (2022) *Microdata and TableBuilder: National Health Survey*, ABS, AIHW analysis of detailed microdata in DataLab, accessed 4 May 2023.

<https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/national-health-survey>

DHAC (Department of Health and Aged Care) (2021) *Physical activity and exercise guidelines for all Australians*, DHAC, Australian Government, accessed 1 June 2023.

<https://www.health.gov.au/health-topics/physical-activity-and-exercise/physical-activity-and-exercise-guidelines-for-all-australians>

DHAC (2023) *About vaping and e-cigarettes*, DHAC, Australian Government, accessed 1 June 2023. <https://www.health.gov.au/topics/smoking-and-tobacco/about-smoking-and-tobacco/about-e-cigarettes>

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

NHMRC (2020) *Australian guidelines to reduce health risks from drinking alcohol*, NHMRC, accessed 2 June 2023. <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-reduce-health-risks-drinking-alcohol>

Chronic conditions and disability

Key findings

- **Health conditions and disability:** 78% of people with emphysema as their main condition in 2018 had disability, as did 64% of people with stroke.
- **Core activity limitation:** 42% of people with stroke as their main condition had severe or profound core activity limitation in 2018, as did 29% of people with emphysema.
- **Age as a factor for disability and health conditions:** One in 3 (34%) people aged 65 and over with asthma as their main condition had disability, compared with 7% of those aged under 65 (in 2018).

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

Chronic conditions covered in this section are:

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

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

What are chronic conditions?

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

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

Chronic conditions often coexist with some form of disability:

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

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

What is the relationship between health conditions and disability?

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

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

Data note

Data on this page are sourced from the Australian Bureau of Statistics (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

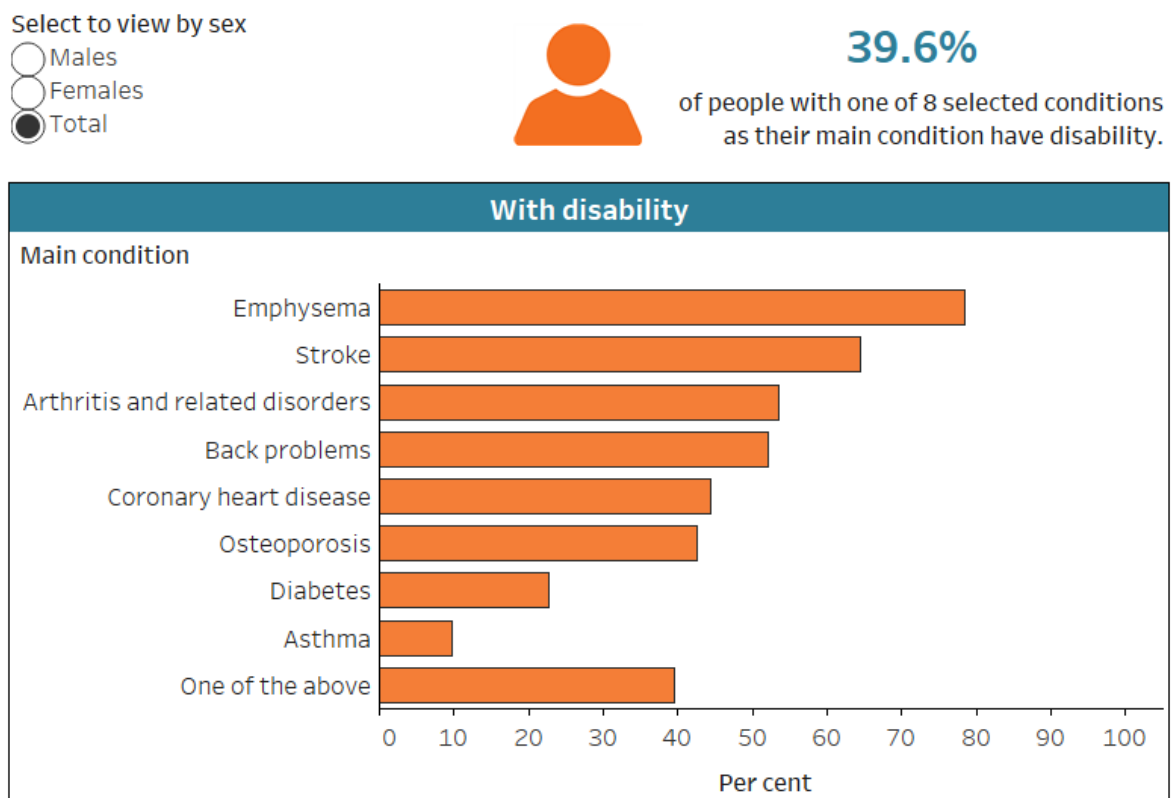
The SDAC collects data on long-term health conditions. For people who report more than one long-term condition, the condition causing the most problems is identified as the **main condition**. However, because the SDAC is designed to estimate the prevalence (or rate) of disability – not the prevalence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

Unless otherwise indicated, all data on this page refer to 2018.

Prevalence of disability within selected chronic conditions

The prevalence of disability for each selected chronic condition, as a main condition, varies widely (Figure CHRONIC.1). Among selected chronic conditions, people with asthma are the least likely to have disability (9.8% or 81,000). People with emphysema (78% or 44,000) or stroke (64% or 55,000) are the most likely to have disability.

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



Source: ABS 2019; see also tables CHRON1, CHRON1a and CHRON1b.
<https://www.aihw.gov.au>

Note: Restricted to people with one or more of the following long-term conditions: arthritis and related disorders, asthma, back problems (dorsopathies), coronary heart disease (including angina and myocardial infarction (heart attack)), diabetes, emphysema, osteoporosis, and stroke.

Source data tables: [Data](#) – Chronic conditions.

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

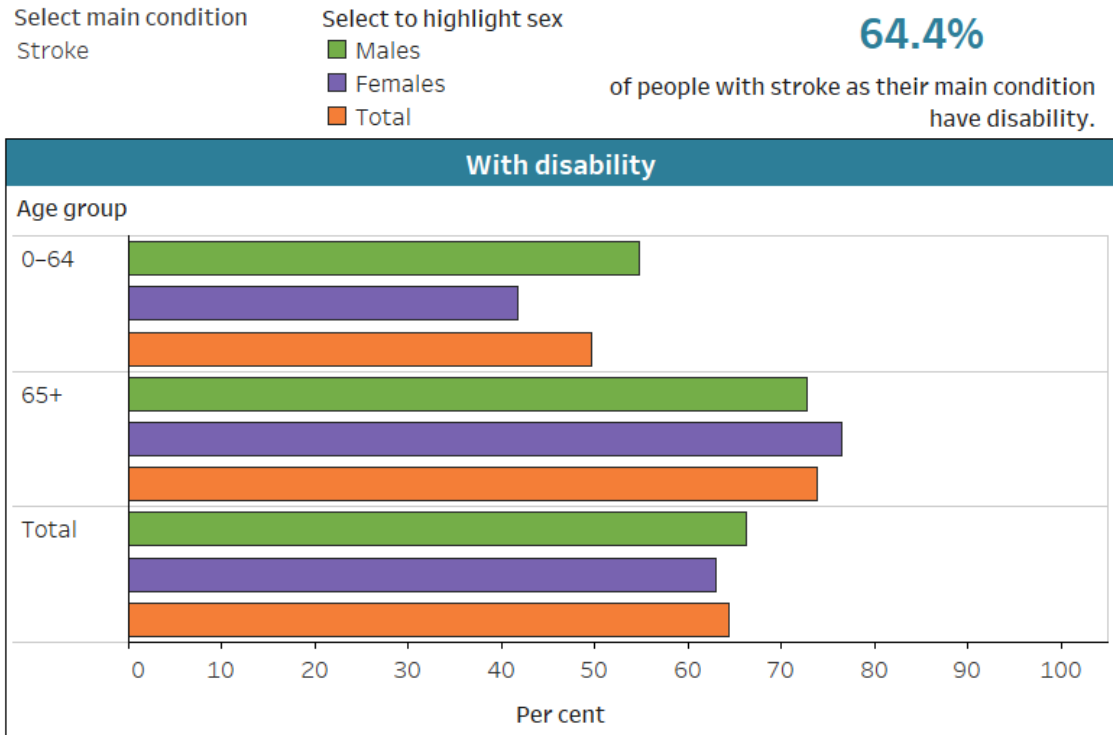
The prevalence of chronic conditions and disability both increase with age (see '[Prevalence of disability](#)', and [AIHW chronic disease](#)). Reflecting this, older people

(aged 65 and over) with each selected chronic condition are generally more likely than younger people (those aged under 65) to have disability (Figure CHRONIC.2).

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

- asthma (rising from 7.0% or 53,000 for those aged under 65, to 34% or 28,000 for those 65 and over)
- back problems (rising from 44% or 316,000 to 69% or 234,000).

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



Source: ABS 2019; see also tables CHRON1, CHRON1a and CHRON1b. <https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Restricted to people with one or more of the following long-term conditions: arthritis and related disorders, asthma, back problems (dorsopathies), coronary heart disease (including angina and myocardial infarction (heart attack)), diabetes, emphysema, osteoporosis, and stroke.
- 2. The category '0-64' has a relative standard error greater than 50% and is considered too unreliable for general use for males with osteoporosis and females with coronary heart disease or emphysema. Therefore, these categories are not shown in this figure.

Source data tables: [Data](#) – Chronic conditions.

Level of core activity limitation associated with selected chronic conditions

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

What is core activity limitation?

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

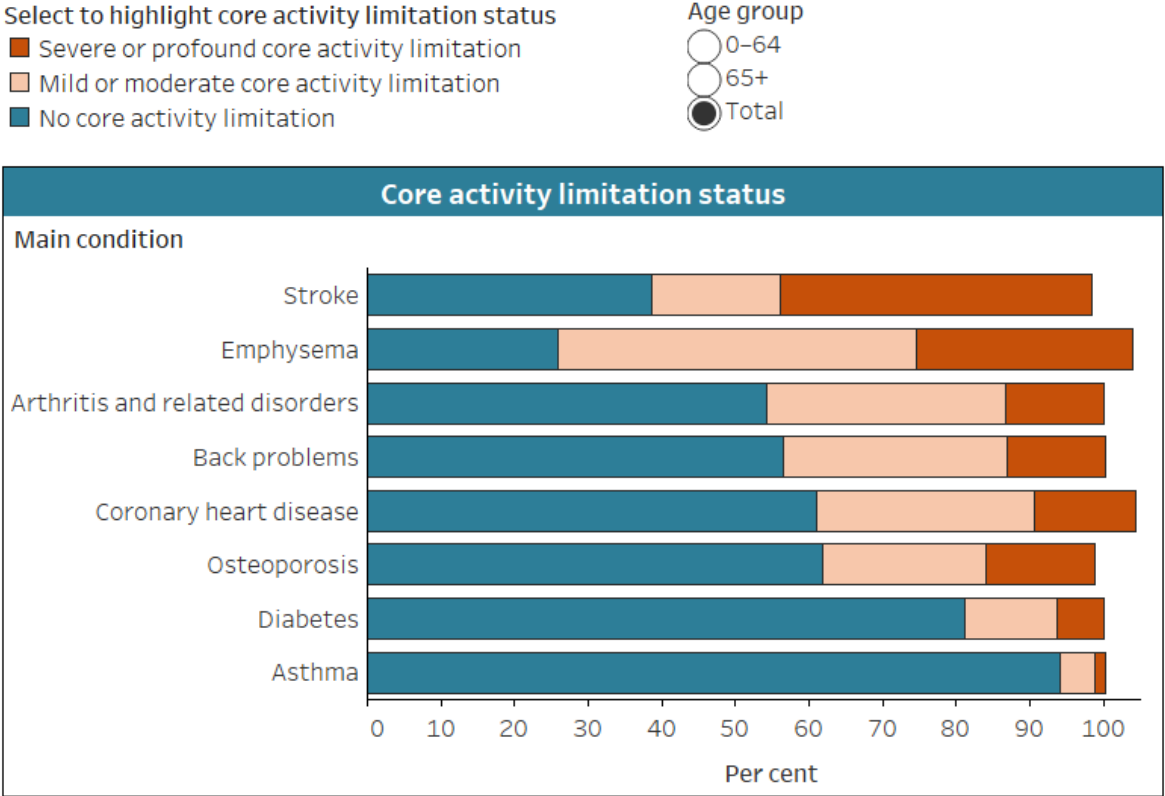
Of the selected chronic conditions, stroke is associated with the highest likelihood of severe or profound core activity limitation:

- 42% (or 37,000) of people with stroke as their main condition have severe or profound core activity limitation
- 17% (or 15,000) have mild or moderate core activity limitation
- 39% (or 33,000) have no core activity limitations, but may still have disability not related to core activities.

Of the selected chronic conditions, asthma is associated with the lowest level of core activity limitation:

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

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



Source: ABS 2019; see also Table CHRON13.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25-50% and should be used with caution.
- 1. Restricted to people with one or more of the following long-term conditions: arthritis and related disorders, asthma, back problems (dorsopathies), coronary heart disease (including angina and myocardial infarction (heart attack)), diabetes, emphysema, osteoporosis, and stroke.
- 2. Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes. Numbers may not add up to 100 per cent due to rounding.
- 3. Core activity limitation levels for people aged 0-64 with emphysema, coronary heart disease, or osteoporosis are not shown due to high level of uncertainty in the data.

Source data tables: [Data](#) - Chronic conditions.

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).
- AIHW [Chronic conditions and disability 2015](#) report.
- AIHW [Chronic disease](#) overview page.

References

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

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

Access to health services

Key findings

- **Cost as barrier to health care:** In 2018, 7.6% of people with disability aged under 65 delayed or did not see a GP when needed because of cost.
- **Waiting times:** In 2018, 24% of people aged 15–64 with disability waited longer than they felt acceptable to get an appointment with a GP.
- **Coordination of care:** In 2018, 47% of people with severe or profound disability aged under 65 saw 3 or more health professionals for the same condition.

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

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

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

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

The patient experience information collected in the SDAC is collected for people with disability living in households and for primary carers. It is not collected for people with disability living in cared accommodation and people without disability who are not primary carers. Hence comparisons with people without disability cannot be directly made.

Unless otherwise indicated, all data on this page refer to 2018.

Assistance with health-care activities

About 23% (an estimated 542,000) of people with disability aged 5–64 living in households need assistance with health care activities. Of those:

- 24% (or an estimated 127,000) receive assistance from formal services only
- 17% (or 93,000) receive assistance from both formal and informal providers
- 47% (or 252,000) receive informal assistance only
- 13% (or 70,000) do not receive any assistance (ABS 2019a).

Four in 5 (81%, or an estimated 439,000) people with disability aged 5–64 living in households who need help with health-care activities have their needs for assistance fully met, and 19% (or 102,000) have their needs for assistance partly met or not met at all (ABS 2019a).

Females aged 5–64 who need assistance with health care are more likely (29% or 75,000) than males (19% or 53,000) to receive formal assistance only, and males are more likely (53% or 150,000) than females (40% or 101,000) to receive informal assistance only (ABS 2019a).

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

People aged 5–64 with severe or profound disability who need assistance with health care are more likely (56% or 207,000) to receive informal assistance only than those with other disability status (25% or 42,000), and less likely (15% or 57,000) to receive formal assistance only (42% or 71,000) (ABS 2019a).

For people with disability aged 5–64 who need help with health-care activities, the type of assistance received varies depending on the disability group:

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

Finally, the type of assistance received by those who need it also varies depending on remoteness:

- people with disability aged 5–64 living in *Outer regional and remote* areas are more likely to receive the assistance from informal providers only (54% or 30,000), compared with those living in *Major cities* (45% or 162,000) or *Inner regional areas* (49% or 59,000) (ABS 2019a).

Use of mainstream health services

What health services do people with disability use?

Almost all (97%) people with disability aged under 65 living in households used at least one of the below selected health services for own health in the last 12 months:

- most (92% or 2.2 million) saw a **GP for their own health**
- 1 in 5 (20% or 482,000) saw a **GP for urgent medical care**
- 2 in 3 (63% or 1.5 million) saw a **medical specialist**
- half (51% or 1.2 million) saw a **dental professional**
- 1 in 4 (26% or 639,000) visited a **hospital emergency department**
- 1 in 5 (22% or 541,000) were **admitted to hospital**
- 2 in 5 (38% or 911,000) saw **3 or more health professionals for the same condition** (ABS 2019a).

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

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

The use of mainstream health services by people with disability living in households also varied by age:

- those aged 0–24 were less likely to see a GP (86% or 557,000), see a GP for urgent medical care (15% or 99,000), or be admitted to hospital (18% or 116,000) within one year than those aged 25–64 (95% or 1.7 million, 22% or 383,000 and 24% or 426,000 respectively)

- those aged 0–24 were more likely (64% or 415,000) to see a dental professional than those aged 25–64 (46% or 819,000)
- people aged 65 and over were more likely to see a medical specialist (72% or 1.3 million) or be admitted to hospital (29% or 513,000) than those aged under 65 (63% or 1.5 million and 22% or 541,000 respectively)
- people aged 65 and over were less likely to see a GP for urgent medical care (15% or 268,000) or to see 3 or more health professionals for the same conditions (31% or 545,000) than those aged under 65 (20% or 482,000 and 38% or 911,000 respectively) (ABS 2019a).

Use of mainstream health services varies depending on severity of a person's disability, disability group, and remoteness of the area where the person with disability lives. These differences are discussed in more detail in '[Remoteness](#)', '[Severity of disability](#)', and '[Disability group](#)' sections on this page.

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

The patient experience information in the SDAC is collected only from people with disability and primary carers (living in households). It is not therefore possible to compare with people without disability.

However, the AIHW analysis of self-reported information from the 2021 HILDA Survey suggests that, in 2021, people with disability aged 15–64 had higher rates of use of:

- GPs or family doctors (92% compared with 76% of those without disability)
- mental health professionals (26% compared with 9.4%)
- specialist doctors (43% compared with 20%)
- hospital doctors as an outpatient or casualty (29% compared with 12%)
- hospital overnight stays (20% compared with 6.8%)
- hospital admission as day patient (16% compared with 9.5%) (DSS and MIAESR 2022).

In contrast to this, people with disability aged 15–64 were slightly less likely to visit a dentist (51%) than people without disability (56%) (DSS and MIAESR 2022).

How many people have a regular GP?

People aged 15–64 with disability were more likely to see a particular GP or clinic when they were sick or needed advice about their own health than those without disability (93% compared with 84% in 2021). Of people with disability:

- people aged 65 and over were more likely (99%) to see a particular GP or clinic than people aged 15–64 (93%)
- females (94%) aged 15–64 were about as likely as males (92%) (DSS and MIAESR 2022).

Difficulties accessing health services

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

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

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

People with disability aged under 65 living in households experienced a range of difficulties in accessing health services in the last 12 months. In 2018, these included:

- problems with waiting time:
 - 1 in 4 (24% or 386,000) of those aged 15–64 who needed to see a GP waited longer than they felt acceptable to get an appointment, and 1 in 3 (31% or 285,000) of those who needed to see a medical specialist
 - 3 in 10 (29% or 142,000) of those who needed to see a GP for urgent medical care waited one or more days after making an appointment to be seen
 - 1 in 8 (13% or 202,000) of those who needed to see a dental professional were placed on a public dental waiting list. 7 in 10 (70% or 98,000) of those placed on a public dental waiting list waited 1 month to more than 1 year before receiving dental care (ABS 2019a).
- delaying or not seeing health professionals because of cost. This was the case for:
 - 3.6% (or 21,000) of those who needed to go to hospital (one of the reasons)
 - 4.6% (or 71,000) of those who needed to see a medical specialist (the main reason)
 - 7.6% (or 172,000) of those who needed to see a GP in the last 12 months (one of the reasons)
 - 28% (or 449,000) of those who needed to see a dental professional (one of the reasons) (ABS 2019a).
- problems with health services coordination, accessibility, or discrimination:
 - 1 in 8 (12% or 78,000) of those who have been to a hospital emergency department felt a GP could have provided care for their most recent visit
 - 1 in 5 (21% or 187,000) of those who saw 3 or more health professionals for the same health condition reported issues caused by lack of communication among health professionals
 - 3.5% (or 59,000) of those aged 15–64 experienced discrimination by health staff (GP, nurse, hospital staff)

- 1 in 8 (12% or 96,000) of those aged 5–64 who need assistance or have difficulty with communication or mobility had difficulty accessing medical facilities (GP, dentist, hospital) (ABS 2019a).

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

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

Difficulties accessing health services vary depending on severity of a person’s disability, disability group, and remoteness of the area where the person with disability lives. These differences are discussed in more detail in [‘Remoteness’](#), [‘Severity of disability’](#), and [‘Disability group’](#) sections on this page.

How do difficulties in accessing health services compare for people with and without disability?

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

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

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

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

because of cost (ABS 2019a).

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

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

because of cost (ABS 2019b).

Remoteness

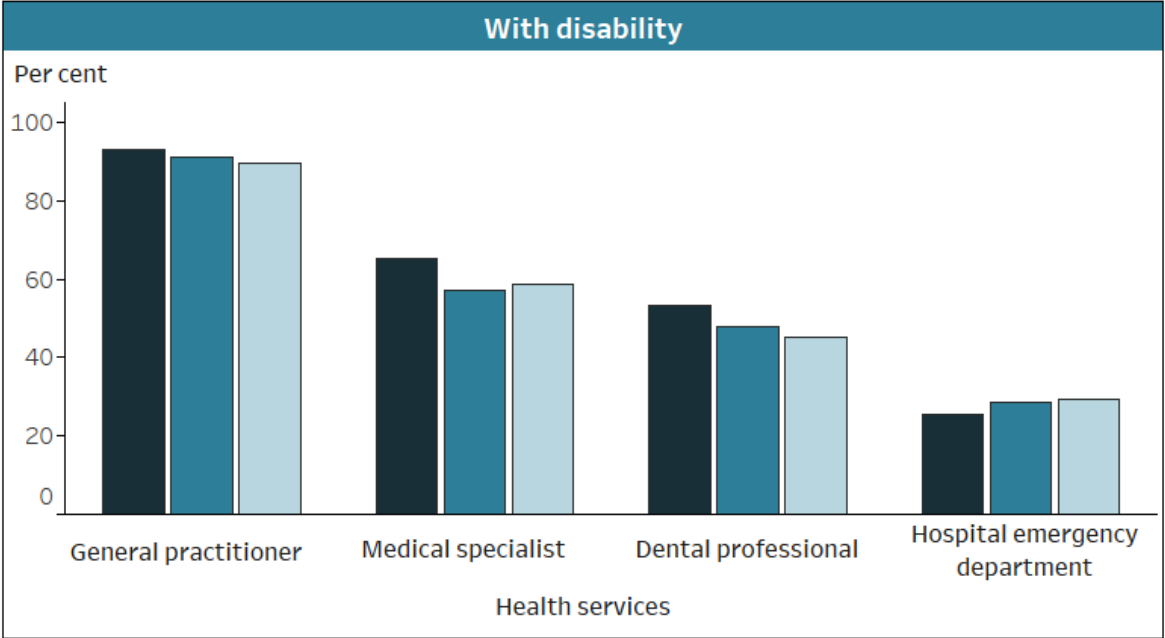
People with or without disability living in more remote areas may experience greater difficulties accessing primary health care (such as GPs or dentists) or medical specialists. At the same time, people in regional and remote areas may be more reliant on hospitals for their health care, including potentially avoidable GP-type presentations to the emergency departments (O'Loughlin et al. 2021).

For people with disability aged under 65 living in the community, there is some evidence of greater difficulties accessing health services in regional and remote areas (Figure ACCESS.1 and Table ACCESS.1). For instance, 65% (or 1.1 million) of those living in *Major cities* reported seeing a medical specialist in the last year, compared with 57% (or 327,000) in *Inner regional* and 59% (or 136,000) in *Outer regional and remote* areas. At the same time, hospital emergency department visits increased with remoteness, from 25% (or 407,000) in *Major cities* to 29% (or 68,000) in *Outer regional and remote* areas (Figure ACCESS.1). Those in regional and remote areas are also more likely to wait longer for an appointment with a GP or a medical specialist, or to receive dental care (Table ACCESS.1).

Figure ACCESS.1: Use of selected health services by people with disability, by type of health service and remoteness, 2018

Select to highlight remoteness

- Major cities
- Inner regional
- Outer regional and remote






Source: ABS 2019a; see also Table ACCE4.
<https://www.aihw.gov.au>

Notes:

1. Data are restricted to use of selected health services for own health in the last 12 months by people aged 64 and under with disability living in households.
2. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Access to health services.

Table ACCESS.1: Difficulties accessing health services by people with disability^(a) in the last 12 months, by remoteness, 2018

	 <i>Major cities</i>	 <i>Inner regional</i>	 <i>Outer regional and remote</i>
Visit a hospital emergency department for care they feel could be provided by a GP ^(b)	10.5%	17.0%	11.8%*
Wait longer than they feel acceptable for an appointment with a GP ^(c)	21.2%	28.1%	34.2%
Wait longer than 1 day to see a GP for urgent medical care ^(d)	28.9%	30.4%	36.4%
Face difficulties caused by lack of communication among health professionals ^(e)	19.4%	20.4%	32.3%
Wait longer than they feel acceptable for an appointment with a medical specialist ^(f)	29.9%	33.9%	36.6%
Wait 6 months or more on public dental waiting list before receiving dental care ^(g)	34.6%	23.6%	63.9%
Experience discrimination from health staff (GP, nurse, hospital staff) ^(h)	2.7%	3.9%	8.0%

Notes:

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

(a) People with disability living in households.

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

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

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

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

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

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

(h) People aged 15–64.

Source: ABS 2019a; see also tables ACCE13, ACCE17, ACCE25, ACCE37, ACCE43, ACCE55, and ACCE69, [Data](#) – Access to health services.

The longer waiting times to see a medical specialist or to receive dental care in *Outer regional and remote* areas partly occur within a broader context of health services supply – type, volume and geographical distribution. Data from the National Health Workforce Data Set show that the number of health professionals per 100,000 people generally decreases as remoteness increases. In 2020, the rate of medical specialists and dentists decreased with remoteness (AIHW 2022).

Furthermore, people with disability living in *Outer regional* and *Remote* areas are more likely to have experienced:

- issues caused by a lack of communication among health professionals
- discrimination from health staff (including GP, nurse, and hospital staff) (ABS 2019a).

Severity of disability

People aged under 65 with severe or profound disability living in the community are more likely than those with other disability status to use health services, particularly medical specialists (70% or 502,000 compared with 59% or 1.0 million) (Figure ACCESS.2).

This group is also more likely to:

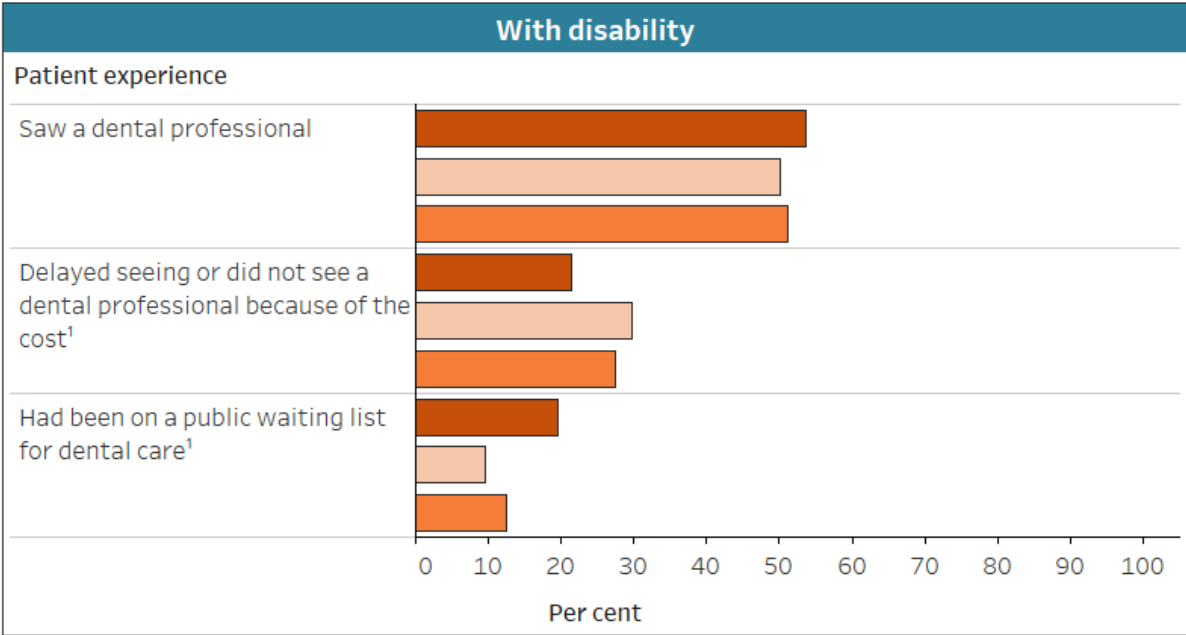
- see 3 or more health professionals for the same condition (47% or 333,000) than those with other disability status (34% or 579,000)
- visit a hospital emergency department (31% or 221,000 compared with 25% or 421,000)
- have a health professional help coordinating their care (74% or 245,000 compared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

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

Figure ACCESS.2: Patient experience of people with disability, by service and disability severity, 2018

Select service
 General practitioner (GP)
 Medical specialist
 Dental professional
 Hospital
 Coordination of care

Select to highlight disability status
 Severe or profound disability
 Other disability
 All with disability



¹Of people aged 64 and under with disability living in households who needed to see a dental professional in the last 12 months.

Source: ABS 2019a; see also tables ACCE1, ACCE26, ACCE30 and ACCE34.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Restricted to patient experience in the last 12 months of people aged 64 and under with disability living in households (unless indicated otherwise in the in-chart notes).

Source data tables: [Data](#) – Access to health services.

Disability group

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

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

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

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

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

Aboriginal and Torres Strait Islander (First Nations) people

Data note

Data in this section are sourced from the Australian Bureau of Statistics (ABS) **2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS)**. For more information about the NATSIHS, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the NATSIHS, see '[Data sources](#)'.

In 2018–19, around 140,000 First Nations people with disability reported facing problems accessing health services. The most common barriers to accessing services were:

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

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

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

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

Health expenses

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by HILDA, see [‘Data sources’](#).

What are out-of-pocket expenses?

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

In 2021, people with disability aged 15–64 who saw a family doctor or GP in the previous 12 months were less likely (34%) to have had out-of-pocket expenses for consultations than those without disability (40%). Older people with disability (aged 65 and over) were less likely (24%) to have had out-of-pocket expenses than younger people (aged 15–64) (34%). Of those aged 15–64 with disability:

- people with severe or profound disability were less likely (20%) to have had out-of-pocket expenses than those with other disability status (35%)
- females (34%) were about as likely to have had out-of-pocket expenses as males (33%)
- those living in *Major cities* were less likely (31%) than those living in *Inner regional areas* (40%)
- people with physical disability (31%), or sensory or psychosocial disability (30%) were more likely than those with intellectual disability (22%) (DSS and MIAESR 2022).

What is private health insurance?

Private health insurance is a voluntary form of insurance that covers a wider range of health-care options than the public system. Depending on the type of cover, private health insurance can fully or partly cover the costs of hospital services and/or the costs of other general treatments (PHIO 2023).

Types of private health insurance

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

In 2021, people with disability aged 15–64 were less likely (42%) to have some form of private health insurance than those without disability (56%). Older people with disability aged 65 and over were more likely (53%) to have private health insurance than those aged 15–64 (42%). Of people aged 15–64 with disability:

- those with severe or profound disability were less likely (34%) to have private health insurance than those with other disability status (43%)
- females were more likely (46%) than males (38%)
- those living in *Major cities* were more likely (46%) than those living in *Inner regional areas* (34%)
- those with physical disability (40%), sensory disability (39%), or psychosocial disability (37%) were more likely than those with intellectual disability (28%) (DSS and MIAESR 2022).

Most (79%) people with disability aged 15–64 who have private health insurance have both hospital and extras cover. This is similar to those without disability (81%). Older people aged 65 and over with disability are more likely (14%) to have hospital cover only than those aged 15–64 (10%) (DSS and MIAESR 2022).

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).
- [The Household, Income and Labour Dynamics in Australia Survey](#).

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5. Social support

Social support

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

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

In this domain, social support refers to government-funded support provided by specialist disability services and aged care services, and informal support enabling social inclusion. However, social support can include many other aspects, such as housing assistance and income support (see '[Housing assistance](#)' and '[Income support](#)' for more information).

Key findings

1. **NDIS participants:** Around 610,500 people were active participants in the National Disability Insurance Scheme (NDIS) at 30 June 2023.
2. **Need for assistance:** In 2018, about 40% (or 1.7 million) of people with disability needed assistance from formal providers.
3. **Satisfaction with local community:** In 2021, 36% of people with disability aged 15–64 were not satisfied with their local community, compared with 25% of people without disability.
4. **Social isolation:** In 2021, 1 in 5 (19%) people with disability aged 15–64 experienced social isolation, compared with 9.5% without disability.
5. **Treated with respect:** In 2022, most people with disability (94%) said they were treated with respect when accessing key mainstream services.
6. **Treated better if did not have disability:** In 2022, 1 in 6 (17%) people with disability thought they would have been treated better by service workers if they did not have disability.

Specialist disability support services

Key findings

- **Number of NDIS participants:** Around 610,500 people were active participants in the National Disability Insurance Scheme (NDIS) at 30 June 2023.
- **Young NDIS participants:** 43% (or 261,000) active NDIS participants were aged 14 and under at 30 June 2023.
- **Need for assistance:** About 40% (or 1.7 million) of people with disability needed assistance from formal providers in 2018.

People with disability who need support may use specialist disability services (provided specifically for people with disability), mainstream services (such as education, healthcare and housing), and/or be supported by informal carers. They may also receive financial assistance (income support) to assist with everyday cost of living (see '[Income support](#)' for more information).

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

What are specialist disability support services?

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

Disability support services may include:

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

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

Specialist disability support services are now largely provided through the National Disability Insurance Scheme (NDIS). In 2021–22, governments contributed \$29.2 billion to the NDIS; a further \$2.1 billion in government expenditure was provided for disability-specific services outside of the NDIS (SCRGSP 2023).

Prior to the NDIS roll-out, specialist disability support services were provided under the National Disability Agreement (NDA). Most, but not all, NDA services, and the people using them, have transitioned to the NDIS. For information on services provided under the NDA, please refer to the [archived versions of this report](#).

This section provides information on:

- eligibility for and service provision in the NDIS
- met and unmet need for formal services (from the Australian Bureau of Statistics' (ABS) Survey of Disability, Ageing and Carers (SDAC)).

Support provided through the National Disability Insurance Scheme

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

About the National Disability Insurance Scheme

The NDIS is a fundamental shift in the way Australians with significant and permanent disability access supports. It is founded in insurance principles to provide eligible Australians who have a permanent and significant disability with the reasonable and necessary supports they need (NDIA 2020a).

The NDIS was introduced in trial sites in 2013, and has been progressively rolled out across Australia from July 2016. From 1 July 2020, the NDIS has been made available to all eligible Australians, no matter where they live (NDIA 2020b). The National Disability Insurance Agency (NDIA) estimates that, by 30 June 2025, the NDIS will provide around 715,000 Australians (677,000 aged under 65) with funding for supports and services (NDIA 2023a). People with disability are directly funded under the NDIS, as distinct from the previous system of block funding to agencies and community organisations that provided disability support services under the National Disability Agreement (NDIA 2020a).

Data note

Data in this section are largely sourced from unpublished data provided by the National Disability Insurance Agency (NDIA) (NDIA 2023b). At the time of data provision, June 2023 data was the most recent available. For the more recent publicly available data, please visit the [NDIS website](#).

Reporting on experiences and outcomes of NDIS participants for Australia's Disability Strategy

[Australia's Disability Strategy 2021–2031](#) (the Strategy) is Australia's national disability policy framework. It sets out a plan for continuing to improve the lives of people with disability in Australia over the 10 years to 2031. The Strategy's Outcomes Framework tracks the outcomes for people with disability across seven outcome areas.

While the Strategy is about all people with disability, several of the Strategy's measures are focussed on the NDIS participants' experiences and outcomes. These measures are:

- [NDIS participants in full award wage employment](#): Proportion of NDIS participants aged 15–64 in the labour force who are in open employment at full award wage (**22%** in 2023–24 Q2)
- [NDIS participants job support](#): Proportion of NDIS participants who get the support they need to do their job (**62%** in 2023–24 Q2)
- [Young NDIS participant employment](#): Proportion of NDIS young people (aged 15–24) in employment (**19%** in 2023–24 Q2)
- [NDIS participants housing satisfaction](#): Proportion of NDIS participants who are happy with current home (**72.8%** in 2023–24 Q2)
- [NDIS participants pursuing interests](#): Proportion of NDIS participants who spend free time doing activities that interest them (**64%** in 2023–24 Q2)
- [NDIS complaints abuse/neglect](#): Number of complaints related to abuse and neglect per 1,000 NDIS participants (**2.2 complaints** in 2022–23)
- [NDIS participants capacity to self-advocate](#): Proportion of NDIS participants who feel able to advocate (stand up) for themselves (**37%** in 2023–24 Q2)
- [NDIS participants choice and control](#): 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 (**77%** in 2023–24 Q2)
- [NDIS participants use of assistive technology](#): Proportion of NDIS participants who received assistive technology supports (**48%** in 2023–24 Q1)
- [NDIS participants life satisfaction](#): Proportion of NDIS participants who report feeling satisfied about their life in general now and in the future (**47%** in 2022–23)

Note: the numbers reported in this summary box and on the [Reporting on Australia's Disability Strategy 2021–2031](#) website may differ slightly from the numbers reported elsewhere in this report, due to different data sources, populations, and/or reporting periods.

Eligibility

At 30 June 2023, 674,600 applicants to the NDIS were ever eligible for access. This represents 85% of applications where access decision has been made (NDIA 2023b).

What does ever eligible mean?

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

In this report, percentages of ever eligible NDIS applicants are calculated out of the number of applications where a complete access decision has been made. Applications where access decision has not been made (including in-progress applications, as well as withdrawn or cancelled applications) are excluded from the calculation.

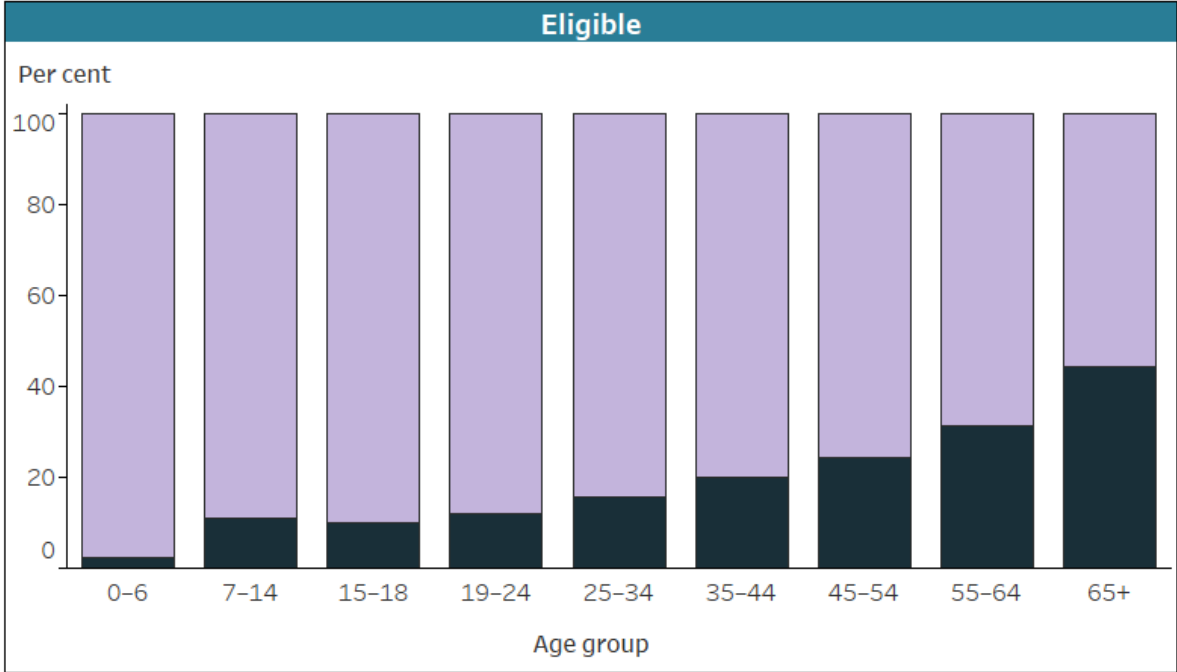
This section reports on variations in eligibility for NDIS supports across various population groups. While there may be multiple possible reasons behind these differences, this report does not attribute these differences to any particular reason, nor does it make any inferences about causation.

Eligibility varies by age and gender. At 30 June 2023:

- 98% (or 211,700) of applicants aged 6 or under were ever deemed eligible, compared with 90% (or 42,600) of applicants aged 15–18, 84% (or 49,000) of applicants aged 25–34, and 69% (or 83,200) of applicants aged 55–64 (age at access decision date)
- 89% (or 411,300) of males aged 64 or under and 81% (or 249,800) of females in this age group were ever deemed eligible (Figure NDIS.1, NDIA 2023b).

Figure NDIS.1: Eligibility of NDIS applicants, by age group, 30 June 2023

Select to highlight eligibility
 Eligible
 Ineligible



Source: National Disability Insurance Agency (NDIA) Business System; see also Table NDIS1.
<https://www.aihw.gov.au>

Notes

1. Age is as at the access decision date.
2. 'Eligible' means ever eligible.
3. Ineligible only includes persons that have a complete access decision and are not eligible.

Source data tables: [Data](#) – NDIS.

Eligibility does not vary significantly between urban and remote locations; for example, of those aged 64 or under (where remoteness is known):

- 86% (or 456,100) of applicants living in major cities were ever eligible
- 85% (or 202,900) of those living in regional cities and towns
- 84% (or 10,600) of those living in remote and very remote areas (NDIA 2023b).

How is remoteness defined?

The remoteness categories used in this section are based on the Modified Monash Model which classifies locations into 7 categories from *Major cities* to *Very remote* areas (NDIA 2023c). The classifications are based on the ABS Australian Statistical Geography Standard – Remoteness Areas framework and use Census data. For more information see [Modified Monash Model](#).

Eligibility also does not vary significantly by Indigenous status (where Indigenous status is known):

- 87% (or 51,600) of First Nations applicants aged 64 and under were ever eligible
- 86% (or 513,000) of non-Indigenous applicants (NDIA 2023b).

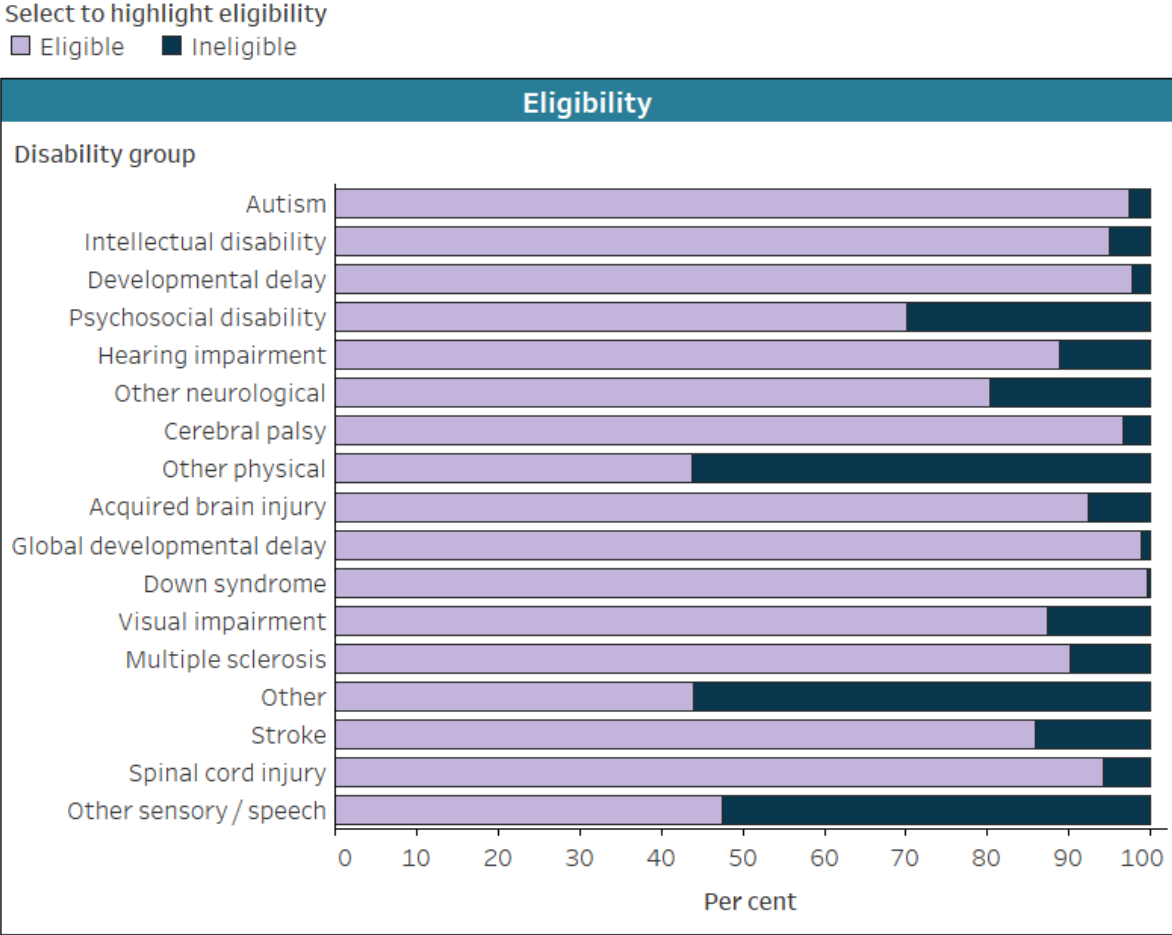
Eligibility varies more substantially for culturally and linguistically diverse (CALD) groups (where CALD status is known):

- 79% (or 63,000) of applicants aged 64 and under who were from culturally and linguistically diverse backgrounds (born in a non-English speaking country and/or primarily spoke a language other than English at home) were ever eligible
- 86% (or 596,200) of those who did not belong to the CALD cohort (NDIA 2023b).

Additionally, eligibility varies by disability group; for example, of those aged 64 and under:

- 97% (or 221,200) of applicants with autism were ever eligible
- 95% (or 94,800) of applicants with intellectual disability were ever eligible
- 70% (or 67,400) of applicants with psychosocial disability were ever eligible (Figure NDIS.2, NDIA 2023b).

Figure NDIS.2: Eligibility of NDIS applicants aged 0–64, by disability group, 30 June 2023



Source: National Disability Insurance Agency (NDIA) Business System; see also Table NDIS1.
<https://www.aihw.gov.au>

Notes

1. Age is as at the access decision date.
2. 'Eligible' means ever eligible.
3. Ineligible only includes persons that have a complete access decision and are not eligible.
4. Disability group categories are listed from most applicants at the top to least applicants at the bottom.
5. Primary disability is self-reported for ineligible participants and may not be appropriate for comparison with primary disability of eligible participants.

Source data tables: [Data](#) – NDIS.

Active participants

At 30 June 2023, there were around **610,500** active participants with approved plans in the NDIS. Of them, **95% (or 583,000)** were aged under 65, and **4.5% (or 27,500)** were aged 65 or over.

For most up-to-date numbers, see [NDIS quarterly reports](#).

Compared with all people with disability in Australia, the NDIS participants are a much younger group. Among active NDIS participants as at 30 June 2023:

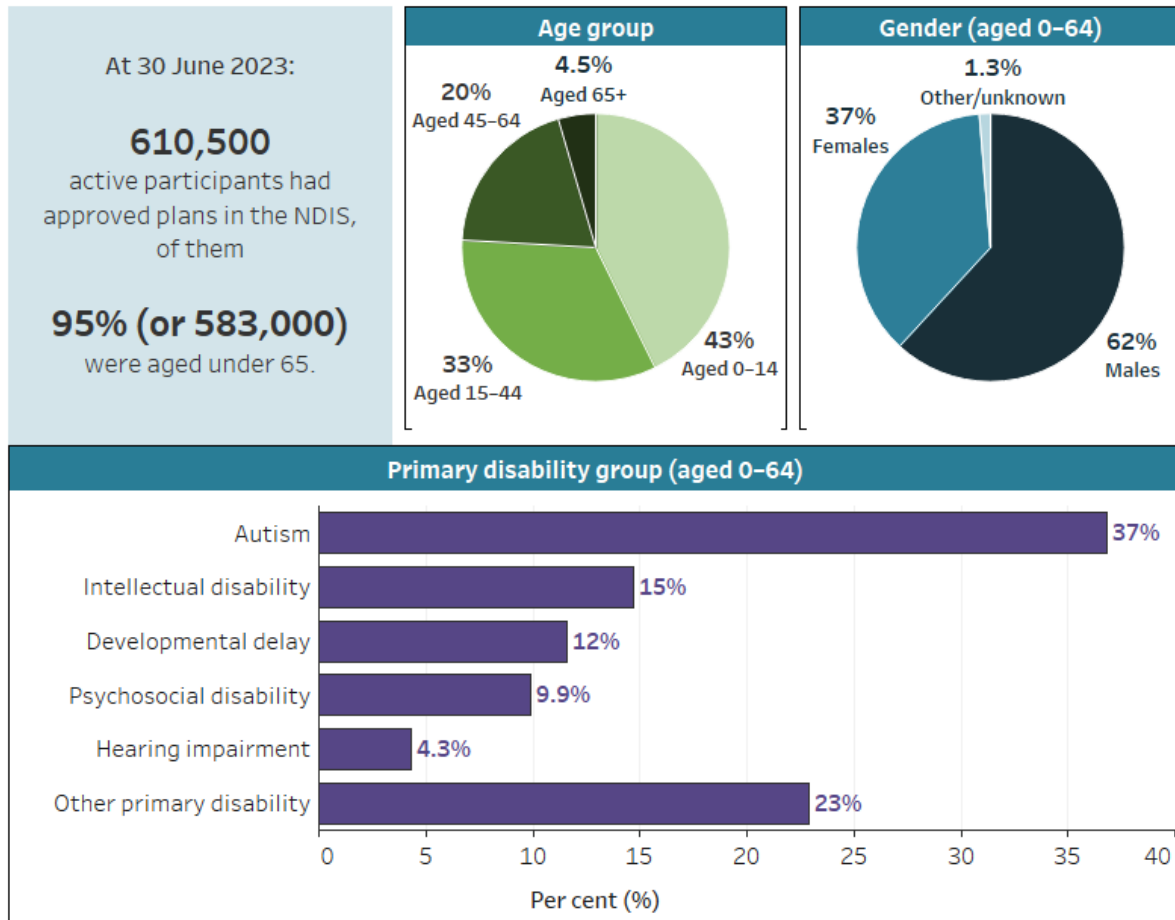
- 43% (or 260,700) were aged 14 or under
- 33% (or 202,600) were aged 15–44
- 20% (or 119,700) were aged 45–64
- 4.5% (or 27,500) were aged 65 and over (Figure NDIS.3, NDIA 2023b).

In comparison, in 2018, 8.2% (or 356,000) of all people with disability in Australia were aged 14 or under, and 44% (or 1.9 million) were aged 65 or over (ABS 2019).

At 30 June 2023, among 583,000 active NDIS participants aged under 65:

- 62% (or 360,700) were males and 37% (or 214,700) were females
- 7.9% (or 46,000) of participants identified as First Nations people
- 9.2% (or 53,500) of participants identified as culturally and linguistically diverse
- 68% (or 398,800) lived in major cities, 30% (or 175,200) lived in regional cities and towns, and 1.5% (or 9,000) lived in remote or very remote areas
- the top 5 primary disability groups were:
 - autism (37% or 214,600 people)
 - intellectual disability (15% or 85,800 people)
 - developmental delay (12% or 67,600 people)
 - psychosocial disability (9.9% or 57,500 people)
 - hearing impairment (4.3% or 25,000 people) (Figure NDIS.3, NDIA 2023b).

Figure NDIS.3: Profile of NDIS participants, by selected characteristics, 30 June 2023



Source: National Disability Insurance Agency (NDIA) Business System; see also Table NDIS2.
<https://www.aihw.gov.au>

Notes

1. Age is as at the report date.
2. Data in gender and primary disability group panels are for participants aged under 65.
3. Top 5 primary disability group categories are listed. The remaining categories are grouped as 'other'.

Source data tables: [Data](#) – NDIS.

Children in the NDIS

The early childhood approach is the way the NDIS supports young children with developmental concerns, developmental delay or disability. At 30 June 2023, there were around 99,400 children younger than 7 with an approved NDIS plan developed as part of the early childhood approach.

In addition to those with an approved plan, 14,600 children were supported through early connections as part of the early childhood approach at 30 June 2023 (NDIA 2023c). Early connections can help support children with developmental concerns regardless of whether they are eligible for the NDIS. Early connections work by connecting the children and their families with mainstream and community services, other families, or early supports services.

From 1 July 2023, the access to early childhood approach was extended to children younger than 9.

Participants goals and outcomes

As part of the NDIS planning process, participants discuss and identify their plan goals – things they want to achieve with support from the NDIS and other support services. The goals are set by participants in their own words, can be short- or long-term, as many as desired by the participant, and can change during the course of the plan.

NDIS participants plan goals

NDIS plan goals are usually grouped for reporting purposes (to see how goals differ between groups of participants) into 8 domains:

- **Choice and control over my life:** Includes independence, decision-making and whether the participant would like to have more choice and control in their life.
- **Daily life:** Explores how independent participants are in nine areas of daily living, for example shopping and home cleaning.
- **Work:** Explores participants' experiences in the workforce and goals for employment.
- **Where I live:** Relates to participants' satisfaction in their home now and in five years' time, and whether they feel safe.
- **Health and wellbeing:** Relates to health, lifestyle and access to health services.
- **Learning:** Includes educational, training and learning experiences.
- **Relationships:** Relates to whether a participant has someone to call on for practical advice or emotional support, about contact with family and friends and about relationships with staff.
- **Social and community participation:** Relates to hobbies, volunteering, involvement in community, voting, leisure activities and whether the participant feels they have a voice.

The goals most commonly identified by all participants are Daily life (84% of all participants), Social and community participation (74%) and Health and wellbeing (43%) (Figure NDIS.4).

The differences between NDIS plan goals mostly relate to participant's age (see Figure NDIS.4):

- For young children (aged under 7), their goals mostly relate to daily life (94%), learning (65%), and social and community activities (77%).
- Work is a goal most often identified by participants aged 19–24 (60%), followed by participants aged 25–34 (50%).
- Where I live is a goal more often identified by older age groups – 35% or higher for all age groups over 24, compared with 24% for those aged 19–24.
- Learning is a goal more often identified by younger age groups – 65% of participants aged under 7 and 42% of participants aged 7–14 name Learning as one of their plan goals, compared with 14% of participants aged 55–64 (Figure NDIS.4).

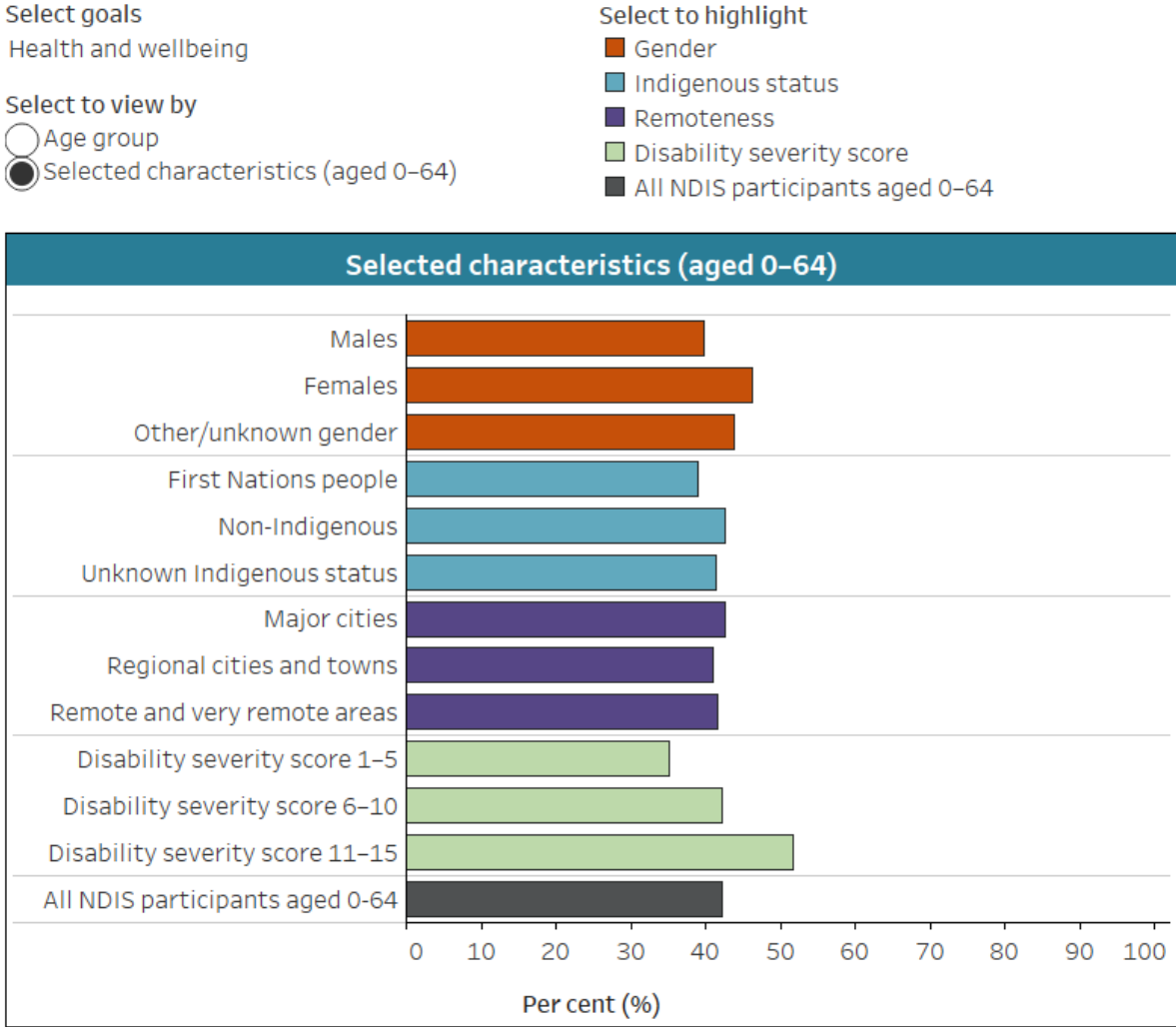
Other differences between goals relate to severity of participants' disability (Figure NDIS.4). For participants aged under 65:

- Choice and control, Where I live, Health and wellbeing, and Social and community activities are more likely to be named as goals by participants with higher disability severity scores.
- Learning is more likely to be named as a goal by participants with lower disability severity score.
- Work is most likely to be named as a goal by participants with a medium disability severity score (Figure NDIS.4).

What is the NDIS disability severity score (level of function)?

Level of function indicates the impact of the NDIS participant's disability on how a person is able to perform tasks and actions in a life area, as represented by a 'severity score'. 'High level of function' indicates lower service and support requirements with a lower severity score (1–5), 'medium level of function' indicates medium service and support requirements with a severity score of 6–10, and 'low level of function' indicates higher service and support requirements with a higher severity score (11–15) (NDIS Commission 2023).

Figure NDIS.4 NDIS participants' plan goals, by age and selected characteristics, 30 June 2023



Source: National Disability Insurance Agency (NDIA) Business System; see also Table NDIS3.
<https://www.aihw.gov.au>

Notes

1. Age is as at the report date.
2. Participants may have more than one plan goal.
3. Data for participants aged 0-6 with work plan goals are not shown due to confidentiality processes.
4. Disability severity score of 1-5 indicates high level of function, 6-10 indicates medium level of function, 11-15 indicates low level of function.

Source data tables: [Data](#) - NDIS.

NDIS outcomes framework

The NDIS outcomes framework questionnaires collect information on 8 life domains from participants, their families and their carers. The framework uses a lifespan approach to provide some measures of the medium- to long-term benefits to participants at different stages of life. This includes asking whether the NDIS has helped with various aspects of their life. For example, by 30 June 2023, for participants who had been in the NDIS for at least 2 years:

- 42% of participants aged 15 and over were able to participate in community and social activities, compared with 35% for the same participants when they had started with the NDIS
- 23% of participants aged 15–64 were in a paid job, compared with 21% for the same participants at entry into NDIS
- for 94% of child participants aged 0 to before starting school, their parents and carers thought the NDIS had improved their child's development (NDIA 2023c).

Supports received by participants

This section discusses different types of NDIS supports received by participants, the committed support amounts included in the participants' budgets, and the rates of utilisation of the committed supports.

Types of NDIS supports

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

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

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

At 30 June 2023, almost all participants (99%) had received some Capacity building supports, about 1 in 5 (19%) received Capital supports, and 9 in 10 (90%) received Core supports.

In general, there is little to no variation in the proportions of participants receiving Capacity building and Core supports depending on age or other demographic or disability-related characteristics of the participants. However, the receipt of Capital supports varies for sub-groups of participants: older participants are more likely to receive some Capital supports than the younger ones – 54% of participants aged 65 or

over and 46% of participants aged 55–64 receive Capital supports, compared with 6.9% of participants aged under 7.

Among participants aged under 65:

- females (22%) are more likely to receive Capital supports than males (15%)
- First Nations participants (13%) are less likely to receive Capital supports than non-Indigenous participants (18%) (where the Indigenous status is known)
- participants from CALD backgrounds (20%) are more likely to receive Capital supports than those in the non-CALD group (17%)
- participants with a lower level of functioning are more likely to receive Capital supports – 39% of participants with a low level of function (high severity score) receive these supports, compared with 12% of those with medium level of function and 9.3% of those with high level of function (low severity score)
- the receipt of Capital supports also varies between disability groups – the group with the highest proportion of participants receiving these supports are participants with spinal cord injury (88%), compared with 2.9% of participants with developmental delay (NDIS 2023b).

Data note – reporting on amounts of committed supports

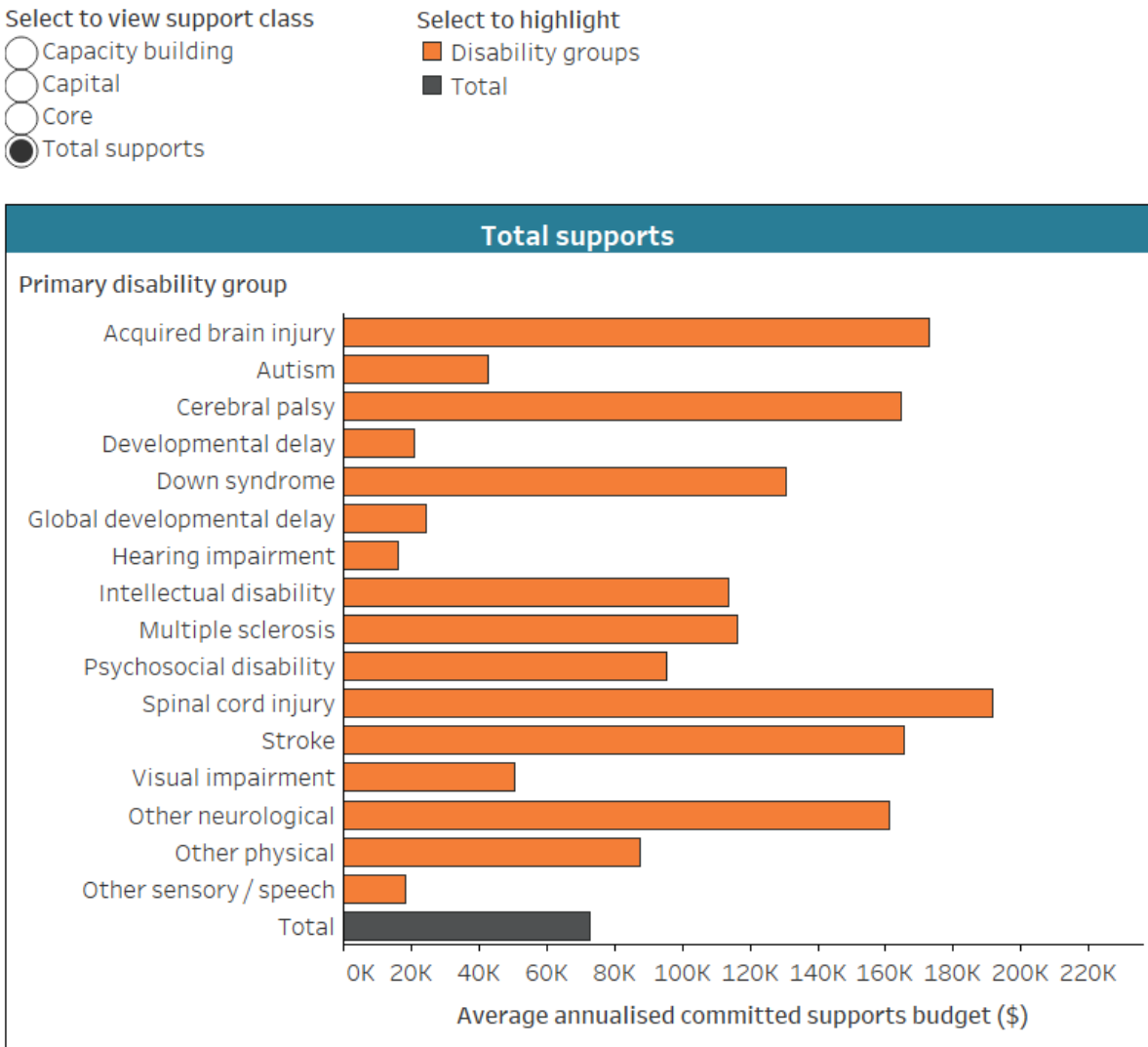
Data on amounts of committed supports as at 30 June 2023 covers supports provided during 1 October 2022 to 31 March 2023 and paid for by 30 June 2023. This is the usual reporting practice for these data (to cover payments made in a 6-month period ending 3 months prior to the reporting date), to allow for payments for supports which have occurred in those 6 months to be included.

Differences are also observed in the amount of supports committed under the participants' budgets (for participants aged under 65, as at June 2023):

- older participants tend to have higher average annualised committed total supports – \$138,200 for participants aged 55–64, compared with \$25,400 for participants aged under 7
- participants with lower level of functioning have higher average annualised committed total supports – \$166,900 for those with low level of function (high severity score), compared with \$25,900 for those with high level of function (low severity score) (NDIS 2023b).

Support amounts also differ depending on primary disability of the participant. Among participants aged under 65, those with a spinal cord injury have the highest amount of average annualised committed total supports (\$191,600), while those with hearing impairment have the lowest (\$16,000) (Figure NDIS.5).

Figure NDIS.5: Average annualised committed supports budgets of NDIS participants aged under 65, by support type and primary disability group, 30 June 2023



Source: National Disability Insurance Agency (NDIA) Business System; see also Table NDIS5.
<https://www.aihw.gov.au>

Notes

1. Support class include those supports received through NDIS plans.
2. Participants may receive more than one type of support.
3. The data cover supports provided during 1 October 2022 to 31 March 2023 and paid for by 30 June 2023. The data are reported with a 3-month lag and 6-month exposure period.

Source data tables: [Data](#) – NDIS.

NDIS plan utilisation

The analysis above discussed ‘committed supports’ – the amounts allocated within a participant’s plan budget to be used for a specific type of support. Another way to look

at supports received by the NDIS participants is to examine what proportion of the committed supports was used by the participant to pay for those supports – also known as the NDIS plan utilisation rate.

At June 2023, the overall utilisation rate of the NDIS plans was 76% (Figure NDIS.6). Across the three main types of support (core, capital, and capacity building), the capital supports component had the lowest utilisation rate at 59%.

What is the NDIS plan utilisation?

Utilisation refers to the amount of the plan budget that a participant uses.

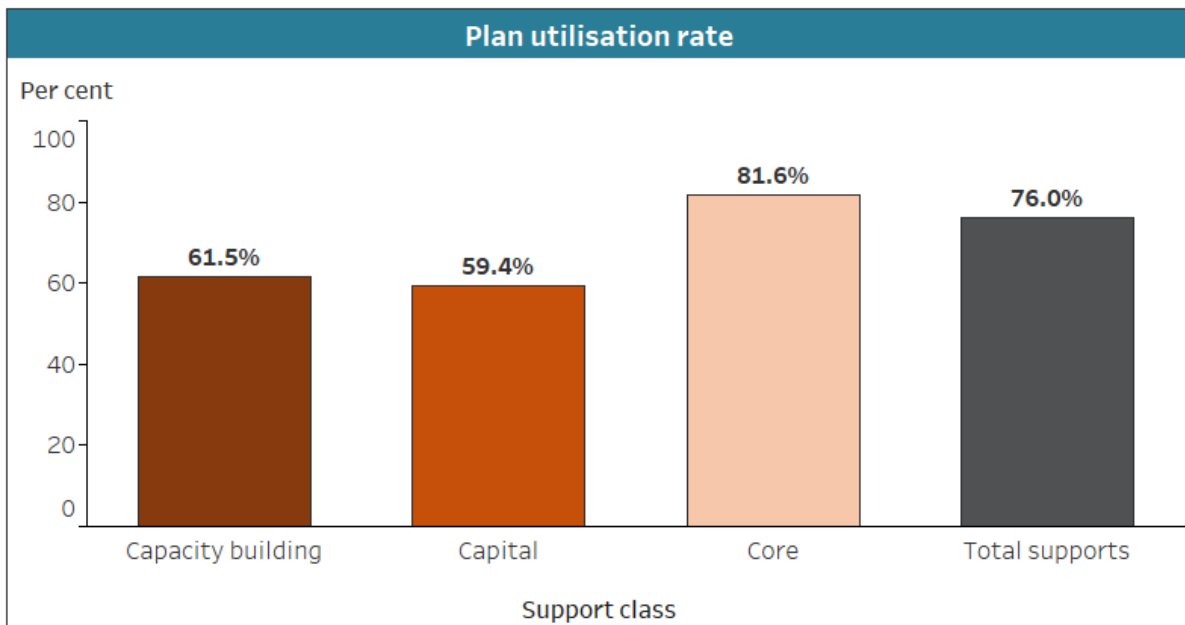
The plan utilisation data reported as at 30 June 2023 covers supports provided during 1 October 2022 to 31 March 2023 and paid for by 30 June 2023. This is the usual reporting practice for these data (to cover payments made in a 6-month period ending 3 months prior to the reporting date), to allow for payments for supports which have occurred in those 6 months to be included.

How high should the NDIS plan utilisation be?

Since the NDIS commenced in 2013, there have been concerns about utilisation rates of NDIS plans (see, for example, PC 2017). Low utilisation rates may mean that NDIS participants are not receiving the supports and services they need, while high utilisation rates may indicate that the allocated supports are not sufficient to participants' needs.

In 2020 the Australian Government Department of Social Services commissioned a project to better understand the relationship between participants' plans and the supports they wish to purchase and why participants might not use all the funds allocated in their NDIS plan. The report concluded that a benchmark utilisation rate would not be helpful in measuring the scheme's effectiveness. A better way would be to track the change in utilisation rates over time, or to compare plan budgets, spending, and utilisation rates between groups of participants (Melbourne Disability Institute et al. 2021).

Figure NDIS.6: Plan utilisation rate of NDIS participants aged under 65, by type of support, 30 June 2023



Source: National Disability Insurance Agency (NDIA) Business System; see also Table NDIS5.
<https://www.aihw.gov.au>

Notes

1. Support class refers to supports received through NDIS plans.
2. Participants may receive more than one type of support.
3. The data covers supports provided during 1 October 2022 to 31 March 2023 and paid for by 30 June 2023. The data are reported with a 3-month lag and 6-month exposure period.

Source data tables: [Data](#) – NDIS.

There is some variation across groups of participants in allocated total support amounts and utilisation rates. Older participants are more likely to have higher support amounts allocated in their plans, and to have higher utilisation rates than younger participants – for example, participants aged 55–64 had average annualised committed supports of \$138,200 and 78% utilisation rate, compared with \$25,400 and 64%, respectively, for participants aged under 7 (NDIS 2023b).

Among participants aged under 65:

- females tend to have higher allocated total supports and slightly higher utilisation rates than males – \$79,200 and 77%, respectively, for female participants, compared with \$69,100 and 76% for male participants
- First Nations participants on average have higher allocated total supports but lower plan utilisation rates than non-Indigenous participants – \$74,800 and 72%, compared with \$71,200 and 76%, respectively (where Indigenous status is known)

- participants from CALD backgrounds have higher allocated total supports and higher utilisation rates than those in the non-CALD group – \$75,700 and 80%, compared with \$72,000 and 76%, respectively (where CALD status is known)
- participants living in *Major cities* have the highest utilisation rates (77%) while those in *Very remote* areas have the lowest (55%)
- participants with a lower level of functioning have higher allocated total supports and higher utilisation rates – \$167,000 and 81%, respectively, for participants with a low level of function (high severity score), compared with \$25,900 and 64%, respectively, for those with high level of function (low severity score) (NDIS 2023b).

Met and unmet need for formal services

In 2018, an estimated 40% (or 1.7 million) of people with disability living in households needed assistance from formal providers. Most (86% or 1.4 million) people with disability who needed formal assistance with at least one activity received some support. For those receiving formal assistance, the providers were most often private commercial organisations (61% or 886,000) or government providers (46% or 667,000) (a person can receive support from more than one provider) (ABS 2019).

Data note

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Unless otherwise indicated, all data in this section refer to 2018.

Interpreting the data in this section

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

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

Most people with disability receiving formal assistance were satisfied with the quality and range of services:

- 82% (or 847,000) of people with disability, aged 15 and over, who received formal assistance with at least one activity in the last 6 months were satisfied with the quality of service (where level of satisfaction could be determined)
- 73% (or 800,000) of people with disability, aged 15 and over, who needed assistance with at least one activity from an organised service were satisfied with the range of services (where level of satisfaction could be determined) (ABS 2019).

Australia's Disability Strategy reporting

Availability of support is one of the priorities reported on under the Australia's Disability Strategy. The Strategy's outcomes framework reports on the proportion of people with disability (aged 15–64, and 65 and over) who are satisfied with the quality of assistance received from formal service providers. For more information, including trends and comparisons by population groups, please see [Quality of formal support](#) on [Reporting on Australia's Disability Strategy 2021–2031](#) website.

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

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

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

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

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

- people living in *Outer regional and remote* areas were more likely (24% or 15,000) not to receive help due to no service being available than those living in *Major cities* (9.1% or 31,000)
- people living in *Inner regional* areas were more likely (23% or 26,000) not to receive help due to not being eligible for service than those living in *Major cities* (14% or 49,000) and *Outer regional and remote* areas (15% or 9,000)
- people living in *Major cities* were more likely (40% or 140,000) not to receive help due to service costing too much than those living in *Outer regional and remote* areas (27% or 16,000) (ABS 2019).

Where can I find out more?

- [Data tables](#) for this report.
- Information on services provided under the National Disability Agreement (NDA) – [archived versions of this report](#) and [AIHW Disability Services National Minimum Data Set](#).
- Information about the National Disability Insurance Scheme (NDIS) – [NDIS](#) website.
- Latest data on the NDIS – [Data and insights](#) and [Quarterly reports](#).
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings](#), 2018.
- Data on the use of disability services, including on met and unmet need for services – [Productivity Commission’s Report on Government Services](#).

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Younger people in residential aged care

At 30 June 2023, there were **2,067 people aged under 65** living in permanent residential aged care in Australia.

Government-subsidised aged care in Australia is provided based on need, not age. As such, sometimes younger people (aged under 65 years) enter permanent residential aged care to have their care needs met.

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

The Australian Government is working to reduce the number of younger people entering residential aged care, and to help younger people who are living in residential aged care to move into age-appropriate accommodation with the supports they need (Department of Health and Aged Care 2022). The [Younger People in Residential Aged Care Strategy 2020–25](#) sets out to achieve this goal through the following targets, apart from in exceptional circumstances:

- no people under the age of 65 entering residential aged care by 2022
- no people under the age of 45 living in residential aged care by 2022
- no people under the age of 65 living in residential aged care by 2025.

The Government has outlined 3 exceptional circumstances for approval and entry of a younger person to residential aged care, where it is their preference. Entry can be for:

1. Aboriginal or Torres Strait Islander people aged 50–64
2. A person who is homeless, or at risk of becoming homeless, and aged 50–64
3. Maintaining family connections (Department of Health and Aged Care 2023).

Younger people who are eligible for the National Disability Insurance Scheme (NDIS) can also use their NDIS funding to access alternative accommodation and support arrangements (Department of Health and Aged Care 2022).

The overall progress being made towards these targets is being tracked on the [AIHW GEN website](#).

What is meant by ‘younger’ people in residential aged care?

There is no minimum age requirement to access government-subsidised aged care. For policy and planning purposes, people under the age of 65 are considered ‘younger’ people living in residential aged care. For First Nations people, this is under the age of 50.

Where can I find out more?

- Younger people in residential aged care – [AIHW GEN](#)
- Information and data on aged care in Australia – [AIHW GEN](#)
- NDIS services for younger people in residential aged care – [NDIS](#)
- Data tables in [archived versions of this report](#).

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Social inclusion and community support

Key findings

- **Difficulty getting to places:** In 2019, 23% of people with disability aged 15–64 had difficulty getting to places needed, compared with 17% of people without disability.
- **Satisfaction with local community:** In 2021, 36% of people with disability aged 15–64 were not satisfied with their local community, compared with 25% of those without disability.
- **Social isolation:** In 2021, 1 in 5 (19%) people with disability aged 15–64 experienced social isolation, compared with 9.5% without disability.

Social support enables people with disability to participate in many facets of life. Informal support, often by family, friends and the larger community can assist people with disability to be included in society. This is essential for better health as social isolation and loneliness can be harmful to both mental and physical health (AIHW 2023).

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

Reporting on personal and community support for people with disability for Australia's Disability Strategy

[Australia's Disability Strategy 2021–2031](#) (the Strategy) is Australia's national disability policy framework. It sets out a plan for continuing to improve the lives of people with disability in Australia over the 10 years to 2031. The Strategy's [Outcomes Framework](#) tracks the outcomes for people with disability across seven outcome areas.

One of the Strategy's outcome areas is [Personal and community support](#). This outcome area is about positive attitudes towards people with disability so that they are respected, valued, and included in the communities they belong to. It includes 4 priorities with a total of 8 measures that are used to track what changes over time (7 of which currently have reportable data and one requires [future data development](#)):

- Availability of support priority:
 - [Quality of formal support](#): Proportion of people with disability (aged 15–64, and 65 and over) who are satisfied with the quality of assistance received from formal service providers (**79%** aged 15–64 and **84%** aged 65 and over in 2018).
 - [Needs fully met](#): Proportion of people with disability who had their needs fully met (**72%** in 2018).
- People with complex, high needs are supported priority:
 - [NDIS participants choice and control](#): 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 (**77%** in 2023–24 Q2).

- NDIS individual support: Proportion of NDIS participants who report systems accessed through their individual support package were effective (future data development).
- Informal and carer supports priority:
 - [Carer satisfaction with support](#): Proportion of carers who are satisfied with the range of services available to assist in caring role (**50%** in 2018).
 - [Access to alternative care](#): Proportion of informal carers of people with disability who report no unmet need for respite care (**86%** in 2018).
- Availability of assistive technology priority:
 - [NDIS participants use of assistive technology](#): Proportion of NDIS participants who received assistive technology supports (**48%** in 2023–24 Q1).
 - [Additional aids](#): Proportion of people with disability who do not need additional aids (**94%** in 2018).

Note: the numbers reported in this summary box and on the [Reporting on Australia's Disability Strategy 2021–2031](#) website may differ slightly from the numbers reported elsewhere in this report, due to different data sources, populations, and/or reporting periods.

Participation in society

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

Getting out and about

For some people with disability, participation in social activities may be affected by difficulty or inability to leave their place of residence (home or cared accommodation), or to get to the places they need to reach.

Being able to leave the house

Data note

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

More than one-quarter (27% or 1.1 million) of people with disability aged 5 and over, living in households, do not leave their place of residence (their home) as often as they

would like. A further 38,000 people (0.9% of people with disability aged 5 and over) do not leave home at all (ABS 2019).

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

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

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

Getting from one place to another

Data note

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) **2019 General Social Survey (GSS)**. For more information about the GSS, including the concepts of disability and disability severity used by the GSS, see '[Data sources](#)'.

People with disability aged 15 and over are more likely (24%) to sometimes or often have difficulty getting to the places they need to reach than people without disability (16%). This varies by age group:

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

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

Public transport

Data note

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

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

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

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

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

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

Australia's Disability Strategy reporting

Transport system accessibility is one of the priorities reported on under the Australia's Disability Strategy. The Strategy's outcomes framework reports on whether people with disability are able to use public transport without difficulty. For more information, including trends and comparisons by population groups, please see [Public transport usability on Reporting on Australia's Disability Strategy 2021–2031](#) website.

Participation in social activities

This section briefly discusses various aspects of social participation by people with disability, including participation in social activities or spending free time to pursue their interests, as reported on under the Australia's Disability Strategy, as well as membership in clubs or associations, volunteering and unpaid work.

Australia's Disability Strategy reporting

Social inclusion and participation is one of the priorities reported on under the Australia's Disability Strategy. The Strategy's outcomes framework reports on NDIS participants who spend free time doing activities that interest them, and on social participation of people with disability:

- **64% of NDIS participants** aged 15–64 said they spend their free time doing activities that interest them (as of 2nd quarter of 2023–24)
- **95% of people with disability** (aged 5 and over, living in households who leave home) had actively participated in a cultural, sport or social activity away from home during the past year (as of 2018).

For more information, including trends and comparisons by population groups, please see [NDIS participants pursuing interests](#) and [Social participation](#) on [Reporting on Australia's Disability Strategy 2021–2031](#) website.

Membership in clubs or associations

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the HILDA Survey, see '[Data sources](#)'.

Around one-quarter (24%) of people with disability aged 15–64 are active members of a sporting, hobby, or community-based club or association, compared with 30% of those without disability. People aged 65 and over are more likely to participate in clubs or associations; however, the proportions are still lower for people with disability in this age group (35%) than for those without disability (44%) (DSS and MIAESR 2022).

Volunteering and unpaid work

Data note

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) **2019 General Social Survey (GSS)**. For more information about the GSS, including the concepts of disability and disability severity used by the GSS, see '[Data sources](#)'.

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

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

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

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

Isolation and loneliness

Loneliness and social isolation are related concepts, but they are not the same. Social isolation is the lack of contact with others, while loneliness is the subjective feeling of being alone. Social isolation can lead to feelings of loneliness; however, some people may feel lonely regardless of the amount of social contact they have. For more information about social isolation and loneliness in Australia, see [Social isolation and loneliness](#) and [Social isolation, loneliness and wellbeing](#) in *Australia's welfare 2023*.

People with disability are more likely to experience social isolation and loneliness than Australians without disability. This section talks about some sub-groups of people with disability who may be at an even greater risk of isolation and feeling lonely, and levels of satisfaction with the local community.

Australia's Disability Strategy reporting

As technology becomes a key means of connecting people and communities, it is important that technology is inclusive of all Australians. Supporting people with disability to be able to find and use information they need is one of the priorities reported on under the Australia's Disability Strategy. The Strategy's outcomes framework reports on the digital inclusion gap between people with disability and the Australian population. For more information, including trends and comparisons by population groups, please see [Digital inclusion gap on Reporting on Australia's Disability Strategy 2021–2031](#) website.

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the HILDA Survey, see '[Data sources](#)'.

All data in this section refer to 2021.

Satisfaction with local community

Satisfaction with local community

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

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

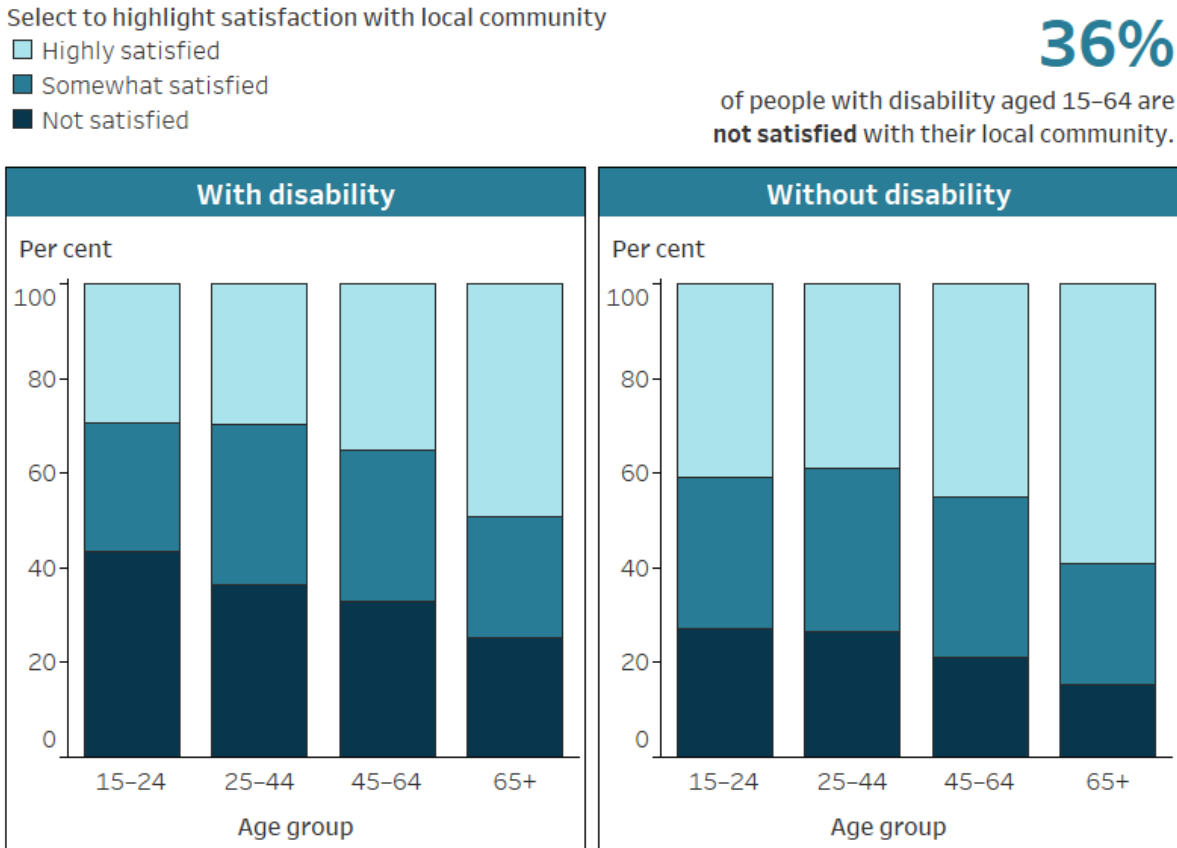
People with disability are more likely to be not satisfied with their local community than those without disability. Among people with disability aged 15 and over, 32% are not satisfied with their community, compared with 24% of those without disability (DSS and MIAESR 2022). While satisfaction with the community increases for older age groups (Figure INCLUSION.1), people with disability are less likely to be satisfied, across all age groups:

- 44% of people aged 15–24 with disability are not satisfied with their community, compared with 27% without disability
- 37% aged 25–44 with disability, compared with 27% without disability
- 33% aged 45–64 with disability, compared with 21% without disability
- 25% aged 65 and over with disability, compared with 15% without disability (Figure INCLUSION.1) (DSS and MIAESR 2022).

People with disability aged 15–64 living in *Outer regional, remote and very remote* areas (71%) are more likely to be satisfied with their local community than those in *Major cities* or *Inner regional areas* (64%). The levels of community satisfaction for those living in *Outer regional, remote and very remote* areas are similar for people with disability and those without disability (DSS and MIAESR 2022).

People aged 15–64 who have psychosocial or intellectual disability (both 54%) are less likely to be satisfied with their local community than people with sensory or physical disability (both 63%) (DSS and MIAESR 2022).

Figure INCLUSION.1: Satisfaction with local community for people aged 15 and over, by disability status and age group, 2021



Source: DSS & MIAESR; see also Table INCL15.
<https://www.aihw.gov.au>

Notes

1. Satisfaction with feeling part of the local community. Ordinal scale from 0 (totally dissatisfied) to 10 (totally satisfied).
2. 'Highly satisfied' includes category 8, 9 and 10 (totally satisfied). 'Somewhat satisfied' includes category 6 and 7. 'Not satisfied' includes category 0 (totally dissatisfied) to 5 (neither satisfied nor dissatisfied).

Source data tables: [Data](#) – Social inclusion.

Social isolation

People with disability aged 15–64 are twice as likely (19%) to experience social isolation as those without disability (9.5%). People with disability are more likely to experience social isolation across all age groups:

- 21% of people aged 15–24 with disability, compared with 12% without disability
- 21% of people aged 25–44 with disability, compared with 9.5% without disability
- 18% of people aged 45–64 with disability, compared with 8.0% without disability
- 9.0% of people aged 65 and over with disability, compared with 5.7% without disability (Figure INCLUSION.2) (DSS and MIAESR 2022).

Index of Social Support (ISS)

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

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

For the AIHW analysis of HILDA 2021 data, ISS scores from -30 to -1 indicate that a person experiences social isolation whereas scores between 0 and 30 indicate that a person does not experience social isolation. People who did not complete the self-completion questionnaire for all 10 questions about social support were excluded from this analysis.

Figure INCLUSION.2: Whether people aged 15 and over experience social isolation, by disability status and age group, 2021



Source: DSS & MIAESR; see also Table INCL20.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Experience of social isolation is based on the Index of Social Support (ISS). 10 questions about social support are used to calculate the ISS.
- 2. ‘Do not experience social isolation’ includes ISS of 0 to 30. ‘Experience social isolation’ includes ISS of -30 to -1.

Source data tables: [Data](#) – Social inclusion.

People with severe or profound disability aged 15–64 are more likely (26%) to experience social isolation than people with other disability status (18%) (Figure INCLUSION.2). Social isolation also varies by disability group:

- 30% of people with psychosocial disability aged 15–64 experience social isolation
- 22% with intellectual disability
- 22% with sensory disability
- 20% with physical disability (DSS and MIAESR 2022).

Loneliness

Loneliness

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

For the analysis of HILDA 2021 data in this section, scores between 1 and 4 are categorised as not experiencing loneliness whereas scores between 5 and 7 are categorised as experiencing loneliness.

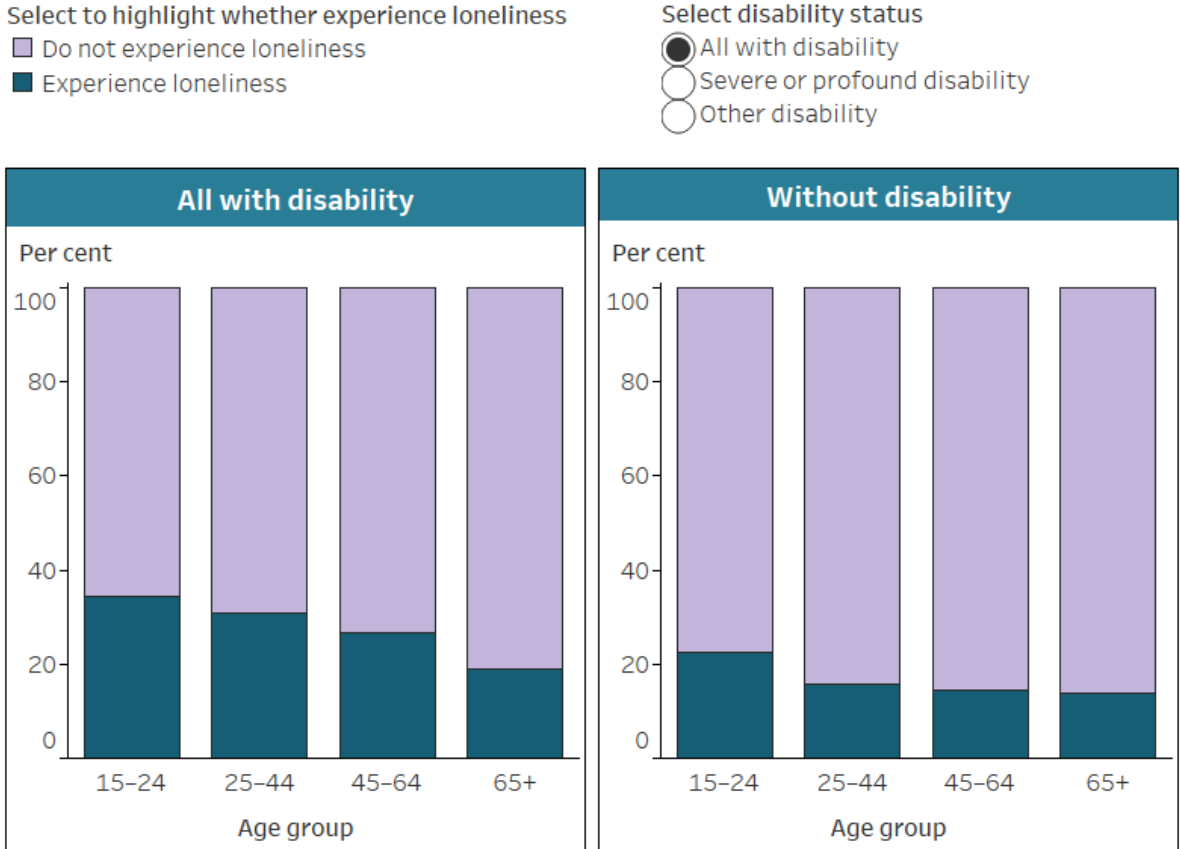
Nearly 3 in 10 (29%) people with disability aged 15–64 experience loneliness compared with 17% of those without disability. This is even higher among people with severe or profound disability, at 38% (28% for those with other disability status) (DSS and MIAESR 2022).

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

- 34% of those aged 15–24
- 31% of those aged 25–44
- 27% of those aged 45–64
- 19% of those aged 65 and over (Figure INCLUSION.3) (DSS and MIAESR 2022).

Variation in experience of loneliness also exists by disability group. People aged 15–64 with psychosocial disability (49%) are most likely to experience loneliness while people with sensory disability (29%) are least likely to experience loneliness (DSS and MIAESR 2022).

Figure INCLUSION.3: Whether people aged 15 and over experience loneliness, by disability status and age group, 2021



Source: DSS & MIAESR; see also Table INCL25.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Experience of loneliness is collected as ‘1 often feel very lonely’ on an ordinal scale from 1 (strongly disagree) to 7 (strongly agree).
- 2. ‘Do not experience loneliness’ includes category 1–4. ‘Experience loneliness’ includes category 5–7.

Source data tables: [Data](#) – Social inclusion.

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Community attitudes

Key findings

- **Treated with respect:** In 2022, most (94%) people with disability said they were treated with respect when accessing key mainstream services.
- **Things explained clearly:** In 2022, 1 in 4 (25%) people with disability said things were not explained clearly to them by justice and legal workers.
- **Treated better if did not have disability:** In 2022, 1 in 6 (17%) people with disability thought they would have been treated better by service workers if they did not have disability.

Positive experiences of people with disability with workers in various sectors are essential in enabling full social and economic participation.

Data note

Data in this section are sourced from the **2022 Australia's Disability Strategy Survey – Share with us**. This survey collects information about community attitudes and experiences of people with disability when interacting with services, employers, and the general community. It was commissioned by the Australian Government Department of Social Services for reporting on the Australia's Disability Strategy Outcomes Framework.

For more information about the survey, see '[Data sources](#)', or visit the [survey's webpage](#) on Reporting on Australia's Disability Strategy 2021–2031 website.

Reporting on community attitudes towards people with disability for Australia's Disability Strategy

[Australia's Disability Strategy 2021–2031](#) (the Strategy) is Australia's national disability policy framework. It sets out a plan for continuing to improve the lives of people with disability in Australia over the 10 years to 2031. The Strategy's [Outcomes Framework](#) measures, tracks and reports the outcomes for people with disability across seven outcome areas.

One of the Strategy's outcome areas is [Community attitudes](#). This outcome area is about positive attitudes towards people with disability so that they are respected, valued, and included in the communities they belong to. This outcome area includes 4 priorities with a total of 7 measures:

- Employer attitudes to employing people with disability priority:
 - [Employer attitudes](#): Employers value the contribution and benefits of employing people with disability (**77%** in 2022).
- Key sector attitudes to people with disability priority:
 - [Educator attitudes](#): Educators are disability confident and respond positively to people with disability (**63%** in 2022).
 - [Health worker attitudes](#): Health workers are disability confident and respond positively to people with disability (**71%** in 2022).
 - [Personal and community support worker attitudes](#): Personal and community support workers are disability confident and respond positively to people with disability (**79%** in 2022).
 - [Justice and legal worker attitudes](#): Justice and legal sector workers are disability confident and respond positively to people with disability (**66%** in 2022).
- People with disability in leadership roles priority:
 - [Feel represented in leadership](#): Proportion of people with disability who report feeling represented in leadership roles (**19%** in 2022).
- Value and respect for people with disability priority:
 - [Feel valued and respected](#): Proportion of people with disability who report feeling valued and respected in their community (**54%** in 2022).

Further detailed results can be found on the [Community attitudes](#) pages of [Reporting on Australia's Disability Strategy 2021–2031](#) website.

Experiences of people with disability when accessing key mainstream services

People with disability were asked about their experiences with workers in the sector that they had most recently interacted with in the last 12 months. In 2022, over 2 in 3 (67%) people with disability strongly agreed and a further 27% somewhat agreed that they were treated with respect when accessing key mainstream services. This varied between mainstream services:

- 69% of people with disability strongly agreed that they were treated with respect by health workers
- 62% by education workers
- 61% by personal and community support workers
- 55% by justice and legal workers (Figure COMMUNITY.1, DSS 2023).

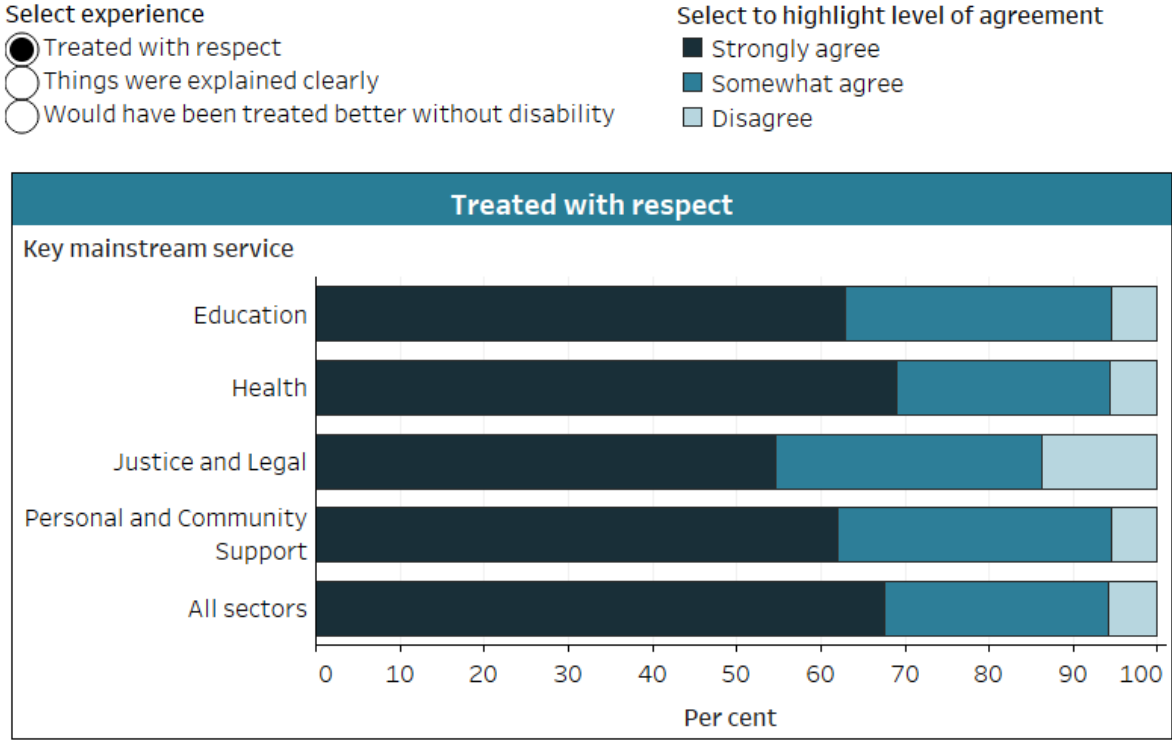
In terms of having things explained clearly when accessing mainstream services, over 1 in 2 (54%) people with disability strongly agreed that things were explained clearly to them, and a further 36% somewhat agreed that this was the case.

Around 1 in 11 (9.4%) people with disability said that things were not explained clearly to them. This proportion was similar across health, education, and personal and community services (8.6%, 12% and 9.6%, respectively), but was greater for justice and legal services (25%) (Figure COMMUNITY.1) (DSS 2023).

In accessing key mainstream services, over 4 in 5 (83%) people with disability strongly or somewhat disagreed that they would have been treated better if they did not have disability. About 17% had thought they would have been treated better if they did not have disability. This proportion varied by key mainstream service:

- over 1 in 4 (26%) for people with disability who accessed personal and community support services
- 26% of those who accessed justice and legal services
- 22% for education services
- 16% for health services (Figure COMMUNITY.1) (DSS 2023).

Figure COMMUNITY.1: Experiences of people with disability when accessing key mainstream services, 2022



Source: DSS 2023.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Data are for people with disability aged 18 and over, who interacted with any of the 4 mainstream services over the past 12 months. For respondents who interacted with more than one type of mainstream services, data was collected only about the type of service the person interacted with most recently.

Where can I find out more?

- [Community attitudes](#) outcome area on Reporting on Australia’s Disability Strategy 2021–2031 website.
- [Australia’s Disability Strategy Survey Wave 1 Analysis Report and Summary](#).

References

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



6. Justice and safety

Justice and safety

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

Key findings

1. **Discrimination complaints:** 46% of complaints received by the Australian Human Rights Commission in 2022–23 were about disability discrimination.
2. **Experience of discrimination:** In 2018, 1 in 6 (16%) people aged 15–64 with disability said they have experienced disability discrimination in the previous year.
3. **Avoiding situations:** In 2018, 4 in 9 (44%) people aged 15–64 with disability said they had avoided situations in the previous year because of their disability.
4. **Physical violence:** In 2021–22, 1 in 10 (9.8%) men with disability reported experiencing physical violence in the last 2 years.
5. **Sexual violence:** In 2021–22, 1 in 25 (4.0%) women with disability reported experiencing sexual violence in the last 2 years.
6. **Feeling unsafe:** In 2021–22, 1 in 3 (34%) women with disability who used public transport alone after dark in the last 12 months felt unsafe.

Reporting on safety, rights and justice for people with disability for Australia's Disability Strategy

[Australia's Disability Strategy 2021–2031](#) (the Strategy) is Australia's national disability policy framework. It sets out a plan for continuing to improve the lives of people with disability in Australia over the 10 years to 2031.

The Strategy is supported by an [Outcomes Framework](#). The Outcomes Framework is a key initiative under the Strategy to measure, track and report on the outcomes for people with disability across 7 outcome areas.

One of these outcome areas is [Safety, rights and justice](#). This outcome area is about making sure people with disability are safe and feel safe. It includes 6 priorities with a total of 16 measures that are used to track what changes over time (9 of which currently have reportable data and 7 require [future data development](#)):

- Safety from violence, abuse, neglect and exploitation priority:
 - [NDIS complaints abuse/neglect](#): Number of complaints related to abuse and neglect per 1,000 NDIS participants (**2.2 complaints** per 1,000 participants in 2022–23)
 - [Experience of violence](#): Proportion of adults with disability aged 18 years and over who have experienced violence since age 15 (**47%** in 2016), compared with adults without disability (**36%** in 2016)
- Trauma-informed policy, processes and programs priority:
 - [Seeking support following assault](#): Proportion of people with disability who experienced assault and sought advice or support after the most recent incident (**52%** in 2016)
 - Trauma-informed support: Number of services for people with disability which use a trauma-informed approach (future data development)
- Violence against women and their children priority:
 - [Access to safe and secure housing](#): Proportion of Specialist Homelessness Services (SHS) clients with disability experiencing domestic and family violence who are provided assistance for accommodation when needed (**78%** in 2022–23)
 - [Experience of domestic violence](#): Proportion of women with disability aged 18 years and over who have experienced family or domestic violence since age 15 (**44%** in 2016), compared with women without disability (**30%** in 2016)
 - Time in child protection: Average length of time a child with disability remains in the child protection system compared to children without disability (future data development)
 - Child protection re-substantiation: Rate of children with disability aged 0–17 years who were the subject of a child protection re-substantiation in a given year (future data development)
- Rights are protected and upheld priority:
 - [Advocacy program support](#): Proportion of assessed National Disability Advocacy Program (NDAP) clients who reported improved choice and control to make their own decisions (**63%** in 2022–23)
 - [Discrimination complaints resolved](#): Proportion of complaints related to disability discrimination lodged with the Australian Human Rights Commission that are successfully resolved by conciliation (**61%** in 2022–23)

- [Freedom from discrimination](#): Proportion of people with disability who have not experienced discrimination due to disability in the last 12 months (**90%** in 2018)
- [NDIS participants capacity to self-advocate](#): Proportion of NDIS participants who feel able to advocate (stand up) for themselves (**37%** in 2023–24 Q2)
- Access to justice priority:
 - Justice system support: Proportion of people with disability supported to communicate and participate when interacting with police or judicial officers at court (future data development)
 - Equal access to justice: Proportion of people with disability who reported having equal access to justice compared to people without disability (future data development)
- Equitable treatment in criminal justice system priority:
 - Reoffending within 2 years: Proportion of people with disability returning to corrective services within 2 years, compared to proportion of people without disability (future data development)
 - Detention: Proportion of people with disability detained in prisons and forensic facilities compared to people without disability (future data development).

Note: the numbers reported in this summary box and on the [Reporting on Australia's Disability Strategy 2021–2031](#) website may differ slightly from the numbers reported elsewhere in this report, due to different data sources, populations, and/or reporting periods.

Disability discrimination

Key findings

- **Discrimination complaints:** 46% of complaints received by the Australian Human Rights Commission in 2022–23 were about disability discrimination.
- **Experience of discrimination:** In 2018, 1 in 6 (16%) people aged 15–64 with disability said they have experienced disability discrimination in the previous year.
- **Avoiding situations:** In 2018, 4 in 9 (44%) people aged 15–64 with disability said they had avoided situations in the previous year because of their disability.

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

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

What is disability discrimination?

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

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

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

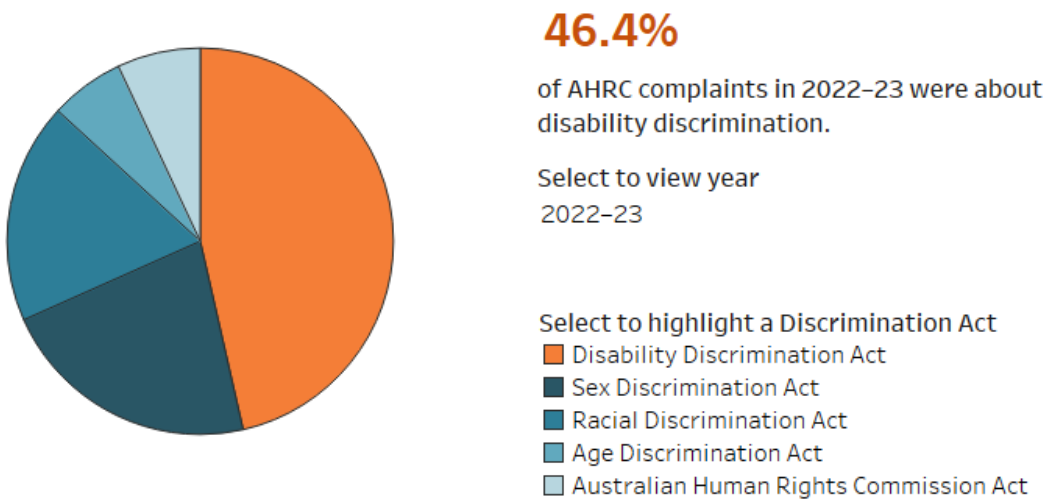
What is the law?

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

In 2019, an estimated 1 in 5 (22%) people aged 15 and over with disability experienced some form of discrimination (including disability discrimination), compared with 1 in 7 (15%) people without disability (ABS 2020).

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

Figure DISCRIMINATION.1: Discrimination complaints received by the Australian Human Rights Commission (AHRC), by Act, 2013–14 to 2022–23



Source: AHRC 2023; see also Table DISC1.
<https://www.aihw.gov.au>

Source data tables: [Data](#) – Disability discrimination.

Australian Human Rights Commission complaints data

Complaints data in this section are sourced from the Australian Human Rights Commission (AHRC). AHRC is an independent statutory organisation set up to protect and promote human rights in Australia and internationally.

People who experience discrimination can complain to the AHRC. Each year, the commission compiles data on these complaints and publishes complaint statistics as part of its [annual reporting](#). A complaint may raise several grounds and areas of discrimination and can be against one or more respondents.

Australia's Disability Strategy reporting

Resolution of complaints related to disability discrimination is one of the measures reported under the Australia's Disability Strategy Outcomes Framework. For more information, including trends and comparisons by population groups, please see [Discrimination complaints resolved](#) on [Reporting on Australia's Disability Strategy 2021–2031](#) website.

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics' (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Unless otherwise indicated, all data on this page refer to 2018.

SDAC discrimination module

The SDAC defines disability discrimination as people being unfairly considered or treated because of their disability.

The discrimination data are collected for people with disability aged 15 and over living in households who had a personal interview. Unlike other modules in the SDAC, the discrimination module does not allow response by a proxy. A proxy is a person aged 15 or over who answers the survey questions on behalf of someone who has been selected for interview. A proxy interview may be conducted:

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

Because no proxy interviews are used in its collection, the discrimination data collected as part of the SDAC may underestimate the proportion of people with disability who experience discrimination.

Experience of discrimination

In 2018, about one in 10 (9.6% or 314,000) people with disability aged 15 and over (and living in households) have reported experiencing discrimination due to disability in the last 12 months (ABS 2019b). This was higher for:

- people aged 15–64: 1 in 6 (16% or 264,000) people aged 15–64 with disability experienced disability discrimination, compared with 3.2% (or 51,000) of those aged 65 and over

- people with severe or profound disability: 1 in 3 (32% or 105,000) people aged 15–64 with severe or profound disability experienced disability discrimination, compared with 12% (or 160,000) of other people with disability in this age group
- people living in *Inner regional* or *Outer regional and remote* areas: 19% (or 79,000) of people aged 15–64 with disability living in *Inner regional* areas and 19% (or 32,000) in *Outer regional and remote* areas experienced disability discrimination, compared with 14% (or 154,000) in *Major cities*
- people with psychosocial or intellectual disability: 29% (or 134,000) of people aged 15–64 with psychosocial disability and 27% (or 53,000) of those with intellectual disability experienced disability discrimination in the previous year, compared with 17% (or 57,000) of those with sensory and speech disability and 17% (or 189,000) of those with physical disability (ABS 2019a).

People with psychosocial disability also account for the highest proportion of disability discrimination complaints the AHRC receives. Of 1,190 complaints received in 2022–23 (a complainant may have more than one type of disability):

- 33% of complaints were by people with mental health/psychosocial disability
- 25% by people with physical disability
- 24% by people with neurological disability (AHRC 2023).

Australia's Disability Strategy reporting

Freedom from discrimination is one of the measures reported under the Australia's Disability Strategy Outcomes Framework. For more information, including trends and comparisons by population groups, please see [Freedom from discrimination](#) on [Reporting on Australia's Disability Strategy 2021–2031](#) website.

Sources of discrimination

People with disability may experience discrimination from various sources. Experiencing discrimination in one area of life can result in people avoiding that particular situation as well as avoiding other situations.

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

- 1 in 4 (24%) said it was by an employer
- 1 in 3 (32%) said it was by a person who provided goods or services (for example, health staff, bus and taxi drivers, hospitality staff, or sales assistants) – the biggest contribution being from health staff (22% of all people who experienced disability discrimination)
- 2 in 11 (18%) said it was by work colleagues (Table DISCRIMINATION.1).

Of 1,190 disability discrimination complaints the AHRC received in 2022–23 (noting that one complaint may relate to more than one area):

- half (50%) related to goods, services and facilities
- 1 in 3 (34%) to employment
- 1 in 7 (14%) each related to disability standards or education
- 1 in 12 (8.7%) related to access to premises (AHRC 2023).

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

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

Notes

1. Data are for people aged 15–64 with disability living in households who had a personal interview and experienced disability discrimination.
2. More than one source of disability discrimination may be reported.
3. 'Providers of goods and services include health staff (GP, nurse, hospital staff), bus drivers/rail staff/taxi drivers, restaurant/hospitality staff, and sales assistants.
4. 'Other sources' include teacher or lecturer, and other.

Source: ABS 2019a; see also Table DISC7, [Data](#) – Disability discrimination.

Discrimination and social participation

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

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

What is social isolation?

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

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

Avoiding situations

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

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

What is meant by situations?

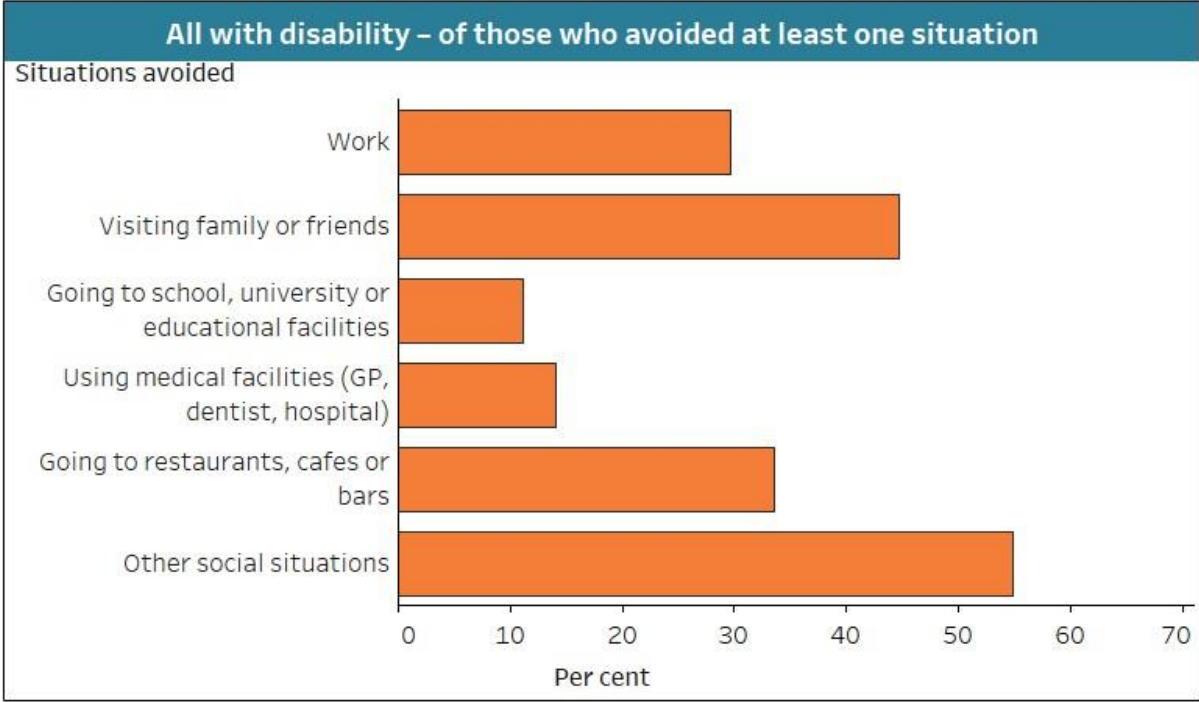
In this section 'situations' refer to work and study, service, hospitality and retail venues, social situations, public transport, and public places.

Figure DISCRIMINATION.2: Situations avoided by people with disability aged 15–64, by disability severity, 2018

View by type of situation
 Personal interactions
 Public interactions

Disability status
 Severe or profound disability
 Other disability
 All with disability

44.3%
of all people with disability have avoided at least one situation.



Source: ABS 2019a; see also tables DISC34 and DISC37.
<https://www.aihw.gov.au>

Notes

1. Data are for people with disability aged 15–64 living in households who had a personal interview.
2. ‘Avoided situations’ refers to situations the person avoided in the last 12 months because of their disability.

Source data tables: [Data](#) – Disability discrimination.

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

Differences in proportions of people avoiding situations because of disability also occur by disability group:

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

People with disability are even more likely to avoid situations because of their disability if they have experienced discrimination. More than 4 in 5 (82% or 216,000) people aged 15–64 who have experienced disability discrimination in the previous year also avoided situations because of their disability in that time (figure DISCRIMINATION.3). This compares with less than 2 in 5 (37% or 534,000 people) who have not experienced discrimination. People with severe or profound disability are also more likely to avoid situations if they have experienced discrimination (86%, compared with 59% of those who had not experienced discrimination).

Figure DISCRIMINATION.3: Proportions of people with disability aged 15–64 who avoided at least one situation, by experience of discrimination and severity of disability, 2018

Select to highlight whether have experienced discrimination

- Have experienced discrimination
- Have not experienced discrimination



Source: ABS 2019a; see also Table DISC34.
<https://www.aihw.gov.au>

Notes

1. Data are for people with disability aged 15–64 living in households who had a personal interview.
2. ‘Avoided situations’ refers to situations the person avoided in the last 12 months because of their disability.

Source data tables: [Data](#) – Disability discrimination.

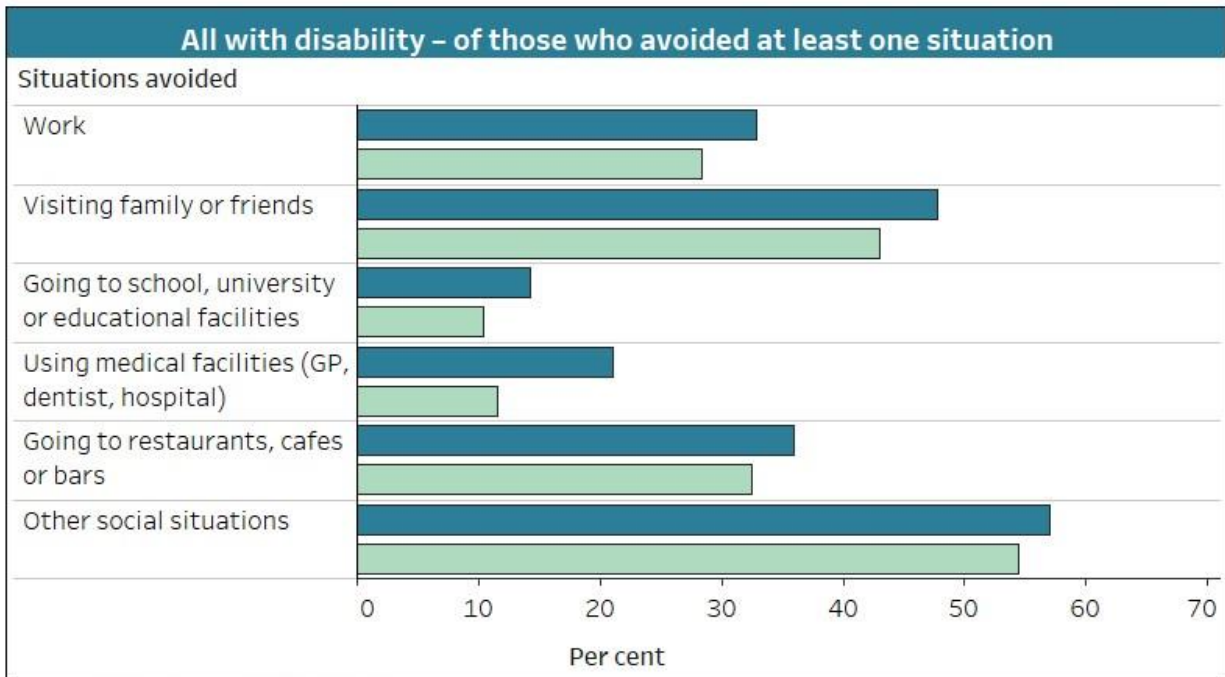
The types of situations avoided also vary (Figure DISCRIMINATION.4). People with disability who have experienced discrimination tend to be more likely to avoid each specific situation than those who have not experienced discrimination, especially using medical facilities (21% and 12%, respectively), and going to shops or banks (45% and 34%, respectively) (Figure DISCRIMINATION.4).

Figure DISCRIMINATION.4: Situations avoided by people with disability aged 15–64, by experience of discrimination and severity of disability, 2018

View by type of situation Personal interactions Public interactions

Disability status Severe or profound disability Other disability All with disability

Select to highlight whether have experienced discrimination Have experienced discrimination Have not experienced discrimination



Source: ABS 2019a; see also Table DISC37.
<https://www.aihw.gov.au>

Notes

1. Data are for people with disability aged 15–64 living in households who had a personal interview.
2. ‘Avoided situations’ refers to situations the person avoided in the last 12 months because of their disability.

Source data tables: [Data](#) – Disability discrimination.

People with psychosocial disability are the most likely disability group to avoid situations because of their disability:

- almost 3 in 4 (73% or 343,000) people aged 15–64 with psychosocial disability, living in households, avoided situations in the previous year
- 58% (or 73,000) of those with head injury, stroke or acquired brain injury avoided situations
- 48% (or 92,000) of those with intellectual disability
- 46% (or 516,000) of those with physical restriction
- 41% (or 134,000) of those with sensory and speech disability (ABS 2019a).

Females (47% or 425,000) with disability, living in households, were more likely to avoid situations because of their disability in the previous year than males (41% or 325,000) (ABS 2019a).

Discrimination and education

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

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

In 2018, among people aged 15–64 with disability living in households, an estimated:

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

Who does the SDAC discrimination module capture?

The discrimination module of the SDAC is collected for people with disability aged 15 and over living in households who had a personal interview. The high age cut-off of 15 and the necessity of it being a personal interview mean that the 2018 discrimination data refer to an estimated 182,000 students (ABS 2019a). These students may attend secondary school, university, TAFE or technical college, or other educational institutions such as business college and industry skills centres. See '[Engagement in education](#)' for more details.

Table DISCRIMINATION.2: Whether people with disability have experienced discrimination, for those who avoided an educational facility, 2018

Whether experienced discrimination	%	Estimate ('000)
Have experienced discrimination	36.8	30.8
Have not experienced discrimination	66.1	55.4
Total	100.0	83.8

Notes:

1. Data are for people aged 15–64 with disability living in households who had a personal interview and who had avoided an educational facility (including school, university or other facility) in the last 12 months because of their disability.
2. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source: ABS 2019a; see also Table DISC42, [Data](#) – Disability discrimination.

Other sources of information

Additional data about experience of discrimination and exclusion by children and young people with disability in education settings is provided by [Children and Young People with Disability Australia \(CYDA\)](#), a not-for-profit community organisation representing the rights and interests of Australian children and young people with disability (aged 0–25). During 2022 and 2023, CYDA conducted three surveys of children and young people with disability and their families and caregivers:

- Early Childhood Education & Care Survey 2022 – for families and caregivers of children in early childhood education and care settings (Dickinson et al. 2022)
- Youth Education Survey 2022–23 – for students with disability who are at school or who have recently left or finished school (Smith et al. 2023)
- School Education Survey 2022 – for families and caregivers of children and young people in school (Dickinson et al. 2023).

This box presents selected findings from the 2 school-related surveys. Due to the design of these surveys and small numbers of respondents (230 and 380, respectively), they are not considered representative, and the results should be used with caution.

While more than half of family and caregivers of school students with disability agreed that students (61%) and family and caregivers themselves (62%) were made to feel welcome at the school, they also talked about students with disability being excluded or bullied at school (Dickinson et a. 2023). Among family and caregiver respondents:

- 29% said their child has been excluded from excursions, events or activities
- 50% said their child experienced bullying from other children or staff

- only 28% agreed that teachers and support staff have education and training to support the student
- 15% said their child had been refused enrolment
- 19% experienced the hours of their child's school attendance being limited (Dickinson et al. 2023).

Among the student respondents:

- 70% reported being excluded from events or activities at school
- 65% said they experienced bullying at school
- only 28% reported feeling supported to learn and experience activities at school (Smith et al. 2023).

Discrimination and employment

Compared with people without disability, people with disability generally have:

- lower rates of labour force participation
- lower rates of employment
- higher rates of unemployment
- greater reliance on government pensions or benefits as their main source of income than people without disability.

See ['Employment'](#) and ['Income support'](#) for more information.

Participation in employment and the ability to be financially independent can be affected by experiencing discrimination. This can include people with disability:

- being directly denied employment
- having employers fail to provide reasonable adjustments in the workplace to enable them to work safely and productively, such as providing safe access to the workplace or assistive technology.

People who have experienced discrimination because of their disability are less likely to be employed than those who have not. An estimated 1 in 3 (34% or 89,000) people with disability aged 15–64 who experienced discrimination in the previous year are employed, compared with 1 in 2 (53% or 755,000) who did not (ABS 2019a).

People with disability aged 15–64 who are unemployed (24% or 23,000) and those not in the labour force (20% or 151,000) are more likely to experience disability discrimination than people who are employed (11% or 89,000) (Table DISCRIMINATION.3, ABS 2019a).

Table DISCRIMINATION.3: Whether people with disability aged 15–64 experienced discrimination, by labour force status, 2018 (%)

Labour force status	Have experienced discrimination	Have not experienced discrimination	Total
Employed	10.5	89.3	100.0
Full-time	9.0	90.7	100.0
Part-time	13.0	87.7	100.0
Unemployed	24.4	74.1	100.0
Not in the labour force	20.0	80.1	100.0

Notes

1. Data are for people with disability aged 15–64 living in households who had a personal interview.
2. Experience of discrimination refers to discrimination because of their disability in the last 12 months.
3. 'Not in the labour force' refers to people who are not employed or unemployed. This includes people who undertake unpaid household duties or other voluntary work only, are retired, voluntarily inactive and those permanently unable to work.
4. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes. Due to these processes, figures may differ from those published by the ABS and across tables.

Source: ABS 2019a; see also Table DISC43, [Data](#) – Disability discrimination.

Of people aged 15–64 with disability who avoided situations in the previous year, an estimated 3 in 10 (30% or 223,000) avoided going to work (ABS 2019a). About 32% (or 71,000) of these experienced some form of disability discrimination in that time:

- 1 in 5 (17%) from an employer or work colleague
- 1 in 5 (19%) from another source (Table DISCRIMINATION.4).

Table DISCRIMINATION.4: Experience and source of discrimination, for people with disability aged 15–64 who avoided work, 2018

Source of discrimination	%	Estimate ('000)
Have experienced discrimination	31.9	71.1
Employer or work colleague	17.3	38.6
Other sources	19.3	43.0
Have not experienced discrimination	68.0	151.5
Total	100.0	222.7

Notes

1. Data are for people with disability aged 15–64 living in households who had a personal interview and who avoided work because of their disability in the last 12 months.
2. Experience of discrimination refers to discrimination because of their disability in the last 12 months.
3. 'Other sources' include family or friends, teacher or lecturer, health staff (GP, nurse, hospital staff), bus drivers/rail staff/taxi drivers, restaurant/hospitality staff, sales assistants, strangers in the street, and other.
4. A person may have experienced discrimination from more than one source, so components will not add to total. A person who experienced discrimination from more than one source is counted only once in aggregated totals.

Source: ABS 2019a; see also Table DISC44, [Data](#) – Disability discrimination.

People with disability aged 15–64 who experience disability discrimination from an employer or colleague are twice as likely to avoid work as those who experience disability discrimination from another source, and around 4 times as likely as those who did not experience disability discrimination. In 2018, of people aged 15–64 with disability, an estimated:

- 45% (or 39,000) who experienced disability discrimination the previous year from an employer or work colleague, avoided work
- 21% (or 43,000) who experienced disability discrimination from another source, avoided work
- 11% (or 151,000) who did not experience disability discrimination, avoided work (ABS 2019a).

People with disability aged 15–64 in the low- and mid-income groups are twice as likely to have experienced disability discrimination in the previous year as those with high income (18% of those in income deciles 1–7 with \$1,150 or less personal weekly income, compared with 9.0% of those in income deciles 8–10 with more than \$1,150 personal weekly income) (ABS 2019a).

Access to facilities and services

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

The physical environment, for example, can present a barrier to how some people with disability participate in community life. Public spaces, in particular, might have obstacles that make moving around the community and participating in everyday activities difficult. This includes accessing buildings or facilities, as well as services such as public transport.

Australia's Disability Strategy reporting

Accessibility of buildings, facilities and services is included in the [Australia's Disability Strategy 2021–2031](#) and reported under its [Outcomes Framework](#). The related measures fall across several outcome areas and are summarised in this box.

[Inclusive homes and communities](#) outcome area:

- The built and natural environment accessibility priority:
 - [Access to government buildings](#): Proportion of people with disability who have difficulty accessing government buildings (**8.1%** in 2018, for those aged 5 and over)
 - [Accessing buildings and facilities](#): Proportion of people with disability who had no difficulty accessing buildings or facilities in the last 12 months (**69%** in 2018, for those aged 5 and over)
- Transport system accessibility priority:
 - [Public transport usability](#): Proportion of people with disability who can use all forms of public transport with no difficulty (**66%** in 2018, for those aged 5 and over)
 - Public transport compliance: Compliance with the Disability Standards for Accessible Public Transport (future data development).

[Health and wellbeing](#) outcome area:

- Prevention and early intervention priority:
 - [Medical facility accessibility](#): Proportion of people with disability with difficulty accessing medical facilities (GP, dentist, hospital) (**14%** in 2018, for those aged 5 and over).

Note: the numbers reported in this summary box and on the [Reporting on Australia's Disability Strategy 2021–2031](#) website may differ slightly from the numbers reported elsewhere in this report, due to different data sources, populations, and/or reporting periods.

About 663,000 people with disability, aged 15–64 living in households who leave home, had challenges with mobility or communication. Of these people, 3 in 10 (30% or 198,000) found it difficult to access buildings or facilities. Those with sensory and speech disability were most likely (42% or 62,000) to have difficulty accessing building or facilities compared with other disability groups (ABS 2019a).

Difficulties accessing buildings or facilities are often related to the design of a structure or its surrounds. For example, of people with disability aged 15–64 who found it difficult to access a building or facility in the previous year:

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

The types of building or facilities people with disability aged 15–64 most often had difficulty accessing in the previous year are:

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

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

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

A further 1 in 9 (11% or 221,000) people aged 15–64 with disability, living in households who leave home, are unable to use public transport at all. About 1% (or 21,000) of people aged 15–64 with disability living in households do not leave home (ABS 2019a).

Large differences in the proportions of people who find it difficult to use public transport occur between people with severe or profound disability (40% or 197,000) and other people with disability (8.4% or 129,000), aged 15–64 living in households who leave home. A further 27% (or 132,000) of people with severe or profound disability are unable to use public transport at all, compared with 1 in 17 (5.8% or 90,000) other people with disability (ABS 2019a).

This also differs by remoteness. Around 1 in 12 (8% or 108,000) people aged 15–64 with disability living in *Major cities* are unable to use public transport at all, compared with

1 in 7 (14% or 69,000) living in *Inner regional* areas and 1 in 4 (23% or 44,000) in *Outer regional and remote* areas (ABS 2019a).

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

Access to facilities and services for people with and without disability

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

Data note

While the Survey of Disability, Ageing and Carers (SDAC) collects extensive information about ease of access to various facilities and services, this information is only collected for people with disability. Other sources of data need to be used to compare experiences of people with and without disability.

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) **2019 General Social Survey (GSS)**. For more information about GSS, see ['Data sources'](#).

In 2019, people with disability aged 15 and over were less likely to have access to a motor vehicle to drive than people without disability (81% compared with 86%, respectively); the proportions for people with disability varied by age group – 83% of those aged 15–64 and 75% of those aged 65 and over (ABS 2021).

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

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

Access to facilities and services for First Nations people with disability

Data note

Data in this section are sourced from the Australian Bureau of Statistics' (ABS) **2014–15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS)**. For more information about NATSISS, see ['Data sources'](#).

Aboriginal and Torres Strait Islander (First Nations) people aged 15 and over with disability are more likely to have problems accessing services than those without disability (29% compared with 20% in 2014–15). Females with disability (32%) are more likely to have problems accessing services than males (26%) (ABS 2016).

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

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

The services First Nations people with disability have most problems accessing are:

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

Discrimination and health

People with disability who experience disability discrimination are almost twice as likely as those who do not to report poorer health. In 2018, more than half (55% or 146,000) of people aged 15–64 with disability who had experienced disability discrimination in the previous year rated their health as fair or poor, compared with 1 in 3 (35% or 498,000) who had not (Figure DISCRIMINATION.5).

Self-assessed health status

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

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

In the ABS SDAC, self-assessed health status is collected for people aged 15 and over, with disability, living in households, who had a personal interview, against a 5-point scale from excellent to poor.

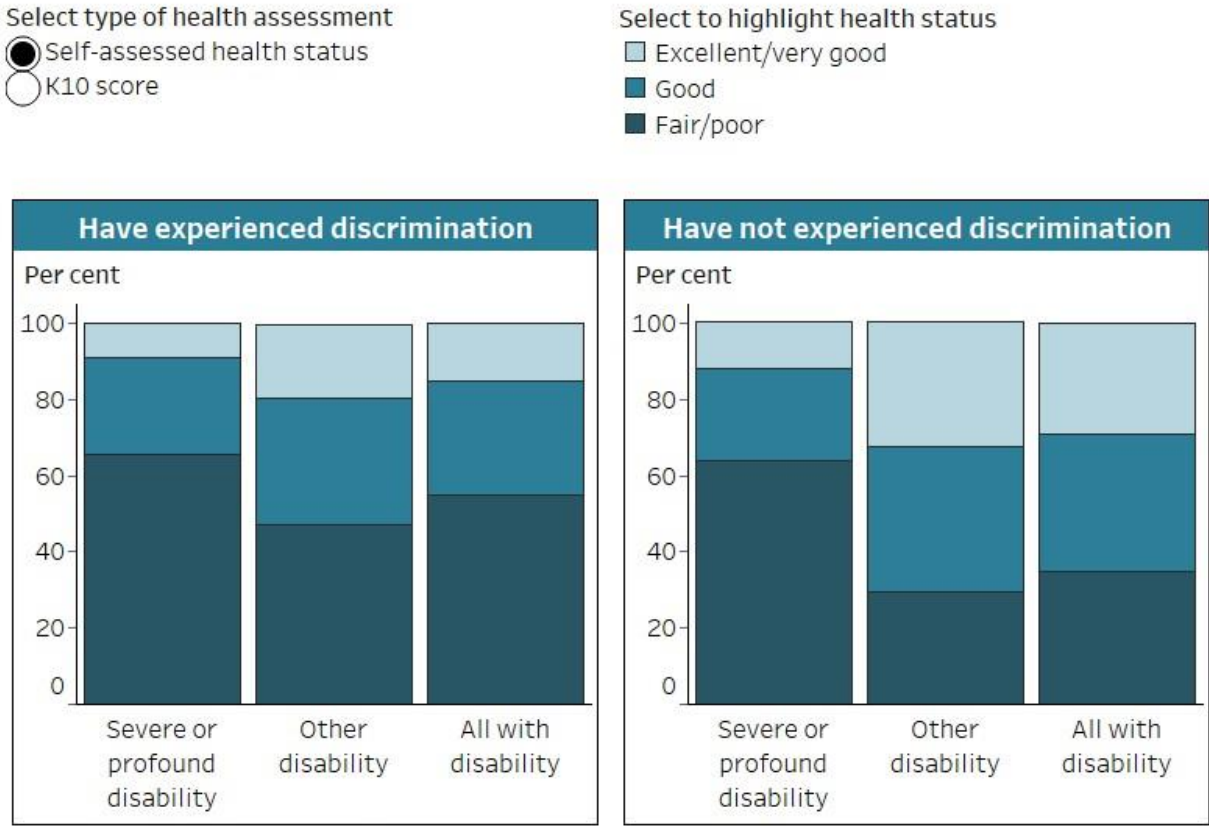
People with disability who experience disability discrimination are more than twice as likely as those who do not to have high or very high levels of psychological distress (Figure DISCRIMINATION.5). An estimated 71% (or 181,000) of people aged 18–64 with disability who experienced disability discrimination in the previous year have a high or very high level of psychological distress, compared with 37% (or 521,000) who did not (ABS 2019a).

Kessler Psychological Distress Scale (K10)

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

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

Figure DISCRIMINATION.5 Health status of people with disability aged 15–64, by type of health assessment, whether have experienced discrimination, and disability severity, 2018



Source: ABS 2019a; see also tables DISC47 and DISC50.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Data are for people with disability aged 15–64 living in households who had a personal interview. Self-assessed health status is collected for people aged 15 and over, K10 score is collected for people aged 18 and over.
- 2. ‘Experience of discrimination’ refers to discrimination because of their disability in the last 12 months.
- 3. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Disability discrimination.

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

- 1 in 7 (14%) from health staff
- 1 in 3 (32%) from other sources (Table DISCRIMINATION.5).

Table DISCRIMINATION.5: Experience and source of discrimination, for people with disability aged 15–64 who avoided medical facilities, 2018

Source of discrimination	%	Estimate ('000)
Have experienced discrimination	43.2	45.5
From health staff (GP, nurse, hospital staff)	14.2	14.9
From other sources	32.4	34.1
Have not experienced discrimination	58.5	61.6
Total	100.0	105.3

Notes

1. Data are for people with disability aged 15–64 living in households who had a personal interview and who avoided medical facilities (including GP, dentist, or hospital) in the last 12 months because of their disability.
2. 'Other sources' of discrimination include employer, work colleagues, family or friends, teacher or lecturer, bus drivers/rail staff/taxi drivers, restaurant/hospitality staff, sales assistants, strangers in the street, and other.
3. A person may have experienced discrimination from more than one source, so components will not add to total. A person who experienced discrimination from more than one source is counted only once in aggregated total.

Source: ABS 2019a; see also Table DISC53, [Data](#) – Disability discrimination.

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

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

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).
- Complaints to the AHRC, and the *Disability Discrimination Act* – [AHRC website](#); a copy of the Act can be found in the [Federal Register of Legislation](#).
- [ABS General Social Survey \(GSS\)](#) includes information on a broader experience of discrimination (that is, not only disability discrimination) for people with and without disability (based on the ABS Short Disability Module).

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Violence against people with disability

Key findings

- **Physical violence:** In 2021–22, 9.8% of men and 5.8% of women with disability reported experiencing physical violence in the last 2 years.
- **Sexual violence:** In 2021–22, 1 in 25 (4.0%) women with disability reported experiencing sexual violence in the last 2 years.
- **Feeling unsafe:** In 2018, 1 in 3 (34%) women with disability who used public transport alone after dark in the last 12 months felt unsafe.

Acts of violence can affect anyone. However, some people, such as people with disability, may be especially vulnerable to experiencing violence. Violence may also result in disability. This section covers recent experiences of violence, abuse and sexual harassment by people with and without disability, and how safe people with and without disability feel at home or in their community.

What is violence, abuse and intimate partner violence?

Violence

Violence can take many forms. Two main types of violence, as defined in the ABS Personal Safety Survey (PSS) (ABS 2023a), are:

- Sexual – behaviours of a sexual nature carried out against a person’s will, such as sexual assault (for example, rape, indecent assault and attempts to force a person into sexual activity) or threat of sexual assault.
- Physical – incidents involving the use or threat of physical force with the intent to harm or frighten a person, such as physical assault or threat of physical assault.

Violence can be perpetrated by strangers or by someone the person knows, including an intimate partner.

In this section, violence is defined as any incident involving the occurrence, attempt or threat of physical or sexual assault. Sexual assault excludes unwanted sexual touching, which is defined as sexual harassment (ABS 2023a).

Partner violence

In this section, partner violence is defined as sexual and/or physical violence by a cohabiting partner. Cohabiting partner includes current partner who the respondent lives with in a married or de factor relationship, and previous partner who the respondent lived with.

Emotional and economic abuse

Abuse refers to when a person is subjected to certain behaviours or actions aimed at preventing or controlling their behaviour (emotional abuse) or access to economic resources (economic abuse), causing them emotional harm or fear.

These behaviours are intended to manipulate, control, isolate or intimidate the person they are aimed at. They are generally repeated behaviours and include psychological, social, economic and verbal abuse.

In this report, experiences of emotional and economic abuse are limited to those experienced by women from a cohabiting partner.

Recent experiences of violence

Data note

Data in this section are largely sourced from the Australian Bureau of Statistics' (ABS) **2021–22 Personal Safety Survey (PSS)**. For more information about the PSS, including the concepts of disability, disability severity, and disability groups used by the PSS, see '[Data sources](#)'.

Impact of the COVID-19 pandemic on the 2021–22 PSS data collection

The COVID-19 pandemic and associated government responses resulted in several postponements and adjustments to the planned PSS data collection. The adjustments included reduction of the survey content and of sample sizes to balance priorities across the survey program. While the reduced sample can still be used to report against the key indicators, some more detailed data are unable to be reported (ABS 2023a).

Changes to information reported in this section

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

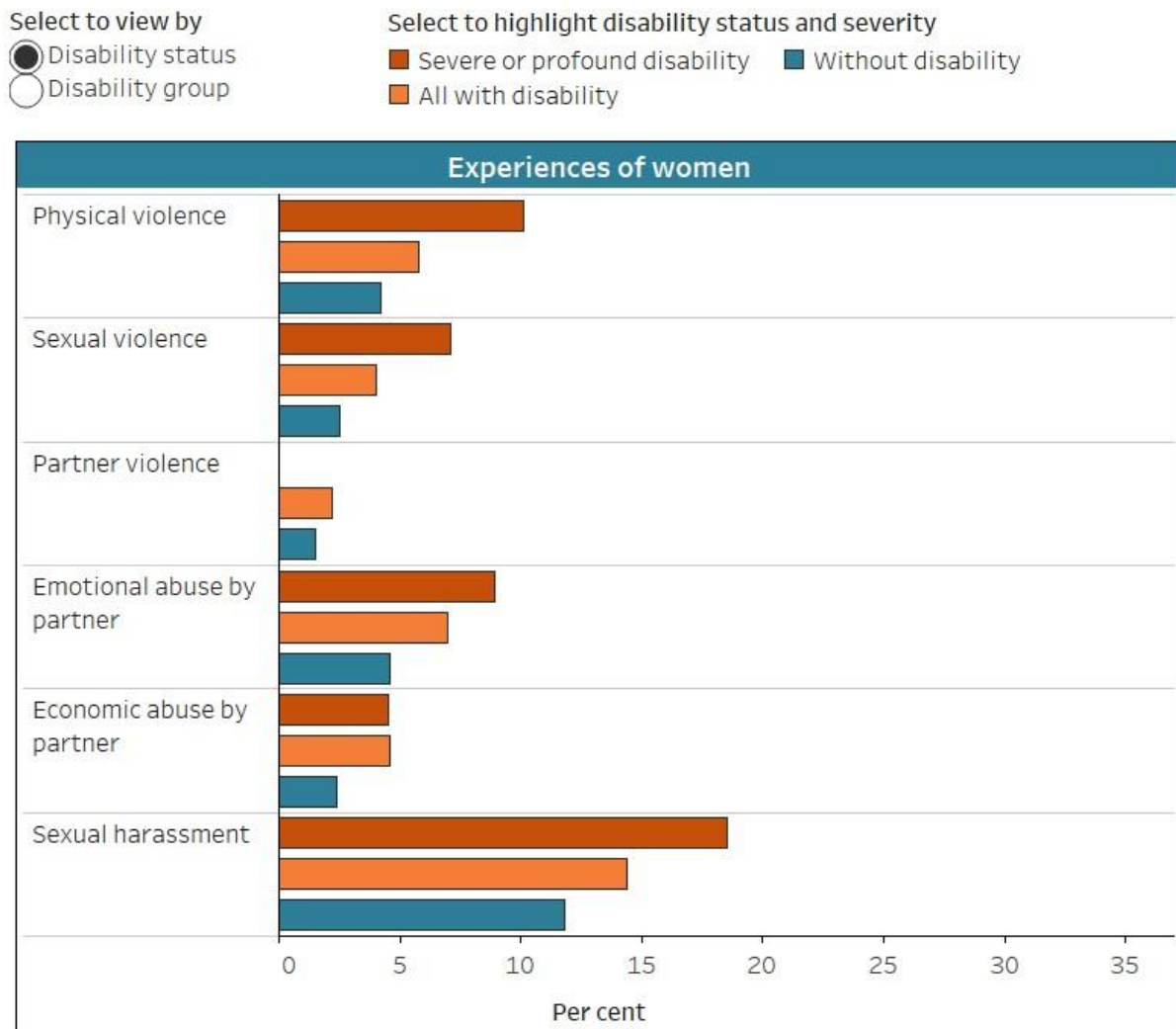
The present report uses information from existing ABS publications based on the PSS. This limits the scope and extent of reporting; in particular, reporting on experience of violence in this report covers experiences during the past 2 years (12 months in some cases).

Women aged 18 and over with disability are more likely to have recent experiences of violence, abuse and harassment than women without disability. Of women with disability, an estimated:

- 5.8% have experienced physical violence in the last 2 years, compared with 4.2% without disability
- 4.0% have experienced sexual violence in the last 2 years, compared with 2.5%
- 7.0% have experienced emotional abuse by partner in the last 2 years, compared with 4.6%
- 4.6% have experienced economic abuse by partner in the last 2 years, compared with 2.4%

- 14% have experienced sexual harassment in the last 12 months, compared with 12% (Figure VIOLENCE.1).

Figure VIOLENCE.1: Women’s recent experiences of violence, abuse and sexual harassment, by disability characteristics, 2021–22



Source: ABS 2023b, ABS 2023c, ABS 2023d, ABS 2023e; see also Table VIOL2 to Table VIOL12.
<https://www.aihw.gov.au>

Notes:

1. Data are for women aged 18 and over.
2. Physical violence, sexual violence, partner violence, emotional abuse by partner, and economic abuse by partner are limited to incidents within the last 2 years.
3. Sexual harassment is limited to incidents within the last 12 months.
4. Emotional and economic abuse are limited to abuse by a cohabiting partner.
5. Chart by disability group does not include 'head injury, stroke or acquired brain injury', and 'other' disability groups due to uncertainty in the data.

6. Disability status and disability group are determined at the time of the survey. It is not known whether a person had disability at the time of experiencing violence, abuse or sexual harassment.
7. People may report impairments related to more than one disability group. In such cases, people are counted separately for each disability group but are only counted once in the aggregated total.
8. Data on the experience of partner violence are not published for women with severe or profound disability.
9. Data have been rounded and randomly adjusted to avoid the release of confidential data.

Source data tables: [Data](#) – Violence against people with disability.

Physical violence

In Australia, it is estimated that men are almost twice as likely as women to have experienced physical violence in the last 2 years:

- 1 in 10 (9.8%) men aged 18 and over with disability have experienced at least one incident of physical violence in the last 2 years – similar to those without disability (9.0%)
- 5.8% of women aged 18 and over with disability have experienced physical violence in the last 2 years – this was the case for 4.2% of those without disability (ABS 2023b).

Women with severe or profound disability, those who have schooling or employment restrictions only, and those who have psychosocial disability are more likely to have experienced physical violence in the last 2 years than women with other disability characteristics (ABS 2023b):

- 14% of women aged 18 and over with schooling or employment restrictions only and 10% of women with severe or profound disability have experienced physical violence in the last 2 years, compared with 4.3% of those with moderate or mild disability and 3.6% of those with no limitations or specific restrictions
- 15% of women with psychosocial disability have experienced physical violence, compared with 3.0% of those with sensory or speech disability and 5.4% of those with physical disability (ABS 2023b).

One in 25 (3.9%) women aged 18 and over with disability have experienced physical assault and 2.9% have experienced physical threat in the last 2 years (ABS 2023b).

Sexual violence

Women with disability are more likely to have experiences of sexual violence than those without disability. One in 25 (4.0%) women aged 18 and over with disability have experienced sexual violence in the last 2 years. This compares to 1 in 40 (2.5%) women without disability (ABS 2023c).

Women with psychosocial disability are more likely to have experienced sexual violence compared with other disability groups. More than 1 in 10 (12%) women with psychosocial disability have experienced sexual violence in the last 2 years, compared with 2.9% of those with physical disability (ABS 2023c).

Partner violence

Around 1 in 50 (2.2%) women with disability aged 18 and over have experienced violence by a cohabiting partner in the last 2 years, as did 1.5% of women without disability. Women with psychosocial disability are more likely to have experienced this (6.1%) compared with other women with or without disability (ABS 2023d).

Abuse

Emotional abuse by partner

What is emotional abuse?

Emotional abuse refers to when a person is subjected to certain behaviours or actions aimed at preventing or controlling their behaviour, causing them emotional harm or fear.

These behaviours are intended to manipulate, control, isolate or intimidate the person they are aimed at. They are generally repeated behaviours and include psychological, social, economic and verbal abuse.

Examples include:

- controlling or trying to control a person from contacting family, friends or community
- constantly insulting a person to make them feel ashamed, belittled or humiliated
- shouting, yelling or verbally abusing a person to intimidate them
- lying to a person's children with the intent of turning their children against them
- threatening to take a person's children away from them (ABS 2023d).

Data presented in this section are limited to emotional abuse from a current or previous cohabiting partner experienced by women aged 18 and over in the last 2 years.

Women with disability are more likely than those without disability to have experienced emotional abuse from a cohabiting partner. In the last 2 years, experiences of emotional abuse by a cohabiting partner were reported by an estimated:

- 7.0% of women aged 18 and over with disability, compared with 4.6% of women without disability
- 8.9% of women with severe or profound disability
- 13% of women with psychosocial disability, compared with 6.5% of those with sensory or speech disability and 6.9% of those with physical disability (ABS 2023d).

Economic abuse by partner

What is economic abuse?

Economic abuse refers to when a person is subjected to certain behaviours or actions aimed at preventing or controlling their access to economic resources, causing them emotional harm or fear.

These behaviours are characterised in nature by their intent to manipulate, control, isolate or intimidate the person they are aimed at, and are generally repeated.

Examples include:

- controlling or trying to control a person from working or earning money
- preventing a person from opening or having their own bank account
- pressuring or forcing a person to sign financial documents
- damaging, destroying, or stealing a person's property
- refusing to pay child support payments when required to (previous partner only) (ABS 2023d).

Data presented in this section are limited to economic abuse from a current or previous cohabiting partner experienced by women aged 18 and over in the last 2 years.

Around 1 in 20 (4.6%) women aged 18 and over with disability have experienced economic abuse by a cohabiting partner in the last 2 years. They are almost twice as likely as women without disability to have experienced this (4.6% compared with 2.4%, respectively). Women with psychosocial disability experience higher rates of economic abuse than other disability groups. More than 1 in 10 (11%) women with psychosocial disability experienced economic abuse by a cohabiting partner compared with around 1 in 20 of those with sensory or speech disability (4.1%) or physical disability (4.4%) (ABS 2023d).

Sexual harassment

Sexual harassment

Sexual harassment refers to behaviours a person finds improper or unwanted, makes them feel uncomfortable, and are offensive due to their sexual nature. It includes:

- indecent messages, such as electronic messages and posts on social media, and written messages
- indecent exposure
- unwanted touching
- inappropriate comments about body or sex life
- sharing images/videos of the person that are sexual in nature and without consent
- exposing the person to images/videos of sexual nature that they do not wish to see (ABS 2023e).

Around 1 in 7 (14%) of women aged 18 and over with disability have experienced sexual harassment in the last 12 months. This is slightly higher than for women without disability (of whom 12% experienced sexual harassment). Men are much less likely to have experienced sexual harassment than women, an estimated 3.3% of men with disability and 5.1% without disability experienced this (ABS 2023e).

The proportion of women aged 18 and over with disability who have experienced sexual harassment in the last 12 months varies by disability severity and disability group:

- 25% of women with only schooling or employment restrictions experienced sexual harassment, compared with 19% of those with severe or profound disability, 12% of those with no limitation or specific restriction and 11% of those with moderate or mild disability
- 33% of women with psychosocial disability experienced sexual harassment, compared with 19% of those with learning and understanding disability, 13% of those with physical disability, and 7.7% of those with sensory or speech disability (ABS 2023e).

Feeling safe

General feelings of safety

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the HILDA Survey, see '[Data sources](#)'.

Satisfaction with personal safety

Each year, HILDA Survey participants are asked to rate their satisfaction with how safe they feel on a 0–10 scale. Ten represents the highest level of satisfaction and 0 the lowest (DSS and MIAESR 2022). In this analysis, people who indicate a satisfaction level between 6 and 10 are referred to as satisfied with how safe they feel, and those with a satisfaction level between 0 and 5 are referred to as not satisfied.

In 2021, more than 9 in 10 people with and without disability were satisfied with how safe they feel. At the same time, about 1 in 13 (7.8%) people with disability were not satisfied with their safety, compared with 3.3% of those without disability (DSS and MIAESR 2022). Older people with disability (aged 65 and over) were more likely (95%) to be satisfied with their safety than those with disability aged 15–64 (91%); however, both these groups were less likely to be satisfied than people without disability of the same age (99% for those aged 65 and over and 96% for those aged 15–64) (DSS and MIAESR 2022).

Among people with disability aged 15–64:

- 8.3% of males and 10% of females were not satisfied with how safe they feel
- 14% of people with severe or profound disability and 8.7% of people with other disability were not satisfied
- those living in *Major cities* were less likely (90%) to be satisfied with their safety than those living in *Inner regional areas* (93%) (DSS and MIAESR 2022).

Feeling safe at night

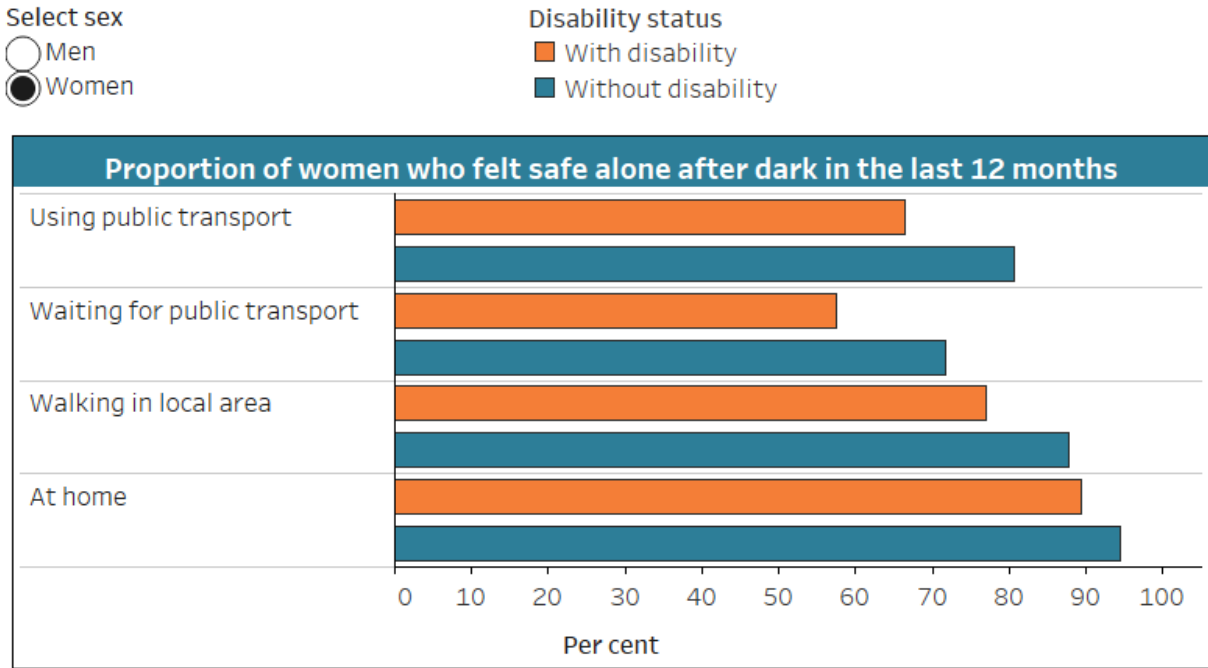
The **2021–22 PSS** collected information from men and women aged 18 and over about their feelings of personal safety in the 12 months prior to the survey in the following situations:

- using and waiting for public transport alone after dark
- walking alone in the local area after dark
- when home alone after dark (ABS 2023f).

While men aged 18 and over with disability generally feel safe alone after dark, women with disability are less likely to feel safe compared with women without disability and men with and without disability. In 2021–22:

- 66% of women aged 18 and over with disability who used public transport alone after dark in the last 12 months felt safe doing so, compared with 81% of women without disability and 91% of men with disability
- 57% of women with disability who used public transport alone after dark in the last 12 months felt safe while waiting for public transport, compared with 72% of women without disability and 92% of men with disability
- 77% of women with disability who walked alone in their local area after dark felt safe, compared with 88% of women without disability and 88% of men with disability
- 89% of women with disability who were home alone after dark felt safe, compared with 94% of women without disability and 98% of men with disability (Figure VIOLENCE.2).

Figure VIOLENCE.2: Proportions of people aged 18 and over who feel safe alone after dark, by sex, situation, and disability status, 2021–22



Source: ABS 2023f; see also Table VIOL13 and Table VIOL14.
<https://www.aihw.gov.au>

Notes:

1. Restricted to people aged 18 and over who have been in particular situation alone after dark in the last 12 months.
2. Data have been rounded and randomly adjusted to avoid the release of confidential data.

Source data tables: [Data](#) – Violence against people with disability.

Women with disability are more likely to avoid using public transport or walking alone after dark because they feel unsafe than women without disability:

- 19% of women aged 18 and over with disability who did not use public transport alone after dark in the last 12 months said this was because they feel unsafe to do so, compared with 12% of women without disability
- 42% of women who did not walk alone in their local area after dark said this was because they feel unsafe, compared with 33% of women without disability (ABS 2023f).

Where can I find out more?

- [Data tables](#) for this report.
- People with disability who experience family, domestic and sexual violence – [AIHW Family, domestic and sexual violence: People with disability](#).
- [ABS Personal Safety, Australia, 2021–22](#).

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ABS (2023a) *Personal Safety, Australia methodology, 2021–22*, ABS, accessed 28 November 2023. <https://www.abs.gov.au/methodologies/personal-safety-australia-methodology>

ABS (2023b) *Physical violence, 2021–22*, ABS, accessed 28 November 2023.

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<https://www.abs.gov.au/statistics/people/crime-and-justice/sexual-harassment>

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DSS (Department of Social Services) and MIAESR (Melbourne Institute of Applied Economic Social Research) (2022) *The Household, Income and Labour Dynamics in Australia (HILDA) Survey, General Release 21, wave 21*, doi:10.26193/KXNEBO, ADA Dataverse, V3, AIHW analysis of unit record data, accessed 7 December 2022.

<https://dataverse.ada.edu.au/dataset.xhtml?persistentId=doi:10.26193/KXNEBO>



7. Housing

Housing

Housing plays a major role in the health and wellbeing of people with disability, by providing shelter, safety and security. The availability of affordable, sustainable and appropriate housing helps people with disability to participate in the social, economic and community aspects of everyday life.

A person who does not have access to affordable, secure and appropriate housing may experience several negative consequences, including homelessness, poor health, and lower rates of employment and education (see [‘Homelessness services’](#), [‘Health’](#), [‘Employment’](#) and [‘Education and skills’](#) for more information).

This domain looks at the type of housing people with disability live in, their tenure and their housing needs (such as modifications and moving house because of disability). It also includes information on housing assistance and homelessness services.

Key findings

1. **Living in the community:** In 2018, 96% of people with disability (including 87% of people with severe or profound disability) lived in the community (in private dwellings).
2. **Home ownership:** In 2018, almost two-thirds (64%) of people with disability were living in owner-occupied housing, either with (22%) or without (41%) a mortgage.
3. **Home modifications:** In 2018, 12% of people with disability were living in a dwelling that was modified to their needs, most often to install handrails or grab rails.
4. **Rental stress:** At June 2022, 1 in 3 (33%) individuals and families receiving Commonwealth Rent Assistance (CRA) and with Disability Support Pension (DSP) as the primary income support payment were in rental stress.
5. **People with disability in social housing:** 1 in 3 (36%) social housing households at June 2022 had at least one person with disability.
6. **Homelessness:** About 1 in 10 (9.5% or 25,900) Specialist Homelessness Services (SHS) clients in 2022–23 had disability.

Security of tenure

Security of tenure refers to the extent to which a household can stay in a home for reasonable periods if they wish to, provided they meet their legal obligations (such as paying the rent and looking after the property).

Some types of tenure are considered more secure than others. For example, owning your own home, especially without a mortgage, is usually more secure than renting in the private rental market.

Housing affordability

The term 'housing affordability' usually refers to the relationship between money spent on housing (house prices, mortgage payments or rent) and household income. Depending on the housing situation (for example, home ownership versus renting), the concept of 'housing affordability' can mean different things to different people and households. For home owners, it primarily means buying and repaying expenses. For renters, it primarily relates to paying rent and other related expenses.

Housing affordability, especially in the private rental market, is a concern for people with disability. While there are limited data on this, the data available suggest that some people with disability struggle to find affordable housing and are vulnerable to housing or rental stress. On top of other general housing expenses, people with disability may also face additional costs, such as for modifying housing.

Many people with disability rely on the Disability Support Pension (DSP) as their main source of income (see ['Income'](#) and ['Income support'](#) for more information), which may put some housing options out of their reach.

Households and income units

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

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

An income unit is one person, or group of related people in a household who share decisions about income. Married and de facto couples, and parents with dependent children, are considered part of the same income unit.

Reporting on housing of people with disability for Australia's Disability Strategy

[Australia's Disability Strategy 2021–2031](#) (the Strategy) is Australia's national disability policy framework. It sets out a plan for continuing to improve the lives of people with disability in Australia over the 10 years to 2031.

The Strategy is supported by an [Outcomes Framework](#). The Outcomes Framework is a key initiative under the Strategy to measure, track and report on the outcomes for people with disability across 7 outcome areas.

One of these outcome areas is [Inclusive homes and communities](#). This outcome area is about making sure people with disability can participate in their communities and live in homes that meet their needs. It includes 6 priorities with a total of 12 measures that are used to track what changes over time (9 of which currently have reportable data and 3 require [future data development](#)).

Of the 12 measures, there are 4 that relate to housing under 2 of the 6 priorities. These are:

- Housing affordability/stress priority:
 - [Average time waited for social housing](#): Average time waited for newly allocated households with a member with disability in public housing or state owned and managed Indigenous housing (SOMIH) (**637 days** for public housing, and **406 days** for SOMIH in 2022–23)
 - [Lower income housing stress](#): Proportion of households with at least one person with disability in lowest 40% income whose housing costs exceed 30% of household income (**18%** in 2019–20)
- Housing accessibility priority:
 - [NDIS participants housing satisfaction](#): Proportion of NDIS participants who are happy with current home (**72.8%** in 2023–24 Q2)
 - Social housing accessibility: Proportion of social housing dwellings that meet Livable Housing Design silver accessibility standards (future data development).

Type of housing

Key findings

- **Living in the community:** In 2018, 96% of people with disability (87% of people with severe or profound disability) lived in the community (in private dwellings).
- **Ageing in place:** In 2018, 99% of people aged under 65 with disability lived in private dwellings, compared with 91% of people aged 65 and over.
- **Dwelling type:** Most (82% in 2018) people with disability who live in private dwellings live in a separate house, similar to people without disability (81%).

The type of housing a person lives in can affect other aspects of their lives. While most people with disability live at home in the community (in private dwellings), some live in cared accommodation.

Data note

Data on this page are sourced from the Australian Bureau of Statistics' (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Unless otherwise indicated, all data on this page refer to 2018.

Private dwellings and cared accommodation

Private dwellings

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

People living in private dwellings are also referred to in this report as people living in the community, or people living in households.

Cared accommodation

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

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

Living in private dwellings or cared accommodation

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

Recent decades, however, have seen a large shift towards supporting people with disability to live in private dwellings. This has mostly been driven by changes for young people with disability. For example, 1 in 500 people aged 0–34 with severe or profound disability lived in cared accommodation in 2018, compared with around 1 in 100 in 2003 (ABS 2019b).

Younger people (aged under 65) with disability are more likely than older people (aged 65 and over) with disability to live in private dwellings (99% or 2.4 million, compared with 91% or 1.8 million) (ABS 2019b).

The more severe a person's disability is, the more likely they are to live in cared accommodation and the less likely they are to live in the community – 87% (or 1.2 million) of people with severe or profound disability live in private dwellings, compared with close to 100% (or 2.9 million) with other disability (Table HOUSING.1). This difference is smaller among younger people with disability than older people with disability:

- 99% (or 716,000) of people aged under 65 with severe or profound disability live in private dwellings, compared with close to 100% (or 1.7 million) of those with other disability
- 75% (or 517,000) of people aged 65 and over with severe or profound disability and over do so, compared with close to 100% (or 1.3 million) of those with other disability (Table HOUSING.1, ABS 2019b).

Table HOUSING.1: Proportion of people with disability living in private dwellings, by disability severity and age group, 2018 (%)

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

Note: Private dwellings include self-cared accommodation for the aged or retired, and other private dwellings such as houses and flats.

Source: ABS 2019b; see also Table HOU2, [Data](#) – Type of housing.

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

Table HOUSING.2: Proportion of people with disability living in private dwellings, by disability group and age group, 2018 (%)

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

Note: Private dwellings include self-cared accommodation for the aged or retired, and other private dwellings such as houses and flats.

Source: ABS 2019b; see also Table HOU55, [Data](#) – Type of housing.

Dwelling type

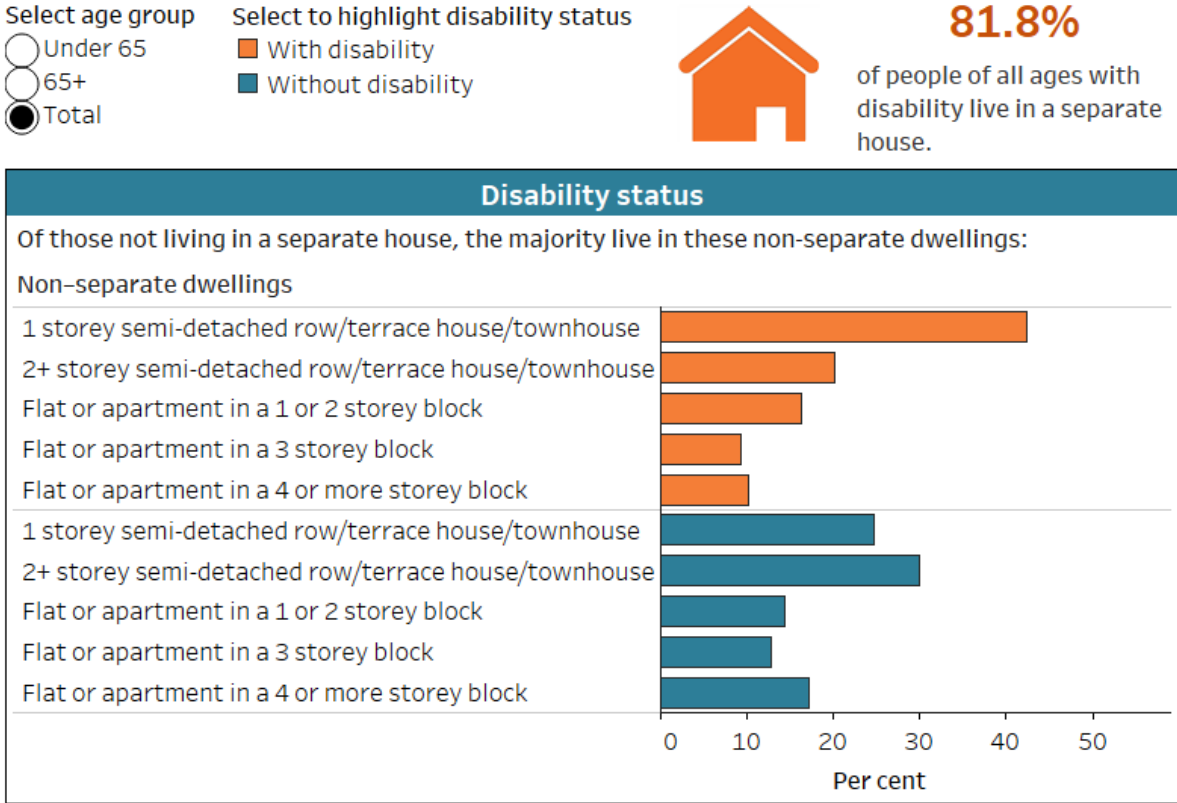
About 4 in 5 (82% or 3.4 million) people with disability living in private dwellings live in a separate house (that is, a house separated from other dwellings by at least half a metre – see [ABS: dwelling structure](#) for classifications). This is similar to those without disability (81% or 16.4 million).

People aged 65 and over are about as likely to live in a separate house as those aged under 65:

- people with disability – 80% (or 1.4 million) compared with 83% (or 2.0 million)
- people without disability – 82% (or 1.6 million) compared with 81% (or 14.8 million) (ABS 2019b).

The most common type of home for people with disability who do not live in a separate house is a single storey semi-detached house (such as a row or terrace house or townhouse) (42% or 323,000). Those aged 65 and over are more likely (53% or 184,000) than those aged under 65 (34% or 143,000) to live in this type of dwelling (Figure HOUSING.1).

Figure HOUSING.1: Private dwelling other than separate house, by disability status and age group, 2018



Source: ABS 2019b; see also tables HOUS9 and HOUS11. <https://www.aihw.gov.au>

Note: Data are for people living in households (in private dwellings), excluding those who live in a separate house.

Source data tables: [Data](#) – Type of housing.

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

References

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

Living arrangements

Key findings

- **Home ownership:** In 2018, almost two-thirds (64%) of people with disability were living in owner-occupied housing, either with (22%) or without (41%) a mortgage.
- **Public housing:** In 2018, 16% of people with disability living in rental accommodation were renting from a state or territory housing authority (compared with 4% without disability).
- **Living alone:** Non-dependent people with disability are more likely than those without disability to live alone (24% compared with 10% in 2018).

Living arrangements in this section refer to:

- the type of tenure a person has
- who they live with
- their relationship within the household
- their type of landlord (for those who have a landlord).

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics' (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Unless otherwise indicated, all data on this page refer to 2018.

Household relationships

This section provides separate descriptions of the housing situation for two types of household relationships:

- dependent children and students
- non-dependent people.

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

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

The housing situation for the dependent child is the same as for the parent (or other person) they depend upon. For example, a dependent student may have 'owner' as their tenure type even though someone else in their income unit is the owner. As a result, a tenure type of owner will not necessarily be the owner of the dwelling.

Non-dependent people are defined by their household relationship to the main respondent being interviewed in the survey. These include: husband, wife or partner, lone parent, non-dependent child, other related person, unrelated person, and lone person (ABS 2019a). A non-dependent child is a person aged 15 or over who is not a full-time student aged 15–24, lives with at least one parent and does not live with their own partner or child.

Being non-dependent is not the same as being independent. Non-dependent refers to a person who is not part of their parent's or carer's income unit. This includes anyone aged 15–24 who is not a full-time student and those who may have other limitations or care needs and are not necessarily independent across all contexts.

Housing tenure

Tenure type refers to whether a dwelling is rented or owned (with or without a mortgage). Looking at tenure type can help monitor housing security, mobility issues and home ownership trends.

Tenure type

Almost two-thirds (64% or 2.7 million) of people with disability own their home. They belong to an income unit with 'owner' as tenure type, either with a mortgage (22% or 939,000) or without (41% or 1.7 million) (ABS 2019b).

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

People with severe or profound disability are:

- less likely to own their own home – 56% (or 692,000) compared with 67% (or 2.0 million) of people with other disability
- more likely to rent – 32% (or 397,000) compared with 27% (or 807,000)
- more likely to live rent free – 9.2% (or 114,000) compared with 4.6% (or 136,000) (ABS 2019b).

Older people (aged 65 and over) with disability (79% or 1.4 million) are more likely than those aged 25–64 (55% or 971,000) to own their home (ABS 2019b). Considering that the likelihood of disability increases with age (see '[Prevalence of disability](#)'), some older people with disability who are home owners may have bought their house before onset of disability.

Dependent children and students

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

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

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

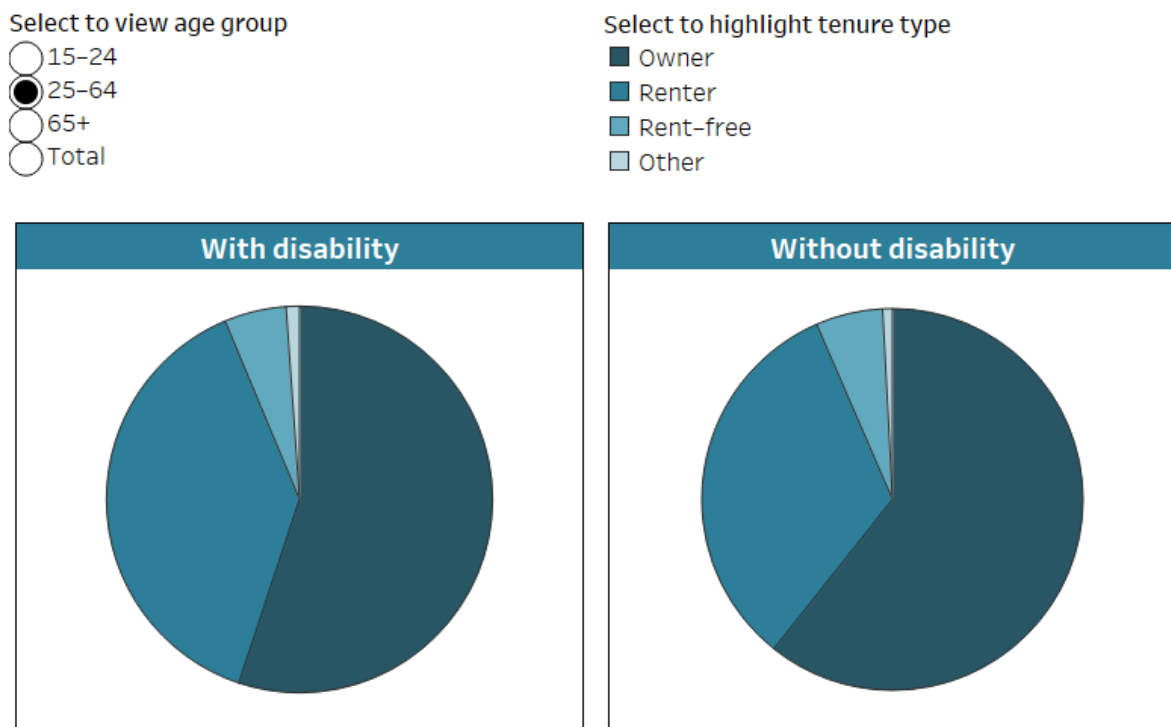
About 4 in 10 (40% or 117,000) young people aged 15–24 with disability live in their household as a dependent student. A further 4 in 10 (39% or 115,000) are a non-dependent child in their household, and the remaining 20% (or 59,000) have another household relationship (such as living on their own as a partner, parent, or lone person) (ABS 2019b). Young people aged 15–24 without disability are less likely to live in their households as a non-dependent child (26% or 727,000) and more likely to have ‘other’ (husband, wife or partner, lone parent, other related person, unrelated person, and lone person) as their household relationship (30% or 838,000) than young people with disability (ABS 2019b).

The most common living arrangement for young people aged 15–24 with disability was living as a dependent student in a home that was owned by someone else in their income unit (27% or 80,000), followed by being a non-dependent child living rent free (23% or 68,000) (ABS 2019b). For young people without disability, the most common living arrangement was also a dependent student in a home that was owned by someone else in their income unit (34% or 973,000); however, the second most common was ‘other’ householder paying rent (24% or 678,000) (ABS 2019b).

Non-dependent people aged 15 and over

Non-dependent people with disability aged 25–64 (55% or 971,000) and aged 65 and over (79% or 1.4 million) are less likely than those without disability (61% or 6.8 million and 86% or 1.7 million respectively) to own their home. Of young people (aged 15–24) with disability, 6.3% (or 11,000) are in the owner category. This is similar to those without disability (4.9% or 76,000) (Figure LIVING.1).

Figure LIVING.1: Tenure type for non-dependent people, by disability status and broad age group, 2018



Source: ABS 2019b; see also Table LIVI9.
<https://www.aihw.gov.au>

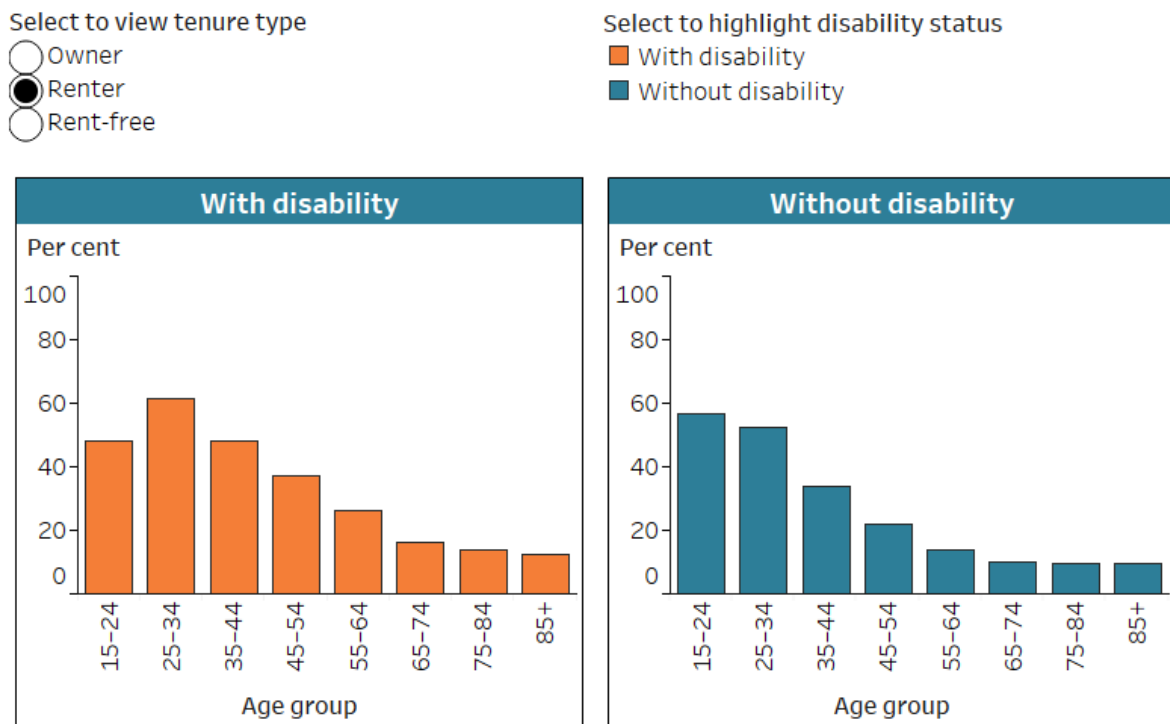
Notes

1. Data are for non-dependent people (aged 15 and over) living in households.
2. 'Owner' includes owners with and without mortgage.
3. 'Other' includes life tenure schemes, rent/buy (shared equity schemes), assisting with expenses and other.
4. The category 'Other' for people aged 15–24 with disability is not shown, as it has a relative standard error greater than 50% and is considered too unreliable for general use.

Source data tables: [Data](#) – Living arrangements.

Older non-dependent people (aged 65 and over) with and without disability are more likely to own their home; however, older people without disability have higher home ownership rates than those with disability (Figure LIVING.2). The decrease in renting as people age is more gradual for those with disability than without disability. For example, non-dependent people aged 55–64 with disability (26% or 180,000) are nearly twice as likely as those without disability (14% or 294,000) to be renting (Figure LIVING.2).

Figure LIVING.2: Tenure type for non-dependent people, by disability status and age group, 2018



Source: ABS 2019b; see also Table LIVI10.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Data are for non-dependent people (aged 15 and over) living in households.
- 2. ‘Owner’ includes owners with and without mortgage.
- 3. A small proportion of people with other tenure types, such as life tenure schemes, rent/buy (shared equity schemes), assisting with expenses and other, are excluded from this figure.

Source data tables: [Data](#) – Living arrangements.

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

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

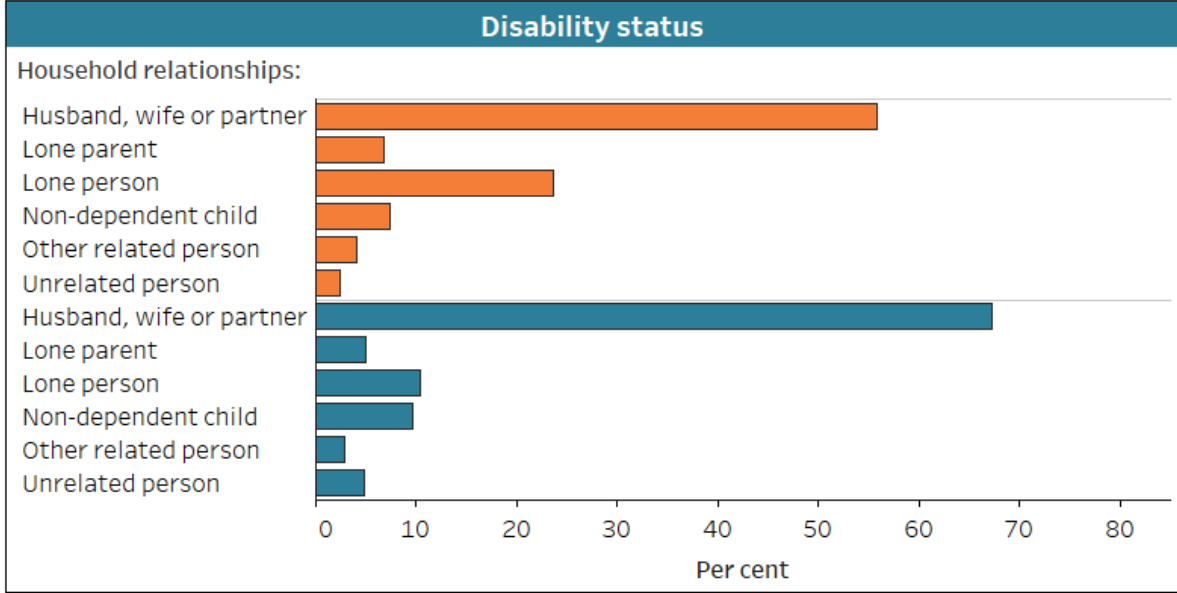
- Non-dependent people with disability aged 15–64 are more likely than those without disability to live alone or as single parents, and less likely to live with a husband, wife or partner
 - 52% (or 1.0 million) lived with a husband, wife or partner, compared with 67% (or 8.5 million) without disability
 - 19% (or 362,000) lived alone, compared with 8.4% (or 1.1 million)
 - 8.5% (or 165,000) were lone parents, compared with 5.4% (or 685,000).
- Non-dependent people aged 15–64 with intellectual disability are most likely to be a non-dependent child (39% or 107,000), while people with sensory or physical disability are most likely to live with a husband, wife or partner (53% or 210,000 and 53% or 674,000 respectively). Of those with head injury, stroke or acquired brain injury, 41% (or 66,000) live with a husband, wife, or partner; for those with psychosocial disability the corresponding proportion is 34% (or 201,000) (ABS 2019b).
- Non-dependent people living with a husband, wife or partner are the most likely to own their home (Figure LIVING.4).

Figure LIVING.3: Household relationships for non-dependent people, by disability status and age group, 2018

Select to view age group Select to highlight disability status

15-24 With disability
 25-64 Without disability
 65+
 Total

23.6%
of people aged 15 and over with disability live alone
(10.4% without disability).

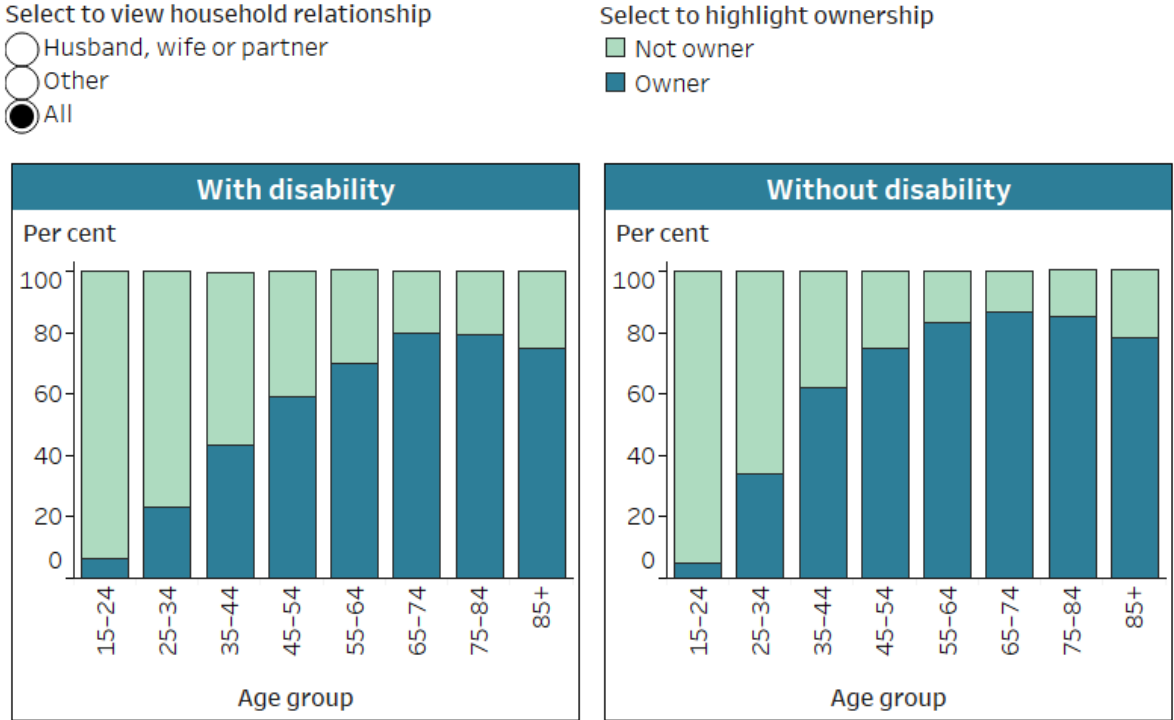


Source: ABS 2019b; see also Table LIVI12.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25-50% and should be used with caution.
 - 1. Data are for non-dependent people (aged 15 and over) living in households.
- Source data tables: [Data](#) – Living arrangements.

Figure LIVING.4: Home ownership for non-dependent people, by disability status, age group and household relationship, 2018



Source: ABS 2019b; see also tables LIVI14a and LIVI14b. <https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Data are for non-dependent people (aged 15 and over) living in households.
- 2. ‘Owner’ includes owners with and without mortgage.
- 3. ‘Other’ relationship includes lone parent, non-dependent child, other related person, unrelated person, and lone person.
- 4. Proportion of home owners among people with disability and ‘other’ household relationship aged 15–24 is not shown, as it has a relative standard error greater than 50% and is considered too unreliable for general use.

Source data tables: [Data](#) – Living arrangements.

Landlords

Who a person rents from provides additional information on housing security for people with disability. For example, renting from a state or territory housing authority may provide more security than renting in the private rental market. It may also hint at rental affordability and access issues, with the private rental market generally more competitive and expensive than social housing schemes. For more information on social housing, see ‘[Housing assistance](#)’.

Rental affordability

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

- 33% of income units receiving Commonwealth Rent Assistance (CRA) (at June 2022) who had at least one member receiving the Disability Support Pension (DSP) were in rental stress after receipt of CRA (that is, paid more than 30% of their gross household income on rent); without CRA, 74% of these income units would be in rental stress. This compares with 44% in rental stress after receipt of CRA and 72% in rental stress without CRA for all income units receiving CRA (AIHW 2023).
- An Anglicare report on affordable housing found that only 0.1% (or 66) of 45,895 rental properties advertised in Australia on a selected weekend in March 2023 were affordable and appropriate for single people aged 21 and over receiving the DSP, compared with 0.8% (or 345) for a single person on minimum wage (Anglicare 2023).

The most common types of landlords for people with disability, living in households who have a landlord, are:

- real estate agent – 42% (or 525,000) compared with 63% (or 4.2 million) without disability
- state or territory housing authority – 16% (or 198,000) compared with 4.1% (or 272,000)
- parent or other relative living in the same dwelling – 12% (or 150,000) compared with 8.1% (or 531,000)
- other person not in same dwelling – 12% (or 148,000) compared with 12% (or 777,000) (ABS 2019b).

This suggests that, while many people with disability do rent in the private rental market, they are much less likely to do so than people without disability. They are far more likely to be living in social housing.

Compared with others with disability, people with severe or profound disability are:

- less likely to have a real estate agent as their landlord – 36% (or 149,000) compared with 46% (or 377,000)
- more likely to have a parent or other relative in the same dwelling as their landlord – 19% (or 78,000) compared with 8.6% (or 71,000)
- slightly more likely to have a state or territory housing authority as their landlord – 17% (or 71,000) compared with 15% (or 127,000) (ABS 2019b).

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

Dependent children and students

The landlord type of dependent children and students is that of the parent (or other person) they depend upon.

Dependent children or students with disability, living in households who have a landlord, are:

- less likely (58% or 107,000) to rent from a real estate agent (compared with 67% or 1.2 million without disability)
- more likely (11% or 20,000) to rent from a state or territory housing authority (compared with 6.2% or 110,000) (ABS 2019b).

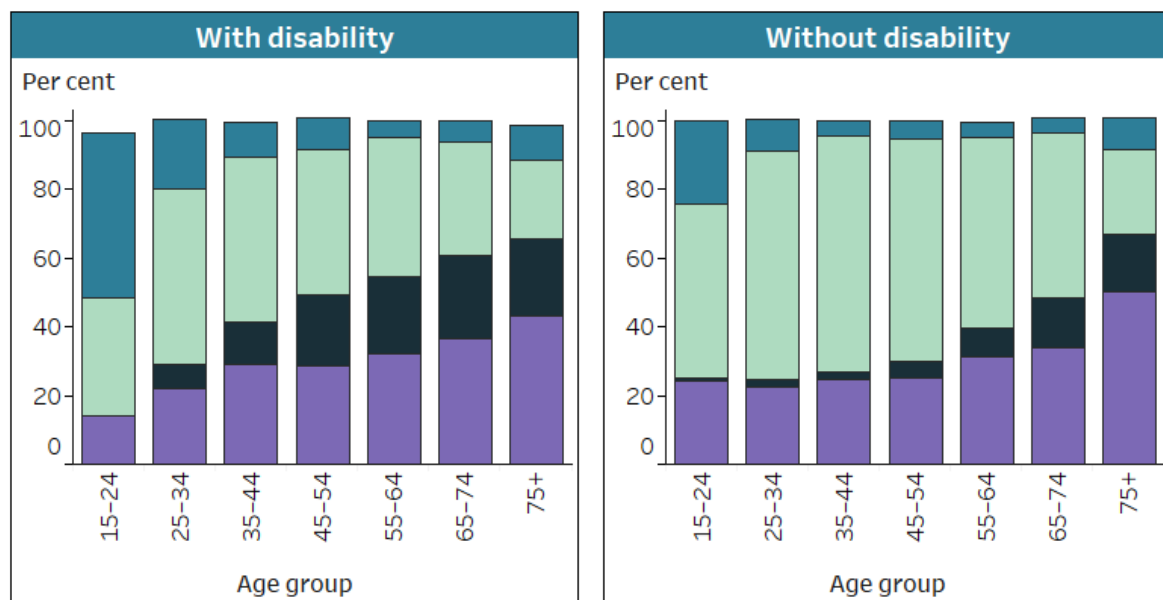
Non-dependent people aged 15 and over

The type of landlord a person has varies by age (Figure LIVING.5). For example, non-dependent people with disability aged 25–34 most commonly rent from a real estate agent, but, from that age on, the proportions renting from a real estate agent decline, while renting from a state or territory housing authority becomes more common.

Figure LIVING.5: Landlord type for non-dependent people, by disability status and age group, 2018

Select to highlight landlord type

- Parent/other relative in same dwelling
- State or territory housing authority
- Real estate agent
- All other landlord types



Source: ABS 2019b; see also Table LIVI23.
<https://www.aihw.gov.au>

Notes:

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

1. Data are for non-dependent people (aged 15 and over) living in households.
2. Proportion of people with disability aged 15–24 renting from state or territory housing authority is not shown, as it has a relative standard error greater than 50% and is considered too unreliable for general use.
3. Figures are rounded and discrepancies may occur between sums of the component items and totals because of ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Living arrangements.

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

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

Economic resources in area of residence

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by HILDA, see '[Data sources](#)'.

Index of Economic Resources

The Index of Economic Resources is one of the Socio-Economic Indexes for Areas (SEIFA) and focuses on the financial aspects of relative socioeconomic advantage and disadvantage (ABS 2013). A low score indicates a relative lack of access to economic resources in general. For example, an area may have a low score if there are:

- many households with low income, or many households paying low rent
- few households with high income, or few owned homes.

For the AIHW analysis of HILDA 2021 data, people living in an area with an Index of Economic Resources in the lowest 30% of areas are referred to as people living in disadvantaged areas.

People with disability aged 15–64 are more likely to live in economically disadvantaged areas than those without disability – 33% compared with 24% in 2021. This was especially true for those with severe or profound disability, with 43% living in disadvantaged areas (DSS and MIAESR 2022). In 2021, the proportions of people with disability living in disadvantaged areas did not differ between males and females, or by age group.

People aged 15–64 with disability in *Major cities* were less likely (29%) to live in disadvantaged areas than those in *Inner regional areas* (37%), or *Outer regional, remote and very remote areas* (46%). Among people aged 15–64 with intellectual disability or sensory disability, 41% lived in disadvantaged areas, compared with 34% of people with physical and 32% of people with psychosocial disability (DSS and MIAESR 2022).

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).

References

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AIHW (Australian Institute of Health and Welfare) (2023) *Australian Government Housing Data Set 2022*, AIHW customised data request, AIHW.

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Housing-related needs

Key findings

- **Home modifications:** In 2018, 12% of people with disability were living in a dwelling that was modified to their needs, most often to install handrails or grab rails.
- **Safety and security in social housing:** In 2021, 75% of social housing households with at least one person with disability had their home safety and security needs met.
- **Need to move house:** In 2018, 8.6% of people with disability said they had to move house at some point in their life because of their condition or age.

People with disability may have specific housing-related needs. These can include modifying their dwelling, moving to more suitable accommodation, or moving closer to other services.

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Unless otherwise indicated, all data on this page refer to 2018.

Home modifications

Some people with disability may need modifications to buildings or fittings to help them move around or live with greater independence.

Of people living in private dwellings:

- 1 in 8 (12% or 511,000) with disability, and 1 in 4 (26% or 314,000) with severe or profound disability, have had modifications to their home because of their condition or age
- 1 in 5 (20% or 359,000) aged 65 and over with disability, and 2 in 5 (41% or 210,000) aged 65 and over with severe or profound disability, have done so
- those with disability aged under 25 (5.0% or 32,000) or 25–64 (7.0% or 124,000) are less likely to have done so than those aged 65 and over (20% or 359,000) (Table NEEDS.1).

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

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

Notes

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

1. Data are for people with disability living in households.

Source: ABS 2019; see also Table NEED2, [Data](#) – Housing-related needs.

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

- People with head injury, stroke or acquired brain injury are more likely to have modifications made to their home than any other disability group. One in 7 (14%, or 24,000) of those aged under 65 with disability caused by head injury, stroke or acquired brain injury and 38% (42,000) of those aged 65 and over have modifications made to their home.
- The age-related increase in home modifications is smallest for people with sensory or speech disability, and those with sensory or speech disability aged 65 and over are also least likely (21%, or 178,000) to have had modifications to their home compared with people aged 65 and over of any other disability group (Table NEEDS.2).

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

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

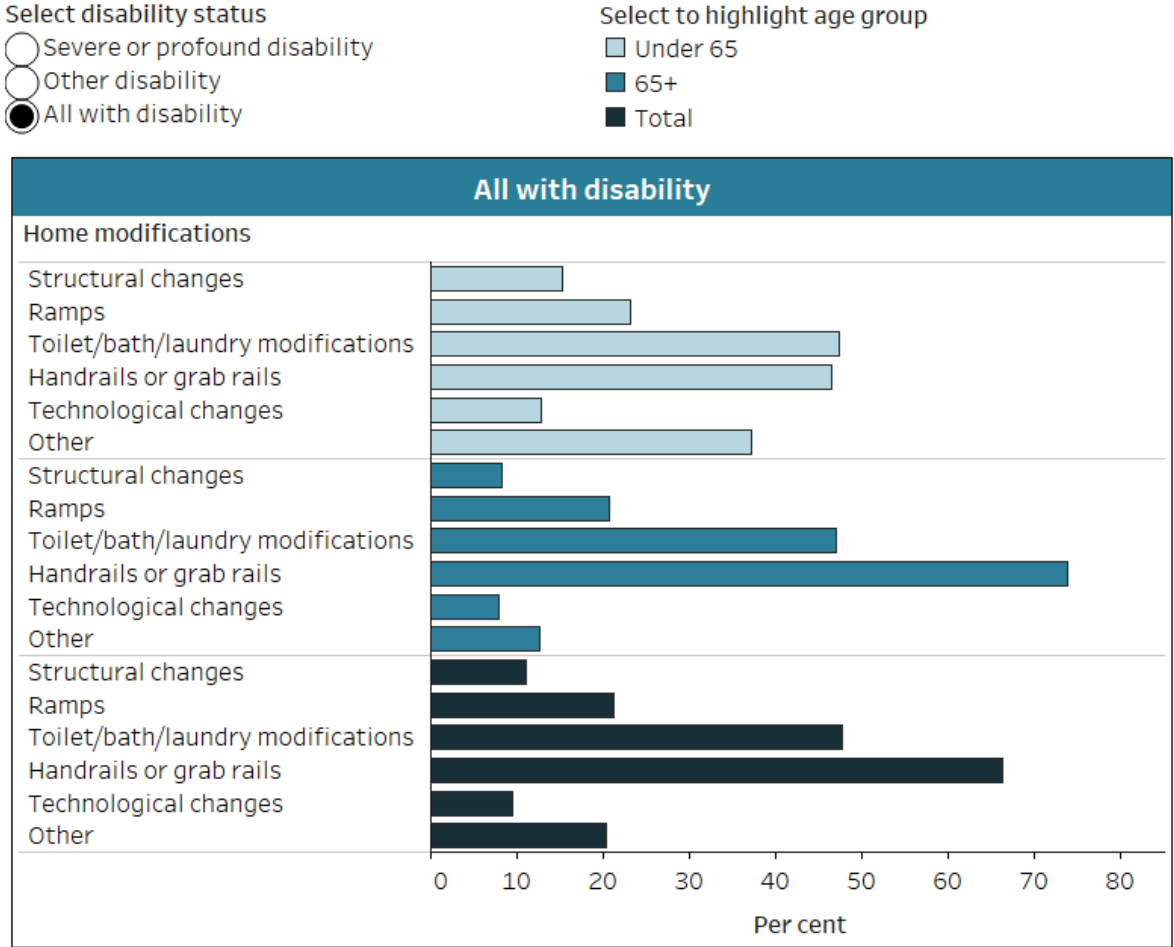
Note: Data are for people with disability living in households.

Source: ABS 2019; see also Table NEED4, [Data](#) – Housing-related needs.

The most common types of home modifications are modifications to toilet, bath or laundry, installation of handrails or grab rails, and ramps. For those with disability whose home was modified:

- almost half of those aged under 65 (47% or 74,000) had the toilet, bath or laundry modified, and 47% (or 168,000) of those aged 65 and over
- almost half of those aged under 65 (46% or 72,000) had handrails or grab rails installed, compared with 3 in 4 (74% or 264,000) of those aged 65 and over
- 23% (or 36,000) of those aged under 65 had ramps installed, and 21% (or 74,000) of those aged 65 and over (Figure NEEDS.1).

Figure NEEDS.1: Types of home modifications, for people with disability whose home was modified, by disability severity and age group, 2018



Source: ABS 2019; see also Table NEEDS.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Data are for people with disability living in households whose dwelling has been modified because of their condition or age.
- 2. People may have more than one type of modification in their home. Percentages will not add up to 100%.
- 3. ‘Technological changes’ include remote controls, new or changed heating or air-conditioning, installed home automation / smart home or environmental control systems, and telemonitoring systems.
- 4. ‘Other’ modifications include kitchen modifications, doors widened and other changes to dwelling.

Source data tables: [Data](#) – Housing-related needs.

In summary, whether a person with disability has their home modified, as well as types of modifications, varies by age and level of disability. For example:

- older people (aged 65 and over) with disability, and those with severe or profound disability, are the most likely to have their home modified (Table NEEDS.1)
- while handrails and grab rails are a common adjustment for all age groups, this modification is more common among older people (Figure NEEDS.1)
- some modifications (such as structural changes) are more often made for younger people (aged under 65) than for older people (aged 65 and over) (Figure NEEDS.1).

Satisfaction with home and neighbourhood

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by HILDA, see [‘Data sources’](#).

Satisfaction with home and neighbourhood

In 2021, HILDA Survey participants were asked to rate their satisfaction with the home they live in and their neighbourhood on a 0–10 scale. Ten represents the highest level of satisfaction and 0 the lowest (DSS and MIAESR 2022). In this analysis, people who indicate a satisfaction level between 0 and 5 are referred to as not satisfied with their home or neighbourhood, those who indicate a satisfaction level between 6 and 7 are referred to as somewhat satisfied, and those who indicate a satisfaction level between 8 and 10 are referred to as highly satisfied.

In 2021, about 1 in 9 (11%) people aged 15–64 with disability were not satisfied with their home, compared with 1 in 20 (5.3%) of those without disability. The levels of satisfaction with their home were similar for males and females, across different disability groups and levels of remoteness, but varied with severity of disability. People aged 15–64 with severe or profound disability were more likely (18%) to be not satisfied with their home than those with other disability status (9.6%) (DSS and MIAESR 2022).

People with disability aged 25–44 were the least likely to be highly satisfied with their home (60%), compared with those aged 65 and over (83%), and those aged 15–24 (75%) (DSS and MIAESR 2022). This pattern was similar to what was observed for people without disability.

People with disability aged 15–64 were more than twice as likely (13%) to be not satisfied with their neighbourhood as those without disability (5.9%). Among people with disability, there were no big differences in neighbourhood satisfaction for males and

females, across disability groups or for people with severe or profound disability, nor by remoteness of the areas people with disability lived in. Those aged 65 and over, however, tended to be more satisfied with their neighbourhoods: 75% of people with disability in this age group were highly satisfied with their neighbourhood, compared with 59% of those aged 15–64 (DSS and MIAEST 2022).

Moving house

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by HILDA, see '[Data sources](#)'.

What is meant by moving house?

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

In 2021, 12% of people with disability said they had moved house in the previous year or since their last interview. Younger people with disability aged 15–24 or 25–34 were more likely (24% and 29%, respectively) to have moved house than those aged 55–64 (9.4%) or 65 and over (4.9%) (DSS and MIAESR 2022). This was similar for people without disability.

For people aged 15–64:

- 16% of those with disability had moved house in the previous year or since their last interview and 18% of those without disability
- those with disability living in *Major cities* were less likely (14%) to have moved than those in *Inner regional areas* (20%), or *Outer regional, remote and very remote areas* (19%)
- those with psychosocial disability (20%) were more likely to have moved than people with intellectual disability (12%)
- the reasons for moving were similar for people with and without disability, and included: family or lifestyle reasons (both 32% of people with disability who had moved), property no longer being available (17% of people with disability who had moved), to get a larger or better place (14%), and job or study (8.7%)

- just under a half (48%) of continuing respondents with disability who have moved house since their last interview moved less than 10km from their previous home, 1 in 3 (33%) moved between 10km and less than 100km, and 1 in 5 (19%) moved 100km or more (DSS and MIAESR 2022).

Need to move house

What is meant by need to move house?

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

In 2018, about 1 in 12 people with disability (8.6% or 358,000) said they had to move house at least once in their lifetime because of their condition or age. People with severe or profound disability (15% or 187,000) were more than twice as likely as people with other disability (5.8% or 172,000) to have done so. Younger people (aged under 65) with disability (8.2% or 197,000) were about as likely as older people (aged 65 and over) with disability (9.3% or 164,000) to have done so (Figure NEEDS.2).

Of the people with disability who had ever had to move house, 23% (or 82,000) had moved more than once: 24% (or 45,000) of those with severe or profound disability, and 21% (or 37,000) of those with other disability status (ABS 2019). People with disability aged under 65 were more likely to move more than once (32% of those who had to move, or 64,000) compared with those aged 65 and over (11% or 18,000) (ABS 2019).

People aged under 65 with psychosocial disability (15% or 119,000) or with disability caused by head injury, stroke or acquired brain injury (20% or 34,000) are more likely to have moved house because of their condition or age than those with sensory or speech disability (8.7% or 49,000), intellectual disability (9.7% or 52,000) or physical restrictions (11% or 146,000) (ABS 2019).

Figure NEEDS.2: People with disability who had ever have to move house due to their condition or age, by disability severity and age group, 2018



Source: ABS 2019; see also Table NEED10.
<https://www.aihw.gov.au>

Note: Data are for people with disability living in households.

Source data tables: [Data](#) – Housing-related needs.

Needs in social housing

Data note

Data in this section are sourced from the **2021 National Social Housing Survey (NSHS)**. The NSHS is a biennial survey of social housing tenants. It complements administrative data collected by social housing providers and includes information on tenants and their social housing experiences.

Participants are randomly sampled from social housing programs – public housing, state owned and managed Indigenous housing, community housing, and Indigenous Community Housing.

How does NSHS define disability?

Households are said to have a person with disability if at least one member in the household always or sometimes needs assistance with self-care activities, body movement activities or communication, and the reason they need assistance is 'long-term health condition lasting 6 months or more' or 'disability'.

Proximity to services

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

Table NEEDS.3: Proportion of households in social housing whose access to services and facilities met household needs, by household disability status (%), 2021

Services and facilities	Person with disability in household	No person with disability in household
Shops and banking	86.3	94.9
Public transport	92.1	95.6
Parks and recreational or sporting facilities	92.3	95.4
Medical services	88.9	95.2
Hospitals	91.1	95.5
Child care facilities	90.0	94.7
Schools	93.9	96.4
TAFE, university or other training	80.4	92.8
Employment / place of work	81.7	92.7
Community and support services	85.8	94.9
Family and friends	80.5	90.9

Source: AIHW 2022, Table S4.3.

Home amenities

Social housing households that have at least one person with disability are less likely than those without disability to say that their needs are met for a range of housing amenities, including:

- structural modifications for special needs (72% compared with 83%)
- fixtures for special needs (75% compared with 85%)
- energy efficiency (69% compared with 81%) and thermal comfort (66% compared with 77%)

- safety and security, whether in the home (75% compared with 83%) or in the neighbourhood (70% compared with 78%)
- ease of access and entry (90% compared with 96%) (AIHW 2022).

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).
- [National Social Housing Survey 2021](#).
- [The Household, Income and Labour Dynamics in Australia Survey](#).

References

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

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Housing assistance

Key findings

- **Commonwealth Rent Assistance (CRA):** At June 2022, 1 in 5 (20%) individuals and families receiving CRA received Disability Support Pension (DSP) as their primary income support payment.
- **Rental stress:** At June 2022, 1 in 3 (33%) income units receiving CRA and with DSP as the primary income support payment were in rental stress.
- **People with disability in social housing:** 1 in 3 (36%) social housing households at June 2022 had at least one person with disability.

Housing assistance can provide vital support for people with disability who live in a household that cannot meet the costs of accessing or maintaining housing.

Housing assistance can be short or long term and can vary depending on the needs of the person and/or household. It is generally provided through:

- provision of subsidised rental housing – for example, social housing (see '[Social housing](#)' and '[Tenure type](#)' sections in this report, and [Housing assistance](#) on the AIHW website)
- financial payments – for example, [Commonwealth Rent Assistance](#) (CRA) and other support for private renters (see '[Commonwealth Rent Assistance](#)' section in this report)
- specialist homelessness services – see '[Homelessness services](#)' section in this report and [Homelessness services](#) on the AIHW website.

Rent assistance

Commonwealth Rent Assistance

CRA is a non-taxable Australian Government income supplement made to eligible people renting in the private housing market or community housing to assist with their cost of housing. See [Commonwealth Rent Assistance](#) on the Department of Social Services website for details about eligibility. It is the most common form of housing assistance received by Australian households overall. At 30 June 2023, nearly 1.3 million individuals and families received CRA (DSS 2023).

Private rent assistance (PRA)

PRA is financial assistance provided directly by all state and territory governments to low-income households experiencing difficulty in securing or maintaining private rental accommodation. Private rent assistance is usually provided as a one-off form of support and includes bond loans, rental grants, rental subsidies and relief, and payment of relocation expenses. In 2021–22, PRA was provided to 56,900 households. Bond loans (43,470 households) were the most common type of PRA followed by one-off rental grants

(19,160 households). DSP is the main source of income for 17% of PRA recipients (AIHW 2023b).

Housing supports provided under the National Disability Insurance Scheme

The NDIS provides a range of housing and living supports and services (see the [NDIS website](#) for more information). These include home modifications and Specialist Disability Accommodation (SDA).

SDA is housing designed for people with extreme functional impairment or very high support needs. SDA funding is provided to only a small proportion of NDIS participants who meet specific eligibility criteria. See [SDA](#) on the NDIS website for more information.

Home modifications are custom-built changes to a participant's home to help them access and use areas of their home. These may range from minor changes like widening a doorway to more complex structural changes to several areas of the home. For more information on home modifications, see the [NDIS website](#).

For more information about NDIS services and participants, see '[Specialist disability support services](#)' section in this report.

In addition to housing assistance, there are initiatives specifically for people with disability. These include supports provided through the National Disability Insurance Scheme (NDIS) – Special Disability Accommodation (SDA) and home modifications.

At 30 June 2023, nationally 3.8% (or 23,100) of active participant plans included SDA (NDIA 2023c).

At 30 June 2023, 1 in 16 (6.2% or 37,900) active participants received supports for home modifications. This included 1 in 18 male participants (5.5% or 20,500) and 1 in 13 female participants (7.5% or 17,100) (NDIA 2023a). The average annualised support payment under this category was \$263,000. The average support payments were highest for participants with stroke (\$459,000), spinal cord injury (\$394,000), or other neurological condition (\$416,000) (NDIS 2023b).

Home modification supports varied by age. Of the 37,900 participants who received supports for home modifications, almost 4 in 5 were aged 35 and over (79% or 29,900); people in this age group made up about one-third (32%) of all NDIS participants (NDIA 2023a).

Commonwealth Rent Assistance

Appropriate housing for people living with disability can often be difficult to get or maintain without additional financial assistance, such as Commonwealth Rent Assistance (CRA).

At 30 June 2022, 20% of CRA income units received the Disability Support Pension (DSP) as their primary payment type (DSS 2022). Other common income support payments, relevant to people with disability, received by CRA income units as their primary payment type were:

- JobSeeker Payment (24%)
- Age Pension (23%)
- Carer Payment (5.9%) (AIHW 2023b).

At 30 June 2022, 270,000 income units received both DSP and CRA. Of those:

- 2 in 3 (63% or 171,000) lived in private rental properties, compared with 75% (or 1.0 million) of all CRA income units
 - the remaining 1 in 3 (37% or 99,000) income units receiving both DSP and CRA had other types of rental arrangements including board and/or lodging, Defence Force housing, maintenance fees for nursing home or retirement village, mooring fees, other housing organisations, respite care fees, site fees, and other rent types
- 1 in 2 (47% or 126,000) paid less than \$200 rent per week, compared with 35% (or 476,000) of all CRA income units
 - 33% (or 89,000) of DSP and CRA income units paid \$200 to less than \$300 and 20% (or 55,000) paid \$300 or more
- 2 in 3 (65% or 177,000) received rent assistance of \$70 or more per week, compared with half (53%, or 717,000) of all CRA income units (AIHW 2023a). It should be noted that single CRA recipients who share their accommodation with others are only entitled to a maximum rate of CRA of two-thirds of that for singles living alone. CRA recipients on DSP who share accommodation are exempt from this provision and are paid up to the maximum rate for a single person on income support (DSS 2024).

Rental stress

Rental stress is defined as spending more than 30% of gross household income (excluding CRA) on rent (after CRA is deducted from rent). At 30 June 2022:

- 33% (or 90,000) of income units receiving CRA and DSP were in rental stress after receiving CRA. Without CRA, 74% (or 199,000) of these income units would have been in rental stress
- 44% (or 582,000) of all CRA income units were in rental stress after receipt of CRA and 72% (or 955,000) would have been in rental stress without CRA (AIHW 2023a).

Social housing

Around 145,000 social housing households have at least one person with disability (at June 2022). This makes up 36% of all social housing households. A further 54% of social housing households do not have a member with disability, and for the remaining 9.4%, disability status of the household is unknown (AIHW 2023c).

The proportions of households with disability vary by housing program:

- Public housing has the highest proportion of households that have at least one person with known disability (39% or 111,000 households).
- Among households in state owned and managed Indigenous housing (SOMIH), 19% (or 2,600) have at least one member with known disability, however SOMIH has the highest proportion of households with unknown disability status (35% or 4,700 households).
- In community housing, 31% (or 31,700) of households have at least one member with known disability (AIHW 2023c).

Data note

Data in this section are sourced from [Housing assistance in Australia](#) which reports on 3 of the main social housing programs in Australia:

- public housing
- state owned and managed Indigenous housing (SOMIH)
- community housing.

What is social housing?

Social housing is one of the main forms of housing assistance provided in Australia. It is low cost or subsidised rental housing owned or managed by the government or a community organisation, let to eligible people.

How do social housing programs define disability?

Disability in social housing programs is defined as an impairment of body structure or function, a limitation in activities, and/or a restriction in participation.

Priority households – special needs and greatest need

Each state, territory or organisation that provides social housing determines its own priorities for allocating its stock according to need. Priorities typically fall across 'special needs' and 'greatest need' categories.

Special needs households include households that have:

- at least one person with disability

- a main tenant younger than 25 years or 75 or over (50 or over for SOMIH)
- at least one person who identifies as Aboriginal and/or Torres Strait Islander.

Greatest need households are low-income households in which, at the time of allocation, members are experiencing:

- homelessness
- risk to life or safety in their accommodation
- aggravation of their health condition due to their housing
- housing inappropriate to their needs
- very high rental costs.

Households may be identified as greatest need or special needs or both.

Newly allocated public housing households

In 2021–22, more than 1 in 3 (36% or 5,400) newly allocated public housing households had at least one person with disability. These households made up over half (58%) of newly allocated households with special needs in public housing.

About 9 in 10 (89% or 4,800) newly allocated public housing households that have at least one person with disability are households in greatest need. Common main reasons are:

- homelessness (55% of newly allocated public housing households with disability and in greatest need – where the greatest need reason is known)
- health condition aggravated by housing (17%)
- life or safety at risk in accommodation (15%) (AIHW 2023c).

Newly allocated SOMIH households

In 2021–22, around 1 in 6 (16% or 105) newly allocated SOMIH households had at least one person with known disability, while disability status was unknown for 37% (or 235) of households. Of those with known disability, 86% (or 75 households) were in greatest need (where greatest need status is known). Common main reasons were:

- homelessness (51% of newly allocated SOMH households with disability and in greatest need – where the greatest need reason is known)
- health condition aggravated by housing (15%)
- life or safety at risk in accommodation (21%) (AIHW 2023c).

Household characteristics

Household characteristics discussed in this section include the composition of the household, income status, Indigenous status of the household, and demographic information relating to the main tenant.

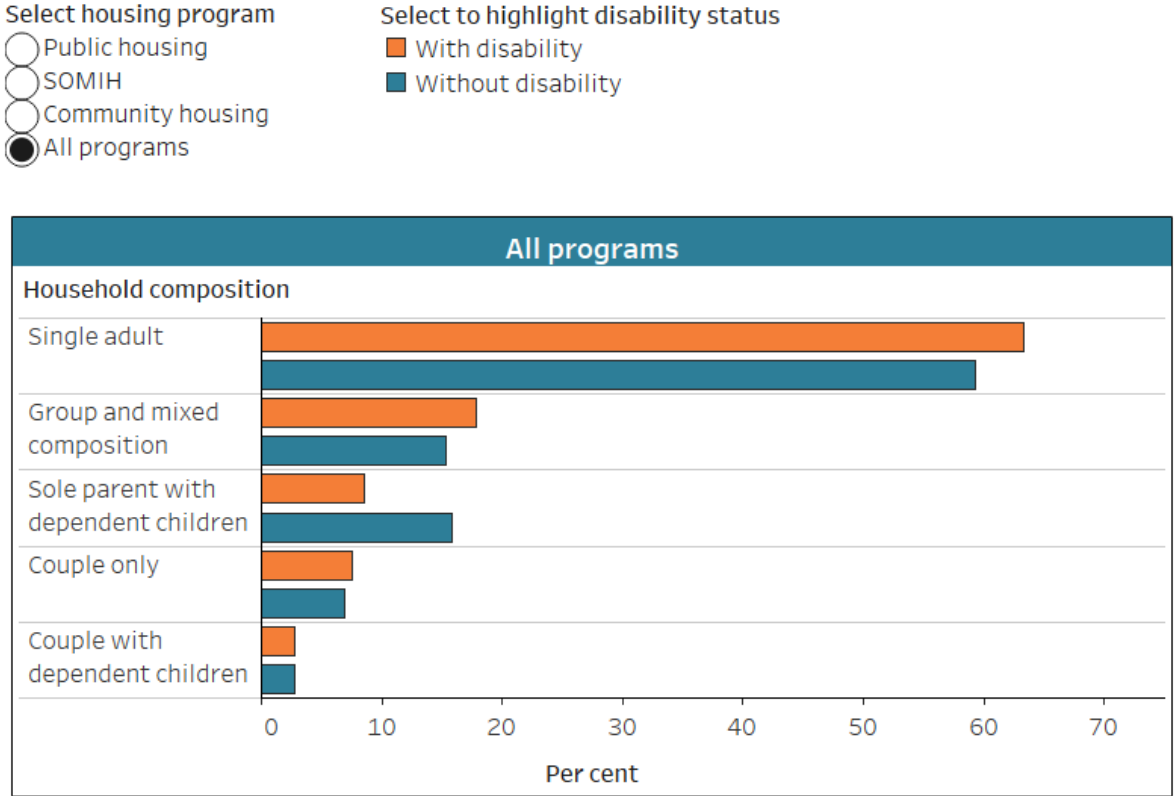
Household composition is based on the relationship between household members. Of households that have at least one person with disability (where disability status is known) (Figure ASSISTANCE.1):

- the majority are single-adult households (63% or 90,300), this is higher than for households that do not have a person with disability (where 59% or 123,000 are single-adult households) (where household composition is known)
- 1 in 5 (18% or 25,400) are group or mixed composition households (15% or 31,900 without disability) (where household composition is known)
- 1 in 14 (8.6% or 12,300) are single-parent households (16% or 32,900 without disability) (where household composition is known) (AIHW 2023c).

Almost all (100% or 110,000) public housing and SOMIH households with disability are low-income, as are households without disability (100% or 143,000) (where income status is known) (AIHW 2023c). Households are considered low income if their equivalised household income is in the bottom 40% of incomes based on the ABS Survey of Income and Housing. Income information is not available for households in community housing.

One in 10 (9.9% or 14,400) public and community housing households with disability are First Nations households (a household is defined as a First Nations household if it has at least one member who identifies as being of Aboriginal and/or Torres Strait Islander origin). First Nations households make up 11% (or 24,800) of all households without disability (where disability status is known). Note that 60,000 households (15% of all households in public and community housing programs) have Indigenous status 'not stated', so the number of First Nations households is known to be an undercount.

Figure ASSISTANCE.1: Household composition of social housing households, by disability status and housing program, at 30 June 2022



Source: AIHW National Housing Assistance Data Repository; see also tables ASTN6.
<https://www.aihw.gov.au>

Notes

1. Proportions exclude households with household composition or disability status 'not stated'.
2. A household is classified as 'with disability' if any member of the household has disability.
3. SOMIH refers to state owned and managed Indigenous housing.

Source data tables: [Data](#) – Housing assistance.

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

- are more likely (43% or 61,700) to be male than those without a person with disability (34% or 72,900) (where sex of main tenant is known) (AIHW 2023c)
- are more likely to be aged 45–64 and less likely to be younger or older (where age of main tenant is known) (Table ASSISTANCE.1). Note that with the exception of single-adult households, the main tenant may or may not be the person with disability.

Table ASSISTANCE.1: Age of main tenant in social housing households, by household disability status, at 30 June 2022 (%)

Age of main tenant	Household with disability	Household without disability	Household disability status not stated
15–24	1.6	3.4	2.8
25–34	6.1	10.7	12.1
35–44	12.4	14.4	17.5
45–54	22.6	16.5	18.9
55–64	31.4	16.6	18.6
65 and over	25.9	38.3	30.1

Notes

1. A household is classified as 'with disability' if any member of the household has disability. With the exception of single-adult households, the main tenant may or may not be the member with disability.
2. 9.3% (or 37,600) of households have a household disability status of 'not stated'.
3. Per cent calculation excludes cases where age of main tenant is 'not stated'.

Source: AIHW National Housing Assistance Data Repository; see also Table ASTN6, [Data](#) – Housing assistance.

Benefits of living in social housing

Data note

Data in this section are sourced from the **2021 National Social Housing Survey (NSHS)**. The NSHS is a biennial survey of social housing tenants. It complements administrative data collected by social housing providers and includes information on tenants and their social housing experiences.

Participants are randomly sampled from social housing programs – public housing, state owned and managed Indigenous housing and community housing.

For more information and insights from NSHS, please see [National Social Housing Survey 2021](#) on the AIHW website.

How does NSHS define disability?

Households are said to have a person with disability if at least one member in the household always or sometimes needs assistance with self-care activities, body movement activities or communication, and the reason they need assistance is 'long-term health condition lasting 6 months or more' or 'disability'.

While most households with at least one person with disability experience some benefits from living in social housing, they are less likely than households without a person with disability to have a positive experience (Table ASSISTANCE.2). For example, households that have at least one person with disability are less likely to enjoy better health and feel part of the local community; and feel less able to:

- improve their job situation
- start or continue with education and training
- have better access to services.

For information on access to services and facilities for social housing tenants, see '[Housing-related needs](#)'.

Table ASSISTANCE.2: Benefits of living in social housing, 2021

Benefits of living in social housing	Households with disability	Households without disability
Feel more settled	93.1	96.0
Enjoy better health	75.7	85.2
Feel more able to cope with life events	84.5	89.9
Feel part of the local community	75.3	84.4
Able to continue living in this area	88.9	93.0
Able to manage rent/money better	91.0	94.6
Feel more able to improve job situation	55.3	72.8
Feel more able to start or continue education/training	62.9	76.4
Have better access to services	81.3	88.9
Have better access to public transport	83.8	89.3

Notes

1. Household with disability is a household where at least one person is identified as having disability.
2. Respondents could report more than one benefit of living in social housing.

Source: AIHW 2023d, Table S2.7.

Where can I find out more?

- [Data tables](#) for this report.
- [AIHW housing assistance](#).
- NDIS [Housing and living supports and services](#).
- [National Social Housing Survey 2021](#).

References

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Homelessness services

Key findings

- **SHS clients with disability:** About 1 in 10 (9.5% or 25,900) Specialist Homelessness Services (SHS) clients in 2022–23 had disability.
- **Homelessness at first report:** In 2022–23, 48% of SHS clients with disability were homeless at first report, as were 47% of clients without disability.
- **Complex support needs:** SHS clients with disability need more support services (an average of 12.4 services compared with 8.8 for clients without disability) and longer support (81 days compared with 56) (2022–23).

Safe and secure housing is fundamental to people’s health and wellbeing. Access to affordable housing is a key issue for everyone, particularly those on low incomes. A lack of affordable housing puts households at an increased risk of experiencing housing stress and can affect their health, education and employment and place them at risk of homelessness (AIHW 2022).

Anyone can be affected by homelessness; however, some groups, such as people with disability, may face additional risk factors, such as limited engagement with the labour market, discrimination and low income (AIHW 2022). These factors increase their likelihood of experiencing homelessness, or present additional barriers to exiting homelessness (see [‘Employment’](#), [‘Disability discrimination’](#) and [‘Income and finance’](#) for more information on these life areas).

People with disability may also have specific accommodation and support needs beyond those of the general population.

People with disability who are homeless or at risk of homelessness can use specialist homelessness services (SHS). These services are funded by governments to:

- provide accommodation support to people in need
- support at-risk clients to remain housed
- provide services intended to support stable living conditions, such as counselling, employment or financial services.

Data note

Data on this page are sourced from the AIHW's [Specialist Homelessness Services Collection \(SHSC\)](#). Unless otherwise indicated, the reported data refer to 2022–23.

The SHSC comprises a Client Collection and an Unassisted Persons Collection. Disability status is not collected in the Unassisted Persons Collection, therefore this section reports on Client Collection only.

The Client Collection captures information on everyone who receives service from an SHS agency. Information is collected at the start of a support period, each month within the support period, and the end of a support period.

How does SHSC capture disability information?

The SHSC uses a shortened version of the AIHW's [standardised disability flag](#) since 2013–14.

In the SHSC, disability is defined as limitation with core activities due to a long-term health condition or disability.

Core activities are:

- self-care – for example, showering or bathing, dressing or undressing, eating food
- mobility – for example, moving around the house, getting in or out of a chair
- communication – for example, understanding or being understood by people, including people they know.

Clients are identified as having disability if they require assistance, have difficulty, or use aids or equipment for core activities. This group is referred to in this section as 'clients with disability'.

Clients who always or sometimes need assistance with core activities are referred to in this section as 'clients with severe or profound disability'. Note that some AIHW reports, such as the [Specialist homelessness services annual report](#), restrict their disability reporting to clients with severe or profound disability only.

Clients who have disability but no core activity limitation are not identified as having disability in the SHSC. This includes the small proportion of clients not identified as having disability, but who need disability services (1.1% or 2,500).

All clients are asked the SHSC disability questions, however response rates to the disability flag are relatively low. For example, the number of clients with invalid responses to the flag in 2022–23, while small compared with total clients (273,700), was similar to the number of clients with disability (25,900 with disability and 24,400 with missing disability status) (AIHW 2023).

Differences in the interpretation of disability questions for young children mean data may not be comparable across age groups. For this reason, children aged 9 or under were excluded from some analyses.

See the [SHSC Data Quality Statement](#) and [SHSC disability flag](#) for more information.

Demographics

In 2022–23, about 274,000 clients received support from specialist homelessness services. Among SHS clients, 9.5% (or 25,900) have disability and 82% (or 223,400) have no disability. A further 8.9% (or 24,400) of SHS clients have an unknown disability status.

About 3 in 10 (29% or 7,600) clients with disability have severe or profound disability (or 2.8% of all SHS clients) (AIHW 2023).

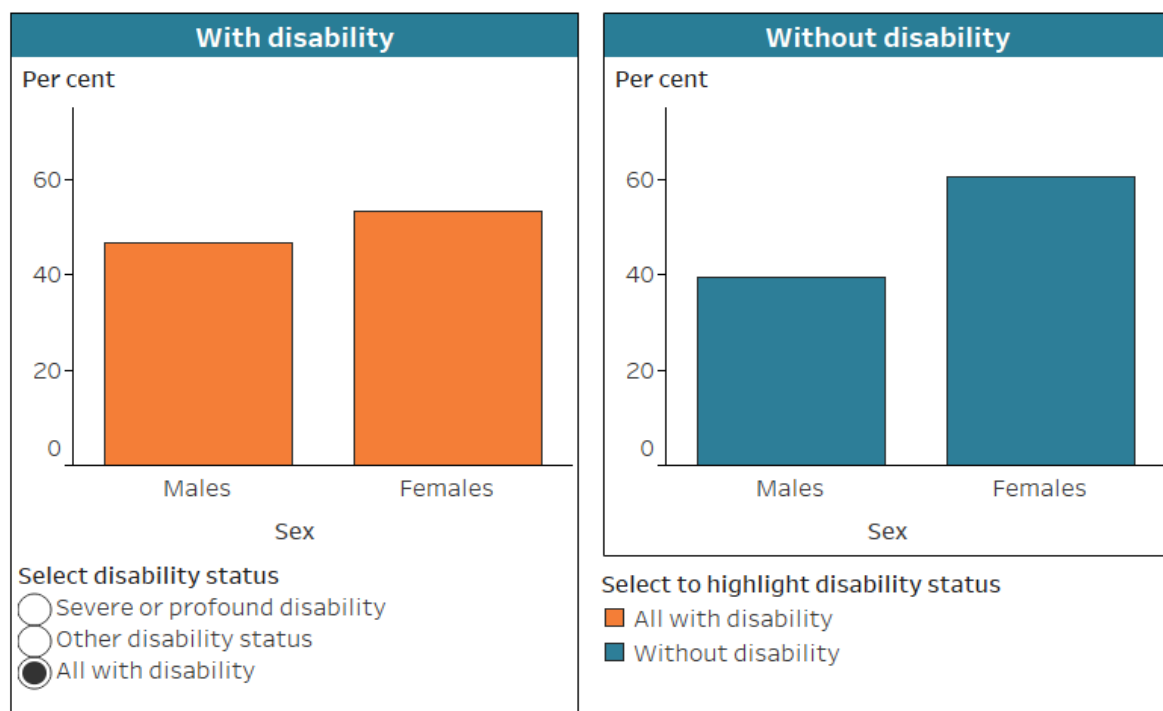
Sex

There are relatively more males among clients with disability (47% or 12,100) than among clients without disability (40% or 88,400) (Figure HOMELESSNESS.1, AIHW 2023).

Figure HOMELESSNESS.1: Specialist Homelessness Services (SHS) clients, by disability status and severity, age group and sex, 2022–23

Select to view by age group or sex

- Age group
 Sex



Source: SHSC 2022–23; see also Tables SHSC1 and SHSC3.
<https://www.aihw.gov.au>

Notes

1. Data by age group are for people aged 10 and over.
2. 'With disability' refers to clients who have core activity limitation. 'Without disability' may include clients who have disability but no core activity limitation.

Source data tables: [Data](#) – Homelessness services.

Disability is less common in female SHS clients than male clients – 8.5% of female SHS clients have disability, compared with 11% of male clients (Table HOMELESSNESS.1).

Table HOMELESSNESS.1: Prevalence of disability in SHS clients for whom disability status is known, by sex, 2022–23 (%)

Disability status	Males	Females	Total
With disability	10.9	8.5	9.5
Severe or profound disability	3.4	2.3	2.8
Other disability	7.5	6.1	6.7
Without disability	79.5	83.1	81.6
Disability status not known	9.6	8.5	8.9
Total	100.0	100.0	100.0

Note: 'With disability' refers to clients who have core activity limitation. 'Without disability' may include clients who have disability but no core activity limitation.

Source: AIHW 2023; see also Table SHSC1, [Data](#) – Homelessness services.

Age

Clients with disability are more likely to be older than clients without disability. In 2022–23, among SHS clients aged 10 or over, 13% (or 3,000) of clients with disability were aged 65 or over, compared with 3.4% (or 6,400) of clients without disability (Figure HOMELESSNESS.1).

Disability is more common in older SHS clients:

- 3 in 10 (29% or 3,000) of clients aged 65 and over have disability
- 1 in 10 (9.8% or 19,900) aged 15–64
- 1 in 25 (4.2% or 730) aged 10–14 (Table HOMELESSNESS.2).

Table HOMELESSNESS.2: Prevalence of disability in SHS clients for whom disability status is known, by age group, 2022–23 (%)

Age group	Severe or profound disability	Other disability	All with disability	Without disability	Disability status not known	Total
10–14	2.2	2.0	4.2	85.1	10.7	100.0
15–17	1.6	3.3	4.9	87.4	7.7	100.0
18–24	1.9	4.7	6.6	87.1	6.4	100.0
25–34	1.7	5.4	7.1	84.4	8.5	100.0
35–44	2.0	7.0	9.0	82.0	9.0	100.0
45–54	3.3	11.2	14.4	76.6	8.9	100.0
55–64	5.5	17.1	22.6	68.3	9.1	100.0
65 and over	7.3	22.2	29.5	62.3	8.2	100.0
10 and over	2.6	7.7	10.3	81.2	8.5	100.0

Notes

1. Data are for SHS clients aged 10 and over. While disability status is collected for all ages, data relating to children aged 0–9 should be interpreted with caution.
2. 'With disability' refers to SHS clients who have core activity limitation. 'Without disability' may include clients who have disability but no core activity limitation.

Source: AIHW 2023; see also Table SHSC3, [Data](#) – Homelessness services.

Indigenous status

About 1 in 4 (24% or 5,900) clients with disability identify as Aboriginal and/or Torres Strait Islander (First Nations) people, compared with 30% (or 64,000) of clients without disability (of those with known Indigenous status).

First Nations clients (7.9% or 5,900) are less likely to be identified as having disability than non-Indigenous clients (10% or 19,000). For 7.0% (or 5,200) of First Nations clients and 7.9% (or 14,600) of non-Indigenous clients the disability status was not known.

First Nations clients with disability are about as likely to have severe or profound disability (30% or 1,800) as non-Indigenous clients with disability (29% or 5,500).

Beginning of support

In 2022–23, clients with disability (48% or 11,700) were as likely as those without disability (47% or 97,600, for those with known disability status) to be homeless, rather than at risk of homelessness, when they started receiving support (Figure HOMELESSNESS.2).

Housing status of SHS clients

All clients of specialist homelessness services are either homeless or at risk of homelessness (excluding clients who do not provide sufficient information to make this assessment). Housing circumstances are based on the client's type of residence, tenure, and conditions of occupancy.

'Homeless' includes people who:

- have no shelter or live in improvised / inadequate dwelling
- stay in short-term, temporary accommodation
- are a couch surfer or have no tenure in a house, townhouse or flat.

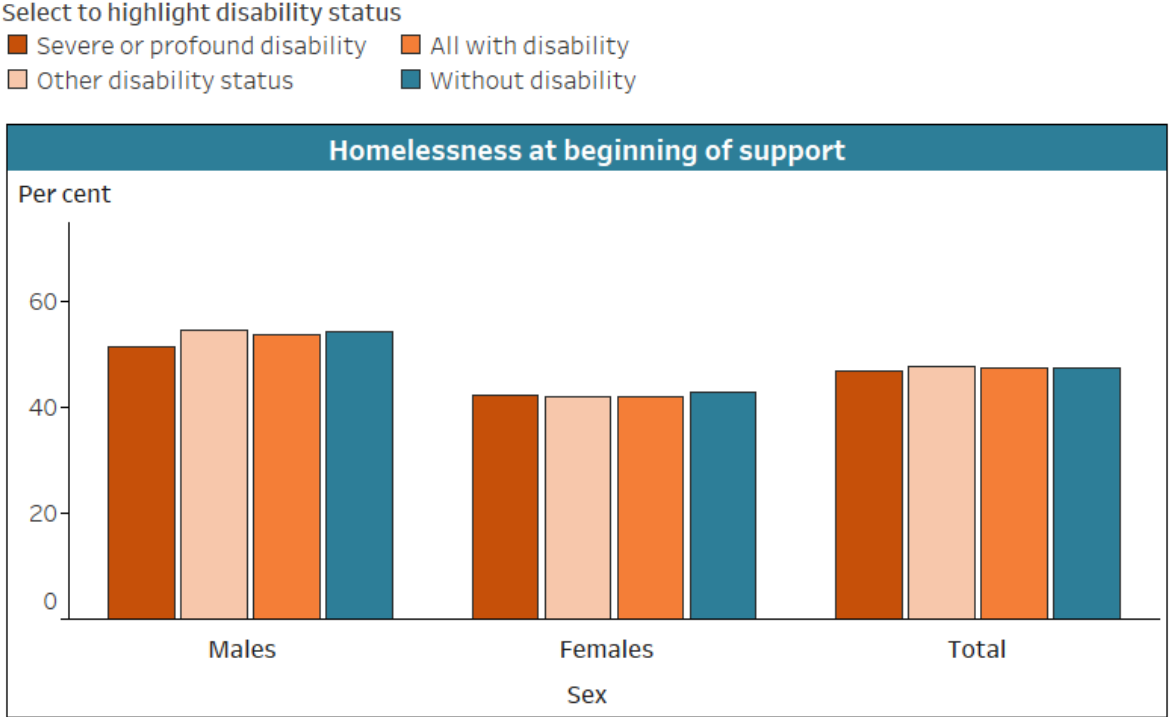
'At risk of homelessness' (also referred to as 'housed') includes people who:

- rent or live rent free in public or community housing
- rent, live rent free or own private or other housing
- reside in institutional settings.

This report looks at housing status at the beginning and the end of the client's support.

Male SHS clients with disability (54% or 6,200) are more likely than female clients (42% or 5,500) to be homeless when they start receiving support (for those with known disability and housing status). A similar pattern is evident in clients without disability (Figure HOMELESSNESS.2).

Figure HOMELESSNESS.2: Proportions of SHS clients homeless at the beginning of support, by disability status and severity, and sex, 2022–23



Source: SHSC 2022–23; see also Table SHSC4.
<https://www.aihw.gov.au>

Note: 'With disability' refers to SHS clients who have core activity limitation. 'Without disability' may include clients who have disability but no core activity limitation.

Source data tables: [Data](#) – Homelessness services.

Reasons for seeking assistance

The most common main reason SHS clients with disability seek support is due to problems with accommodation (43% or 11,100), followed by interpersonal relationships (20% or 5,300) (Table HOMELESSNESS.3).

Reasons for seeking assistance

The SHSC collects information about the client's reasons for seeking assistance at the start of support:

- the main reason for seeking support
- all reasons for seeking support.

This information is as reported by the client, not the agency worker.

Table HOMELESSNESS.3: SHS clients, selected main reasons for seeking support, by disability status, 2022–23 (%)

Main reason	With disability	Without disability
Accommodation	42.9	35.2
Housing crisis	24.7	20.1
Inadequate/inappropriate dwelling conditions	14.1	11.0
Previous accommodation ended	4.0	4.1
Interpersonal relationships	20.4	31.6
Domestic/family violence	15.3	25.4
Relationship/family breakdown	3.3	4.3
Financial	18.6	19.3
Financial difficulties	9.9	10.7
Housing affordability stress	8.5	8.1
Health	6.1	2.4
Mental health issues	2.7	1.2
Medical issues	2.7	0.6

Notes

1. Denominator includes clients whose main reason for seeking support is recorded as 'not stated' (0.5% of clients with disability and 0.4% of clients without disability).
2. 'With disability' refers to SHS clients who have core activity limitation. 'Without disability' may include clients who have disability but no core activity limitation. Excludes clients whose disability status is recorded as missing or unknown.

Source: AIHW 2023; see also Table SHSC5, [Data](#) – Homelessness services.

The main reasons clients seek support vary between those with and without disability (Table HOMELESSNESS.3). Clients with disability are more likely to report housing crisis as a main reason for seeking support and less likely to report domestic or family violence (Table HOMELESSNESS.3).

The main reasons that clients with disability seek support also vary depending on their housing situation at the beginning of support (Table HOMELESSNESS.4). For example:

- More than half (53% or 6,200) of clients with disability who are homeless when they begin support cite accommodation-related reasons as their main reason for seeking support, compared with about one-third (36% or 4,600) of those who begin support at risk of homelessness.

- Interpersonal relationship and financial issues are more commonly identified by clients with disability who begin support at risk of homelessness than those who begin support homeless.

Table HOMELESSNESS.4: SHS clients with disability, main reason for seeking support, by housing status at first report, 2022–23 (%)

Main reason	Homeless at first report	At risk at first report
Accommodation	53.0	35.8
Housing crisis	26.7	23.9
Inadequate/inappropriate dwelling conditions	20.6	9.1
Previous accommodation ended	5.7	2.7
Interpersonal relationships	16.8	21.8
Domestic/family violence	11.1	17.1
Relationship/family breakdown	4.2	2.5
Financial	15.2	22.1
Financial difficulties	6.5	12.9
Housing affordability stress	8.5	9.0
Health	4.9	7.5
Mental health issues	2.5	2.9
Medical issues	1.6	3.8

Notes

1. Denominator includes clients whose main reason for seeking support is recorded as 'not stated' (0.5% of clients with disability).
2. 'With disability' refers to SHS clients who have core activity limitation.

Source: AIHW 2023; see also Table SHSC6, [Data](#) – Homelessness services.

During support

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

- higher average number of support periods received – 2.4 for clients with disability compared with 1.7 for clients without disability
- greater median length of support – 81 days compared with 56
- higher average number of distinct services needed – 12.4 compared with 8.8 (AIHW 2023).

Support need and provision

Information on services and assistance needed, provided and referred is collected by SHS agencies during the collection period.

‘Services needed’ refers to services or assistance the SHS agency worker assesses the client needs, regardless of whether the client accepts this or agrees to participate in the support service.

‘Services provided’ refers to services or assistance provided directly by the SHS agency.

‘Services referred’ refers to cases where a client is referred to another service provider who accepts the client for an appointment or interview. It does not capture whether a client kept the appointment or whether the appointment led to the client receiving a service.

Type of support needed

Accommodation provision is the most needed type of assistance for clients with (68% or 17,500) and without (62% or 138,000) disability (for SHS clients with known disability status). Clients with disability, however, generally have a higher need for all types of accommodation (multiple accommodation needs may be identified):

- 45% (or 11,600) need long-term housing, compared with 42% (or 93,200)
- 38% (or 9,800) need medium-term or transitional housing, compared with 30% (or 67,900)
- 51% (or 13,300) need short-term or emergency accommodation, compared with 40% (or 90,100) (AIHW 2023).

Other common types of assistance needed by SHS clients with known disability status include:

- assistance to sustain housing tenure – 38% (or 9,900) of clients with disability, compared with 31% (or 70,000) of clients without disability
- mental health assistance – 16% (or 4,100), compared with 9.0% (or 20,200)
- legal or financial services – 7.8% (or 2,000), compared with 6.2% (or 13,900)

- family assistance (including child protection, parenting skills, and child specific counselling services) – 7.3% (or 1,900), compared with 8.6% (or 19,300)
- immigration or cultural services assistance – 7.0% (or 1,800), compared with 6.9% (or 15,400)
- disability services – 5.8% (or 1,500), compared with 1.1% (or 2,500) (clients without disability who are identified to need disability services may include people who have disability but no core activity limitation)
- drug and alcohol services – 5.5% (or 1,400), compared with 3.0% (or 6,600) (AIHW 2023).

Almost all SHS clients also need some general assistance, such as advice or information (86% or 22,200 of all SHS clients with disability in 2022–23), advocacy (67% or 17,300), or material aid (43% or 11,200). Clients with disability are generally more likely than those without disability to need most types of assistance, with the exception of assistance for domestic and/or family violence (20% or 5,100 of clients with disability and 26% or 57,800 of clients without disability needed this type of assistance) (AIHW 2023).

Unmet need for support

Not all SHS clients who need support receive it directly from SHS service provider (though they may have a referral arranged). As a result, not all clients have their support needs met.

In 2022–23, of SHS clients with known disability status:

- 34% (or 8,800) of clients with disability had all their support needs met directly, compared with 43% (or 96,700) without disability
- 62% (or 16,200) had some needs met, compared with 52% (or 116,000)
- 3.5% (or 900) had none of their needs met, compared with 4.7% (or 10,500) (AIHW 2023).

Some types of support are more likely to be provided than others. For example, of SHS clients with disability:

- half (50% or 8,700) of those who needed accommodation were provided it directly and a further 18% (or 3,100) were referred elsewhere
- 81% (or 7,900) of those who needed assistance to sustain housing tenure received that assistance directly and a further 3.2% (or 315) were referred
- 4 in 10 (41% or 835) who needed legal or financial services received them directly and a further 28% (or 560) were referred (Figure HOMELESSNESS.3, AIHW 2023).

Clients with disability (50% or 8,700) are slightly less likely than clients without disability (52% or 71,600) to receive the accommodation services they need, and slightly more likely to receive long-term housing (5.9% or 780 compared with 4.0% or 3,600) when they need it.

When they need them, clients with disability are also more likely to receive:

- mental health services – 49% (or 2,000) compared with 47% (or 9,500)
- drug and/or alcohol services – 48% (or 680) compared with 45% (or 3,000) (AIHW 2023).

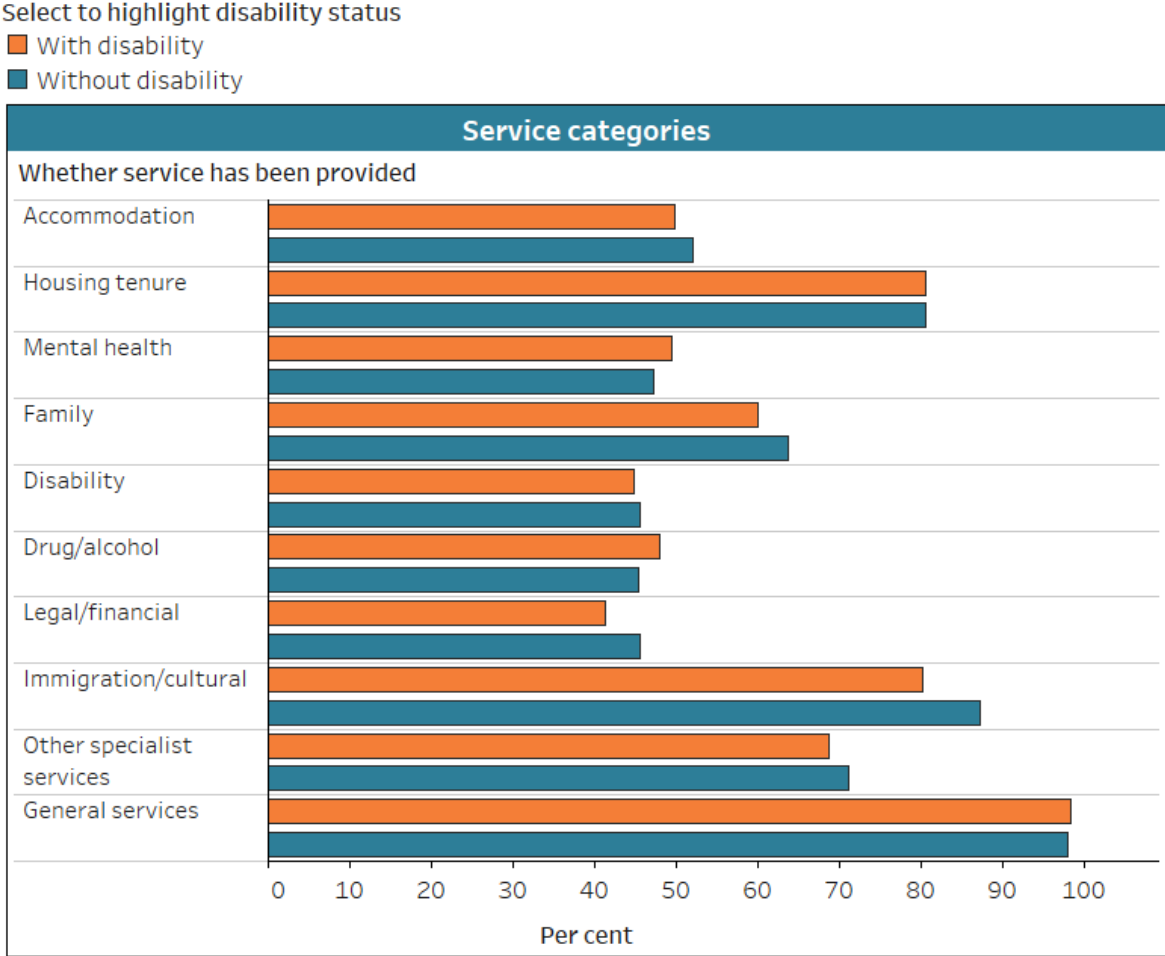
When they need them, clients with disability are less likely to receive:

- immigration and/or cultural services – 80% (or 1,500) compared with 87% (or 13,400)
- family services – 60% (or 1,100) compared with 64% (or 12,300)
- legal and/or financial – 41% (or 840) compared with 46% (or 6,300)
- other specialist (including health and medical services) – 69% (or 4,600) compared with 71% (or 28,500) (AIHW 2023).

Clients with disability and without disability have similar rates of direct service provision for:

- assistance to sustain housing tenure – 81% (or 7,900) of clients with disability and 81% (or 56,400) of clients without disability
- general services (including employment and training assistance) – 98% (or 24,300) and 98% (or 205,000) (AIHW 2023).

Figure HOMELESSNESS.3: Proportion of SHS clients who received the services they needed, by service category and disability status, 2022–23



Source: SHSC 2022–23; see also Table SHSC9.
<https://www.aihw.gov.au>

Notes

1. 'With disability' refers to SHS clients who have core activity limitation. 'Without disability' may include clients who have disability but no core activity limitation. Excludes clients whose disability status is recorded as missing or unknown.
2. All services listed in the chart except 'General services' are considered specialist services. 'Other specialist services' include health/medical services, specialist counselling services, and other specialised services not included elsewhere.

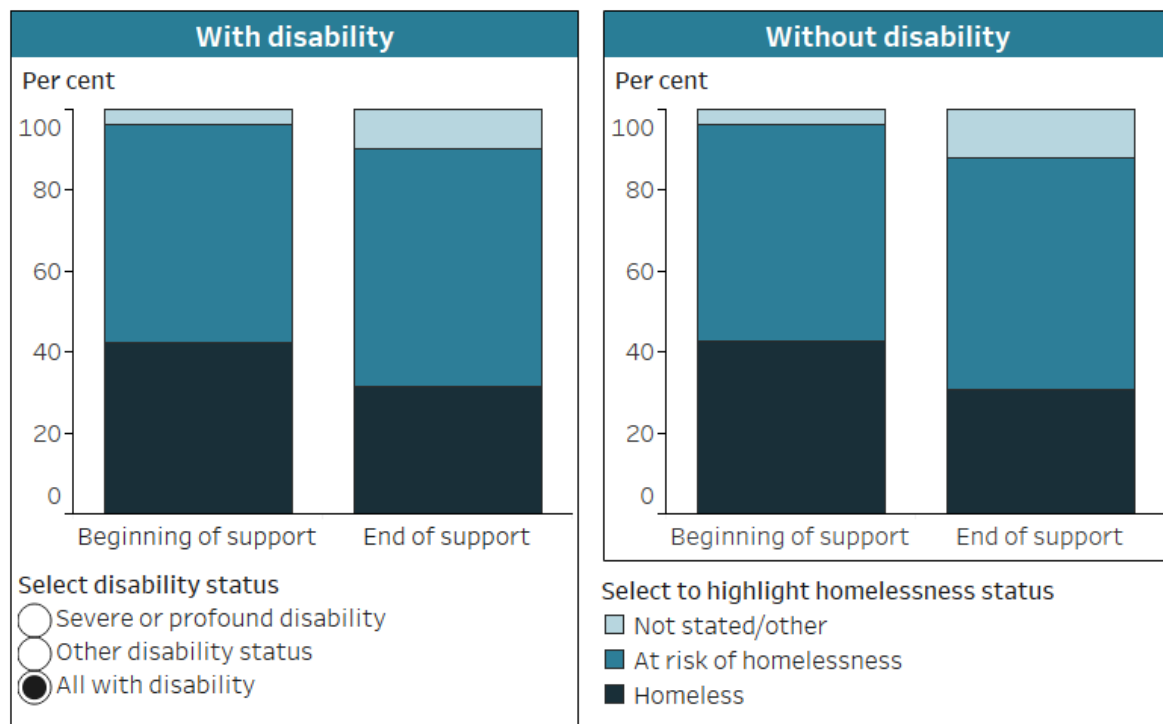
Source data tables: [Data](#) – Homelessness services.

End of support

Housing outcomes for clients with disability generally improve following support, with fewer being homeless when they leave support.

Four in 10 (42% or 7,200) clients with disability are homeless when they start support, compared with 3 in 10 (31% or 5,390) at the end of support (for SHS clients with closed support period). The pattern is similar for clients with severe or profound disability (40% or 1,975 homeless at the beginning of support and 29% or 1,435 at the end) and clients without disability (41% or 67,000 homeless at the beginning of support and 31% or 50,000 at the end) (Figure HOMELESSNESS.4, AIHW 2023).

Figure HOMELESSNESS.4: Homelessness status at the beginning and end of support for SHS clients with closed support periods, by disability status and severity, 2022–23



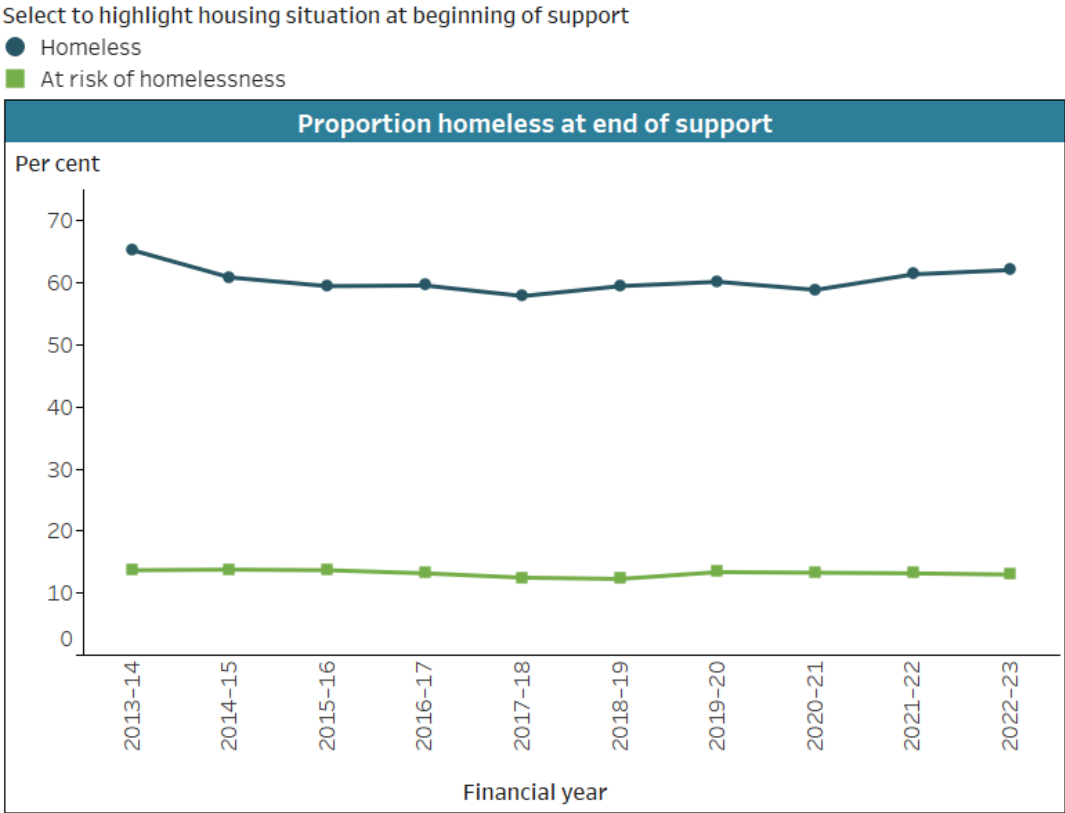
Source: SHSC 2022–23; see also Table SHSC11.
<https://www.aihw.gov.au>

Notes:

1. 'With disability' refers to SHS clients who have core activity limitation. 'Without disability' may include clients who have disability but no core activity limitation. Excludes clients whose disability status is recorded as missing or unknown.
2. SHS clients are assessed as either homeless or at risk of homelessness; clients who do not provide enough information to make this assessment are recorded as 'Not stated/other'.

Source data tables: [Data](#) – Homelessness services.

Figure HOMELESSNESS.5: Proportion of SHS clients with disability homeless at end of support, by housing situation at the beginning of support, 2013–14 to 2022–23



Source: SHSC 2022-23; see also Table SHSC12.
<https://www.aihw.gov.au>

Notes

1. 'With disability' refers to SHS clients who have core activity limitation.
2. Proportions include only clients with closed support and for whom housing status is known at first report and at end of support.
3. The SHSC classifies clients as 'homeless' if they are living with no shelter or an improvised or inadequate dwelling, in short-term temporary accommodation, or in a house, townhouse or flat with relatives (rent free). It classifies clients as 'at risk of homelessness' ('housed') if they are living in public or community housing (renter or rent free), private or other housing (renter or rent free), or in institutional settings.
4. From 2023, clients with an unknown tenure and an occupancy condition which is 'Not applicable', 'Other' or 'Unknown' are considered as having a status of 'Not stated' rather than 'At risk - Other'. The historical data in this figure has been back-cast with the change applied. This has resulted in a reduction in the number of 'At risk' clients.
5. Data for 2013-14 to 2016-17 have been adjusted for non-response. Due to improvements in the rates of agency participation and SLK validity, data from 2017-18 are not weighted. The removal of weighting does not constitute a break in time series, and weighted data from 2013-14 to 2016-17 are comparable with unweighted data for 2017-18 onwards.

Source data tables: [Data](#) - Homelessness services.

The homelessness status at the end of support varies by the housing situation at the start of support. Clients with disability who begin support homeless are more likely to be homeless at the end of support (57% or 4,100) than those who begin support at risk of homelessness (12% or 1,000) (for SHS clients with closed support period) (AIHW 2023). Clients with severe or profound disability who begin support homeless are less likely to remain homeless at the end of support (53% or 1,100) than clients with other disability status (58% or 3,000) or clients without disability (60% or 40,200) (AIHW 2023). Between 2013–14 and 2017–18/2018–19, there have been some improvements in how likely people with disability are to be housed following support, however the improvements did not continue in the more recent years (Figure HOMELESSNESS.5).

Risk factors

Disability is considered one of the risk factors for experiencing homelessness. Clients with disability are also more likely than clients without disability to have one or more other risk factors that increase their likelihood of experiencing homelessness, or that provide additional barriers to exiting homelessness, such as (for SHS clients aged 10 and over with known disability status):

- mental health issues – 60% (or 14,300) compared with 36% (or 68,100)
- drug or alcohol misuse – 17% (or 3,900) compared with 10% (or 18,800) (AIHW 2023).

Clients with disability are less likely than clients without disability to be identified as having experienced domestic and family violence (31% or 8,100 compared with 39% or 86,700) (AIHW 2023).

Clients with disability are more likely to experience repeat homelessness. Among SHS clients with disability who have experienced homelessness sometime during 2022–23, 7.8% (or 1,200) experienced repeat homelessness, compared with 4.7% (or 5,900) clients without disability (AIHW 2023).

What is repeat homelessness?

In this report, clients who have transitioned from being homeless to being housed and back to being homeless again within a financial year are considered to have experienced 'repeat homelessness'.

The SHSC captures only people who use SHS services. There may be people SHS services have helped into housing who became homeless again but who did not return to SHS services.

What are mental health issues?

The SHSC identifies a client as having a mental health issue if they are aged 10 or over and have provided any of the following information in any support period during the reporting period:

- they have reported 'Mental health issues' as a reason for seeking assistance, or main reason for seeking assistance
- at some stage during their support period, a need was identified for psychological services, psychiatric services, or mental health services (as determined by a need for such services being recorded for the client, a relevant service being provided to the client and/or the client being referred for such a service)
- their formal referral source to the specialist homelessness agency was a mental health service
- they are currently receiving services or assistance for their mental health issues or have in the last 12 months
- they have been in a psychiatric hospital or unit in the last 12 months
- their dwelling type either a week before presenting to an agency, or when presenting to an agency, was a psychiatric hospital or unit.

Where can I find out more?

- [Data tables](#) for this report.
- This section looks at SHS clients with disability (core activity limitation). Annual reports from the SHSC generally focus on the subset of clients with severe or profound disability. More information on the AIHW website: [SHSC](#) and [latest reports page](#).

References

AIHW (Australian Institute of Health and Welfare) (2022) *Specialist homelessness services annual report 2021–22*, AIHW, accessed 17 October 2023.

<https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/about>

AIHW (2023) *Specialist Homelessness Services Collection (SHSC) 2022–23*, AIHW, customised data request.



8. Education and skills

Education and skills

Education is about gaining the knowledge and skills a person needs to participate in all aspects of daily life. Having a higher level of education generally results in better employment outcomes and higher income – key factors in economic security and independence.

While most school-age (5–18 years) children with disability go to school, and many people with disability are undertaking further study, some face challenges engaging in education. This is reflected in the overall lower levels of educational attainment for people with disability.

This domain looks at the participation of people with disability in education, their level of educational attainment, and their educational needs.

Disability Standards for Education

Disability Standards for Education 2005 is part of the [Disability Discrimination Act 1992](#) (Cwlth). The standards set out the rights of students with disability and how education providers, such as schools and universities, must help them have the same educational opportunities and choices as other students.

Key findings

1. **School students with disability:** In 2018, 1 in 10 (10%) school students aged 5–18 had disability.
2. **Type of school attended:** In 2018, 9 in 10 (89%) school students aged 5–18 with disability went to a mainstream school and 12% went to a special school.
3. **Year 12 completion:** As at 2018, 34% of people aged 20 and over with disability had completed Year 12, compared with 66% without disability.
4. **Higher education:** As at 2018, 17% of people aged 20 and over with disability had a bachelor's degree or higher (35% without disability).
5. **Schooling restrictions:** In 2018, 4 in 5 (80%) school students with disability had one or more schooling restrictions.
6. **Unmet need for support in education:** In 2018, 3 in 10 (31%) school students with disability, and 14% of non-school students (aged 15–64) needed support but did not receive any, or needed more support than they received.

Reporting on education and learning of people with disability for Australia's Disability Strategy

[Australia's Disability Strategy 2021–2031](#) (the Strategy) is Australia's national disability policy framework. It sets out a plan for continuing to improve the lives of people with disability in Australia over the 10 years to 2031.

The Strategy is supported by an [Outcomes Framework](#). The Outcomes Framework is a key initiative under the Strategy to measure, track and report on the outcomes for people with disability across 7 outcome areas.

One of these outcome areas is [Education and learning](#). This outcome area is about making it easier for people with disability to get what they need from school, education, and training. It includes 4 priorities with a total of 12 measures that are used to track what changes over time (7 of which currently have reportable data and 5 require [future data development](#)):

- Participation in early childhood education priority:
 - [Preschool enrolment](#): Proportion of children enrolled in a preschool program in the year before full-time schooling (YBFS) who have disability (**6.3%** in 2022), compared with proportion of children aged 4 to 5 years who have disability in community (**7.6%** in 2018)
 - School readiness: Proportion of children with disability who meet school readiness indicators in first year of school (future data development)
- Participation in school education priority:
 - [Year 10 completion](#): Proportion of people with disability (aged 20–64) who completed Year 10 (or equivalent) (**86%** in 2018)
 - [Year 12 completion](#): Proportion of people with disability (aged 20–64) who completed Year 12 (or equivalent) (**45%** in 2018)
 - School attendance: Proportion of students with disability attending school 90% or more of the time (future data development)
 - Year 9 reading: Proportion of students with disability in Year 9 achieving at or above the national minimum standard for reading (future data development)
- Participation in tertiary education priority:
 - [VET participation](#): Proportion of Vocational Education and Training (VET) students with disability (aged 15–64) (**4.1%** in 2022)
 - [Undergraduate participation](#): Proportion of undergraduate higher education students with disability (**10%** in 2021)
 - [VET completion](#): Qualification completion rate for VET students aged 15–64 with disability (**42%** of 2018–22 cohort), compared with students without disability (**49%** of 2018–22 cohort)
 - [Higher education completion](#): Proportion of students with disability who complete a higher education qualification (**51%** of 2016–21 cohort)
- Participation in informal education (life skills) priority:
 - Adult and Community Education: Proportion of person with disability who reported satisfaction with their access to Adult and Community Education (ACE) (future data development)
 - Informal learning participation: Proportion of people with disability who report having participated in an informal learning activity in the last 12 months (future data development).

Note: the numbers reported in this summary box and on the [Reporting on Australia's Disability Strategy 2021-2031](#) website may differ slightly from the numbers reported elsewhere in this report, due to different data sources, populations, and/or reporting periods.

Engagement in education

Key findings

- **School students with disability:** In 2018, 1 in 10 (10%) school students aged 5–18 had disability.
- **Type of school attended:** In 2018, 9 in 10 (89%) school students aged 5–18 with disability went to a mainstream school and 12% went to a special school.
- **Studying for non-school qualification:** In 2018, 9.1% of people aged 15–64 with disability were studying for a non-school qualification (15% without disability).

In 2018, an estimated 380,000 children aged 5–18 with disability attended primary or secondary school and 187,000 people aged 15–64 with disability were studying for a non-school qualification (ABS 2019).

While people with disability attend school at a similar rate to those without disability, they are less likely to be studying for a non-school qualification.

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics' (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Unless otherwise indicated, all data on this page refer to 2018.

Early childhood education

In 2022, children with disability made up 6.3% (or 14,000) of children enrolled in a preschool program in the year before full time schooling (children aged 4 and those aged 5 who were not repeating) (SCRGSP 2023).

Australia's Disability Strategy reporting

Preschool enrolment is one of the measures reported under the Australia's Disability Strategy Outcomes Framework. For more information, including trends and comparisons by state and territory, please see [Preschool enrolment](#) on [Reporting on Australia's Disability Strategy 2021–2031](#) website.

In 2021, children with disability aged 0–5 made up 5.4% of children attending child care services approved by the Australian Government [children with disability in child care services are those who the service provider identifies as having continuing disability including intellectual, sensory or physical impairment] (SCRGSP 2023).

School (primary and secondary)

In 2018, an estimated 1 in 10 (10% or 380,000) school students in Australia had disability, and almost 1 in 18 (5.4% or 206,000) had severe or profound disability:

- 12% (or 227,000) of male students had disability, compared with 8.2% (or 154,000) of female students
- 12% (or 85,000) of students living in *Inner regional* areas had disability, compared with 9.3% (or 256,000) of students living in *Major cities*
- 2 in 3 (65% or 148,000) male school students with disability had intellectual disability, 40% (or 91,000) had psychosocial disability and 36% (or 81,000) had sensory and speech disability. This compares with 54% (or 84,000), 38% (or 58,000), and 26% (or 40,000) of female students respectively (ABS 2019).

What is meant by school, school-age and school student?

In this section:

- 'School' refers to primary and secondary school. School is compulsory in Australia between ages 6 and 16 (Services Australia 2023).
- 'School-age children' refers to people aged 5–18 living in households.
- 'School students' refers to people aged 5–18 living in households who attend primary or secondary school.

Almost all (89% or 380,000) school-age children with disability go to school, similar to children without disability (89% or 3.4 million) (Table ENGAGEMENT.1, ABS 2019).

There is no difference in school attendance between boys and girls with disability (both 90%, or 227,000 and 154,000 respectively) (ABS 2019). A small difference is evident by severity of disability (91% or 206,000 of those with severe or profound disability go to school, and 87% or 174,000 of those with other disability). There has been little change in this during 2003–2018 (Table ENGAGEMENT.1).

School-age children with psychosocial disability (13% or 23,000) are slightly more likely not to attend school than those with intellectual disability (8.7% or 22,000) (ABS 2019).

Table ENGAGEMENT.1: Proportions of school-age children who attend school, by disability status and severity, 2003, 2009, 2012, 2015 and 2018 (%)

Disability status	2003	2009	2012	2015	2018
All with disability	90.3	90.7	87.3	90.0	89.0
Severe or profound disability	93.7	93.2	88.6	89.7	90.9
Other disability status	87.7	88.2	86.1	89.7	87.4
Without disability	88.3	88.4	88.2	90.4	89.2

Notes

1. Data are for people aged 5–18 living in households.
2. 'School' includes primary and secondary school.

Source: ABS 2004, 2010, 2013, 2016b and 2019; see also Table ENGT2, [Data](#) – Engagement in education.

School sector

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the HILDA Survey, see '[Data sources](#)'.

Schools in Australia belong to one of three sectors: government schools (also known as public or state schools), non-government Catholic schools, and other non-government (private, or independent) schools.

In 2021, more than three-quarters (76%) of people with disability aged 15–64 who went to school reported they attend, or have attended, government schools; 14% Catholic non-government schools; and 10% other non-government schools (DSS and MIAESR 2022). People with disability aged 15–64 (76%) were more likely to attend, or have attended, a government school than people without disability (67%). For people with

disability, this varied by remoteness with government school being attended, or having been attended, by:

- 73% of people with disability living in *Major cities*
- 79% living in *Inner regional* areas
- 86% living in *Outer regional, remote and very remote* areas (DSS and MIAESR 2022).

This also varied by disability group. People aged 15–64 with intellectual disability (85%) were most likely to attend, or have attended, a government school while people with psychosocial disability (76%) were least likely. At the same time, people with severe or profound disability were about as likely (78%) to attend, or have attended, a government school as those with other disability status (75%) (DSS and MIAESR 2022).

Type of school or class

School students with disability generally attend either:

- special schools, which enrol only students who have disability or impairment, learning or socio-emotional difficulties, or are in custody, on remand or in hospital (ABS 2022)
- special classes within a mainstream school
- regular classes within a mainstream school, where students with disability may or may not receive additional assistance.

In 2018, most (89% or 338,000) school students with disability went to a mainstream school:

- 71% (or 269,000) attended only regular classes in a mainstream school
- 18% (or 67,000) attended special classes within a mainstream school (Table ENGAGEMENT.2).

The rest (12% or 45,000) went to a special school (Table ENGAGEMENT.2).

Table ENGAGEMENT.2: Type of school or class attended by school students with disability, 2018 (%)

Type of school or class	Severe or profound disability	Other disability status	All with disability
Special school	19.7	*2.3	11.9
Mainstream school only	80.4	98.8	89.0
Special classes in a mainstream school	21.4	13.4	17.7
Regular classes in a mainstream school only	59.4	85.6	70.8
Total	100.0	100.0	100.0

Notes

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

1. Data are for people with disability aged 5–18 living in households who attend primary or secondary school.
2. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also tables ENGT7 and ENGT8, [Data](#) – Engagement in education.

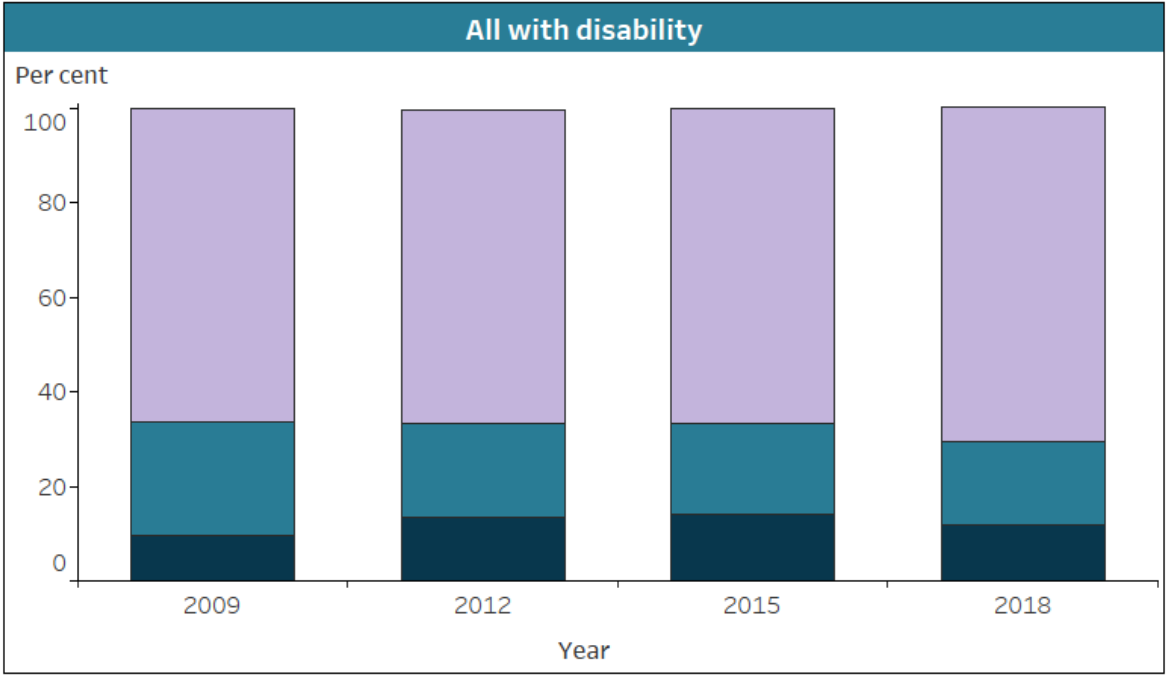
School students with severe or profound disability are less likely than other students with disability to go to a mainstream school and far more likely to go to a special school (Table ENGAGEMENT.2):

- 59% (or 122,000) attend regular classes in a mainstream school only, compared with 86% (or 149,000) with other disability status
- 21% (or 44,000) attend special classes within a mainstream school, compared with 13% (or 23,000) (ABS 2019).

Recent years have seen little change in the proportion of students with disability attending special schools rather than mainstream schools (Figure ENGAGEMENT.1).

Figure ENGAGEMENT.1: Type of school or class attended by school students with disability, by severity of disability, 2009, 2012, 2015 and 2018

- Select disability status
 - Severe or profound disability
 - Other disability
 - All with disability
- Select to highlight type of school or class
 - Regular classes in a mainstream school only
 - Special classes in a mainstream school
 - Special school



Source: ABS 2010, 2013, 2016, 2019; see also Table ENGT7.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Data are for people with disability aged 5–18 living in households who attend primary or secondary school.
- 2. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source data tables: [Data](#) –Engagement in education.

Interpreting changes in school attendance

Changing patterns in the type of school people with disability attend might reflect a mix of positive and negative experiences at student level.

Attendance at a special school might, for example, provide the most appropriate support for some students, but might also result in, or be the result of, increased segregation.

Likewise, attendance at mainstream schools could indicate that the education system has become better at integrating students with disability, fostering inclusion, and providing

additional, tailored supports. Or it could be that resources are directing the placement of students into mainstream schools even if an appropriate level of support is not provided.

In addition, the increased number of students attending school with additional supports – such as through part-time attendance – might be a positive change if this reflects the most appropriate support (rather than lack of support), or if it enables attendance for someone who previously did not attend school.

Disability supports received by school students

Data note

Data in this section are sourced from the **Nationally Consistent Collection of Data on School Students with Disability (NCCD)**. The NCCD includes information provided annually to the Australian Government Department of Education by both government and non-government schools.

The NCCD is primarily designed to collect information on the supports received by students with disability to help them participate in education. As such, it produces a support-based estimate of students with disability and is not intended to provide estimates of prevalence.

For more information, see [NCCD](#).

In 2022, around 911,000 students received educational adjustments because of disability, or around 1 in 4 (23%) students (ACARA 2022).

Among students who received adjustments due to disability:

- most had cognitive disability (55% of students with disability who received adjustments), followed by social-emotional disability (32%), physical disability (10%) and sensory disability (2.9%)
- the levels of required adjustments were different, including
 - adjustments of support within quality differentiated teaching practice (32%) – made infrequently or as low-level action. These may include minor adjustments to teaching and monitoring to meet safety requirements through usual school processes
 - supplementary adjustments (43%) – for particular activities at specific times throughout the week. These may include adjustments to teaching, the provision of course materials in accessible forms, and programs to address the student’s social/emotional needs
 - substantial adjustments (17%) – made at most times on most days. These may include individualised instruction for most activities, and closely monitored playground supervision
 - extensive adjustments (8.5%) – made at all times. These may include intensive instruction in a highly specialised manner for all activities, highly modified

classroom environments, and extensive support from specialist staff (ACARA 2022).

Proportion of students receiving adjustments due to disability was higher for government schools (24% of students) compared with independent schools (22%) and Catholic schools (20%). Government schools also had a higher proportion of students who received 'extensive' or 'substantial' levels of adjustment than Catholic or independent schools – this was the case for 28% of students with disability at government schools who received adjustments, compared with 23% at Catholic schools and 18% at independent schools (ACARA 2022).

Non-school education

What is non-school education?

'Non-school education' refers to education other than pre-primary, primary or secondary education. It includes studying for qualifications at postgraduate degree level, master's degree level, graduate diploma and graduate certificate level, bachelor's degree level, advanced diploma and diploma level, and certificates I, II, III and IV levels. A student may study for a non-school qualification at the same time as a school qualification.

'Non-school student' is used in this section to refer to people aged 15–64 living in households who are studying for a non-school qualification.

Australia's Disability Strategy reporting

Participation in tertiary education is one of the priorities reported on under the Australia's Disability Strategy Outcomes Framework. Data on participation in Vocational Education and Training (VET) and on undergraduate participation are reported. For more information, including trends and comparisons by population groups, please see [VET participation](#) and [Undergraduate participation](#) on [Reporting on Australia's Disability Strategy 2021–2031](#) website.

In 2018, around 1 in 12 (8.3% or 187,000) people aged 15–64 studying for a non-school qualification had disability. Very few (1.5% or 34,000) had severe or profound disability. This varied by type of educational institution. Of people aged 15–64:

- 6.3% (or 89,000) attending university or other higher education had disability; 1.2% (or 18,000) have severe or profound disability
- 11% (or 52,000) attending technical and further education (TAFE) or technical college had disability
- 13% (or 46,000) attending other educational institutions (such as business colleges or industry skills centres) had disability; 3.1% (or 11,000) have severe or profound disability (ABS 2019).

Overall, 1 in 11 (9.1% or 187,000) people with disability aged 15–64 are studying for a non-school qualification (ABS 2019). This is a lower proportion than for those without disability (15% or 2.1 million). Participation in non-school education by people with disability varies by remoteness, disability group, age and sex:

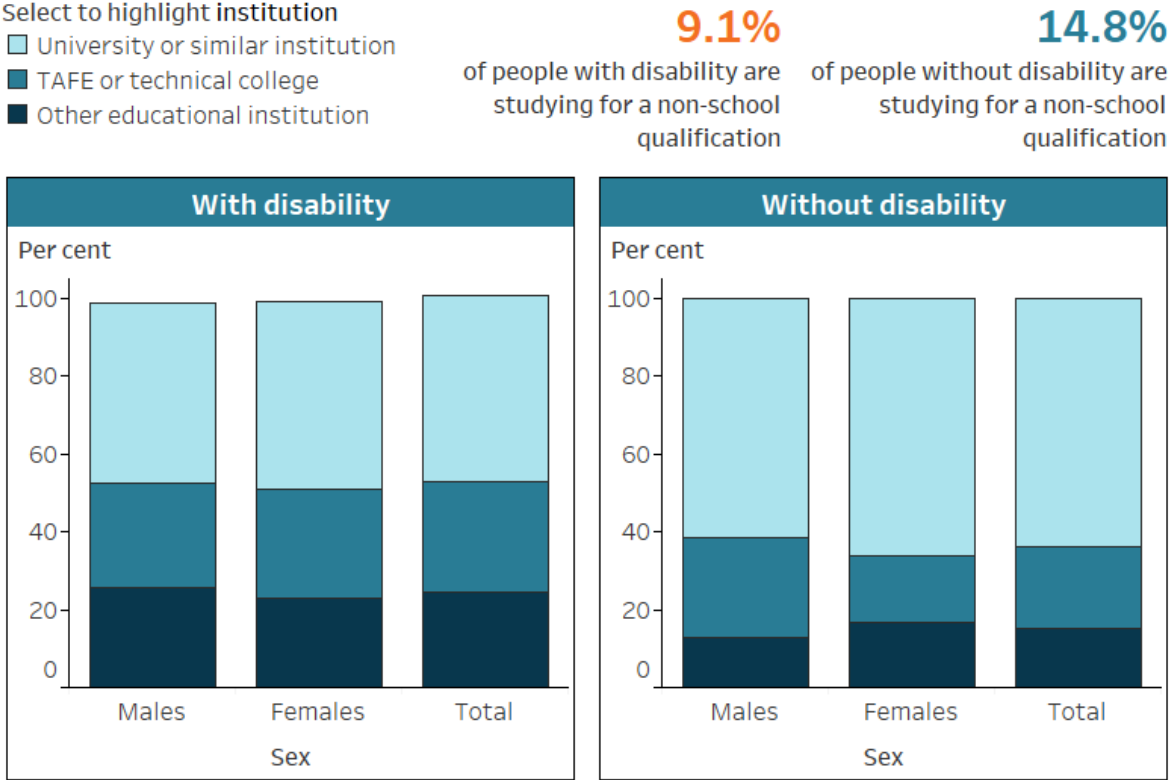
- 10% (or 138,000) of people with disability living in *Major cities* are studying for a non-school qualification compared with 6.6% (or 33,000) living in *Inner regional areas*
- people with psychosocial disability (9.8% or 63,000) are more likely to be studying for a non-school qualification than people with sensory and speech disability (5.5% or 23,000)
- females with disability (11% or 114,000) are more likely to be studying for a non-school qualification than males (7.5% or 76,000)
- people with disability aged 15–24 are nearly 4 times as likely (25% or 72,000) to be studying for a non-school qualification as people aged 25–64 (6.5% or 115,000) (ABS 2019).

When people with disability study for a non-school qualification, they are more likely to do so at a university or other higher education institution (48%) than at a TAFE or technical college (28%) or at other types of educational institutions (25%) (ABS 2019).

However, non-school students with disability are less likely to study at a university than those without disability – 48% attend a university or other higher education institution, compared with 64% without disability (Figure ENGAGEMENT.2). Non-school students with disability are more likely than those without disability to attend a TAFE or technical college (28% compared with 21%); and to attend other educational institutions (25% compared with 15%) (Figure ENGAGEMENT.2).

Recent years have seen little change in the proportions of students with disability among those attending non-school educational institutions (Table ENGAGEMENT.3).

Figure ENGAGEMENT.2: Type of educational institution attended by people studying for a non-school qualification, by disability status and sex, 2018



Source: ABS 2019; see also tables ENGT10 and ENGT18.
<https://www.aihw.gov.au>

Note: Data are for people aged 15–64 living in households who currently study for a non-school qualification.

Source data tables: [Data](#) – Engagement in education.

Table ENGAGEMENT.3: Proportion of students with disability among those attending non-school educational institutions, 2003, 2009, 2012, 2015 and 2018 (%)

Type of educational institution	2003	2009	2012	2015	2018
University or other higher education	8.1	6.8	6.4	7.6	6.3
TAFE or technical college	11.9	10.4	9.8	11.9	10.8
Other educational institution	11.8	11.8	11.5	12.9	12.9

Notes

1. Data are for people aged 15–64 living in households who currently study for a non-school qualification.
2. ‘Other educational institution’ includes non-school qualifications completed through a secondary school, business college, industry skills centre or other educational institution.

Source: ABS 2019; see also Table ENGT20, [Data](#) – Engagement in education.

Experiences of people with disability studying for a non-school qualification

Data note

Data in this section are sourced from the National Centre for Vocational Education Research (NCVER) Total Vocational Education and Training (VET) Students and Courses Collection, and the Department of Education’s Higher Education Student Data Collection, Student Experience Survey, and Graduate Outcomes Survey.

These sources define disability differently from each other and from the ABS SDAC. They also rely on self-disclosure of disability. Because of this, figures vary between sources.

This section uses the most recent data available at the time of writing this report. More recent data has become available shortly before release of this report, however publication timelines did not permit its inclusion.

Vocational education and training

VET participation

In 2022, **4.1%** of domestic VET students aged 15–64 self-identified as ‘having a disability, impairment or long-term condition’. For more information, including trends and comparisons by population groups, please see [VET participation](#) on [Reporting on Australia’s Disability Strategy 2021–2031](#) website.

The [Total VET Students and Courses](#) 2022 collection indicates that 3.9% (or 172,000) of VET students aged 15–64 self-identified as having disability, impairment or long-term health condition; 85% (or 3.7 million) identified as not having disability and for 11% (or 497,000) disability status was recorded as not known (NCVER 2023).

Private training providers were the most common provider type for VET students with and without disability. However, in 2022, VET students with disability aged 15–64 were:

- less likely to attend a private training provider (60% or 102,000) than those without disability (78% or 2.9 million)
- more likely to attend a government-funded Technical and Further Education (TAFE) provider (31% or 53,800 compared with 16% or 601,000) (NCVER 2023).

VET students with disability were also:

- about as likely to be full-time students (13% or 21,500) as those without disability (11% or 403,000)
- more likely to be attending school while completing their VET course (14% or 22,600) than those without disability (8.6% or 301,000) (for those with known school status)
- slightly less likely to have successfully completed some post-secondary education before their VET studies (57% or 93,800) than those without disability (61% or 2.2 million) (for those with known prior education status)
 - less likely to have attained a bachelor’s degree (12% or 19,500) as their prior highest level of educational attainment than those without disability (23% or 805,000) (for those with known educational attainment)
 - more likely to have left school after Year 10 and not yet pursued further study before their VET studies (16% or 26,000) than those without disability (8.9% or 311,000)
- less likely to be in the labour force (employed or unemployed) (84% or 132,000) than those without disability (94% or 3.1 million) (for those with known labour force status)
- less likely to be employed (57% or 89,900) than those without disability (83% or 2.7 million) (NCVER 2023).

Higher education

Undergraduate participation

In 2021, **10%** of domestic undergraduate higher education students aged 15 and over self-identified as ‘having a disability, impairment or long-term condition’. For more information, including trends and comparisons by population groups, please see [Undergraduate participation](#) on [Reporting on Australia’s Disability Strategy 2021–2031](#).

In the [Higher Education Student Data Collection](#) (HESC), students self-identify as having disability by indicating that they have ‘disability, impairment or long-term medical condition which may affect their studies’. In 2021, 9.4% (or 108,000) of domestic higher education students (both undergraduate and graduate) self-identified as having disability:

- students who identified as having disability were more likely (3.6% or 3,940) to also identify as First Nations (Aboriginal and/or Torres Strait Islander) people than those who did not identify as having disability (1.9% or 20,000)
- the proportion of students who identified as having disability has steadily increased from 4.0% in 2006 to 5.5% in 2014 and 9.4% in 2021 (Department of Education 2023).

According to the 2022 [Student Experience Survey](#) (SES), students with disability currently undertaking studies in Australian higher education institutions were:

- less likely than those without disability to give a positive rating to the quality of their entire educational experience
 - 74% compared with 76%, for students in undergraduate courses
 - 71% compared with 77%, for students in postgraduate coursework courses
- more likely than those without disability to consider early departure from their course
 - 26% compared with 18%, for students in undergraduate courses
 - 30% compared with 17%, for students in postgraduate coursework courses (QILT 2023a).

In 2022, 9.7% (or 16,000) of the undergraduate students who completed the SES reported having disability, as did 6.3% (or 4,400) of the postgraduate coursework students (QILT 2023a).

The 2022 [Graduate Outcomes Survey](#) data show that recent graduates of Australian higher education institutions who reported they had disability were less likely than those without disability to be satisfied with various aspects of their studies, including:

- for undergraduate courses – their course overall (74% of graduates who reported disability compared with 78% of those without disability)
- for postgraduate coursework courses – their course overall (77% compared with 80%)
- for postgraduate research courses – their course overall (80% compared with 87%), and with specific aspects such as intellectual climate (53% compared with 64%), skills development (90% compared with 94%), infrastructure (69% compared with 79%), thesis examination (78% compared with 84%), and industry engagement (49% compared with 58%) (QILT 2023b).

Non-disclosure of disability

Not all students with disability choose to disclose their disability.

One survey of 1,100 students (including 253 students with disability) on non-disclosure of equity group status in Australian universities estimated that 11% did not disclose their equity status to their university. Of students who did not disclose their equity status, 11% of students with disability did not disclose their disability to their university (Clark et al. 2018).

Students with disability may trust in the university and believe that disclosure is of benefit to them. Students with disability may also fear prejudice at the university, such as being labelled as less competent or deserving of their academic success. Students with disability also may not believe the university needs the information or do not know why they should disclose.

The survey also found that students with disability are more likely to disclose to a support service than to an admissions centre or on enrolment. The survey suggested that students are motivated to disclose if they feel they need to access supports, and may not know if they need such support until after they have started studying.

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).
- [Nationally Consistent Collection of Data on School Students with Disability](#) (NCCD).
- [Department of Education – Higher Education Statistics](#).
- [Quality Indicators for Learning and Teaching](#).
- [National Centre for Vocational Education Research](#).

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Educational attainment

Key findings

- **Leaving school early:** In 2018, 21% of people aged 15–64 in 2018 who had acquired disability before age 15 reported they left school before age 16 (8.9% without disability).
- **Year 12 completion:** As at 2018, 34% of people aged 20 and over with disability had completed Year 12 (66% without disability).
- **Higher education:** As at 2018, 17% of people aged 20 and over with disability had a bachelor's degree or higher (35% without disability).

Access to education and the level of education attained can affect participation in other key life areas, including employment and ability to achieve economic independence. People with disability are more likely to leave school at younger ages and to have a lower level of educational attainment.

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics' (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Unless indicated otherwise, all data on this page refer to 2018.

Age left school

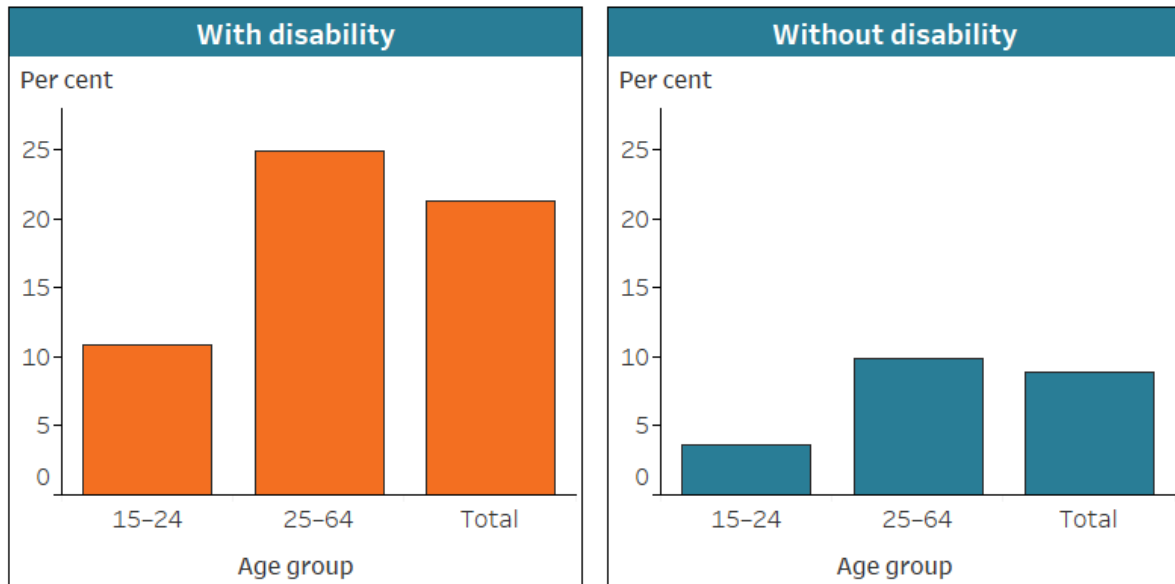
People with disability are more likely to leave school at a younger age than those without disability. Among people aged 15–64 in 2018, almost 1 in 4 (23% or 437,000) people with disability had left school before age 15, compared with 8.9% (or 1.2 million) of those without disability (Figure ATTAINMENT.1, ABS 2019). For people with disability (aged 15–64), this did not vary much by the age of onset of disability: the proportions leaving school before age 16 were 21% (or 85,000) of those who acquired disability before age 15, and 23% (or 350,000) of those who acquired disability after age 15 (ABS 2019).

There have been improvements in school retention for people with disability over time – cohorts who left school in more recent years are less likely to have left school before age 16. Around 1 in 10 (11% or 12,000) people aged 15–24 who acquired disability before age 15 left school before age 16, compared with 3.6% (or 75,000) of those without disability (Figure ATTAINMENT.1, ABS 2019).

Figure ATTAINMENT.1: Proportion of people who left school before age 16, by disability status and age group, 2018

Select to highlight disability status

- With disability
- Without disability



Source: ABS 2019; see also tables ATNT1 and ATNT3.
<https://www.aihw.gov.au>

Notes

1. Data are for people aged 15–64 living in households.
2. With disability refers to disability onset before age 15.

Source data tables: [Data](#) – Educational attainment.

School retention for people with disability varies by remoteness. Of people aged 15–64 in 2018 who acquired disability before age 15, about 1 in 6 (17% or 47,000) living in *Major cities* left school before age 16. This is lower than for those living in *Inner regional* areas (31% or 30,000) and *Outer regional and remote* areas (36% or 11,000) (ABS 2019).

School retention also varies by disability group. Of people aged 15–64 who acquired disability before age 15, more than 1 in 3 (37% or 12,000) people with head injury, stroke, or acquired brain injury left school before age 16. This is double that of those with sensory and speech disability (18% or 20,000) (ABS 2019).

Highest level of education

Completion of Year 12

Around 1 in 3 (34% or 1.2 million) people with disability aged 20 and over in 2018, and 1 in 4 (27% or 261,000) with severe or profound disability have completed year 12 or equivalent. This was much lower than the 2 in 3 (66% or 9.7 million) people without disability in this age range (ABS 2019).

The completion of year 12 for people with and without disability has increased in the last several years. In 2018, 34% of people with disability aged 20 and over had completed year 12 compared with 66% of those without disability; in 2012, these proportions were 28% and 59%, respectively (ABS 2013, ABS 2019).

Whether a person has completed year 12 varies by age, with those in the older age groups less likely to have done so. Among people aged:

- 20–24, 66% (or 90,000) of people with disability had completed year 12 or equivalent, compared with 85% (or 1.3 million) of people without disability
- 50–54, 38% (or 99,000) compared with 56% (or 694,000)
- 85 and over, 15% (or 43,000) compared with 20% (or 20,000) (ABS 2019).

These figures reflect changing patterns of education in Australian society where completion of year 12 is becoming increasingly common.

Australia's Disability Strategy reporting

School completion by students with disability is one of the priorities reported on under the Australia's Disability Strategy. Data on Year 10 and Year 12 completion are reported. For more information, including trends and comparisons by population groups, please see [Year 10 completion](#) and [Year 12 completion](#) on [Reporting on Australia's Disability Strategy 2021–2031](#) website.

Highest level of education attained

In the last decade, the highest level of educational attainment for people with disability has improved, but is still generally lower than for people without disability. For example, in 2018, a bachelor's or a higher degree was attained by:

- 17% (or 614,000) of people with disability aged 20 and over
- 11% (or 107,000) of those with severe or profound disability in the same age range.

This compared with 35% (or 5.0 million) of people without disability (ABS 2019).

Australia's Disability Strategy reporting

Completion of tertiary education by students with disability is one of the priorities reported on under the Australia's Disability Strategy. Data on vocational education and training (VET) completion and higher education completion are reported. For more information, including trends and comparisons by population groups, please see [VET completion](#) and [Higher education completion](#) on [Reporting on Australia's Disability Strategy 2021–2031](#) website.

Outcomes on completion of non-school qualification

Data note

Data in this section are sourced from the National Centre for Vocational Education Research (NCVER) Vocational Education and Training (VET) Students Outcomes Collection, and the Department of Education's Graduate Outcomes Survey.

These sources define disability differently from each other and from the ABS SDAC. They also rely on self-disclosure of disability. Because of this, figures vary between sources.

Vocational education and training outcomes

Data from the 2023 [VET Student Outcomes collection](#) show that vocational education and training (VET) graduates with disability were less likely to:

- report being satisfied with overall quality of training (87%) than those without disability (89%)
- report having achieved main reason for doing the training (82%) than those without disability (89%) (NCVER 2023).

The data also show that, for people with disability, the main reason for undertaking training is less likely to be employment-related (68% of 2023 VET graduates with disability, compared with 76% of those without). In line with this, VET graduates with disability were:

- less likely to report improved employment status after training (52%) than those without disability (69%)
- less likely to be employed after training (62%) than those without disability (81%)
- more likely to be enrolled in further study after training (40%) than those without disability (33%) (NCVER 2023).

Higher education outcomes

According to the data from 2022 [Graduate Outcomes Survey \(GOS\)](#), graduates with disability were less likely to be employed approximately 4 months after completing their studies than those without disability:

- among graduates from undergraduate courses, 82% of those with disability were employed compared with 89% of those without disability
- among graduates from postgraduate coursework courses, 87% compared with 94%
- among graduates from postgraduate research courses, 85% compared with 92% (QILT 2023).

The 2022 GOS data also show that graduates with disability who were in full-time employment had lower median full-time salaries than those without disability 4 months after graduation:

- among graduates from undergraduate courses, the median full-time salary was \$66,000 for those with disability compared with \$68,000 for those without disability
- among graduates from postgraduate coursework courses, \$83,400 compared with \$92,000
- among graduates from postgraduate research courses, \$95,000 compared with \$96,500 (QILT 2023).

The [Graduate Outcomes Survey – Longitudinal \(GOS-L\)](#) tracks the employment and further study outcomes of graduates of Australian higher education institutions over a longer timeframe. The GOS-L collects information from graduates approximately 3 years after completing their studies, supplementing the GOS data collected 4 months after the graduation.

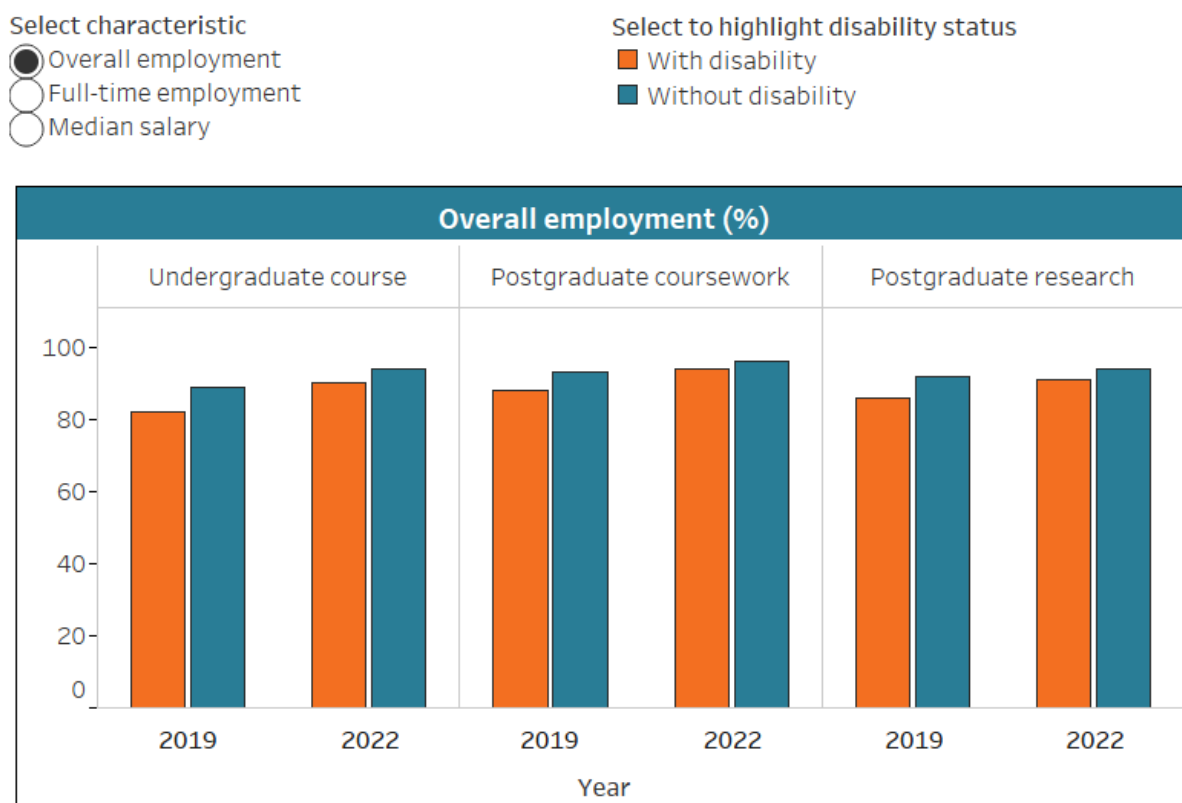
Data from the 2022 GOS-L show that employment outcomes are generally better for both graduates with and without disability 3 years after graduation compared with the more short-term outcomes at 4 months (Figure ATTAINMENT.2). However, graduates with disability have lower employment rates than graduates without disability, both at the 4-month and 3-year mark:

- In 2022, 3 years after graduation, 90% of undergraduate coursework graduates with disability were employed, compared with 94% of those without disability (for those who were available for any work).
- Among postgraduate coursework graduates, 94% of graduates with disability were employed in 2022, compared with 96% of those without disability.
- Among postgraduate research courses graduates, 91% of graduates with disability were employed in 2022, compared with 94% of those without disability (Figure ATTAINMENT.2).

The gap in employment rates between graduates with and without disability narrowed as more time passed since graduation; for example, the full-time employment gap for graduates of postgraduate courses fell from 8.1 percentage points in 2019 to 3.6 percentage points in 2022 (QILT 2022).

For 2019 graduates, both the 2019 and 2022 median salaries of graduates working full time were similar for those with and without disability (Figure ATTAINMENT.2).

Figure ATTAINMENT.2: Employment outcomes and median salaries of graduates, by disability status and study type, 2019 and 2022



Source: QILT 2022.
<https://www.aihw.gov.au>

Notes:

1. Data are for graduates of Australian higher education institutions approximately 4 months (2019) and 3 years (2022) after completing their studies.
2. Overall employment is reported for graduates who are available for any work.
3. Full-time employment is reported for graduates who are available for full-time work.
4. Median salary is reported for graduates who are employed full time.

Source data tables: [QILT 2022](#).

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).
- [Quality Indicators for Learning and Teaching](#).
- [National Centre for Vocational Education Research](#).

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Education participation needs and challenges

Key findings

- **School students with educational restrictions:** In 2018, 4 in 5 (80%) school students with disability had one or more schooling restrictions.
- **Unmet need for support at school:** 1 in 10 (10%) school students with disability in 2018 needed support but did not receive it, and a further 21% received some support but needed more.
- **Unmet need for support among non-school students:** Among non-school students with disability in 2018, 14% needed support but did not receive it, or received support but needed more.

Some students with disability may need additional support to help them participate in education. Not all who need support receive it.

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics' (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Unless otherwise indicated, the data on this page refer to 2018.

What is meant by school and non-school students?

In this section:

- 'school student' refers to children aged 5–18 living in households who attend primary or secondary school
- 'non-school student' refers to people aged 15–64 living in households who are studying for a non-school qualification, for example at university, technical and further education (TAFE), or other non-school educational institutions like business colleges and industry skills centres.

Education restrictions

People with disability who have specific restrictions related to school or non-school education can face additional challenges participating in education.

What are schooling and education restrictions?

An education restriction means a person needs some support or supervision to go to school or to study.

In the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC), a person's overall level of education restriction is determined by their highest level of limitation. Education restrictions include schooling and non-school educational restrictions.

Schooling restriction levels

Profound – the person's condition prevents them from attending school.

Severe – the person:

- attends a special school or special classes
- receives personal assistance
- receives special tuition
- receives assistance from a counsellor/disability support person.

Moderate – the person:

- often needs time off from school
- has difficulty at school because of their condition(s)
- has special assessment procedures.

Mild – the person needs:

- a special computer or other special equipment
- special transport arrangements
- special access arrangements
- other special arrangements or support services.

Non-school educational restrictions

Severe – the person receives:

- personal assistance
- special tuition
- assistance from a counsellor/disability support person.

Moderate – the person:

- often needs time off from school/institution
- has difficulty at school/institution because of their condition(s)

- has special assessment procedures.

Mild – the person needs:

- a special computer or other special equipment
- special transport arrangements
- special access arrangements
- other special arrangements or support services.

Not all students with disability have an education restriction and a person’s level of education restriction may differ from their level of limitation in other life areas.

School students (primary and secondary)

Around 4 in 5 (80% or 305,000) school students aged 5–18 with disability have one or more schooling restrictions (Table PARTICIPATION.1).

For students with schooling restrictions, the most common restrictions are to:

- have difficulty at school (77% or 244,000)
- use special assistance from a person at school (55% or 173,000)
- use special arrangements at school or institution (31% or 99,000)
- attend special classes (21% or 67,000)
- attend a special school (14% or 45,000) (ABS 2019).

Boys with disability (83% or 188,000) are more likely than girls (76% or 118,000) to have schooling restrictions. Among those with schooling restrictions, boys are more likely (24% or 47,000) than girls (17% or 21,000) to attend special classes (ABS 2019).

Table PARTICIPATION.1: Whether have schooling restrictions for students with disability, by sex, 2018 (%)

Whether have schooling restrictions	Boys	Girls	Total
Have a schooling restriction	82.9	76.4	80.5
Do not have a schooling restriction	17.6	23.3	19.9
Total	100.0	100.0	100.0

Notes

1. Data are for people with disability aged 5–18 living in households and currently attending primary or secondary school.
2. ‘Schooling restriction’ includes profound, severe, moderate and mild schooling restrictions.

Source: ABS 2019; see also Table PTPN1, [Data](#) – Education participation needs and challenges.

Schooling restrictions also vary by disability group. School students with psychosocial disability (93% or 140,000) and intellectual disability (90% or 210,000) are more likely to have a schooling restriction than those with physical disability (72% or 67,000) and sensory and speech disability (79% or 94,000) (ABS 2019).

Non-school students

Almost half (47% or 88,000) of non-school students aged 15–64 with disability have restrictions related to their education (a non-school educational restriction) (Table PARTICIPATION.2).

For those with restrictions, the most common restrictions are to:

- have difficulty at non-school institution (59% or 52,000)
- need at least one day a week off (52% or 45,000)
- use special arrangements at institution (33% or 29,000)
- have special assistance from a person at institution (22% or 19,000) (ABS 2019).

Just under a half (48% or 55,000) of female students with disability have non-school educational restrictions, and 4 in 10 (41% or 31,000) male students (Table PARTICIPATION.2, ABS 2019).

Non-school students aged 15–64 with intellectual disability (73% or 20,000) and psychosocial disability (70% or 44,000) are more likely to have non-schooling educational restrictions than students with sensory and speech disability (38% or 9,000) and physical disability (41% or 40,000) (ABS 2019).

Table PARTICIPATION.2: Whether have non-school educational restrictions for students with disability, by sex, 2018 (%)

Whether have non-school educational restrictions	Males	Females	Total
Have a non-school educational restriction	40.9	48.5	47.2
Do not have a non-school educational restriction	55.0	51.9	53.3
Total	100.0	100.0	100.0

Notes

1. Data are for people with disability aged 15–64 living in households and currently studying for a non-school qualification.
2. 'Non-school educational restriction' includes severe, moderate and mild non-school educational restriction.
3. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table PTPN5, [Data](#) – Education participation needs and challenges.

Non-students

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the HILDA Survey, see '[Data sources](#)'.

In 2021, one in 5 (20%) people with disability aged 15–64 who were not currently studying would have liked to be enrolled at school or undertake further study. This was similar for males (20%) and females (21%), but differed by age group and disability group:

- the desire to study decreases with age – 41% of those aged 15–24 would like to study, 29% of those aged 25–34, 22% of those aged 35–44 and 45–54, and 10% of those aged 55–64
- 30% of people with psychosocial disability would like to study, compared with 19% with sensory disability (DSS and MIAESR 2022).

Around a quarter (24%) people aged 15–64 with disability who were not studying but would have liked to, were unable to do so due to their condition or disability. This was similar for males (23%) and females (24%). People with severe or profound disability (55%) were more likely to be unable to study due to their condition or disability than those with other disability status (19%) (DSS and MIAESR 2022).

Difficulties experienced

Some people with disability experience difficulties at their school or educational institution, such as learning, fitting in socially and communicating. Experiencing difficulties at school or educational institution is not the same as having a schooling or educational restriction: students who have restrictions do not always experience difficulties at school or their educational institution, and some of the students who have no educational restrictions experience difficulties.

School students (primary and secondary)

Just under two-thirds (64% or 244,000) of school students (aged 5–18) with disability have difficulty at school, and more than one-third (36% or 135,000) do not (ABS 2019).

This varies by disability group and remoteness:

- More than 4 in 5 (81% or 122,000) students with psychosocial disability have difficulty at school compared with 3 in 5 (59% or 54,000) of those with physical disability and 61% (or 72,000) of those with sensory and speech disability.

- More than two-thirds (69% or 59,000) of students living in *Inner regional* areas have difficulty compared with 3 in 5 (59% or 23,000) of those living in *Outer regional and remote* areas (ABS 2019).

Of those who have difficulty at school, the most common experienced are:

- learning difficulties (68% or 165,000)
- fitting in socially (56% or 137,000)
- communication difficulties (44% or 107,000)
- intellectual difficulties (22% or 54,000)
- sports participation (17% or 42,000)
- difficulty sitting (15% or 37,000) (ABS 2019).

Non-school students

Most non-school students with disability (74% or 137,000) have no difficulty at their educational institution. Non-school students with disability aged 15–24 are more likely to experience educational difficulties (35% or 25,000) than those aged 25–64 (21% or 25,000) (ABS 2019).

Of those who have difficulty, the most common experienced are:

- learning difficulties (32% or 17,000)
- fitting in socially (25% or 13,000)
- communication difficulties (20% or 11,000) (ABS 2019).

Support needed and provided

Students with disability who experience difficulty in education may need additional supports to help them participate. Not all who need support receive it.

School students (primary and secondary)

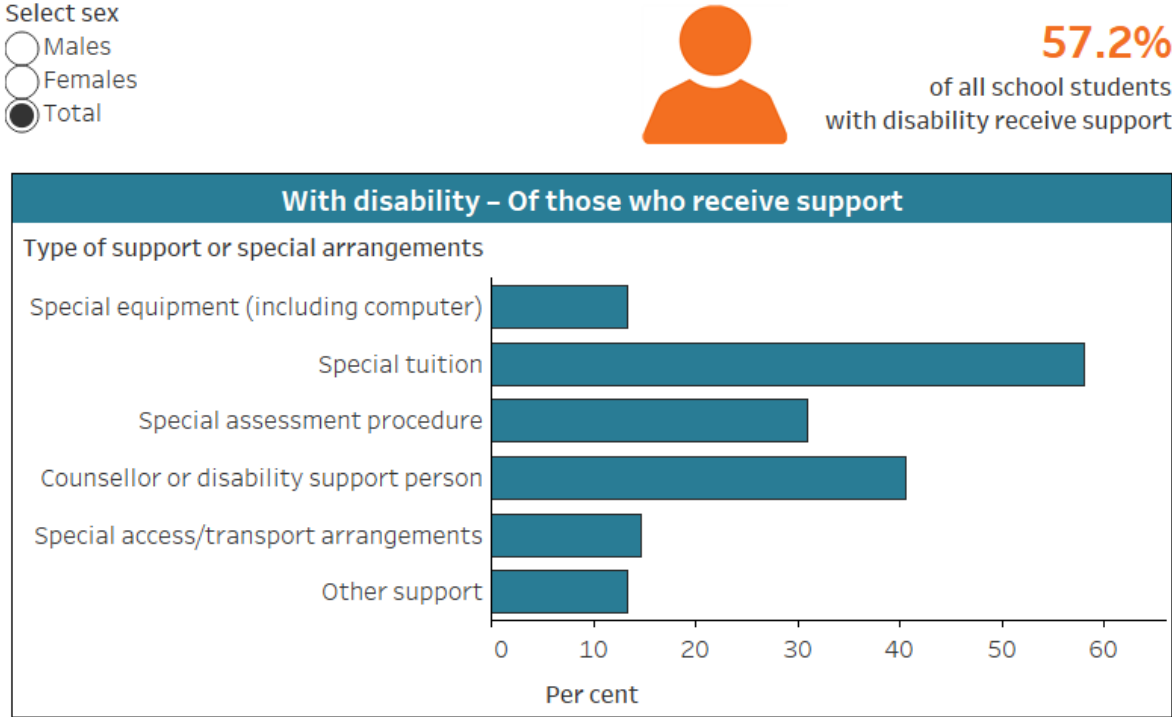
Most school students with disability (57% or 217,000) receive additional supports at school. Around 2 in 5 (43% or 163,000) do not.

Of those who receive additional supports:

- 3 in 5 (58% or 126,000) have special tuition
- 2 in 5 (41% or 88,000) have a counsellor or disability support person
- 3 in 10 (31% or 67,000) have special assessment procedures (Figure PARTICIPATION.1).

About half (53% or 82,000) of girls receive additional supports and 60% (or 136,000) of boys (ABS 2019). Boys who receive additional supports are less likely (35% or 48,000) than girls (49% or 40,000) to have a counsellor or disability support person and are about equally likely to receive other types of support (Figure PARTICIPATION.1).

Figure PARTICIPATION.1: Type of support services or special arrangements provided for school students with disability, by sex, 2018



Source: ABS 2019; see also tables PTPN16 and PTPN19.
<https://www.aihw.gov.au>

Notes

1. Data are for school students with disability aged 5–18 living in households.
2. Multiple special arrangements or supports may be received at one time.

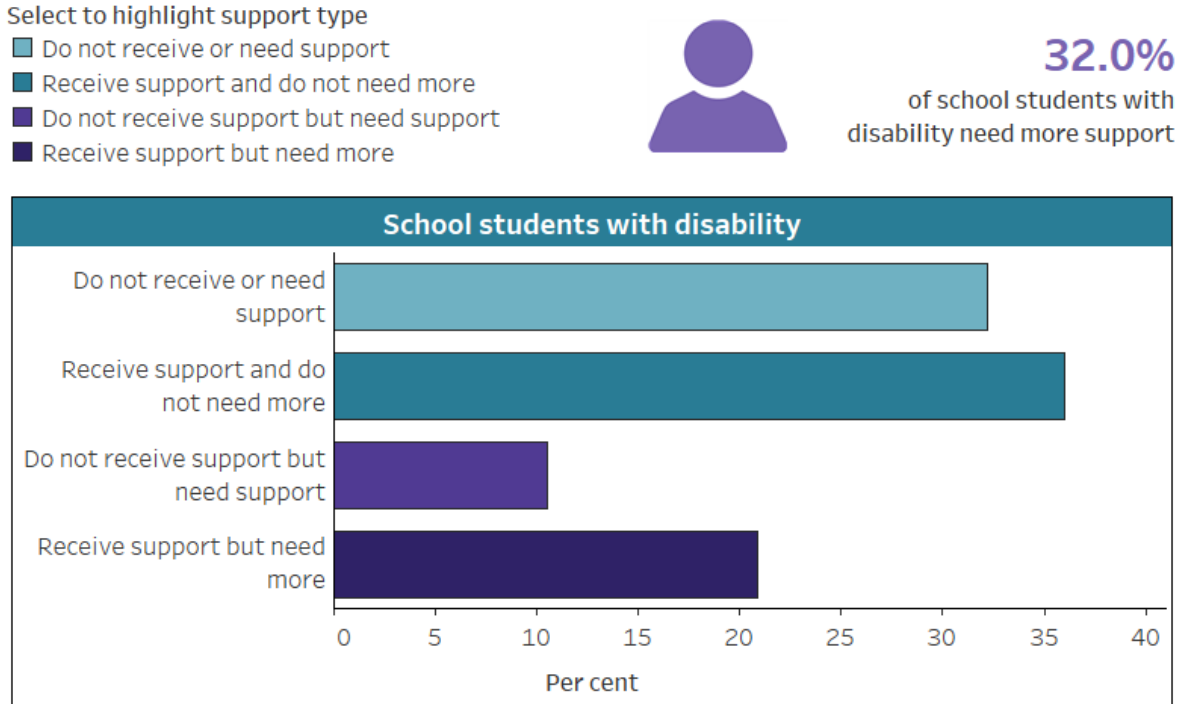
Source data tables: [Data](#) – Education participation needs and challenges.

School students with psychosocial disability (70% or 106,000) are more likely to receive additional supports than those with physical disability (57% or 52,000) (ABS 2019). Of those receiving supports, students with psychosocial disability are also most likely to have a counsellor or disability support person (53% or 56,000) (ABS 2019).

Some school students with disability need more support than they receive, including:

- 1 in 10 (10% or 40,000) who do not receive support but need it
- 1 in 5 (21% or 80,000) who receive support but need more (Figure PARTICIPATION.2).

Figure PARTICIPATION.2: Whether school students with disability receive enough support, 2018



Source: ABS 2019; see also Table PTPN21.
<https://www.aihw.gov.au>

Note: Data are for school students with disability aged 5–18 living in households.

Source data tables: [Data](#) – Education participation needs and challenges.

School students with disability attending only regular classes in a mainstream school are the most likely to have no need for support and the least likely to receive it. Among this group, 42% (or 114,000) do not need nor receive support. A further 29% (or 78,000) receive support and do not need more. The remaining 29% (or 77,000) need support but do not receive it or need more support than they receive (ABS 2019).

More than 8 in 10 school students with disability attending special classes in a mainstream school or a special school receive support:

- Among school students with disability attending special classes in a mainstream school, about one-third (33% or 22,000) need more support than they receive, and more than half (53% or 36,000) receive support and do not need more.
- The proportions are similar for school students with disability attending a special school: about one-third (33% or 15,000) of them need more support than they receive, and a half (51% or 23,000) receive support and do not need more (ABS 2019).

Non-school students

Non-school students with disability are generally less likely to need support than school students; however, some non-school students with disability still do not receive all the support they need:

- 68% (or 127,000) of non-school students with disability do not receive support and do not need it
- 18% (or 33,000) receive support and do not need more
- 14% (or 26,000) have unmet need for support (do not receive support but need it, or receive support and need more) (ABS 2019).

Overall, just under one-quarter (24% or 44,000) of non-school students with disability receive additional supports from their educational institution. This is higher for students with intellectual disability (49% or 14,000) and lower for students with physical disability (20% or 19,000) (ABS 2019).

The most common types of additional supports received by non-school students are:

- special assessment procedures – received by 38% (or 17,000) of students who receive support
- a counsellor or disability support person – 31% (or 14,000)
- special equipment or tuition – 23% (or approximately 10,000)
- other supports (including special access/transport arrangements) – 36% (or 16,000) (ABS 2019).

Discrimination

Almost 1 in 5 (17% or 30,000) students aged 15–64 with disability attending school or studying for a non-school qualification have experienced disability discrimination in the previous year. See [‘Disability discrimination’](#) for more information.

It can be difficult for some people with disability to access buildings and facilities in the community, including schools and other educational institutions. More than 1 in 10 (12% or 29,000) students aged 5–64, who need assistance or have difficulty with communication or mobility, have experienced difficulty accessing locations in the previous year. Of those, nearly half (45% or 13,000) had difficulty accessing a school, university or educational facility (ABS 2019).

Bullying

Bullying, harassment, discrimination and violence are all interpersonal behaviours that can create or contribute to negative social situations and school environments. For more information on bullying in schools see [Bullying. No way!](#)

A source of data on bullying of students

In 2019 Mission Australia conducted a survey of young people (aged 15–19) including a cluster of questions focused on disability. In the survey, 6.5% (or 1,600) of young people reported having disability and 91.3% (or 23,100) reported no disability.

Young people with disability were more likely (43%) to have experienced bullying in the past 12 months than those without disability (19%). Bullying was most likely to take place at school/TAFE/university (77% of those with disability who experienced bullying and 81% of those without disability) (Hall et al. 2020).

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).

References

ABS (2019) *Microdata: disability, ageing and carers, Australia, 2018*, ABS cat. no. 4430.0.30.002, AIHW analysis of TableBuilder data, accessed 14 September 2020. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

DSS (Department of Social Services) and MIAESR (Melbourne Institute of Applied Economic & Social Research) (2022) *The Household, Income and Labour Dynamics in Australia (HILDA) Survey, General Release 21, wave 21*, doi:10.26193/KXNEBO, ADA Dataverse, V3, AIHW analysis of unit record data, accessed 7 December 2022. <https://dataverse.ada.edu.au/dataset.xhtml?persistentId=doi:10.26193/KXNEBO>

Hall S, Fildes J, Liyanarachchi D, Plummer J and Reynolds M (2020) *Young, willing, and able – youth survey disability report 2019*, Mission Australia, Sydney, accessed 23 November 2021. <https://www.missionaustralia.com.au/publications/youth-survey>



9. Employment

Employment

While 90% of people aged 15–64 with disability in the labour force are employed, others face challenges seeking and engaging in employment. This is reflected in their generally lower rates of labour force participation and employment, and higher rates of unemployment, compared with people without disability.

How are labour force, employment and unemployment defined?

Labour force refers to the population aged 15 and over who are working or looking for work (ABS 2022). The results presented in this report and accompanying supplementary data tables are in most cases limited to those aged 15–64.

In the labour force:

- people who are **employed** – people who reported they had worked in a job, business, or on a farm during the reference week (the full week before the date of their survey interview); or had a job in the reference week, but were not at work
- people who are **unemployed** – people who reported they were not employed during the reference week, and had actively looked for full- or part-time work at any time in the 4 weeks up to the end of the reference week and were available for work in the reference week.

Not in the labour force:

- people who are not employed and not unemployed. This includes people who undertake only unpaid household duties or other voluntary work, those who are retired, voluntarily inactive and those permanently unable to work (ABS 2022).

Employment is linked not only to income and economic security, but also to other aspects of wellbeing such as physical and mental health. Problems finding or keeping employment can, for example, have broader impacts on living conditions and opportunities for the individual, their family and the wider community (AIHW 2023).

This domain looks at:

- the participation of people aged 15–64 with disability in the labour force (such as their rates of labour force participation, employment and unemployment)
- how they participate in the labour force (for example, part-time versus full-time employment)
- their occupations when employed
- needs they may have in seeking or keeping employment
- barriers experienced by employers when employing people with disability, and readiness to hire people with disability.

Key findings

1. **Labour force participation:** In 2018, 53% of people aged 15–64 with disability were in the labour force, compared with 84% of those without disability.
2. **Employment:** In 2018, 48% of people aged 15–64 with disability (90% of those in the labour force) were employed, compared with 80% of those without disability.
3. **Underemployment:** In 2018, 10% of employed people aged 15–64 with disability were underemployed (worked part time and wanted to, and could, work more), compared with 6.9% of those without disability.
4. **Unemployment:** In 2018, people aged 15–64 with disability were twice as likely to be unemployed (10%) as those without disability (4.6%).
5. **Employment needs:** In 2018, 88% of employed people aged 15–64 with disability did not require additional support from their employer to work.
6. **Readiness to hire:** In 2022, 30% of employers said their workplaces were more prepared to hire someone with disability now than they were 12 months ago.

Reporting on employment and financial security of people with disability and employer attitudes for Australia's Disability Strategy

[Australia's Disability Strategy 2021–2031](#) (the Strategy) is Australia's national disability policy framework. It sets out a plan for continuing to improve the lives of people with disability in Australia over the 10 years to 2031.

The Strategy is supported by an [Outcomes Framework](#). The Outcomes Framework is a key initiative under the Strategy to measure, track and report on the outcomes for people with disability across 7 outcome areas.

One of these outcome areas is [Employment and financial security](#). This outcome area is about making it easier for people with disability to work and earn money. It includes 3 priorities with a total of 10 measures that are used to track what changes over time:

- Economic participation priority:
 - [Disability Employment Services](#): Number of valid 52-week full outcome claims for employment in the 12-month period for people with disability (**31,281 claims** in 2022–23)
 - [Employment services](#): Proportion of people with disability using jobactive who obtained at least one job placement within a 12-month period which later converted to a 26-week outcome (**7.6%** in 2021–2022)
 - [NDIS participants job support](#): Proportion of NDIS participants who get the support they need to do their job (**62%** in 2023–24 Q2)
 - [Unemployment gap](#): Gap in proportion of people with disability in the labour force who are unemployed, compared with proportion of people without disability (**4.7 percentage points** in 2018)
 - [NDIS participants in full award wage employment](#): Proportion of NDIS participants aged 15–64 in the labour force who are in open employment at full award wage (**22%** in 2023–24 Q2)
- Transition to employment priority:
 - [VET graduate employment](#): Proportion of Vocational Education and Training (VET) graduates with disability who are employed on completion of training (**62%** in 2023)
 - [Young NDIS participant employment](#): Proportion of young NDIS participants (aged 15–24) in employment (**19%** in 2023–24 Q2)
 - [Young people in employment](#): Proportion of young people (aged 15–24) with disability in the labour force who are employed (**76%** in 2018)
- Economic independence priority:
 - [Public sector employment](#): Proportion of Australian Public Service employees with disability (**5.1%** in June 2023)
 - [Median gross income gap](#): Gap in median gross income for people with disability aged 15–64 years compared with people without disability (**\$511 per week** in 2018).

Note: the numbers reported in this summary box and on the [Reporting on Australia's Disability Strategy 2021–2031](#) website may differ slightly from the numbers reported elsewhere in this report, due to different data sources, age groups, reporting periods, or due to confidentiality processes.

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Labour force framework](#)
- [Reporting on Australia's Disability Strategy 2021–2031](#).

References

ABS (Australian Bureau of Statistics) (2022) *Labour statistics: concepts, sources and methods, 2021*, ABS, accessed 30 August 2023.

<https://www.abs.gov.au/statistics/detailed-methodology-information/concepts-sources-methods/labour-statistics-concepts-sources-and-methods>

AIHW (Australian Institute of Health and Welfare) (2023) 'Employment and unemployment', *Australia's welfare 2023*, AIHW, accessed 4 March 2024.

<https://www.aihw.gov.au/reports/australias-welfare/employment-unemployment>

Labour force participation

Key findings

- **Labour force participation:** In 2018, 53% of people aged 15–64 with disability were in the labour force, compared with 84% of those without disability.
- **People with severe or profound disability:** In 2018, 27% of people aged 15–64 with severe or profound disability were in the labour force, compared with 62% with other disability status.
- **Permanently unable to work:** In 2018, 59% of people aged 15–64 with disability who were not in the labour force were permanently unable to work.

More than 1 million people aged 15–64 with disability are working or looking for work (are in the labour force). This has remained stable over 15 years – 53% of people aged 15–64 with disability participated in the labour force in 2018 (or 1.1 million) and 2003 (or 1.2 million) (ABS 2019b, ABS 2004). Among those with severe or profound disability 27% were in the labour force in 2018 and 30% in 2003 (ABS 2019b, ABS 2004).

How is labour force participation defined?

People who are in the labour force include those aged 15 and over who are employed or unemployed. In previous versions of this report, people aged 15–64 were referred to as ‘working-age’. The term ‘working-age’ is no longer used in this report, but the results presented are in most cases still limited to people aged 15–64 for consistency with previous versions.

In the labour force:

- people who are employed include those who reported that they had worked in a job, business, or on a farm during the reference week (the full week before the date of their survey interview); or had a job in the reference week, but were not at work
- people who are unemployed include those who reported that they were not employed during the reference week, and had actively looked for full- or part-time work at any time in the 4 weeks up to the end of the reference week and were available for work in the reference week.

Not in the labour force:

- people who are not employed and are not unemployed. This includes people who undertake only unpaid household duties or other voluntary work, those who are retired, voluntarily inactive and those permanently unable to work (ABS 2022).

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Unless otherwise indicated, all data on this page refer to 2018.

People aged 65 and over

Most (88% or 1.1 million in 2018) people with disability who participate in the labour force are aged 15–64. The rest are aged 65 and over (159,000) (ABS 2019b).

With increasing life expectancies and improvements in health care, today's Australians are generally living longer and healthier lives than those in previous generations (AIHW 2023). The eligibility age for the Age Pension has also increased in recent years. For some older people, including those with disability, these factors may mean staying longer in the workforce.

Labour force participation rate

People with disability have a lower labour force participation rate than people without disability. Just over half (53% or 1.1 million) of people aged 15–64 with disability are in the labour force, compared with 84% (or 11.8 million) without disability. This is particularly so for those with severe or profound disability (27% or 137,000 compared with 62% or 960,000 with other disability status) (ABS 2019b).

Labour force participation rate

The labour force participation rate is the number of people who are employed or unemployed expressed as a percentage of the population aged 15 and over. The results presented in this report are mostly limited to people aged 15–64.

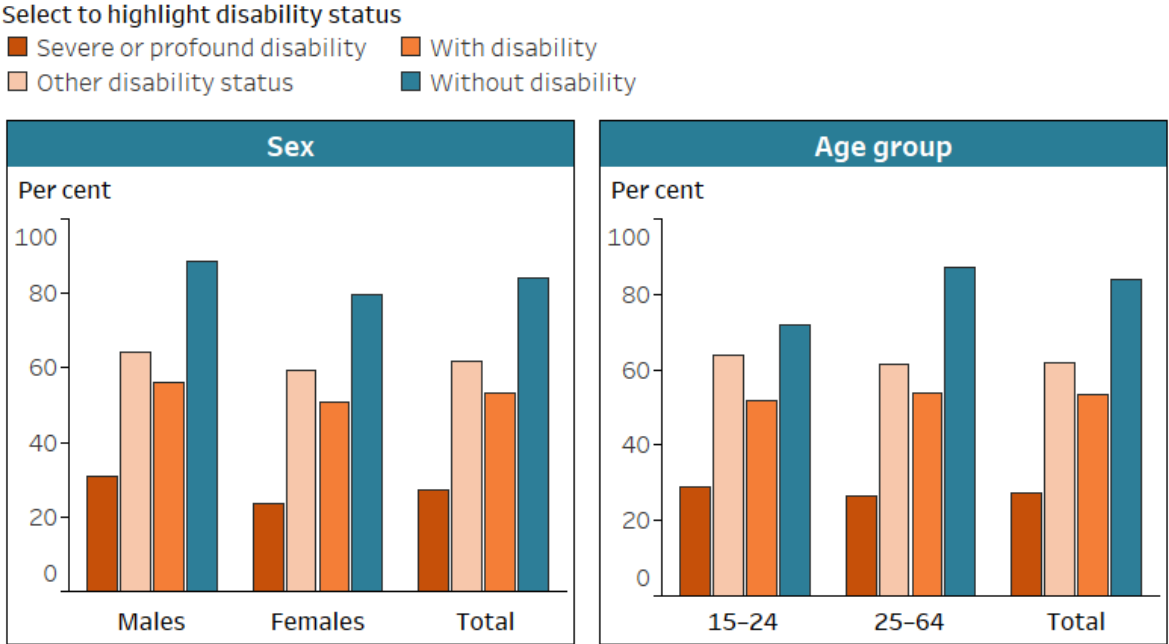
Generally, males are more likely to be in the labour force than females (Figure LABOUR.1). This is true for people with and without disability:

- 56% (or 563,000) of males aged 15–64 with disability are in the labour force, compared with 51% (or 535,000) of females
- 89% (or 6.2 million) of males aged 15–64 without disability, compared with 80% (or 5.6 million).

Similarly, for those with severe or profound disability, 31% (or 76,000) of males with disability are in the labour force compared with 24% (or 61,000) of females (ABS 2019b).

People aged 15–64 with sensory and speech disability (55% or 225,000) and physical disability (49% or 632,000) are more likely to be in the labour force than those with head injury, stroke or acquired brain injury (32% or 51,000) and psychosocial disability (33% or 215,000) (ABS 2019b).

Figure LABOUR.1: Labour force participation rate for people aged 15–64, by disability status and severity, sex and age group, 2018



Source: ABS 2019b; see also tables LABF6 and LABF7.
<https://www.aihw.gov.au>

Notes

1. Restricted to people aged 15–64 living in households.
2. The labour force includes people who are employed or unemployed.
3. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Labour force participation.

Labour force participation of young people with disability

Young people (aged 15–24) with disability are about as likely to be in the labour force (52% or 152,000) as people with disability aged 25–64 (54% or 948,000). However, young people with disability are less likely to be in the labour force than their peers without disability (72% or 2.0 million in the labour force). This is especially true for young people with severe or profound disability (29% or 31,000 in the labour force), compared with 64% (or 119,000) of those with other disability status (ABS 2019b).

Young people with disability who are in the labour force are:

- more likely to be unemployed (25% or 38,000) than those without disability (11% or 233,000)
- less likely to be employed full time (24% or 36,000) than those without disability (36% or 735,000) (ABS 2019b).

Note: Full-time employment is working 35 hours per week or more (in all jobs) (ABS 2019a).

Reasons for not being in the labour force

Close to half (47% or 959,000) of all people aged 15–64 with disability are not in the labour force. Of these:

- most (59% or 562,000) are permanently unable to work
- almost a quarter (23% or 224,000) intend to work or look for work
- 1 in 12 (8.7% or 83,000) are unsure if they intend to work or look for work
- 1 in 15 (6.9% or 67,000) do not intend to work or look for work (Figure LABOUR.2).

This varies by age and sex (Figure LABOUR.2):

- Proportion of people permanently unable to work increases with age, from 22% (or 32,000) of people with disability not in the labour force aged 15–24, to 52% (or 112,000) of those aged 25–44, and 69% (or 418,000) of those aged 45–64.
- Proportion of people with disability not in the labour force who intend to work or look for work falls with age, from 62% (or 88,000) of people aged 15–24, to 34% (or 74,000) of those aged 25–44, and 10% (or 62,000) of those aged 45–64. The same pattern is observed for people without disability.
- Males with disability not in the labour force are more likely than females to be permanently unable to work – 64% (or 282,000) compared with 54% (or 279,000).
- Females with disability not in the labour force are more likely to not intend to work or look for work than males – 9.0% (or 47,000) compared with 4.6% (or 20,000) (Figure LABOUR.2, ABS 2019b).

Figure LABOUR.2: Ability and intention to work and look for work, for people who are not in the labour force, by disability status, age group and sex, 2018

46.6% of people with disability aged 15–64 are not in the labour force

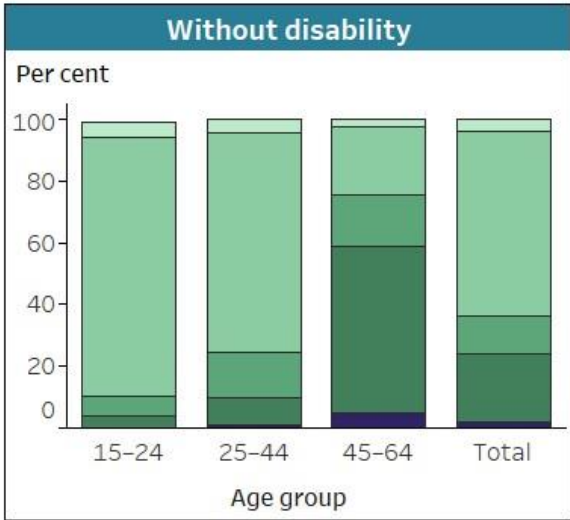
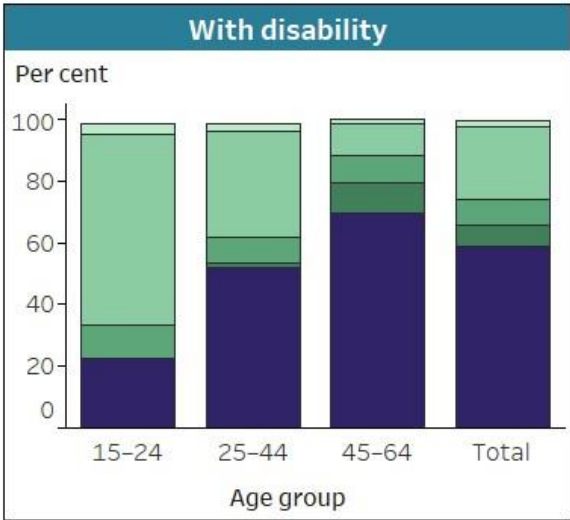
15.9% of people without disability aged 15–64 are not in the labour force

Select to view by

- Age group
- Sex

Select to highlight ability and intention

- Actively looked for work in the last 4 weeks
- Intend to work or look for work
- Unsure whether intend to work or look for work
- Do not intend to work or look for work
- Permanently unable to work



Source: ABS 2019b; see also tables LABF10 and LABF11. <https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Restricted to people aged 15–64 living in households who are not in the labour force.
- 2. People who intend to, are unsure whether intend to, or do not intend to work are limited to those who are not in the labour force, not permanently unable to work, and have not looked for work in the last 4 weeks.
- 3. The category 'Do not intend to work or look for work' for people aged 15–24 with disability has a relative standard error greater than 50% and is considered too unreliable for general use. The category 'Permanently unable to work' has not been recorded for any people aged 15–24 without disability. Therefore, these categories are not shown in this figure for those populations.
- 4. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Labour force participation.

People aged 15–64 with disability who are not in the labour force are far more likely than those without disability to be permanently unable to work (59% or 562,000 compared with 2.1% or 48,000). They are also much less likely to intend to work or look for work (23% or 224,000 compared with 60% or 1.3 million) (Figure LABOUR.2, ABS 2019b).

About two-thirds (67% or 64,000) of people aged 15–64 with disability who are not in the labour force and live in *Outer regional and remote* areas are permanently unable to work compared with those living in *Major cities* (54% or 329,000) (ABS 2019b).

People who are permanently unable to work

Of people aged 15–64 with disability who are permanently unable to work:

- 9 in 10 (91% or 511,000) said it was because of their own condition or disability
- 1 in 7 (12% or 70,000) said it was because of someone else's ill health or disability (people could give more than one reason) (ABS 2019b).

When asked about requirements to enable workforce participation, 96% said they could not work at all. Some reported they may be able to participate if certain requirements were met, such as training, equipment and assistance with work or personal care tasks (2.8% or 16,000) (ABS 2019b).

People able to work

People able to work refers to people aged 15–64 not permanently unable to work.

People who do not intend to work or look for work

For people aged 15–64 with disability able to work but not intending to work or look for work, the most common reasons for this were (more than one reason could be given):

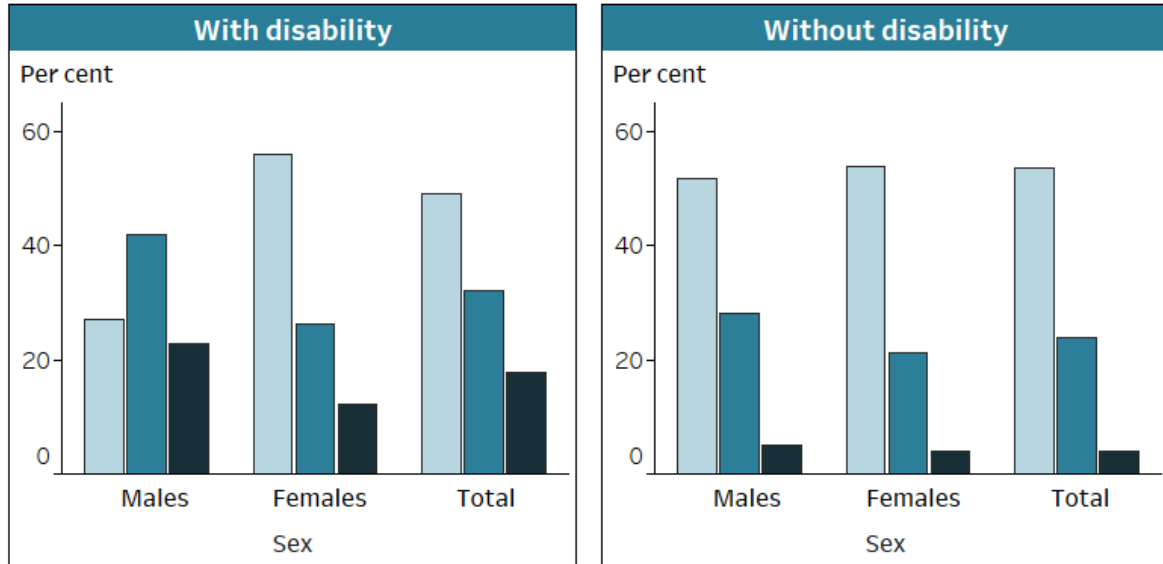
- half (49% or 33,000) have no need to work, are satisfied with current arrangements or are retired (for now)
- 32% (or 21,000) are permanently retired or will not work again
- 18% (or 12,000) cited their short-term illness or injury or long-term health condition or disability (Figure LABOUR.3).

Males with disability able but not intending to work (42% or 9,000) are much more likely than their female counterparts (26% or 12,000) to report they are permanently retired or will not work again. Females with disability able but not intending to work (56% or 26,000) are more likely than their male counterparts (27% or 6,000) to report that they have no need to work, are satisfied with current arrangements or are retired (for now) (ABS 2019b).

Figure LABOUR.3: Reasons for not looking for work in the last 4 weeks for people who are not in the labour force, not permanently unable to work and do not intend to work, by disability status and sex, 2018

Select to highlight reasons for not intending to return to work

- No need/satisfied with current arrangements/retired (for now)
- Permanently retired/will not work again
- Illness, injury, health condition or disability



Source: ABS 2019b; see also Table LABF16.
<https://www.aihw.gov.au>

Notes

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

1. Restricted to people aged 15–64 living in households who are not in the labour force, not permanently unable to work, have not actively looked for work in last 4 weeks and do not intend to work or look for work.
2. Reasons not shown in the figure are studying/returning to studies, home duties or caring for child(ren), welfare payments/pension/allowance may be affected, moving house, taking holidays, caring for ill/disabled/elderly person(s), pregnancy, and other reason.
3. More than one reason for not intending to work or look for work may be reported.
4. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Labour force participation.

People who may work in the future

People who may work in the future are those who:

- have not looked for work but intend to work or look for work
- are not sure if they will work.

For those with disability aged 15–64 the most common reasons for not looking for work in the last 4 weeks were (more than one reason could be reported):

- own ill health or disability (49% or 145,000)
- studying or returning to study (28% or 85,000)
- children too young or prefer to look after them and child care availability (13% or 39,000)
- someone else's ill health or disability (11% or 33,000) (Figure LABOUR.4).

Differences in reasons between males and females with disability who may work in the future are similar to those for people who do not intend to work or look for work.

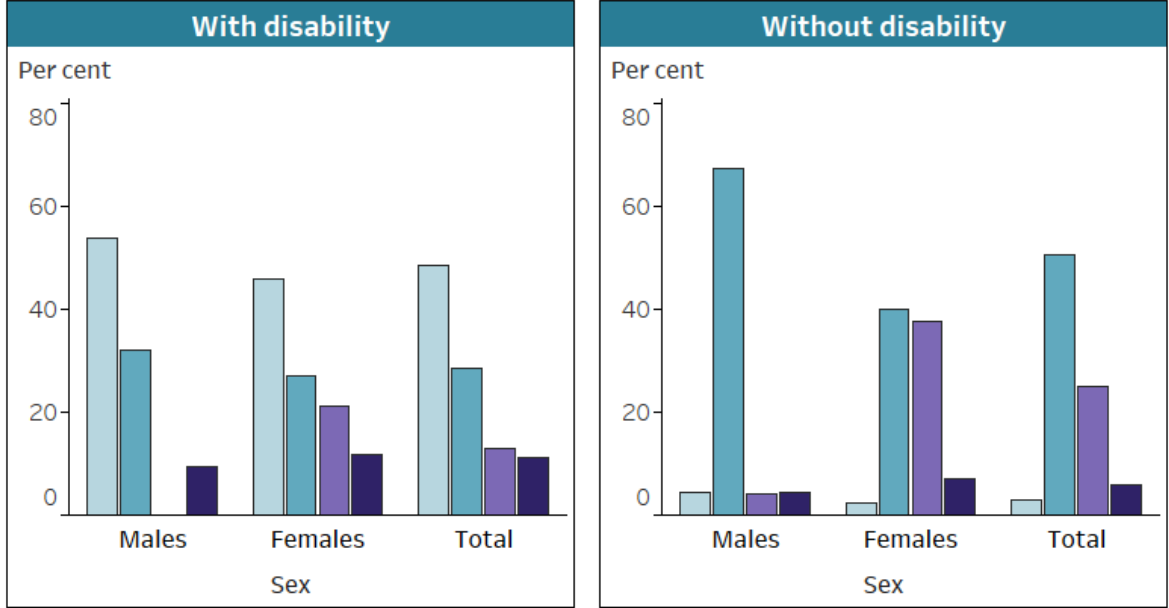
For example, of people aged 15–64 with disability who may work in the future (Figure LABOUR.4):

- males are more likely than females to give their own ill health or disability as a reason for not looking for work – 54% (or 67,000) compared with 46% (or 81,000)
- 32% (or 40,000) of males report studying or returning to studies as a reason as do 27% (or 47,000) of females
- females are likely to cite family or relationship considerations as reasons for not looking for work
 - children being too young or preferring to look after them and child care availability – 21% (or 37,000) of females
 - someone else's ill health or disability – 12% (or 21,000)
 - other family considerations – 9.7% (or 17,000) (ABS 2019b).

Figure LABOUR.4: Reasons for not looking for work in the last 4 weeks for people who are not in the labour force, not permanently unable to work and may work in the future, by disability status and sex, 2018

Select to highlight reason for not looking for work

- Own ill health or disability
- Studying/returning to studies
- Caring for child(ren) due to preference/child’s age/child care availability
- Someone else’s ill health or disability



Source: ABS 2019b; see also Table LABF17.
<https://www.aihw.gov.au>

Notes

1. Restricted to people aged 15–64 living in households who are not in the labour force, not permanently unable to work, and have not looked for work in the last 4 weeks but intend to work or look for work in the future, or are unsure.
2. Reasons not shown in the figure are retired/too old/do not need or want to work, other family considerations, pension or welfare payments might be affected, pregnancy, lacks relevant schooling, training or experience, other and don't know.
3. More than one reason for not intending to work or look for work may be reported.
4. No males with disability were recorded as not looking for work due to caring for child(ren).
5. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Labour force participation.

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018.](#)

References

ABS (2004) *Disability, Ageing and Carers, Australia: Summary of Findings, 2003*, ABS, accessed 27 October 2023. <https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings>

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AIHW (Australian Institute of Health and Welfare) (2023) *Older Australians*, cat. No. AGE 87, AIHW, accessed 25 September 2023. <https://www.aihw.gov.au/reports/older-people/older-australians/contents/about>

Employment

Key findings

- **Employment rate:** In 2018, 48% of people aged 15–64 with disability were employed (90% of those in the labour force), compared with 80% of those without disability.
- **Part-time employment:** In 2018, 41% of employed people aged 15–64 with disability worked part time, compared with 32% of those without disability.
- **Job satisfaction:** In 2021, 62% of employed people aged 15–64 with disability were highly satisfied with their job, compared with 67% of those without disability.

People aged 15–64 with disability have a lower rate of employment than those without disability and are more likely to be working part time. People with disability are also somewhat more likely to be self-employed.

How is employment defined?

Employed people are those who report that they had worked in a job, business, or on a farm during the reference week (the full week before the date of their survey interview); or that they had a job in the reference week, but were not at work.

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Unless otherwise specified, data on this page refer to 2018.

Employment rate

People aged 15–64 with disability have a lower employment rate (48% or 984,000) than those without disability (80% or 11.3 million) (Figure EMPLOYMENT.1). Those with severe or profound disability have a much lower employment rate (24% or 120,000) than those with other disability (56% or 863,000) (ABS 2019).

Among people aged 15–64 in the labour force, the proportion of those employed is 90% for people with disability, 88% for people with severe or profound disability, and 95% for people without disability (ABS 2019).

While the overall employment rate for people aged 15–64 with disability has remained relatively steady in recent years, it has decreased somewhat for those with severe or profound disability (from 27% in 2003 to 24% in 2018) (ABS 2019).

Employment rate

In this section, employment rate (employment-to-population ratio) is the number of employed people aged 15–64 as a percentage of the population aged 15–64 (AIHW 2023).

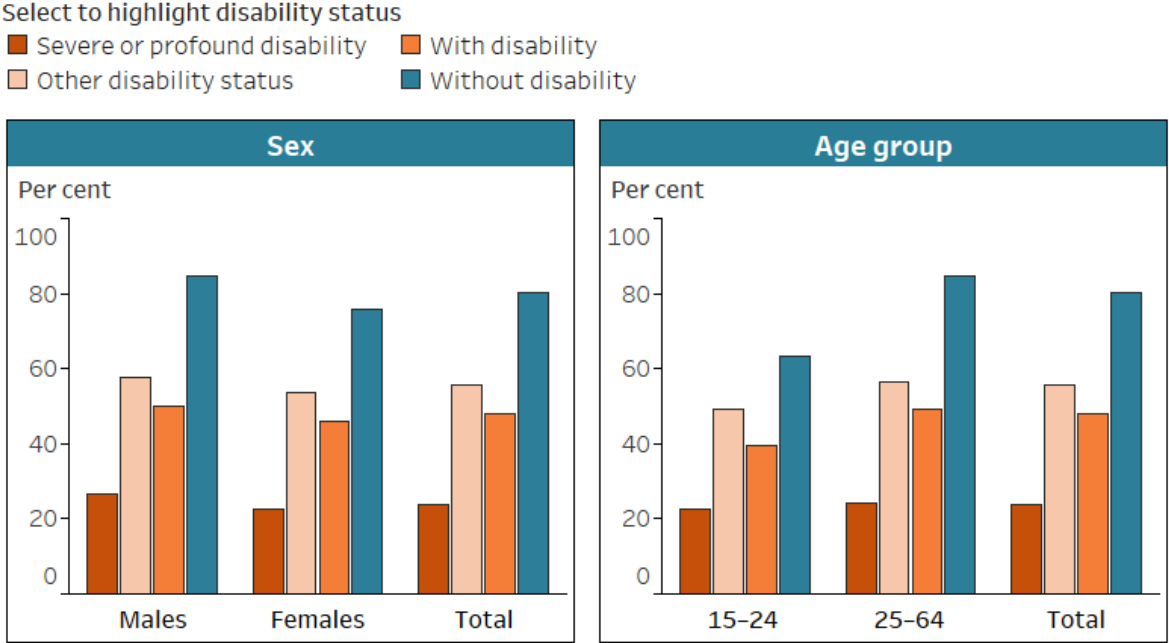
The employment rate is an indication of the overall level of employment for a population and measures how much of the potential labour resource is being used. As many employment initiatives include trying to engage people not in the labour force in employment (where possible), this rate also includes those not in the labour force.

Females aged 15–64 have a lower employment rate than males (Figure EMPLOYMENT.1). This is true for those with disability (46% compared with 50%) and without disability (76% compared with 85%) (ABS 2019). This is largely related to lower workforce participation among females rather than higher unemployment (see '[Unemployment](#)').

Employment rate also varies by age group and disability group:

- people with disability aged 15–24 have a lower employment rate (40% or 116,000) than those aged 25–64 (49% or 870,000) (Figure EMPLOYMENT.1)
- people with sensory and speech disability have the highest employment rate (50% or 205,000) while those with psychosocial disability have the lowest (26% or 165,000) (ABS 2019).

Figure EMPLOYMENT.1: Employment rate of people aged 15–64, by disability status and severity, sex and age group, 2018



Source: ABS 2019; see also tables EMPL1 and EMPL2.
<https://www.aihw.gov.au>

Notes

1. Restricted to people aged 15–64 living in households.
2. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Employment.

Working full time or part time

When employed, people aged 15–64 with disability are less likely to work full time and more likely to work part time than those without disability (Table EMPLOYMENT.1). This is especially the case for people aged 15–64 with severe or profound disability:

- 48% (or 57,000) of those employed work full time, compared with 61% (or 525,000) with other disability
- 52% (or 62,000) work part time, compared with 40% (or 341,000) (ABS 2019).

What is full-time employment?
 Full-time employment is defined as working 35 or more hours per week (in all jobs).

Table EMPLOYMENT.1: Whether employed people are employed full time or part time, by disability status, 2018 (%)

Whether employed full time or part time	Severe or profound disability	Other disability status	All with disability	Without disability
Employed full time	47.8	60.9	59.1	68.3
Employed part time	51.9	39.5	40.9	31.7
Total	100.0	100.0	100.0	100.0

Notes

1. Data are for employed people aged 15–64 living in households.
2. Figures are rounded and underwent ABS confidentiality and perturbation processes. Numbers may not add up to 100 per cent due to rounding.

Source: ABS 2019; see also Table EMPL9, [Data](#) – Employment.

Table EMPLOYMENT.2: Whether employed people work full time or part time, by disability group, 2018 (%)

Whether employed full time or part time	Sensory and speech	Intellectual	Physical restriction	Psycho-social	Other
Employed full time	69.2	43.2	59.8	42.5	50.9
Employed part time	31.7	56.8	39.9	56.9	48.4
Total	100.0	100.0	100.0	100.0	100.0

Notes

1. Data are for employed people with disability aged 15–64 living in households.
2. People may report impairments related to more than one disability group. In such cases, people are counted separately for each disability group.
3. Estimates for people with head injury, stroke or acquired brain injury not shown due to uncertainty over data quality.
4. Figures are rounded and underwent ABS confidentiality and perturbation processes. Numbers may not add up to 100 per cent due to rounding.

Source: ABS 2019; see also Table EMPL12, [Data](#) – Employment.

For some disability groups, employed people aged 15–64 are more likely to work part time than full time (Table EMPLOYMENT.2). This is the case for those with:

- intellectual disability (57% or 59,000)
- psychosocial disability (57% or 94,000) (ABS 2019).

While most employed people aged 15–64 with disability work full time, recent years have seen a shift from full-time towards part-time work. For example, between 2003 and 2018, the proportion working:

- full time decreased from 63% to 59%, and from 51% to 48% for those with severe or profound disability
- part time increased from 37% to 41%, and from 49% to 52% for those with severe or profound disability.

This was accompanied by a similar change for employed people without disability, for whom the proportion employed full time decreased from 71% in 2003 to 68% in 2018, and the proportion working part time increased from 29% in 2003 to 32% in 2018 (ABS 2019).

Employed females aged 15–64 with disability are less likely to work full time and more likely to work part time than their male counterparts:

- 46% (or 223,000) worked full time, compared with 72% (or 359,000)
- 54% (or 263,000) worked part time, compared with 28% (or 141,000) (ABS 2019).

Occupations

Among employed people aged 15–64 with disability, the most commonly identified occupations are:

- professionals (23% or 222,000)
- technicians and trades workers (15% or 150,000)
- clerical and administrative workers (13% or 130,000)
- labourers (12% or 121,000) (ABS 2019).

Occupations

Occupations in the ABS SDAC are classified according to the [Australian and New Zealand Standard Classification of Occupations \(ANZSCO\) 2013](#).

People with disability are more likely to work as labourers than people without disability. Among employed people aged 15–64, 12% (or 121,000) of people with disability work in labourer occupations, as do 8.8% (or 991,000) of those without disability (Figure EMPLOYMENT.2, ABS 2019). This pattern is similar for males and females, but is mostly driven by people aged 45–64 (Figure EMPLOYMENT.2).

People with severe or profound disability are even more likely to work in labourer occupations – one in 5 (20% or 24,000) of employed people with severe or profound disability aged 15–64 do so (ABS 2019).

Males with disability are more likely than their female counterparts to work as a:

- labourer – 15% (or 73,000) compared with 9.9% (or 48,000)
- technician and trades worker – 25% (or 127,000) compared with 5.1% (or 25,000)
- manager – 12% (or 62,000) compared with 9.0% (or 44,000) (Figure EMPLOYMENT.2, ABS 2019).

Females with disability are more likely than their male counterparts to work as a:

- professional – 28% (or 134,000) compared with 18% (or 88,000)
- sales worker – 12% (or 59,000) compared with 5.8% (or 29,000)
- clerical or administrative worker – 21% (or 100,000) compared with 6.3% (or 32,000)
- community or personal service worker – 15% (or 70,000) compared with 4.9% (or 25,000) (Figure EMPLOYMENT.2, ABS 2019).

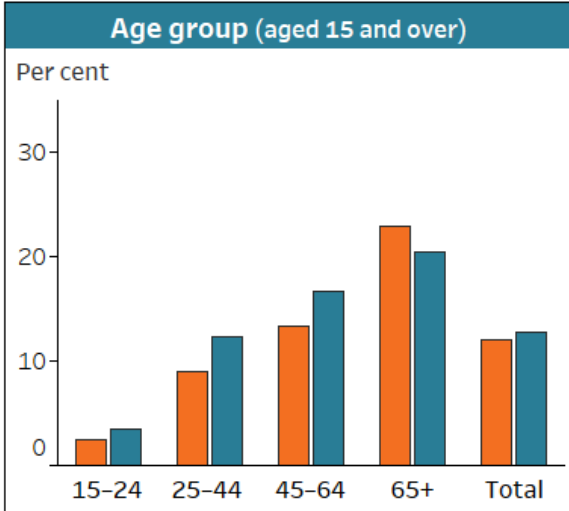
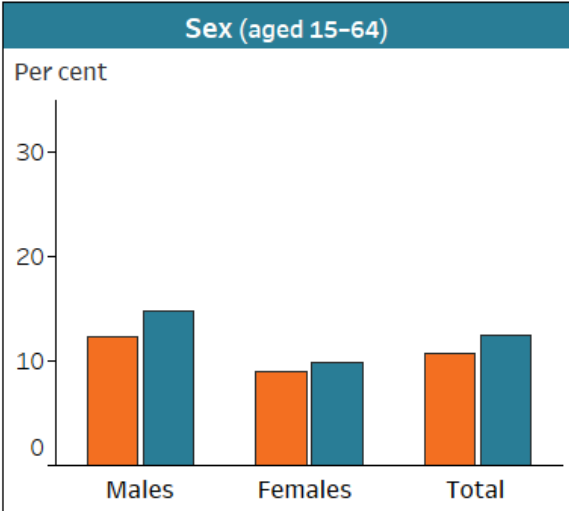
Figure EMPLOYMENT.2: Occupations of employed people, by disability status, age group and sex, 2018

Select occupation

- Managers
- Professionals
- Technicians and Trades Workers
- Community and Personal Service Workers
- Clerical and Administrative Workers
- Sales Workers
- Machinery Operators and Drivers
- Labourers

Select to highlight disability status

- With disability
- Without disability



Source: ABS 2019; see also tables EMPL6 and EMPL7.
<https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. Graph by sex is restricted to employed people aged 15–64 living in households.
- 2. Graph by age group is restricted to employed people aged 15 and over living in households.
- 3. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Employment.

Employment type

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by HILDA, see [‘Data sources’](#).

Self-employment

People who operate their own enterprise or engage independently in a profession or trade are referred to as self-employed. In this section, self-employed people include:

- employers, who are owners of incorporated or unincorporated businesses who have one or more employees in addition to themselves
- solo self-employed people, who are owners of incorporated or unincorporated businesses without employees (Wilkins and Lass 2018).

In 2021, about 1 in 10 (11%) employed people with disability aged 15–64 were solo self-employed, 4.5% were employers and 85% were employees. Employed people aged 15–64 with disability were slightly more likely to be solo self-employed than those without disability (11% compared with 7.3%) and less likely to be an employee (85% compared with 88%).

Older employed people aged 65 and over were more likely to be solo self-employed, especially those with disability. About one-third (30%) of employed people aged 65 and over with disability were solo self-employed, compared with around one-quarter (24%) of those without disability (DSS and MIAESR 2022).

Of employed people aged 15–64 with disability:

- females are more likely (89%) to be employees than males (79%)
- those with psychosocial disability are more likely (88%) to be employees than those with physical disability (81%) (DSS and MIAESR 2022).

Employment contract types

This section distinguishes between 3 employment contract types:

- permanent contracts, defined as employment on an ongoing or permanent basis
- fixed-term contracts, defined as employment that ends at a specified date or upon completion of a specific task
- casual employment, which usually means no assured continuity of employment, no paid leave entitlements, and a compensating pay loading (Wilkins et al. 2022).

The most common employment contract type for employees aged 15–64 with disability is permanent employment (71% in 2021), followed by casual employment (23%) and fixed-term employment (6.6%). This is similar for those without disability (71%, 20% and 8.3% respectively). Casual employment is the most common employment type for younger employees aged 15–24 with and without disability (58% and 54%, respectively) (DSS and MIAESR 2022).

Of employees aged 15–64 with disability:

- males are more likely (74%) to have a permanent contract than females (68%)
- those living in *Major cities* are more likely (73%) to have a permanent contract than those in *Inner regional areas* (64%)
- those with psychosocial disability are more likely (32%) to be in casual employment than those with physical disability (23%) (DSS and MIAESR 2022).

Selected characteristics of jobs

This section discusses various aspects of the jobs held by people with disability, including job satisfaction, job security, working from home, and retirement plans.

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by HILDA, see '[Data sources](#)'.

Job satisfaction

Satisfaction with current job

Each year, the HILDA Survey participants are asked to rate their satisfaction with 5 aspects of their current main job on a 0–10 scale (10 represents the highest level of satisfaction and 0 the lowest):

1. Total pay
2. Job security
3. The work itself
4. Work hours
5. Flexibility to balance work and non-work commitments

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

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

The proportion of employed people aged 15–64 with disability who are highly satisfied with their current job has increased from 54% in 2017 to 62% in 2021. This is especially true for those aged 15–24, with 64% being highly satisfied with their current job in 2021, compared with 47% in 2017. The proportion of employed people aged 15–64 without disability who are highly satisfied has increased slightly in the same timeframe (61% in 2017 and 67% in 2021) but stayed about the same for those aged 15–24 (62% in 2017 and 64% in 2021) (DSS and MIAESR 2019, DSS and MIAESR 2022).

However, the satisfaction rate is still lower than for people without disability. In 2021, 62% of employed people aged 15–64 with disability were highly satisfied with their current job compared with 67% of those without disability. Employed people aged 65 and over were the most likely age group to be highly satisfied (77% of those with disability and 81% of those without disability) (DSS and MIAESR 2022).

Job security

Each year, the HILDA Survey asks employees to rate the percentage chance of losing their current job over the next 12 months. This includes being retrenched, fired, or not having their contract renewed.

In 2021, about half (52%) of employees aged 15–64 with disability were confident that there was no chance (0%) of losing their job within the next 12 months. This was similar for those without disability (49%), but varied by sex and remoteness:

- females with disability are more likely (57%) to perceive that there is no chance of losing their job than males with disability (47%)

- those in *Major cities* are less likely (49%) to perceive that there is no chance of losing their job compared with those in *Inner regional* (58%), or *Outer regional, Remote and Very remote* areas (64%) (DSS and MIAESR 2022).

However, employed people aged 15–64 with disability were slightly more likely (13%) to be not satisfied with the job security of their current main job than those without disability (9.7%). This is especially true for males (12% of those with disability compared with 8.4% of those without disability), and people living in *Major cities* (14% compared with 10%) (DSS and MIAESR 2022).

Working from home

In the HILDA Survey all employed people are asked how many hours they usually work per week in their main job, whether any of their usual hours are worked from home, and how many hours are worked from home. The COVID-19 pandemic had a big impact on where paid work is undertaken and contributed to an increase of employed people working from home (Wilkins et al. 2022).

In 2021, 14% of employed people with disability aged 15–64 worked all hours from home for their main job, 21% worked some hours from home and 65% did not usually work from home at all. Those with disability were less likely (14%) to work all hours from home than those without disability (18%) (DSS and MIAESR 2022).

Some groups of employed people with disability aged 15–64 are less likely to work from home than others:

- 89% of those aged 15–24 do not usually work from home, compared with 64% of those aged 25–44, and 59% of those aged 45–64
- 62% of those in *Major cities* do not usually work from home, compared with 70% of those in *Inner regional*, and 79% of those in *Outer regional, Remote and Very remote* areas
- 82% of those with intellectual disability, 72% of those with sensory disability, 66% of those with psychological disability and 64% of those with physical disability do not usually work from home (DSS and MIAESR 2022).

Retirement plans

Retirement from the workforce is a major life event. HILDA collects data on the age employed people aged 45 and over plan to retire completely from the paid workforce. Most employed people aged 45–64 with disability expect to retire at age 65 or later – 46% expect to retire at age 65–69 and 31% at age 70 or over. This is similar for people without disability (48% and 25%, respectively). Males with disability are more likely to expect to retire later in life, at age 70 or over (39%), than females (24%) (DSS and MIAESR 2022).

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).
- [Household, Income and Labour Dynamics in Australia \(HILDA\) Survey website](#).

References

ABS (Australian Bureau of Statistics) (2019) *Microdata: disability, ageing and carers, Australia, 2018*, ABS cat. No. 4430.0.30.002, AIHW analysis of TableBuilder data, accessed 4 August 2021. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

AIHW (Australian Institute of Health and Welfare) (2023) *Employment and unemployment*, AIHW, accessed 21 September 2023. <https://www.aihw.gov.au/reports/australias-welfare/employment-trends>

DSS (Department of Social Services) and MIAESR (Melbourne Institute of Applied Economic Social Research) (2019) *The Household, Income and Labour Dynamics in Australia Survey, General Release 18*, wave 17, doi:10.26193/IYBXHM, ADA Dataverse, AIHW analysis of unit record data, accessed 11 October 2021. <https://dataverse.ada.edu.au/dataset.xhtml?persistentId=doi:10.26193/IYBXHM>

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Wilkins R, Vera-Toscano E, I, Botha F, Wooden M and Trinh T (2022) *The Household, Income and Labour, Dynamics in Australia Survey: selected findings from waves 1 to 20*, Melbourne Institute: Applied Economic and Social Research, University of Melbourne, accessed 21 September 2023. <https://melbourneinstitute.unimelb.edu.au/hilda/publications/hilda-statistical-reports>

Underemployment

Key findings

- **Underemployment rate:** In 2018, 10% of employed people aged 15–64 with disability were underemployed, compared with 6.9% of those without disability.
- **Satisfied with part-time hours:** In 2018, 3 in 10 (28%) employed people with disability aged 15–64 were working under 35 hours per week and did not want a job with more hours.
- **Underemployment among young people:** People with disability aged 15–24 are more likely to be underemployed than those aged 25–64 (23% compared with 8.1% in 2018).

People are considered underemployed if they work part time but wish to work more hours. People with disability are more likely to work part time (41% or 403,000 of those with disability aged 15–64 and employed) than people without disability (32% or 3.6 million) (see [‘Working full time or part time’](#) for more information). While for many people part-time work is the preferred choice, others may wish to work more hours for reasons of financial security, better leave entitlements, or improved career opportunities.

How is underemployment defined?

A person is considered underemployed if they are employed, usually work 34 hours or less per week, would like a job with more hours, and are available to start work with more hours if offered a job in the next 4 weeks.

Data note

Data on this page are sourced from the Australian Bureau of Statistics (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see [‘Data sources’](#).

All data reported on this page refers to 2018.

Underemployment rate

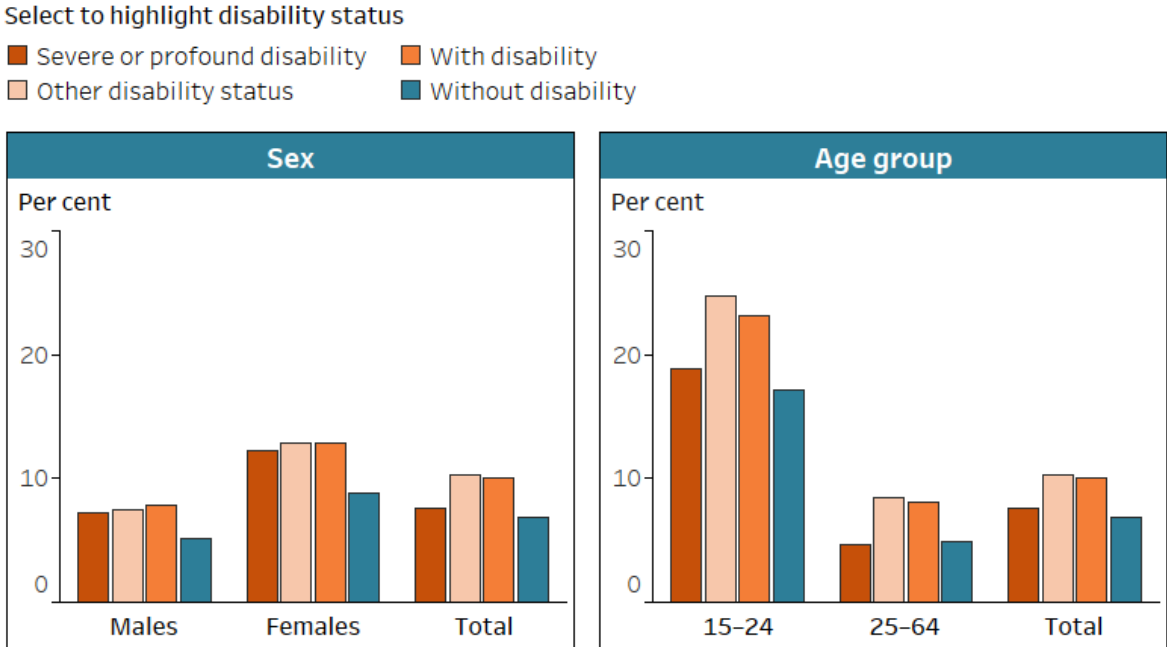
About 1 in 10 (10% or 99,000) people aged 15–64 with disability who are employed want to work more hours than they do and are available to start soon, compared with around 1 in 14 (6.9% or 773,000) without disability (Figure UNDEREMPLOYMENT.1).

People aged 15–24 with disability are more likely than people with disability of other ages to want to and be available to work more hours – 23% (or 27,000) are underemployed, compared with 8.1% (or 71,000) of those aged 25–64 (Figure UNDEREMPLOYMENT.1).

Similarly, females are more likely than males to be underemployed – 13% (or 62,000) for females aged 15–64 with disability want to work more hours and are available to do so, compared with 7.8% (or 39,000) of males (Figure UNDEREMPLOYMENT.1).

Finally, underemployment among people with disability also varies by disability group. Nearly 1 in 6 people with intellectual disability (17% or 18,000) are underemployed compared with 1 in 17 (5.8% or 12,000) people with sensory and speech disability (ABS 2019).

Figure UNDEREMPLOYMENT.1: Underemployment rate for employed people, by disability status and severity, sex and age group, 2018



Source: ABS 2019; see also tables UNDT4 and UNDT5. <https://www.aihw.gov.au>

Notes

- * Relative standard error of 25–50% and should be used with caution.
- 1. A person is considered to be underemployed if they are employed, usually work 34 hours or less per week, would like a job with more hours, and are available to start work with more hours if offered a job in the next 4 weeks.
- 2. Restricted to employed people aged 15–64 living in households.
- 3. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Underemployment.

Not wanting to work more hours

Many people with disability who are employed part time (34 hours per week or less) are satisfied with the number of hours they work. Among employed people with disability aged 15–64, almost 3 in 10 (28% or 277,000) work part time and do not want a job with more hours. This is higher than for employed people without disability in the same age group (23% or 2.6 million) (ABS 2019).

Females are twice as likely to be working part-time and to not want a job with more hours as males – almost 2 in 5 (38% or 182,000) employed females with disability aged 15–64 are working part time and do not want a job with more hours, compared with 1 in 5 (19% or 93,000) of their male counterparts (ABS 2019).

Similarly, younger people are more likely to work part time and to want to keep their work hours – 38% (or 44,000) of employed people with disability aged 15–24 work part time and do not wish to increase their hours, compared with 27% (or 231,000) of those aged 25–64 (ABS 2019). Finally, people with intellectual disability (37% or 39,000) or psychosocial disability (36% or 60,000) are more likely to want to retain their part-time hours than those with sensory and speech disability (24% or 48,000) (ABS 2019).

It should be noted that groups that are more likely to be employed part time – females compared with males, people aged 15–24 compared with those aged 25–64, and people with certain disability types – were found to be more likely to both be underemployed and to be satisfied with their part-time hours.

Reasons for not wanting to work more hours

For people aged 15–64 who are working part time and do not wish to work more hours, the most common reason for this was 'No need/satisfied with current arrangements/retired (for now)'. This reason was reported by 49% (or 137,000) of those with disability and 52% (or 1.4 million) of those without (Table UNDEREMPLOYMENT.1). Other common reasons were:

- short-term illness or injury or long-term health condition or disability (29% or 80,000 with disability, compared with 1.2% or 32,000 without disability)
- home duties or caring for child(ren) (14% or 40,000 with disability, compared with 24% or 638,000 without disability)
- studying/returning to studies for those without disability (11% or 31,000 with disability, compared with 26% or 684,000 without disability) (ABS 2019).

Table UNDEREMPLOYMENT.1: Reasons for not wanting to work more hours for employed people, by disability status, 2018 (%)

Reasons for not wanting to work more hours	With disability	Without disability
No need/satisfied with current arrangements/retired (for now)	49.4	51.5
Short-term illness or injury, long-term health condition or disability	28.9	1.2
Studying/returning to studies	11.2	26.0
Home duties or caring for child(ren)	14.5	24.2
Caring for ill/disabled/elderly person(s)	6.3	2.3
Other	5.6	5.6
Total	100.0	100.0

Notes

1. Restricted to people aged 15–64 living in households who are employed, usually work 34 hours or less per week and would not like a job with more hours.
2. ‘Other’ includes permanently retired / will not work again, welfare payments / pension / allowance may be affected, moving house, taking holidays, pregnancy, and other reason.
3. More than one reason for not wanting to work more hours may be reported.
4. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table UNDT4, [Data](#) – Underemployment.

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).

References

ABS (Australian Bureau of Statistics) (2019) *Microdata: disability, ageing and carers, Australia, 2018*, ABS cat. no. 4430.0.30.002, AIHW analysis of TableBuilder data, accessed 24 September 2021. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

Unemployment

Key findings

- **Unemployment rate:** In 2018, people aged 15–64 with disability were twice as likely to be unemployed (10%) as those without disability (4.6%).
- **Unemployment and severity of disability:** In 2018, 13% of people aged 15–64 with severe or profound disability were unemployed compared with 9.9% of people with other disability status.
- **Unemployment among young people:** In 2018, people aged 15–24 with disability were more than twice as likely to be unemployed (25%) as those aged 25–64 (7.9%).

People aged 15–64 with disability are more likely to be unemployed than those without disability. They are also more likely to be unemployed for longer.

How is unemployment defined?

Unemployed people are those who reported that they were not employed during the reference week (the full week before the date of their survey interview), and had actively looked for full- or part-time work at any time in the 4 weeks up to the end of the reference week and were available for work in the reference week.

Data note

Data on this page are sourced from the Australian Bureau of Statistics (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

All data reported on this page refer to 2018.

Unemployment rate

People aged 15–64 with disability are more likely to be unemployed than those without disability. The unemployment rate of people aged 15–64 with disability is 10% (or 113,000 unemployed), twice that of those without disability (4.6%, or 544,000 unemployed) (Figure UNEMPLOYMENT.1). The unemployment rate is 13% (or 17,000 unemployed) among people aged 15–64 with severe or profound disability and 9.9% (or 95,000 unemployed) among those with other disability status (Figure UNEMPLOYMENT.1).

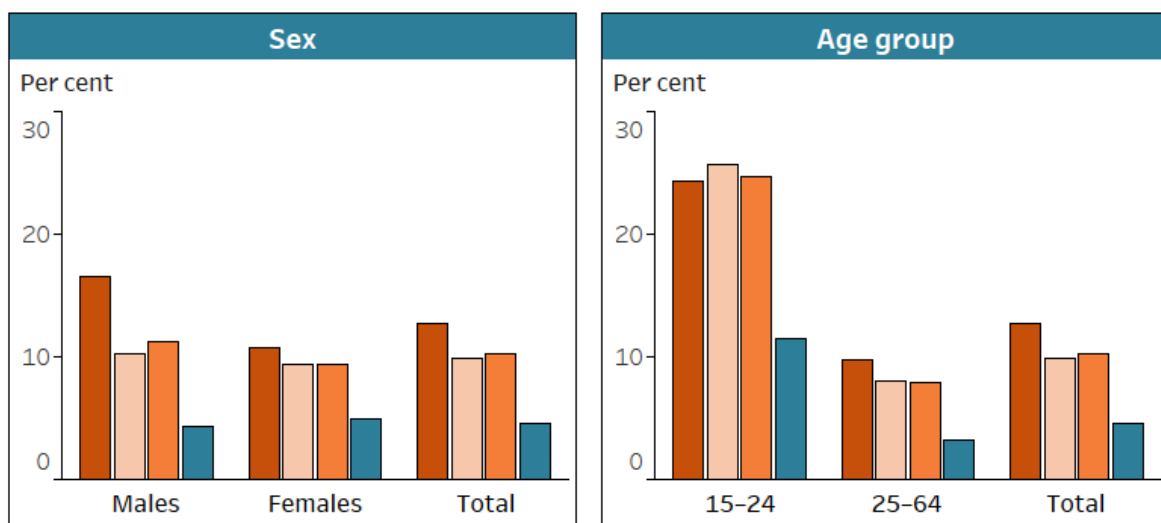
Unemployment rate

In this report, the unemployment rate is the population aged 15–64 who are unemployed expressed as a percentage of the population aged 15–64 who are in the labour force.

Figure UNEMPLOYMENT.1: Unemployment rate for people in the labour force, by disability status and severity, sex and age group, 2018

Select to highlight disability status

■ Severe or profound disability ■ With disability
■ Other disability status ■ Without disability



Source: ABS 2019; see also tables UNET1 and UNET2.
<https://www.aihw.gov.au>

Notes

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

1. Restricted to people in the labour force aged 15–64 living in households.
2. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Unemployment.

Young people (aged 15–24) with disability (25% or 38,000) are much more likely than those aged 25–64 (7.9% or 75,000) to be unemployed (Figure UNEMPLOYMENT.1). The unemployment rate is similar for males aged 15–64 with disability (11%, or 63,000 unemployed) and females (9.4%, or 50,000 unemployed) (Figure UNEMPLOYMENT.1).

Of people aged 15–64 with disability, those with sensory and speech disability (8.2% or 18,000) or physical restriction (9.8% or 62,000) are less likely to be unemployed than those with psychosocial disability (24% or 51,000) or intellectual disability (18% of 23,000) (ABS 2019).

The unemployment rate for people aged 15–64 with disability has increased in recent years (8.4% in 2003 to 10% in 2018) while remaining relatively steady for those without disability (around 5% between 2003 and 2018) (ABS 2019).

Australia's Disability Strategy reporting

Disability unemployment gap and young people in employment are measures reported under the Australia's Disability Strategy Outcomes Framework. For more information, including trends and comparisons by population groups, please see [Unemployment gap](#) and [Young people in employment](#) on [Reporting on Australia's Disability Strategy 2021–2031](#) website.

Duration of unemployment

People aged 15–64 with disability are more likely to be unemployed for longer periods than those without disability – 22% (or 24,000) of unemployed people with disability have been unemployed for at least one year (52 weeks or more), compared with 14% (or 73,000) without disability (Figure UNEMPLOYMENT.2). At the same time, unemployed people without disability are more likely to have never worked (26% or 135,000) than unemployed people with disability (18% of 20,000). This may be in part because younger people (aged 15–24) make up a larger proportion of unemployed people without disability than of unemployed people with disability, and younger people are most likely to have never worked.

Figure UNEMPLOYMENT.2: Duration of unemployment for unemployed people, by disability status, 2018

Select to highlight disability status

- With disability
- Without disability

10.3% of people with disability in the labour force are unemployed

4.6% of people without disability in the labour force are unemployed



Source: ABS 2019; see also tables UNET8 and UNET9.
<https://www.aihw.gov.au>

Notes

1. Restricted to unemployed people aged 15–64 living in households.
2. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Unemployment.

Main activity since last looked for work

Around one-quarter (26% or 30,000) of unemployed people aged 15–64 with disability report home duties, or caring for children or other person(s) as their main activity since they last looked for work (Table UNEMPLOYMENT.1). This is less common among unemployed males aged 15–64 with disability (13% or 9,000) than their female counterparts (45% or 23,000). It is also less common among unemployed males aged 15–64 with disability than those without disability (22% or 58,000) (ABS 2019).

Unemployed people aged 15–64 with disability (20% or 22,000) are less likely than those without disability (29% or 157,000) to say their main activity since they last looked for work was attending an educational institution. However, almost 1 in 4 (23%) of those with disability say their main activity was related to their own illness, injury long-term health condition, or disability (ABS 2019).

Table UNEMPLOYMENT.1: Selected main activities since last looked for work for unemployed people, by disability status, 2018 (%)

Selected main activities since last looked for work	With disability	Without disability
Home duties, or caring for child(ren) or other person(s)	26.4	33.7
Attending an educational institution	19.8	28.8
Short-term illness or injury, long-term health condition or disability	22.9	1.5*

Notes

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

1. Restricted to people aged 15–64 living in households.
2. 'Caring for other persons' refers to caring for ill, disabled, or elderly person(s).
3. Categories not shown are: retired or voluntarily inactive, travel, holiday or leisure activity, working in unpaid voluntary job, and other.
4. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table UNET10, [Data](#) – Unemployment.

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).

References

ABS (Australian Bureau of Statistics) (2019) *Microdata: disability, ageing and carers, Australia, 2018*, ABS cat. no. 4430.0.30.002, AIHW analysis of TableBuilder data, accessed 4 August 2021. <https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/disability-ageing-and-carers-australia>

Employment participation needs and challenges

Key findings

- **Support from employer:** In 2018, 88% of employed people aged 15–64 with disability did not require additional support from their employer to work.
- **Time off work:** In 2018, 82% of employed people aged 15–64 with disability said they do not need time off from work because of their disability.
- **Disability discrimination:** In 2018, 11% of employed people aged 15–64 with disability reported experiencing disability discrimination in the previous year.

Some people with disability, especially those with employment restrictions, can find engaging in the labour force challenging.

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Unless otherwise indicated, all data on this page refer to 2018.

Workplace arrangements

Some people with disability need specific arrangements to work, such as working part time, specific leave arrangements or other supports such as being allocated different duties. The majority do not. Most employed (88% or 684,000) and unemployed (82% or 92,000) people aged 15–64 with disability do not require specific arrangements from their employer to work.

Employed people

Most (88% or 684,000) employed (salary or wage earning) people aged 15–64 with disability do not require specific arrangements from their employer to work. Of those who do:

- 50% (or 48,000) need special equipment or modified buildings/fittings, or to be provided special/free transport or parking
- 25% (or 24,000) need a special support person to assist or train them on the job or to be provided help from someone at work, or to be provided training/retraining
- 26% (or 25,000) need to be allocated different duties (Table CHALLENGES.1).

Table CHALLENGES.1: Specific arrangements needed by employed people aged 15–64 with disability who need specific arrangements from employers to work, 2018 (%)

Specific employer arrangements needed	Employed people with disability who need specific arrangements
Special support person, help from someone at work or training	25.1
Provided equipment, transport/parking, modified buildings/fittings	50.4
Allocated different duties	26.4
Other	21.9
Total	100.0

Notes

1. Restricted to people aged 15–64 with disability living in households who are employed wage or salary earners and who need specific work arrangements because of their disability.
2. More than one arrangement may be reported.
3. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table CHALL2, [Data](#) – Employment participation needs and challenges.

One in 5 (18% or 136,000) employed (salary or wage earning) people aged 15–64 with disability need at least one day a week off work because of their disability. Of those who use specific leave arrangements at least one day a week, the most common arrangement is to work:

- casual or part-time hours (53% or 73,000)
- flexible hours (25% or 34,000) (Table CHALLENGES.2).

Employed people aged 15–64 with severe or profound disability are more likely (33% or 32,000) to use specific leave arrangements at least one day a week because of their disability than those with other disability (15% or 104,000) (ABS 2019).

Of people aged 15–64 with disability who are employed wage or salary earners, the most likely to use specific leave arrangements at least one day a week are those with psychosocial disability (38% or 48,000). The least likely to use specific leave arrangements are those with:

- sensory and speech disability (11% or 19,000)
- intellectual disability (15% or 14,000) (ABS 2019).

Table CHALLENGES.2: Leave arrangements used by employed people with disability who need specific leave arrangements from employers to work, 2018 (%)

Leave arrangements used	Employed people with disability who need specific leave arrangements
Sick leave	14.4
Flexible hours	25.0
Leave without pay	14.0
Casual/part-time hours	53.2
Other arrangements	20.2
Total	100.0

Notes

1. Restricted to people aged 15–64 with disability living in households who are employed wage or salary earners and who need specific leave arrangements at least one day a week because of their disability.
2. More than one arrangement may be reported.
3. ‘Other arrangements’ include recreation/annual leave, WorkCover/worker’s compensation, and other.
4. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table CHALL6, [Data](#) – Employment participation needs and challenges.

Difficulty finding work

Most (93% or 105,000) people aged 15–64 with disability who are unemployed report at least one difficulty finding work, compared with 83% (or 453,000) without disability. Own ill health or disability is the most common reason for those with disability (45% or 47,000), followed by:

- lack of necessary skills or education (34% or 35,000)
- considered too old by employers (27% or 29,000)
- too many applicants for available jobs (27% or 28,000)
- insufficient work experience (25% or 26,000) (Table CHALLENGES.3).

Table CHALLENGES.3: Difficulties finding employment for unemployed people, by disability status, 2018 (%)

Difficulties finding employment	With disability	Without disability
Own ill health or disability	44.9	3.3
Lacked necessary skills or education	33.7	23.9
Considered too old by employers	27.4	11.4
Too many applicants for available jobs	27.1	37.9
Insufficient work experience	24.8	26.4
No vacancies at all	14.0	18.9
No feedback from employers	9.5	9.8
Child-care availability or other family responsibilities	8.1	9.6
Other	31.5	32.4

Notes

1. Restricted to unemployed people aged 15–64 living in households who have difficulties finding employment.
2. 'Other' includes too far to travel/transport problems, unsuitable hours, considered too young by employers, difficulties because of ethnic background or language, and other difficulties.
3. More than one difficulty may be reported.
4. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table CHALL8, [Data](#) – Employment participation needs and challenges.

Data note

Data on difficulties finding employment for First Nations (Aboriginal and/or Torres Strait Islander) people are sourced from the Australian Bureau of Statistics (ABS) **2014–15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS)**. For more information about the NATSISS, including the concepts of disability and disability severity used by the NATSISS, see '[Data sources](#)'.

Among unemployed First Nations (Aboriginal and/or Torres Strait Islander) people with disability aged 15–64 who report at least one difficulty in finding employment, the top 3 difficulties in finding work are:

- no jobs in local area or line of work (46%)
- transport problems or distance (36%)

- no driver's licence (33%) (ABS 2016).

Discrimination

Employed people aged 15–64 with disability (11% or 89,000) are less likely than those who are unemployed (24% or 23,000) to have experienced disability discrimination in the previous year (ABS 2019).

For more than 2 in 5 (45% or 40,000) employed people aged 15–64 with disability, the source of that discrimination was an employer. For about 2 in 5 (42% or 37,000), it was a work colleague (Table CHALLENGES.4).

For more information on discrimination, see '[Disability discrimination](#)'.

Table CHALLENGES.4: Source of discrimination for people with disability who experienced discrimination, by employment status, 2018 (%)

Source of discrimination	Employed	Unemployed	All in the labour force
Employer	45.2	32.2	40.4
Colleague	42.0	**	34.5
Other source	57.0	77.7	60.3

Notes

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

1. Restricted to people aged 15–64 with disability living in households who had a personal interview.
2. Experience of discrimination refers to discrimination because of their disability in the last 12 months. More than one source of discrimination may be reported.
3. 'All in the labour force' includes employed and unemployed people.
4. 'Other source' includes family or friends, teacher or lecturer, health staff (GP, nurse, hospital staff), bus drivers/rail staff/taxi drivers, restaurant/hospitality staff, sales assistants, strangers in the street, and other.
5. The category 'Source of discrimination: Colleague' for unemployed people with disability has a relative standard error greater than 50% and is considered too unreliable for general use.
6. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table CHALL10, [Data](#) – Employment participation needs and challenges.

Unemployed people aged 15–64 with disability (52% or 50,000) are more likely than those who are employed (35% or 299,000) to have avoided situations because of their disability in the previous year. Of those who avoided situations, 39% (or 116,000) of those employed and 28% (or 14,000) of those unemployed avoided work (Table CHALLENGES.5).

Table CHALLENGES.5: Type of situation avoided for people with disability who avoided situations, by employment status, 2018 (%)

Type of situation avoided	Employed	Unemployed
Work	38.9	27.8
Situation(s) other than work	91.8	92.2

Notes

1. Restricted to people aged 15–64 with disability living in households who had a personal interview, are in the labour force and who have avoided situations in the last 12 months because of their disability.
2. More than one situation may be reported.
3. 'Situations other than work' include visiting family or friends, school, university or educational facility, medical facilities (GP, dentist, hospital), shops, banks, restaurants, cafés or bars, public transport, public park or recreation venue, other social situations, other public places, and other.
4. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table CHALL12, [Data](#) – Employment participation needs and challenges.

Employment restrictions

People with disability who have specific restrictions related to employment can face additional challenges finding or keeping employment.

What are employment restrictions?

In the SDAC, an employment restriction means a person meets one or more of the following:

- is permanently unable to work
- is restricted in the type of work they can or could do
- needs or would need at least one day a week off work on average
- is restricted in the number of hours they can or could work
- requires or would require an employer to provide special equipment, modify the work environment or make special arrangements
- requires assistance from a disability job placement program or agency
- needs or would need to be given ongoing assistance or supervision
- would find it difficult to change jobs or get a better job.

A person's overall level of employment restriction is determined by their highest level of limitation. Restriction levels are:

Profound – the person's condition permanently prevents them from working.

Severe – the person:

- requires personal support
- requires ongoing supervision or assistance
- requires a special disability support person
- receives assistance from a disability job placement program or agency.

Moderate – the person:

- is restricted in the type of job and/or the numbers of hours they can work
- has difficulty in changing jobs.

Mild – the person requires:

- help from someone at work
- special equipment
- modifications to buildings or fittings
- special arrangements for transport or parking
- training
- to be allocated different duties.

Not all people with disability have employment restrictions. Almost one-third (32% or 664,000) of people aged 15–64 with disability have no employment restrictions (Table CHALLENGES.6). More than 7 in 10 (72% or 476,000) of this group are in the labour force (ABS 2019).

More than one-third (35% or 725,000) of people aged 15–64 with disability have mild or moderate employment restriction (Table CHALLENGES.6). This group, and the group with no employment restriction, are the most likely to be employed (68%, compared with 6.7% with severe or profound restriction).

One-third (32% or 668,000) of people aged 15–64 with disability have severe or profound employment restriction. This group is the most likely to not be in the labour force (89%, compared with 28% with no employment restriction and 25% with mild or moderate restriction) (Table CHALLENGES.6).

Table CHALLENGES.6: Severity of employment restriction for people aged 15–64 with disability, by labour force status, 2018 (%)

Labour force status	Severe or profound employment restriction	Mild or moderate employment restriction	No employment restriction	All people
Employed	6.7	68.0	67.6	47.8
Unemployed	5.1	7.3	4.2	5.5
Not in the labour force	88.5	24.9	28.1	46.6
Total	100.0	100.0	100.0	100.0
All people aged 15–64 with disability (row %)	32.5	35.2	32.3	100.0

Notes

1. Restricted to people with disability aged 15–64 living in households.
2. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source: ABS 2019; see also Table CHALL26, [Data](#) – Employment participation needs and challenges.

A person’s level of employment restriction may differ from their level of limitation in other life areas. For example, of people aged 15–64 with severe or profound disability:

- almost two-thirds (64% or 323,000) have severe or profound employment restriction
- more than one-quarter (27% or 135,000) have mild or moderate employment restriction
- 1 in 10 (10% or 49,000) have no employment restriction (ABS 2019).

For people aged 15–64 with disability who have one or more employment restrictions, the most common types of restrictions are:

- restricted in type of job (51% or 710,000)
- difficulty changing jobs or getting a preferred job (42% or 587,000)
- permanently unable to work because of condition(s) (37% or 515,000)
- restricted in number of hours (35% or 482,000)
- need for time off work (23% or 327,000) (Figure CHALLENGES.1, ABS 2019).

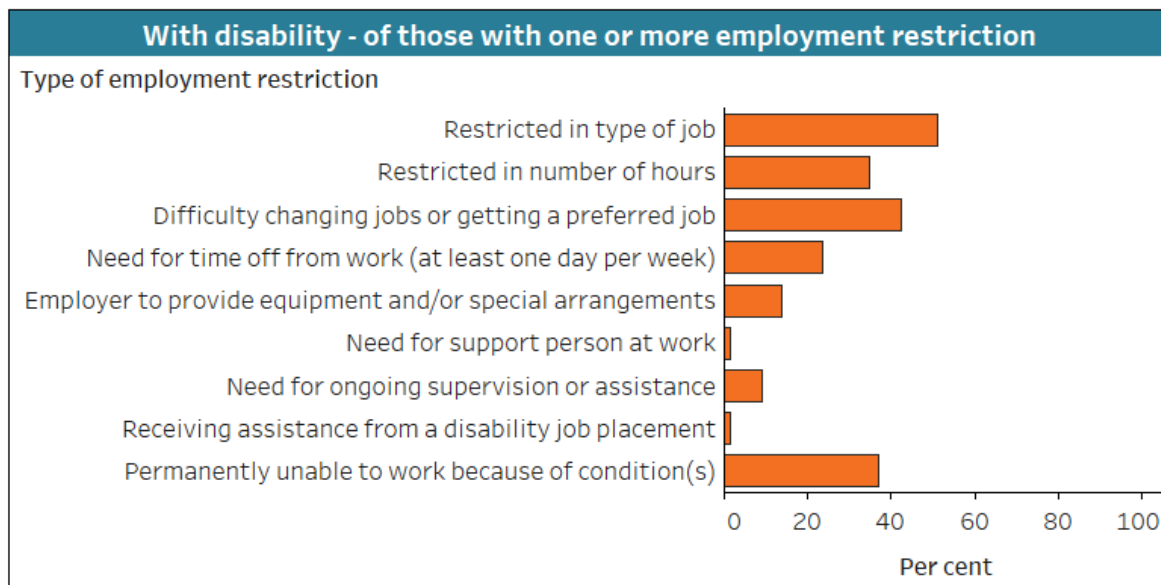
Figure CHALLENGES.1: Type of employment restrictions for people with one or more employment restriction, by labour force status, 2018

- Select labour force status
- Employed
 - Unemployed
 - Not in the labour force
 - All labour force status



67.7%

of people with disability have at least one employment restriction.



Source: ABS 2019; see also tables CHALL14 and CHALL19.
<https://www.aihw.gov.au>

Notes

1. Restricted to people with disability aged 15–64 living in households.
2. The category ‘Need for support person at work’ was collected for wage and salary earners with disability only.
3. The category ‘Receiving assistance from a disability job placement’ was collected for unemployed people with disability only.
4. Figures are rounded and underwent ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Employment participation needs and challenges.

The types of restrictions reported by people aged 15–64 with disability differ by labour force status (Figure CHALLENGES.1). Those who are not in the labour force are the most likely to have at least one employment restriction (80% or 771,000 of people with disability aged 15–64 not in the labour force). For this group, the most common restriction is being permanently unable to work (67% or 512,000 of people with disability aged 15–64 who are not in the labour force and who have at least one employment restriction) (ABS 2019).

People with disability aged 15–64 who are in the labour force and are unemployed are more likely to have at least one employment restriction (74% or 83,000) than those who

are employed (54% or 536,000) (ABS 2019). Of people with employment restriction, those who are unemployed are also more likely to:

- be restricted in the type of job they can do – 86% (or 71,000) of people with disability aged 15–64 who have at least one employment restriction and are unemployed, compared with 76% (or 406,000) of those who are employed
- be restricted in the number of hours – 61% (or 51,000) compared with 48% (or 259,000)
- need time of work – 58% (or 48,000) compared with 25% (or 136,000)
- need ongoing supervision or assistance – 21% (or 17,000) compared with 7.4% (or 40,000) (Figure CHALLENGES.1, ABS 2019).

Satisfaction with employment opportunities

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by HILDA, see [‘Data sources’](#).

Satisfaction with employment opportunities

Each year, HILDA Survey participants are asked to rate their satisfaction with their employment opportunities on a scale from 0 to 10. Ten represents the highest level of satisfaction and zero the lowest (DSS and MIAESR 2022). In this analysis, people who indicate a satisfaction level between 0 and 5 are referred to not satisfied. People who are retired, permanently unable to work, or for whom satisfaction with employment opportunities was coded as not applicable, unknown or refused were excluded from this analysis.

People aged 15–64 with disability, who were not retired or permanently unable to work and who indicated their level of satisfaction with employment opportunities, were more than twice as likely (27%) to be not satisfied with their employment opportunities as those without disability (12%) in 2021. For people with disability, this varied by disability severity and disability group:

- those with severe or profound disability were twice as likely (52%) to be not satisfied with their employment opportunities than those with other disability status (25%)
- those with intellectual disability were more likely (48%) to be not satisfied than those with sensory or physical disability (25% and 31% respectively) (DSS and MIAESR 2022).

Overall, the percentage of people who were not satisfied with their employment opportunities has decreased from 36% in 2017 to 27% in 2021 for those with disability and from 18% to 12% for those without disability in the same period (DSS and MIAESR 2019; DSS and MIAESR 2022).

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).
- [Household, Income and Labour Dynamics in Australia \(HILDA\) Survey website](#).

References

ABS (Australian Bureau of Statistics) (2016) *Microdata: National Aboriginal and Torres Strait Islander Social Survey, 2014-15*, ABS cat. no. 4720.0.55.002, AIHW analysis of TableBuilder data, accessed 30 September 2021.

<https://www.abs.gov.au/statistics/microdata-tablebuilder/available-microdata-tablebuilder/national-aboriginal-and-torres-strait-islander-social-survey>

ABS (2019) *Microdata: disability, ageing and carers, Australia, 2018*, ABS cat. no. 4430.0.30.002, AIHW analysis of TableBuilder data, accessed 4 August 2021.

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

DSS (Department of Social Services) and MIAESR (Melbourne Institute of Applied Economic Social Research) (2019) *The Household, Income and Labour Dynamics in Australia Survey, General Release 18*, wave 17, doi:10.26193/IYBXHM, ADA Dataverse, AIHW analysis of unit record data, accessed 12 October 2021.

<https://dataverse.ada.edu.au/dataset.xhtml?persistentId=doi:10.26193/IYBXHM>

DSS (Department of Social Services) and MIAESR (Melbourne Institute of Applied Economic Social Research) (2022) *The Household, Income and Labour Dynamics in Australia (HILDA) Survey, General Release 21*, wave 21, doi:10.26193/KXNEBO, ADA Dataverse, V3, AIHW analysis of unit record data, accessed 7 December 2022.

<https://dataverse.ada.edu.au/dataset.xhtml?persistentId=doi:10.26193/KXNEBO>

Employing people with disability

Key findings

- **Barriers to employment:** In 2022, three-quarters (76%) of employers said that finding qualified people with disability was a challenge in employing people with disability.
- **Hiring history:** In 2022, 38% of employers said their workplace has hired someone with disability in the past 12 months.
- **Readiness to hire:** In 2022, 30% of employers said their workplaces were more prepared to hire someone with disability now than they were 12 months ago.

Positive attitudes of people with hiring responsibilities play an important role in reducing barriers to employment for people with disability.

Data note

Data in this section are sourced from the **2022 Australia's Disability Strategy Survey – Share with us**. This survey collects information on community attitudes and experiences of people with disability when interacting with services, employers, and the general community. It was commissioned by the Australian Government Department of Social Services for reporting on the Australia's Disability Strategy Outcomes Framework.

For more information about the survey, see '[Data sources](#)', or visit the [survey webpage](#) on Reporting on Australia's Disability Strategy 2021–2031 website.

Australia's Disability Strategy reporting

Employer attitudes to people with disability is a measure reported under the Australia's Disability Strategy Outcomes Framework. The desired outcome is that employers value the contribution and benefits of employing people with disability. For more information, including comparisons by population groups, please see [Employer attitudes](#) on [Reporting on Australia's Disability Strategy 2021–2031](#) website.

Challenges in employing people with disability

Employers were asked whether certain aspects of hiring people with disability represent a major or a mild challenge at their workplace, or are not a challenge. In 2022, common challenges identified by employers were:

- finding qualified people with disability (76% of employers said this was a challenge, including 34% who said it was a major challenge)
- nature of work cannot be done by people with disability (named as a challenge by 66% of employers)
- cost to set up workplace (67% named high cost and 66% named unknown cost as a challenge)
- lack of knowledge about people with disability (71%) (Figure BARRIERS.1).

Only 1 in 8 (13%) employers thought that a lack of confidence in dealing with people with disability represents a major challenge at their workplace, and a further 49% said it was a minor challenge. Attitudes of clients, managers and co-workers are also rarely seen as a major challenge in employing people with disability (16%, 14% and 11% respectively), although they still represented a minor challenge to about 4 in 10 workplaces (41%, 37%, and 41%, respectively) (Figure BARRIERS.1).

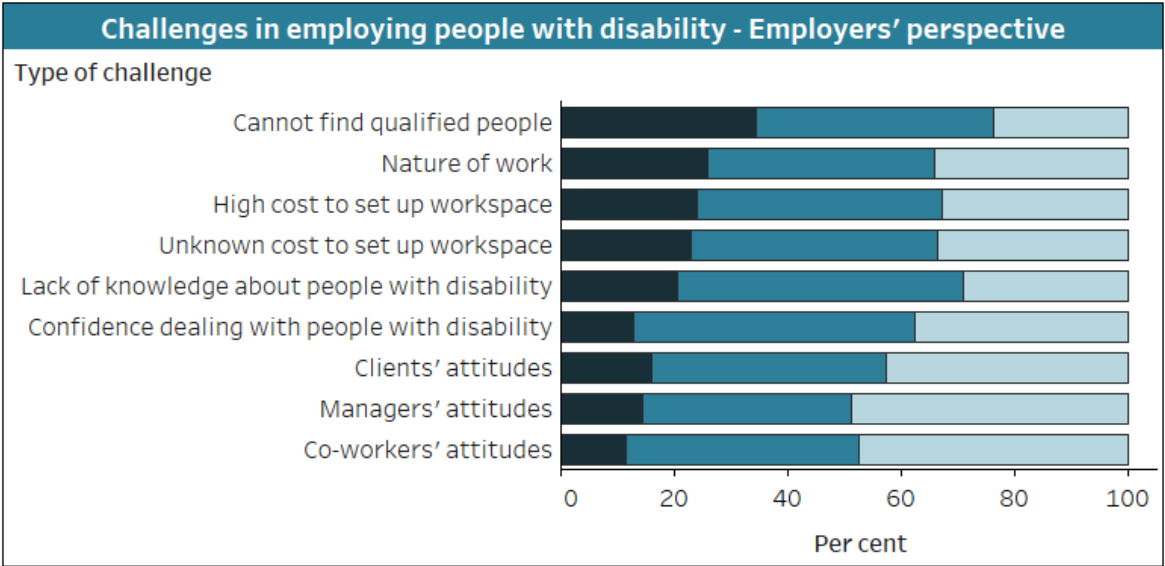
Employers

In this section, employers are defined as employed people aged 18 and over who have been involved in hiring employees in the last 12 months. This includes writing job descriptions, looking at resumes, interviewing people and having a say in who is hired.

Figure BARRIERS.1: Challenges employing people with disability experienced by employers, by extent of challenge, 2022

Select to highlight extent of challenge

- Major challenge
- Minor challenge
- Not a challenge



Source: DSS 2023.
<https://www.aihw.gov.au>

Note: 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.

Source: DSS 2023.

Preparedness of workplaces to hire people with disability

Employers were asked whether their workplace hired someone with disability in the last 12 months and whether their workplace is currently more or less prepared to hire people with disability compared with 12 months ago.

In 2022, 38% of employers said that their workplace hired someone with disability in the last 12 months. About 3 in 10 (30%) of employers said that their workplace is now better prepared to hire someone with disability than they were 12 months ago, 7.6% of employers said their workplace is less prepared, and almost two-thirds (63%) of employers said there has been no change in the past 12 months in how prepared their workplace was to hire a person with disability (Figure BARRIERS.2).

Workplaces who had recently hired someone with disability are more prepared to hire people with disability in the future than those who did not:

- 1 in 2 (50%) employers from workplaces who hired someone with disability in the last 12 months say that their workplace is now more prepared to do so than 12 months ago, compared with 19% of workplaces who did not.

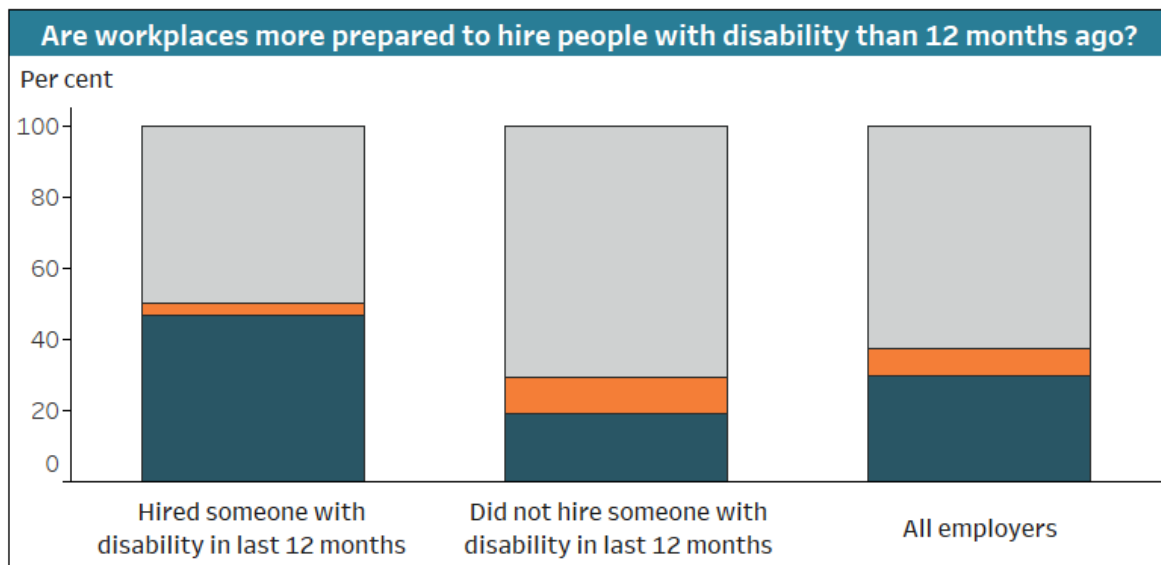
- 1 in 10 (10%) employers from workplaces who did not hire someone with disability in the last 12 months say that their workplace is now less prepared to do so than 12 months ago (Figure BARRIERS.2).

It should be noted that it is not possible to say from this analysis why workplaces with recent history of employing someone with disability appear to be better prepared to hire people with disability in the future. One of the possible reasons may be because hiring an employee with disability had given the employer a better understanding of what may be needed to employ a person with disability, and what supports may need to be provided in the workplace.

Figure BARRIERS.2: Workplace preparedness to hire people with disability, by whether hired someone with disability in the last 12 months, 2022

Select to highlight level of preparedness

- No change
- Less prepared to hire than 12 months ago
- More prepared to hire than 12 months ago



Source: DSS 2023.
<https://www.aihw.gov.au>

Notes

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

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.

Source: DSS 2023.

Where can I find out more?

[Australia's Disability Strategy Survey Wave 1 Analysis Report and Summary.](#)

References

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



10. Income and finance

Income and finance

Looking at the type and level of income people receive can provide insights into their economic security and standard of living. The data in this section are used to explore different aspects of income and financial wellbeing of people with disability, as well as receipt of income support.

What is meant by economic security?

Economic security is having a stable income or other resources to support a standard of living and cover essential needs, both now and in the immediate future. Essential needs might include food, basic shelter, clothing, hygiene, health care and education (ICRC 2015).

Economic security is important for everyone and can enhance a person's overall wellbeing. Having economic security can enable people to participate fully in social, economic, political and cultural life.

For children, or people dependent on others for their care, indications of economic security can be seen through the income level of their family or household.

Key findings

1. **Wages or salary:** In 2018, 41% of people with disability aged 15–64 received income from wages or salary, compared with 73% without disability.
2. **Government payment:** In 2018, 44% of people with disability aged 15–64 received a government payment, compared with 12% without disability.
3. **Financial satisfaction:** In 2021, 33% of people with disability aged 15–64 were not satisfied with their financial situation, compared with 14% without disability.
4. **Emergency funds:** As at 2021, 25% of people with disability aged 15–64 would not have been able to raise \$3,000 in a week for an emergency, compared with 9.4% without disability.
5. **Disability Support Pension receipt:** 645,000 people aged 16–64, or 29% of all income support payment recipients in that age group received the Disability Support Pension (DSP) in March 2023.
6. **DSP recipients in the Australian population:** 1 in 26 (3.9%) people aged 16–64 received DSP at June 2022, including 1 in 10 (9.7%) First Nations people.

References

ICRC (International Committee of the Red Cross) (2015) *What is economic security?*, ICRC, Geneva, accessed 3 June 2020. <https://www.icrc.org/en/document/introduction-economic-security>

Income

Key findings

- **Income from wages or salary:** In 2018, 41% of people with disability aged 15–64 received income from wages or salary, compared with 73% without disability.
- **Government payments receipt:** In 2018, 44% of people with disability aged 15–64 received a government payment, compared with 12% without disability.
- **Low income:** In 2018, 38% of households with a person with disability had low level of household income, compared with 18% of households without disability.

Most people with disability have some source of income. This is more likely to be from government sources than from salary or wages, and to be lower than for people without disability (see '[Level of personal income](#)' for more details on how income levels are determined).

Higher education is associated with greater income levels, and a higher likelihood of receiving most income from wages or salary, both for people with and without disability. However, people with disability, on average, have lower education levels than those without disability (see '[Educational attainment](#)' for more information).

Data note

Data on this page are largely sourced from the Australian Bureau of Statistics' (ABS) **2018 Survey of Disability, Ageing and Carers (SDAC)**. For more information about the SDAC, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the SDAC, see '[Data sources](#)'.

Unless otherwise indicated, all data on this page refer to 2018.

Sources of income

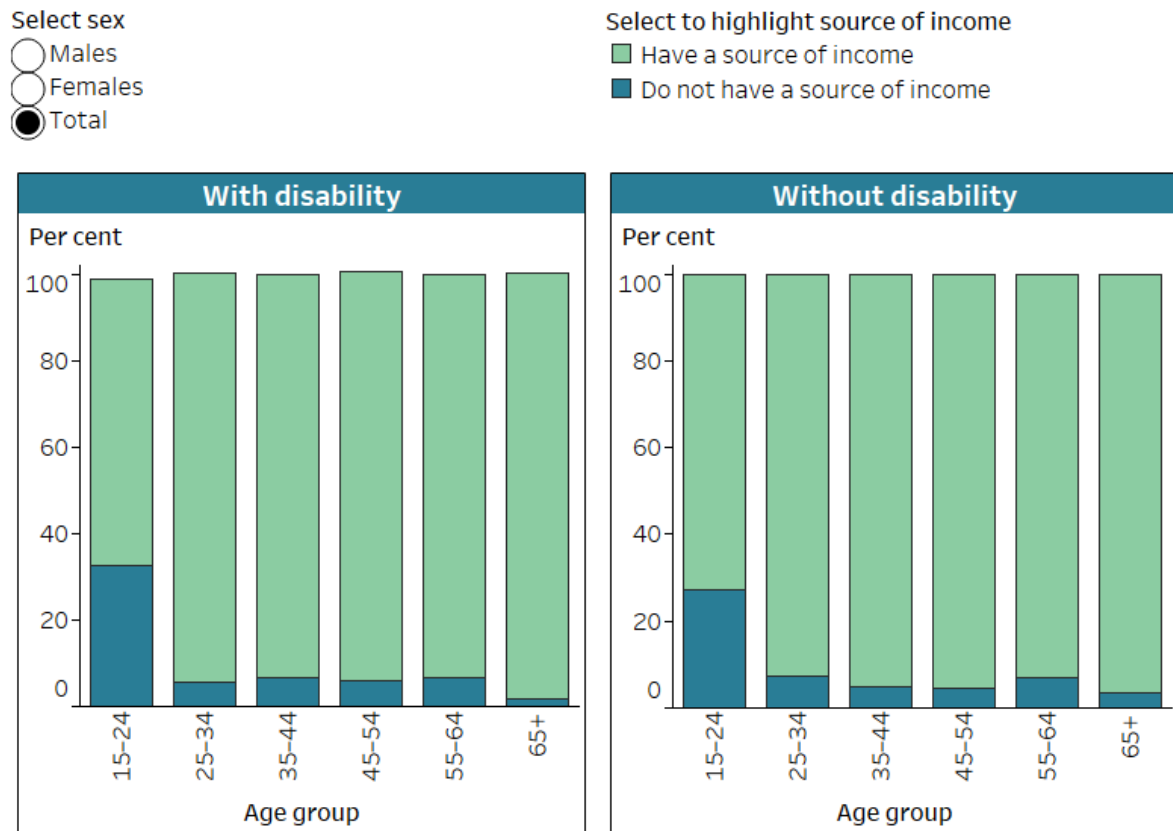
Most people with disability have an income, and are equally likely to have one as those without disability: 90% (or 1.8 million) of people aged 15–64 with disability and 90% (or 12.5 million) of those aged 15–64 without disability have a source of income (Figure INCOME.1, ABS 2019b).

The likelihood of not having a source of income is highest in the 15–24 age group and lowest for those aged 65 and over:

- 33% (or 95,000) of people aged 15–24 with disability and 27% (or 770,000) of those without disability do not have a source of income

- 1.7% (or 29,000) of people aged 65 and over with disability and 3.6% (or 70,000) of those without disability do not have a source of income (Figure INCOME.1, ABS 2019b).

Figure INCOME.1: Whether people have a source of income, by age group, disability status and sex, 2018



Source: ABS 2019b; see also Table INCM1.
<http://www.aihw.gov.au>

Notes

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

1. Data are for people aged 15 and over living in households.
2. Source of income includes wages or salary (including from own incorporated business), government pension, allowance or benefit, child support or maintenance, superannuation, an annuity or private pension, workers' compensation, rental property, unincorporated business or share in a partnership, dividends, interest, and other source of income.
3. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Income.

People with disability are less likely to receive income from wages or salary, and are more likely to receive income from government payments, than those without disability. Among people aged 15–64 (multiple sources of income may be reported):

- 41% (or 846,000) of people with disability receive at least some income from wages or salary, compared with 73% (or 10.2 million) of people without disability
- 44% (or 909,000) of people with disability receive some income from government payments, compared with 12% (or 1.6 million) of people without disability (ABS 2019b).

In general, people with disability, especially those with severe or profound disability, are more likely than people without disability to receive their income mainly from a government pension, benefit or allowance and less likely to receive most income from salary or wages. Of people aged 15 and over who have a source of income:

- government pension or allowance is the main source of income for 56% (or 2.0 million) with disability, and 76% (or 702,000) with severe or profound disability, compared with 13% (or 1.9 million) without disability
- salary or wages, including from their own incorporated business, is the main source of income for 24% (or 840,000) with disability, and 9.7% (or 90,000) with severe or profound disability, compared with 71% (or 10.2 million) without disability (Figure INCOME.2).

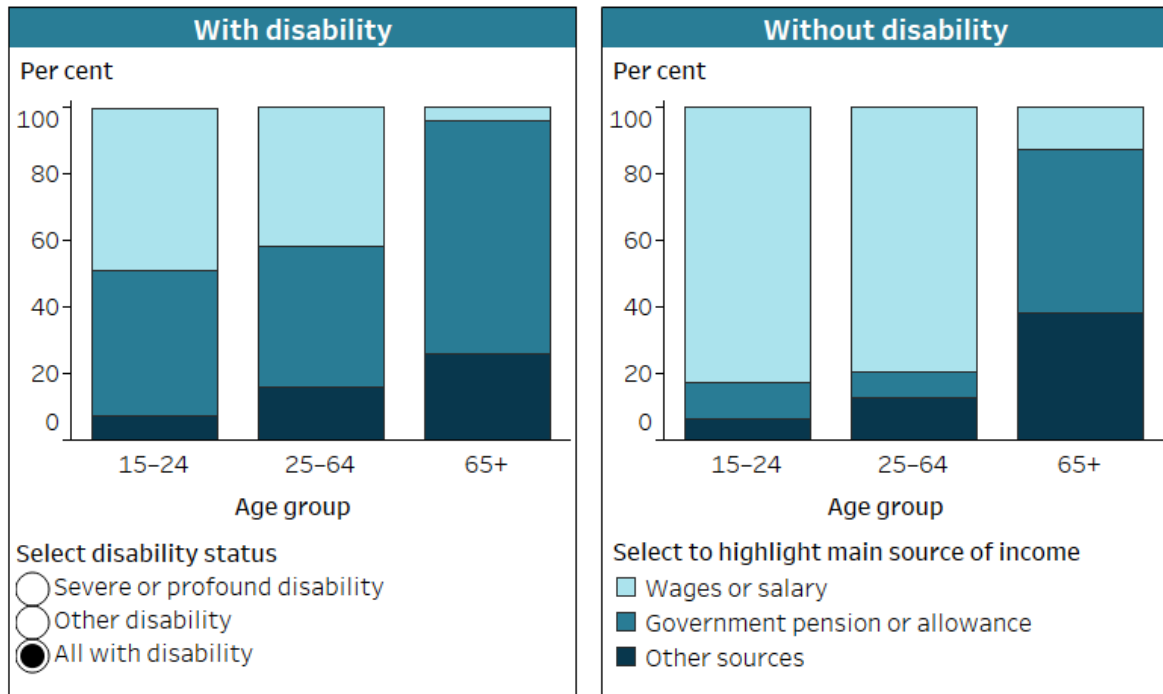
The main source of income varies by sex, age and severity of disability (Figure INCOME.2). Of those aged 15 and over who have a source of income:

- females with disability (23% or 411,000) are less likely than males with disability (25% or 430,000) to receive wages or salary as their main source of income
- females with severe or profound disability (78% or 394,000) are more likely than males with severe or profound disability (73% or 306,000) to receive a government pension or allowance as their main source of income
- people aged 65 and over with disability (3.9% or 66,000) are less likely to receive wages or salary as their main source of income than those aged 15–64 (42% or 774,000)
- people aged 65 and over with disability (70% or 1.2 million), especially those with severe or profound disability (81% or 404,000), are more likely to receive a government pension or allowance as their main source of income than those without disability (49% or 915,000) (Figure INCOME.2).

Figure INCOME.2: Main source of income, by disability status, age group and sex, 2018

Select to view by age group or sex

Age group



Source: ABS 2019b; see also tables INCM8 and INCM9.

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

Notes

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

1. Data are for people with disability aged 15 and over, who have a source of income.
2. 'Wages or salary' include from own incorporated business.
3. 'Other sources' include child support or maintenance, superannuation, an annuity or private pension, workers' compensation, rental property, unincorporated business or share in a partnership, dividends and / or interest, and other source of income.
4. For people with severe or profound disability, categories 'Other sources' for those aged 15–24 and 'Wages or salary' for those aged 65 and over are not shown as they have a relative standard error greater than 50% and are considered too unreliable for general use.
5. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Income.

Of people aged 15–64 who have a source of income:

- people aged 15–24 with disability (48% or 95,000) are more likely than those aged 25–64 (42% or 680,000) to receive wages or salary as their main source of income
- people with severe or profound disability (69% or 295,000) are more likely than those with other disability (35% or 486,000) to receive government pension or allowance as their main source of income
- people with disability (42% or 774,000) are less likely than those without disability (80% or 10.0 million) to receive wages or salary as their main source of income
- people with disability living in *Major cities* (46% or 549,000) are more likely to receive wages or salary as their main source of income than those in *Inner regional* areas (37% or 165,000), or *Outer regional and remote* areas (33% or 59,000) (ABS 2019b).

The main source of income also varies by disability group for people aged 15–64 with disability who have a source of income:

- 45% (or 168,000) of those with sensory or speech disability receive wages or salary as their main source of income
- 36% (or 431,000) of those with physical disability
- 28% (or 75,000) of those with intellectual disability
- 22% (or 32,000) of those with disability caused by a head injury, stroke or acquired brain injury
- 20% (or 113,000) of those with psychosocial disability (ABS 2019b).

Level of personal income

A person's level of income is associated with independence, feelings of security and financial freedom. Looking at a person's income level can also provide insight into potential inequality in standard of living.

Measuring income and putting it in context

One way to measure income and inequality is to look at income deciles – dividing the population into 10 equal-sized groups depending on how much income they receive. The bottom decile is those who have the lowest income in the group (bottom 10%). The top decile is those who have the highest level of income (top 10%).

There are many ways to measure and report income. This section uses gross (before tax) weekly personal income to create 3 income groups:

- low income refers to income deciles 1 to 3 (\$383 or below per week)
- middle or mid-income refers to deciles 4 to 7 (\$384 to \$1,150 per week)
- high income refers to income deciles 8 to 10 (\$1,151 or more per week).

When using personal income, it is difficult to provide context for poverty because poverty is usually defined using median household income (Davidson et al. 2018). The effect of disability on household income is covered in '[Level of family and household income](#)'.

It is also difficult to compare personal income against minimum wage because minimum wage assumes a person is working 38 hours a week (FWO 2021). This assumption cannot be made for the whole population. It cannot therefore be suggested that someone is above or below minimum wage based solely on their personal income decile.

In general, people with disability, especially those with severe or profound disability, are more likely to have a lower level of personal income than people without disability. Of people aged 15–64:

- 38% (or 670,000) with disability, and 51% (or 219,000) with severe or profound disability, have a low level of personal income, compared with 27% (or 3.0 million) without disability
- 42% (or 732,000) with disability, and 44% (or 188,000) with severe or profound disability, are in the mid level of income, compared with 36% (or 4.1 million) without disability
- 20% (or 348,000) with disability, and 5.9% (or 25,000) with severe or profound disability, have a high level of income, compared with 37% (or 4.1 million) without disability (ABS 2019b).

Females aged 15–64 with disability (40% or 365,000) are more likely than their male counterparts (36% or 303,000) to have a low level of personal income. For both males and females, income also varies by level of disability. Of those aged 15–64:

- females with severe or profound disability (4.9% or 11,000) are less likely to have a high level of personal income than females with other disability (19% or 130,000)
- males with severe or profound disability (7.1% or 15,000) are less likely to have a high level of income than males with other disability (31% or 195,000) (ABS 2019b).

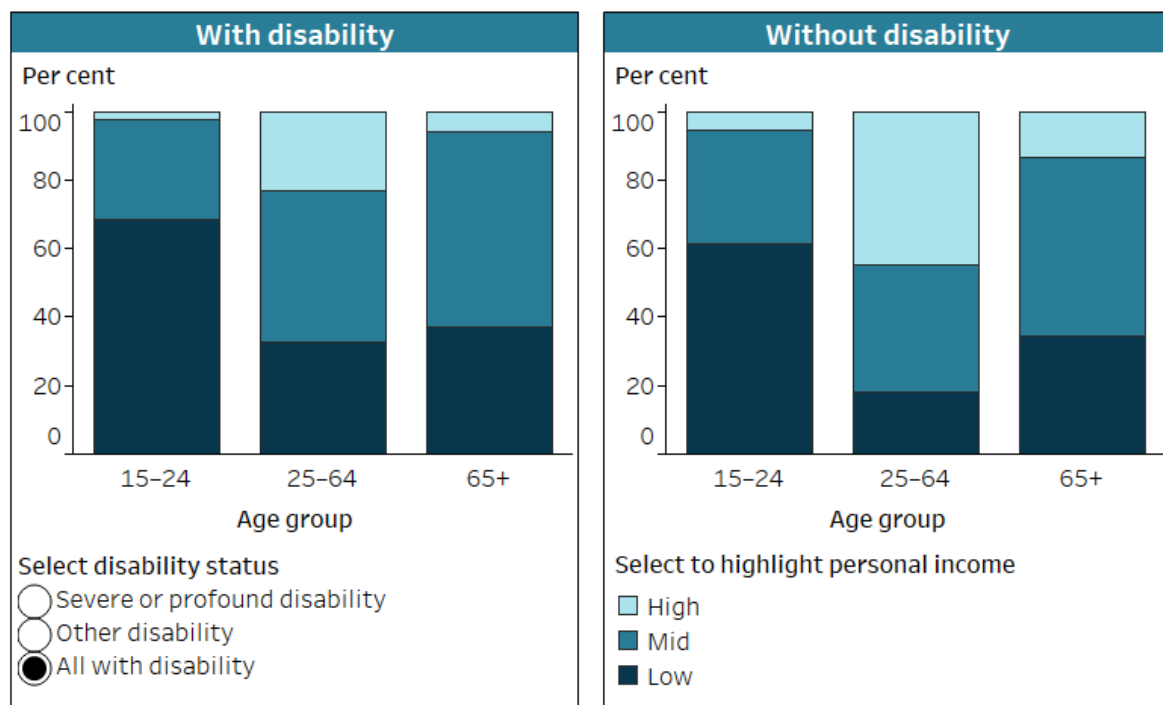
Level of personal income varies by age, sex, remoteness and disability group:

- One in 5 (20% or 348,000) people aged 15–64 with disability have a high level of personal income, compared with 5.9% (or 86,000) of those aged 65 and over.
- Males aged 65 and over with disability (9.4% or 66,000) are more likely to have a high level of personal income compared with females (2.7% or 21,000).
- Young people (aged 15–24) with disability (68% or 179,000) are more likely to have a low level of personal income compared with those aged 25–64 (33% or 489,000) and those aged 65 and over (37% or 546,000).
- Young people (aged 15–24) with severe or profound disability (77% or 75,000) are more likely to have a low level of personal income compared with those aged 25–64 (44% or 146,000) (Figure INCOME.3).

- People aged 15–64 with disability living in *Major cities* (23% or 262,000) are more likely to have a high level of personal income compared with those in *Inner regional* areas (15% or 65,000), or *Outer regional and remote* areas (15% or 24,000).
- People aged 15–64 with psychosocial disability (46% or 253,000) or intellectual disability (45% or 125,000) are more likely to have a low level of personal income compared with those with physical disability (39% or 431,000), disability caused by head injury, stroke or acquired brain injury (38% or 48,000), or sensory or speech disability (34% or 120,000) (ABS 2019b).

Figure INCOME.3: Weekly personal income, by disability status, age group and sex, 2018

Select to view by age group or sex
Age group



Source: ABS 2019b; see also tables INCM13 and INCM14.
<http://www.aihw.gov.au>

Notes

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

1. Data are for people aged 15 and over living in households.
2. Weekly personal income deciles aggregated into three groups. Low-income includes deciles 1–3 (<\$384); mid-income includes deciles 4–7 (\$384–\$1,150); high-income includes deciles 8–10 (>\$1,150).
3. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Income.

Level of family and household income

Having a person with disability living in the household is associated with lower levels of household income.

Households and families

In the Australian Bureau of Statistics' (ABS) 2018 Survey of Disability, Ageing and Carers (SDAC):

- a household is defined as one or more persons, at least one of whom is at least 15 years of age, and usually living in the same private dwelling
- a family is defined as 2 or more people, one of whom is at least 15 years of age, who are related by blood, marriage (registered or de facto), adoption, step or fostering, and are usually resident in the same household. A family is formed with the presence of a couple relationship, lone parent – child relationship or other blood relationship. Some households therefore contain more than one family (ABS 2019a).

Median gross income gap

In 2018, the median gross income gap between people aged 15–64 with disability and people without disability was **\$511 per week**. For more information, including trends and comparisons by population groups, please see [Median gross income gap](#) on [Reporting on Australia's Disability Strategy 2021–2031](#) website.

Measuring household income

This section compares incomes of households using weekly equivalised household income. Weekly equivalised household income is the total gross (before tax) household income adjusted by applying an equivalence scale to compare income levels between households of differing size and composition (ABS 2019a).

The equivalence scale used in this section is the modified Organisation for Economic Co-operation and Development scale (see [ABS SDAC methodology](#) for more information).

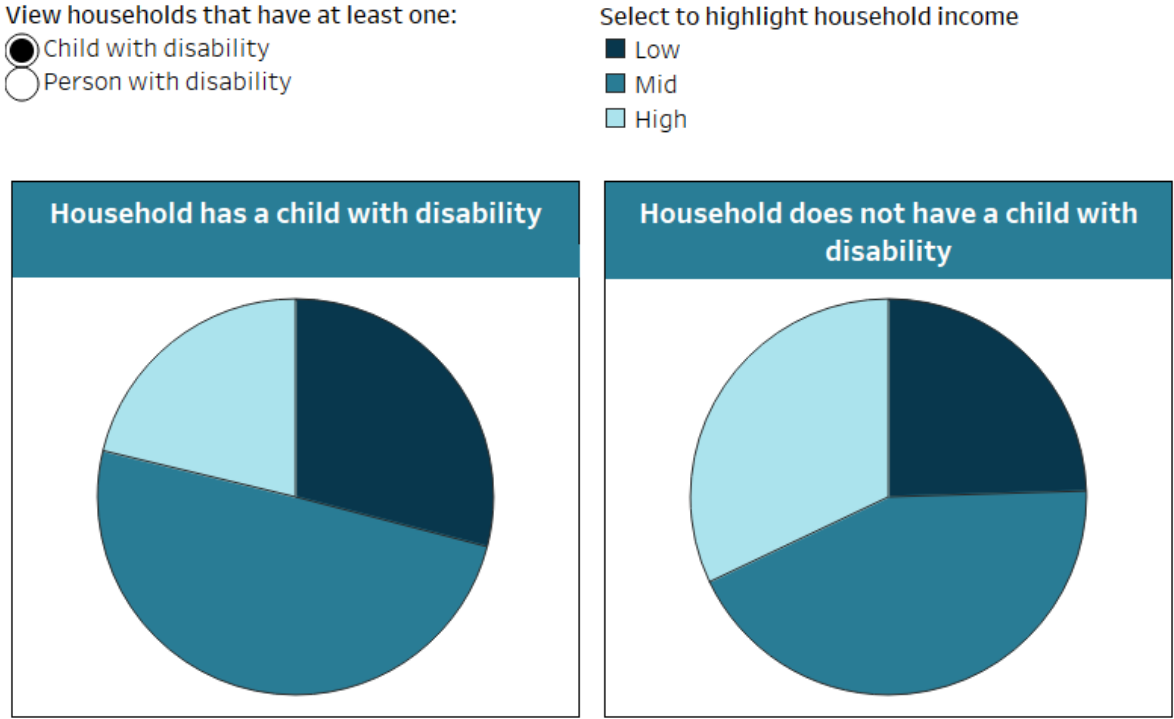
In this section, households are classified into 3 groups using household income deciles:

- low income refers to income deciles 1 to 3 (\$593 or below per week)
- middle or mid-income refers to deciles 4 to 7 (\$594 to \$1,388 per week)
- high income refers to income deciles 8 to 10 (\$1,389 or more per week).

Households with a person with disability are likely to be in the lower range of household weekly income:

- 38% (or 2.2 million) of households with a person with disability have a low level of household weekly income, compared with 18% (or 2.2 million) of households that do not have a person with disability
- 29% (or 475,000) with a child with disability have a low level of household weekly income, compared with those without a child with disability (25% or 3.9 million)
- 21% (or 347,000) with a child with disability have a high level of household weekly income, compared with 32% (or 5.1 million) of households without a child with disability (Figure INCOME.4).

Figure INCOME.4: Weekly equivalised household income, by whether the household includes a child with disability or a person with disability, 2018



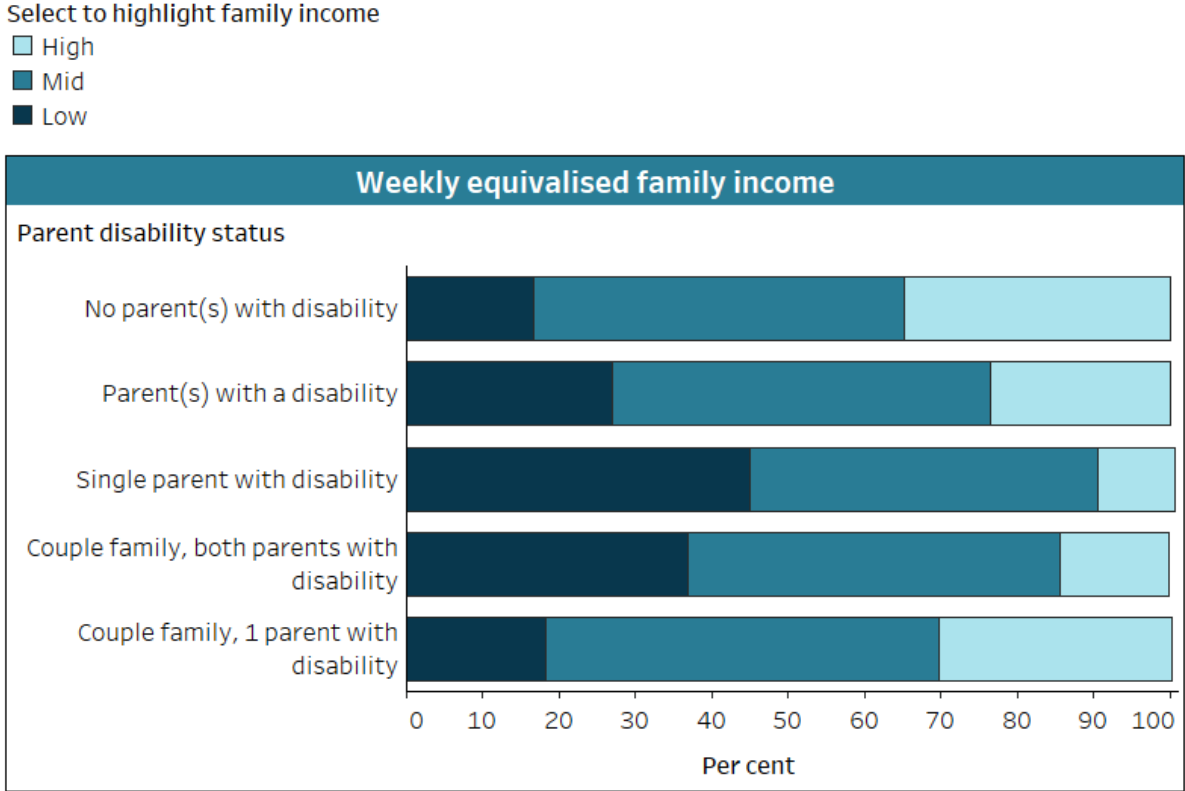
Source: ABS 2019b; see also Table INCM17.
<http://www.aihw.gov.au>

Notes

1. Data are for people living in households.
2. Household income is based on weekly equivalised household income deciles aggregated into 3 groups. Low-income includes deciles 1-3 (<\$594); mid-income includes deciles 4-7 (\$594-\$1,388); high-income includes deciles 8-10 (>\$1,388).
3. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Income.

Figure INCOME.5: Weekly equivalised family income, by parent disability status, 2018



Source: ABS 2019b; see also Table INCM18.
<http://www.aihw.gov.au>

Notes

1. Data are for people in families with at least one dependent or non-dependent child, living in households. Dependent children include those aged under 15 and dependent students aged 15–24.
2. Household income is based on weekly equivalised household income deciles aggregated into 3 groups. Low-income includes deciles 1–3 (<\$562); mid-income includes deciles 4–7 (\$562–\$1,343); high-income includes deciles 8–10 (>\$1,343).
3. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Income.

Families with a parent with disability are more likely to be in the lower weekly equivalised family income range:

- 27% (or 527,000) of families with a parent with disability have a low level of family income, 50% (or 970,000) mid-level and 23% (or 459,000) high level
- 17% (or 1.4 million) of families without a parent with disability have a low level, 48% (or 4.1 million) mid-level and 35% (3.0 million) high level
- almost half (45% or 201,000) of one-parent families with a parent with disability have a low level of family income (Figure INCOME.5).

Measuring family income

While the definition of 'households' is more generalised and widely used in population-level reporting, there are benefits to comparing families. When doing so, the breakdown of relationships and composition of groups is more clearly understood.

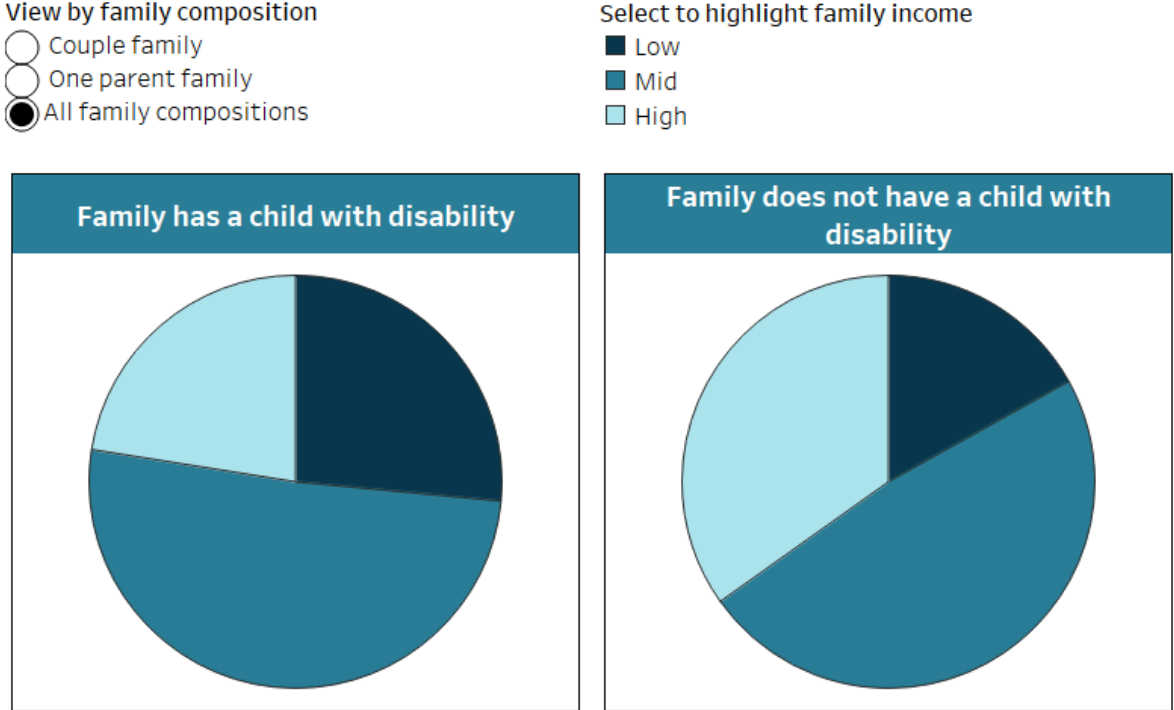
This section uses weekly equivalised family income deciles to classify families into 3 groups:

- low income – families with income in deciles 1 to 3 (\$561 or below per week)
- middle or mid-income – families with income in deciles 4 to 7 (\$562 to \$1,343 per week)
- high income – families with income in deciles 8 to 10 (\$1,344 or more per week).

Families with a child with disability are more likely to be in the lower range of weekly equivalised family income than those without a child with disability. Of families with one or more children:

- 1 in 5 (19% or 221,000) couple families with a child with disability have a low level of family income, compared with 12% (or 906,000) of couple families without a child with disability
- 8.7% (or 41,000) of single-parent families with a child with disability have a high level of family income, compared with 16% (or 231,000) of single-parent families without a child with disability (Figure INCOME.6).

Figure INCOME.6: Weekly equivalised family income, by family composition and child disability status, 2018



Source: ABS 2019b; see also Table INCM19.
<http://www.aihw.gov.au>

Notes

1. Data are for people in families with at least one dependent or non-dependent child, living in households. Dependent children include those aged under 15 and dependent students aged 15–24.
2. Family income is based on weekly equivalised family income deciles aggregated into 3 groups. Low-income includes deciles 1–3 (<\$562); mid-income includes deciles 4–7 (\$562–\$1,343); high-income includes deciles 8–10 (>\$1,343).
3. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Income.

Primary carer income

This report so far had looked at how the disability status of household or family members is related to the level of household and family income. For people who provide unpaid (informal) care to family members or friends with disability (or aged 65 and over), both personal and household income may be affected by the provision of care. Depending on the needs of the person receiving care, an informal carer may need to reduce their working hours or may not be able to earn income from wages or salary. This section looks at the income of primary carers in more detail.

Informal carers

The [ABS SDAC](#) defines a carer as a person who provides any informal assistance, in terms of help or supervision, to people with disability or people aged 65 and over. Assistance must be ongoing, or likely to be ongoing, for at least 6 months. In cases where multiple persons are providing informal assistance to a single recipient of care, the SDAC distinguishes between primary, other, and unconfirmed primary carers.

Primary carer

In the SDAC, a primary carer provides the most informal assistance to a person with disability with one or more core activities of mobility, self-care or communication. Primary carers include only people aged 15 and over.

Primary carers are usually a partner (37% or 315,000) or a family member (60% or 516,000), and a small proportion are a friend or neighbour (3.5% or 30,300) (ABS 2019b).

A primary carer's main source of income varies with the age of the carer. Primary carers aged 65 and over are more likely (68% or 156,000) than those aged 15–64 (39% or 243,000) to receive a government pension or allowance as their main source of income (Table INCOME.1).

Table INCOME.1. Main income source of primary carers whose main recipient of care is a person with disability, by age group, 2018 (%)

Main source of income	Primary carers aged 15–64	Primary carers aged 65 and over
Wages or salary	44.7	7.1
Government pension or allowance	38.9	68.4
Other sources	11.5	22.8
No source of income	4.8	**
Total	100.0	100.0

Notes

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

1. Data are for people aged 15 and over living in households. People for whom main source of income was recorded as 'not known' or 'not stated' are excluded from the results shown in the table.
2. 'Wages or salary' includes from own incorporated business.
3. 'Other sources' includes child support or maintenance, superannuation, an annuity or private pension, workers' compensation, rental property, unincorporated business or share in a partnership, dividends and/or interest and other source of income.

Source: ABS 2019b; see also Table INCM21, [Data](#) – Income.

A primary carer's main source of income also varies by whether the carer lives with the recipient of their care:

- Two in 5 (40% or 191,000) primary carers aged 15–64 who live with the recipient of their care receive wages or salary as their main source of income, compared with 58% (or 87,000) of those who do not.
- Almost three-quarters (73% or 145,000) of primary carers aged 65 and over who live with the recipient of their care receive a government pension or allowance as their main source of income, compared with 43% (or 13,000) of those who do not (ABS 2019b).

Primary carers aged 15–64 of people with disability are less likely to have a high level of personal income than people in that age group who are not carers:

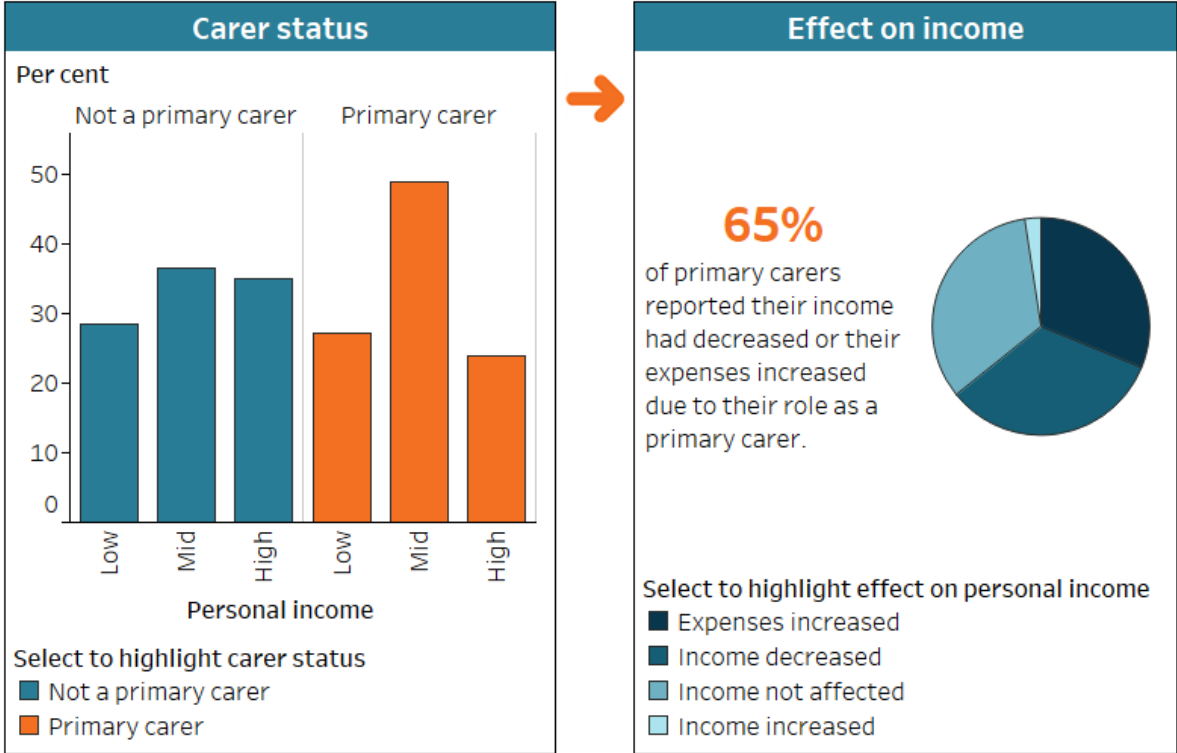
- about one-quarter (27% or 145,000) of primary carers have a low level of personal income (\$383 or below per week), compared with 28% (or 3.6 million) of people who are not primary carers
- half (49% or 262,000) have a mid-level income (\$384–\$1,150 per week), compared with 36% (or 4.5 million) of people who are not primary carers
- almost one-quarter (24% or 128,000) have a high-level income (more than \$1,150 per week), compared with 35% (or 4.4 million) of people who are not primary carers (Figure INCOME.7).

Whether the carer lives with the person with disability they assist has an impact on their personal income. Primary carers aged 15–64 who live with the recipient of their care:

- are more likely to have a low level of income (29% or 119,000) than those primary carers who do not live with the recipient of their care (21% or 25,100)
- are less likely to have a high level of income (20% or 83,000) than those who do not (37% or 45,000) (ABS 2019b).

Most (65% or 366,000) primary carers aged 15–64 report their personal income has decreased or expenses increased because of their role (Figure INCOME.7). This is more likely for primary carers who live with the recipient of their care. Seven in 10 (69% or 297,000) have lower income or higher expenses because of their caring role, compared with half (51% or 70,000) who do not live with the recipient of their care (ABS 2019b).

Figure INCOME.7: Weekly personal income, by primary carer status, and the effect of caring role on personal income of primary carers, 2018



Source: ABS 2019b; see also tables INCM20 and INCM22.
<http://www.aihw.gov.au>

Notes

1. Data are for people aged 15–64 living in households.
2. 'Not a primary carer' includes unconfirmed primary carers, carers other than primary carers and people who are not carers.
3. Primary carers are people aged 15–64 who are the main provider of informal assistance with one or more core activities (mobility, self-care, communication) to a person of any age with disability.
4. Personal income is based on weekly personal income deciles aggregated into 3 groups. Low-income includes deciles 1–3 (<\$384); mid-income includes deciles 4–7 (\$384–\$1,150); high-income includes deciles 8–10 (>\$1,150).
5. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Income.

Primary carers aged 65 and over are more likely to have a low level of income than those aged 15–64:

- 2 in 5 (40% or 76,000) primary carers aged 65 and over have a low level of income, compared with 27% (or 145,000) of those aged 15–64
- over half (53% or 101,000) have a mid-level income compared with 49% (or 262,000)
- 1 in 14 (7.2% or 14,000) have a high-level income compared with 24% (or 128,000) (ABS 2019b).

Primary carers aged 65 and over (46% or 92,400) are less likely to have lower income or higher expenses because of their caring role than those aged 15–64 (65% or 366,000) (ABS 2019b).

The household income of primary carers is also generally lower than the income of households where no person is a primary carer: 4 in 10 (39% or 680,000) households where at least one person is a primary carer have a low level of household income (\$593 or below per week), compared with 23% (or 3.7 million) of households where no member is a primary carer (ABS 2019b).

Education and income

The level of income a person receives is affected by their level of education (see also '[Education and skills](#)'). However, people with disability who achieve high levels of education are less likely than people without disability to receive their income mainly from wages or salary.

Of people aged 15–64:

- 60% (or 207,000) with disability who attained a bachelor's degree or higher have wages or salary as their main source of income, dropping to 34% (or 19,000) if their disability is severe or profound
- 85% (or 3.6 million) without disability who attained a bachelor's degree or higher have wages or salary as their main source of income (Figure INCOME.8).

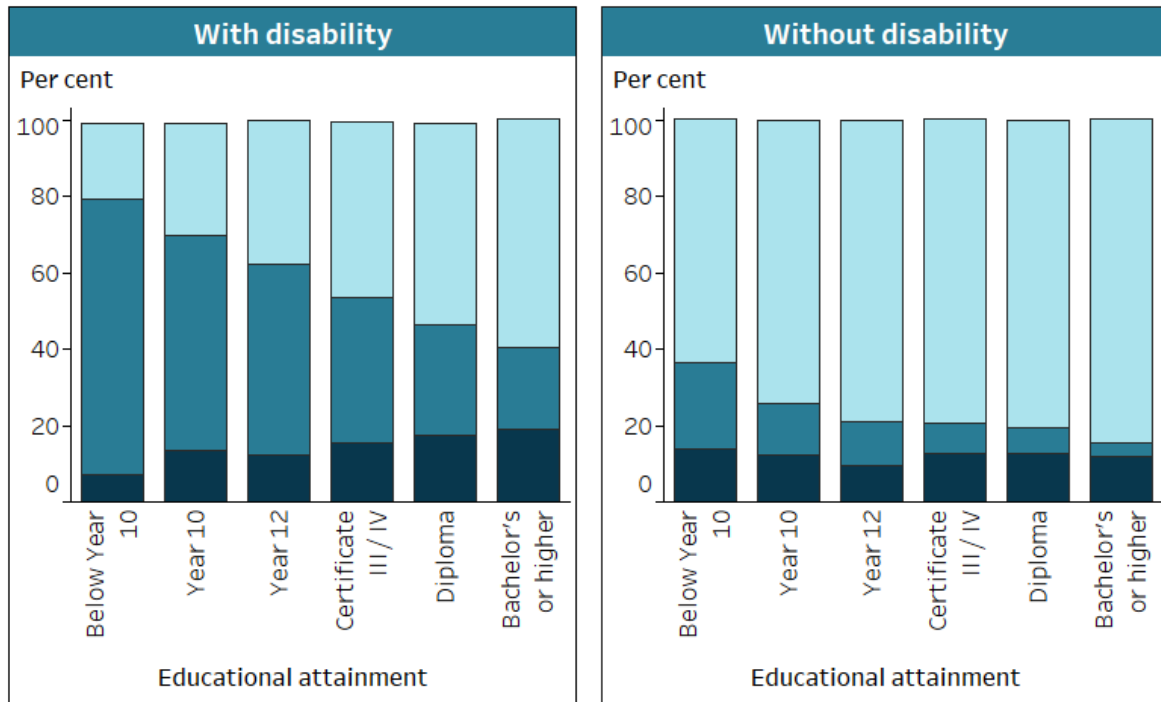
Among people with disability aged 15–64, the proportion of people who have government pension or allowance as their main source of income steadily decreases with increasing educational attainment:

- 7 in 10 (72% or 144,000) who have an education level below year 10 (including those who never attended school) have government pension or allowance as their main source of income
- 1 in 2 (50% or 120,000) who completed year 12
- 1 in 5 (21% or 74,000) who attained a bachelor's degree or higher (Figure INCOME.8).

Figure INCOME.8: Main source of income, by disability status and highest level of educational attainment, 2018

Select to highlight source of income

- Wages or salary
- Government pension or allowance
- Other sources



Source: ABS 2019b; see also Table INCM23.
<http://www.aihw.gov.au>

Notes

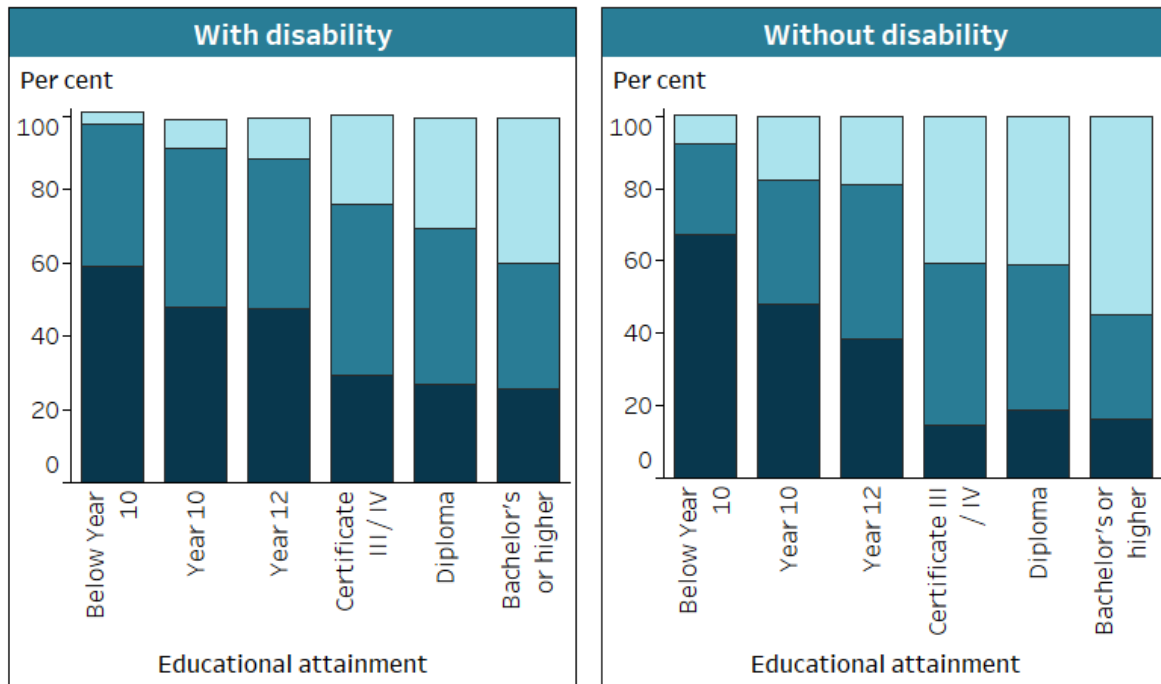
1. Data are for people aged 15–64 living in households, who have a source of income.
2. 'Below Year 10' includes Certificate I / II, Certificate not further defined, Year 9, and Year 8 or below including never attended school.
3. 'Year 10' includes Year 10, and Year 11.
4. 'Diploma' includes Advanced Diploma and Diploma.
5. 'Bachelor's or Higher' includes Bachelor Degree, Postgraduate Degree, and Graduate Diploma / Graduate Certificate.
6. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Income.

Figure INCOME.9: Weekly personal income, by disability status and highest level of educational attainment, 2018

Select to highlight personal income

- High
- Mid
- Low



Source: ABS 2019b; see also Table INCM24.
<http://www.aihw.gov.au>

Notes

1. Data are for people aged 15–64 living in households.
2. Personal income is based on weekly personal income deciles aggregated into 3 groups. Low-income includes deciles 1–3 (<\$384); mid-income includes deciles 4–7 (\$384–\$1,150); high-income includes deciles 8–10 (>\$1,150).
3. 'Below Year 10' includes Certificate I / II, Certificate not further defined, Year 9, and Year 8 or below including never attended school.
4. 'Year 10' includes Year 10, and Year 11.
5. 'Diploma' includes Advanced Diploma and Diploma.
6. 'Bachelor's or Higher' includes Bachelor Degree, Postgraduate Degree, and Graduate Diploma / Graduate Certificate.
7. Figures are rounded and components may not add to total because of ABS confidentiality and perturbation processes.

Source data tables: [Data](#) – Income.

This difference between people aged 15–64 with or without disability is also seen in weekly personal income level:

- 40% (or 127,000) of people with disability who attained a bachelor's degree or higher have high personal income, dropping to 18% (or 9,000) if their disability is severe or profound
- 55% (or 2.0 million) of people without disability who attained a bachelor's degree or higher have high personal income (Figure INCOME.9).

Among people with disability aged 15–64, the proportion of people who have a low level of personal income generally decreases with increasing educational attainment:

- 3 in 5 (59% or 128,000) who have an education level below year 10 (including those who never attended school) have a low level of personal income
- less than half (47% or 111,000) who completed year 12
- 1 in 4 (26% or 83,000) who attained a bachelor's degree or higher (Figure INCOME.9).

Government payments

Data note

Data in this section are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the HILDA Survey, see '[Data sources](#)'.

Government payments

Government payments are public transfers in the form of pensions, allowances and benefits. Payments available in 2021, at the time of the HILDA Survey 21st wave, included:

- Income support payments
 - ABSTUDY, Age Pension, Austudy, Bereavement Allowance, Carer Payment, Disability Support Pension, JobSeeker Payment, Parenting Payment (Single or Partnered), Partner Allowance, Special Benefit, Wife Pension or Widow Allowance, Youth Allowance
 - Department of Veterans' Affairs Disability Pension, Service Pension, War Widow/er's Pension
- Non-income support payments (Mobility Allowance, Carer Allowance, Double Orphan Pension and Australian Government bonus payments)
- Other government payments (such as Paid Parental Leave and Coronavirus Supplement).

Analysis of government payment data in this section is based on self-reported government payments receipt and disability status. Analysis excludes Family Tax Benefit payments.

In 2021, people with disability aged 15–64 were more likely (38%) to report receiving government payments than those without disability (14%). This is especially true for those with severe or profound disability, of whom 66% received government payments. Older people are more likely to receive government payments: in 2021, 77% of people with disability aged 65 and over received government payments, compared with 56% of those without disability.

Of people with disability aged 15–64 (in 2021):

- males (39%) and females (38%) were about as likely to report receiving government payments
- those living in *Major cities* were less likely (36%) than those living in *Inner regional* (43%), or *Outer regional, remote and very remote areas* (47%)
- those with physical disability (43%) or sensory disability (45%) were least likely to report receiving government payments, and those with intellectual disability were most likely (64%) (DSS and MIAESR 2022).

Almost 2 in 5 (39%) people with disability aged 15–64 who reported receiving government payments in 2021 received \$400 or more per week, similar to those without disability (38%) (DSS and MIAESR 2022). In 2017, people with disability were more likely to receive payments of more than \$400 a week (31% of those aged 15–64 who were receiving government payments) than people without disability (15%) (DSS and MIAESR 2019).

In 2021, of people with disability aged 15–64 who reported receiving government payments:

- 42% of males and 37% of females received payments of \$400 or more per week
- 38% of those living in *Major cities*, 44% in *Inner regional* areas, and 39% in *Outer regional, remote and very remote areas*
- 53% of people with head injury, stroke or other brain damage and 52% of people with intellectual disability (DSS and MIAESR 2022).

The Disability Support Pension (DSP) is the most common payment type reported by people with disability aged 15–64 who receive government payments (38% in 2021) (Figure INCOME.10). This differs by sex, age group, disability severity and disability group:

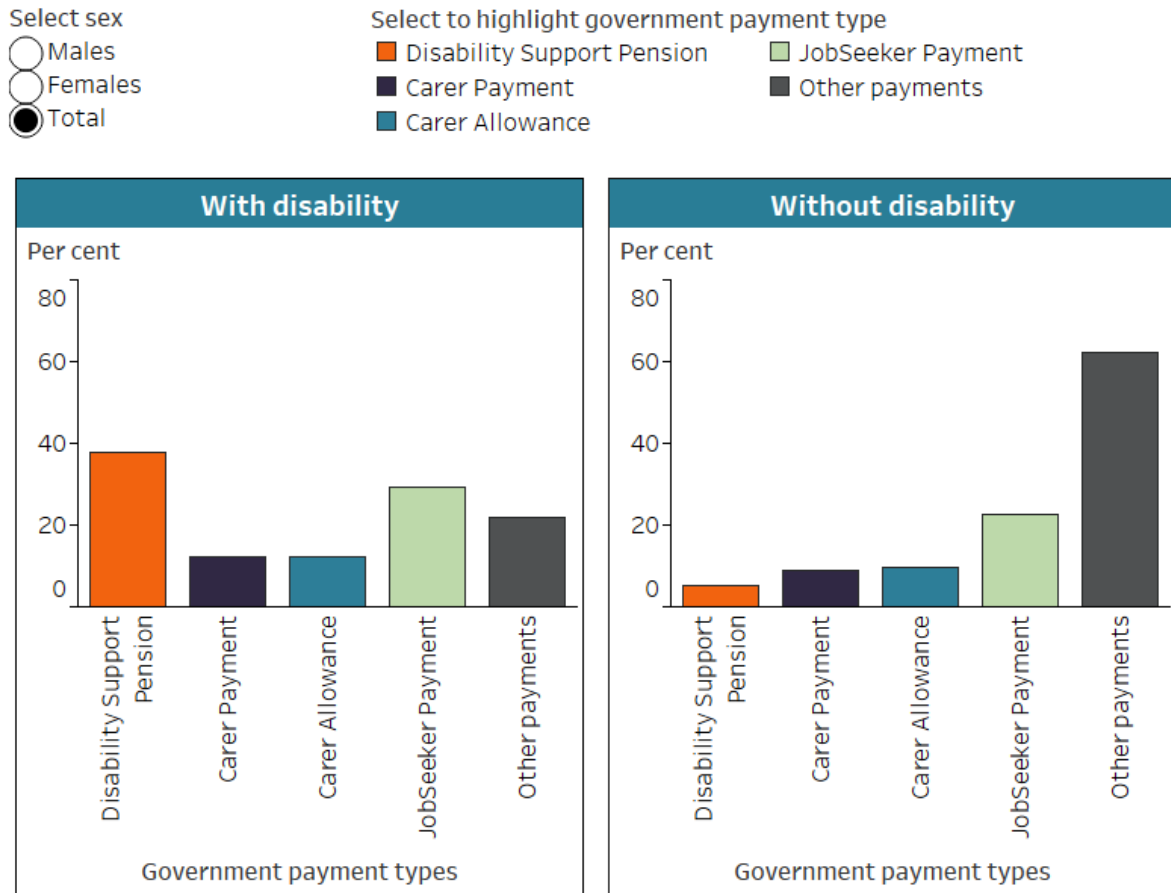
- males are more likely (44%) to receive the DSP than females (32%)
- than those aged 45–64 (45%) are more likely to receive DSP than those aged 15–24 (26%) and those aged 25–44 (31%)
- those with severe or profound disability are more likely (61%) to receive DSP than those with other disability status (32%)

- 66% of those with intellectual disability, 65% of those with head injury, stroke or acquired brain injury, 51% of those with sensory disability, 39% of those with physical disability and 38% of those with psychosocial disability receive DSP (DSS and MIAESR 2022).

Other common payment types reported by people with disability aged 15–64 are similar for males and females, with the exception of Carer Allowance (4.3% and 19%, respectively) (Figure INCOME.10).

Of people with disability aged 65 and over who report receiving government payments, 87% receive Age Pension, 4.7% receive Carer Allowance, 4.0% receive Carer Payment and 3.7% receive Disability Support Pension (DSS and MIAESR 2022).

Figure INCOME.10: Government payment types, for payment recipients aged 15–64, by sex and disability status, 2021



Source: DSS & MIAESR 2022; see also Table INCM36.
<http://www.aihw.gov.au>

Notes

- Income from the government in the form of benefits, pensions or allowances, excluding Family Tax Benefit payments.
- People may receive more than one type of government payment. Components will not add to 100%.
- Disability Support Pension is paid by Centrelink.
- Carer Allowance is an income supplement to assist carers.
- 'Other payments' include Parenting Payment, Youth Allowance, Disability Pension, Service Pension, COVID-19 Payments, Austudy / ABSTUDY Payment, Special Benefit, War Widows / Widowers Pension, Paid Parental Leave, Bereavement Allowance, Mobility Allowance, other government pensions / benefits (excluding Superannuation and Family Tax Benefit payment), pensions or benefits paid by overseas governments, other allowances, other non-income support payments, don't know, and none of these.
- Numbers in this figure are based on self-reported government payment receipt and disability status.

Source data tables: [Data](#) – Income.

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).
- [Household, Income and Labour Dynamics in Australia \(HILDA\) Survey](#).
- This report: '[Employment](#)' and '[Education and skills](#)' of people with disability.
- People with disability who need help with living costs may access government payments (see '[Income support](#)'). This includes disability-specific payments (such as the Disability Support Pension) and other mainstream payments (such as JobSeeker Payment).

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<https://melbourneinstitute.unimelb.edu.au/hilda/for-data-users/user-manuals>

Finances

Key findings

- **Satisfaction with financial situation:** In 2021, 33% of people with disability aged 15–64 were not satisfied with their financial situation, compared with 14% of people without disability.
- **Raising emergency funds:** As at 2021, 25% of people with disability aged 15–64 would not have been able to raise \$3,000 in a week for an emergency, compared with 9.4% without disability.
- **Financial stress:** In 2021, 8.8% of people with disability aged 15–64 went without meals due to a shortage of money, compared with 2.3% without disability.

People with disability tend to be worse off financially than those without disability. This can affect their ability to raise funds in an emergency, pay bills or buy food. Some people with disability may need to seek help from friends, family or welfare and community organisations because of financial problems.

Data note

Data on this page are sourced from the **2021 Household, Income and Labour Dynamics in Australia (HILDA) Survey**. For more information about HILDA, including the concepts of disability, disability severity, disability groups, and remoteness categories used by the HILDA Survey, see '[Data sources](#)'.

Self-Completion Questionnaire

In addition to personal face-to-face interviews, survey participants are asked to complete a self-completion questionnaire. The questionnaire includes questions about some aspects of financial situation, such as prosperity, ability to raise emergency funds, and stressful financial events.

Prosperity and financial situation

Prosperity

Each year, HILDA Survey participants are asked to assess their own and their family's prosperity given their current needs and financial responsibilities.

In 2021, around 1 in 3 (32%) people with disability aged 15–64 described their prosperity as 'just getting along' and nearly 1 in 12 (8.0%) said they were poor or very poor, compared with 18% and 1.6% of those without disability. People aged 65 and over in general have a more favourable assessment of their prosperity than those aged 15–64;

however, even in the 65 and over age group people with disability were more likely to say they are 'just getting along' (27%) or are poor or very poor (2.3%) than those without disability (14% and 1.4%*, respectively (*estimate unreliable)) (DSS and MIAESR 2022).

Of people aged 15–64 with disability, those with severe or profound disability are more likely to say they are 'just getting along' or are 'poor/very poor' (53% combined for the 2 groups) than those with other disability status (39%) (DSS and MIAESR 2022).

Satisfaction with financial situation

Each year, HILDA Survey participants are asked to rate their satisfaction with their financial situation on a 0–10 scale. Ten represents the highest level of satisfaction and 0 the lowest (DSS and MIAESR 2022). In this analysis, people who indicate a satisfaction level between 0 and 5 are referred to as not satisfied (unsatisfied) with their financial situation.

People with disability aged 15–64 are more likely to be unsatisfied with their financial situation than those without disability (33% compared with 14% in 2021). Older people with disability (aged 65 and over) are less likely (16%) to be unsatisfied with their financial situation than those with disability aged 15–64 (33%), but more likely than people aged 65 and over without disability (9.2%) (DSS and MIAESR 2022).

Of people with disability aged 15–64:

- males are about as likely to be unsatisfied with their financial situation as females (both 33%)
- those with severe or profound disability are more likely to be unsatisfied (44%) than those with other disability status (32%)
- 45% of those with psychosocial disability and 43% with intellectual disability are unsatisfied with their financial situation, as are 36% of people with physical disability and 31% of those with sensory disability (DSS and MIAESR 2022).

Ability to raise emergency funds

What is meant by raising emergency funds?

In the HILDA Survey, emergency funds are defined as \$3,000 to be raised for an emergency within one week.

Having to raise \$3,000 for an emergency within one week could be a problem for many people with disability. In 2021:

- 25% of people with disability aged 15–64 said they would not be able to raise emergency funds
- 13% would have to take drastic action, such as selling an important possession

- 20% would have to make sacrifices, such as reduce spending or selling a possession
- 43% could easily raise emergency funds (DSS and MIAESR 2022).

People without disability aged 15–64 are more likely (60%) to be able to easily raise emergency funds, and less likely to be unable to raise emergency funds (9.4%), than those with disability (DSS and MIAESR 2022).

The ability to raise emergency funds increases with age. People with disability aged 65 and over are more than twice as likely (70%) to be able to easily raise emergency funds than those aged 15–24 (28%) (Figure FINANCES.1).

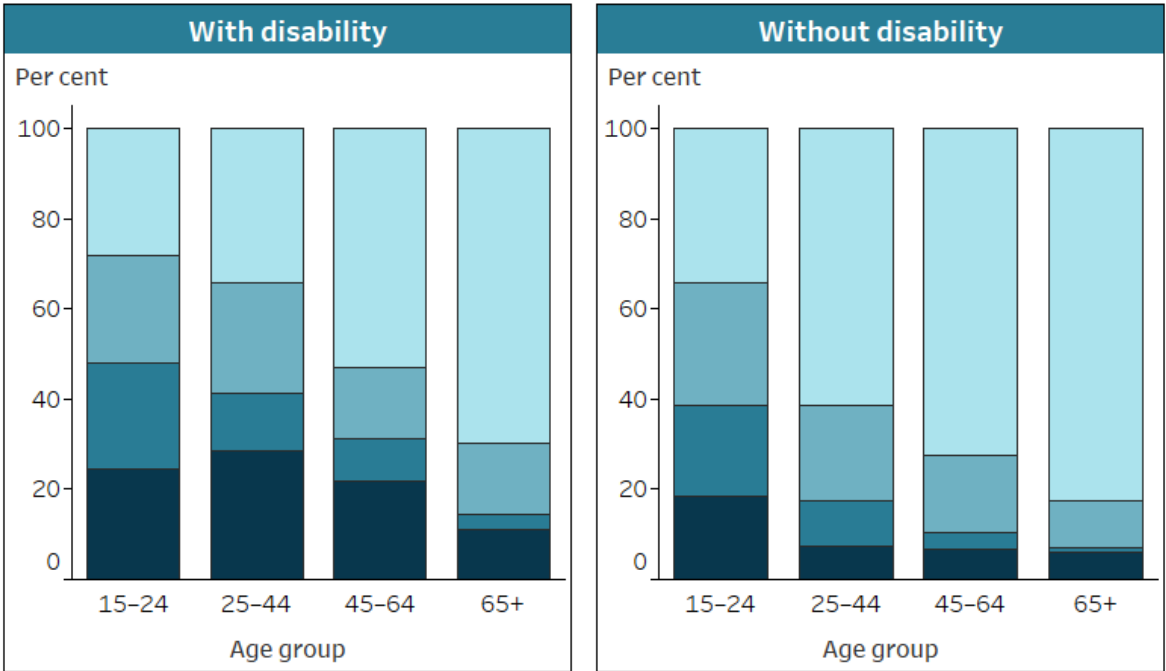
Of people aged 15–64 with disability:

- those with severe or profound disability are less likely (33%) to be able to easily raise emergency funds than those with other disability status (44%)
- males (45%) are about as likely as females (42%)
- those in *Major cities* are more likely (46%) than those in *Inner regional areas* (39%)
- those with intellectual disability or psychosocial disability are least likely (23% and 29%, respectively) to be able to easily raise emergency funds
- those with physical or sensory disability are most likely to be able to easily raise emergency funds (42% and 39%, respectively) (DSS and MIAESR 2022).

Figure FINANCES.1: Ability to raise emergency funds, by disability status and age group, 2021

Select to highlight

- Could easily raise emergency funds
- Could raise emergency funds with sacrifices
- Could raise emergency funds with drastic action
- Could not raise emergency funds



Source: DSS & MIAESR 2022; see also Table FIN10.
<http://www.aihw.gov.au>

Notes

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

1. Emergency funds include raising \$3,000 for an emergency within one week.
2. ‘Sacrifices’ include reduced spending or selling a possession.
3. ‘Drastic action’ includes selling an important possession.

Source data tables: [Data](#) – Finances.

Financial stress

Financial stress

People are classified as in financial stress if they have experienced at least 2 out of 7 stressful financial events in recent months because of a shortage of money. Stressful financial events asked about in the HILDA Survey include:

- could not pay electricity, gas or telephone bills on time
- could not pay the mortgage or rent on time
- pawned or sold something
- went without meals
- were unable to heat home
- asked for financial help from friends or family
- asked for help from welfare/community organisations (Wilkins et al. 2019).

People who did not complete the HILDA self-completion questionnaire for all 7 stressful financial events were excluded from this analysis.

In 2021, people with disability aged 15–64 were more than twice as likely (21%) to have experienced financial stress as those without disability (9.5%). People with disability aged 65 and over are less likely (5.8%) to have experienced financial stress than people with disability aged 15–64, but more likely than people without disability aged 65 and over (3.4%). Of those aged 15–64 with disability:

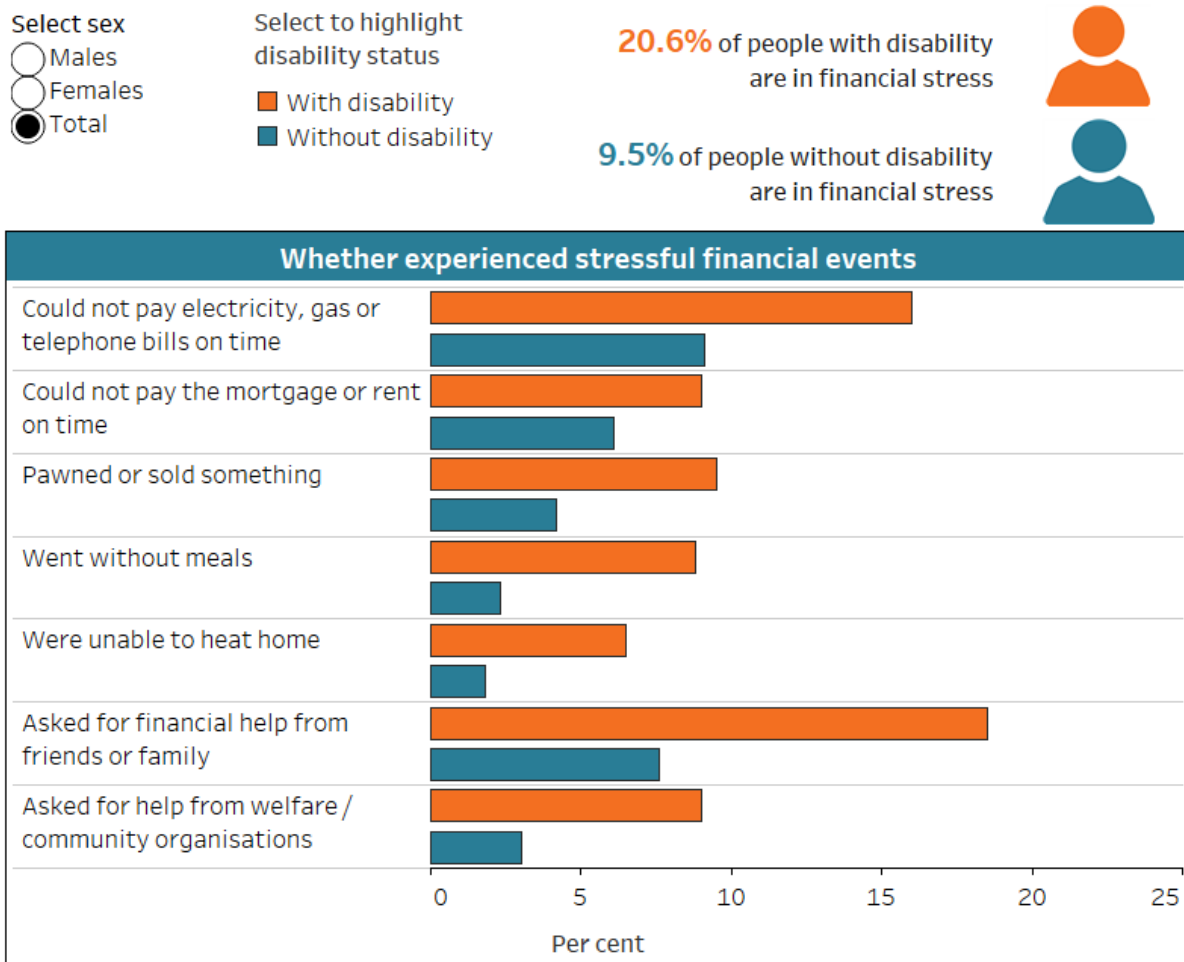
- males are about as likely (19%) to have experienced financial stress as females (22%)
- those aged 25–44 are more likely (28%) to have experienced financial stress than those aged 45–64 (17%)
- people with psychosocial disability are somewhat more likely (31%) than those with physical disability (22%) (DSS and MIAESR 2022).

People with disability aged 15–64 are more likely to have experienced stressful financial events because of a shortage of money in the current year than those without disability. In 2021:

- around 1 in 5 (19%) of those with disability asked for financial help from friends or family, compared with 7.6% of those without disability
- 1 in 6 (16%) could not pay electricity, gas or telephone bills on time, compared with 9.1%
- almost 1 in 10 (9.5%) pawned or sold something, compared with 4.2%
- 1 in 11 (9.0%) asked for help from welfare or community organisations, compared with 3.0%

- 1 in 11 (9.0%) could not pay the mortgage or rent on time, compared with 6.1%
- 1 in 12 (8.8%) went without meals, compared with 2.3%
- 1 in 15 (6.5%) were unable to heat their home, compared with 1.8% (Figure FINANCES.2).

Figure FINANCES.2: Whether people aged 15–64 experienced stressful financial events, by sex and disability status, 2021



Source: DSS & MIAESR 2022; see also tables FIN15 and FIN18.

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

Notes

1. 'Financial stress' includes experiencing at least 2 out of 7 stressful financial events in the current calendar year.
2. This analysis is restricted to people who responded to all 7 financial stress events questions.

Source data tables: [Data](#) – Finances.

Motor vehicle ownership

Having access to a motor vehicle can make it easier for people to get to places they need to reach. However, for some people the costs of owning and maintaining a motor vehicle may be too high. In 2018, as part of the Material Deprivation Module, the HILDA Survey asked one member of each responding household whether the household had a motor vehicle, and if not, whether this was because they could not afford it.

In 2018, most people with disability (92%) had a motor vehicle in their household (DSS and MIAESR 2019). However, people with disability are more likely to live in households that have no motor vehicle than those without disability:

- 7.0% of people with disability aged 15–64 live in households without a motor vehicle (compared with 3.3% of those without disability)
- 9.7% of people with disability aged 65 and over (compared with 4.7% of those without disability).

More than 2 in 5 (43%) people with disability aged 15–64 who do not have a motor vehicle in their household say that it is because they cannot afford it (DSS and MIAESR 2019).

Superannuation withdrawal under COVID-19 scheme

During 2019–20 and 2020–21, the Australian Government provided an opportunity for early access to superannuation to people affected by the COVID-19 crisis. Those eligible could withdraw up to \$10,000 of their superannuation in 2019–20 and a further \$10,000 in 2020–21. In 2021, HILDA survey participants were asked whether they withdrew any superannuation under the COVID-19 scheme during the last financial year (2020–21).

About 1 in 9 (11%) people with disability aged 15–64 said they withdrew superannuation, compared with 8.4% of people without disability. Males with disability were more likely to withdraw their superannuation than females (14% compared with 8.7%) (DSS and MIAESR 2022).

Where can I find out more?

- [Data tables](#) for this report.
- [Household, Income and Labour Dynamics in Australia \(HILDA\) Survey](#).

References

DSS (Department of Social Services) and MIAESR (Melbourne Institute of Applied Economic Social Research) (2019) *The Household, Income and Labour Dynamics in Australia*

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Income support

Key findings

- **Disability Support Pension receipt:** 645,000 people aged 16–64, or 29% of all income support payment recipients in that age group received the Disability Support Pension (DSP) in March 2023.
- **DSP recipients in the Australian population:** In June 2022, 3.9% of people aged 16–64 received DSP, including 10% of First Nations people.
- **Duration on DSP:** At June 2023, 3 in 4 (76%) DSP recipients aged 16–64 had received it for at least 5 years, and 3 in 5 (60%) for 10 or more years.

People with disability may receive financial assistance to help with activities of daily life. This section looks at income support payments for people with disability, focusing on those aged 16–64 receiving the DSP. The DSP is the main income support payment available specifically to people with disability.

Disability Support Pension

The Disability Support Pension (DSP) is a means-tested income support payment which assists recipients to meet the everyday costs of living. It can be accessed by people who are aged 16 and over but under Age Pension age (at claim) and who have reduced capacity to work because of their disability.

This includes those who:

- are permanently blind
- have a physical, intellectual or psychiatric condition resulting in functional impairment making the person unable to work for 15 hours or more per week for the next 2 years due to their disability or medical condition
- are unable, as a result of impairment, to undertake a training activity which would equip them for work within the next 2 years.

DSP recipients are encouraged to participate in employment where they have the capacity to, and can gain from the benefits of working, including improved wellbeing.

DSP is administered through Services Australia. For more information see [DSP – Qualification & Payability](#), [Disability Support Pension – Participation Requirements](#), and [Disability Support Pension](#).

While this section focuses on DSP, people with disability may also be eligible for other payments, allowances or supplements, such as Mobility Allowance, government concession cards (which discounts selected goods and services), and more general financial support (such as to assist with study, housing or finding work). For analysis of government payments received by people with disability, see also '[Government payments](#)'.

Other financial assistance for people with disability

Mobility Allowance

The Mobility Allowance helps with transport costs for people aged 16 and over who have disability, illness or injury, who cannot use public transport without substantial assistance, and who are participating in approved activities (such as studying, training, working, or looking for work).

With the roll-out of the National Disability Insurance Scheme (NDIS), people who receive funded supports from the NDIS are no longer eligible for the Mobility Allowance.

At June 2023 around 11,030 people received the Mobility Allowance – compared with 13,500 at June 2020, 33,475 at June 2018, and 60,050 at June 2016 (DSS 2023a).

Supporting carers of people with disability

Financial support for people caring for people with disability is available through the following payments:

- [Carer Payment](#) – income support payment for people who, due to caring responsibilities, are unable to support themselves through substantial paid employment
- [Carer Allowance](#) – supplementary payment for people who provide daily care and attention at home to a person with disability, a severe medical condition or who is frail and aged
- [Carer Supplement](#) – an annual payment for carers in receipt of Carer Allowance and/or Carer Payment
- [Child Disability Assistance Payment](#) – an annual payment for those receiving Carer Allowance for a child.

At June 2023, around:

- 305,000 carers received Carer Payment for a total of 302,000 care recipients (including 45,200 children aged under 16, 129,000 people aged 16–64, and 128,000 people aged 65 and over)
- 634,000 carers received Carer Allowance for a total of 697,000 care recipients (including 192,000 children aged under 16, 231,000 people aged 16–64, and 274,000 people aged 65 and over)
- 660,000 carers received Carer Supplement
- 168,000 carers received Child Disability Assistance Payment (DSS 2023b, DSS 2023c).

Data note

Disability Support Pension (DSP) data in this section are largely sourced from unpublished data provided by the Department of Social Services (DSS) based on Services Australia administrative data (DSS 2023a). At the time of data provision, March 2023 data was the most recent available. At the time of writing this report, June 2023 data (DSS 2023b) became publicly available, however these data did not cover all the sub-groups used in this report.

The population benchmarks used in this section are drawn from the Australian Bureau of Statistics (ABS) population estimates (ABS 2019, ABS 2023). At the time of writing, the latest available population estimates for the sub-groups used in this report were for June 2022.

Therefore, this page uses June 2023 data where available, while some information is reported as at March 2023 or June 2022, as appropriate.

DSP data are point-in-time at last Friday of the relevant month.

The size of the DSP population

Around 769,000 people aged 16 and over received the DSP at March 2023. Of these, the vast majority (84%, or 645,000) were aged 16–64 (DSS 2023a).

The DSP is one of Australia's most prevalent income support payments for people of working age, the second largest payment type for this age group after unemployment benefits (DSS 2023a). In March 2023, DSP recipients accounted for nearly 3 in 10 (29%) of all income support payment recipients aged 16–64 (DSS 2023a).

About 1 in 25 Australians receive DSP: in June 2022, 3.7% of Australian population aged 16 and over was in receipt of DSP, as were 3.9% of people aged 16–64 (DSS 2023a, ABS 2023).

DSP recipients aged 65 and over

While this report mainly focuses on DSP recipients aged 16–64, about 1 in 6 (16%, or 125,000) DSP recipients are aged 65 and over (at March 2023). The numbers of men and women aged 65 and over receiving DSP are similar (60,700 and 64,000, respectively), and the majority (67%, or 83,700) of those aged 65 and over receiving DSP are aged 65–69 (DSS 2023a, AIHW 2023a).

The number of DSP recipients aged 65 and over has increased over the past 2 decades – from less than 0.1% of the population in this age group (or 2,900) in 2001 to 0.6% (or 16,500) in 2010, 1.3% (or 46,600) in 2016, and 2.7% (or 125,000) in 2022 (ABS 2023, DSS 2023a). This is due to the increase in the qualifying age for the Age Pension, which was gradually raised from 60 to 65 years for women between 1995 and 2013, and then to 67 years for both men and women by 2023. In addition, DSP recipients who qualify for the Age Pension may choose to remain on DSP.

Changes over time in DSP

Changes over time in DSP can be seen in overall numbers and as a proportion of:

- the Australian population
- income support recipients.

Key changes to income support eligibility that affect DSP

Between 2000 and 2023, the social security system has undergone significant reforms likely to influence trends in income support payments and recipients.

Key changes likely to influence DSP trends include:

- **Eligibility criteria for DSP have tightened over recent years** – for example, starting from 2006, the eligibility for DSP was restricted to people who were unable to work at least 15 hours per week, a decrease from at least 30 hours previously. A new category for the unemployment payment (Newstart Allowance, replaced by JobSeeker Payment in March 2020) was created for people with work capacity of less than 30 hours a week – Newstart Partial Capacity to Work. In 2012, significantly revised impairment tables were introduced.
- **Age Pension** – the qualifying age for the Age Pension for women gradually increased from 60 in 1995 to 65 in 2013, the same qualifying age as for men. From 1 July 2017, the pension qualifying age for both men and women was gradually raised again, reaching 67 in 2023.
- **Closure of income support payments** – various payments were closed to new recipients and/or stopped, with eligible recipients transferred to relevant existing payments (including Age Pension and JobSeeker Payment).

DSP and Newstart Allowance/JobSeeker Payment

Around 770,000 people received the DSP in June 2023 and around 808,000 received the JobSeeker Payment (DSS 2023b). Historically, the DSP was one of the fastest-growing government social assistance programs. Policy changes over the last decade, including the 2012 compliance and assessment measures, seem to have slowed this growth. These changes were followed by a fall in the number of new DSP applicants who were granted payment from 63% in 2001–02 to 43% from 2011–12 to 2014–15 (PBO 2018).

In parallel, the proportion of Newstart Allowance (JobSeeker Payment from March 2020) recipients assessed as having partial capacity to work steadily increased from 26% (or 181,000) in June 2014 to 42% (or 289,000) in June 2019. In June 2020, the number of recipients with partial capacity to work continued to increase (reaching 366,000), but their proportion in the total number of recipients dropped to 25%, most likely due to the impact of COVID-19 on the total number of recipients. After 2020, the number of recipients with partial capacity slightly declined but the proportion in the total number of recipients increased to its pre-COVID levels (44%, or 352,000 in June 2023) (DSS 2023b).

Numbers of recipients

Overall, the number of DSP recipients aged 16–64 grew by 3.7% from 2001 to 2022 (June). From about 623,000 in 2001 the number reached a peak of around 802,000 in 2012 (29% increase), then steadily declined to 646,000 in 2022 (19% decrease between 2012 and 2022).

This trend varied by sex, with a much more pronounced growth in the number of female DSP recipients between 2001 and 2012 compared with males. Between 2001 and 2022:

- the number of female DSP recipients
 - increased by 60% from 232,000 in 2001 to 373,000 in 2012
 - decreased by 20% from 373,000 in 2012 to 297,000 in 2022
- the number of male DSP recipients
 - increased by 9.8% from 391,000 in 2001 to 429,000 in 2012
 - decreased by 19% from 429,000 in 2012 to 349,000 in 2022

The trend also varied by age (faster pre-2012 growth in the 16–24 age group). For example:

- the number of DSP recipients aged 16–24
 - increased by 41% from 39,600 in 2001 to 55,900 in 2014
 - decreased by 11% from 55,900 in 2014 to 49,700 in 2022
- the number of DSP recipients aged 25–49
 - increased by 24% from 247,000 in 2001 to 307,000 in 2012
 - decreased by 19% from 307,000 in 2012 to 249,000 in 2022
- the number of DSP recipients aged 50–64
 - increased by 31% from 336,000 in 2001 to 440,000 in 2012
 - decreased by 21% from 440,000 in 2012 to 347,000 in 2022.

Proportion in the Australian population

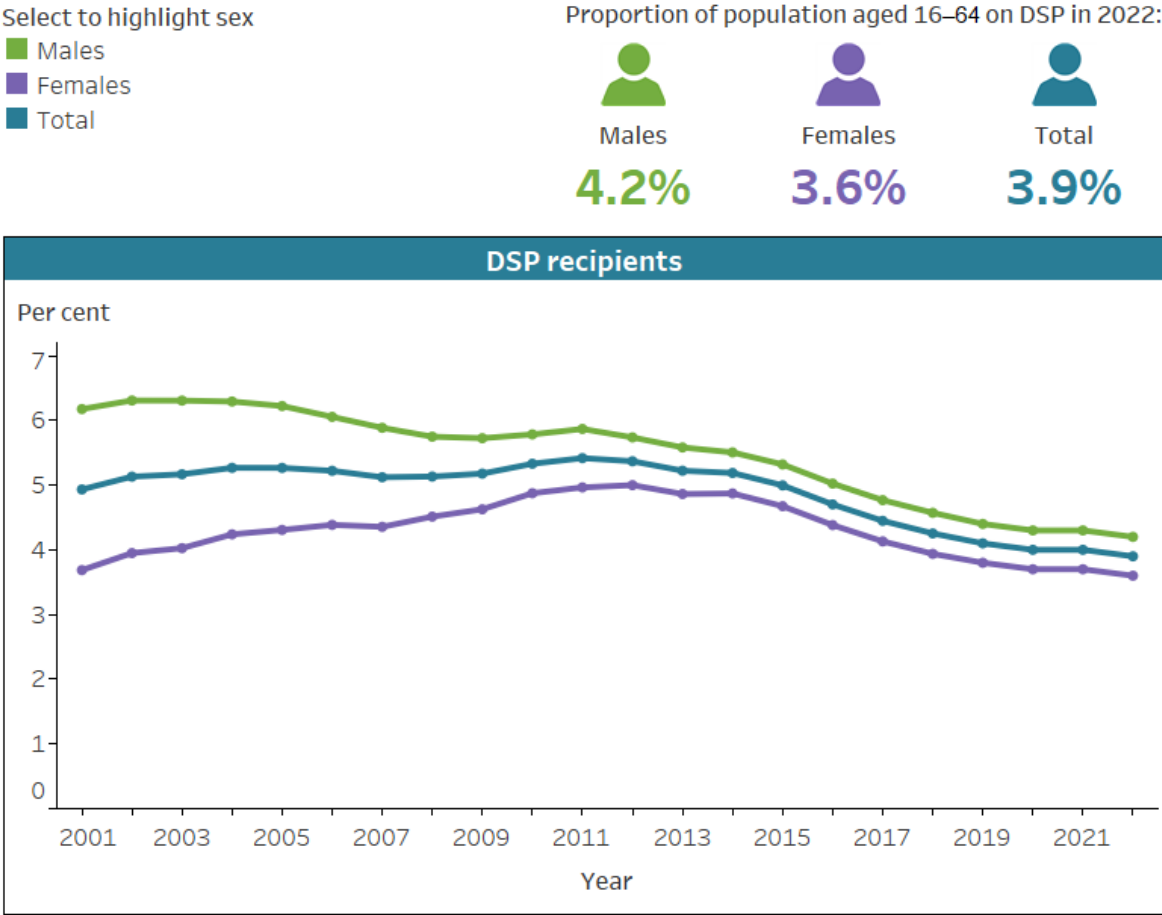
While the number of the DSP recipients increased between 2001 and 2022 (June), the proportion of DSP recipients in the Australian population aged 16–64 remained relatively stable over this period, fluctuating between 4.9% (or 623,000) in 2001 and 5.4% (or 802,000) in 2012 and then decreasing to 3.9% (or 646,000) in 2022 (DSS 2023a).

This trend differs for males and females:

- The proportion of males aged 16–64 receiving DSP steadily declined from 6.2% (or 391,000) in 2001 to 4.2% (349,000) in 2022.
- The proportion of females aged 16–64 receiving DSP
 - increased from 3.7% (or 232,000) in 2001 to 5.0% (or 373,000) in 2012
 - decreased to 3.6% (or 297,000) in 2022 (Figure SUPPORT.1).

These declines are likely largely a result of changes in eligibility for DSP over this period. Further, the large increases in the number of female DSP recipients coincided with increases in the qualifying age for the Age Pension, and closure of some payments.

Figure SUPPORT.1: Proportion of population aged 16–64 receiving DSP, by year and sex, 2001–2022



Source: AIHW analysis of Services Australia administrative income support data; see also Table SUPP1. <http://www.aihw.gov.au>

Notes

1. Percentages have been calculated using the estimated Australian population in that year, derived from ABS population data as the denominator.
2. DSP data as at 24 June 2022.
3. Data may differ from official statistics on income support payments and recipients, due to differences in methodology and/or data source.

Source data tables: [Data](#) – Income support.

Proportion in the income support population

Between 2001 and 2019 there was an overall increase in the proportion of income support recipients aged 16–64 receiving DSP – from 23% (or 623,000) in 2001 to a peak of 32% (or 802,000) in 2012, declining to 30% (or 668,000) in 2019. In 2020, the proportion of DSP recipients dropped to 21% (or 660,000), mainly because of an increase in the number of recipients of other income support payments caused by the impacts of COVID-19. After 2020, the proportion of DSP recipients in the income support population aged 16–64 gradually increased, almost reaching the pre-COVID level in 2023 (29% or 645,000 in March 2023) (DSS 2023a).

The female income support recipients aged 16–64 are less likely to receive DSP than males (Figure SUPPORT.2), however, consistent with the increase in numbers of female DSP recipients between 2001 and 2012, the proportion of DSP recipients in the total income support population aged 16–64 has increased at a faster rate for females than males:

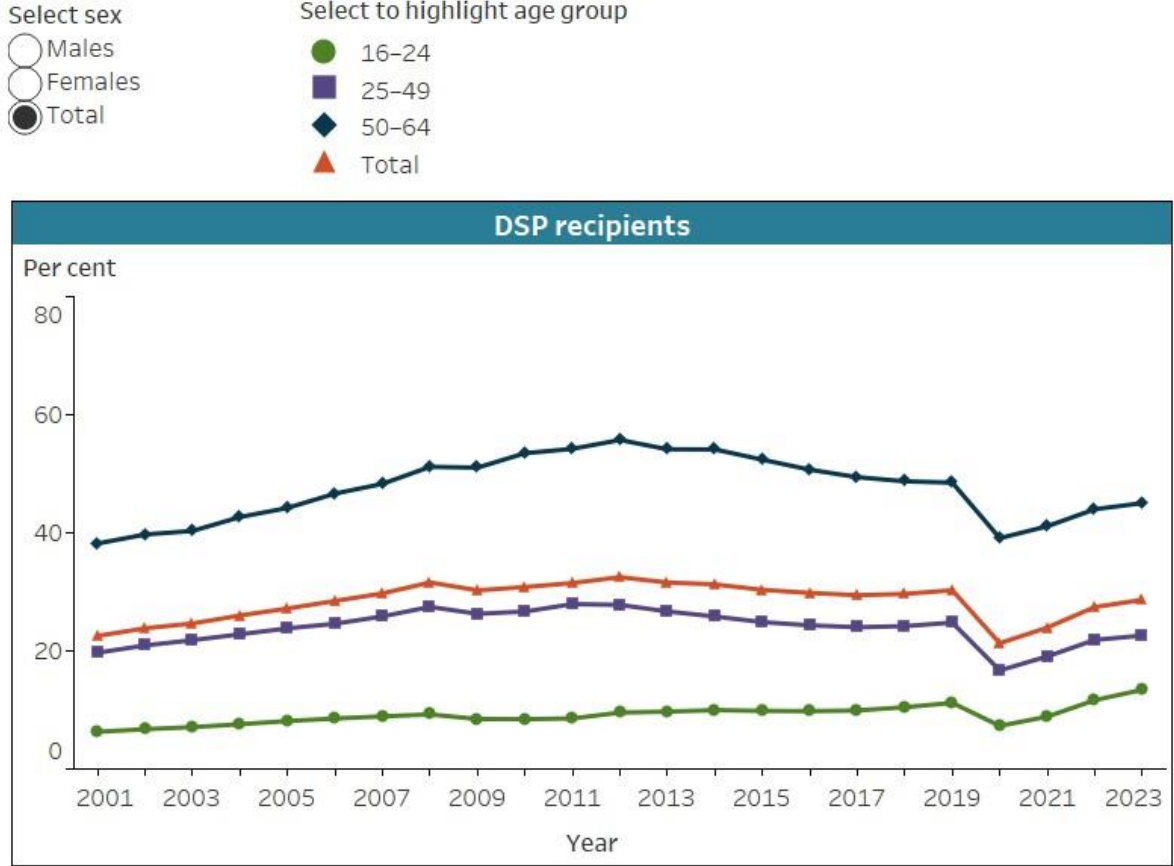
- The proportion of female income support recipients on DSP almost doubled between 2001 and 2012, rising from 14% (or 232,000) in 2001 to 26% (or 373,000) in 2012. It dropped to 18% (or 305,000) in 2020 before increasing to 23% (or 296,000) in 2023.
- The proportion of male income support recipients on DSP increased between 2001 and 2008, from 34% (or 391,000) in 2001 to 45% (or 405,000) in 2008. By 2019, this declined to 39% (358,000), dropping to 25% (or 355,000) in 2020 and then increasing to 36% (348,000) in March 2023 (Figure SUPPORT.2).

The rapid growth in female income support recipients receiving DSP from 2001 to 2014 was largely driven by the mature age population (aged 50–64), with the proportion of females on income support receiving DSP more than doubling in this age group from 22% (or 117,000) in 2001 to 48% (or 218,000) in 2014, before falling to 40% (or 170,000) in March 2023. This compares with a smaller increase for males aged 50–64, from 62% (or 220,000) in 2001 to 71% (or 220,000) in 2008, followed by a sizeable decrease to 51% (or 174,000) in 2023.

These differing rates of change have resulted in the gender gap for the 50–64 age group converging over the last 22 years. In 2001, the proportion of male income support recipients aged 50–64 receiving DSP was almost 3 times that for females, but by 2023, it fell to 1.3 times as high (Figure SUPPORT.2).

These trends are largely influenced by the consolidation of payments provided to those of mature age. This has particularly affected females and it coincided with decreasing proportions receiving the Age Pension and payments closed to new entrants.

Figure SUPPORT.2: Proportion of income support population aged 16–64 receiving DSP, by sex and age group, 2001–2023



Source: AIHW analysis of Services Australia administrative income support data; see also Table SUPP2 and SUPP3. <http://www.aihw.gov.au>

Notes

1. Data for 2023 are as at 31 March 2023.
2. Data may differ from official statistics on income support payments and recipients, due to differences in methodology and/or data source.

Source data tables: [Data](#) – Income support.

Changes to income support payments due to COVID-19

In 2020, the Australian government introduced several temporary changes to JobSeeker Payment and Youth Allowance (Other) in response to COVID-19. These included:

- expanded eligibility for JobSeeker Payment and Youth Allowance (other) to assist people who have lost their job, whose income has reduced as a result of COVID-19, or who needed to care for someone affected by COVID-19
- waiving the assets test and some waiting periods, and making the partner income test more generous (Parliamentary Library 2020).

Most of these changes applied from March to September 2020.

Between March 2020 and June 2020, the number of people receiving JobSeeker Payment increased by 82%, from 793,000 to 1.4 million. In the same period, the number of people receiving Youth Allowance (other) increased by 85% from 93,400 to 173,000. By June 2022, the numbers of recipients of these 2 payments had fallen to 832,000 for JobSeeker Payment and 77,200 for Youth Allowance (other) (DSS 2023b).

The large increase in 2020 in the total income support payment population due to COVID-19 affects the proportion of the income support population who receive DSP.

Note: JobSeeker Payment replaced Newstart Allowance, from March 2020, as the main income support payment for recipients aged between 22 and Age Pension qualification age who have capacity to work. Youth Allowance (other) is an income support payment for people aged 16–21 who are looking for work or temporarily unable to work.

Characteristics of DSP recipients

This section examines the demographic characteristics and income support attributes of DSP recipients aged 16–64.

Demographic characteristics

Males are more likely to receive DSP than females, and so are people in the older age groups in comparison with those who are younger. In June 2022, 4.3% of all males in Australia aged 16–64 were receiving DSP (or 355,000 people), compared with 3.7% (or 305,000) of females. In terms of age groups, 7.8% (or 356,000) of people aged 50–64 received DSP, compared with 2.9% (or 256,000) of those aged 25–49 and 1.6% (or 47,800) of those aged 16–24 (DSS 2023a).

Looking at the age breakdown of the DSP recipients aged 16–64, more than half are aged 50–64 (at March 2023):

- 53% (or 344,000) are aged 50–64
- 39% (or 249,000) are aged 25–49
- 8.0% (or 51,600) are aged 16–24 (Figure SUPPORT.3, DSS 2023a).

Female DSP recipients are more likely to be in the older age group than males (at March 2023):

- around 3 in 5 (57% or 170,000) female DSP recipients are aged 50–64, compared with 50% (or 174,000) of males
- 36% (or 107,000) of female DSP recipients are aged 25–49, compared with 41% (or 142,000) of males
- 6.5% (or 19,200) of female DSP recipients are aged 16–24, compared with 9.3% (or 32,300) of males (Figure SUPPORT.3).

Eight in 10 (82% or 532,000) DSP recipients aged 16–64 were single (at March 2023):

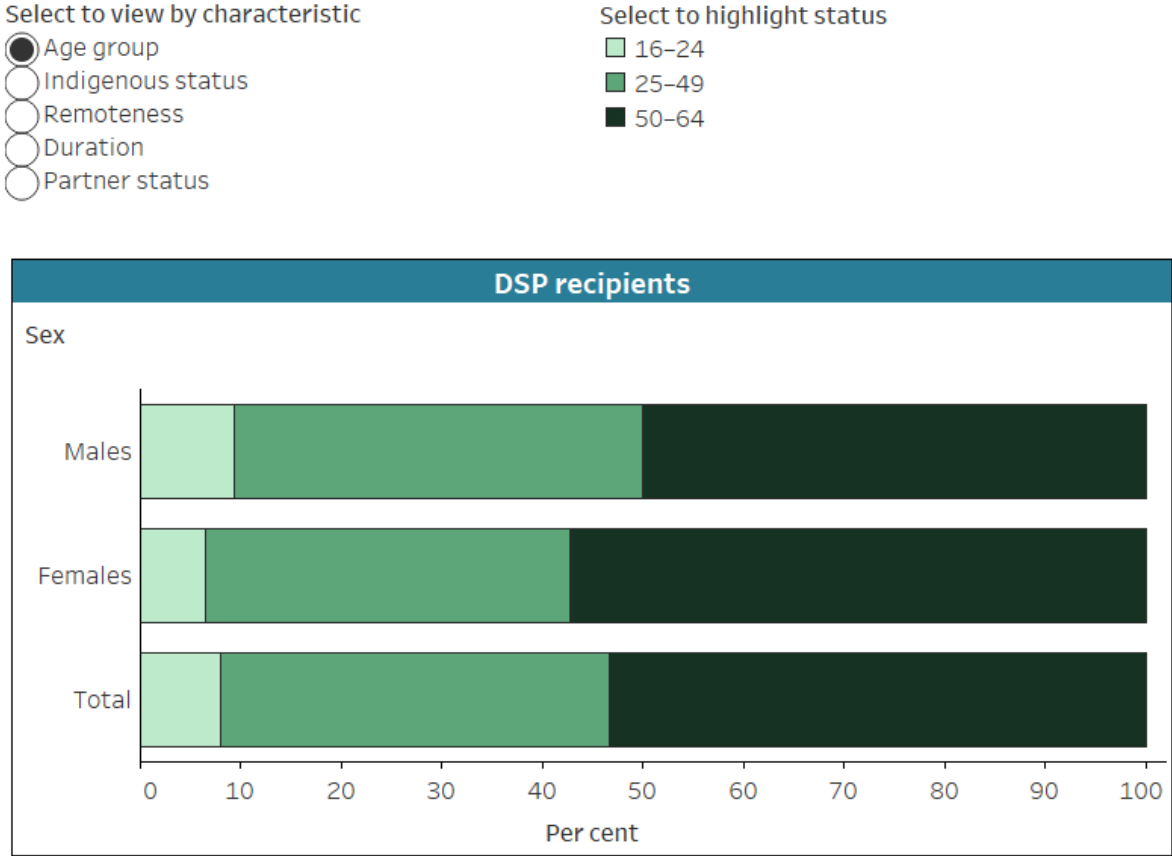
- 84% (or 292,000) of males
- 81% (or 239,000) of females (Figure SUPPORT.3).

One in 12 (8.7% or 56,000) DSP recipients aged 16–64 in March 2023 were Aboriginal and Torres Strait Islander (First Nations) people (Figure SUPPORT.3). The proportion of First Nations people in the total number of DSP recipients aged 16–64 is about the same for males (8.6% or 30,100) and females (8.8% or 25,900).

The proportion of DSP recipients who are First Nations people (8.7% in March 2023) is higher than the proportion of the First Nations people in the Australian population aged 16–64 (3.3% as at 30 June 2022). First Nations people are more likely to receive DSP than non-Indigenous Australians: in June 2022, 10% (or 54,100) of First Nations people aged 16–64 received DSP, compared with 3.7% (or 592,000) of non-Indigenous Australians.

For more information about income and finance of First Nations Australians, see [Income and finance of First Nations people](#) (AIHW (2023b)).

Figure SUPPORT.3: Characteristics of DSP recipients aged 16–64, by sex, 31 March 2023



Source: AIHW analysis of Services Australia administrative income support data; see also Table SUPP5. <http://www.aihw.gov.au>

Notes

1. Remoteness data excludes 1,185 females and 1,535 males with missing remoteness information.
2. Data may differ from official statistics on income support payments and recipients, due to differences in methodology and/or data source.

Source data tables: [Data](#) – Income support.

Primary medical condition

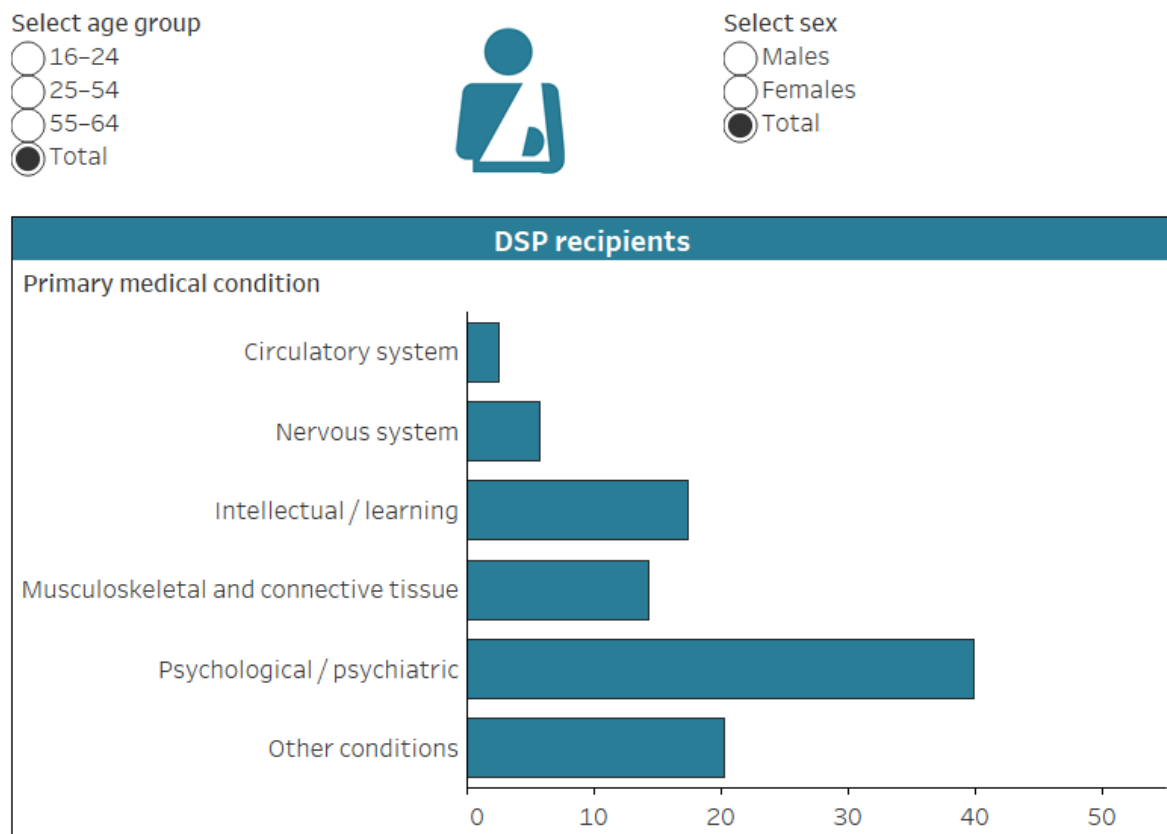
The most common primary medical conditions of DSP recipients aged 16–64 at June 2023 were:

- psychological or psychiatric conditions (40% or 257,000)
- intellectual or learning conditions (17% or 112,000)
- musculoskeletal and connective tissue conditions (14% or 92,300) (Figure SUPPORT.4).

What is meant by primary medical condition?

Data on the medical conditions of DSP recipients are recorded by primary medical condition. Twenty-one primary medical condition classification groups each cover a number of individual medical conditions. The medical condition with the highest impairment rating determines under which primary medical condition a recipient is recorded.

Figure SUPPORT.4: Primary medical conditions of DSP recipients aged 16–64, by age group and sex, June 2023



Source: AIHW analysis of Services Australia administrative income support data; see also Table SUPP9.
<http://www.aihw.gov.au>

Notes

1. Data on the medical conditions of DSP recipients is recorded by Primary Medical Condition. There are 21 Primary Medical Condition classification groups that each cover a number of individual medical conditions. The medical condition with the highest impairment rating determines which primary medical condition a recipient is recorded under.
2. Data may differ from official statistics on income support payments and recipients, due to differences in methodology and/or data source.

Source data tables: [Data](#) – Income support.

The most common primary medical conditions vary by age, with those in the younger age groups more likely to have psychological or psychiatric condition, or intellectual or learning condition recorded as their primary medical condition (Figure SUPPORT.4).

For DSP recipients:

- aged 16–24
 - 2 in 5 (42% or 21,800) have a psychological or psychiatric condition recorded as their primary medical condition
 - 2 in 5 (40% or 21,000) have an intellectual or learning primary condition
 - 1 in 21 (4.7% or 2,400) have a condition of the nervous system as their primary condition
- aged 25–54
 - 2 in 5 (44% or 151,000) have a psychological or psychiatric primary condition
 - 1 in 5 (22% or 74,600) have an intellectual or learning primary condition
 - 1 in 11 (8.7% or 29,700) have a musculoskeletal or connective tissue primary condition
- aged 55–64
 - 1 in 3 (34% or 84,100) have a psychological or psychiatric primary condition
 - 1 in 4 (25% or 62,200) have a musculoskeletal or connective tissue primary condition
 - 1 in 16 (6.4% or 16,100) have an intellectual or learning primary condition (Figure SUPPORT.4).

The most common primary medical conditions also show some variations by sex:

- Male DSP recipients aged 16–64 are more likely than females to have an intellectual or learning condition as their primary medical condition (19% or 65,700, compared with 16% or 45,900).
- Male DSP recipients aged 16–64 are more likely to have a psychological or psychiatric primary medical condition than females (41% or 114,000, and 39% or 114,000, respectively). This is especially the case for the 16–24 age group, where 45% (or 14,600) of male recipients have this type of primary condition, compared with 37% (or 7,200) of females. However, in the 55–64 age group males are less likely (32% or 40,200) to have this type of primary condition than females (35% or 43,900) (Figure SUPPORT.4).

Payment rate and earning an income while receiving DSP

The amount of income support payment (also known as payment rate) received by an individual depends on their circumstances, living conditions, income, and assets. Income support recipients are required to report earnings from all sources. Those who have income (such as from work, investments, or superannuation) and/or substantial assets

over the threshold amounts may have their benefit payments reduced, resulting in a part-rate payment.

At March 2023:

- 1 in 8 (12% or 77,600) DSP recipients aged 16–64 received a part-rate payment. This was similar for males (11% or 39,900) and females (11% or 37,700).
- 1 in 12 (8.0% or 51,400) declared earnings. This was similar for males (8.2% or 28,500) and females (7.7% or 51,400) (DSS 2023a).

Duration on DSP and income support

Most DSP recipients stay on the DSP for several years. At March 2023, of DSP recipients aged 16–64:

- more than 3 in 4 (76% or 490,000) had been on DSP for at least 5 years
- 3 in 5 (60% or 387,000) for 10 or more years (DSS 2023a).

People receiving DSP also tend to stay longer on income support in general, in contrast with recipients of other payments for people below the Age Pension age. At June 2023:

- Almost 9 in 10 (86% or 659,500) DSP recipients had been receiving income support for at least 5 years. In comparison, fewer than 2 in 5 (38% or 303,800) JobSeeker recipients had been receiving income support for 5 years or more.
- Around 1 in 10 (11% or 88,400) DSP recipients had been on income support between one and 5 years, compared with 1 in 3 (35% or 284,800) JobSeeker Payment recipients.
- Just 2.9% (or 22,600) of DSP recipients had been receiving income support payments for less than one year, compared with 1 in 4 (27% or 219,400) JobSeeker Payment recipients (DSS 2023b).

Movement of DSP recipients through the income support system

Understanding the movement of Disability Support Pension (DSP) recipients between different payment types and on and off income support provides insights into their income support pathways, exits and entries.

To examine the movement of DSP recipients through the income support system, the AIHW previously undertook analysis of all recipients at June 2009, tracking them through the data to investigate what income support payment (if any) they were receiving 9 years before (in 2000) or 9 years after (in 2018). The results of this analysis are presented in the 'Income support' section of the [previous version of this report](#).

Where can I find out more?

- [Data tables](#) for this report.
- [ABS Disability, Ageing and Carers, Australia: Summary of Findings, 2018](#).
- This report: '[Income](#)' of people with disability.
- [Income support](#) (including DSP) in Australia's Welfare 2023.
- Australian Government income support payments – [Services Australia](#), and [Department of Social Services](#).
- DSS [payment demographic data](#).

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11. Key data gaps

Key data gaps

Although much is known about how people with disability experience life in Australia, critical data gaps remain. These limit the ability to present a comprehensive and insightful picture, including about pathways through and across multiple service systems and the extent to which these contribute to positive outcomes.

This section presents key data gaps about people with disability. It also looks at opportunities to enhance available information through:

- maximising the use of existing data sources
- improving the quality and comparability of data sources
- adding to data sources.

The gaps and opportunities presented are not exhaustive. Rather, they are intended to form a basis for discussion. The Australian Institute of Health and Welfare (AIHW) continues to work with other statistical agencies and data custodians to maximise, streamline and improve the collection of data about people with disability.

Existing data sources and challenges

Many sources of data exist on people with disability. These sources have varying degrees of accessibility, quality and usefulness. Some sources, for example, are not widely available for use and some are useful only if linked to another source.

Administrative versus survey data sources

Broadly speaking, Australia's major data sources are:

- administrative data, such as data collected when running a service or program
- population survey data, such as data collected for a targeted sample of households on a given topic.

Each has advantages and disadvantages.

Administrative data

Many administrative datasets contain data relevant to people with disability. Some of these datasets contain information which can be used to look at use of services and outcomes for people with disability (such as by using a disability 'flag' – a set of questions to identify records of people with disability within the data collection, and the extent of activity limitations or participation restrictions). Other datasets do not contain such information, but could potentially capture this information in the future.

The AIHW Specialist Homelessness Services Collection is a good example of an administrative dataset that has a question set to identify disability. This data collection uses a version of the [standardised disability flag](#) developed by the AIHW. For more information, see '[Homelessness services](#)'.

Administrative data are, by definition, collected as a by-product of service delivery and therefore contain data only on people who are receiving those services. The information captured must also be directly relevant to service provision and is therefore unlikely to include information about broader client outcomes and client satisfaction with the service (although some service providers do separately survey consumers of their services).

Survey data

Population surveys are the best available data source for estimates of the prevalence and level of disability in the Australian population (including changes over time) and for capturing information about experiences across different life areas.

The Australian Bureau of Statistics' Survey of Disability, Ageing and Carers is the best example of a population survey that collects data on people with disability.

Certain constraints mean that survey data are often limited in capturing comprehensive data:

- about some vulnerable groups within the disability community
- on sensitive topics, like abuse and neglect
- on changes over time for sub-populations.

Responses to surveys are also limited by how well the respondent understands the question and how much the respondent trusts the survey.

Data used in this report

This report uses more than 25 sources of data on people with disability, both survey and administrative. The definition of disability and the population scope for each of these data sources is presented in 'Definitions of disability' data table (see [Data](#)).

This report uses multiple data sources to shed light on the experiences of people with disability in Australia. While these data sources provide a broad overview of the experiences of people with disability, critical information gaps and/or questions to be answered or further explored remain.

Key data sources used in this report

Survey/census data

- Australia's Disability Strategy Survey – Share with us, Department of Social Services (DSS)
- Education Survey 2020, Children and Young People with Disability Australia (CYDA)
- General Social Survey (GSS), Australian Bureau of Statistics (ABS)
- Graduate Outcomes Survey (GOS), Quality Indicators for Learning and Teaching (QILT)
- Household, Income and Labour Dynamics in Australia (HILDA) Survey, DSS and Melbourne Institute of Applied Economic and Social Research
- Life Tables, ABS
- National Aboriginal and Torres Strait Islander Health Survey (NATSIHS), ABS
- National Aboriginal and Torres Strait Islander Social Survey (NATSISS), ABS
- National Health Survey (NHS), ABS
- National Social Housing Survey, Australian Institute of Health and Welfare (AIHW)
- Patient Experience Survey (PEX), ABS
- Personal Safety Survey (PSS), ABS
- Student Experience Survey, QILT
- Survey of Disability, Ageing and Carers (SDAC), ABS
- Youth Survey, Mission Australia.

Administrative data

- Australian Government Housing Data Set, DSS
- Australian Human Rights Commission (AHRC) Complaint statistics, AHRC
- Benefit and Payment Recipient Demographic Data, DSS

- Higher Education Student Data Collection, Department of Education, Skills and Employment (DESE)
- Nationally Consistent Collection of Data on School Students with Disability, DESE
- National Disability Insurance Scheme (NDIS) data, National Disability Insurance Agency (NDIA)
- National Housing Assistance Data Repository, AIHW
- NDIS Quality and Safeguards Commission data
- Rental Affordability Snapshot, Anglicare
- Report on Government Services, Productivity Commission
- Services Australia administrative income support data, DSS
- Specialist Homelessness Services Collection, AIHW
- Total Vocational Education and Training (TVET) Students and Courses Collection, National Centre for Vocational Education Research (NCVER)
- TVET Student Outcomes Collection, NCVER.

What are the key challenges with existing data sources?

Key data challenges with existing data sources include:

- inconsistent definitions of disability across data sources
- poor adoption of a disability flag to identify people with disability across mainstream data sources
- fragmented, dispersed and incomplete data about services used by people with disability (specialist and mainstream)
- inability to reliably report on specific population groups within the broader disability population
- availability of relevant data collected but not collated or otherwise available for statistical purposes
- limited integration of data across settings and life area domains to examine pathways and outcomes for people with disability.

What main questions cannot be answered?

While data exist on many aspects of what life is like for people with disability in Australia, critical gaps make it difficult to comprehensively answer some questions.

For example, there is a lack of information on:

- what services people with disability use (across mainstream and specialist areas), and how coordinated, timely, appropriate and effective they are

- how much contact people with disability have with the justice and child protection systems, as victims and as offenders
- the use of restrictive practices (such as seclusion and physical or chemical restraints)
- people with disability in closed and segregated settings and those with communication support needs
- outcomes for people with different types of impairment
- how the experience of disability and support services varies by location or for groups with intersecting characteristics, such as Aboriginal and Torres Strait Islander people with disability, people with disability from culturally and linguistically diverse backgrounds, people with disability living in remote locations, and people with disability who are lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+)
- the pathways, impacts and outcomes for people with disability, for example, characteristics and outcomes of the transition from school to further education or employment
- unmet need for services (both within and outside the NDIS)
- the quality and sustainability of the disability workforce
- supported decision-making for people with disability, such as on the extent to which people with disability are represented and supported in proceedings and decision-making processes
- causes of death of people with disability – such as potentially avoidable deaths.

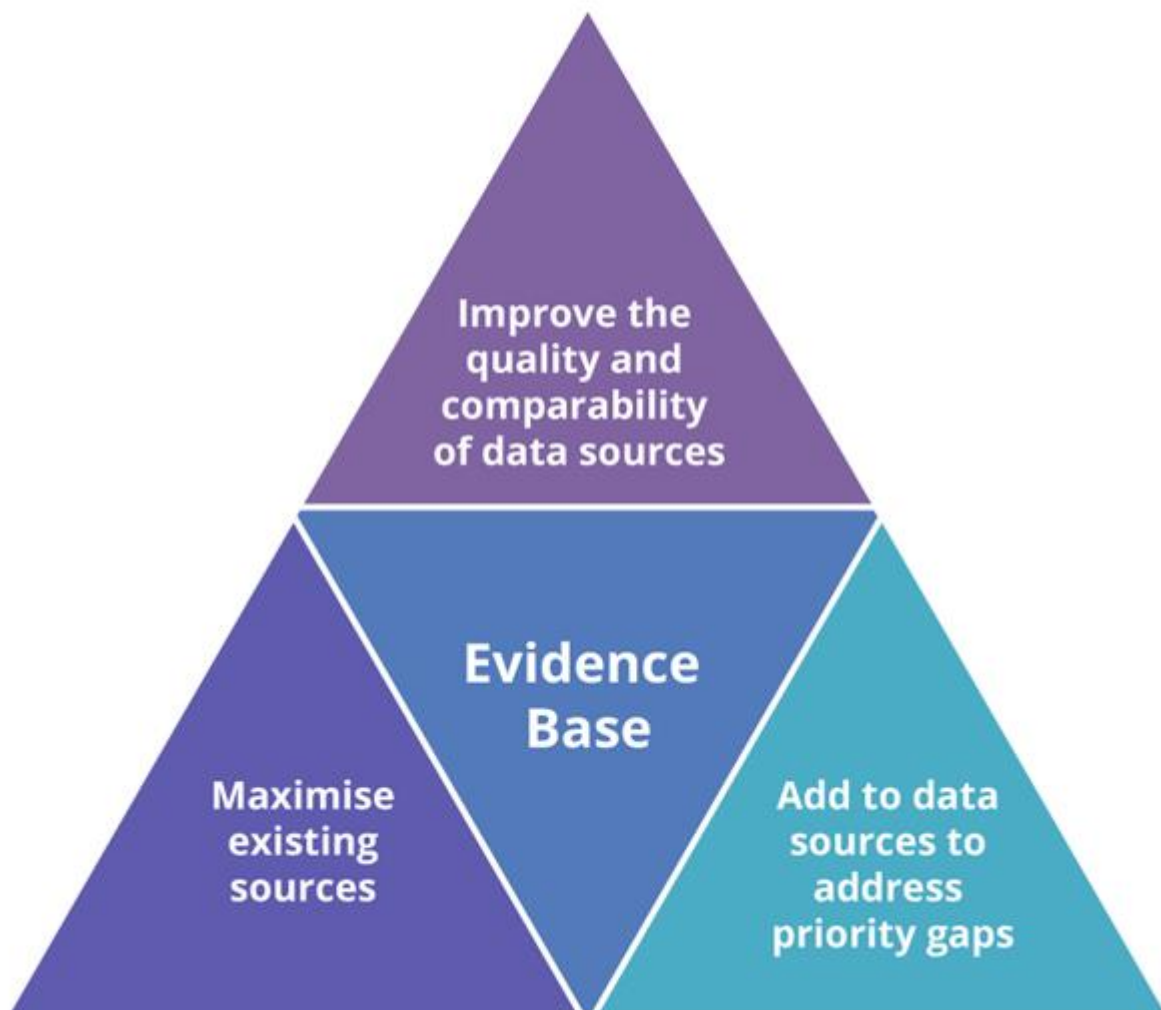
These limitations were further highlighted by the COVID-19 pandemic and the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (the Royal Commission). The Royal Commission made a range of recommendations to address specific data gaps relating to areas such as realising the human rights of people with disability, enabling autonomy, access to services and participation in all aspects of life, and achieving inclusive systems such as education, employment, and housing.

What can be done to improve the evidence?

A useful framework for improving data is presented in Figure DATA.1. It involves making improvements in 3 key areas:

- maximising the use of existing data sources
- improving the quality and comparability of data across data sources
- adding to data sources, including by developing new data sources in priority areas and through data linkage.

Figure DATA.1: Priority themes to improve the evidence base for people with disability



Source: Adapted from Diagram 8 in ABS 2013.

Importantly, data gaps or issues should not prohibit reporting on what is available. Instead, data limitations should be acknowledged, and data agencies should work together to continually improve data availability and quality.

Maximise the use of existing data sources

Bringing together information from multiple data sources helps support a person-centred, whole-of-system view of the experiences of people with disability in Australia within a coherent reporting framework. This provides a more comprehensive picture than is possible by relying on any one data source.

Examples of national reporting and associated frameworks that draw on multiple sources to understand the experiences of people with disability are:

- this report
- reporting against the Australia's Disability Strategy 2021–2031 Outcomes Framework
- the Report on Government Services (SCRGSP 2024)
- the disability and wellbeing monitoring framework and indicators developed by the Centre of Research Excellence in Disability and Health (Fortune et al. 2020).

Such national reports complement the large body of research on the experiences of people with disability in Australia and reporting at state and territory levels. However, it is through the sharing of existing data sources, particularly for data linkage, that much greater gains in understanding will become possible.

Improve the quality and comparability of data sources

Many different agencies and sectors collect information about people with disability, including:

- AIHW
- Australian Bureau of Statistics (ABS)
- Department of Social Services (DSS)
- National Disability Insurance Agency (NDIA)
- NDIS Quality and Safeguards Commission.

Despite this, gaps exist, as do some inconsistencies in defining disability within different sources of data, often reflecting the differing roles for the respective data collections and agencies.

Some options that could improve the quality and comparability of existing data sources include:

- gaining agreement to adopt more consistent definitions across data collections, where possible
- adding a disability flag in mainstream data collections – an agreed set of questions to identify people with disability and the level of their disability.

These options come with issues to consider, including privacy, the role of service providers and cost. Given these issues, there is a growing view that data sharing and linkage, combined with accommodating different definitions of disability and adopting more consistent definitions and disability flags where feasible, is a practical way forward.

Adopting more consistent definitions across sources where possible

Disability is generally defined in a data set based on the purpose and type of data collected. This means that definitions differ between population surveys and across administrative data collections.

Variations in definition and scope can be managed, at least in part, by careful analysis and reporting. However, strategies to improve the consistency of definition and coverage between sources of data should also be considered. The World Health Organization's [International Classification of Functioning, Disability and Health \(ICF\)](#) is an international standard framework and classification system, and provides a valuable basis for disability data development.

Adding a disability flag in mainstream data sources

The inclusion of a flag (a set of questions to identify records of people with characteristics of interest within the data collection) in data sources enables key population groups, such as people with disability, to be identified. This can reduce the need to develop new data collections.

An example of a flag related to the identification of people with disability within mainstream data collections is the [AIHW's standardised disability flag](#). This flag is derived from a standard set of questions about whether a person has difficulty or needs support with various everyday activities. These questions are based on the ICF, and are broadly consistent with the Short Disability Module questions the ABS uses in a number of its surveys. Versions of the flag have been implemented in the AIHW's Specialist Homelessness Services Collection, the National Social Housing Survey, and National Prisoner Health Data Collection, and are being implemented within other AIHW collections.

The AIHW is also developing a flag for use in data collections to indicate whether a person is receiving National Disability Insurance Scheme (NDIS) support. This flag could be used to look at the use of mainstream and other services by NDIS participants. If used together with the standardised disability flag, it could potentially also be used to look at whether there are differences in the use of mainstream services between NDIS participants and other people with disability.

A wider implementation of such flags, coupled with regular supply of these data for national collation and reporting, would improve the ability to report more comprehensively on people with disability. For example, the addition to, or improvement of, disability flags in existing national child protection, out-of-home care and youth justice data collections would improve visibility of children with disability in these systems.

Another way to create an indicator for people with disability in the mainstream data collections is through data linkage. For more information, please see '[Safely share and link data to better understand pathways and outcomes](#)' section below, in particular the work under the National Disability Data Asset.

Add to data sources to address priority gap areas

Data gaps can be addressed by:

- enhancing or adding data items to existing data collections
- enabling data sharing and linkage of data
- creating new data collections or data assets to fill priority gaps.

Enhance existing data sources to capture data about disability population subgroups

Existing data sources could be improved to better capture the diversity and intersectionality in the disability population. For example, key data gaps exist for people with disability who:

- are Aboriginal and/or Torres Strait Islander
- live in rural and remote Australia
- live in care settings
- are LGBTIQ+ people
- are culturally and linguistically diverse
- have suffered abuse
- have suffered discrimination
- are homeless.

Challenges exist in collecting data on population subgroups, including data quality and coverage. It can be difficult, for example, to obtain a large representative sample of some populations in national surveys and data become less reliable and robust as sample size decreases.

Examples of disability population subgroups for whom information is limited

Aboriginal and Torres Strait Islander (First Nations) peoples

Improving estimates of Aboriginal and Torres Strait Islander people living with disability is crucial as First Nations Australians often have higher rates of disability and generally poorer outcomes than non-Indigenous Australians.

While data on Indigenous status are collected in national ABS surveys, data quality and reliability are compromised by sample size and/or geographical constraints (ABS 2019b). The Survey of Disability, Ageing and Carers (SDAC), for example, is the key source of disability prevalence data but it does not collect data from people living in very remote areas or from discrete Indigenous communities (ABS 2019a). As a result, information about Indigenous Australians living with disability who are aged or who are carers are instead usually sourced from the:

Australian Census

National Aboriginal and Torres Strait Islander Social Survey

National Aboriginal and Torres Strait Islander Health Survey.

However, these surveys do not as comprehensively identify disability compared with the more expansive set of questions used in the SDAC.

LGBTIQ+ people

The LGBTIQ+ community includes individuals who identify as lesbian, gay, bisexual, transgender, intersex, queer or otherwise diverse in gender, sex or sexuality.

LGBTIQ+ people can face harassment and discrimination based on their identity. There is very limited data about the intersection of LGBTIQ+ and disability in existing data collections, including in national surveys.

People who have suffered abuse

The evidence base related to the abuse of, or by, people with disability (including domestic and sexual violence) needs to be improved, including by:

- acknowledging that some people with disability face additional challenges in reporting abuse (for example, those who struggle to communicate because of the nature of their disability)
- improving data on the prevalence and causes of violence, particularly in care settings
- improving data on the safety and quality of services provided to people with disability.

While some data are available for this subgroup, these data have limitations. For example:

- the ABS SDAC does not provide detail about the experience of violence against, or by, people with disability
- data on violence and safety is collected in national surveys, such as the ABS Personal Safety Survey, but these do not identify disability as well as the SDAC, do not collect data on disability at the time of the abuse, are limited to people who live in private dwellings,

and are conducted by personal interview only and therefore exclude some people with communication difficulties (ABS 2018b)

- limited mandatory reporting of some forms of abuse is available for some, but not all, settings (for example, reporting on suspected, alleged or witnessed assaults is required in residential aged care settings but not in other care settings, such as services provided in a person's home).

People who have experienced discrimination

While the ABS SDAC collects data on discrimination against people with disability, it does not collect data on the experience of other forms of discrimination for people without disability. This means comparisons can be made only within the disability population and not between people with and without disability. Some information on this comparison is available from the ABS General Social Survey, which uses the ABS Short Disability Module to identify disability and includes questions on other forms of discrimination (such as age and sex discrimination). However, this module does not identify disability as well as the SDAC, and the resulting overestimate of disability means that the differences between those with and without disability are understated (ABS 2018a).

Limited data also exist on the direct effects of discrimination on people with disability. ABS SDAC data point to lower employment, lower income, lower social participation and poorer health outcomes for people with disability overall, and especially for those who have experienced discrimination because of their disability. However, these outcomes cannot be directly linked to an experience of discrimination.

People who are homeless

Population surveys with comprehensive measures of disability, such as the SDAC, do not include a measure of homelessness. Also, the ABS Census of Population and Housing, which includes a measure of homelessness, does not capture disability as well as the SDAC and does not capture disability at all for people enumerated using the Special Short Form. This shortened version of the Census form is used in most circumstances to gather information from rough sleepers (ABS 2023).

Improvements could also be made to the AIHW's Specialist Homeless Services Collection, which provides data about people who have sought assistance from a homelessness agency. This collection has included a version of the AIHW's standardised disability flag since 2013–14, but response rates, particularly in the early years, are an issue.

Another key area in which existing data could be improved relates to the disability workforce. While some information is collected from National Disability Services member organisations and through the ABS' Labour Force Survey, there are opportunities to improve national information in this area.

Safely share and link data to better understand pathways and outcomes

Safely sharing data for statistical purposes, including for data linkage, could lead to major improvements in understanding the experience of people with disability in Australia.

What is data sharing?

Data sharing in this context refers to the sharing of data between one or more parties to better realise the economic and social benefits of increased data use, while maintaining public trust and confidence.

Many government agencies and organisations have arrangements in place to share and release non-sensitive data under existing frameworks and authorities. However, in some circumstances, pathways are not available to agencies wanting to share or release the data they hold (PC 2017a). In response to recommendations of the Productivity Commission Inquiry Report into Data Availability and Use (PC 2017a), the *Data Availability and Transparency Act 2022* (the Act) was introduced from 1 April 2022. The Act established the [DATA Scheme](#), under which Commonwealth bodies are authorised to share their public sector data with Accredited Users.

The DATA Scheme can be accessed via [Dataplace](#), a whole of government platform to request Australian Government data. The platform brings together those wanting to get access to Australian Government data (such as researchers and those working on public policy and delivering public services) with Commonwealth agencies who are the data custodians. The platform can be used to apply for accreditation to be a data user or a data service provider under the DATA Scheme, request Australian Government data (including under the DATA Scheme), or develop a data sharing agreement.

Some data collected on people with disability are not widely available for use or sharing. These include, but are not limited to, data collected by non-government organisations but not collated for national analysis.

Improving the ability to access these data would assist in expanding the evidence base, particularly in understanding other services people with disability use.

Some benefits of data sharing, however, cannot be realised without data linkage. At present, for example, it is difficult to understand how different specialist disability support systems interact, such as how the NDIS interacts with other specialist disability services. It is also difficult to understand how these specialist disability services interact with mainstream supports.

What is data linkage?

Data linkage (also called data matching, data integration or record matching) combines information from multiple data sources while preserving privacy. This tells a much more powerful story than is possible from individual data sources in isolation. It can also improve understanding of a range of issues.

Examples of improving the evidence base through data linkage

Data linkage can be used in many ways to improve the evidence base about people with disability. Some examples using existing data include linking:

- disability support services or payments data to national hospital data, the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme – to provide insights into how some people with disability interact with mainstream health services, and how these services complement specialist disability supports
- disability support services data to aged care or mental health data – to help improve understanding of how these sectors interact
- employment services data (including specialist disability employment services data) with income support payments data over time – to provide valuable information about the relationship between seeking employment and income support
- disability support services data to data on the use of mainstream services (early childhood, education, justice, housing and homelessness supports) – to describe the use of mainstream services and outcomes achieved for people with disability; these data linkage projects were part of the National Disability Data Asset Pilot (AIHW 2023).

While data linkage is a powerful tool, challenges remain before its benefits can be fully realised. The lack of consistent linkage information across administrative systems in Australia, and complexities in data sharing and access arrangements, mean that linking data from various sources is often complex, time consuming and costly. There are also issues associated with working with linked data that add to the complexity, timeliness and cost, such as extensive data cleaning often being required before linkage (for example, as a result of different data ‘rules’ being applied to seemingly similar data items in different sources), and the careful work required to ensure protection of privacy.

The Australian, state and territory governments are working together with the disability community to design the National Disability Data Asset. The disability data asset went through 2 years of development and testing called [the Pilot](#). The Pilot tested how to best link data to understand outcomes for people with disability, while protecting people’s privacy. The Pilot was delivered jointly by the Australian Government and the governments of the Australian Capital Territory, New South Wales, Victoria, South Australia and Queensland. The Pilot provided [new insights](#) into how people with disability interact with government services and programs (AIHW 2023).

The NDDA will provide more information about the outcomes, experiences and needs of people with disability by linking de-identified information. This information will help improve programs and services. When complete, the National Disability Data Asset will be used to:

- provide a more complete picture of the programs and services used by people with disability
- help governments improve these programs and services

- share information about how opportunities and outcomes could be improved
- improve reporting on outcomes for people with disability under [Australia's Disability Strategy 2021–2031](#).

One way that the disability data asset will achieve this is through the development of disability indicators. These indicators would be constructed within the linked data asset using disability-relevant information from various data sources that make up the asset, so that all data sources within the linked asset can potentially be analysed by disability status. These indicators will be developed in consultation with disability representatives. Once available, they will improve the types of data that can be reported on for people with disability, without the need to change existing data sources. The indicators are designed to align with the ICF and will continue to be developed throughout the lifetime of the disability data asset.

The AIHW and the ABS are developing the underlying technical and governance infrastructure that will deliver the NDDA. This infrastructure system is known as the Australian National Data Integration Infrastructure (ANDII). The ANDII refers to the national linkage and integration infrastructure. This includes a national spine and linkage model. It also includes data governance and streamlined data sharing arrangements. Subject to future agreements, the underlying infrastructure for the NDDA could be used to create other specific data assets on other important policy issues.

The ANDII builds on recent government reforms, including the *Data Availability and Transparency Act 2022* and the Intergovernmental agreement on data sharing between the Australian and state and territory governments. The ANDII will streamline the approach and reduce the time required to build and access integrated datasets.

Fill gaps where limited or no data currently exist

New data collections may need to be developed. One example is the collation of transport data, specifically data about the accessibility of transport and services for people with disability. Another is information about mainstream services of critical importance to some people with disabilities (for example, speech therapy and other allied health services).

Another example relates to specialist disability services provided outside the NDIS. While a large scheme, the NDIS will not provide all specialist disability supports to all people with disability. The AIHW's Disability Services National Minimum Data Set (DS NMDS) filled part of this gap but, post 2018–19, the last year of collection under the DS NMDS, no national data have been available on services outside the NDIS, other than open employment services. Such data are vital for examining the interactions between the NDIS and other services (PC 2017b, 2019).

As part of Australia's Disability Strategy, the Australian and state and territory governments agreed to develop a comprehensive data plan to ensure data needed to measure outcomes for people with disability are collected, shared and progressively improved over the life of the Strategy, and to identify where data need to be linked between systems to improve understanding of the impact of the Strategy.

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12. Technical notes

Technical notes

This section contains more detailed information about the survey data sources and abbreviations used in this report.

Data sources

This section briefly describes the key survey data sources used in this report. Some of these surveys were conducted during the COVID-19 pandemic and may have been affected by the pandemic and the associated government restrictions. This section summarises impacts of COVID-19 on these data sources (where relevant), and provides definitions of disability and other characteristics used in this report.

Data source	Notes
<p>Australia’s Disability Strategy Survey – Share with us</p>	<p>This report uses data from the 2022 Australia’s Disability Strategy Survey – Share with us (the Survey). The Survey is conducted by the Australian National University Centre for Social Research and Methods in partnership with the Social Research Centre, on behalf of the Australian Government Department of Social Services (DSS). The Survey collects information on experiences of people with disability, and attitudes towards people with disability by employers, workers in key service sectors, and the community in general. The Survey collects information from people aged 18 and over.</p> <p>Disability: In the Survey, a person is considered to have disability if they have one or more conditions (including long-term health conditions) which have lasted, or are likely to last, for at least 6 months and restrict everyday activities.</p> <ol style="list-style-type: none"> 1. The Survey uses a version of the ABS Short Disability Module (SDM) to identify the presence of disability or a long-term health condition. While this module provides useful information about the characteristics of people with disability relative to those without, it is not recommended for use in measuring disability prevalence – in particular, it overestimates the number of people with less severe forms of disability (ABS 2018). 2. The Survey also asks people who were identified to have disability or a long-term health condition via SDM whether they have any disability or a long-term health condition. Not all people identified to have disability via SDM consider that they have disability. <p>In this report (for the analysis of experiences when accessing key services), people with disability are defined as those who both self-identified as having disability, and were identified as having disability via the SDM.</p> <p>For more information about the Survey, please see the Survey description on Reporting on Australia’s Disability Strategy 2021–2031 website.</p>

Data source	Notes
GSS – General Social Survey	<p>This report uses data from the Australian Bureau of Statistics (ABS) 2019 General Social Survey (GSS). The GSS collects information on the social characteristics, wellbeing and social experiences of people aged 15 and over living in private dwellings in Australia.</p> <p>Disability: In the GSS a person is considered to have disability if they have one or more conditions (including long-term health conditions) which have lasted, or are likely to last, for at least 6 months and restrict everyday activities.</p> <p>The GSS uses the ABS Short Disability Module (SDM) to identify disability. While this module provides useful information about the characteristics of people with disability relative to those without, it is not recommended for use in measuring disability prevalence – in particular, it overestimates the number of people with less severe forms of disability (ABS 2018). The SDM produces an estimate of disability known as ‘disability or long-term health condition’. In the analyses based on the GSS data in this report, people with disability or long-term health condition are referred to as ‘people with disability’.</p> <p>Disability severity: Disability is further classified by whether a person has limitation or restriction in 3 core activities – self-care, mobility, and communication. People who always or sometimes need help with one or more core activities are referred to in this report as ‘people with severe or profound disability’. People who have disability but do not need help or supervision with core activities are referred to as people with ‘other disability status’.</p>
HILDA – The Household, Income and Labour Dynamics in Australia Survey	<p>The Household, Income and Labour Dynamics in Australia (HILDA) Survey is a nationally representative, household-based longitudinal study of Australian households and individuals conducted in annual waves since 2001. Members of selected households who are Australian residents and aged 15 or older are invited to participate in a personal interview. This report uses data from the 21st wave of the HILDA Survey (2021). In 2021, 16,500 people from around 9,000 households participated in the HILDA Survey.</p> <p>Impact of COVID-19 on HILDA 2021 data collection: The HILDA 2021 data collection was affected by lockdowns and restrictions put in place due to the COVID-19 pandemic. As a result, the interviews were primarily conducted over the telephone rather than face-to-face (76% of the individual interviews were completed by telephone in wave 21, compared with 96% in wave 20 and less than 10% in earlier waves). Overall, the 2021 data was found to be of similar quality to the previous waves despite the changes to data collection (Watson et al. 2022).</p> <p>Self-Completion Questionnaire: In addition to personal interviews, survey participants are asked to complete a self-completion questionnaire. The questionnaire covers sensitive questions some people may not feel entirely comfortable answering in an interview.</p> <p>Disability: The HILDA Survey defines disability as an impairment, long-term health condition or disability that restricts everyday activities and has lasted, or is likely to</p>

Data source	Notes
	<p>last, for a period of 6 months or more. This is similar to the definition of disability used by the ABS Short Disability Module.</p> <p>Disability severity: Disability is further classified by whether a person has limitation or restriction in 3 core activities – self-care, mobility, and communication. People who always or sometimes need help with one or more core activities are referred to in this report as ‘people with severe or profound disability’. People who have disability but do not need help or supervision with core activities are referred to as people with ‘other disability status’.</p> <p>The HILDA Survey does not collect information on severity of disability in every wave. The most recent collection was in the 21st wave (2021) (Summerfield et al. 2021; Wilkins et al. 2023).</p> <p>Disability group: Disability group is a broad categorisation of disability. It is based on underlying health conditions and on impairments, activity limitations and participation restrictions. It is not a diagnostic grouping, nor is there a one-to-one correspondence between a health condition and a disability group.</p> <p>The HILDA Survey collects information on 17 disability types, which have been combined into the following 6 disability groups:</p> <ul style="list-style-type: none"> • sensory: includes sight, hearing, and speech problems • intellectual: includes difficulty learning or understanding things • physical: includes difficulty breathing, blackouts, chronic pain, limited use of arms or fingers, difficulty gripping things, limited use of feet or legs, physical restrictions, and disfigurement or deformity • psychosocial: includes nervous or emotional conditions, and mental illness • head injury, stroke or other brain damage • other: includes long-term conditions that are restrictive despite treatment or medication, and other long-term conditions. <p>Remoteness: The remoteness categories used in HILDA are based on the Australian Statistical Geography Standard Remoteness Area (Summerfield et al. 2021). People living in remote and sparsely populated areas are not included in the HILDA sample (Watson and Wooden 2002).</p>
<p>NATSIHS – National Aboriginal and Torres Strait Islander Health Survey</p>	<p>This report uses data from the Australian Bureau of Statistics (ABS) 2018–19 National Aboriginal and Torres Strait Islander Health Survey (NATSIHS). The NATSIHS was designed to collect information about the health and wellbeing of Aboriginal and Torres Strait Islander people of all ages in non-remote and remote areas of Australia, including discrete Aboriginal and Torres Strait Islander communities.</p> <p>Disability: In the NATSIHS a person is considered to have disability if they have one or more conditions (including long-term health conditions) which have lasted, or are likely to last, for at least 6 months and restrict everyday activities.</p> <p>The NATSIHS uses the ABS Short Disability Module (SDM) to identify disability. While this module provides useful information about the characteristics of people with disability relative to those without, it is not recommended for use in measuring</p>

Data source	Notes
	<p>disability prevalence – in particular, it overestimates the number of people with less severe forms of disability (ABS 2018). The SDM produces an estimate of disability known as ‘disability or long-term health condition’. In the analyses based on the NATSIHS data in this report, people with disability or long-term health condition are referred to as ‘people with disability’.</p> <p>Disability severity: Disability is further classified by whether a person has limitation or restriction in 3 core activities – self-care, mobility, and communication. People who always or sometimes need help with one or more core activities are referred to in this report as ‘people with severe or profound disability’. People who have disability but do not need help or supervision with core activities are referred to as people with ‘other disability status’.</p>
<p>NATSISS – National Aboriginal and Torres Strait Islander Social Survey</p>	<p>This report uses data from the Australian Bureau of Statistics (ABS) 2014–15 National Aboriginal and Torres Strait Islander Social Survey (NATSISS). The NATSISS collects information from Aboriginal and Torres Strait Islander people living in private dwellings across Australia on a range of demographic, social, environmental and economic characteristics.</p> <p>Disability: In the NATSISS a person is considered to have disability if they have one or more conditions (including long-term health conditions) which have lasted, or are likely to last, for at least 6 months and restrict everyday activities.</p> <p>The NATSISS uses the ABS Short Disability Module (SDM) to identify disability. While this module provides useful information about the characteristics of people with disability relative to those without, it is not recommended for use in measuring disability prevalence – in particular, it overestimates the number of people with less severe forms of disability (ABS 2018). The SDM produces an estimate of disability known as ‘disability or long-term health condition’. In the analyses based on the NATSISS data in this report, people with disability or long-term health condition are referred to as ‘people with disability’.</p> <p>Disability severity: Disability is further classified by whether a person has limitation or restriction in 3 core activities – self-care, mobility, and communication. People who always or sometimes need help with one or more core activities are referred to in this report as ‘people with severe or profound disability’. People who have disability but do not need help or supervision with core activities are referred to as people with ‘other disability status’.</p>
<p>NHS – National Health Survey</p>	<p>This report uses data from the Australian Bureau of Statistics (ABS) National Health Survey (NHS) 2020–21. The NHS collects information on prevalence of long-term health conditions, general and mental health, and health risk factors such as smoking, alcohol consumption, diet, and physical activity (ABS 2022).</p> <p>Impact of COVID-19 on the 2020–21 NHS data collection: The NHS 2020–21 was conducted during the COVID-19 pandemic. To maintain the safety of survey respondents and ABS interviewers, the survey was primarily collected via online, self-completed forms (ABS 2022). This is different to the previous versions of the NHS</p>

Data source	Notes
	<p>which have primarily been administered face-to-face by trained ABS interviewers and included physical measurements of blood pressure, height, weight, and waist circumference.</p> <p>COVID-19 also had an impact on survey response rates. Non-response is usually reduced through interviewer follow up of households who have not responded. As this was not possible during lockdown periods, there were lower response rates than previous NHS cycles, which impacted sample representativeness for some sub-populations. Additionally, COVID-19 and lockdowns might have directly or indirectly affected people's usual behaviour over the 2020–21 period. Due to these changes, comparisons of the NHS 2020–21 to previous NHS data over time are not recommended (ABS 2022).</p> <p>Proxy responses: In some cases, NHS 2020–21 survey questions were not answered by the selected person directly, but by a parent, guardian or proxy respondent instead.</p> <ul style="list-style-type: none"> • For children aged 0–14, survey questions were always answered by a parent or guardian on the child's behalf. • For people aged 15–17, parental or guardian consent was sought for the selected person to answer the questions. Where consent was not given a parent or guardian answered the questions on the selected person's behalf. For people aged 15–17 with disability, 74% of responses were by parent or guardian, and 79% for those without disability. • For adults aged 18 and over, proxy responses were accepted if the selected adult was present while the proxy respondent answered the questions. This was the case for 19% of adults with disability and 16% of adults without disability. <p>Disability: In the NHS a person is considered to have disability if they have one or more conditions (including long-term health conditions) which have lasted, or are likely to last, for at least 6 months and restrict everyday activities.</p> <p>The NHS uses the ABS Short Disability Module (SDM) to identify disability. While this module provides useful information about the characteristics of people with disability relative to those without, it is not recommended for use in measuring disability prevalence – in particular, it overestimates the number of people with less severe forms of disability (ABS 2018). The SDM produces an estimate of disability known as 'disability or long-term health condition'. In the analyses based on the NHS data in this report, people with disability or long-term health condition are referred to as 'people with disability'. See also Disability severity for more information on how the definition of disability in this report differs from the report's previous versions.</p> <p>Disability severity: Disability is further classified by whether a person has a limitation or restriction in 3 core activities (self-care, mobility, and communication), and/or in schooling or employment. People who always or sometimes need help with one or more core activities are referred to as 'people with severe or profound disability'. In this report, 'other disability status' includes those who have:</p>

Data source	Notes
	<ul style="list-style-type: none"> • mild or moderate core activity limitations (have difficulties with core activities or use aids to perform those activities but do not need assistance) • a schooling or employment restriction only • disability or long-term health condition but no core activity limitations or schooling or employment restrictions. <p>In previous versions of this <i>People with disability in Australia</i> report, people with disability or long-term condition but without core activity limitations or schooling or employment restrictions were included in the ‘without disability or restrictive long-term health condition’ category. Therefore, findings in this report are not comparable to previous versions.</p> <p>The NHS collects data from people in private dwellings and does not include people living in institutional settings, such as aged care facilities. Therefore, it may underestimate disability for some groups, such as people aged 65 and over, and those with severe or profound disability.</p> <p>Disability group: Disability group is a broad categorisation of disability. It is based on underlying health conditions and on impairments, activity limitations and participation restrictions. It is not a diagnostic grouping, nor is there a one-to-one correspondence between a health condition and a disability group. Disability groups are not exclusive, and people may have disabilities from more than one disability group.</p> <p>The NHS identifies 6 disability groups:</p> <ul style="list-style-type: none"> • sensory and speech • intellectual • physical restriction • psychosocial • head injury, stroke or acquired brain injury • other (ABS 2022). <p>Remoteness: The remoteness categories used in the ABS NHS are defined by the Australian Statistical Geography Standard Remoteness Structure (ABS 2016). Remoteness Areas divide Australia into 5 classes of remoteness based on a measure of relative access to services. Very remote areas are out of scope for the NHS.</p>
<p>PSS – Personal Safety Survey</p>	<p>This report uses data from the Australian Bureau of Statistics’ (ABS) 2021–22 Personal Safety Survey (PSS). The PSS collects information about experiences of violence, abuse, sexual harassment, and general feelings of safety. The 2021–22 PSS scope includes people aged 18 and over living in households and excludes people living in very remote areas.</p> <p>Impact of COVID-19 on the 2021–22 PSS data collection: The COVID-19 pandemic and associated government responses resulted in several postponements and adjustments to the planned PSS data collection. The adjustments included reduction of the survey content, and of sample sizes to balance priorities across the survey program. While the reduced sample can still be used to report against the key indicators, some more detailed data are unable to be reported (ABS 2023).</p>

Data source	Notes
	<p>Proxy responses: Proxy interviews with a guardian or carer were conducted for some parts of the 2021–22 PSS questionnaire if the selected person could not communicate independently with the interviewer. However, sensitive questions about experiences of violence were not asked during proxy interviews. This may have an impact on the information about people with more severe forms of disability but does not impact the overall representativeness of people with disability in the PSS sample (ABS 2023).</p> <p>Disability: In the PSS a person is considered to have disability if they have a limitation, restriction or impairment which have lasted, or is likely to last, for at least 6 months and restricts everyday activities.</p> <p>The PSS uses the ABS Short Disability Module (SDM) to identify disability. While this module provides useful information about the characteristics of people with disability relative to those without, it is not recommended for use in measuring disability prevalence (ABS 2018). The SDM produces an estimate of disability known as ‘disability or long-term health condition’. In the analyses based on the PSS data in this report, people with disability or long-term health condition are referred to as ‘people with disability’.</p> <p>Disability severity: In the PSS disability is further classified by whether a person has a limitation or restriction in one or more of the 3 core activities (self-care, mobility, and communication), and/or in schooling or employment:</p> <ul style="list-style-type: none"> • severe or profound disability (people who always or sometimes need help with one or more core activities) • moderate or mild disability (people who have difficulties with one or more core activities, use aids, but do not need help, or are unable to perform additional mobility tasks) • education or employment restriction only (people with education or employment restrictions who do not have core activity limitations) • no limitation or specific restriction (people who have a disability or long-term health condition, but have no core activity limitations and no education or employment restrictions are referred to as ‘people with no limitation or specific restriction’). <p>Disability group: Disability group is a broad categorisation of disability. It is based on underlying health conditions and on impairments, activity limitations and participation restrictions. It is not a diagnostic grouping, nor is there a one-to-one correspondence between a health condition and a disability group. Disability groups are not exclusive, and people may have disabilities from more than one disability group.</p> <p>The PSS 2021–22 identifies 6 disability groups (referred to as ‘disability types’ in the PSS User Guide (ABS 2023):</p> <ul style="list-style-type: none"> • sensory and speech (including loss of sight, loss of hearing, and speech difficulties) • learning and understanding

Data source	Notes
	<ul style="list-style-type: none"> • physical restriction (disability arising from shortness of breath, chronic or recurring pain, blackouts, seizures or loss of consciousness, limited use of arms or fingers, difficulty gripping things, limited use of legs or feet, restrictions in physical activity or physical work, and disfigurement or deformity) • psychosocial (disability arising from nervous or emotional conditions, memory problems or periods of confusion, social or behavioural difficulties, and mental illness). Psychosocial disability category replaced the narrower in scope psychological disability category used in the 2012 and 2016 PSS. Psychosocial disability includes the new categories of 'Memory problems or periods of confusion' and 'Social or behavioural difficulties'. • head injury, stroke or acquired brain injury • other (disability arising from other long-term conditions).
SDAC – Survey of Disability, Ageing and Carers	<p>This report uses data from Australian Bureau of Statistics' (ABS) 2018 The Survey of Disability, Ageing and Carers (SDAC). The SDAC is the most detailed and comprehensive source of data on disability prevalence in Australia.</p> <p>Proxy responses: In some cases, SDAC 2018 survey questions were not answered by the selected person directly, but by a parent, guardian or proxy respondent instead.</p> <ul style="list-style-type: none"> • For children aged 0–14, survey questions were always answered by a parent or guardian on the child's behalf. • For people aged 15–17, parental or guardian consent was sought for the selected person to answer the questions. Where consent was not given a parent or guardian answered the questions on the selected person's behalf. For people aged 15–17 with disability, 87% of responses were by parent or guardian. • For adults aged 18 and over, proxy responses were collected if the selected person was unable to answer themselves due to illness, impairment, injury or language problems. This was the case for 13% of adults with disability. <p>Disability: the SDAC considers that a person has disability if they have at least one of a list of limitations, restrictions or impairments, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities.</p> <p>The limitations are grouped into 10 activities associated with daily living – self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance, and meal preparation. The SDAC also identifies 2 other life areas in which people may experience restriction or difficulty as a result of disability – schooling and employment.</p> <p>Disability severity: Disability is further classified by whether a person has a limitation or restriction in 3 core activities (self-care, mobility, and communication), and/or in schooling or employment. People who always or sometimes need help with one or more core activities, have difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication are referred to in this report as 'people with severe</p>

Data source	Notes
	<p>or profound disability'. People who have disability but do not need help or supervision with core activities are referred to as people with 'other disability status'.</p> <p>Disability group: Disability group is a broad categorisation of disability. It is based on underlying health conditions and on impairments, activity limitations and participation restrictions. It is not a diagnostic grouping, nor is there a one-to-one correspondence between a health condition and a disability group.</p> <p>The SDAC broadly groups disabilities depending on whether they relate to functioning of the mind or the senses, or to anatomy or physiology. Each disability group may refer to a single disability or be composed of a number of broadly similar disabilities. The SDAC identifies 6 disability groups based on particular types of disability:</p> <ul style="list-style-type: none"> • sensory and speech disability group (includes loss of sight, loss of hearing, and speech difficulties disability types) • intellectual disability group (difficulty learning or understanding) • physical disability group (includes disability arising from shortness of breath or breathing difficulties, blackouts, seizures or loss of consciousness; chronic or recurrent pain or discomfort, incomplete use of arms or fingers, difficulty gripping or holding things, incomplete use of feet or legs, restriction in physical activities or physical work, and disfigurement or deformity) • psychosocial (includes disability arising from nervous or emotional conditions, mental illness, memory problems, and social or behavioural difficulties) • head injury, stroke or acquired brain injury • other (restrictions in everyday activities due to other long-term conditions or ailments) (ABS 2019). <p>Remoteness: The remoteness categories used in the SDAC are defined by the Australian Statistical Geography Standard Remoteness Structure (ABS 2016). Remoteness Areas divide Australia into 5 classes of remoteness on the basis of a measure of relative access to services. Very remote areas are out of scope for the SDAC.</p>

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Abbreviations

Abbreviation	Explanation
ABS	Australian Bureau of Statistics
ADS	Australia's Disability Strategy 2021–2031
DSS	Department of Social Services
GSS	General Social Survey. See also ' Data sources '.
HILDA	Household, Labour and Income Dynamics in Australia Survey. See also ' Data sources '.
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey. See also ' Data sources '.
NATSISS	National Aboriginal and Torres Strait Islander Social Survey. See also ' Data sources '.
NDIA	National Disability Insurance Agency
NDIS	National Disability Insurance Scheme
NHS	National Health Survey. See also ' Data sources '.
PSS	Personal Safety Survey. See also ' Data sources '.
SDAC	Survey of Disability, Ageing and Carers. See also ' Data sources '.

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People with disability in Australia brings together information from a range of national data sources to contribute to greater understanding of disability in Australia. Some people with disability face challenges routinely and actively participating in various aspects of life (such as employment) and are more likely to experience poor health, discrimination and violence than those without disability.

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