



Australian Government

Australian Institute of
Health and Welfare

Disability updates: children with disabilities

Bulletin 42

Summary

This bulletin is an update on disability among Australian children—those aged up to 14 years. It draws mostly on the 2003 ABS Survey of Disability, Ageing and Carers and it describes the number of children with disabilities, the types of disability they have, their experience in school, and the needs of their carers.

In 2003:

- About 1 in 12 children had a disability (8.3% of all children, 317,900 children).
- About half of these children, 1 in 24, had a severe or profound core activity limitation (4.3%, 165,300). See Boxes 1 and 2 for an explanation of terms.
- Boys were more likely than girls to have a disability (10% compared with 6.5%); and to have a severe or profound core activity limitation (5.4% compared with 3.1%).
- Autism and intellectual impairment were associated with high proportions of severe or profound core activity limitation—87% and 75% of children with these respective conditions also had a severe or profound core activity limitation.
- An estimated 54,600 people were primary carers of co-resident children with a severe or profound core activity limitation; and the vast majority (91%) were mothers.
- About 1 in 2 (48%) co-resident primary carers of children reported needing more support—more respite care and financial assistance were their greatest needs.
- Almost all (97%) children aged 5–14 years with a disability were attending school—89% of them in ‘ordinary’ schools and 9% in ‘special’ schools.
- Around 63% of school children with disabilities experienced difficulty at school—intellectual/learning difficulties, fitting in socially and communication difficulties were the most common.

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Disability updates: children with disabilities

Background

In 2004, the AIHW published *Children with disabilities in Australia*, a report which used a variety of data sources to address questions such as: How many children in Australia live with disability? What do we know about them, their disability and the experiences of their families? What services do they access? (AIHW 2004).

Some of the key analyses from *Children with disabilities in Australia* have been updated using more recent data and are presented in this bulletin as a supplement to the full report. More detailed discussions of findings and a comprehensive literature review can be found in the full report.

The primary data source is the 2003 ABS Survey of Disability, Ageing and Carers (SDAC). A list of some terms and concepts used in the survey that are also used in this bulletin are provided in Box 1. There were some special features of survey procedures for children aged 0–14 years. First, interviews were conducted with a proxy, usually a parent or guardian, rather than with children directly. Also, as many of the questions used to identify core activity limitation were inappropriate for very young children, slightly different questions were used for infants and children aged 0–4 years. These differences are described in Box 2.

In addition to the SDAC, the Commonwealth State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS) provided data on disability services accessed by children with disabilities. Services delivered under the CSTDA are designed for people needing ongoing support with everyday life activities. Data about these services, and about the people accessing them, are compiled annually; the latest available data cover the year from 1 July 2003 to 30 June 2004.

Box 1: SDAC concepts and terms

Disability

For ABS survey purposes, a person has a disability if he/she has at least one of 17 limitations, restrictions or impairments, which has lasted or is likely to last for at least 6 months (see Technical Appendix, AIHW 2005). People with a disability, so defined, are asked further questions about core activity limitations and schooling/employment restrictions. Those reporting a core activity limitation or schooling/employment restriction are the population with a disability and a specific limitation or restriction. The remainder are the population with a disability and no specific limitations.

Core activity

People who were identified as having a disability were asked about their need for assistance with core activities: self-care, mobility, and communication.

Core activities comprise the following tasks:

- self-care—bathing or showering, dressing, eating, using the toilet, and bladder or bowel control
- mobility—getting into or out of a bed or chair, moving around at home and going to or getting around a place away from home
- communication—understanding and being understood by others: strangers, family and friends.

Core activity limitation

Four levels of core activity limitation were determined, based on whether a person needs personal assistance with, has difficulty with, or uses aids or equipment for any of the core activities. A person's overall level of core activity limitation was determined by the highest level of limitation the person experienced in any of the core activity areas. The four levels of core activity limitation are:

- profound—always needing assistance from another person to perform a core activity
- severe—sometimes needs assistance from another person to perform a core activity, or has difficulty understanding or being understood by family or friends, or can communicate more easily using sign language or other non-spoken forms of communication
- moderate—does not need assistance, but has difficulty performing a core activity
- mild—has no difficulty performing a core activity but uses aids or equipment because of disability; or cannot perform the activities of easily walking 200 metres, walking up and down stairs without a handrail, easily bending to pick up an object from the floor, and using public transport; or has difficulty using public transport.

Schooling restriction

A schooling restriction is determined for persons aged 5–20 years who have one or more disabilities if, because of their disability, they: are unable to attend an ordinary school; attend special classes at an ordinary school; need at least one day a week off school on average; have difficulty at school.

Disabling condition

A disabling condition is a disease, disorder or event that leads to an impairment or restriction that has lasted or is likely to last for at least 6 months.

Main disabling condition

If only one disabling condition is reported in the survey, this is recorded as the main disabling condition. If multiple conditions are reported, then the main disabling condition is the one reported as causing the most problems.

Sources: ABS 2004; AIHW 2005.

Disability updates: children with disabilities

The prevalence and patterns of disability in children

Table 1: Disability status, by sex and age, number and per cent of sex and age group, 2003

	Core activity limitation						Total with disability		Total ('000)
	Profound/severe		Moderate/mild		Total		('000)	%	
	('000)	%	('000)	%	('000)	%			
Boys									
0–4	20.8	3.3	**0.4	**0.1	21.2	3.4	29.7	4.8	623.7
5–9	43.2	6.5	15.2	2.3	58.4	8.7	78.2	11.7	669.2
10–14	42.5	6.3	20.8	3.1	63.3	9.4	88.6	13.1	676.9
Total	106.6	5.4	36.3	1.8	142.9	7.3	196.5	10.0	1,969.8
Girls									
0–4	15.1	2.5	**1.6	**0.3	16.7	2.8	23.8	4.0	598.8
5–9	20.6	3.3	*8.5	*1.3	29.1	4.6	40.1	6.4	630.0
10–14	23.1	3.5	*8.6	*1.3	31.7	4.9	57.5	8.8	652.1
Total	58.7	3.1	18.7	1.0	77.4	4.1	121.4	6.5	1,880.8
Children									
0–4	35.9	2.9	**1.9	0.2	37.8	3.1	53.5	4.4	1,222.5
5–9	63.8	4.9	23.7	1.8	87.5	6.7	118.2	9.1	1,299.2
10–14	65.6	4.9	29.4	2.2	95.0	7.1	146.1	11.0	1,329.0
Total	165.3	4.3	55.0	1.4	220.3	5.7	317.9	8.3	3,850.6

Notes

1. Estimates marked with an * have a relative standard error of 25% to 50% and should be interpreted with caution.
2. Estimates marked with an ** have a relative standard error greater than 50% and should be interpreted with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

- In 2003, an estimated 317,900 children aged 0–14 years had a disability (8.3% of children aged 0–14 years).
- An estimated 220,300 children had a core activity limitation (5.7% of children aged 0–14 years), including an estimated 165,300 children with a severe or profound core activity limitation (4.3% of children aged 0–14 years).
- A greater proportion of boys had a disability (10%) than girls (6.5%). Boys also had a higher rate of severe or profound core activity limitation (5.4%) than girls (3.1%).
- Children aged 10–14 years and 5–9 years were more like to have a disability (11% and 9.1% respectively) than children aged 0–4 years (4.4%). The rate of severe or profound core activity limitation was also higher among children aged 10–14 and 5–9 (both 4.9%) than those aged 0–4 (2.9%; see Box 2 for a description of how core activity limitation was measured among children aged 0–4 years).

Box 2: Identification of core activity limitation among children aged 0–4 years

The ability to perform many core activities (for example, walking or bathing) comes after reaching a certain developmental stage. Since infants and very young children cannot be expected to perform many core activities, the 2003 SDAC used separate questions to identify core activity limitation among young children with disabilities.

The questions asked about children aged 0–4 years focus on the difficulties the child experiences due to his or her condition (rather than the difficulties that all very young children experience). Proxies (usually a parent or guardian) are asked to compare the child's ability with those of other children the same age, placing further the emphasis on the child's developmental stage.

Some examples of the questions asked about particular core activity tasks are listed below. For a full list of the tasks covered in each of the core activity areas, see Box 1.

Example questions

People aged 5 years or more:

Does the person ever need help or supervision when going to, or getting around, a place away from home?

Does the person ever need help or supervision to shower or bathe?

Does the person have any difficulty understanding someone he/she does not know?

Because of the person's condition, does he/she have difficulty making friends, interacting with others, or maintaining friendships?

Children aged 0–4 years:

Does the child ever need more care or help than other children his/her own age when going to, or getting around, a place away from home, because of his/her condition?

Does the child ever need more care or help than other children his/her own age to shower or bathe because of his/her condition?

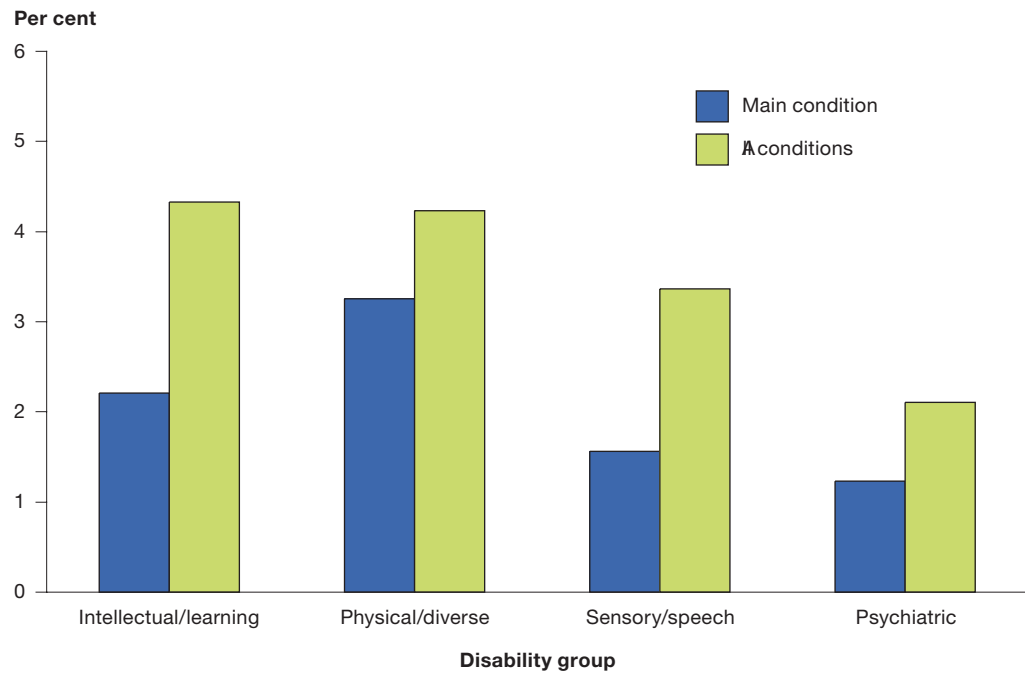
Does the child have more difficulty than other children his/her own age understanding someone he/she does not know because of his/her condition?

Does the child's condition affect his/her ability to interact or play with others?

Source: 2003 ABS Survey of Disability, Ageing and Carers, Questionnaire.

Disability updates: children with disabilities

Figure 1: Children aged 0–14 years with a disability: prevalence rate of disability groups, by main and all conditions, 2003



Source: Table A1.

The analyses in this bulletin group disabling conditions into four major categories: intellectual/learning, psychiatric, sensory/speech and physical/diverse (see Box 3).

- In 2003, the most prevalent disabilities among children were intellectual/learning, reported for an estimated 166,700 children (4.3% of all children aged 0–14 years), and physical/diverse, reported for an estimated 162,800 children (4.2%). These were followed by sensory/speech (129,700 children, 3.4%), and psychiatric (81,000 children, 2.1%).
- When considering only the main condition reported for a child, physical/diverse disabilities were the most prevalent (125,200 children, 3.3% of all children aged 0–14 years), followed by intellectual/learning (85,000 children, 2.2%), sensory/speech (60,200 children, 1.6%), and psychiatric (47,500 children, 1.2%).
- Physical/diverse conditions had the highest likelihood of being reported as the main condition—77% of children with a physical/diverse condition reported it as their main condition. In contrast, less than half (46%) of children with a sensory/speech condition reported this condition as their main condition.
- Included in the 162,800 children with physical/diverse disabilities are an estimated 22,800 children with acquired brain injury (0.6% of children aged under 15). Estimates of the number of children reporting acquired brain injury as a main disabling condition are very small and subject to high standard errors.

Box 3: Disability groups

Intellectual/learning disability is associated with impairment of intellectual functions, with limitations in a range of daily activities and with restriction in participation in various life areas. Support may be needed throughout life, the level of support tending to be consistent over a period of time but may change in association with changes in life circumstances.

Psychiatric disability is associated with clinically recognisable symptoms and behaviour patterns frequently associated with distress that may impair personal functioning in normal social activity. Impairments of global or specific mental functions may be experienced with associated activity limitations and participation restrictions in various areas. Support needed may vary in range and intensity during the course of the condition. Changes in level of support tend to be related to changes in the extent of impairment, or in the environment. Psychiatric disability may be associated with schizophrenia, affective disorders, anxiety disorders, addictive behaviours, personality disorders, stress, psychosis, depression and adjustment disorders. **Note:** In the 2003 SDAC confidentialised unit record file, Down syndrome, 'developmental learning disorders', and 'other developmental disorders' were grouped with a variety of other conditions under 'Other mental and behavioural disorders'—a catch-all category which is included in the psychiatric disability group. The inclusion of these intellectual/learning conditions in this catch-all category has resulted in an increase in the estimated prevalence of psychiatric disability, and a decrease in the estimated prevalence of the intellectual/learning main disability group.

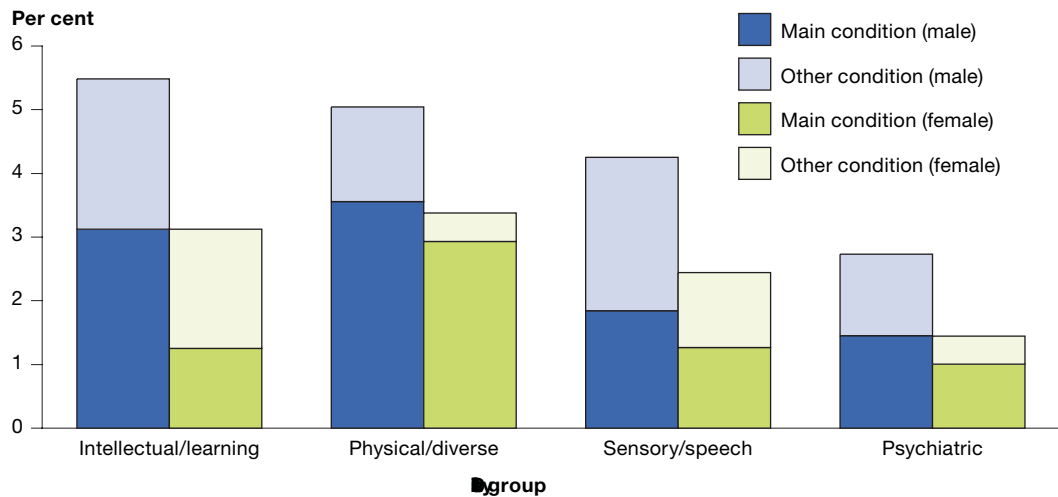
Sensory/speech disability is associated with impairment of the eye, ear and related structures, and of speech structures and functions. The extent of impairment and activity limitation may remain consistent for long periods. Activity limitations may occur in various areas, for instance communication and mobility. A specific range of environmental factors will affect the level of disability experienced by people in this grouping. Once in place, the level of support tends to be relatively consistent.

Physical/diverse disability is associated with the presence of an impairment, which may have diverse effects within and among individuals, including effects on physical activities such as mobility. The range and extent of activity limitation and participation restriction will vary with the extent of impairment as well as with environmental factors. Environmental adjustments and support needs are related to areas of activity limitation and participation restriction, and may be required for long periods. Levels of support may vary with both life changes and extent of impairment. Included in this broad category is the subcategory **Acquired brain injury** which is used to describe multiple disabilities arising from damage to the brain acquired after birth. **Note:** Due to its low prevalence among children, acquired brain injury has not been reported separately in this bulletin.

Source: AIHW 2005.

Disability updates: children with disabilities

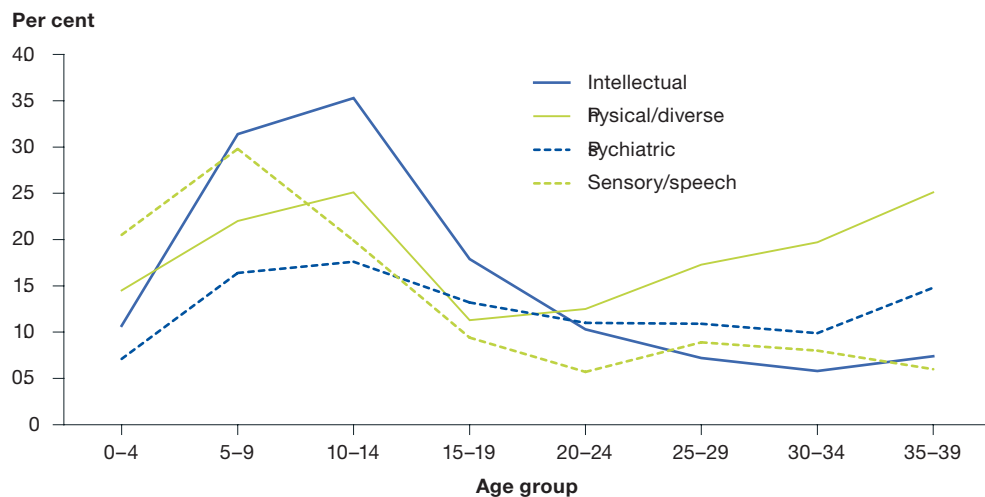
Figure 2: Children aged 0–14 years with a disability: prevalence rate of disability groups, by main or other condition and sex, 2003



Source: Table A1.

- As with overall disability prevalence rates, boys had higher prevalence rates for all the selected disability groups. Boys and girls also differed in their most prevalent disability group: for boys this was intellectual/learning disability (5.5% of all boys), whereas for girls it was physical/diverse disabilities (3.4% of girls).
- Girls with an intellectual/learning condition were less likely to report it as their main condition (40%) than boys with an intellectual/learning condition (57%). The reverse was observed for children with physical/diverse conditions—girls were more likely to report the condition as their main condition (87%) than boys (71%).

Figure 3: People aged 0–39 years with a severe or profound core activity limitation: prevalence rate of disability groups (based on all conditions), by age, 2003



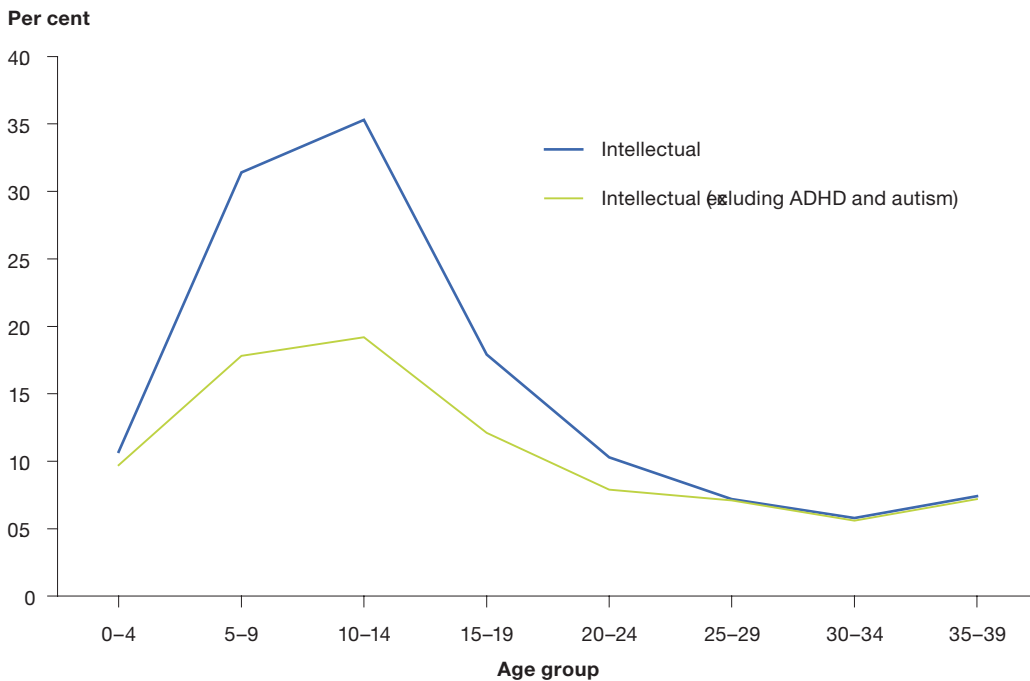
Source: Table A2.

Disability prevalence rates tend to increase from age 35, peaking among people aged 85 years or more (AIHW 2005). In contrast, prevalence rates are relatively low and generally constant among people aged under 35, with the exception of a small peak for children aged 5–14 years. This peak can be seen in Figure 3 and is particularly obvious when looking at intellectual/learning disability prevalence rates.

A number of factors, individually or in combination, may contribute to this pattern. It is possible that many disabilities or conditions are first identified in the school environment, and that these conditions are most obvious, or disabling, in the school situation. It is also possible that early intervention during childhood leads to enhanced functioning as the child progresses into the next age group.

Another contributing factor could be the reported increase in prevalence rates for conditions associated with childhood, specifically autism and Attention Deficit Hyperactivity Disorder (ADHD) (AIHW 2004). The increase in prevalence rates for these conditions has been attributed to changing diagnostic methods and increased awareness, meaning that children with these conditions are now being identified where previously they might not have been (AIHW 2004:37–40). As shown in Figure 4, the peak in the prevalence of intellectual/learning disability among children aged 5–14 years becomes far less pronounced when autism and ADHD are excluded.

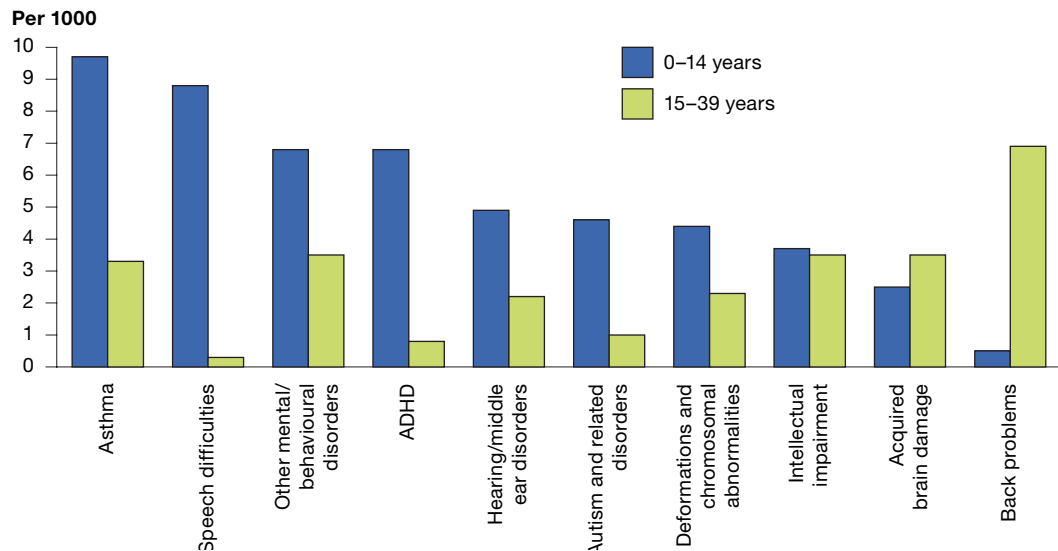
Figure 4: People aged 0–39 years with a severe or profound core activity limitation: prevalence rate of intellectual disability, including and excluding ADHD and autism, by age, 2003



Source: Table A2.

Disability updates: children with disabilities

Figure 5: People with a severe or profound core activity limitation: prevalence rate of health conditions (based on all conditions), by age, 2003



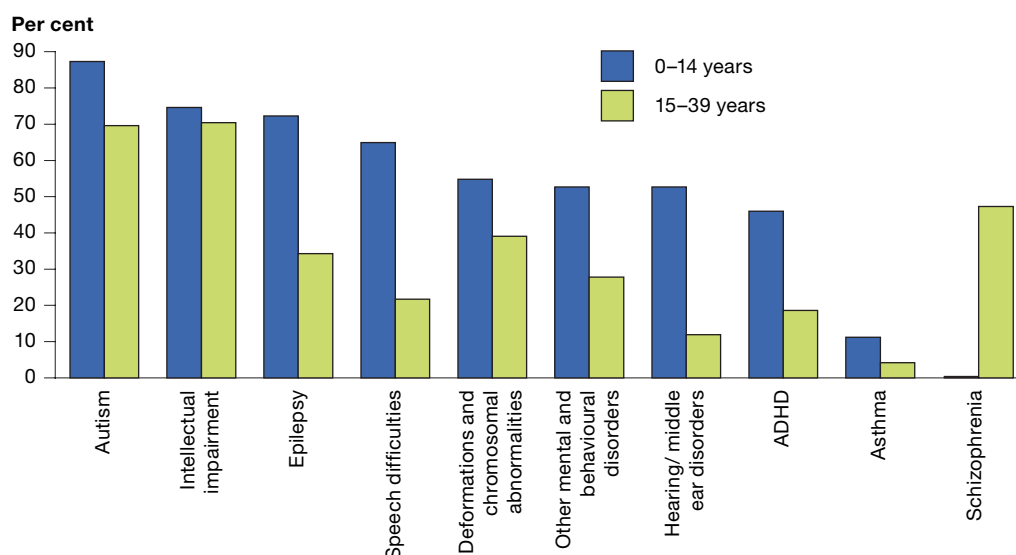
Source: Table A3.

Health conditions among children with a severe or profound core activity limitation

The prevalence rates of selected health conditions among children with a severe or profound core activity limitation are presented in Figure 5. These rates are compared with those for people aged 15–39 years. The selected conditions include 10 of the 11 most commonly reported health conditions for people aged 0–39 years with a severe or profound core activity limitation (depression was excluded since it is relatively uncommon among children).

- Among children with a severe or profound core activity limitation, the most commonly reported health conditions were asthma, reported for 37,300 children (9.7 per 1,000 children), and speech difficulties, reported for 33,900 children (8.8 per 1,000 children). In comparison, the most commonly reported health conditions among people aged 15–39 years with a severe or profound core activity limitation were back problems (6.9 per 1,000 people aged 15–39 years), other mental/behavioural disorders, intellectual impairment and acquired brain damage (all 3.5 per 1,000 people aged 15–39 years).
- There was a notable difference in the prevalence of speech difficulties for children under 15 years (8.8 per 1,000 population), and that for people aged 15–39 years (0.3 per 1,000 population). The prevalence of autism and ADHD were also considerably higher among children (4.6 and 6.8 per 1,000 population respectively) than among people aged 15–39 years (1.0 and 0.8 per 1,000 population respectively).

Figure 6: Proportions of severe or profound core activity limitation among people with a specific health condition (based on all conditions), by age, 2003



Source: Table A4.

Likelihood of severe or profound core activity limitation for selected health conditions

Figure 6 shows the proportions of severe or profound core activity limitation among people with specific health conditions. The selected conditions include 8 of the 10 conditions associated with the highest proportions of severe or profound core activity limitation among people aged 0–39 years. Hearing/middle ear disorders and asthma were also included because of their relatively high prevalence among children. Conditions based on very small estimates (with a relative standard error of 25% or more) were not considered.

- Despite the high prevalence of asthma among children with severe or profound core activity limitation (Figure 5), only a small proportion (11%) of all children with asthma had a severe or profound core activity limitation. In contrast, autism, while having a lower prevalence than asthma, was strongly associated with severe or profound core activity limitation—an estimated 87% of children with autism also had a severe or profound core activity limitation. Intellectual impairment was also associated with a high proportion of severe or profound core activity limitation among children—three-quarters (75%) of children with an intellectual impairment also had a severe or profound core activity limitation.
- A number of the selected health conditions were more likely to be associated with severe or profound core activity limitation among children than among people aged 15–39 years. These include hearing/middle ear disorders (53% of children with hearing/middle ear disorders also had a severe or profound core activity limitation compared with 12% of people aged 15–39 years with hearing/middle ear disorders), and ‘other mental and behavioural disorders’ (53% of children with ‘other mental and behavioural disorders’ compared with 28% of people aged 15–39 years).

Disability updates: children with disabilities

Families and carers

Table 2: Primary carers of co-resident children aged 0–14 years with a severe or profound core activity limitation: relationship to recipient of care, 2003

Primary carer	('000)	Per cent
Mother	49.4	91.1
Father	*4.5	*7.8
Female friend or relative	**0.7	**1.1
Male friend or relative	—	—
Total	54.6	100.0

— Null cells.

Notes

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Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

- In 2003, the vast majority (91%) of co-resident primary carers of children aged 0–14 years with a disability were mothers.

Table 3: Children aged 0–14 years with a severe or profound core activity limitation living in households, by need for assistance with daily activities and type of assistance received, 2003

Type of activity	Assistance received				Extent need for assistance met			Number of children requiring assistance
	Informal only	Formal only	Both	None	Fully met	Partly met	Not met	
	('000)							
Mobility	27.8	**1.5	48.5	**1.2	62.6	15.2	**1.2	79.1
Communication	15.4	5.6	87.0	*2.3	66.6	41.4	*2.3	110.3
Self-care	63.5	**0.9	12.0	*3.3	72.0	*4.4	*3.3	79.7
Total core activities	41.6	5.2	110.7	*4.1	107.0	50.6	*4.1	161.7
	Per cent							
Mobility	35.2	**2.0	61.3	**1.6	79.2	19.3	**1.6	100.0
Communication	14.0	5.1	78.9	*2.1	60.4	37.6	*2.1	100.0
Self-care	79.6	**1.1	15.1	*4.2	90.4	*5.5	*4.2	100.0
Total core activities	25.7	3.2	68.5	*2.5	66.2	31.3	*2.5	100.0

Notes

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Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

- Around 94% of children with a severe or profound core activity limitation received informal assistance with core activities—69% received a combination of formal and informal assistance and 26% received informal assistance only. A further 3.2% received formal assistance only, and 2.5% did not receive assistance with core activities.

- The majority (80%) of assistance with self-care received by children with a severe or profound core activity limitation was informal only. The majority of assistance with communication and mobility was a combination of informal and formal support (79% and 61% respectively).
- While 98% of children requiring assistance with communication received assistance with this activity, only 60% of these children had their need for assistance with communication fully met. In comparison, 90% of children requiring assistance with self-care had this need fully met.

Table 4: Primary carers of co-resident children aged 0–14 years with a severe or profound core activity limitation: hours of care provided per week by the primary carer, 2003

Primary carer	('000)	Per cent
Less than 20 hours	*6.2	*11.4
20 to less than 40 hours	12.3	22.5
40 hours or more	32.2	59.0
Not stated	*3.9	*7.1
Total	54.6	100.0

Note: Estimates marked with an * have a relative standard error of 25% to 50% and should be interpreted with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

- An estimated 32,200 (59%) primary carers of children aged 0–14 years with a severe or profound core activity limitation provided more than 40 hours of care per week.

Table 5: Primary carers of co-resident children aged 0–14 years with a severe or profound core activity limitation: assistance with core activities, 2003

Core activity	('000)	Per cent
Self-care	42.2	76.0
Mobility	25.6	44.9
Communication	37.2	67.2
Total^(a)	54.6	100.0

(a) Totals may not be the sum of components since primary carers may provide assistance with more than one core activity.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

- The majority of primary carers of children aged 0–14 years with a disability provided assistance with self-care (76%) and communication (67%). Less than half (45%) of primary carers provided assistance with mobility.

Disability updates: children with disabilities

Table 6: Primary carers of co-resident children aged 0–14 years with a severe or profound core activity limitation: greatest need for support, 2003

	('000)	Per cent
Primary carer needs more support		
Needs more support	27.2	47.7
Doesn't need more support	22.6	41.9
Not stated	*4.8	*10.5
Total	54.6	100.0
Greatest need^(a)		
More respite care	11.1	40.4
Financial assistance	*9.2	*34.0
More physical assistance	**0.9	**3.4
More emotional support	*2.2	*8.5
Improvement in own health	**1.6	**5.9
Other	*2.2	*8.0
Total	27.2	100.0

(a) Includes only primary carers who reported needing more support.

Notes

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Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

- Almost half (48%) of primary carers of children aged 0–14 years with a disability reported needing more support. Of these primary carers, 40% reported more respite care as their greatest need and 34% reported financial assistance as their greatest need.

Table 7: Labour force participation of primary carers (mothers only) of co-resident children aged 0–14 years with a severe or profound core activity limitation, and all mothers of children aged 0–14 years, 2003

	Primary carers of children aged 0–14 years		Mothers of children aged 0–14 years without a disability		All mothers of children aged 0–14 years	
	('000)	Per cent	('000)	Per cent	('000)	Per cent
Labour force participation						
Employed full-time	*4.8	*9.6	498.1	23.0	502.9	22.7
Employed part-time	13.7	27.7	809.9	37.4	823.5	37.2
Unemployed looking for full-time work	—	—	21.5	1.0	21.5	1.0
Unemployed looking for part-time work	**0.2	**0.3	56.4	2.6	56.6	2.6
Not in the labour force	30.8	62.3	781.1	36.0	811.9	36.6
Total	49.4	100.0	2,167.0	100.0	2,216.4	100.0

— Null cells.

Notes

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Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

- The majority (62%) of mothers who were primary carers of children aged 0–14 years with a disability were not in the labour force. This compares with 36% of other mothers of children of the same age. Mothers who were primary carers also had lower employment rates than other mothers.

Table 8: Primary carers of co-resident children aged 0–14 years with a disability: main effect on relationships with child, family and friends, 2003

	Child		Spouse/partner		Other family		Friends ^(a)	
	('000)	%	('000)	%	('000)	%	('000)	%
Unaffected	24.0	44.0	14.5	33.0	15.2	31.1	24.9	46.2
Closer	20.4	37.3	*8.8	*19.3	*3.1	*6.1	*2.9	*5.1
Losing touch/lack of time alone	—	—	*9.8	*21.6	20.8	38.8	13.6	24.5
Strained	*6.5	*11.2	*6.7	*14.6	*6.9	*12.9	—	—
Other effect	—	—	—	—	**1.6	**3.0	*9.8	*17.2
Not stated	*3.7	*7.5	*4.6	*11.5	*3.7	*8.1	*3.4	*7.0
Total	54.6	100.0	44.5	100.0	51.3	100.0	54.6	100.0

— Null cells.

(a) Primary carers who reported that their circle of friends had increased are included in the row labelled 'Closer' and primary carers who reported that their circle of friends had changed are included in the row labelled 'Other effect'.

Notes

1. Estimates marked with an * have a relative standard error of 25% to 50% and should be interpreted with caution.
2. Estimates marked with an ** have a relative standard error greater than 50% and should be interpreted with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

- Most primary carers of children with a disability reported that their relationship with the child was either unaffected (44%) or was closer (37%) as a result of their caring role.
- Around one-third (33%) of carers reported that their relationship with their spouse was unaffected by their caring role. A similar result was found for relationships with friends, where the highest proportion of carers (46%) reported that these relationships were unaffected. However, one-quarter (25%) reported that they had lost, or were losing, touch with friends.
- While a relatively high proportion (31%) of carers reported that their relationships with other family members living in the same household were unaffected by their caring role, a slightly higher proportion (39%) reported that they had less time to spend with these family members.

Disability updates: children with disabilities

Services, assistance and aids

Table 9: Service users of CSTDA-funded support services, service type by age group, 2003–04

	Age group (years)						Not stated	Total
	0–4	5–9	10–14	0–14	15–19	20+		
<i>Accommodation support</i>								
Total accommodation support users	259	477	737	1,473	1,355	30,318	29	33,175
Per cent of age group	1.9	3.7	6.4	3.8	7.8	23.5	1.0	17.7
<i>Community support</i>								
Therapy support for individuals	1,755	4,564	4,008	10,327	2,225	8,791	29	21,372
Early childhood intervention	10,398	2,762	136	13,296	90	176	2,006	15,568
Behaviour/specialist intervention	298	662	732	1,692	608	2,675	3	4,978
Counselling	352	550	482	1,384	356	975	2	2,717
Resource teams/regional teams	1,132	2,107	1,484	4,723	1,165	3,313	0	9,201
Case management	2,054	4,515	4,356	10,925	4,115	24,593	43	39,676
Other community support	331	461	385	1,177	348	2,976	15	4,516
Total community support users	13,453	11,367	8,685	33,505	6,759	36,492	2,091	78,847
Per cent of age group	97.2	87.5	75.2	87.3	38.8	28.3	73.3	42.0
<i>Community access</i>								
Total community access users	205	1,009	2,052	3,266	3,922	39,731	717	47,636
Per cent of age group	1.5	7.8	17.8	8.5	22.5	30.8	25.1	25.4
<i>Respite services</i>								
Own home respite	96	257	329	682	301	812	3	1,798
Centre-based respite/respite homes	127	1,012	1,941	3,080	2,039	4,476	6	9,601
Host family/peer support respite	36	201	243	480	236	512	1	1,229
Flexible/combination respite	360	1,161	1,681	3,202	1,415	4,502	22	9,141
Other respite	44	189	218	451	198	873	0	1,522
Total respite users	633	2,495	3,752	6,880	3,483	10,153	31	20,547
Per cent of age group	4.6	19.2	32.5	17.9	20.0	7.9	1.1	10.9
<i>Employment services</i>								
Total employment services users	0	0	4	4	7,321	56,956	0	64,281
Per cent of age group	0.0	0.0	0.0	0.0	42.0	44.1	0.0	34.2
Total service users	13,841	12,985	11,556	38,382	17,427	129,143	2,854	187,806

Note: Service user data are estimates after use of a statistical linkage key to account for individuals who received more than one service during the 12 months. Totals for service types may not be the sum of the components since individuals may have accessed services from more than one service type during the 12 month period.

Source: AIHW analysis of 2003–04 CSTDA NMDS.

- A total of 38,382 children aged 0–14 years accessed CSTDA-funded services between 1 July 2003 and 30 June 2004. See Box 4 for a list of the services provided under CSTDA.
- The vast majority (87%) of children aged 0–14 years accessing CSTDA-funded disability support services accessed community support services. The next most commonly accessed CSTDA-funded service was respite—accessed by 18% of children aged 0–14 years. These service groups have been further broken down in the above table to show the number of service users accessing each of the component service types

- Use of community support services was more common for children aged 0–4 (97%) than for children aged 5–9 (88%) or 10–14 (75%). In contrast, use of respite was more common for children aged 10–14 (33%) than for children aged 5–9 (19%) or 0–4 (4.6%).

Box 4: Service groups offered under the CSTDA

Accommodation support services provide accommodation to people with a disability and services that provide support needed to enable a person with a disability to remain in their existing accommodation or to move to more suitable or appropriate accommodation. Accommodation support includes large or small residential/institutions, hostels, group homes as well as attendant or personal care, in-home accommodation support and alternative family placement.

Community support services provide the support needed for a person with a disability to live in a non-institutional setting. These services include therapy, early childhood intervention, behaviour/specialist intervention, counselling (individual, family or group), support provided by regional resource and support teams and case management, local coordination and development.

Community access services are designed to provide opportunities for people with a disability to gain and use their abilities to enjoy their full potential for social independence. People who do not attend school, or who are not employed full-time, mainly use these services. These services range from educational to leisure and recreational pursuits and may be offered in the home or in other facilities or locations. Community access services can be classified generally as learning and life skills development (often called Day Programs) or recreation/holiday programs.

Respite services provide a short-term and time-limited break for families and other voluntary caregivers of people with disabilities, to assist in supporting and maintaining the primary caregiving relationship, while providing a positive experience for the person with a disability. Respite options include respite offered in the person's own home, or it may be centre-based or provided by a host family.

Employment services are designed to assist people with disabilities enter the labour force. These services include open employment services (that provide assistance to people with a disability in obtaining and/or retaining paid employment in another organisation) and supported employment services (that support or employ people with a disability within the same organisation, often known as Business Services).

Source: AIHW 2004.

Disability updates: children with disabilities

Table 11: Service users aged 0–14 years of CSTDA-funded services, primary disability group by service type, 2003–04

	Service type								Total
	Accommodation support		Community support		Community access		Respite		
	No.	% of disability group	No.	% of disability group	No.	% of disability group	No.	% of disability group	
Intellectual/learning	439	3.9	9,049	80.9	1,429	12.8	3,122	27.9	11,185
Physical/diverse	901	4.2	19,582	92.1	1,040	4.9	3,241	15.3	21,251
Sensory/speech	58	2.2	2,505	94.2	234	8.8	163	6.1	2,660
Psychiatric	3	4.6	41	63.1	7	10.8	20	30.8	65
Not stated	72	2.2	2,328	72.3	556	17.3	334	10.4	3,221
Total	1,473	3.8	33,505	87.3	3,266	8.5	6,880	17.9	38,382

Note: Row totals may not be the sum of components since individuals may have accessed more than one service group during the 12-month period.

Source: AIHW analysis of 2003–04 CSTDA NMDS.

- Children with a sensory/speech primary disability or a physical/diverse primary disability were more likely to access community support services than other children (94% and 92% respectively, compared with 87% for all child service users). Children with an intellectual/learning primary disability or a psychiatric primary disability were more likely to access respite services than other children (28% and 31% respectively, compared with 18% for all child service users).

Table 12: School-aged children (5–14 years) with a disability and living in households: percentage attending school, by type of school/class and disability status, 2003

	Core activity limitation				Schooling limitation only	Total with specific limitations	Disability without limitation	Total with a disability
	Profound	Severe	Moderate	Mild				
Attending school								
Ordinary school class	41.8	57.3	*69.4	67.1	60.8	56.8	88.7	61.5
Ordinary school (special class)	24.2	33.8	*30.6	32.9	39.2	32.2	—	27.4
Special school	33.0	*8.9	—	—	—	11.1	—	9.4
Not known	—	—	—	—	—	—	*11.3	*1.7
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>
Total ('000)	54.3	70.4	10.5	40.1	42.9	218.3	37.8	256.1
Total school-aged children ('000)	55.5	73.7	11.5	41.6	42.9	225.2	38.9	264.1
Per cent attending school	97.8	95.5	92.0	96.4	100.0	96.9	97.3	97.0

— Null cells.

Note: Estimates marked with an * have a relative standard error of 25% to 50% and should be interpreted with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

- The majority (89%) of school students aged 5–14 years with a disability were attending an ordinary school in either an ordinary school class (62%) or a special class (27%). A further 9% were attending a special school.
- Around one-third (33%) of school students with a profound core activity limitation were attending a special school.

Table 13: School-aged children (5–14 years) with a disability living in households and attending school: types of difficulty experienced at school, by main disability group, 2003

	Intellectual/ learning		Psychiatric		Sensory/ speech		Physical/ diverse		Total	
	('000)	%	('000)	%	('000)	%	('000)	%	('000)	%
Difficulty sitting	12.7	15.9	*3.2	*7.7	**1.2	**2.7	*3.6	*3.8	20.6	8.1
Hearing or sight problems	**0.7	**0.9	**0.3	**0.7	*9.6	*22.6	*2.2	*2.3	12.8	5.0
Communication difficulties	28.8	36.1	10.8	26.3	10.5	24.5	*7.6	*8.2	57.7	22.5
Learning/intellectual difficulties	58.2	73.0	24.7	60.2	13.3	31.2	13.8	14.9	110.0	43.0
Fitting in socially	41.9	52.5	11.2	27.4	11.5	26.9	12.0	13.0	76.6	29.9
Sports participation	*9.2	*11.6	*2.5	*6.2	*4.4	*10.2	16.1	17.3	32.2	12.6
Other, including access difficulties	*3.8	*4.8	**1.4	**3.4	**1.0	**2.2	*9.6	*10.4	15.8	6.2
No difficulties	12.4	15.5	*9.5	*23.3	20.0	46.8	52.3	56.4	94.1	36.8
Not known	—	—	—	—	—	—	*4.3	*4.6	*4.3	*1.7
Total^(a)	79.7	100.0	41.0	100.0	42.7	100.0	89.7	100.0	256.1	100.0

— Null cells.

(a) Totals may not be the sum of components since children may experience more than one type of difficulty.

Notes

1. Estimates marked with an * have a relative standard error of 25% to 50% and should be interpreted with caution.
2. Estimates marked with an ** have a relative standard error greater than 50% and should be interpreted with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

- Learning difficulties, fitting in socially and communication difficulties were the three most commonly reported difficulties experienced at school for students aged 5–14 years whose main disability was intellectual/learning, sensory/speech or psychiatric. Sports participation was the most commonly reported difficulty for students whose main disability was physical/diverse, followed by learning difficulties and fitting in socially.
- Students whose main disability was intellectual/learning or psychiatric were more likely to experience difficulty in school than other students with disabilities. An estimated 84% of students whose main disability was intellectual/learning and 77% of students whose main disability was psychiatric experienced difficulties at school. In contrast, only 44% of students whose main disability was physical/diverse experienced difficulties at school.
- Almost three-quarters (73%) of school students whose main disability was intellectual/learning had learning/intellectual difficulties, and over half (53%) had difficulty fitting in socially. Learning difficulties were also experienced by the majority (60%) of students whose main disability was psychiatric (category includes children with Down syndrome and other developmental disorders, see Box 3).

Disability updates: children with disabilities

Table 14: School-aged children (5–14 years) with a disability living in households and attending school: type of support received at school, by main disability group, 2003

	Intellectual		Psychiatric		Sensory/ speech		Physical/ diverse		Total	
	('000)	%	('000)	%	('000)	%	('000)	%	('000)	%
Special equipment (including computer)	*4.5	*5.7	*4.8	*11.7	*5.6	*13.1	*5.9	*6.4	20.8	8.1
Special tuition	40.8	51.1	22.1	54.0	17.1	40.1	17.0	18.3	97.0	37.9
Special assessment procedure	17.1	21.4	*6.2	*15.1	*4.9	*11.5	*7.0	*7.6	35.2	13.7
Counsellor or disability support person	22.3	28.0	*9.4	*23.0	*8.4	*19.6	11.6	12.5	51.7	20.2
Special access or transport arrangements	*4.1	*5.2	**2.1	**5.2	*3.7	*8.6	*5.6	*6.0	15.6	6.1
Other support	*6.3	*7.9	**2.1	**5.2	*2.9	*6.7	*6.4	*7.0	17.8	6.9
No support received	23.9	30.0	11.5	28.0	18.7	43.9	56.2	60.6	110.3	43.1
Not known	—	—	—	—	—	—	*4.3	*4.6	*4.3	*1.7
Total^(a)	79.7	100.0	41.0	100.0	42.7	100.0	89.7	100.0	256.1	100.0

— Null cells.

(a) Totals may not be the sum of components since children may receive more than one type of support.

Notes

1. Estimates marked with an * have a relative standard error of 25% to 50% and should be interpreted with caution.
2. Estimates marked with an ** have a relative standard error greater than 50% and should be interpreted with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

- The most common types of support provided at school to students aged 5–14 years with a disability were special tuition (38%), a counsellor or disability support person (20%) and a special assessment procedure (14%). An estimated 110,300 students with disabilities were not provided with any special support in school (43% of students with disabilities). Of the 110,300 students not provided with any special support, 55% did not experience any difficulties in school and 45% did.
- While only a minority (40%) of school students whose main condition was physical/diverse were provided with special support in school, the majority of students whose main disability was psychiatric (72%), intellectual/learning (70%) or speech/sensory (56%) were provided with some special support.
- Around half of school students whose main disability was psychiatric (54%) or intellectual/learning (51%) received special tuition. Special tuition was reported less frequently for students whose main disability was sensory/speech (40%) or physical/diverse (18%).

Table 15: Children aged 0–14 years with a disability: types of activity for which aids or equipment are used, by main disabling condition, 2003

	Intellectual/ learning		Psychiatric		Sensory/ speech		Physical/ diverse		Total	
	('000)	%	('000)	%	('000)	%	('000)	%	('000)	%
Self-care	*5.5	*6.4	*4.9	*10.3	*2.3	*4.0	14.6	11.7	27.3	8.6
Mobility	**0.6	**0.7	*1.9	*4.0	**1.2	**2.0	14.9	11.9	18.7	5.8
Communication	11.8	13.9	*5.8	*12.1	16.9	28.1	13.7	10.9	48.1	15.1
Managing health conditions using medical aids	*6.6	*7.8	*3.6	*7.5	*3.8	*6.3	45.4	36.3	59.4	18.7
Does not use aids or equipment	66.9	78.7	37.5	79.1	40.8	67.8	58.7	46.9	203.9	64.2
Not known	—	—	—	—	**0.6	**1.0	*8.5	*6.8	*9.1	*2.9
Total^(a)	85.0	100.0	47.5	100.0	60.2	100.0	125.2	100.0	317.9	100.0

— Null cells.

(a) Totals may not be the sum of components since children may use aids or equipment for more than one type of activity.

Notes

1. Estimates marked with an * have a relative standard error of 25% to 50% and should be interpreted with caution.
2. Estimates marked with an ** have a relative standard error greater than 50% and should be interpreted with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

- Children whose main disabling condition was physical/diverse were more likely to use aids and equipment than other children with disabilities. More than half (53%) used aids or equipment, compared with a minority of children whose main disability was intellectual/learning (22%), psychiatric (21%) or sensory/speech (32%).
- The most commonly used aids among children with physical/diverse disabilities were medical aids (36%). These were followed by mobility aids (12%), self-care aids (12%) and communication aids (11%).

Disability updates: children with disabilities

Appendix tables

Table A1: Children aged 0–14 years with a disability: type of main disabling condition/all disabling conditions, by sex, as a percentage of the Australian population of that sex and age, 2003

	Boys		Girls		Children	
	('000)	Per cent	('000)	Per cent	('000)	Per cent
All disabling conditions						
Intellectual/learning	108.0	5.5	58.7	3.1	166.7	4.3
Psychiatric	53.8	2.7	27.1	1.4	81.0	2.1
Sensory/speech	83.7	4.3	45.9	2.4	129.7	3.4
Physical/diverse	99.4	5.0	63.5	3.4	162.8	4.2
Total	196.5	10.0	121.4	6.5	317.9	8.3
Main disabling condition						
Intellectual/learning	61.5	3.1	23.5	1.2	85.0	2.2
Psychiatric	28.5	1.4	18.9	1.0	47.5	1.2
Sensory/speech	36.4	1.8	23.8	1.3	60.2	1.6
Physical/diverse	70.1	3.6	55.1	2.9	125.2	3.3
Total	196.5	10.0	121.4	6.5	317.9	8.3

Note: Estimates marked with an * have a relative standard error of 25% to 50% and should be interpreted with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A2: People aged 0–39 years with a severe or profound core activity limitation: prevalence of disability groups (based on all conditions), by age, and as a percentage of the Australian population of that age, 2003

	Intellectual/ learning	Intellectual/ learning excluding ADHD and autism	Psychiatric	Sensory/speech	Physical/ diverse
0–4	13.0	11.8	*8.7	25.1	17.7
5–9	40.9	23.1	21.3	38.8	28.6
10–14	46.9	25.5	23.4	26.4	33.4
15–19	24.1	16.2	17.8	12.7	15.2
20–24	14.8	11.3	15.9	*8.3	18.0
25–29	10.3	10.1	15.6	12.8	24.8
30–34	*8.9	*8.5	15.1	12.2	29.9
35–39	10.7	10.4	21.3	*8.6	36.2
Per cent					
0–4	1.1	1.0	*0.7	2.1	1.5
5–9	3.1	1.8	1.6	3.0	2.2
10–14	3.5	1.9	1.8	2.0	2.5
15–19	1.8	1.2	1.3	0.9	1.1
20–24	1.0	0.8	1.1	*0.6	1.3
25–29	0.7	0.7	1.1	0.9	1.7
30–34	*0.6	*0.6	1.0	0.8	2.0
35–39	0.7	0.7	1.5	*0.6	2.5

Note: Estimates marked with an * have a relative standard error of 25% to 50% and should be interpreted with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A3: People aged 0–39 years with a severe or profound core activity limitation: prevalence rate of selected health conditions (based on all conditions), by age, 2003

	0–14 years		15–39 years	
	('000)	Per 1,000	('000)	Per 1,000
Asthma	37.3	9.7	24.0	3.3
Speech difficulties	33.9	8.8	*2.5	*0.3
Other mental/ behavioural disorders	26.1	6.8	24.8	3.5
ADHD	26.2	6.8	*6.1	*0.8
Hearing/middle ear disorders	19.0	4.9	15.7	2.2
Autism and related disorders	17.7	4.6	*6.9	*1.0
Deformations and chromosomal abnormalities	16.9	4.4	16.5	2.3
Intellectual impairment	14.1	3.7	25.4	3.5
Acquired brain damage	*9.7	*2.5	25.0	3.5
Back problems	*2.0	*0.5	49.7	6.9

Note: Estimates marked with an * have a relative standard error of 25% to 50% and should be interpreted with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

Table A4: Proportions of severe or profound core activity limitation among people aged 0–39 years with a specific health condition (based on all conditions), by age, 2003

	0–14 years		15–39 years	
	('000)	Per cent	('000)	Per cent
Autism	17.7	87.3	*6.9	*69.6
Intellectual impairment	14.1	74.6	25.4	70.4
Epilepsy	*9.6	*72.3	12.5	34.3
Speech difficulties	33.9	64.9	*2.5	*21.7
Deformations and chromosomal abnormalities	16.9	54.8	16.5	39.1
Other mental and behavioural disorders	26.1	52.7	24.8	27.8
Hearing/middle ear disorders	19.0	52.7	15.7	11.9
ADHD	26.2	46.0	*6.1	*18.6
Asthma	37.3	11.2	24.0	4.2
Schizophrenia	—	—	11.1	47.3

Note: Estimates marked with an * have a relative standard error of 25% to 50% and should be interpreted with caution.

Source: AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

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