



## Chapter

# 5

## Disability and disability services

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# Disability and disability services

## Key points

- In 2009, 4 million Australians (18.5% of the population) had a disability, of whom 1.3 million (5.8% of the population) had severe or profound core activity limitation.
- Between 1998 and 2009 life expectancy at birth increased by 3.4 years for males and 2.4 years for females. Almost all the additional years of life gained were disability-free years.
- Most people aged under 65 years who needed help with core activities (mobility, self-care or communication) relied solely on informal sources of assistance, and around one in 10 received no assistance at all.
- Close to 295,000 people used specialist disability services under the National Disability Agreement (NDA) in 2009–10. The most common service groups used were community support (43%) and employment services (40%).
- People whose primary disability was intellectual comprised the largest group of NDA service users in 2009–10 (31%); however, this has decreased from 42% in 2003–04. Psychiatric conditions have become more common as the primary disability of specialist service users (from 9% in 2003–04 to 19% in 2009–10).
- The concept of the 'potential population' is used for planning and monitoring the provision of specialist disability services. In 2009–10, there were 413 Indigenous NDA service users per 1,000 potential population, compared to 382 per 1,000 potential population for non-Indigenous service users.
- An estimated 292,600 students aged 5–20 years with disability attended school in 2009. Most (66%) of these students attended a mainstream school class, and another 25% attended a special class in an ordinary school. Only one in 10 children and young people with disability attended a special school.
- In 2009, 69% of people with disability of 'traditional working age' living in households had specific employment restrictions, such as restrictions in the type of job that could be performed or restrictions in the number of hours worked.
- Around 793,000 people were receiving the Disability Support Pension as at June 2010. More than two-thirds (68%) were aged 45 years or over.

## 5.1 The policy context

While many people with disability are able to live independently and participate in society without assistance, or with the help of informal carers, others require organised services and supports to study, work, interact with the community, or carry out everyday activities. Disability-related policies are concerned with the funding and provision of organised services, as well as more generally ensuring people with disability have the opportunity to participate in the community, whether they require specialised services or not.

### National Disability Strategy

*Australia's welfare 2009* reported Australia's 2008 ratification of the United Nations Convention on the Rights of Persons with Disabilities, and an inter-governmental determination to see the principles of this convention enshrined in a National Disability Strategy (AIHW 2009a). The underpinning philosophy of both the convention and the proposed strategy was clearly articulated in the primary objective of the National Disability Agreement, which commenced 1 January 2009 (Box 5.1):

*People with disability and their carers have an enhanced quality of life and participate as valued members of the community (COAG 2008:3).*

#### Box 5.1: The National Disability Agreement

The National Disability Agreement (NDA) sets out the agreed roles and responsibilities of Australian, state and territory governments (the jurisdictions) in relation to the delivery of disability services. Each of the jurisdictions contributes funding to support the aims of the NDA, according to their respective populations.

The Agreement focuses specifically on specialist disability services. However, Australian, state and territory governments have also undertaken to ensure that people with disability have access to mainstream government services in their respective jurisdictions, as they are important in achieving the aims of the NDA (COAG 2008). For example, people with disability require health and education services along with all Australians.

Policies developed at both levels of government underpin the Agreement. Each of the policy areas emphasises the fundamental importance of participation, with the provision of both mainstream and specialist services and supports aiming to facilitate participation, in the context of person-centred planning. A number of jurisdictions are also moving towards individualised funding, consistent with international policy and practice.

The NDA specifies that the Australian Government is responsible for the provision of employment services, while the states and territories are responsible for the delivery of all other services (COAG 2008), including accommodation support, community support, community access and respite care. A number of other areas were highlighted for implementation, including advocacy and print disability-related support, and notably the development of a National Disability Strategy.

At a meeting of the Council of Australian Governments (COAG) on 13 February 2011, the Commonwealth Government, and each state and territory government, along with the Australian Local Government Association, signed the National Disability Strategy (NDS) 2010–2020. This occurred within the broader context of COAG's reform agenda. It recognises that collaboration and coordination among governments, business and the community is needed to improve the lives of people with disability (COAG 2011a).

The key policy areas to which all parties will contribute are:

- Inclusive and accessible communities—the physical environment including public transport; parks, buildings and housing; digital information and communications technologies; civic life including social, sporting, recreational and cultural life.
- Rights protection, justice and legislation—statutory protections such as anti-discrimination measures, complaints mechanisms, advocacy, the electoral and justice systems.
- Economic security—jobs, business opportunities, financial independence, adequate income support for those not able to work, and housing.
- Personal and community support—inclusion and participation in the community, person-centred care and support provided by specialist disability services and mainstream services; informal care and support.
- Learning and skills—early childhood education and care, schools, further education, vocational education; transitions from education to employment; lifelong learning.
- Health and wellbeing—supporting health and wellbeing through appropriate prevention, diagnosis, treatment and early intervention (COAG 2011a).

The Strategy works in conjunction with the NDA and other Commonwealth–State/Territory agreements and partnerships to ensure that all mainstream services address the needs of people with disability, and to ensure that universal personal and community support services and specialist disability supports are available to meet the needs of people with disability, their families and carers.

## National Disability Insurance Scheme

On 10 August 2011 the Government released the Productivity Commission's final report on the Inquiry into disability care and support (Productivity Commission 2011). The Commission investigated 'alternative approaches to funding and delivering disability care and support services with a focus on early intervention and long-term care'.

In particular the Inquiry examined the costs, benefits and feasibility of an approach that would:

- provide essential long-term care and support on an entitlement basis for eligible people
- be limited to people with disability not related to ageing
- calculate and manage the costs of long-term care and support
- replace the existing system for the eligible population
- ensure a range of support options including individualised approaches
- include packaged services addressing accommodation, aids and equipment, respite, transport and community participation

- assist self-determination in decision making
- support participation in employment where possible.

The Commission found that disability support is currently 'underfunded, unfair, fragmented, and inefficient, and gives people with a disability little choice and no certainty of access to appropriate supports. The stresses on the system are growing, with rising costs for all governments'. The Commission recommended the establishment of a National Disability Insurance Scheme that would provide cover for Australians experiencing 'significant disability', based on common assessment.

- Under the scheme everyone in the community would be covered and an estimated 410,000 people would receive funding support on an individualised, person-centred care and planning basis.
- The overall design envisaged would have three Tiers: the first, for everyone, would be aimed generally at awareness raising, opportunity fostering and research aimed at minimising the impacts of disability; the second, for those affected by disability, information delivery and service referral; and the third, individualised supports for persons assessed with significant disability.
- A central 'gateway', determining eligibility for the scheme and delivering information and referral, would be part of the assessment, funding and planning process.
- The scheme would be rolled out progressively from mid-2014 and expand to cover all people by the end of 2018-19.

The Commission also recommended a separate National Injury Insurance Scheme for people requiring lifetime care and support as a result of catastrophic injuries — such as major brain or spinal cord injuries. The scheme would be a federation of state and territory injury insurance schemes.

The Australian Government, together with States and Territories, is considering these recommendations.

## National Health Reform

Under the National Health Reform Agreement, signed 2 August 2011 by all state, territory and Australian governments, wide-ranging changes affecting the delivery of health and health-related services in Australia will occur (DoHA 2011a). Part of the reform will have a direct impact on the Home and Community Care (HACC) program, which provides services to support the frail aged and younger people with disability to maintain independence at home and in the community (COAG 2011b).

Under the Agreement:

- The Commonwealth takes all funding and policy responsibility for the aged care system, covering basic home care through to residential aged care. (Funding and policy responsibility for basic community care services commences 1 July 2011, operational responsibility commences 1 July 2012.)
- From 1 July 2011, the Commonwealth takes funding responsibility for specialist disability services delivered under the NDA to people aged 65 years and over (50 years and over for Indigenous Australians). Arrangements for access to specialist disability services for these people remain unchanged.

- The Commonwealth continues to contribute funding to the states and territories for specialist disability services for people aged under 65 years through the Disability Services Specific Purpose Payment.
- The states and territories are responsible for regulating specialist disability services delivered under the NDA.
- From 1 July 2011, most states and territories assume responsibility for funding and regulating basic community care services to people aged less than 65 years (aged less than 50 years for Indigenous people), formerly delivered under HACC. This is in line with responsibilities for delivery of other services under the NDA. Victoria and Western Australia will continue to deliver community care services under HACC as a joint Commonwealth/State funded program.
- From 1 July 2011, the states and territories assume funding responsibility for packaged community and residential aged care services for people aged less than 65 years (aged less than 50 years for Indigenous people), delivered through the Commonwealth aged care program.
- Roles, responsibilities, performance indicators and reporting provisions under the NDA will reflect the changes under the Agreement, including former HACC services delivered to people aged 65 years and over (50 years and over for Indigenous people).

## Housing for people with disability

People with disability make up a large share of both social housing tenants and people in the private rental market who receive government assistance towards housing costs in the form of Private Rental Assistance (see 'Chapter 9 Housing assistance services'). Almost half of all people aged under 65 years receiving specialist disability services in 2009–10 lived with their family, while 6% lived in some form of supported accommodation (AIHW forthcoming).

With the ageing of the informal carer population, many people with severe disability currently living with family will require support in coming years when it is no longer available in their family home. Hence, governments are planning now to allow for the increased demand for supported, independent residential housing.

The Government's Social Housing initiative seeks to provide improved accessibility in social housing through the incorporation of universal design elements in more than 15,000 new public and community housing dwellings which are being built under the social housing component of the Nation Building—Economic Stimulus Plan. Funding provided through the Initiative will support the inclusion of six specified universal design features in these dwellings that will provide improved access to people who have limited mobility. Of these, almost 5,000 dwellings will also achieve an even higher level of adaptability through compliance with the Australian Standard for Adaptable Housing Class C.

## 5.2 Disability in the Australian population

### Box 5.2: Measuring disability

Population statistics about disability in Australia come from the ABS Survey of Disability, Ageing and Carers (SDAC), which was last conducted in 2009. In this survey disability is defined as having at least one of a list of 17 impairments, health conditions or limitations that had lasted, or were likely to last, for at least 6 months, and that restricted everyday activities.

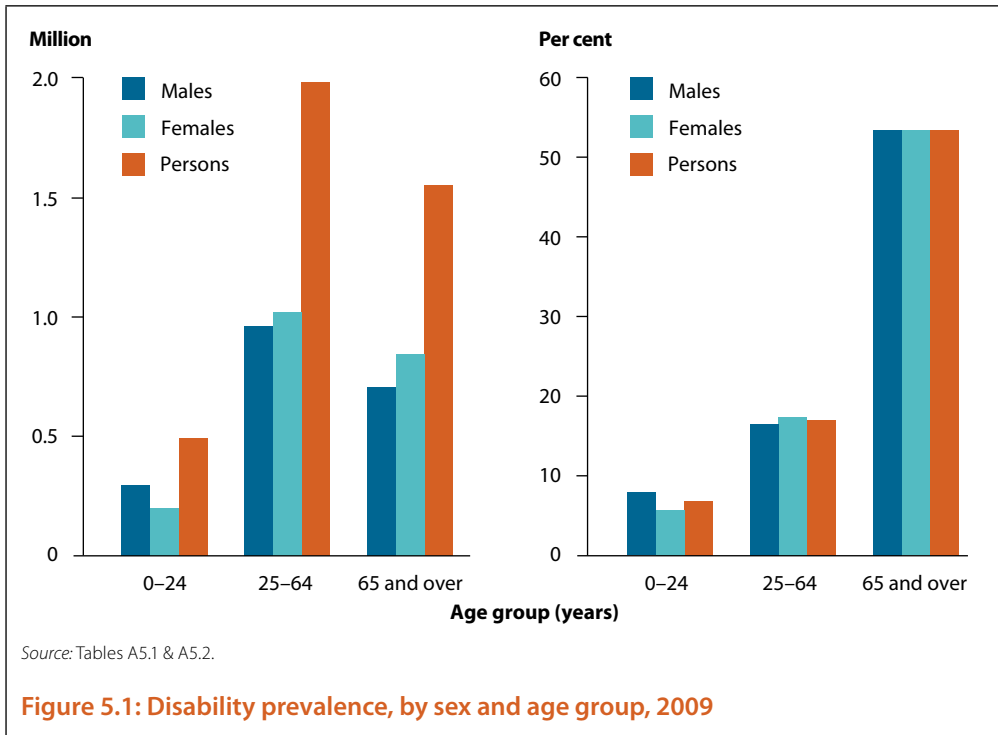
The survey collects information about whether respondents need help with various activities, have difficulty undertaking the activities or use aids or equipment. Activities related to mobility, communication and self-care are referred to as '**core activities of daily living**', and a person who sometimes or always needs help with one or more of these activities is referred to as having a '**severe or profound core activity limitation**'. Sometimes shortened to 'severe or profound limitation' in this publication, this is a commonly used measure to describe disability at the higher end of the severity spectrum.

When a person with disability has more than one health condition, the **main condition** is the one they nominate as causing the most problems.

### 4 million Australians with disability

In 2009, an estimated 4 million Australians (18.5% of the population) had some form of disability (Box 5.2; Figure 5.1):

- Almost half a million (492,500) were aged less than 25 years—a prevalence rate of 6.8%. There were more males with disability than females in this age group. Details of the types of disability that children and young people experienced are provided in 'Chapter 4 Children and young people'.
- Almost 2 million adults aged 25–64 years had disability—17% of the population in this age group—comprising roughly equal numbers of males and females.
- Just over 1.5 million were aged 65 years or over, equal to 53% of the older population. There were more older women than older men with disability, largely because their higher life expectancy means there are more women than men in the general population aged 65 years or over (see 'Chapter 1 Australia's people'). Disability among older Australians is discussed in detail in 'Chapter 6 Ageing and aged care'.



**Figure 5.1: Disability prevalence, by sex and age group, 2009**

## 5

### Disability severity

Almost 1.3 million people with disability (5.8% of the population) had severe or profound core activity limitation in 2009 (see Box 5.2). Of these, just under half (680,400 people) were aged 0–64 years (tables A5.1 and A5.2). The prevalence of severe or profound limitation among people aged under 65 years was 3.6% for both males and females, compared to 20% among people aged 65 years or over (17% of older males and 24% of older females).

As was set out in Chapter 1, disability rates are generally higher at older ages, with the exception of a small peak in childhood. This is true for severe or profound limitations as well as disability generally.

### Expected years of life with disability

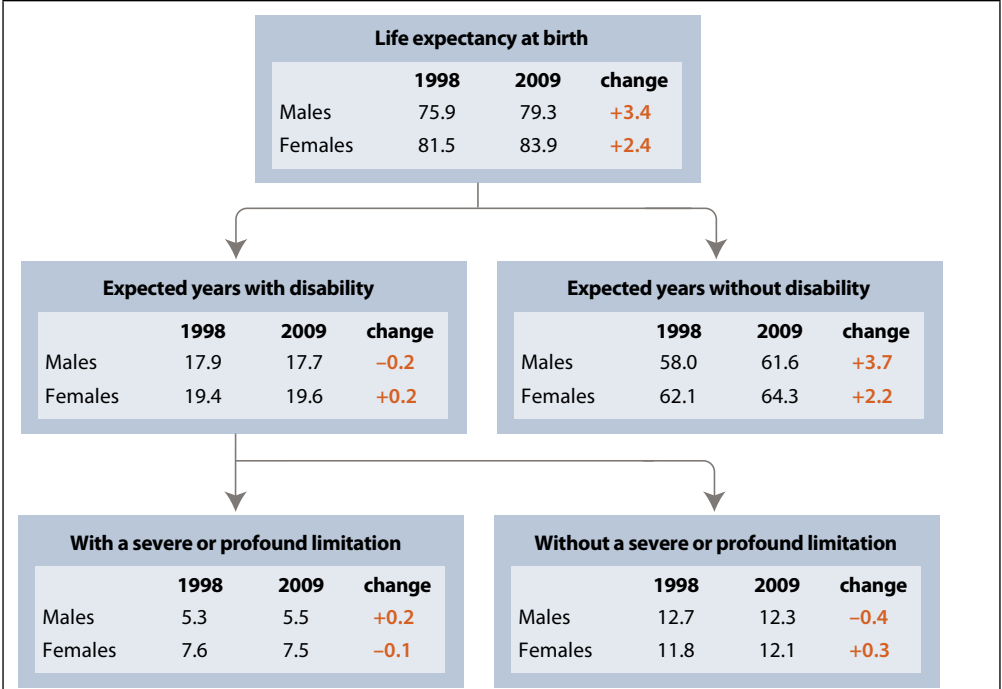
Life expectancy is an indication of how many years a person can expect to live, assuming death rates do not change. In 2009, total life expectancy at birth was 79.3 years for Australian males and 83.9 years for females. Life expectancy in Australia has increased markedly in the last century, and continued to increase even over the past decade (AIHW 2010a).

Between 1998 and 2009, life expectancy at birth increased from 75.9 years to 79.3 years (an additional 3.4 years) for males and 81.5 years to 83.9 years (an additional 2.4 years) for females. Almost all of the increase, for both sexes, was in disability-free years (Figure 5.2). This suggests that not only are people living longer; opportunities for participation at older ages are increasing as people gain relatively healthy, active years of life.

Given age- and sex-specific disability rates, the ‘average male’ born in 2009 could expect to live 61.6 years without disability and another 17.7 years with some form of disability, including 5.5 years with severe or profound core activity limitation. The ‘average female’ born in 2009



could expect to live 64.3 years without disability and 19.6 years with disability, including 7.5 years with a severe or profound core activity limitation. Years lived with disability account for 22% of total life expectancy for males and 23% for females, while severe or profound limitations make up 7% and 9%, respectively.



Sources: Table A5.3.

**Figure 5.2: Life expectancy and expected years with disability, by sex, 1998 and 2009**

**What conditions cause disability?**

People with disability were most likely to nominate a physical health condition as their main condition (Box 5.2). Overall, 15% of the population—or four in five people with disability—had a main condition that was physical in nature, while 3% of the population (one in five people with disability) had a mental or behavioural disorder as their main disabling condition (ABS 2011).

The most common main conditions for people with disability were diseases of the musculoskeletal system and connective tissue (reported by 6.5% of the population or one in three people with disability), such as arthritis and back problems. These conditions were most common among older people, reported by 21% of those aged 65 years or over and 11% of people aged 45–64 years.

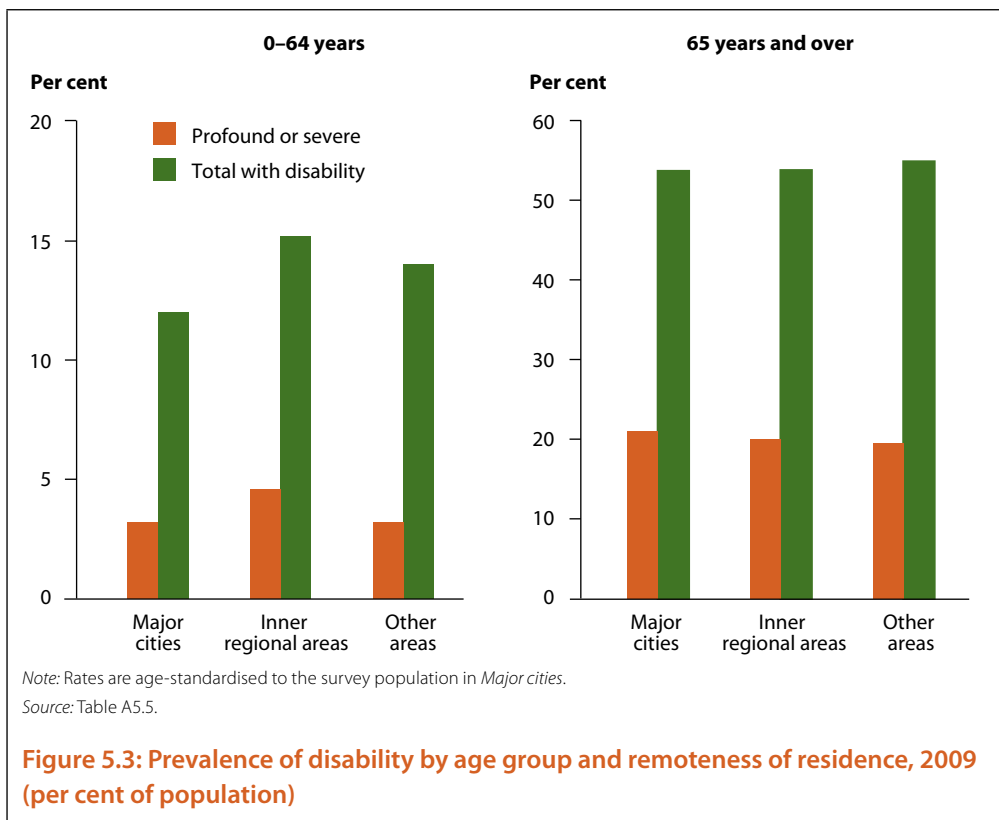
Mental and behavioural disorders include the subgroup of intellectual and developmental disorders, which were reported as the main condition for 0.9% of the population (ABS 2011). The prevalence of intellectual and developmental disorders decreased with age, from 2.6% of children aged 0–14 years to less than half a per cent of people aged 35 years or over. The main conditions that children experienced are discussed in further detail in Chapter 4.

## Regional variations in disability rates

While the majority of people with disability (2.6 million) lived in *Major cities* in 2009, almost 1 million lived in *Inner regional areas* and 436,000 lived in *Other areas* (*Outer regional, Remote and very remote areas*).

Among people aged less than 65 years, the age-standardised rate of disability in *Major cities* (12%) was lower than in *Inner regional* (15%) or *Other areas* (14%; Figure 5.3). Severe or profound limitations were more common in *Inner regional areas* (4.6%) than *Major cities* or *Other areas* (3.2%). However, among people aged 65 years or over there were no significant regional differences in the prevalence of disability, after population age structures are taken into account.

Regional differences in the underlying prevalence of disability may, in part, be related to the higher rates of injury and a range of health conditions observed in *Regional and remote areas* compared to cities (AIHW 2008b).



Variation in the prevalence of disability across states and territories is largely attributable to differences in population age structure. In 2009, 15% of residents of the NT and 16% of residents of the ACT had disability (Table A5.4)—the lowest rates of all jurisdictions—but these territories also have relatively young populations. On the other hand, South Australia and Tasmania have relatively older populations, reflected in their crude disability rates (21% and 23%, respectively). After population age structure is taken into account all jurisdictions had an age-standardised disability rate within one percentage point of the national rate (18.5%) except Tasmania (21.3%).

## What assistance do people with disability need?

Of the core activities of daily living, people with severe or profound core activity limitations living in households were most likely to need assistance with mobility (79%) followed by self-care (51%; Table 5.1). One in five needed help with communication. Need for assistance with activities related to mobility generally increased with age, while children and young adults were more likely than older people to need help with communication. Need for assistance with self-care did not vary considerably with age.

Health care was the most common 'non-core' activity that people with severe or profound limitations reported needing help with (59%), followed by transport (52%) and household chores (51%).

People with severe or profound limitations were more likely to report needing help with each of the core and non-core activities than people with disability generally (ABS 2011).

**Table 5.1: People with severe or profound core activity limitation living in households needing assistance with selected activities, by age group, 2009 (per cent)**

	0–24 years	25–44 years	45–64 years	65–84 years	85 years and over	Total
<b>Core activities</b>						
Self-care	49.7	49.3	50.5	52.8	48.8	<b>50.7</b>
Mobility	62.8	82.9	79.6	83.2	90.8	<b>79.0</b>
Communication	63.6	16.0	6.4	8.8	12.2	<b>20.1</b>
<b>Non-core activities</b>						
Cognitive or emotional tasks	68.7	53.6	37.8	22.7	21.2	<b>39.6</b>
Health care <sup>(a)</sup>	51.2	46.6	55.1	71.4	82.0	<b>59.5</b>
Reading or writing tasks <sup>(b)</sup>	52.2	33.4	17.1	22.2	37.1	<b>22.1</b>
Transport <sup>(b)</sup>	49.3	60.8	51.7	63.2	79.7	<b>51.6</b>
Household chores <sup>(b)</sup>	39.6	52.2	57.1	63.8	72.6	<b>50.9</b>
Property maintenance <sup>(b)</sup>	31.7	47.2	59.8	65.5	64.7	<b>50.2</b>
Meal preparation <sup>(b)</sup>	37.3	29.1	22.1	27.4	43.5	<b>24.4</b>

(a) Excludes children aged 0–4 years.

(b) Excludes children aged 0–14 years.

Source: AIHW analysis of ABS 2011 datacubes.

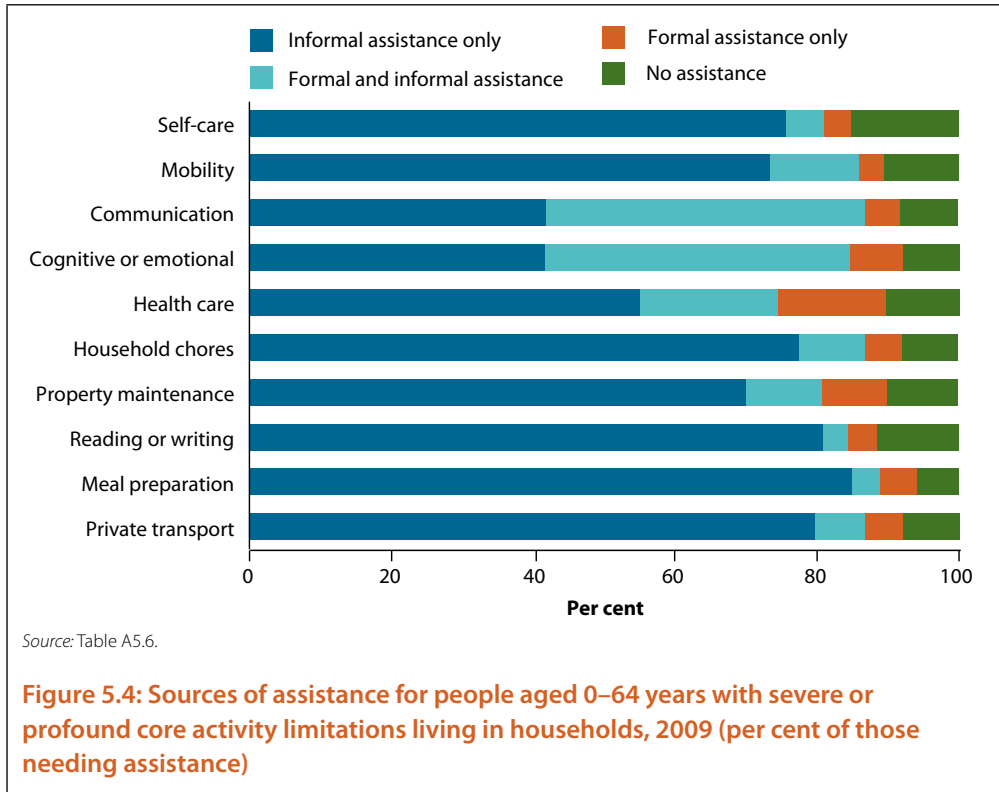
## How is need for assistance met?

Looking at people aged 0–64 years with severe or profound limitations living in households, by far the most common sources of assistance were informal networks—including partners, parents, children, other relatives and friends (Figure 5.4). For example, in 2009 three-quarters of those who needed help with self-care or mobility received assistance from informal sources only. Combinations of informal and formal sources of assistance were most common for people who needed help with communication or cognitive and emotional tasks.

Around one in ten people aged under 65 years who needed help with core activities had no source of assistance, including 15% of those who needed help with self-care (Figure 5.4).

In 2009, around half (48%) of all people aged under 65 years with severe or profound limitation living in the community had contacted organised services for help in the last 12 months (Table A5.7). People needing help with communication (65%) or cognitive and emotional tasks (63%) were most likely to have contacted a formal service provider.

Data on formal services provided to people with disability are presented later in this chapter, while 'Chapter 7 Informal care' focuses on people who provide informal care to people with disability.



## Use of aids and equipment by people with disability

Aids and equipment can assist people with disability to live independently and participate in a range of life activities. In 2009, a total of 2 million people used aids and equipment needed because of disabling conditions (49% of all people with disability; Table 5.2). Use of aids and equipment was most common among older people with disability: 69% of those aged 65 years or over used aids and equipment, compared to 37% of people aged less than 65 years. Around 77,500 children aged under 15 years used aids and equipment.

Among people who lived in a private dwelling, use of aids and equipment was more common for people who lived alone (55%) than people who lived with others (45%). Further, around one in six (16%) people with disability living alone and one in nine (11%) living with others had made home modifications because of their health conditions—such as modifications to a toilet, bath or laundry, or the installation of handrails (ABS 2011).

Medical aids (including nebulisers, dialysis machines, feeding pumps and oxygen cylinders) and communication aids were most commonly used by people with disability aged less than 65 years. Older people with disability were most likely to use aids for communication, hearing and mobility (Table 5.2).

**Table 5.2: People with disability who used aids and equipment<sup>(a)</sup>: type of activity in which aids were used, by age group, 2009**

	0–14	15–29	30–44	45–64	Total <65	65+	Total
<b>Per cent of all people with disability</b>							
Self-care	6.9	5.1	5.2	8.0	6.9	26.0	14.2
Mobility	5.0	4.9	5.7	8.8	7.2	27.5	15.0
Communication	11.8	15.3	13.6	18.7	16.3	37.6	24.5
Hearing	*2.2	1.8	2.4	7.2	4.8	28.3	13.9
Meal preparation	*1.5	2.0	1.1	1.8	1.6	2.4	1.9
Medical	14.2	20.7	24.2	24.4	22.6	26.2	24.0
<b>Any aids or equipment<sup>(b)</sup></b>	<b>26.9</b>	<b>33.1</b>	<b>36.2</b>	<b>41.3</b>	<b>37.4</b>	<b>68.6</b>	<b>49.4</b>
<b>Number of people using aids or equipment ('000s)</b>							
<b>Any aids or equipment<sup>(b)</sup></b>	<b>77.5</b>	<b>110.1</b>	<b>194.1</b>	<b>544.0</b>	<b>925.7</b>	<b>1064.9</b>	<b>1990.6</b>

\* Estimate has a relative standard error of 25% to 50% and should be used with caution.

(a) Aids or equipment used are those needed because of disabling conditions.

(b) Each person may use more than one type of aid or equipment.

Source: Unpublished data table of the ABS 2009 Survey of Disability, Ageing and Carers.

The Australian Government funds a Continence Aids Payment Scheme, which provides assistance to eligible people who have permanent and severe loss of bladder and/or bowel control (Continence Foundation of Australia 2010). Aids and equipment are also provided through Australian Hearing and the Employment Assistance Fund. The Department of Veterans Affairs provides aids and equipment to eligible veterans through the Rehabilitation Appliances Program.

Individual states and territories manage a range of schemes and grants that enable people with disability to purchase items or services they would otherwise be unable to obtain. For example, EnableNSW provides assistive technology for communication, mobility, respiratory function and self-care to eligible people with permanent or long-term disability, to support living with their family and community (NSW Health 2011). However, there is currently no nationally coordinated program that provides aids and equipment to people with disability.

Clients of the HACC program (discussed in detail later in this chapter) are also able to purchase or hire aids and appliances, although as individual States and Territories administer the process, there is considerable variation reflecting local priorities (Table A5.8). Provision of aids and equipment under HACC has reduced since 2007–08 (AIHW 2009a; Table A5.8). This has occurred within each category of aid, but most notably for medical aids (from around 10,500 in 2007–08 to 2,100 in 2009–10).

## Health and wellbeing

The NDS seeks to ensure that 'people with disability attain highest possible health and wellbeing outcomes throughout their lives'. It focuses on improving the capacity of health service providers to meet the needs of people with disability; access to prevention and early

intervention services; ensuring universal health reforms and initiatives address the needs of people with disability; and support for choice and control in policy and program design (COAG 2011a).

People aged 15–64 years with severe or profound disability have higher prevalence rates for all types of reported long-term health conditions than people without disability, and associated high level use of professional health services (AIHW 2011c). The most commonly reported conditions are mental health problems, back problems, arthritis, cardiovascular diseases and asthma (AIHW 2010b).

According to the 2007–08 NHS, people with severe or profound core activity limitations were around 8 times more likely than those without disability to experience high or very high levels of psychological distress, and 10 times as likely as others to report severe or very severe levels of pain (AIHW 2010a).

Severe disability is also associated with relatively high levels of unmet need for health care (AIHW 2009b) and the under-use of disability-specific health resources (AIHW 2010a). According to the 2009 SDAC, 10% of people aged under 65 years with severe or profound limitations living in households who needed help with health care had no source of assistance (Figure 5.4).

### 5.3 Specialist disability services

A range of services are available to people with disability, in both mainstream and specialist settings. They include services to maintain or improve physical functioning, support independent living and prevent or reduce reliance on institutional care, and promote participation in education, employment, community, social and civic life.

Two major programs provide specialist services to people with disability:

- services provided by the states and territories under the National Disability Agreement (formerly the Commonwealth State/Territory Disability Agreement or CSTDA).
- HACC services, which provide support to people with disability or ill-health, or who are ageing, in order to prevent early entry into care.

The NDA-related services (formerly CSTDA) have as their focus people with intellectual, psychiatric, sensory, physical or neurological impairments that manifest before 65 years of age, and result in the need for assistance with mobility, self-care and/or communication—the ‘core activities of daily living’ (AIHW 2009a). The NDA makes the Commonwealth responsible for the provision of employment services to people with disability, and all other specialist disability services are the responsibility of states and territories (COAG 2008).

The HACC program is intended to provide maintenance and support services to people who are frail-aged, together with younger people with disability and their carers (DoHA 2007). The program aims to support clients to be independent at home and in the community, to prevent or delay inappropriate entry to long-term residential care (DoHA 2007).

In addition, the Younger People in Residential Aged Care (YPIRAC) initiative aims to provide specialist services targeted at younger people with disability under 65 years either in residential aged care, or at risk of entering residential aged care. People who received services under this initiative are discussed separately at the end of this section.

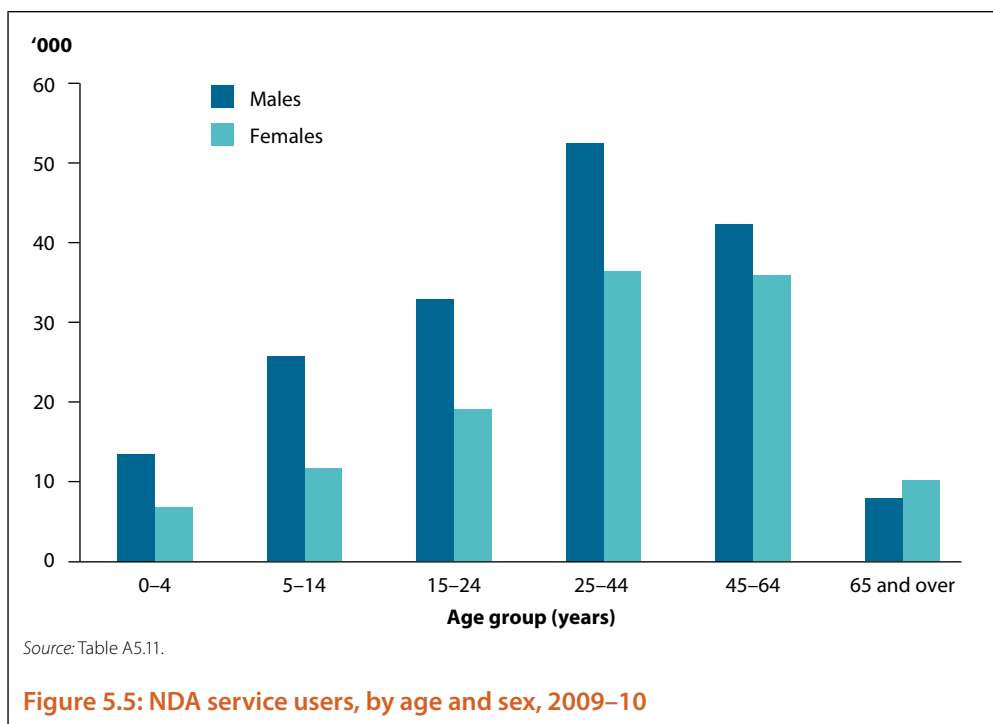
## How many people use specialist disability services?

Together, the Australian, state and territory governments provided funding under the NDA for specialist disability services to around 295,000 people in 2009–10. In addition, HACC provided services to 193,000 people aged 0–64 years. Some people with disability receive services under both NDA and HACC. One of the reasons for this is that certain service types, such as nursing care, allied health, and aids and equipment provision, are available under HACC but may not be available under state and territory disability service systems. The degree of overlap is not known; however, under National Health Reform changes in most states and territories, services to people with disability 0–64 years of age will be focused under NDA disability service systems.

Between 2003–04 and 2009–10, the number of service users under the NDA grew by 57%, or more than 100,000 people (Table A5.9). Over the same period the number of people aged less than 65 years who received HACC services increased by around 36,000 or 23% (Table A5.10).

## Demographic characteristics of specialist disability services users

In 2009–10, the majority of the 295,000 NDA service users were male (61%), with males outnumbering females in all age groups except for the small number of service users aged 65 years or over (Figure 5.5). Almost 110,000 children and young people aged 0–24 years used NDA services, of whom two-thirds (66%) were male. This reflects the higher prevalence of disability in boys and young men compared to girls and young women (Figure 5.1). The median age of service users in 2009–10 was 33.6 years—an increase of just over 3 years compared to the service user population in 2003–04 (median age 30.4 years).



One in 20 NDA service users (4.8%, or almost 14,000 people) in 2009–10 were Indigenous Australians, and 12.3% were born outside Australia. The cultural diversity of service users has increased steadily since 2003–04, when 3.5% were Indigenous and 7.6% were born outside Australia (AIHW forthcoming).

The concept of the 'potential population' is used for planning and monitoring the provision of disability services. This takes into account the different age structures of the Indigenous and non-Indigenous populations, as well age- and sex-specific disability rates that have been observed to vary according to Indigenous status, reflecting the pattern of premature ageing seen among the Indigenous population (AIHW 2011a). In 2009–10, there were 413 Indigenous NDA service users per 1,000 potential population, compared to 382 per 1,000 potential population for non-Indigenous service users (Table A5.12).

The 193,000 HACC users aged under 65 years represented 22% of the overall HACC population in 2009–10. In contrast to NDA services, males were under-represented in the 'younger' HACC service user population—43% of those aged under 65 years were male. The majority of HACC service users under 65 years were aged 50–64 years: 105,321 people (55%) in 2009–10, compared to 87,635 (45%) who were aged 0–49 years (Table A5.10). Growth in service user numbers in recent years has been stronger in the 50–64 years age group than 0–49 years, reflecting the program's increasing focus on older people with disability.

## Disability types

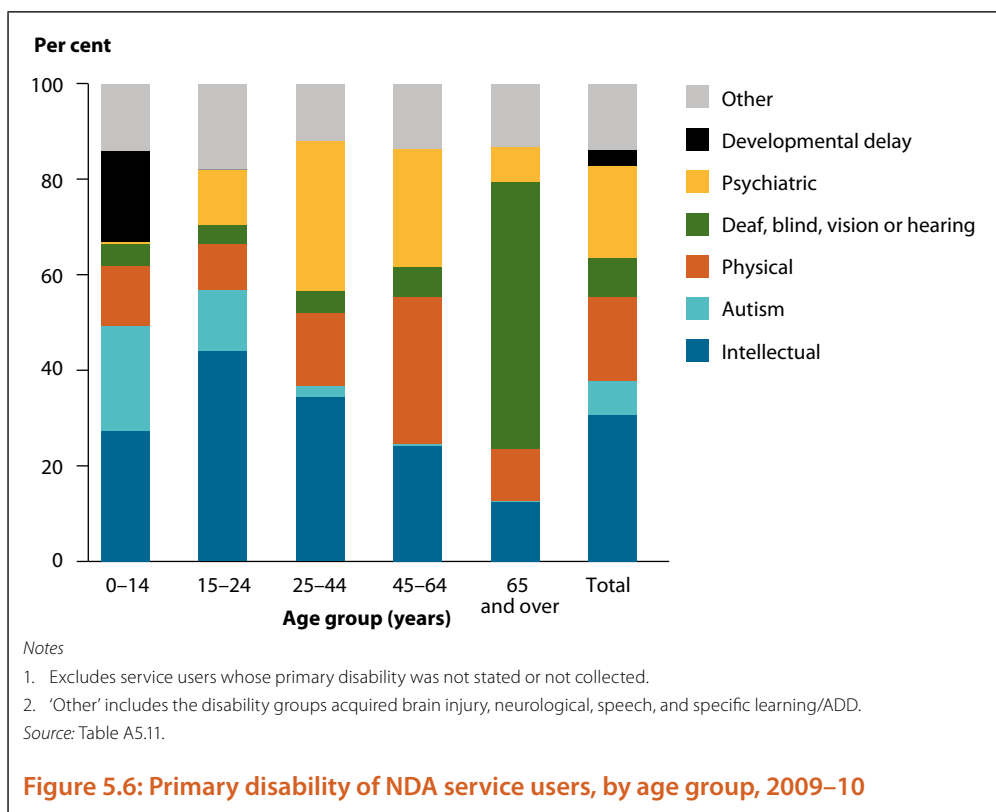
Continuing the historical pattern, people reporting intellectual disability as their primary disability make up the largest group of NDA service users (31% in 2009–10). The next most common groups of service users were those whose primary disabilities were psychiatric (19%), followed by physical (18%). The prevalence of different types of disability among the service user population varied with age (Figure 5.6): intellectual disability and autism were most common among children and young people, while physical disability was most frequently reported for people aged 45–64 years, and more than half of all service users aged 65 years or over had a primary disability in the deafblind, vision or hearing group. Psychiatric disability was reported as the primary disability for almost one in three service users aged 25–44 years, and one in four aged 45–64 years.

Many specialist disability service users report multiple disabilities. Approximately 39% of services users reported another significant disability in addition to their primary disability. For example, in 2008–09, 62% of service users with acquired brain injury also reported other significant disability groups, while 57% of people with intellectual disability or those reporting deafblind as a disability group also reported other disabilities (AIHW 2011b).

The period 2003–04 to 2009–10 saw a shift in the profile of CSTDA/NDA service users, with the prevalence of intellectual disability as a primary disability decreasing from 42% to 31% with a corresponding increase in psychiatric disability from 9% to 19% (Table A5.13). The proportion of service users with a primary disability of autism has also risen steadily, from 5% in 2003–04 to 7% in 2009–10.

Information on the types of disability HACC service users have is not available.

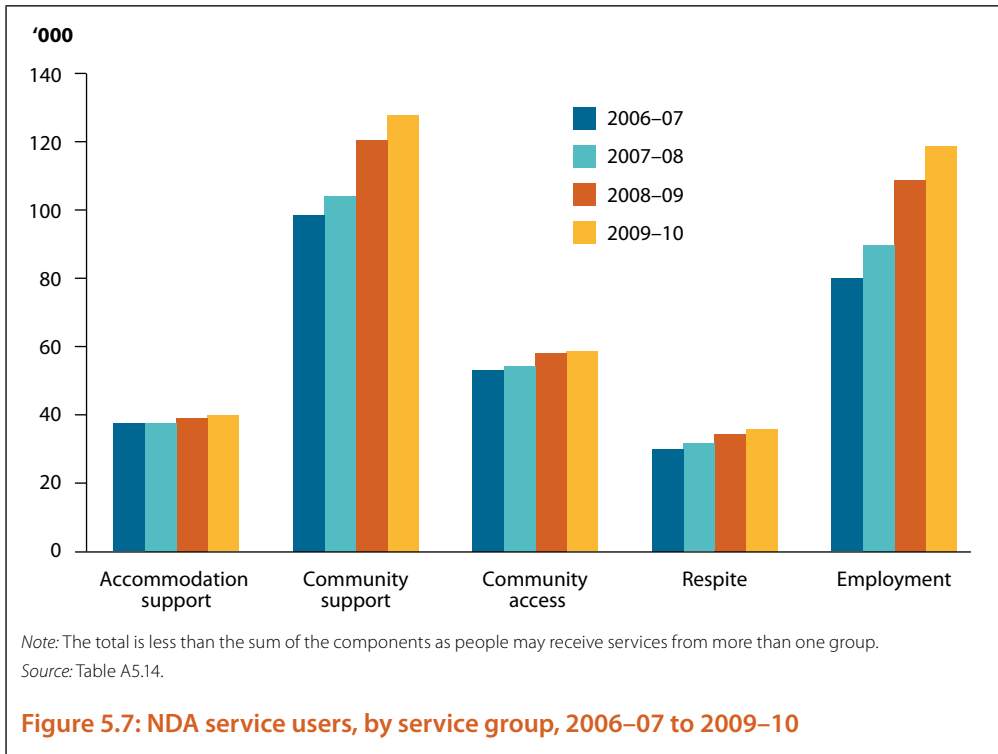




## What services do people receive?

NDA services are divided into five broad groups: accommodation support; community support; community access; respite; and employment services. As in previous years, community support was the most commonly accessed service group in 2009-10, with almost 128,000 people (43%) receiving one or more community support services (Figure 5.7). The second most commonly accessed service group was employment services, which almost 119,000 people used in 2009-10 (40% of service users).

Employment services provided under the NDA are discussed in the employment section 'Chapter 5.4 Participation in major life areas,' while details of the other service groups are presented in the following pages.



The service that HACC clients aged 0–64 years most commonly accessed in 2009–10 was assessment (30%), followed by nursing care (24%), domestic assistance (22%) and allied health care (22%) (Table A5.15).

## Support to live in the community

### Community support

Community support services aim to assist people with disability to live in a non-institutional setting. These include services such as therapy, early intervention, behaviour management and counselling. Within this group the service type ‘case management, local coordination and development’ is specifically intended to include individual- and family-centred planning (AIHW 2009c). This featured most prominently, with 23% of all service users accessing this service type in 2009–10 (Table A5.14).

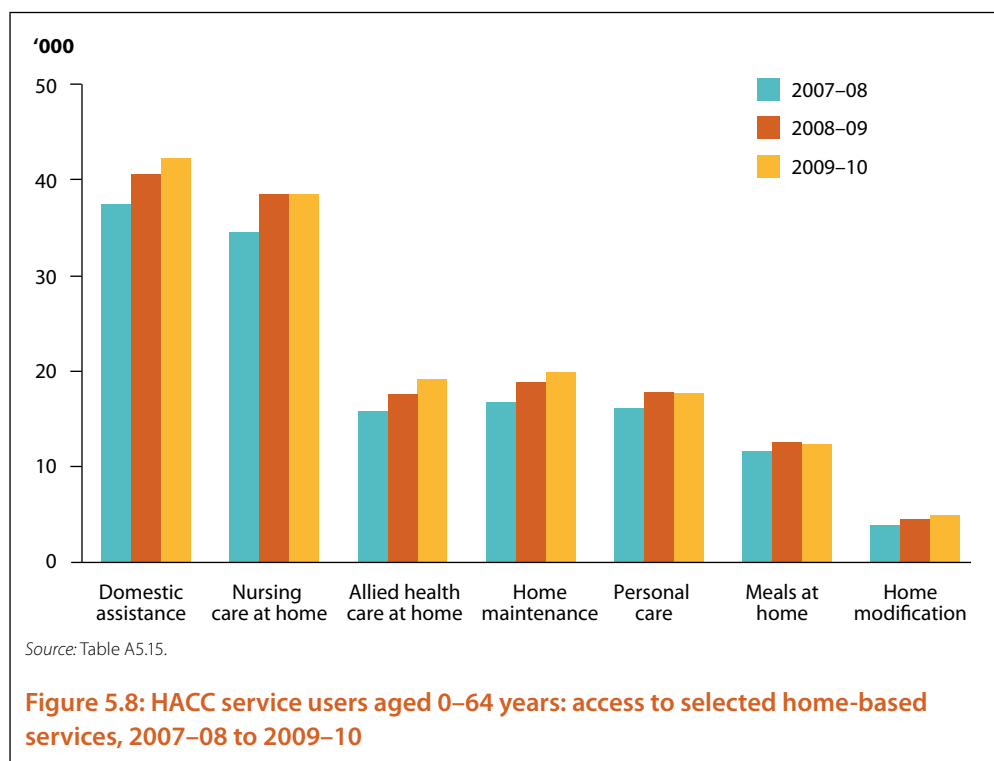
The 4 years to 2009–10 saw a 30% increase in the number of people receiving NDA community support services—stronger growth than for any other service group apart from employment (Table A5.14). The relative increase in service user numbers was greatest for ‘therapy support for individuals’, ‘case management, local coordination and development’, and ‘regional resource and support teams’.

Other types of community support available to people with disability include, for example, social support under the HACC program, which aims to assist an individual to participate in social and community life through activities such as ‘friendly visiting services’ and accompaniment of a client (DoHA 2007:31). In 2009–10, nearly 28,000 HACC clients aged under 65 years accessed social support, 51% of whom were aged 0–49 years (Table A5.15).

## Home-based assistance

Specialist disability services provide 'attendant care/personal care' and 'in-home accommodation support', which assist people with physical, intellectual or other disability who are unable to complete daily activities for themselves. This may include personal care and hygiene, meal preparation and assistance with movement (AIHW 2009a). During 2009–10, 22,000 people (8% of specialist disability service users) received these types of accommodation supports (Table A5.14).

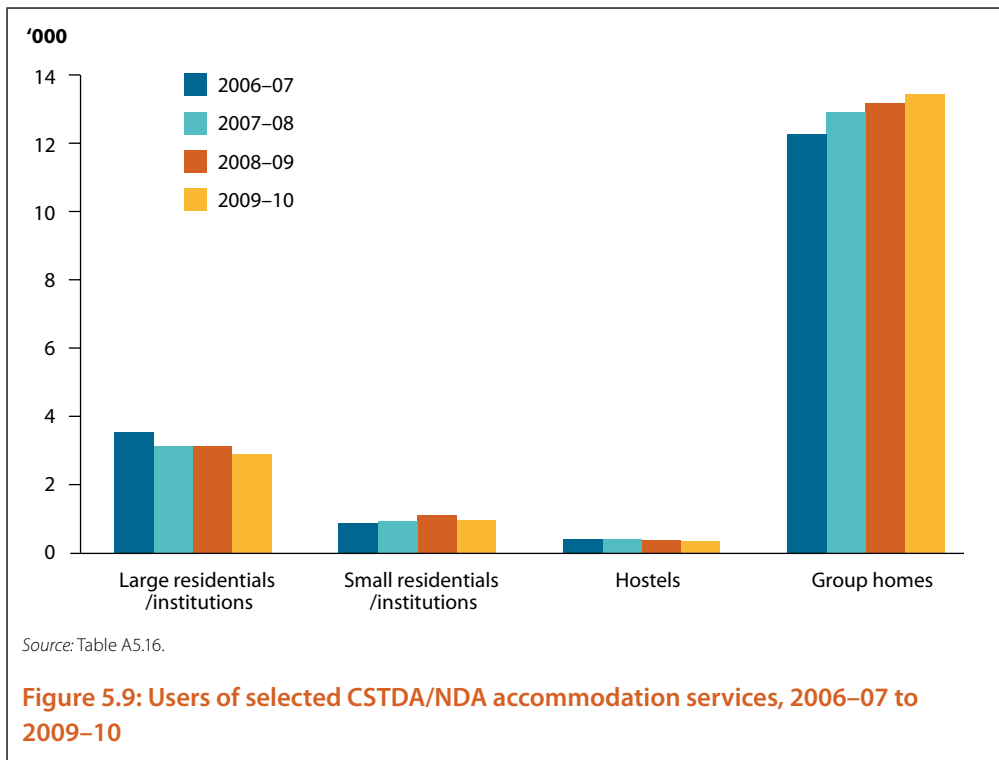
Support in this area is also available through HACC, with services such as domestic assistance, goods and equipment, home maintenance and modification, meals, allied health, nursing care and personal care. Domestic assistance was the service that HACC clients aged 0–64 years most commonly used (provided to 42,276 clients in 2009–10), followed by home-based nursing care (38,519), home maintenance (19,856) and home-based allied health care (19,162). The use of most types of home-based services in HACC increased slightly between 2007–08 and 2009–10 (Figure 5.8).



## Accommodation

In seeking to improve access to suitable housing among people with disability, there has been a shift in focus away from congregate housing models (such as residential/institutions) towards community-based living with support. Fisher and Purcal (2010:540) report findings showing 'improved client outcomes in social networks, decision making, community access, participation in domestic tasks and personal wellbeing, compared to their lives before they accessed [housing] support'.

In 2009–10 there were 17,619 people with disability living in special accommodation settings provided by states and territories under the NDA. Three-quarters (76%) lived in group homes (community-based settings with fewer than seven people) while 16% lived in large residential/institutions (congregate settings of more than 20 places). The remainder lived in small residential/institutions (congregate or cluster settings of 7–20 places) or hostels. Since 2006–07 the total number of service users in these forms of accommodation has been fairly stable; however, the ongoing shift away from institutional care and towards accommodation in group home settings is evident (Figure 5.9).



### Services supporting participation in local communities

Various programs available at the local level support people, particularly with severe or profound disability, to participate in the life of their local communities. Specialist disability services provided specific service types under the broad service category ‘community access’. Community access includes learning and life skills development, recreation and holiday programs and other community access, such as providing opportunities for socialising and developing self-esteem (AIHW 2009c).

Around one in five NDA service users (58,632 people; Table A5.14) received community access services in 2009–10. Use of community access services grew by 10% (or more than 5,000 people) between 2006–07 and 2009–10. Within this broad group, the primary service type was learning and life skills development, which 14% of service users (41,610 people) accessed in 2009–10. Just over 10,000 people (3%) used recreation and holiday programs in the same period (Table A5.14).

Specialist disability services provided under 'community support' and 'respite' also support the aim of inclusive and accessible communities, although less explicitly. 'Respite' services often include social, sporting, recreational and cultural pursuits, both with other people with disability and in the community generally.

The HACC program provides transport services that can support participation by people with disability in the community. Around 14% of HACC clients aged 0–64 years (27,308 people) used this service type in 2009–10 (Table A5.15).

### Respite services

Specialist disability services and carer support services provide a range of forms of respite to clients, who may be either a care recipient or a carer (for carer data see 'Chapter 7 Carers and carer support'). Respite occurs in a variety of settings: in-home, centre-based and other locations with volunteer and paid respite workers.

Within specialist disability support services, close to 36,000 service users accessed respite in 2009–10 (12% of all service users). This represents an increase of 6,000 service users on 2006–07, or 20% growth in four years. The most common type of respite service (21,175 users) in 2009–10 was flexible respite, employing a combination of own-home and host family/peer support respite. Centre-based respite and respite homes were the second most common, accessed by 14,212 service users (5% of all NDA service users) in 2009–10 (Table A5.14).

Under the HACC program, almost 15,000 carers (aged up to 65 years), received respite services (Table A7.21) where a substitute carer provided supervision and assistance to the care recipient (DoHA 2007).

### Younger people with disability in residential aged care

Younger people with disability in residential aged care (YPIRAC) is a five year initiative agreed by the Council of Australian Governments in 2006. It aims to reduce the number of younger people with disability living in residential aged care settings through provision of more appropriate alternative accommodation and the diversion of those who are at risk of entering residential aged care. YPIRAC also provides enhanced services for people with disability who elect to remain in residential aged care (AIHW 2011b). The initial priority of YPIRAC is people with disability aged less than 50 years who are either living in, or are at risk of entering residential aged care. Where possible the objectives of YPIRAC are extended to people with disability aged less than 65 years.

State and territory governments manage this initiative on a day-to-day basis to achieve targets in relation to the agreed three objectives.

### Permanent residents in residential aged care

On 30 June 2010, there were 6,478 permanent residents of residential aged care aged 0–64 years, of whom 11% (715 people) were aged less than 50 years (Table 5.3). In the 2009–10 financial year, 204 people with disability aged under 50 years were admitted to residential aged care facilities. Both the total number of residents aged 0–49 years, and the number of new admissions each year in this age group, fell significantly between 2004–05 and 2009–10.

Referral to an Aged Care Assessment Team (ACAT) can only occur 'where it can be demonstrated that there are no other facilities or care services appropriate to meet the person's needs' (AIHW 2011b:5). Between 2006–07 and 2008–09, ACAT assessments for people aged less than 50 years declined slightly from 727 to 669, with 'private residence' and 'residential aged care—high care level' as the two main recommended long-term care settings (AIHW 2011b:6).

**Table 5.3: Permanent residents of residential aged care aged 0–64 years, 2005–2010**

Age group	2005	2006	2007	2008	2009	2010	Per cent change 2005–2010
<b>People admitted in financial year to 30 June<sup>(a)</sup></b>							
0–49 years	318	262	234	208	232	204	–35.8
50–64 years	1,700	1,662	1,602	1,648	1,667	1,708	0.5
<b>0–64 years</b>	<b>2,018</b>	<b>1,924</b>	<b>1,836</b>	<b>1,856</b>	<b>1,899</b>	<b>1,912</b>	<b>–5.3</b>
<b>Permanent residents as at 30 June<sup>(b)</sup></b>							
0–49 years	1,019	1,007	945	857	810	715	–29.8
50–64 years	5,455	5,550	5,632	5,752	5,693	5,763	5.6
<b>0–64 years</b>	<b>6,474</b>	<b>6,557</b>	<b>6,577</b>	<b>6,609</b>	<b>6,503</b>	<b>6,478</b>	<b>0.1</b>

(a) The number of people admitted is calculated by counting the first non-transfer admission of each person between 1 July the previous year and 30 June in the year shown. Age reported is age at admission.

(b) The total number of permanent residents at 30 June each year, including those admitted in the previous 12 months.

Source: AIHW 2011b; AIHW analysis of the Aged and Community Care Management System (ACCMIS) as at December 2010.

### Characteristics of YPIRAC service users

In 2009–10, 943 people received YPIRAC services—the largest number since the program began in 2006–07, and 126 more than the previous year. Of these service users:

- 41% (384 people) living in residential aged care had moved, or agreed to move to alternative accommodation;
- 25% (235 people) were considered to be at risk of inappropriate entry into residential aged care; and
- 29% (275 people) were in residential aged care and were provided with additional support services (AIHW 2011b).

A small number of service users living in residential aged care received services such as assessment or client monitoring, but chose not to receive other services.

Around two in three (68%) service users were aged less than 50 years, with the largest group of users (30%) in the 45–49 years age group. Slightly more than half (56%) of all service users were male. One in 10 YPIRAC service users identified as Aboriginal or Torres Strait Islander in 2009–10 (AIHW 2011b).

Almost half (47%) of all younger people with disability receiving YPIRAC services in 2009–10 reported acquired brain injury as their primary disability, while 30% reported neurological disability. Complex and multiple disability was common among this population, with around half of all service users reporting disabilities in more than one group, and 9% reporting four or more disability groups (AIHW 2011b).

### Services provided under YPIRAC

In 2009–10, 98% of YPIRAC service users received YPIRAC assessment, individual care planning and/or client monitoring services, and most (74%) received support services. Almost one in five (18%, or 172 people) received alternative accommodation and another 127 service users (13%) had been offered alternative accommodation, and 70 (7%) had accepted these offers. (AIHW 2011b).

Community access was provided to 48% of YPIRAC service users. These services included learning and life skills development, recreation/holiday programs and opportunities to socialise. Community support services such as therapy were provided to 40% of YPIRAC service users. Around one in four (23%) YPIRAC service users accessed transport services funded under the program. In terms of support provided in the client's accommodation setting, 15% received attendant care or personal care, and 14% received in-home accommodation support (AIHW 2011b).

## 5.4 Participation in major life areas

### Community participation

The National Disability Strategy focuses on increasing the participation of people with disability, their families and carers in the life of the community; improving the accessibility of the built and natural environment through planning and regulatory systems; and improving the provision of accessible housing, transport, and communication and information systems (COAG 2011a).

People with disability may experience restricted access to social and cultural events and to civic, political and economic opportunities because of the inaccessibility of the built and natural environment, and of services and programs. The way information is provided can also restrict the participation of people with disability in the community.

According to the 2009 SDAC, most people with disability aged under 65 years were involved in social and community activities, including those with severe or profound limitations (Table 5.4). The most common activities were telephone calls and visits to and from family and friends. The majority of people with disability visited a restaurant or club over a 3-month period, and around one in six had been involved in church or voluntary activities away from home.

However, 7% of people with disability aged under 65 years did not participate in any social or community activities away from home. People ageing with severe or profound limitations were most likely to have limited participation in the community.

Community participation among older people is discussed in Chapter 6.

**Table 5.4: Participation in the community by people aged 5–64 years with disability living in households, 2009 (per cent)**

	Severe or profound limitation			Total with disability		
	5–44 years	45–64 years	Total 0–64 years	5–44 years	45–64 years	Total 0–64 years
<b>At home in the last 3 months</b>						
Visits from family/friends	85.1	84.5	84.8	88.4	87.4	87.9
Telephone calls with family/friends	74.8	86.9	80.5	85.6	91.6	88.9
Art/craftwork (for/with other people)	21.4	12.5	17.2	19.1	13.8	16.2
Church/special community activities	6.5	5.9	6.2	6.2	6.5	6.3
Voluntary work (including advocacy)	4.4	5.6	5.0	5.0	8.1	6.7
None of the above	6.7	5.5	6.1	4.3	3.7	4.0
<b>Away from home in the last 3 months</b>						
Visited relatives or friends	86.2	79.3	82.9	89.7	86.6	88.0
Restaurant or club	56.1	53.0	54.6	64.9	65.8	65.4
Church activities	19.6	16.6	18.2	18.1	18.2	18.1
Voluntary activity	11.5	11.2	11.4	14.1	18.8	16.7
Performing arts group activities	7.6	2.8	5.3	7.3	5.1	6.1
Art or craft group activity	8.9	5.3	7.2	7.1	7.4	7.2
Other special interest group activities	15.8	11.3	13.7	15.2	12.6	13.8
Other activity not specified elsewhere	2.7	2.4	2.6	2.8	2.7	2.7
Did not participate in any social or community activities away from home	7.0	12.2	9.5	5.7	7.6	6.8
Does not leave home	*0.7	1.7	1.1	0.5	0.6	0.6

\* Estimate has a relative standard error of 25% to 50% and should be used with caution.

Sources: Unpublished data table of the ABS 2009 Survey of Disability, Ageing and Carers.

### Building accessibility and universal design

On 1 May 2011 the *Disability (Access to Premises—Buildings) Standards* came into effect. The Standards align Commonwealth disability discrimination law with state and territory building law, delivering improvements in non-discriminatory access for people with disability to publicly accessible buildings (Attorney-General's Department 2010).

Under the NDA, all parties agreed to work together on a national approach to accessible parking across Australia (COAG 2008). This resulted in the establishment of the Australian Disability Parking Scheme, which included the rollout of nationally recognised Australian Disability Parking Permits (Australian Government 2010a).

In 2011, a new not-for-profit organisation called Livable Housing Australia was established to promote greater understanding of the value of universal housing design within the community and to promote these practices throughout the residential building and property industry. It aims to ensure that all homes will be built to reflect the new livable housing design guidelines by 2020, and leaders of the industry and the disability sector have committed to a strategic plan that will work towards that target. The Australian Government has committed \$1 million to drive a partnership with the building and property sectors to promote livable housing design.



### Increasing access to the community

The National Companion Card Scheme was launched in 2010 whereby a person with lifelong disability may be accompanied to participate in community activities by a support person attending without having to incur the cost of a second ticket for their companion. It is recognised by some 4,200 affiliate organisations across Australia which contributes directly to the inclusive community model. The Companion Card was developed to remove the financial barrier for people with disability who require lifelong attendant care support to participate at events, activities and venues (Australian Government 2010b).

The states and territories are also implementing *Disability Standards for Accessible Public Transport 2002* to remove discrimination in providing public transport for people with disability and to assist them to fully participate in community life (Attorney-General's Department 2010).

### Internet accessibility

Data standards influencing the accessibility of information on internet webpages have also been introduced, and are being progressively applied in public and private sector domains. 'Under the *Disability Discrimination Act 1992*, Australian Government agencies are required to ensure information and services are provided in a non-discriminatory accessible manner' and the Australian Government standard requires compliance with the Web Content Accessibility Guidelines version 2 (Australian Government 2011). This is particularly relevant to people with visual impairment using assistive technologies to access internet-based information resources.

## Participation in education

### Early childhood education and early intervention

The Australian Government Department of Education, Employment and Workplace Relations (DEEWR) supports children with disability to engage in mainstream preschool and day care settings through programs such as the Inclusion Support Subsidy, which funds child care services to include children with high support needs, including those with disability (DEEWR 2011b). DEEWR reported achieving higher than estimated numbers of children with disability participating in government-funded day care settings in 2009 (DEEWR 2010b). In addition, individual states' and territories' Departments of Education provide a range of targeted early intervention and mainstream supports to assist children with disability to participate in preschool education.

Under the National Disability Agreement, Early Intervention and Prevention, Lifelong Planning and Increasing Independence and Social Participation Strategies were identified as a priority area. Under this priority, an Early Intervention and Prevention Framework will be developed to increase Government's ability to be effective with early intervention and prevention strategies and to ensure that clients receive the most appropriate and timely support.

In 2008 the Australian Government established the Helping children with autism program. Building on the success of the Helping Children with Autism package, the Australian Government introduced a new initiative – Better Start for Children with Disability—on 1 July 2011. The initiative extends the same package of assistance to children with cerebral palsy, Down syndrome, sight and hearing impairments and Fragile X syndrome and aims to increase access to early intervention services to improve the capability of these children to transition successfully to school (FaHCSIA 2011a).

## School attendance

According to the 2009 SDAC, 82% of people aged 5–20 years with disability (almost 293,000 students) were attending school in 2009 (Table 5.5). Around two-thirds (66%) attended an ordinary (mainstream) school class, and a further 25% attended a special class in an ordinary school. Only one in 10 children and young people with disability attended a special school.

Students with severe or profound limitations were most likely to attend a special school or class: one in six (17%) attended a special school in 2009, and a third (31%) attended a special class in an ordinary school. Still, half (52%) of these students attended an ordinary school class. The high retention of students with severe or profound limitation in an ordinary class may reflect the effects of inclusion policy programs and supports aimed at these students.

Children and young people with severe or profound limitations were more likely than those with disability generally to be attending school (88% compared to 82%), in part because they were less likely to have finished school than their peers with less severe disability (AIHW 2005: Table 5.27).

**Table 5.5: Persons aged 5–20 years attending school, by type of school and class, by disability status, 2009 (per cent)**

	Ordinary school			Total ('000s)	% of all aged 5–20 years
	Ordinary class	Special class	Special school		
Severe or profound	52.0	31.2	16.7	147.4	87.7
Total with disability	65.9	24.3	9.9	292.6	82.1

Note: Limited to people living in households.

Source: Unpublished data table of the ABS 2009 Survey of Disability, Ageing and Carers.

While overall school attendance rates for young people with disability aged 5–20 years increased slightly between 2003 and 2009 (from 79% to 82%), there was no change among young people with severe or profound limitations (AIHW 2005; Table 5.5). However, the percentage of students with severe or profound limitations attending ordinary schools—whether in special or ordinary classes—rose from 78% to 83%. Previously published research shows increasing participation in education among children and young people with disability over the past three decades, including a trend towards attendance at ordinary schools by students with the most severe limitations (AIHW 2008a).

## Enrolment statistics

Looking at enrolment rather than survey statistics, more than 150,000 students attending Australian schools in 2010 had a recorded disability (Table 5.6). Around three-quarters (76%) attended government schools, accounting for 5.0% of all students at government schools (adjusted for those attending part time). Close to 40,000 students attended non-government schools, in which they comprised 3.1% of attendances. The percentage of school students who were recorded as having a disability varied considerably between states and territories, particularly within the government sector. The extent to which this is due to inter-jurisdictional differences in classifying disability as opposed to real variances in attendance patterns is unclear.

Jurisdictions vary in terms of how disability is classified in school settings (Box 5.4), so comparisons of the percentage of students with disability across states and territories should be treated with caution. Further, the number of students recorded as having disability in education authorities' administrative data (around 150,000) is considerably less than the estimated number of school students with disability from the population survey (almost 300,000), suggesting that schools capture information about only a subset of all students experiencing some form of disability. Table A5.17 provides details of how each state or territory classifies disability in enrolment statistics.

The provision of support through mainstream classes, specialist classes within mainstream settings and special schools also varied significantly across jurisdictions and between sectors. In the non-government school sector, 94% of students with disability attended mainstream schools, ranging from 89% in NSW to 100% in the ACT and NT (Table 5.6). Further, in all jurisdictions except Victoria and Western Australia more than 80% of students with disability in government schools attended mainstream schools.

### Box 5.3: Disability Standards for Education

In 2005, the Australian Attorney-General implemented the Disability Standards for Education as subordinate legislation to the *Disability Discrimination Act 1992*. Their purpose is to clarify the legal obligations of education providers in relation to education. Education providers include preschools, public and private sector schools, post-school education and training authorities, higher education providers, adult and community education providers and educational curricula bodies (Ruddock 2005). The standards cover enrolment, participation, curriculum development, accreditation and delivery, support services and harassment and victimisation (Ruddock 2005). A review of the standards is underway, with a discussion paper released in December 2010 (DEEWR 2010c; Ruddock 2005).

Eligibility for support within school education is based on an assessment of the individual student's needs. The 2005 standards require education providers to 'consult in order to understand the impact of a student's disability and to determine whether any adjustments or changes are needed to assist the student' (DEEWR 2010c:16). However, there is currently no national model for assessment of disability in educational settings, and specific funding and assistance provided differ by jurisdiction (AIHW 2009a). Most jurisdictions have guidelines that specify eligibility in terms of a range of disabilities including intellectual/learning, physical and sensory, psychiatric, behaviour and autism spectrum disorders.

**Table 5.6: Students with disability attending school, 2010 (FTE)<sup>(a)</sup>**

	NSW	Vic <sup>(b)</sup>	Qld <sup>(c)</sup>	WA <sup>(d)</sup>	SA <sup>(b)</sup>	Tas <sup>(b)</sup>	ACT <sup>(b)</sup>	NT	Total
<b>Government schools</b>									
Students with disability	46,336	20,269	22,816	7,185	15,171	863	1,831	2,325	<b>116,796</b>
% in mainstream schools	90.7	55.8	85.2	69.7	93.4	80.4	84.1	88.9	<b>82.4</b>
% of all students	6.0	3.7	4.7	2.8	9.1	1.3	5.3	7.1	<b>5.0</b>
<b>Non-government schools</b>									
Students with disability	14,562	9,435	5,789	3,205	2,812	556	475	357	<b>37,191</b>
% in mainstream schools	88.9	98.8	97.9	95.4	98.0	96.2	100.0	100.0	<b>94.4</b>
% of all students	3.8	3.0	2.4	3.5	2.3	2.4	1.8	3.5	<b>3.1</b>
<b>Total</b>									
Students with disability	60,898	29,704	28,605	10,390	17,983	1,419	2,306	2,682	<b>153,987</b>
<b>% of all students</b>	<b>5.3</b>	<b>3.5</b>	<b>3.9</b>	<b>2.9</b>	<b>6.2</b>	<b>1.6</b>	<b>3.8</b>	<b>6.2</b>	<b>4.3</b>

(a) FTE (full-time equivalent) students are not the actual number attending. For example, a student attending for half the normal school hours will be half an FTE student. The number of enrolled students will normally be greater than the number of FTE.

(b) ACT, Tas, Vic and SA data exclude children attending preschools.

(c) The Queensland Department of Education provides Special education programs (SEP), which are school-based resources that are located at and support a state primary, secondary or special school. SEPs give support to students with disabilities and assist classroom teachers in the development and delivery of the students' educational programs.

(d) Based on a headcount of full-time students of compulsory school age.

Sources: DEEWR unpublished data; data provided to AIHW by state and territory education authorities; Table A5.17.

## Post-school education

In order to support people of traditional working age with disability to participate in post-school education and training, a National Disability Coordination Officer program commenced in 2008 (DEEWR 2009a). The program targets barriers people with disability face accessing and completing post-school education and training, as well as finding subsequent employment. In 2009–10, 31 officers were funded under the program (DEEWR 2010b:94, 98).

The Higher Education Participation and Partnerships Program (HEPPP) aims to assist universities in implementing strategies to remove barriers to higher education for people from disadvantaged backgrounds, including those with disability. Funding is provided to universities based on performance in terms of retention and success ratios in the number of domestic students with disability enrolled (Gillard 2010).

The Higher Education Disability Support program aims to assist higher education providers to cover additional costs incurred in providing educational and equipment supports to enable students with disability to access, participate in and complete higher education. For example, in 2010 over \$1 million was provided to Australian universities in performance-based disability support funding (DEEWR 2011a).

In 2009, there were 33,636 domestic students recorded as having a disability attending Australian universities, accounting for 4.2% of all domestic students—up from 3.1% in 2001 (DEEWR 2010d). The representation of people with disability among the university student population was greater for undergraduate enrolments (4.4% in 2009) than other enrolment types (3.6%).

## Economic participation

The National Disability Strategy focuses on increasing access to employment opportunities for people with disability, their families and carers; ensuring income support and tax systems provide adequate support; and improving access to secure and affordable housing options (COAG 2011a).

### Employment of people with disability

Labour force statistics presented in 'Chapter 3 Economic participation' showed that people with disability are much less likely to participate in the labour force than people without disability. Just over half (54%) of all people with disability of traditional working age were in the labour force in 2009, and only one in three (31%) with a severe or profound limitation, compared to 83% of people without disability. People with disability who were in the labour force also experienced higher rates of unemployment than people without disability (7.8% and 5.1%, respectively). Finally, people with disability who were employed were more likely to work part time: 22% of employed males and 56% of employed females with disability worked part time in 2009, compared to 16% of males and 47% of females without disability. Among people with severe or profound limitations, part-time employment rates were 39% for males and 59% for females (AIHW analysis of ABS 2011 datacubes).

According to the 2009 SDAC, more than two-thirds (69%) of people with disability aged 15–64 years living in households had one or more specific employment restrictions, including one in four (27%) who were permanently unable to work (ABS 2011). The most common restrictions reported were:

- restrictions in the type of job that could be performed (35%)
- difficulty changing jobs or getting a preferred job (28%)
- restrictions in the number of hours that could be worked (22%)
- needing time off work because of the disability (12%).

Employment restrictions were more common among people who were unemployed (79%) or outside the labour force (80%) than among those who were employed (57%). In particular, almost three-quarters (73%) of people with disability who were unemployed reported restrictions in the type of job they could perform, 44% were restricted in the number of hours, and 38% needed to be able to take time off work because of their disability (ABS 2011).

Of the people with disability who were employed in 2009, almost half (47%) were restricted in the type of job they could perform; more than one-third (38%) had difficulty changing jobs or getting a preferred job; and more than one-quarter (27%) were restricted in the number of hours they could work. Around 12% used flexible hours, leave without pay, sick leave and other leave arrangements because of their disability, and 10% required other special arrangements with their employer such as equipment or modification to their duties. Fewer than one in twenty (4%) employed people with disability required ongoing supervision or assistance (ABS 2011).

### Employment services

Broadly speaking, mainstream services provide support for people with disability to achieve and participate in employment through Job Services Australia as well as specialist disability services, such as Disability Employment Services (Box 5.4) and other NDA services. Individuals eligible for NDA services may receive ongoing supported employment, provided through a network of Australian Disability Enterprises.

### **Box 5.4: The National Mental Health and Disability Employment Strategy and Disability Employment Services**

Following the launch of the National Mental Health and Disability Employment Strategy in 2009, a number of programs and schemes were rolled into the new Disability Employment Services (DES), which commenced operation on 1 March 2010 (DEEWR 2009b).

The former Disability Employment Network (DEN) and the Vocational Rehabilitation Services (VRS) model was replaced in this process and the Disability Employment Services Deed 2010–2012 governs the new model.

Two key characteristics are:

- a removal of the cap on numbers of eligible people with disability able to obtain assistance to acquire and maintain employment
- separate programs based on whether individuals need assistance obtaining employment (Disability Management Service (DMS)) or on-going assistance, at varying levels of intensity, to obtain and maintain a job (Employment Support Service (ESS)).

The effectiveness, efficiency and accessibility of DES are being compared with the DEN/VRS model in an evaluation strategy using progressive monitoring. A final evaluation report is due in 2012–2013 (DEEWR 2010a).

The Strategy also brought about the creation of an Employment Assistance Fund to improve workplace accessibility; a Disability Support Pension Employment Pilot with wage subsidies of up to \$3,000 to employers; and a 10-year vision 'Inclusion for People with Disability through Sustainable Supported Employment', which will consider the delivery of supported employment services, including opportunities to broaden the existing model and the benefits of a mixed workforce.

The Strategy aims to support people with disability to engage in the workforce and reduce reliance on the Disability Support Pension (DSP), while removing disincentives to seek employment assistance (DEEWR 2009b). In the past, DSP recipients seeking assistance were required to undergo an eligibility re-assessment, raising concerns that the DSP may be withdrawn. Since this requirement was removed (DEEWR 2009b:8) has reported more than 12,000 DSP recipients sought employment assistance, of whom half moved into employment services.

Across a range of employment assistance services in 2008–09, people with disability were less likely than jobseekers in general to have achieved positive outcomes within 3 months of exiting the service (Table 5.7). Positive outcomes (including employment, educational and training outcomes) were generally less common for people with disability than people in the sole parent or culturally and linguistically diverse equity groups, but more common than for Indigenous Australians. This is consistent with previous years (AIHW 2009a).

**Table 5.7: Jobseekers achieving positive outcomes after exiting programs, 2008–09 (per cent)**

	Equity groups <sup>(a)</sup>				All jobseekers
	Disability	Indigenous	CALD <sup>(b)</sup>	Sole parents	
Vocational Rehabilitation Services <sup>(c)</sup>	37.3	30.1	30.7	40.7	37.3
Intensive support	49.4	43.0	63.1	69.2	60.5
NEIS	82.4	n.a.	88.8	91.5	89.6
Job Placement Services	64.3	58.6	76.5	77.8	74.0
Work for the Dole	30.8	28.9	42.8	43.6	37.4
Personal Support Programme	21.3	15.8	19.5	27.9	23.2

(a) Equity groups are not mutually exclusive.

(b) People from Culturally and Linguistically Diverse backgrounds from other than main English-speaking countries.

(c) All job seekers in Vocational Rehabilitation Services had disability. People in other equity groups therefore had disability and were also Indigenous, or had disability and were also sole parents, etc.

Note: Post-assistance outcomes are measured 3 months after jobseekers cease assistance. Positive outcomes include employment and education or training outcomes.

Source: DEEWR 2010e.

Employment services under the NDA include both open labour market and supported work environments, as well as support targeted at training and retraining (AIHW 2009a). Open employment includes 'services that provide employment assistance to people with a disability in obtaining and/or retaining paid employment in the open labour market'. Supported employment, generically termed Australian Disability Enterprises, includes 'services that provide employment opportunities and assistance to people with disabilities to work in specialised and supported work environments' (AIHW 2009c:26). A total of 1,419 outlets provide employment assistance to people with disability, with 77% being in the open labour market (Table 5.8).

**Table 5.8: NDA employment outlets, service type by state and territory, 2009–10**

Service type	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Open employment	356	256	208	96	135	21	10	10	1,092
Supported employment	116	89	41	24	38	13	3	3	327
<b>Total</b>	<b>472</b>	<b>345</b>	<b>249</b>	<b>120</b>	<b>173</b>	<b>34</b>	<b>13</b>	<b>13</b>	<b>1,419</b>

Source: AIHW forthcoming.

In 2009–10 there were 118,801 users of NDA employment assistance services, of whom around 98,000 (83%) received an open employment service type. Two-thirds (66%) of people using open employment services in 2009–10 were unemployed (AIHW forthcoming).

Between 2006–07 and 2009–10, growth in the number of people accessing employment services (48%) outstripped all other NDA service groups (Table A5.14). The number of service users accessing open employment services increased by 65% over this period, while supported employment grew by only 2% (Table A5.14). Users of open employment services were most likely to have a psychiatric or physical primary disability (35% and 30%, respectively), while most supported employment service users had a primary disability group of intellectual disability (70%) (AIHW forthcoming).

## Income support

*Australia's welfare 2009* showed that, compared to other households, households that include a person with disability tend to have lower incomes, less wealth, greater reliance on government pensions and allowances, and higher incidence of financial stress. While updated data on these measures are not available, the lower rates of employment among people with disability discussed previously suggest that many people with disability may continue to miss out on the opportunities and benefits associated with economic participation.

People with disability of traditional working age who are unable to fully participate in employment because of their disability can receive income support payments to replace or supplement employment income. Some of these payments are discussed here; however, it should be noted that many people with disability may also receive other allowances available to the general public, including Rent Assistance (discussed in Chapter 9), Youth Allowance, Austudy and Newstart Allowance.

### Disability Support Pension

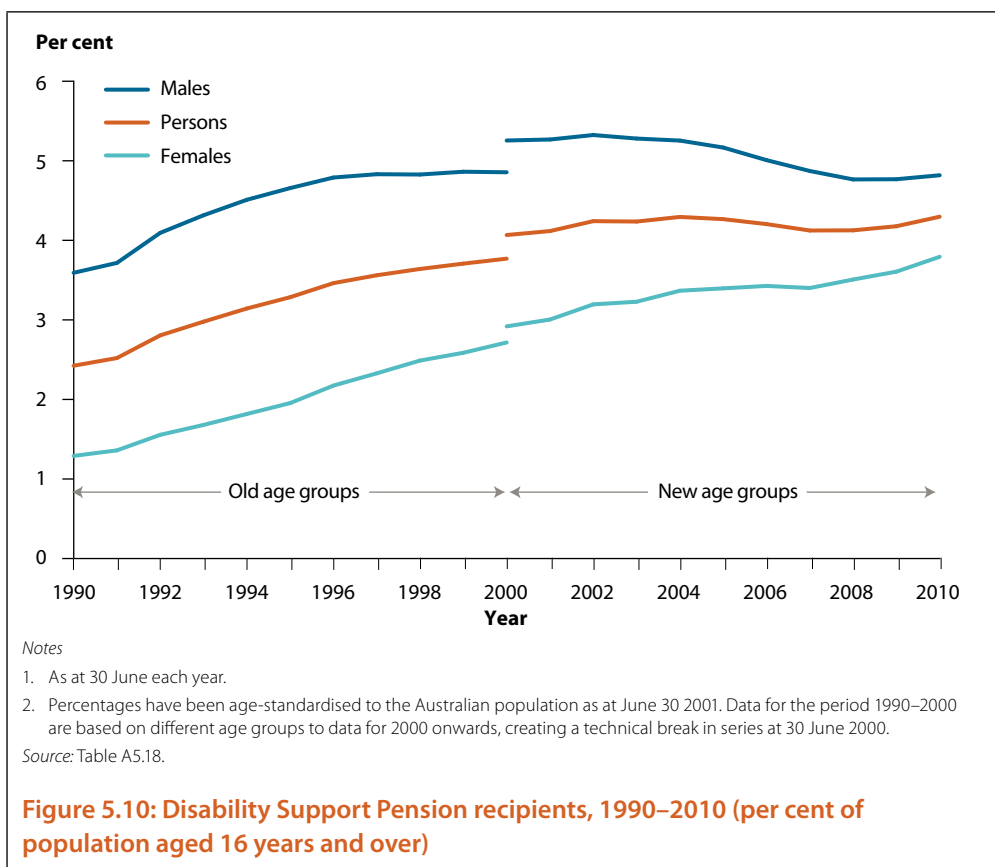
The Disability Support Pension (DSP) is the major disability-related income support payment. It is provided to people aged 16 years and over and under Age Pension age at the time of claim, who are:

‘not able to work for 15 hours or more per week at or above the relevant minimum wage or be reskilled for such work for at least the next 2 years because of ... illness, injury or disability...[or are] working under the Supported Wage system, or permanently blind’ (Centrelink 2010b).

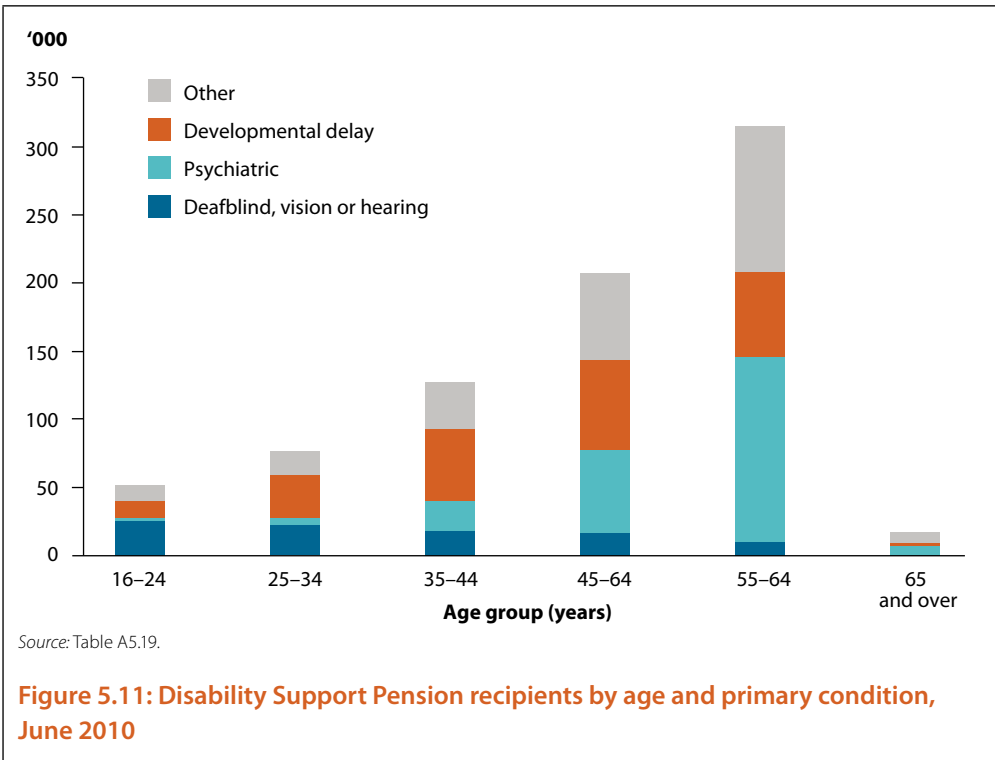
Applicants undergo a Job Capacity Assessment that determines ability to work, and identifies barriers to finding employment and assistance required (Centrelink 2010a). A review of the guidelines used to assess applicants’ work capacity produced revised Impairment Tables, which will be introduced on 1 January 2012 (FaHCSIA 2011b). Refer to the Centrelink website for detailed information about DSP eligibility and payment rates ([www.centrelink.gov.au](http://www.centrelink.gov.au))

There were around 793,000 DSP recipients in 2010 (Table A5.18)—more than twice as many as two decades earlier (317,000 in 1990). The number of people receiving DSP in recent years has grown in line with disability projections associated with population growth and ageing (AIHW 2009a). When population ageing is taken into account, the recipient rate for males fell from 5.3% of the population aged 16 years or over in 2000 to 4.8% in 2010 (Figure 5.10). In contrast, the female rate continues to rise (3.8% in 2010).





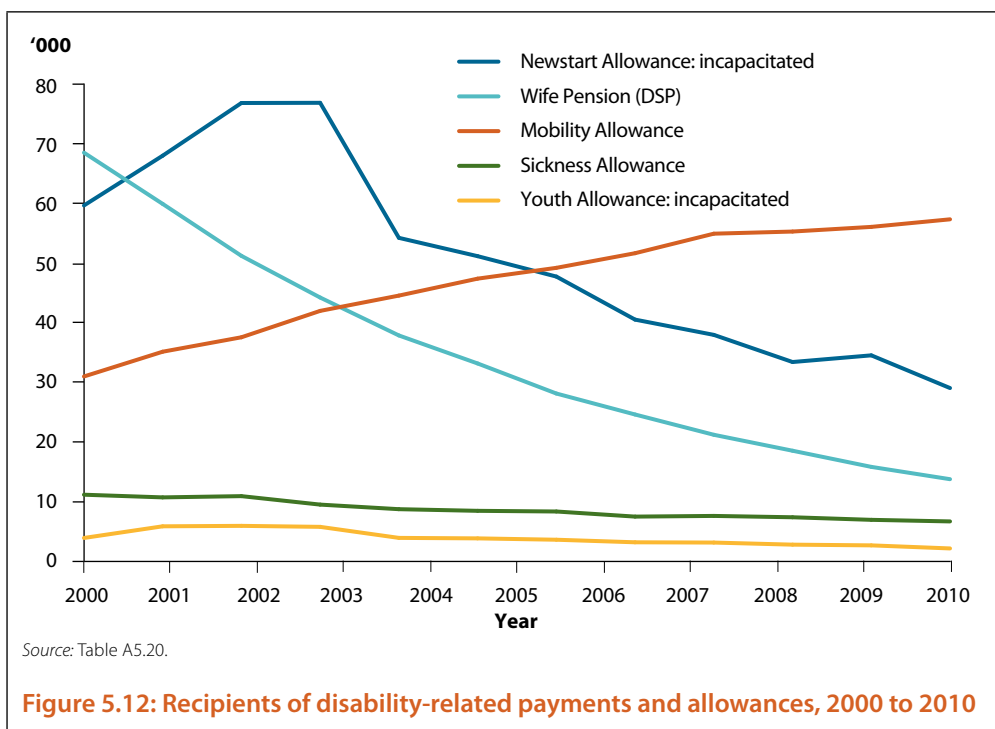
In June 2010, two-thirds (68%) of DSP recipients were aged 45 years or over, with only 6% aged less than 25 years. Half of all young people aged under 25 years receiving the DSP had a primary condition of intellectual or learning disability, while psychiatric and psychological conditions were the most common primary disability among those aged 25–54 years. Beyond 54 years of age, conditions related to the musculoskeletal system and connective tissue were most common (Figure 5.11).



## 5

### Other income support payments

A number of other disability-related payments and allowances are made to Australians with disability. See Appendix B for details of eligibility for each of these payments. Generally, the number of recipients of disability-related income support payments other than the DSP have fallen over the past decade. The notable exception is Mobility Allowance, which increased by more than 20,000 recipients between 2000 and 2010 (Figure 5.12).



## 5.5 Data developments

The AIHW and ABS are currently undertaking work in a number of areas to improve the evidence base relating to people with disability. This work includes scoping a redevelopment of the Disability Services National Minimum Data Set (DS NMDS) and the development of a standard disability identifier for use in mainstream administrative data collections (both projects led by AIHW), and the enhancement of the Survey of Disability, Ageing and Carers (SDAC) by the Australian Bureau of Statistics (ABS).

### Disability Services National Minimum Data Set (DS NMDS)

The DS NMDS is an administrative data collection which provides information on the clients of the specialist disability service system and the services they receive. Commonwealth and state and territory governments have been giving consideration to a redevelopment of the data collection.

The overall aims of the proposed redevelopment include improving the

- capacity of the DS NMDS to collect data pertaining to individualised funding arrangements and client outcomes
- ability of the DS NMDS to describe service interventions and measure client need
- overall quality and timeliness of the DS NMDS, and ensure it aligns with the current policy environment.

## The Disability Data Module

AIHW has previously undertaken work to develop a disability module to identify people with a disability in community services administrative data collections. The scope of the module has since been widened for use across all mainstream data collections. Work is being progressed on finalisation of a revised module and identification of a suitable collection to undertake a pilot.

## Survey of Disability Ageing and Carers (SDAC)

The SDAC aims to measure the prevalence of disability in Australia and the levels of support needed, as well as providing a demographic and socioeconomic profile of people with a disability, older Australians and their carers. The ABS has begun work to develop the 2012 SDAC. This timing reflects plans to move to a triennial survey rather than the current 6 year cycle. As part of the review of the SDAC, the ABS is planning to review the content of the survey and improve survey design, including the design of the computer assisted interviewing instrument.

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