

Chapter 5

People with disability

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5 People with disability

At a glance

Profile of disability

- In 2009, 4 million Australians (18.5% of the population) had some form of disability. Of those, 1.3 million (5.8% of the population) needed help with core activities.
- The number of students with disability in higher education almost doubled between 2001 and 2011, from around 21,300 to 42,100.
- In 2009, people with disability aged 15 to 64 had a lower labour force participation rate (54%) than people without disability in that age range (83%).
- In 2011, Indigenous Australians aged under 65 were 2.4 times as likely to need help with core activities as non-Indigenous Australians in that age range.

Use of services

- The number of people aged under 50 in residential aged care has fallen, with 10% (21) fewer new permanent admissions and 31% (266) fewer permanent residents in 2012 than in 2008.
- The number of people using disability support services grew by 29% (to around 317,600 people) over the 5 years to 2011–12. However, since 2010–11, growth has slowed (1% between 2010–11 and 2011–12, compared with 7% between 2009–10 and 2010–11).
- Three-fifths (59%) of disability support service users were male. The most common primary or other significant disability of service users was intellectual (33%), followed by physical (32%) and psychiatric (28%) in 2011–12.
- Indigenous Australians comprised 6% of disability support service users in 2011–12. This aligns with the 6% of Indigenous Australians who reported that they needed help with core activities in 2011, but is higher than the estimated 3% of Indigenous people in the Australian population.
- The number of clients of Home and Community Care services aged under 65 grew by 34% over the 5 years to 2010–11 (to just under 213,000 people). The increase was greater for 50–64 year olds than those under 50, and was more pronounced among females.

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5.1 Introduction

Around 1 in 5 Australians live with some form of disability (ABS 2010). 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 formal specialist disability services and support to study, work, interact with the community, or carry out everyday activities.

The Australian Government and state and territory governments have committed to working together to assist people with disability and their carers to have an enhanced quality of life and participate fully in the community.

Understanding the number and characteristics of people with disability, and the type and number of services or support they use, is essential as Australia's population continues to age. Further, it has assumed increasing importance with the introduction of DisabilityCare Australia, which was formerly known as the National Disability Insurance Scheme (NDIS).

5.2 Policy context

Disability-related policies focus on the funding and provision of organised services, as well as helping people with disability to have the opportunity to participate in the community, irrespective of whether they require specialised services.

Recent developments

Recent government initiatives are outlined below. In particular, DisabilityCare Australia is the most significant development in the Australian disability sector since both the *Disability Services Act 1986* and the first Commonwealth/State Disability Agreement in 1991. The Australian Government's broader health and aged care reform agenda also affects the disability sector.

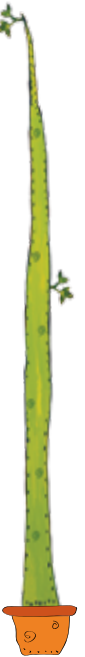
The National Disability Strategy (2010–2020)

The National Disability Strategy (NDS) 2010–2020 was endorsed by COAG on 13 February 2011 (COAG 2011). The NDS incorporates the principles of the United Nation's Convention on the Rights of Persons with Disabilities, ratified by the Australian Government in 2008. The NDS envisions the collaboration of all governments, business and the community in improving the lives of people with disability.

Together with the National Disability Agreement (NDA) (see below) and other Australian Government and state and territory government agreements, the NDS outlines a 10-year national policy framework that aims to ensure mainstream and specialist disability services, along with community care and support, are available for people with disability (AIHW 2011a).

Implementation of the NDS will be guided by three plans. The first, *Laying the Groundwork 2011–2014*, along with the evaluation framework for the life of the NDS were presented to COAG in January 2013 as part of the *National Disability Strategy 2010–2020 report to COAG 2012* (FaHCSIA 2012k).

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DisabilityCare Australia

New approaches to providing long-term disability care and support were identified as a priority area for future action under the National Disability Strategy (Action 4.2). After the release of the Productivity Commission's final report on the inquiry into disability care and support, COAG agreed on the need for reform of disability services through an insurance-based scheme and developed principles to guide consideration of the commission's recommendations (COAG 2012a; Productivity Commission 2011). The principles focus on areas that include foundation reforms, resourcing and governance. Some of the foundation reforms are also key aspects of the National Disability Agreement, including nationally consistent assessment processes, service standards and a disability workforce strategy.

In response to the need for new approaches to disability care and support, the Australian Government announced the introduction of DisabilityCare Australia (the 'scheme'). Unlike the current system, which provides support based on the number of places in a limited number of programs, DisabilityCare Australia is intended to provide more choice and control, and deliver a life-long, individualised funding approach to support people with permanent and significant disability, their families and carers (see FaHCSIA 2012h, 2012i). Each individual seeking access to the scheme will be assessed on functional needs, according to a common set of criteria. Those who are eligible will receive an individualised package of funding to purchase services and support, as identified during the assessment and planning stages. Because of the fundamental change to service provision, DisabilityCare Australia is being rolled out in stages, starting from July 2013.

The *National Disability Insurance Scheme Act 2013* provides the legal framework for the establishment and operation of DisabilityCare Australia and its associated Launch Transition Agency. The agency manages the funding, planning, assessment and approval of the pool of individual packages offered under the scheme (COAG 2012a; Parliament of Australia 2012). The Act is accompanied by a set of rules which, when implemented, will provide a further level of detail on how the scheme will work, and how the Launch Transition Agency will determine what supports are reasonable to meet a person's needs.

The revised National Disability Agreement

Originally signed by Australian Government and state and territory governments in January 2009, and replacing the previous Commonwealth State/Territory Disability Agreement, the National Disability Agreement articulates the roles of the governments in delivering specialist disability services. The agreement's overarching objective is to provide more opportunities for people with disability and their carers to participate in economic and social life (COAG 2012b; for more information on the NDA, see AIHW 2011a).

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A revised NDA was endorsed by COAG members in 2012. In addition to changes that reflect the new policy directions for community care in the National Health Reform Agreement (see below), the revised NDA includes five new reform priorities. The priority areas for reform are aimed at: building the evidence base for disability policies and strategies; enhancing family and carer capacity; pursuing strategies for increasing choice, control and self-directed decision-making; maintaining innovative and flexible support models for people with high and complex needs; and developing employment opportunities for people with disability (COAG 2012b; FaHCSIA 2012j). Under the revised agreement, the Australian Government and states and territories also committed to work to establish improved performance benchmarks.

National Health Reform Agreement

The National Health Reform Agreement was signed on 2 August 2011. Under the reforms, the states and territories are responsible for delivering specialist disability services, regardless of a person's age, with the Australian Government to assume funding responsibility for specialist disability services for people aged 65 and over (aged 50 and over for Indigenous Australians). In addition, states and territories (excluding Victoria and Western Australia) assume funding and program responsibility for Basic Community Care Services provided to people with disability under the age of 65 (under 50 for Indigenous Australians) (COAG 2012d). These services were formerly provided under the Home and Community Care (HACC) program.

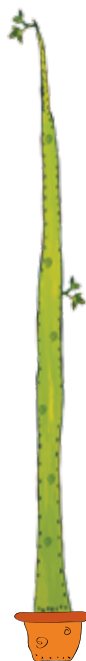
Transitioning arrangements under this agreement started on 1 July 2011, as detailed in the National Partnership Agreement on Transitioning Responsibilities for Aged Care and Disability Services (COAG 2012d).

Other initiatives

Other recent developments include:

- the vision for Inclusive employment 2012–22—in line with the disability policy reforms described above, the Australian Government has developed a vision for supported employment called Inclusive employment 2012–22 (FaHCSIA 2012g)
- the National Partnership Agreement for More Support for Students with Disabilities—in 2012, COAG approved this agreement with the aim of strengthening 'the capacity and expertise of Australian schools and teachers to provide additional support to students with disabilities, contributing to improvements in their learning experiences, educational outcomes and transitions to further education or work' (COAG 2012c)
- the National Quality Framework for Disability Services and the National Standards for Disability Services—the development of nationally consistent quality standards in the disability sector is also part of the COAG reform agenda. All disability services ministers have agreed to develop a National Quality Framework for Disability Services, with the aim of improving the quality of service and outcomes for people who use disability services. In line with this, the National Standards for Disability Services in Australia, introduced in 1993, have been revised (DHS Vic 2012)

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- the National Disability Research and Development Agenda—this was endorsed by disability services ministers in November 2011. It sets out the national priorities, focus and direction for disability-related research and aims to support the reform priorities of the NDA and NDS (DPRWG 2013)
- revised Disability Support Pension (DSP) impairment tables—as part of the 2009–10 Better and Fairer Assessments Budget measure, the Australian Government reviewed the Tables for the Assessment of Work-related Impairment for DSP. The revised tables have a greater focus on functional ability, emphasising what a person is able to do rather than what they cannot do, and are consistent with contemporary medical and rehabilitation practice. The revised tables apply to all new applicants for DSP and any existing DSP recipients selected for medical review from 1 January 2012 (FaHCSIA 2012m; see also Section 5.5).

5.3 Disability in the Australian population

The ABS Survey of Disability, Ageing and Carers (SDAC) is the best available data source for estimates of the prevalence and severity of disability and descriptive information about people with disability in the Australian population, including changes over time (Box 5.1). This chapter summarises key disability and prevalence statistics based on the analysis of the 2009 SDAC (see AIHW 2011a for further details). The most recent SDAC was conducted by the ABS in 2012, but the results are not due to be released until late 2013.

The ABS Census records information on people who need help with mobility, self-care or communication due to disability or long-term health conditions. These data are best used for analysis of small areas and small population groups, and analysis of population groups not covered by the SDAC (for example, people living in very remote areas). This chapter presents Census data for this type of analysis and also explores overall changes in the number of people who need help with core activities based on data from the 2006 and 2011 Censuses (see Box 5.1).

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Box 5.1: Measuring disability in the Australian population

Survey of Disability, Ageing and Carers

The SDAC is the best available Australian data source for estimating disability prevalence. More than 70,000 people were interviewed in the 2009 survey in all states and territories (except for people living in very remote areas).

In the 2009 SDAC, disability was defined as having at least one of a list of 17 impairments, limitations or restrictions that had lasted, or was likely to last, for at least 6 months, and that restricted everyday activities (ABS 2010). In this chapter, these are referred to as 'people with disability'.

The survey collected information about whether respondents needed help with various activities, had difficulty undertaking the activities, or used aids or equipment. Activities related to self-care, mobility and communication were referred to as 'core activities', and a person who sometimes or always needed help with one or more of these activities was referred to as having 'severe or profound core activity limitation'.

The Census of Population and Housing

The 2006 and 2011 Censuses also included questions about the need for help with mobility, self-care or communication due to disability or long-term health conditions (ABS 2012). The Census data item 'core activity need for assistance' is conceptually comparable with 'severe or profound core activity limitation' in the SDAC and covers the same domains of activities as the SDAC.

Estimates of the number of people who need help with core activities from the Census are lower than the estimates from the SDAC because of a higher rate of non-response to the relevant Census questions. The difference may also be due to different questions and collection methods:

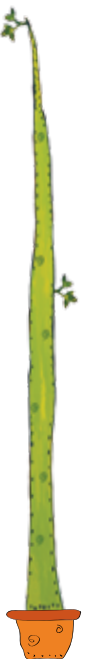
- the Census is based on a self-completion questionnaire, while the SDAC uses trained interviewers to collect responses to the questions
- the Census contains a smaller number of questions, while the SDAC uses a set of detailed questions.

For these reasons, Census data should not be used to update the prevalence of disability estimates for years which fall between SDACs.

However, as the Census completely counts (rather than takes a sample of) the whole Australian population, it can provide information about people who need help with core activities across small geographic areas and for small population groups, as well as about population groups not covered by the SDAC (for example, people living in very remote areas).

Census rates of need for help with core activities in this chapter are calculated by excluding people who did not respond to the related Census questions.

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SDAC estimates of prevalence and severity of disability

According to the 2009 SDAC, an estimated 4 million Australians (18.5% of the population) had some form of disability. Of these, the majority (2.5 million people, or 61%) were aged under 65 (13% of the Australian population aged under 65) (Table A5.1):

- 492,500 people with disability were aged under 25 (7% of the population aged under 25). Of these, 288,300 were aged 0–14 (7% of children aged 0–14), and 204,200 were aged 15–24 (7% of people in this age group). The disability rate was substantially higher for boys aged 0–14 (9%) than for girls (5%)
- almost 2 million adults with disability were aged 25 to 64 (17% of the population in this age group), with the disability rate slightly higher for women (1,019,400) than men (962,500) in this age group
- around 2.2 million (15%) people with disability were of traditional working age (15 to 64), with the number of females (1,117,800) slightly higher than the number of males (1,068,300).

Around 1.6 million Australians aged 65 and over had disability (54% of the 'older population') and this accounted for 39% of people with disability of all ages. Disability among older Australians is discussed in Section 6.4.

Among all people with disability, 1.3 million (5.8% of the Australian population, or 32% of people with disability) had severe or profound core activity limitation (see Box 5.1 for a definition). Of these, just under half (680,400) were aged under 65. The rate of severe or profound core activity limitation among people aged under 65 was around 4% for both males and females, compared with 20% for people aged 65 and over (17% of older men and 24% of older women). The rate among children aged 0–14 was 5% for boys, compared with 3% for girls. The rates among the traditional working-age population were 3% for males and 4% for females.

The age-standardised rate of disability for the Australian population declined by 2 percentage points between 2003 and 2009, and the rate of severe or profound core activity limitation dropped by less than 1 percentage point (ABS 2010). This was the first time a decline was reported in almost three decades. The results of the 2012 SDAC may help confirm if disability prevalence rates are on the decline.

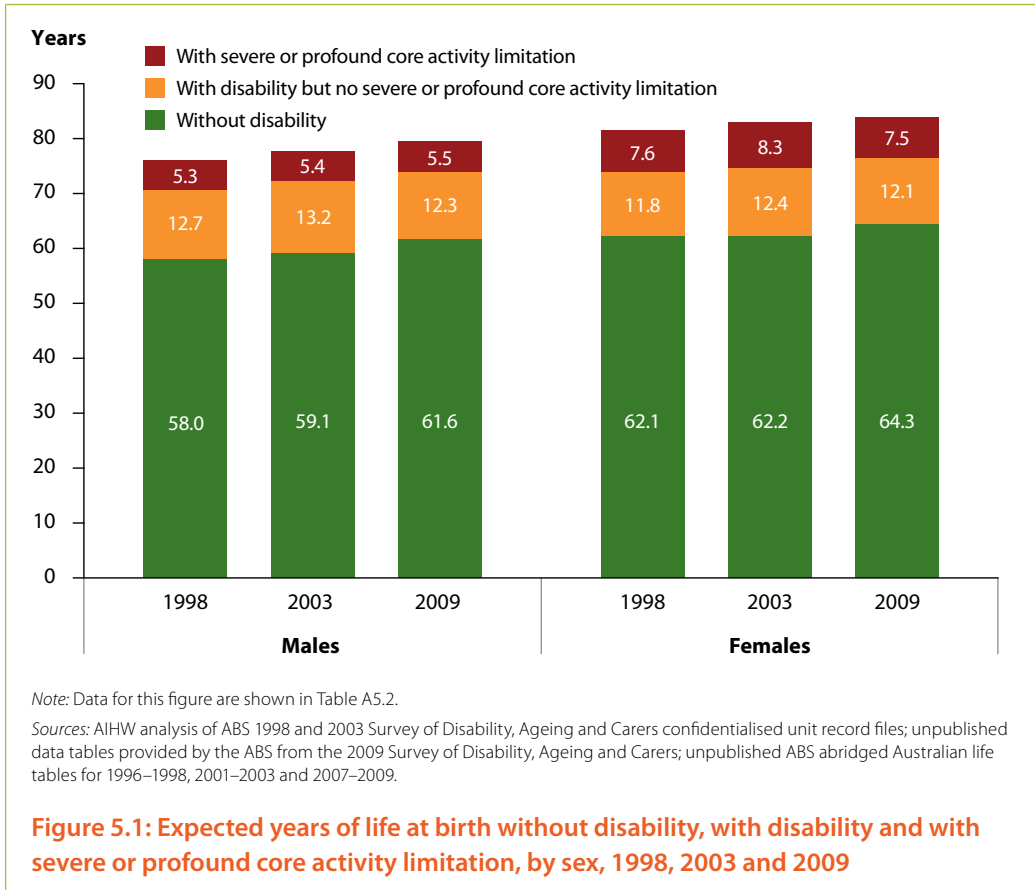
Expected years of life with and without disability

Life expectancy is an indication of how many years a person can expect to live, assuming age-specific death rates do not change. For policy development, service planning and population health and wellbeing, it is important to know whether the extra years in life expectancy at birth and at older ages are healthy ones or marked by increasing disability and dependence. This section uses data from the SDAC and ABS life tables to estimate change over time in the expected years of life with disability. As noted earlier, the most recent SDAC data available pertain to 2009; consequently the latest life expectancy estimates referred to in this section pertain to 2007–2009, rather than more recent years. (For more recent life expectancy estimates, see sections 6.4 and 11.1). The term 'expected years of life with disability' refers to, within a person's life expectancy, an estimate of the average number of years that a person can expect to live with disability.

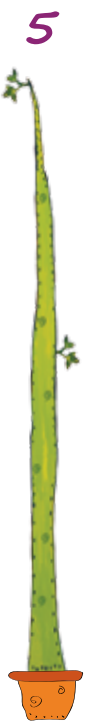
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Life expectancy in Australia has risen markedly since the beginning of the 20th century (ABS 2011c). Between 1996–1998 and 2007–2009, overall life expectancy at birth rose from 75.9 years to 79.3 years for males and from 81.5 years to 83.9 years for females. Almost all of the increase in life expectancy at birth, for both sexes, was disability-free years. The expected years of life with disability and severe or profound core activity limitation remained fairly stable for both sexes (Figure 5.1; AIHW 2012a).



Life and disability expectancies at age 65 are more useful for discussing issues relating to long-term care for the older population. Older Australians are living longer and, on average, with more years of life without severe or profound activity limitation. Between 1998 and 2009, around half of the gains in life expectancy for Australians at age 65 were disability-free years. Older Australians gained more years without severe or profound core activity limitation than with this limitation: 2.1 years versus 0.5 years for men, and 1.8 years versus 0.1 years for women. Between 1996–1998 and 2007–2009, overall life expectancy at age 65 rose from 16.1 years to 18.7 years for men and from 19.8 years to 21.8 years for women (AIHW 2012a).



On the other hand, the ageing of the Australian population and increasing longevity are leading to more older people with disability and severe or profound core activity limitation.

Women can expect to live longer and live more years both with and without disability than men. The greater number of expected years of life with severe or profound core activity limitation for older women than for men is related to the greater longevity and higher prevalence rates of severe or profound activity limitation for older women (AIHW 2012a).

Much of the recent increase in disability-free life expectancy occurred between 2003 and 2009, reflecting a decline in disability prevalence rates recorded in the 2009 SDAC (as noted earlier).

Census estimates of need for help with core activities

Data from the Census on 'core activity need for assistance' support analyses of the detailed distributions of disability population across small geographic areas and among small population groups such as Indigenous people and people born overseas (as described in Box 5.1).

Estimates from the Census of the number of Australians needing help with core activities rose by 22% between 2006 and 2011, from 822,000 people to 999,000 people, while the total population grew by 8% (Table A5.3).

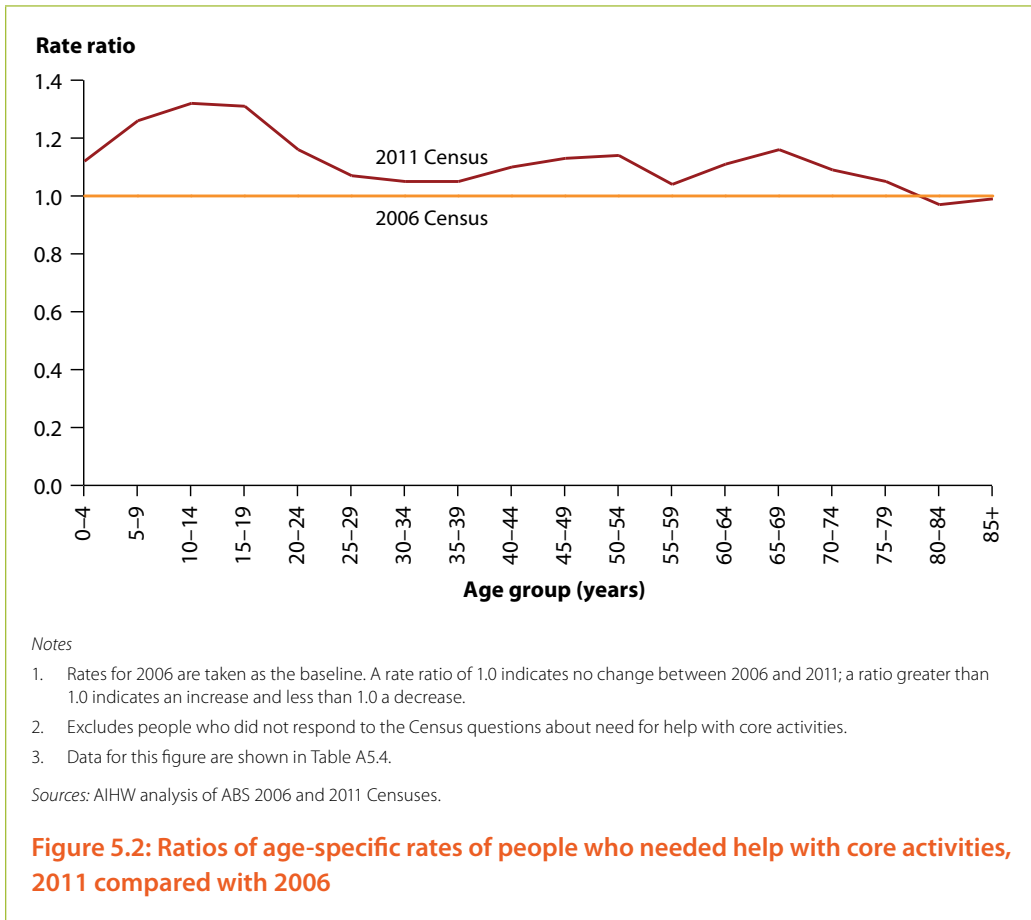
The number of people aged under 65 who needed help rose by 24% (89,000 people), compared with a growth rate of 8% in the population of that age. The growth rate for people needing help aged 65 and over was 20% (88,000 people), compared with 14% in the total older population. The highest growth rates of people needing help were among those aged 60–64 (40%) and 65–69 (42%). This pattern mainly reflects the passage of the post-World War II baby boomer generation into the older age groups. The increase in the rate of people needing help was also high among those aged 5 to 19, ranging from 32% to 37% (Table A5.3).

After accounting for differences in the age structures and response rates, the age-standardised rate of need for help with core activities among people of all ages rose from 4.2% to 4.5% between 2006 and 2011. The rate rose from 2.2% to 2.5% for people aged 0 to 64. However, no substantial difference was found in the overall age-standardised rate of people aged 65 and over (Table A5.4).

The increases in detailed age-specific rates were more evident in the age groups of people aged 5 to 24, 40 to 54 and 60 to 74. For example, the rate ratio indicates that people aged 65–69 in 2011 were 1.2 times as likely to need help with core activities as people of the same age range in 2006 (Figure 5.2).

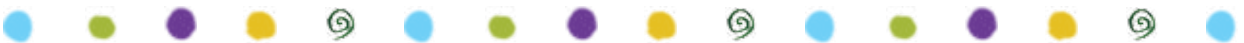
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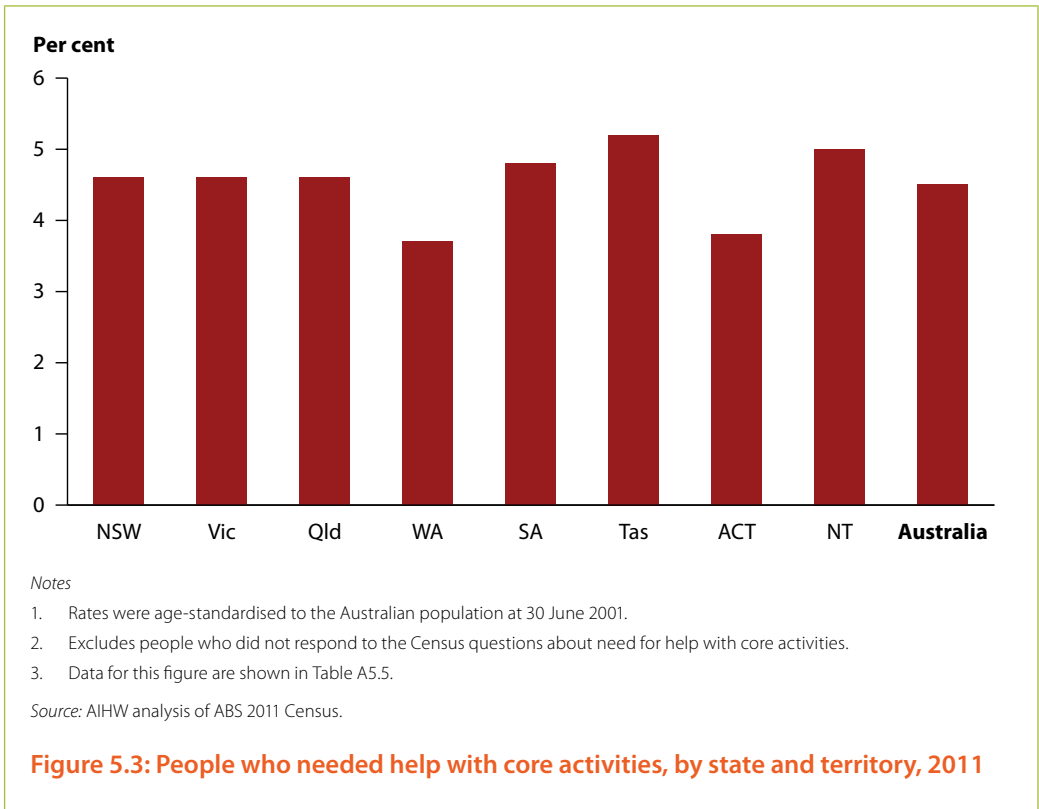




Variations in disability rates across jurisdictions and remoteness areas

Variations across jurisdictions in the estimated rates of people needing help with core activities are affected by differences in population age structures. After adjusting for such differences, all jurisdictions had age-standardised rates within 1 percentage point of the national average rate (4.5%) (Figure 5.3). The age-standardised rate for the Northern Territory was almost 2 percentage points higher than the crude rate (Table A5.5). This reflects the younger population age structure in the Northern Territory compared with other jurisdictions.





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Disability rates also varied between remoteness areas. According to the 2009 SDAC, for the population aged under 65, *Inner regional* areas had the highest age-standardised rates of disability and of severe or profound core activity limitation (see Box 1.3 for information about the classification of geographical areas). The age-standardised rate of disability in *Inner regional* (15%) and *Outer regional and remote* areas (14%) was higher than in *Major cities* (12%). The rate of severe or profound core activity limitation was higher in *Inner regional* areas (4.6%) than *Major cities* and *Outer regional and remote* areas (both 3.2%). Among people aged 65 and over, there were no significant differences by remoteness area in the disability rates, after taking into account population age structures (AIHW 2011a).

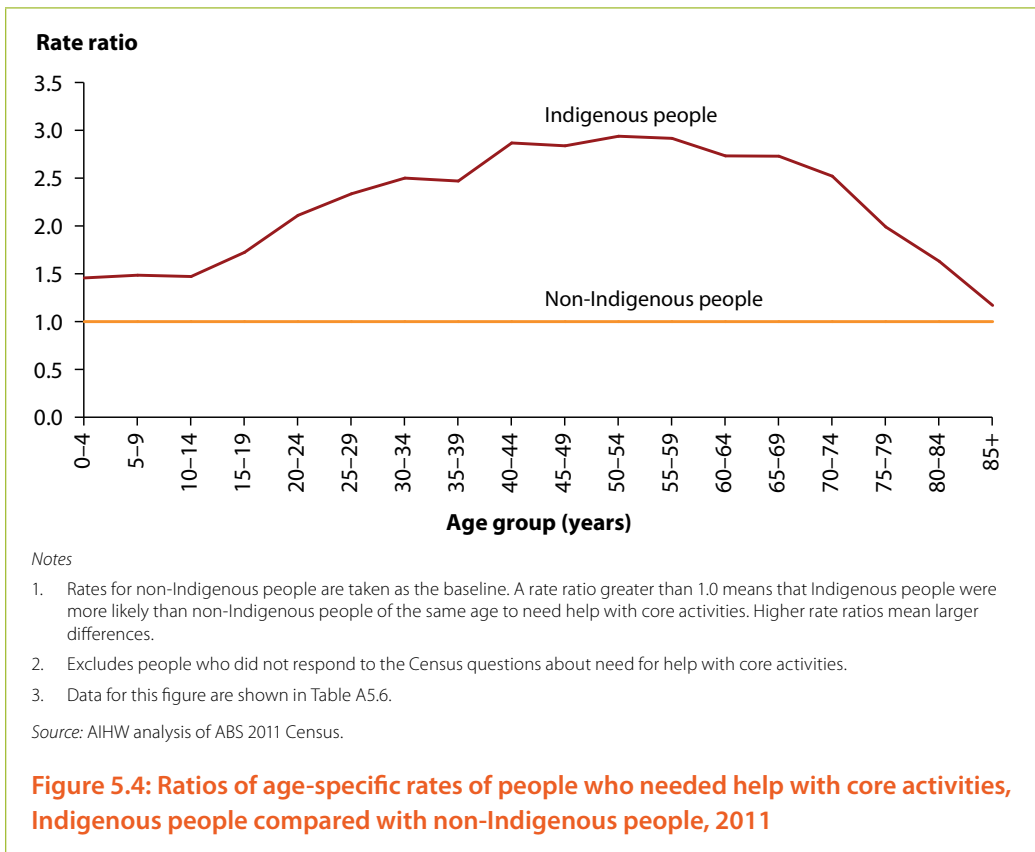
Indigenous Australians

In the 2011 Census, around 29,600 (5.7%) Aboriginal and Torres Strait Islander people reported needing help with core activities—15,300 males (6.1% of Indigenous males) and 14,200 females (5.4% of Indigenous females). The majority (81%) were aged under 65—23,900 people, or 5% of Indigenous people in this age group. Around 5,700 Indigenous people (29%) aged 65 and over needed help with core activities (Table A5.6).

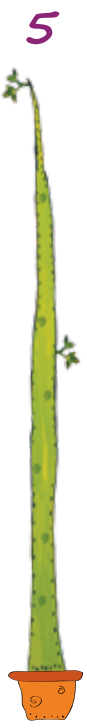


Taking into account differences in the age structures and response rates, rates of need for help by Indigenous and non-Indigenous Australians aged under 65 were 6% and 2% respectively (Table A5.6). The resulting rate ratio was 2.4, suggesting that Indigenous Australians aged under 65 were over twice as likely to need help with core activities as non-Indigenous Australians. Indigenous people aged 65 and over were 1.8 times as likely to need help as non-Indigenous people of that age. These results are consistent with the findings based on the 2006 Census (AIHW 2009), which suggest that the differences in need for help with core activities between Indigenous Australians and non-Indigenous Australians remain large.

The difference in the need for help between Indigenous and non-Indigenous Australians was most evident in the 40 to 59 age group, with Indigenous people almost 3 times as likely to need help with core activities as non-Indigenous people of that age (Figure 5.4).



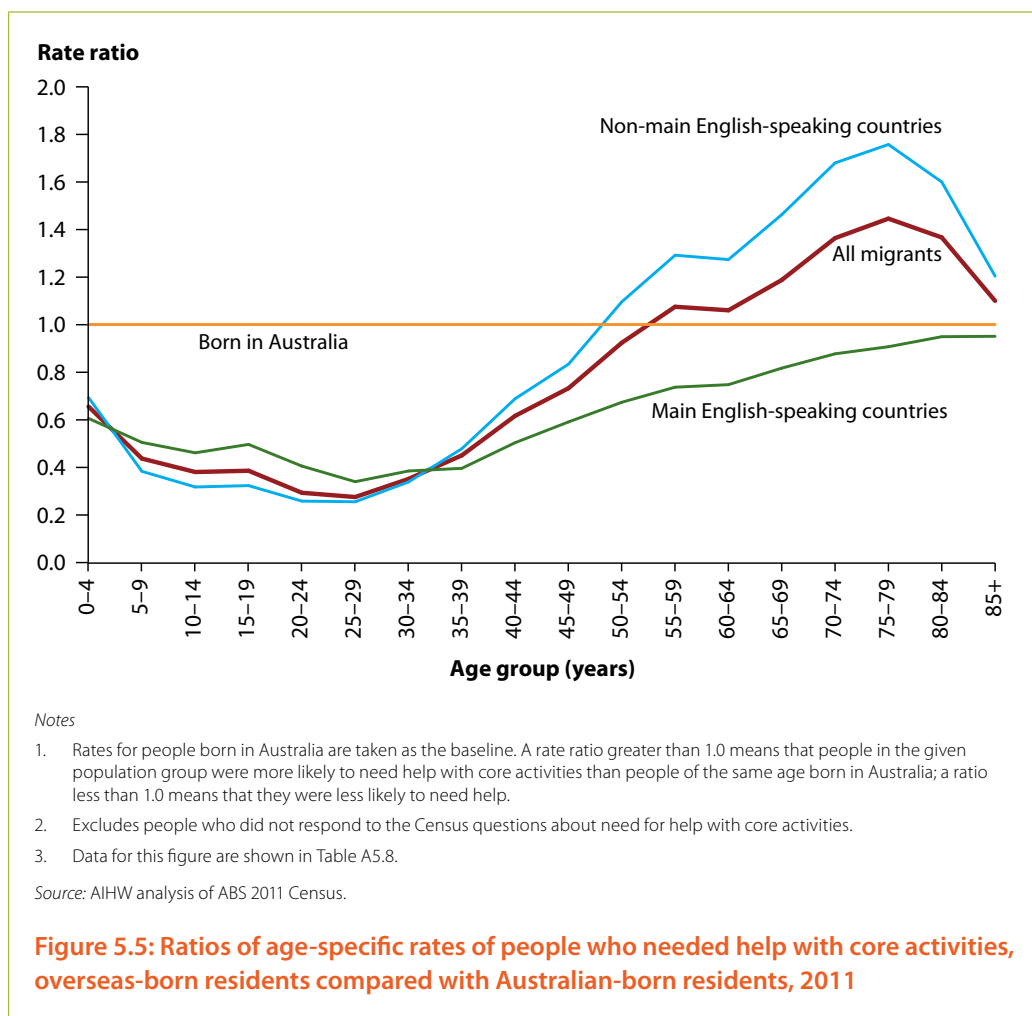
Analysis of the 2009 SDAC data show that, after taking into account differences in the age structure of the two population groups, Indigenous people were around twice as likely as non-Indigenous people to need help with core activities (males 1.7 times as likely and females 2.3 times as likely). Note that the 2009 SDAC excluded people living in very remote areas. This is likely to have a greater impact on the data for Indigenous people than for non-Indigenous people (ABS 2013) since remote areas of Australia are disproportionately populated by Indigenous people (see Section 1.5).



Overseas-born Australians

Taking into account differences in age structures and rates of response to the related Census questions, in 2011, the overall rate of need for help with core activities among overseas-born people in Australia (4.2%) was slightly lower than the rate for people born in Australia (4.5%). However, of those born overseas, the rate of need for help among people born in non-main English-speaking countries (4.8%) was higher than people born in main English-speaking countries (3.2%) (Table A5.7).

The rate of need for help with core activities also varied considerably according to country of birth across different age groups (Figure 5.5). Overall, overseas-born people aged under 55 were less likely to need help with core activities than people born in Australia, while for people aged 55 and over, those born in Australia were less likely to need help than those born overseas. People born in main English-speaking countries were consistently less likely to need help than people born in Australia across all age groups; however, the difference was very small among people aged 70 and over.



Overseas-born Australians aged 5 to 39 were less than half as likely to need help with core activities as people born in Australia of the same ages. This difference may be partly explained by the routine health screening of applicants for immigration to Australia, which may result in lower prevalence of disability among overseas-born Australians at younger ages (DIAC 2012). In addition, different cultural groups may have different attitudes towards, and perceptions of, disability and the need for assistance, which could influence levels of reporting of disability. The findings from the 2011 Census are consistent with the findings from the 2006 Census (AIHW 2009). Both Censuses indicate that the need for help with core activities was less common among overseas-born Australians aged under 55 than people born in Australia. For people aged 55 and over, people born in non-main English-speaking countries were more likely to need help than people born in Australia.

Assistance sought from formal services

In 2009, among people aged under 65 with severe or profound core activity limitation living in the community (in households), about 320,000 (49%) had contacted formal services for help with at least 1 of the 10 activities of daily living in the previous 12 months. People needing help with communication (65%) or cognitive and emotional tasks (such as decision-making and coping with feelings or emotions) (63%) were most likely to have contacted formal services. Around half of the people who needed help with other activities had approached formal service providers (Table 5.1).

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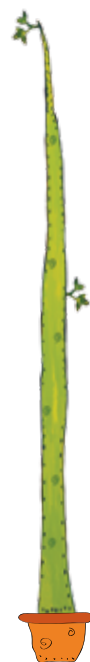


Table 5.1: People aged under 65 with severe or profound core activity limitation living in households, assistance sought from formal services, and type of assistance received^(a), 2009 (per cent of those needing assistance)

Activity	Contacted services ^(b)	Type of assistance received			Total number needing assistance ('000)
		Formal services only	Both formal services and informal assistance	Total received formal services ^(c)	
Self-care	51.0	3.9	5.3	9.3	333.4
Mobility	47.4	3.5	12.6	16.1	498.7
Communication	65.2	4.9	45.0	49.9	181.4
Cognitive or emotional	62.8	7.6	42.9	50.5	342.7
Health care	54.1	15.3	19.5	34.7	330.4
Household chores	47.0	5.2	9.3	14.6	270.6
Property maintenance	49.4	9.3	10.7	20.0	267.2
Reading or writing	52.4	4.1	3.5	7.6	129.4
Meal preparation	50.1	5.3	4.0	9.3	129.8
Private transport	45.9	5.4	7.1	12.4	272.3
Total needing assistance^(d)	48.6	3.7	49.4	53.1	657.4

(a) Excludes people who received 'informal assistance' only.

(b) Contacted any formal service for assistance in the previous 12 months.

(c) Received formal assistance only or a combination of formal and informal assistance.

(d) Includes people who needed help with at least one of the 10 activities and who may or may not have contacted formal services.

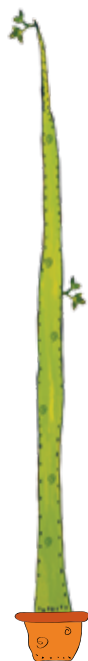
Note: See also Table A5.9.

Source: AIHW analysis of unpublished data provided by the ABS from the 2009 Survey of Disability, Ageing and Carers.

Overall, around half (53%) of people aged under 65 with severe or profound core activity limitation who needed assistance received formal services for at least 1 of the 10 activities. Note that these people may or may not have contacted formal services for assistance in the previous year. Half of the people receiving formal services relied on a combination of informal care and formal service assistance, and only 4% of them relied solely on formal services.

While half of the people who needed help with self-care, reading or writing, or meal preparation had contacted formal service providers, less than 10% received assistance (from formal services only or a combination of both formal and informal assistance).

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5.4 Specialist services

People with disability may receive support from specialist disability services provided by government and/or non-government sectors—see Box 5.2.

Box 5.2: Specialist services

Three forms of specialist disability services are:

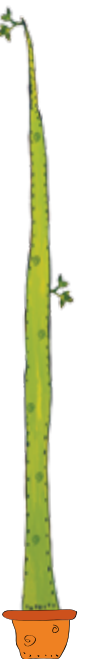
- Disability support services—services provided to people with disability under the NDA. There is no age limit on the provision of services under the NDA, but the majority of services users are aged under 65. Data on disability support services are collected annually in the Disability Services National Minimum Data Set (DS NMDS) (see AIHW 2013).
- HACC services—provided to frail aged people or younger people with disability, and their carers, to assist them to continue to live independently and prevent premature or inappropriate entry into long-term residential care. Data in this section relate primarily to HACC services for people aged under 65. Services for people aged over 65 are reported in Chapter 6. Note that HACC services are known as Basic Community Care Services from 1 July 2012 for people aged under 65 or aged under 50 for Indigenous people (COAG 2012d).

Data on HACC clients are collected annually in the HACC Minimum Data Set (MDS). HACC data presented in this chapter were derived from the HACC MDS National Data Repository for all jurisdictions except New South Wales. Data for that state were provided separately by the New South Wales State Data Repository. The AIHW collated those data with data for the other states. Consequently, HACC data published in this chapter may differ from those published in other reports.

- Services for younger people with disability in, or at risk of entering, residential aged care—provided to younger people with disability to assist them to remain independent in their current residential setting and to offer alternatives to those already living in such care, where appropriate and possible. While the initial priority of the initiative was to achieve its objectives in relation to people with disability aged under 50, where possible these objectives are extended to people with disability under the age of 65.

Data relating to the services provided were collected in the Younger People in Residential Aged Care (YPIRAC) MDS (see AIHW 2012b). Data relating to the number of permanent residents in, and admissions to, residential aged care are available from DoHA's Ageing and Aged Care data warehouse.

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Disability support services

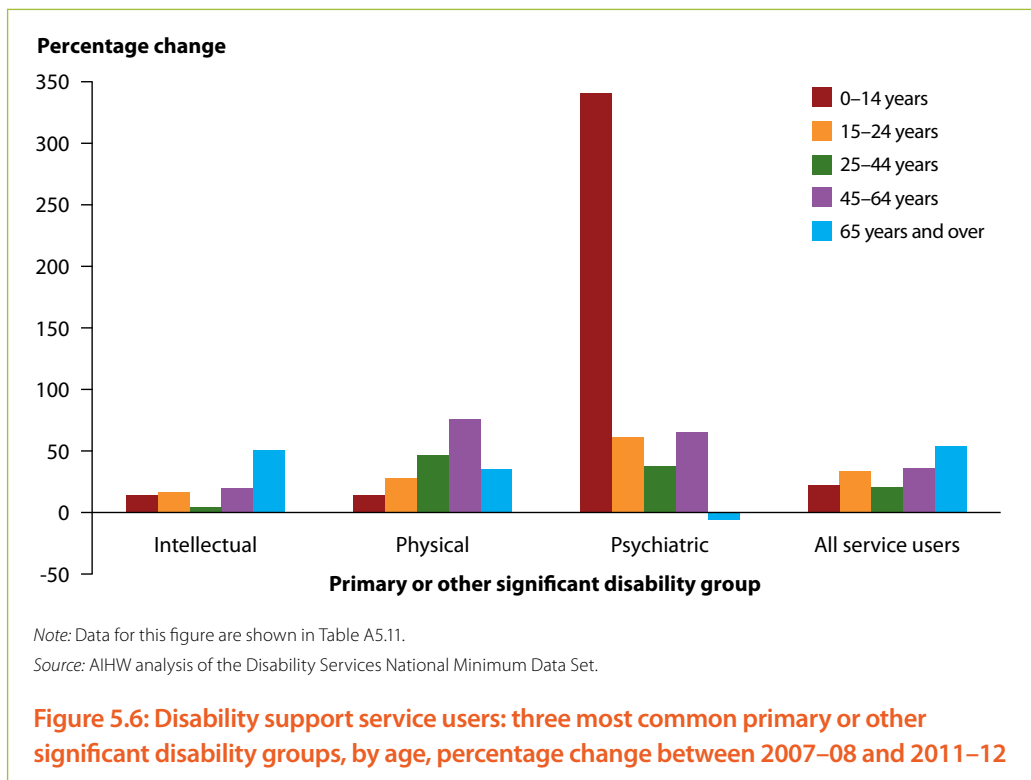
How many people?

The use of disability support services has increased over time, although the overall rate of growth slowed between 2010–11 and 2011–12. In 2011–12, there were around 317,600 service users, an increase of 29% from 2007–08 and of 1% from 2010–11. This compares with a growth of 7% between 2009–10 and 2010–11.

The growth was not evenly spread. For example, between 2007–08 and 2011–12, the number of service users aged 15–24 grew by 34%, those aged 45–64 by 36%, and those aged 65 and over by 54% (Table A5.10). Over the same period, and across disability groups, the proportion of service users with an intellectual disability generally decreased, and the proportion with a psychiatric or physical disability generally increased (AIHW 2013). Again, this was not evenly spread across age groups (Figure 5.6), with growth relatively high for those:

- aged 45–64 with a physical disability
- aged 45 and over with an intellectual disability
- aged under 25 with a psychiatric disability, particularly those aged 0–14 years.

Note that service users with a psychiatric disability aged under 25 are a relatively small group, around 4% of service users in 2011–12, and thus even a small change in numbers will have a large impact on percentage change.



Key characteristics

The proportion of service users who were male remained fairly stable over the 5 years to 2011–12 (around 59% across all years) (AIHW 2013). Male service users were generally younger, with a mean age of 32 compared with 37 for females in 2011–12.

In 2011–12, service users most commonly had an intellectual (33%), physical (32%) or psychiatric (28%) primary or other significant disability (Table A5.12).

Patterns of service use

Services delivered under the NDA are categorised into 5 broad groups: community support (received by 43% of disability support service users), employment services (42%), community access (20%), accommodation support (13%) and respite (12%) (AIHW 2013). Service users may receive services under more than one service type and group.

Between 2007–08 and 2011–12:

- community support consistently had the highest proportion of service users, followed by employment services
- accommodation support services accounted for the highest expenditure (44% to 47% across years)
- there were differences in services delivered under the accommodation support service group:
 - in-home accommodation support services (around 18,800 in 2011–12) had the largest number of service users in the accommodation service group and this has been the case over the 5-year period
 - a relatively small and decreasing number of service users were accommodated in institutional settings, while growing numbers received accommodation in group homes (Table A5.13 and AIHW 2013).

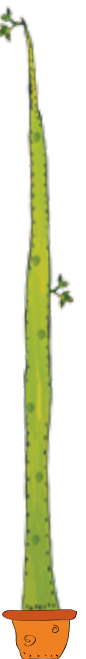
For more information on disability support service users, their characteristics and service use, see the annual *Disability support services* report (AIHW 2013) and related interactive data cubes available on the AIHW website <www.aihw.gov.au>.

Home and Community Care services

How many people?

The use of HACC services has increased over time, particularly by clients aged under 65. In 2010–11, around 934,600 people of all ages received HACC services, 14% more than in 2006–07 (Table A5.14). Of those, just under 213,000 (23%) were aged under 65, compared with 19% in 2006–07 (an increase of 34%).

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The increase in the number of clients aged under 65 was not evenly spread. For example:

- the number of clients aged 50–64 increased by 39% compared with 30% for clients aged under 50
- there was a 44% increase in the number of female clients aged 50–64 and a 31% increase of those aged under 50, compared with a 37% and 34% increase respectively for males.

Key characteristics

The majority of HACC clients are female. In 2010–11, among clients aged under 65, 56% of service users were female.

In 2010–11, among clients aged under 65, 43% of females and 52% of males receiving services were aged under 50.

Information on the disability types of clients is not collected in the HACC MDS.

Patterns of service use

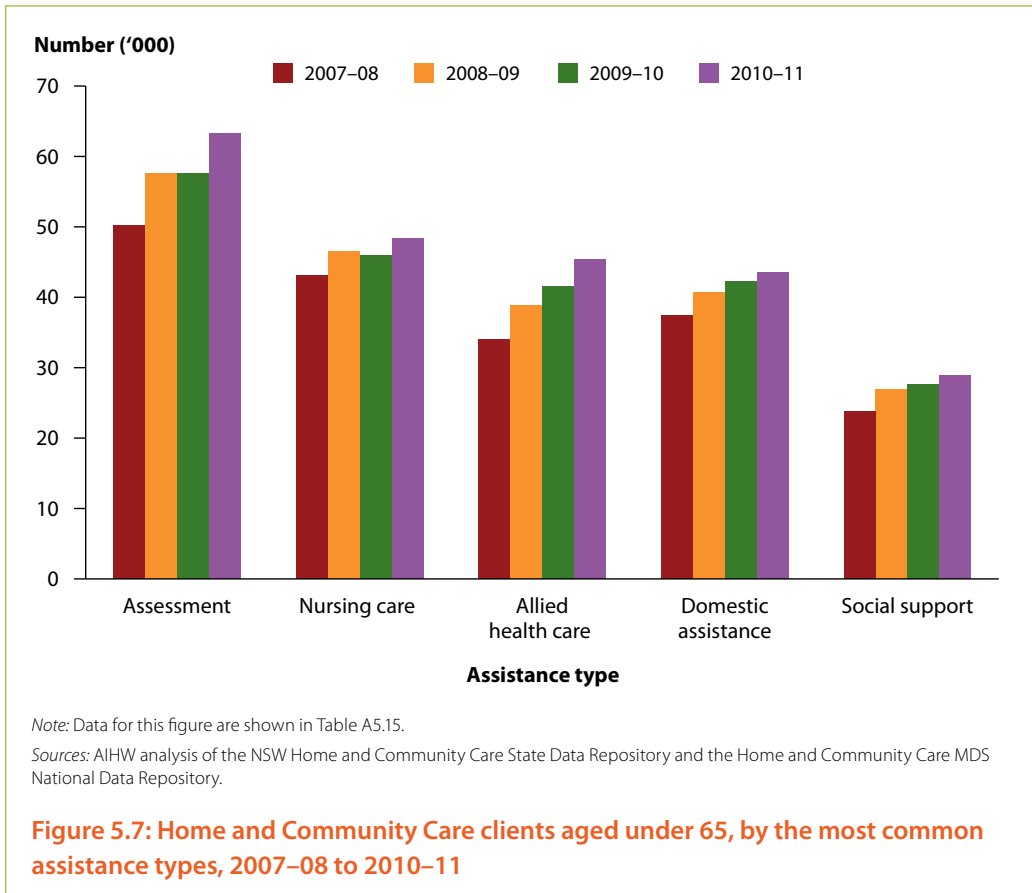
In 2010–11, the most prominent features of HACC delivery among clients aged under 65 were:

- 30% received assessment (63,200), 23% received nursing care (48,300), 21% received allied health care (45,400), 20% received domestic assistance (43,600) and 14% received social support (29,000) (Figure 5.7)
- service use patterns varied slightly according to age:
 - assessment was provided to 32% of clients aged 50–64 and 27% of clients aged under 50
 - domestic assistance was provided to 25% of clients aged 50–64 and 15% of clients aged under 50
 - home maintenance was provided to 13% of clients aged 50–64 and 6% of clients aged under 50
 - allied health care was provided to 24% of clients aged 50–64 and 18% of clients aged under 50.

Between 2007–08 and 2010–11, the highest growth in client numbers occurred in allied health care (33%), particularly for such services delivered at home (Figure 5.7).

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Younger people with disability in residential aged care

How many people?

At 30 June 2012, there were 6,200 permanent residents of residential aged care facilities under the age of 65, of whom 10% were aged under 50. In the financial year to June 2012, there were 1,900 new permanent admissions of people aged under 65 to residential aged care (Table A5.16). In 2010-11, around 1,100 younger people (that is, under 65) with disability either living in, or at risk of moving into, residential aged care received YPIRAC services (Table A5.17; AIHW 2012b). Sixty-three per cent of service users were aged under 50, while 37% were aged 50-64 (Table A5.18).

Key characteristics

At 30 June 2012, there were 6% (428) fewer permanent residents aged under 65 in residential aged care facilities compared with 30 June 2008, with the decrease more pronounced among those aged under 50 (31%) (Table A5.16). Compared with 2008, in 2012 there were 10% (21) fewer new permanent admissions of people aged under 50.



In 2010–11, acquired brain injury was the most common primary or other disability group for YPIRAC service users (48%), followed by physical (43%) and neurological disability (37%) (Figure 5.8). Around 43% of all YPIRAC service users had two or more disabilities (AIHW 2012b).

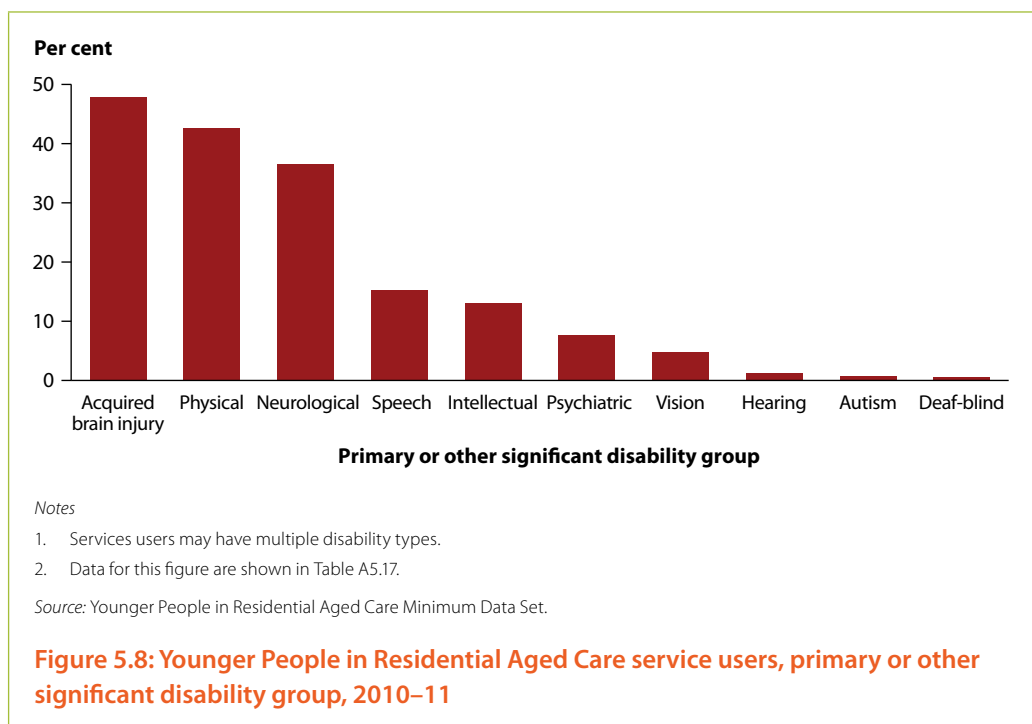


Figure 5.8: Younger People in Residential Aged Care service users, primary or other significant disability group, 2010–11

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Patterns of service use

While the YPIRAC initiative had many service types in common with disability support services (compare tables A5.13 and A5.18), YPIRAC’s patterns of service use reflected its different aims (see Box 5.2).

In 2010–11, the most common types of services received by YPIRAC clients were client monitoring (81% of service users), assessment and/or planning services (55%), and ‘assistive products and technology’ (33%) (Table A5.18).

Indigenous service users

Disability support services

In 2011–12, Indigenous Australians comprised 6% of all disability support service users. This aligns with 6% of Indigenous Australians who reported they needed help with core activities in 2011 (see Section 5.3), but is higher than the estimated 3% of Indigenous people in the Australian population (see Chapter 1).



Most Indigenous service users lived in *Major cities* (38%) or *Inner regional* areas (27%) (AIHW 2013: Table B22). However, the proportion living in *Major Cities* was much lower than for non-Indigenous services users (67%). A higher proportion of Indigenous service users lived in *Outer regional, remote and very remote* areas (36%) than non-Indigenous service users (10%). These differences at least partly reflect the fact that Indigenous Australians are relatively less likely than other Australians to live in *Major cities* and more likely to live in more remote parts of Australia (see Section 1.5).

The proportion of male to female Indigenous service users is fairly similar to that of non-Indigenous service users. However, there is some difference in the age profile. In 2011–12, 84% of Indigenous disability support service users were aged under 50 compared with 75% of non-Indigenous service users. This at least partly reflects the relatively young age profile of Indigenous Australians, as well as their higher rates of disability at younger ages (see Section 1.2). Further, there were comparatively more Indigenous service users aged 0–24 (51%) than non-Indigenous service users (38%) (AIHW 2013: tables 3.3 and B22).

Home and Community Care services

From 2007–08 to 2010–11, Aboriginal and Torres Strait Islander people have comprised around 3% of all HACC clients, with those aged under 65 accounting for the majority of these clients (60% of Indigenous HACC clients in 2010–11 were aged under 65) (DoHA 2009a, 2009b, 2011; AIHW analysis of the NSW HACC State Data Repository and HACC MDS National Data Repository).

Younger people with disability in residential aged care

At 30 June 2011, 227 Indigenous Australians aged 50–64 were permanent residents in residential aged care, up from 193 at 30 June 2006 (AIHW 2012c).

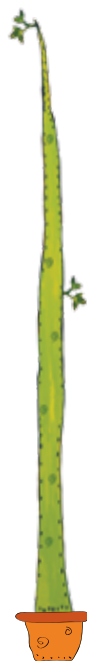
Under the YPIRAC initiative, 96 Indigenous people received services, which represented 9% of all YPIRAC service users in 2010–11 (AIHW 2012b). This is around 3 times the estimated proportion of Indigenous people in the Australian population aged under 65 (AIHW 2012b). Almost two-thirds of the Indigenous service users were aged under 50, a similar proportion to non-Indigenous service users (AIHW 2012c).

Indigenous YPIRAC service users were more likely than non-Indigenous service users to be male, have an acquired brain injury and live in *Outer regional, remote and very remote* areas (AIHW 2012b).

Overseas-born service users

Specialist disability services' data collections gather information on country of birth. Note that this information does not fully capture relevant information about cultural and linguistic diversity of clients, nor about language barriers, both of which can impact on service delivery.

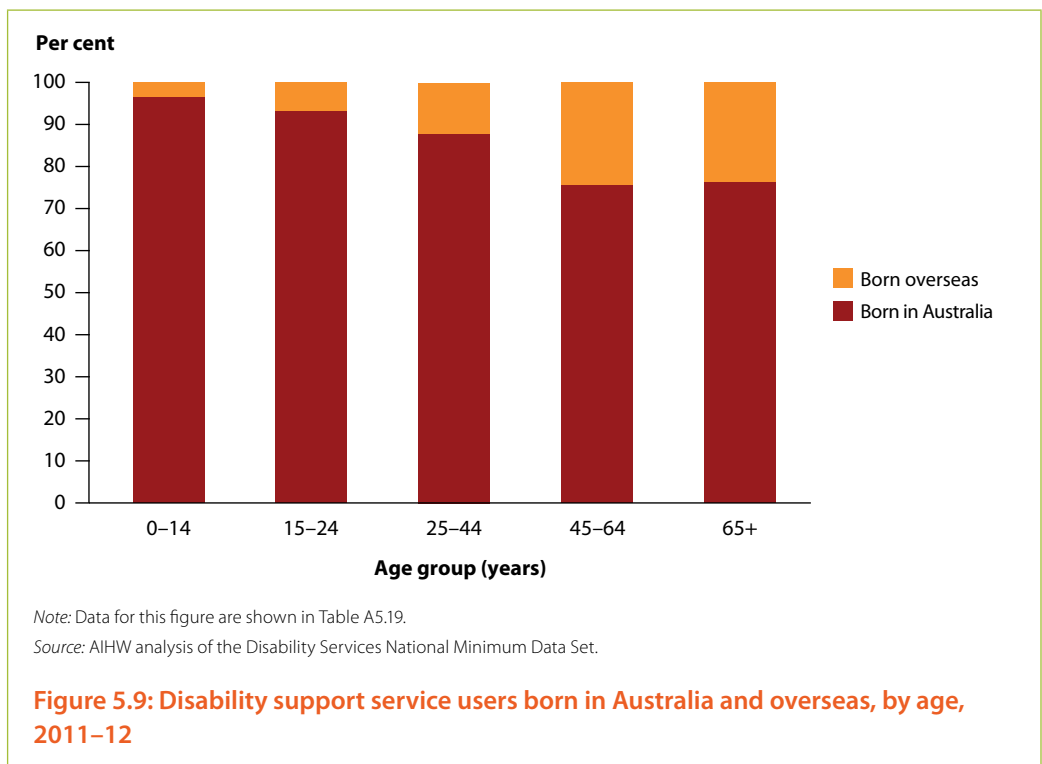
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Disability support services

In 2011–12, 13% of disability support service users were born outside Australia (Table A5.19), compared with 27% of the Australian population (see Section 1.4). The three most common countries of birth for disability support service users born outside Australia have remained consistent since 2007–08—England, New Zealand and Vietnam. The number of service users from China, Iraq, Lebanon and India has grown in the same period (AIHW 2013: Table B25).

The age profiles of Australian-born and overseas-born disability support service users are quite distinct (Figure 5.9). The proportion of service users born in Australia tends to taper downward as age increases, while the proportion of those born outside Australia tends to increase as age increases.



Home and Community Care services

From 2007–08 to 2009–10, almost 30% of all HACC clients were born outside of Australia, with European countries being the most prominent at around 20% of all service users (DoHA 2009a, 2009b, 2011).

Younger people with disability in residential aged care

In 2010–11, 10% of YPIRAC service users were born outside Australia, with most born in predominantly non-main English-speaking countries (AIHW 2012b).



5.5 Participation in major life areas

People with disability often confront a range of challenges that affect their ability to attain a similar quality of life as other Australians. Specialist disability services, such as accommodation support, community access and employment services, contribute directly and indirectly to quality of life and participation among people with disability. Mainstream services, such as income support, are also important in improving quality of life and participation, although identifying people with disability in administrative data collections for such services is not always possible.

Community participation

Using data from the 2009 SDAC, the AIHW has previously estimated that most people with disability aged under 65 (including those with severe or profound core activity limitations) were involved in social and community activities. Visits to or from family and friends were the most common activity. Visits to restaurants and clubs were also common, while volunteering, performing arts, craft and other activities were far less so (AIHW 2011a).

Specialist disability services support community participation through the provision of community access services. Community access services are designed to increase participation skills and independence, and provide opportunities to join in recreation and holiday activities. In 2011–12, 20% of disability support service users used community access services (Table A5.13). Use of these services was most common among those who also used accommodation support services, with 45% of service users who used accommodation support also using community access services (AIHW 2013: Table B67). However, there are no data available on the effectiveness of the services provided, in terms of outcomes for the individual.

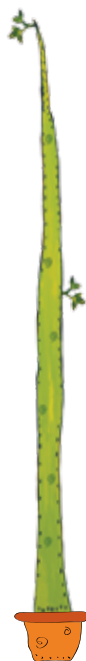
Education

Early childhood education and intervention

Enrolments of children with disability aged 3–5 in preschool services fell by 9% from 13,000 in 2009–10 to just under 12,000 in 2010–11. The fall was in conjunction with a decrease in the proportion of children of this age group with disability in the general community (DEEWR 2012a).

Early childhood intervention services operate for children with disability aged 0 to 6 in most regions of Australia, either as contracted non-government organisations or as part of the state or territory formal education or health system. Eligibility criteria and waiting lists vary according to the service and jurisdiction. Early intervention is a priority area under the NDA, and includes the full range of services that children receive to integrate them with peers at preschool and the wider community (AIHW 2013). The number of service users receiving NDA early childhood intervention services increased by 16% between 2007–08 and 2011–12 (from around 22,200 to 25,800; Table A5.13). Note that these data are sourced from those outlets providing services under the NDA; when an agency receives funding only from a state or territory department of education, for example, it would not be included.

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Delivery of disability services under the NDA continues to be the responsibility of state and territory governments. In addition to these services, the Australian Government funds the Better Start for Children and Helping Children with Autism packages, as a contribution to the overall cost of early intervention and other services.

School attendance and enrolment statistics

The 2009 SDAC estimated that 82% (292,600) of children and young people with disability aged 5 to 20 were attending school, with around 91% of these at mainstream schools (AIHW 2011a).

Data from administrative school enrolment collections indicate that there were 139,300 full-time equivalent (FTE) students with disability identified among FTE student enrolments across Australia in 2012. These students comprised 4% of the enrolled FTE student population (Table 5.2). This includes students in both mainstream and special schools, in government and non-government settings. The majority of identified FTE students attended mainstream government schools (54%). However, the proportion of these FTE students in mainstream settings, and as a percentage of all FTE student enrolments, varies across states and territories (Table 5.2). This is partly attributable to differing inclusion and counting rules.

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Table 5.2: Students with disability attending school, by type of school, government and non-government schools, 2012 (FTE)^(a)

	NSW ^(b)	Vic ^(c)	Qld	WA	SA ^(c)	Tas ^(c)	ACT ^(c)	NT	Australia
Government schools									
Mainstream schools (number)	20,700	11,875	21,182	5,598	14,091	665	1,523	954	75,064
Special schools (number)	4,216	9,721	3,586	2,289	949	206	325	290	21,257
<i>Total (number)</i>	<i>24,916</i>	<i>21,596</i>	<i>24,768</i>	<i>7,887</i>	<i>15,040</i>	<i>871</i>	<i>1,848</i>	<i>1,244</i>	<i>96,321</i>
Per cent attending mainstream schools	83.1	55.0	85.5	71.0	93.7	76.3	82.4	76.7	77.9
Per cent of all students	3.3	4.0	4.9	2.9	9.1	1.4	5.2	3.8	4.2
Non-government schools									
Mainstream schools (number)	14,609	11,071	6,704	3,199	3,263	697	602	455	40,600
Special schools ^(d,e) (number)	1,876	152	142	57	166	21	—	—	2,415
<i>Total (number)</i>	<i>16,486</i>	<i>11,223</i>	<i>6,846</i>	<i>3,256</i>	<i>3,429</i>	<i>718</i>	<i>602</i>	<i>455</i>	<i>43,015</i>
Per cent attending mainstream schools	88.6	98.6	97.9	98.2	95.2	97.0	100.0	100.0	94.4
Per cent of all students	4.2	3.5	2.7	2.5	3.6	3.0	2.3	4.3	3.5
Total									
Students with disability (number)	41,402	32,819	31,614	11,143	18,469	1,589	2,450	1,699	139,336
All students (number)	1,136,291	868,417	750,446	397,602	258,965	84,358	62,154	43,556	3,601,789
Per cent with disability	3.6	3.8	4.2	2.8	7.1	1.9	3.9	3.9	3.9

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

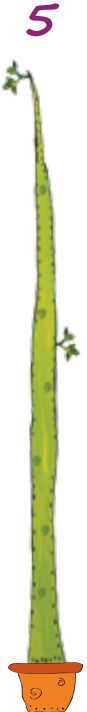
(b) All New South Wales student data are from 2011, while students with disability data are from 2012 and do not include identification of all students with autism and mental health disorder as students with disability.

(c) Australian Capital Territory, Tasmania, Victoria and South Australia data exclude children attending preschool.

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

(e) DEEWR data are provisional 2012 data. Special schools include regular schools receiving special assistance funding from DEEWR.

Sources: Unpublished data provided by the Department of Education, Employment and Workplace Relations; data provided by state and territory education authorities.



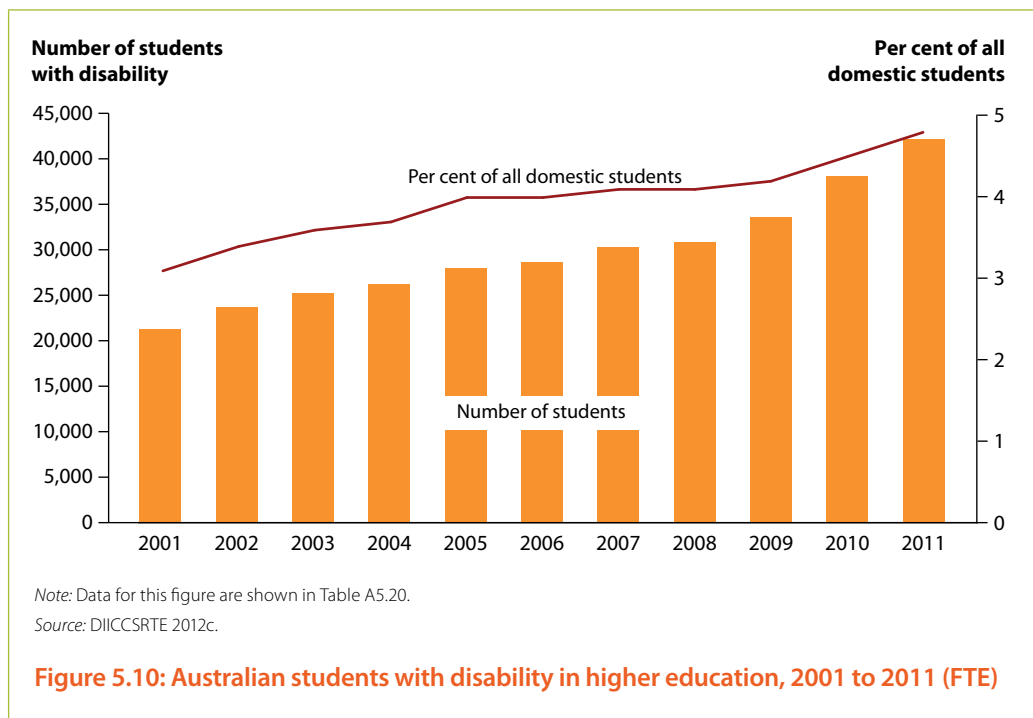
There were around 96,300 FTE students identified with disability in government schools and around 43,000 in non-government schools. The apparent decrease in enrolments within government schools, from around 116,800 FTE students in 2010, is likely to have resulted, at least in part, from changes to reporting in New South Wales, where some students with autism and mental health disorder are no longer required to be identified as a student with disability to receive support.

FTE students with disability attending non-government schools increased from around 37,200 in 2010 to 43,000 in 2012 (Table 5.2; AIHW 2011a).

Post-school education

In 2011, around 42,100 Australian FTE students with disability were enrolled in higher education. The number has been increasing each year, and has virtually doubled since 2001, from around 21,300 (Figure 5.10). The proportion of FTE students with disability in higher education has also increased each year, from 3% of all domestic students in 2001 to 5% in 2011.

In 2010, more than \$6.2 million was made available to higher education providers to support access to, and participation in, higher education by people with disability under the Higher Education Disability Support Program (DEEWR 2010; see also Box 5.3). Around \$5.2 million of this was provided under the Additional Support for Students with Disabilities component of the program, and \$1 million was provided under the Performance-based Disability Support Funding component.



Box 5.3: Supporting students with disability in post-school education

The National Disability Coordination Officer program targets barriers that people with disability face in gaining entry to, and completing, higher education, vocational education, training and employment. It provides support and tailored case management, information, coordination and referral services for people with disability who are interested in, or enrolled in, post-school education and training in 31 regions across Australia, through specified universities, technical and further education, and specialist disability service providers (DEEWR 2010; DIICCSRTE 2012b).

The Higher Education Disability Support Program provides funding to eligible higher education providers to undertake activities that assist in removing barriers to access for students with disability. It has three components:

- Additional Support for Students with Disabilities—to provide funding to eligible higher education providers to assist with the cost of providing educational support services and equipment to students with disability
- Performance-based Disability Support Funding—to encourage higher education providers to implement strategies to attract and support students with disability
- Australian Disability Clearinghouse on Education and Training—a website providing information and other resources designed to promote inclusive teaching and learning practices for people with disability (DIICCSRTE 2012a).

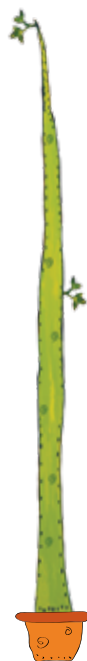
Housing

People with disability may live in dwellings that are owner-occupied, in the private rental market, in social housing, in cared accommodation (such as residential aged care facilities), or in accommodation services provided under the NDA.

According to the 2009 SDAC, 98% of people with severe or profound core activity limitation aged under 60 (567,500) lived in the community in private dwellings and 13% of people aged 15 to 59 with severe or profound core activity limitation were living alone in private dwellings (52,400 people) (ABS 2011b). Note that in the SDAC, 'private dwellings' include 'smaller disability homes' with fewer than six people (ABS 2011b). These are group homes that primarily comprise non-related service users who are living in a home without choice of co-residents.

Some of the people with disability living in private dwellings would have received in-home accommodation support to enable them to remain independent in their own home; 18,800 disability support service users of all ages received this type of support under the NDA in 2011–12 (Table A5.13).

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In addition to in-home accommodation support, accommodation services under the NDA include large and small residential facilities or institutions, hostels, and group homes. In 2011–12, around 2,500 disability support service users lived in large residential facilities or institutions, nearly 800 lived in small residential facilities or institutions, and around 16,200 lived in group homes (Table A5.13).

Accommodation services provided under the NDA are not the only housing assistance option for people with disability; they are also a target group for other government housing assistance programs that are provided to Australians who find it difficult to secure and retain appropriate private housing. The 2006 Census showed that 10% of people needing assistance with core activities were living in social housing, compared with almost 4% of the general population. As at 30 June 2012, around one in five people (22%) in public rental housing had disability (AIHW analysis of National Housing Assistance Data Repository).

Commonwealth Rent Assistance (CRA) is another form of housing assistance available to people with disability. It was estimated that roughly one-fifth (21%) of all DSP recipients as at week ending 1 June 2012 were also receiving CRA (AIHW analysis of Australian Government Housing Dataset). (See Chapter 3 for additional information about social housing and CRA use).

Health

Health and wellbeing are important preconditions to quality of life and participation. However, even though there has been an overall improvement in population health, the gap between Australians with and without disability remains large (AIHW 2010b). People with disability are more likely than others to have poor physical and mental health, and higher rates of health risk factors, such as smoking and being overweight. The more severe a person's core activity limitations or restrictions, the poorer their health (AIHW 2010a).

Labour force participation

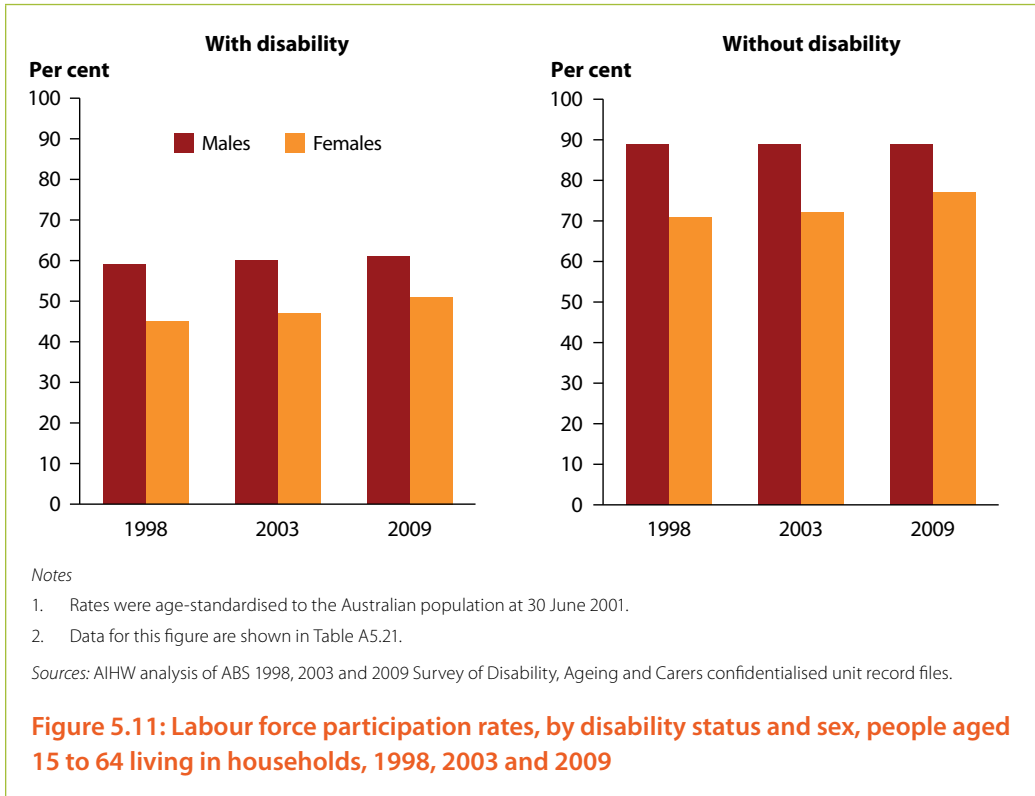
People with disability are much less likely to participate in the labour force (that is, be employed or unemployed) than people without disability, and when in the labour force are more likely to be unemployed. According to the latest available SDAC, in 2009, 54% of people aged 15 to 64 with disability were in the labour force, compared with 83% of people without disability. The labour participation rate for males with disability (60%) was higher than for females (49%). Around 1 in 3 (31%) people with severe or profound core activity limitation were in the labour force (AIHW analysis of ABS 2009 SDAC data).

People with disability who were in the labour force also experienced a higher rate of unemployment (8%) than people without disability (5%). The unemployment rate for people with severe or profound core activity limitation (11%) was just over twice that of those without disability (5%) (AIHW analysis of ABS 2009 SDAC).

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In order to take into account differences in the age structures between those with and without disability, as well as within these two groups over time, the labour force participation rates and unemployment rates were age-standardised. Between 1998 and 2009 the age-standardised labour force participation rate for people with disability aged 15 to 64 increased from 52% to 56% (Table A5.21). Nonetheless, throughout this period, participation rates of people with disability remained about 28 to 30 percentage points lower for males and 25 to 27 points lower for females, compared with people without disability (Figure 5.11).

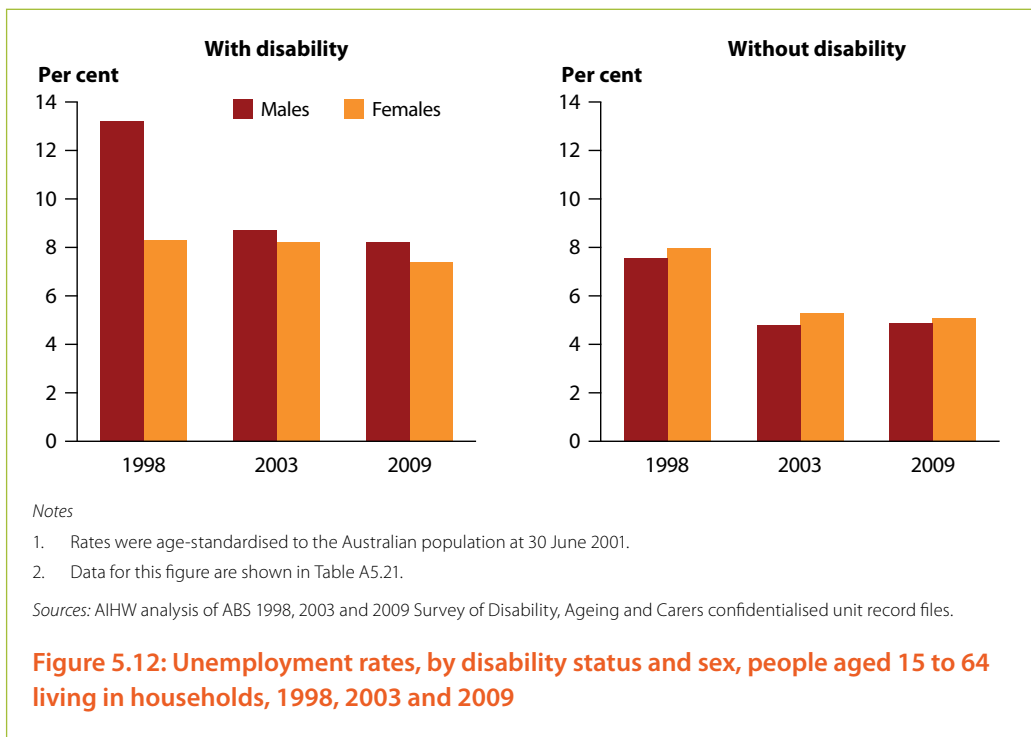


The age-standardised labour force participation rate for males with disability was the same in 1998 and 2003 but rose between 2003 and 2009, while the rate for females with disability increased between 1998 and 2009. The participation rates for males and females with disability were converging over time but at a slower rate than for males and females without disability. As Figure 5.11 shows, between 1998 and 2009, the gap in the participation rates between males and females with disability reduced by 4 percentage points, compared with a reduction of 6 percentage points for people without disability.

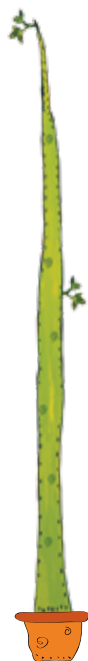
The age-standardised unemployment rate of people with disability aged 15 to 64 dropped from 11% in 1998 to 8% in 2009, and was largely attributable to the decline in the rate for males between 1998 and 2003. The unemployment rate of people with disability was consistently about 3 percentage points higher than people without disability (Figure 5.12).



Note that the 2011 Census does not provide adequate information to assess whether labour force participation and unemployment rates have improved over recent years for all people with disability, since the Census only collects information about those who need help with core activities—a large proportion of whom are permanently unable to work.

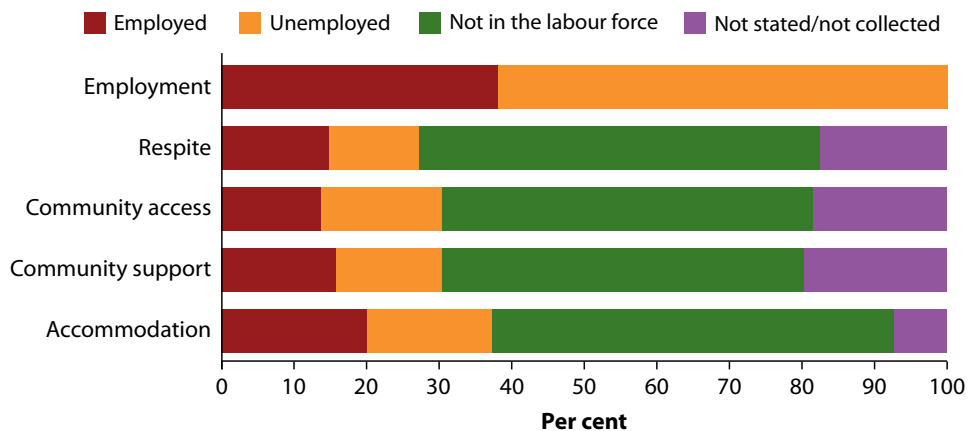


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In 2011–12, around one-quarter of disability support service users aged 15 to 64 were employed. As shown in Figure 5.13, the proportion of those employed is lower than the proportion not in the labour force in all service group categories with the exception of those using employment services. Between 14% and 20% of those using accommodation, community support, community access or respite services were employed, compared with 38% of those receiving employment services.





Note: Data for this figure are shown in Table A5.22.

Source: AIHW analysis of the Disability Services National Minimum Data Set.

Figure 5.13: Labour force status of disability support service users aged 15 to 64, by service group, 2011–12

Employment assistance

Employment assistance is provided for people with disability through both open and supported employment programs, as part of labour market assistance (Box 5.4).

Box 5.4: Employment assistance to people with disability

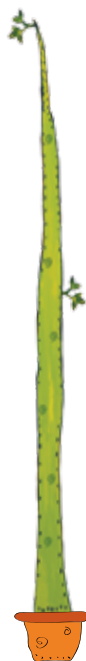
Open employment support, specifically for people with disability, is provided by Disability Employment Services (DES). These services help people find and maintain employment in the open labour market (DEEWR 2012b, 2012c). The program replaced the former Disability Employment Network and Vocational Rehabilitation Services, and:

- removed the cap on the numbers of people with disability who could use the services
- separated programs based on the level of assistance required as follows:
 - assistance to obtain employment—Disability Management Service (DMS)
 - ongoing assistance to obtain and maintain employment—Employment Support Service (ESS).

In 2012, around 20,000 people with higher support needs were receiving supported employment services through 325 Australian Disability Enterprises outlets across Australia. The Department of Families, Housing, Community Services and Indigenous Affairs provides funding for the enterprises, which are commercial in nature, undertaking activities including packaging, assembly, horticultural, cleaning, laundry and food services (FaHCSIA 2012a).

People with disability can also access mainstream labour market assistance through Job Services Australia (JSA) and the Indigenous Employment Program.

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There has been continuing strong growth in the use of services under the NDA that provide employment assistance to people with disability in obtaining and/or retaining paid employment in the open labour market ('open employment services'), equating to a 63% increase over the 5 years to 2011–12 (Table A5.13). An interim evaluation report on the accessibility and effectiveness of Disability Employment Services in its first year of operation found around 8,000 new participants started with DES providers each month, compared with an average 7,000 under the Disability Employment Network/Vocational Rehabilitation Services in 2009 (DEEWR 2012b).

Outcomes of participation in labour market assistance programs for people with disability vary considerably by both the labour market assistance program and whether or not the individual faces multiple barriers to employment, such as being both a sole parent and requiring ongoing workplace assistance.

The proportion of people with disability employed post-assistance was generally lower than that reported for all job seekers (Table 5.3). In particular, 36% of people with disability who used JSA streams 1–4 were employed post-assistance, compared with 49% of all job seekers who used the program.

The JSA Work for the Dole program reported the lowest proportion of people with disability employed post-assistance (20%) (Table 5.3). In contrast, 66% of Indigenous job seekers with disability who accessed the Indigenous Employment Program and 65% of people with disability who used JSA Job Placements were employed post-assistance.

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Table 5.3: Proportion of job seekers in employment after exiting labour market assistance programs, by equity group, December 2011 (per cent)

Labour market assistance program	Equity groups ^(a)				
	Disability	Indigenous	CALD ^(b)	Sole parents	All jobseekers
DES—Disability Management Service ^(c)	40.1	32.8	31.6	40.1	40.1
DES—Employment Support Service ^(c)	34.4	29.5	24.5	27.4	34.4
Indigenous Employment Program ^(d)	66.4	73.5	—	79.1	73.5
JSA streams 1–4	36.1	32.8	42.9	52.8	48.8
JSA Job Placements	64.6	58.1	73.7	80.0	69.5
JSA Work for the Dole	20.2	n.p.	21.3	26.2	25.0
JSA Training in Job Search Techniques	32.6	22.7	35.9	36.5	40.0

(a) Equity groups are not mutually exclusive.

(b) People from culturally and linguistically diverse (CALD) backgrounds born overseas in other than main English-speaking countries.

(c) 'All job seekers' in DES–DMS and DES–ESS programs are people with disability.

(d) 'All job seekers' in Indigenous Employment Programs are Indigenous.

Notes

1. Outcomes data refer to job seekers who participated in the program in the 12 months to September 2011, with outcomes measured around 3 months later.
2. Employment includes both part-time and full-time employment.

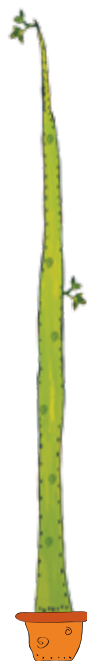
Source: DEEWR 2011.

Income support

Disability Support Pension

The DSP is the major income support payment for people with disability (see DHS 2013a). Changes to the pension in recent years include the introduction of new assessment procedures in September 2011 and revised Impairment Tables from 1 January 2012 (see Box 5.5).

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Box 5.5: Recent changes to the Disability Support Pension

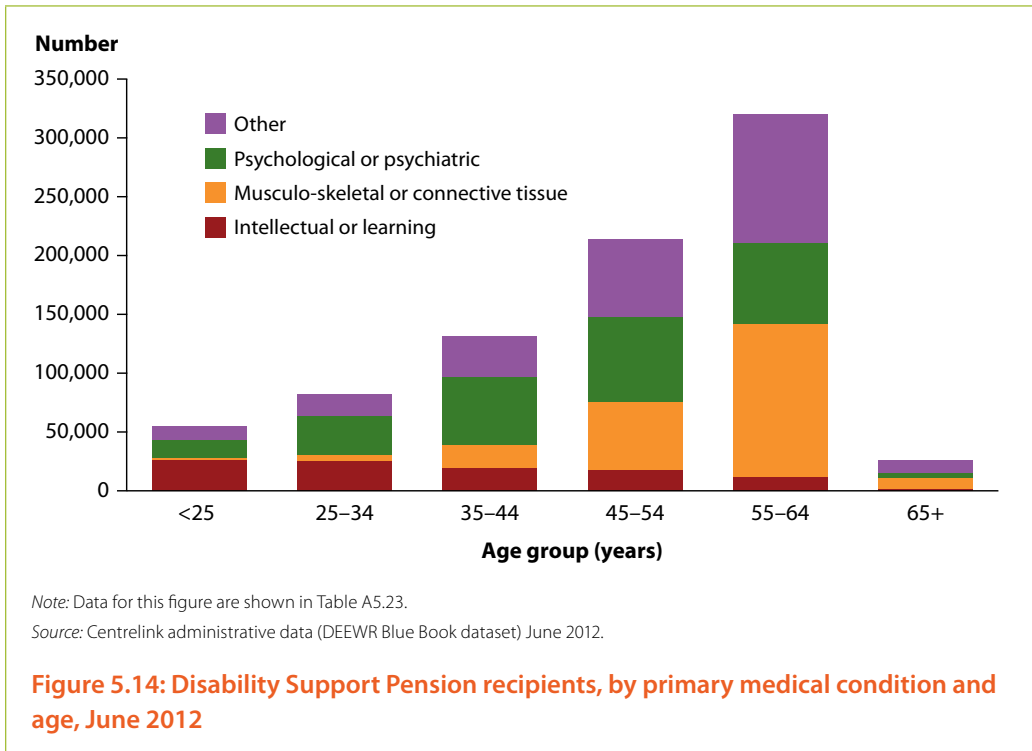
Starting on 1 July 2010, the Australian Government has implemented a number of changes to the DSP. These include:

- more thorough assessments of claims by Senior Job Capacity Assessors using updated guidelines (1 July 2010)
- establishing the Health Professional Advisory Unit within DHS to provide DSP assessors with independent advice on medical issues in DSP assessments (1 July 2010)
- requiring all DSP assessments to be conducted by medical, health and allied health professionals employed by DHS to provide greater consistency (previously around 50% of DSP assessments were undertaken by private providers) (1 July 2011)
- streamlining assessment processes by introducing faster and simpler assessments for employment service referrals and retaining more thorough assessments for DSP (1 July 2011)
- requiring DSP claimants who do not have a severe impairment to demonstrate they are unable to work independently, even with employment assistance and support (3 September 2011)
- introducing revised Impairment Tables that have a greater focus on a person's abilities, rather than what they cannot do (1 January 2012)
- changes to work rules where recipients continue to receive DSP if they obtain paid work of less than 30 hours a week, notwithstanding that to qualify for DSP they must be assessed as having a work capacity of less than 15 hours a week (1 July 2012).

Sources: DHS 2013a; FaHCSIA 2012b, 2012c, 2012d, 2012e, 2012f, 2012l, 2012m.

In June 2012, just under 827,500 people received the DSP. Around 68% of all recipients were aged 45 and over. Only 7% were aged under 25 (Figure 5.14). The most commonly reported primary medical conditions among DSP recipients are strongly associated with age. Those aged under 25 were most likely to have intellectual or learning disability. People aged 25 to 54 were most likely to have psychological or psychiatric disability, while musculoskeletal and connective tissue conditions were the most common for those aged 55 and over.





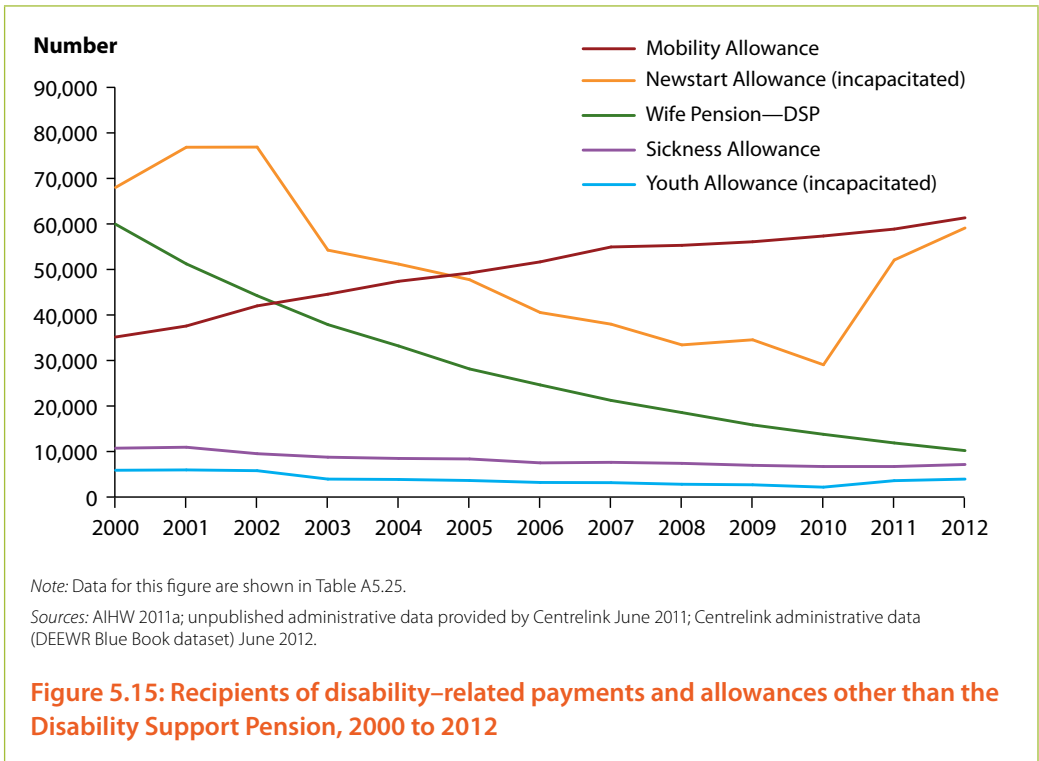
The number of people receiving the DSP increased over the years to 2012 (Table A5.24). Between 2006 and 2007, there was a relatively small increase in the number of people receiving the DSP and a slight decline in the corresponding age-standardised rates. This was due to new eligibility rules introduced in 2006—from July 2006, the DSP was no longer available to applicants who were assessed as being able to work for 15 hours or more a week at award wages or above (see also FaHCSIA 2012e). When taking into account differences in population size and age structures, the rate of DSP recipients in 2012 remained the same as in 2011, at 4.4% of the population aged 16 and over, but was considerably higher than the rate of 2.4% in 1990.

Other income support payments

A number of other disability-related payments and allowances are made by the Australian Government, although these are much smaller programs than the Disability Support Pension in terms of overall expenditure. They include Newstart Allowance (incapacitated), Youth Allowance (incapacitated), Mobility Allowance, Sickness Allowance and Wife Pension—DSP (see Appendix B, as well as DHS 2012, 2013a, 2013b, 2013c, 2013d for descriptions of these payments).

The number of recipients of most of these other payment types has decreased between 2000 and 2012 (Figure 5.15). The exceptions were Newstart Allowance (incapacitated) and Mobility Allowance. Recent changes to the DSP (see Box 5.5) have likely contributed to the sharp increase in Newstart Allowance (incapacitated) between 2010 and 2012.





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5.6 Where to from here?

The policy environment for providing support to people with disability has changed significantly over the past 2 years. Major changes include the launch of DisabilityCare Australia, and new arrangements for HACC services for people with disability aged under 65 (or under 50 for Indigenous people), some of whom may not be eligible to receive services under DisabilityCare Australia (see Section 5.2). In such an environment, there is a need to ensure the ability to provide a complete and consistent national picture of services for all people with disability, irrespective of the funding source and service delivery setting.

The introduction of DisabilityCare Australia, in particular, requires new data systems to support assessment, planning and referral, management of individual support plans and associated budgets, and transaction-based payments to service providers. However, until the full scheme is implemented, the vast majority of clients of specialist disability services will not be scheme participants and data on service provision will still be required. It will be important that data collection activities and systems across all services are broadly aligned and use consistent definitions so that comprehensive analysis of data about people with disability and the services they receive can continue.



Disability Services National Minimum Data Set redevelopment

The AIHW is in discussions with the Disability Policy and Research Working Group (a national advisory group on disability) about redeveloping the DS NMDS, to provide a better evidence base for the administration, planning and management of specialist services for people with disability and their carers. In 2012, the AIHW produced a revised disability data dictionary that includes most of the items in the current DS NMDS, and proposes new items to enable collection of:

- more sociodemographic information on clients and carers, including changing geography items from the Australian Standard Geographical Classification to the new Australian Statistical Geography Standard (see Box 1.3)
- more information on the capacity of informal carers, and the nature of supports they provide
- more detailed information on the supports received from specialist disability service providers
- information on support planning and achievement of support goals
- information on quality assurance processes used by service providers.

Standardised disability flag

The National Community Services Information Strategic Plan 2005–2009, endorsed by the Community and Disability Services Ministers' Advisory Council, identified the need for cross-sectoral data that crossed program boundaries and recognised a growing need for person-centred rather than program-centred information (AIHW 2005). To help address this need, disability services ministers commissioned the AIHW to develop a standardised disability flag.

The purpose of the standardised disability flag is to enable nationally consistent collection of information about disability status by mainstream service providers. The flag derives from a set of questions (a standardised module) that assesses a person's level of functioning and need for support in everyday activities. The module is based on the International Classification of Functioning, Disability and Health, and is broadly consistent with the questions in, and output from, the short disability module that the ABS uses in a number of its social surveys—see, for example, the ABS report *Aspects of disability and health in Australia, 2007–2008* (ABS 2011a).

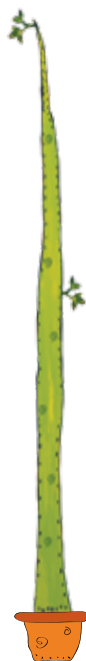
Over 2012–13, the AIHW developed and tested the disability flag module and prepared an implementation guide to support widespread use across community services. In response to a request from housing ministers, the mandatory component of the module (relating to the core activities of self-care, mobility and communication) is being implemented in the specialist homelessness services collection from July 2013.

ABS population survey and Census data developments

The ABS is conducting a review of the SDAC survey content for the 2015 collection, covering the survey operational definition of disability, measures of disability severity, and domains of activity of daily living. The review aims are to ensure international comparability, relevance and appropriateness of data to be collected.

In preparation for the 2016 Census, the ABS is reviewing the questions on disability and unpaid assistance provided to a person with disability. The review will look at 'core activity need for assistance' and related topics on unpaid work, including unpaid care of others due to disability, illness or old age.

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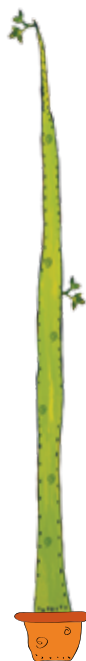
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