



Australian Government
Australian Institute of
Health and Welfare



People with disability in Australia

2020



People with disability in Australia

2020

in brief

The Australian Institute of Health and Welfare is a major national agency whose purpose is to create authoritative and accessible information and statistics that inform decisions and improve the health and welfare of all Australians.

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About *People with disability in Australia: in brief*

This In brief provides an overview of key content of the Australian Institute of Health and Welfare's *People with disability in Australia* online report. Data presented are the most recent available at the time of publication. The 2019 In brief was released on 3 September 2019; this 2020 In brief, a major update, includes the most recent data.

It was written using data collected before the COVID-19 situation emerged in Australia in early 2020. High-quality data will be even more important in future as we seek to understand the impact on people with disability of the virus itself, the direct and indirect effects of the isolation requirements put in place in response to the virus, and the long-term economic and social impacts of the shutdown.

The main report, *People with disability in Australia*, can be viewed at <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia>. More information, such as on trends and groups within the disability population, is presented in the online content, where possible.



People with disability in Australia

Disability affects many people, directly or indirectly. It may be a life-altering event or experience. It may have large or small effects on people's daily lives. Increasingly, disability is recognised as something that affects most people, to varying degrees and at different life stages.

Like everyone, people with disability interact with every aspect of life in Australia, across a multitude of social policy and program areas (for example, health, social support, education, employment, housing and justice). Some, however, face challenges in routinely and actively participating in these everyday activities of life.

How people with disability participate in society is influenced by factors such as the level of their disability, the availability of services and the accessibility of their environment, and by community attitudes and discrimination.

What is disability?

Disability is an umbrella term for impairments, activity limitations and participation restrictions, all of which can interact with a person's health condition(s) and environmental and/or individual factors to hinder their full and effective participation in society on an equal basis with others.

There are varying degrees of disability—from having no impairment or limitation to a complete loss of functioning. It can be associated with genetic disorders, illnesses, accidents, ageing, injuries or a combination of these factors.

What is meant by impairment?

An impairment refers to problems in body function or structure (including mental functions), such as loss of sight, loss of hearing, loss of a limb, impairment of mood or emotion, impairment of speech, and any other lack of function of body organs.

What is meant by activity limitation?

An activity limitation refers to difficulties in executing everyday activities, such as self-care, mobility, communication, cognitive or emotional tasks, health care, reading or writing tasks, transport, household chores, property maintenance or meal preparation. Self-care, mobility and communication are often referred to as core activities. In this report, people who always or sometimes need help with 1 or more core activities are referred to as people with severe or profound disability.

What is meant by participation restriction?

A participation restriction refers to problems a person may experience in involvement in life situations, such as in education or employment.

How many people have disability?

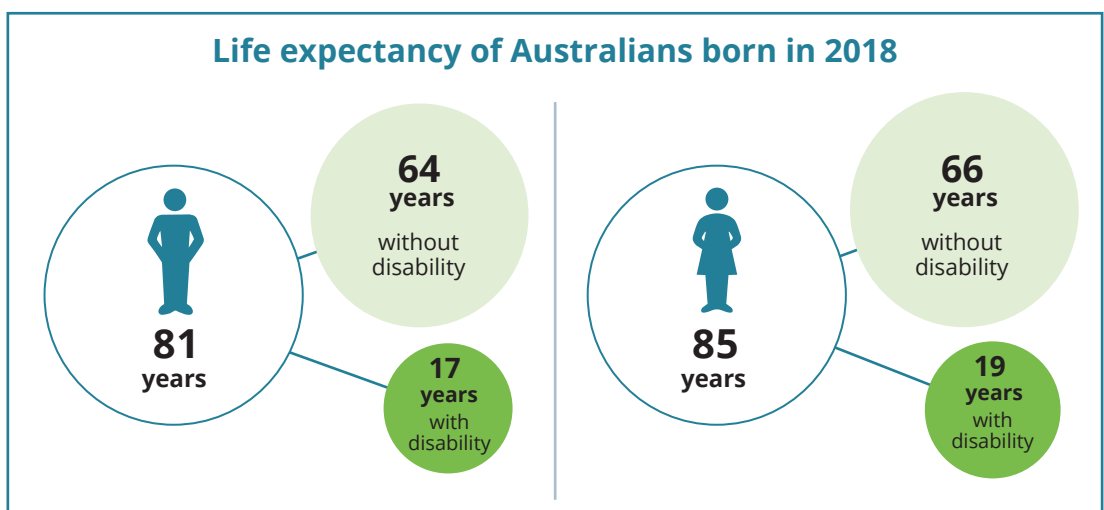
More than 4 million people in Australia have disability, or around 18% of the population (2018). This is also known as the prevalence of disability.

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

- **1 in 2** (51%) are **female**
- **1 in 4** (23%) have a **mental or behavioural disorder** as their main condition, including:
 - 6.5% with intellectual and developmental disorders (including autism)
 - 3.8% with mood affective disorders, such as depression
 - 2.7% with dementia or Alzheimer disease
- **1 in 3** (32%) have **severe or profound disability**
- **1 in 3** (30%) need help with **health care**
- **1 in 4** (27%) need help with **property maintenance**
- **1 in 4** (23%) need help with **household chores**
- **1 in 2** (48%) aged 5 and over have a **schooling or employment restriction** (2018).

The prevalence of disability increases with age. Around 1 in 8 (12%) people aged under 65 have some level of disability, rising to 1 in 2 (50%) for those aged 65 and over. This means that the longer we live, the more likely we are to experience some form of disability.

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




Health

Some people with disability experience poor health, engage in behaviours that increase their risk of poor health, or experience barriers (such as cost) in accessing or using health services.

General and mental health


Based on self-reported data, people with disability are more likely to have poorer general and mental health than people without disability.

Table HEALTH.1.1: Self-assessed general health, by disability status

 Self-assessed general health	Adults with disability ^(a)	Adults without disability ^(a)
Excellent or very good	24%	65%
Good	34%	28%
Fair or poor	42%	7.0%

(a) Living in households (2017–18).

Table HEALTH.1.2: Self-reported level of psychological distress (K10^(a)), by disability status

 Self-reported level of psychological distress (K10)	Adults with disability ^(b)	Adults without disability ^(b)
Low or moderate	68%	92%
High or very high	32%	8.0%

(a) K10 is a survey device used to measure non-specific psychological distress in people.










(b) Living in households (2017–18).

For more information, including breakdowns by sex and age, and lists of data sources, see [the full web report](#).

Health risk behaviours

Health risk factors and behaviours (such as poor diet, physical inactivity, and smoking) can have a detrimental effect on a person's health. In general, people with disability are more likely to engage in some risky health behaviours than people without disability.

Table HEALTH.2: Selected health risk factors and behaviours, by disability status

Health risk factors and behaviours	With disability ^(a)	Without disability ^(a)
 Do not eat enough fruit and vegetables each day (aged 2+)	47%	41%
 Drink sugar sweetened drinks daily (aged 2+)	12%	8%
 Are overweight or obese based on measured body mass index (aged 2+)	72%	55%
 Have an increased risk of poor health based on measured waist circumference (aged 18+)	76%	59%
 Do not do enough physical activity for their age (including at work) (aged 15+)	72%	52%
 Have hypertension (aged 18+)	54%	27%
 Smoke daily (aged 15+)	18%	12%
 Exceed the guidelines for lifetime risk for alcohol consumption (aged 15+) ^(b)	14%	16%
 Exceed the guidelines for single occasion risk for alcohol consumption (aged 15+) ^(c)	31%	44%

(a) Living in households (2017–18).

(b) Consumed more than 2 standard drinks of alcohol per day on average in the past week.







(c) Consumed more than 4 standard drinks of alcohol on a single occasion in the past year.

For more information, including breakdowns by sex and age, and lists of data sources, see [the full web report](#).

Barriers to accessing health services

Some people with disability experience difficulties accessing and using health services. Barriers include longer than desired waiting times, the cost of services, the accessibility of buildings, discrimination by health professionals, and a lack of communication between health professionals.

Table HEALTH.3: Barriers to accessing and using health services experienced by people with disability

Barrier	Experience of people with disability
 Waiting times^(a)	<p>1 in 4 (24%) who see a general practitioner (GP) wait longer than they feel is acceptable to get an appointment</p> <p>3 in 10 (29%) wait 1 or more days after making an appointment to see a GP for urgent medical care</p> <p>7 in 10 (70%) who have been on a public dental waiting list wait 1 month to more than 1 year for dental care</p>
 Cost^(a)	<p>1 in 13 (7.6%) who need to see a GP delay or do not go because of the cost</p> <p>1 in 22 (4.6%) who need to see a medical specialist do not go mainly because of the cost</p> <p>3 in 10 (28%) who need to see a dental professional delay or do not go because of the cost</p> <p>1 in 28 (3.6%) who need to go to hospital delay or do not go because of the cost</p>
 Communication between health professionals^(a)	<p>1 in 5 (21%) who see 3 or more health professionals for the same health condition report issues caused by lack of communication among them</p>
 Discrimination^(b)	<p>1 in 29 (3.5%) experience disability discrimination from health staff (GP, nurse or hospital staff)</p>
 Accessing buildings^(c)	<p>1 in 8 (12%) have difficulty accessing medical facilities (GP, dentist or hospital)</p>
 Unmet need for health care^(d)	<p>1 in 5 (18%) who need help with health-care activities have their need only partly met or not met at all</p>

(a) Aged under 65 living in households, in the last 12 months (2018).

(b) Aged 15–64 living in households, in the last 12 months (2018).

(c) Aged 5–64 living in households who need assistance or have difficulty with communication or mobility, in the last 12 months (2018).

(d) Aged 5–64 living in households (2018).

Current data make it difficult to directly compare health-care access issues for people with disability with those for people without disability. However, available data suggest that people with disability are more likely than the general Australian population to face barriers, such as cost, when accessing some types of health services.

For more information, including breakdowns by sex and age, and lists of data sources, see [the full web report](#).

Social support

Many people, including those with disability, use social support services intermittently throughout life—if and when the need arises. Others need long-term support to help them fully participate in all facets of life.

What is meant by social support?

In this report, social support refers to government-funded support provided by specialist disability services and aged care services. However, social support can also be considered more broadly than this, and may include, for example, income support, housing assistance and homelessness support.

Specialist disability support services

Specialist disability support services are designed to help people with disability participate fully in all aspects of everyday life. They may supplement other support a person receives—such as that provided by mainstream services, the community or informal carers.

What are specialist disability support services?

Specialist disability support services may include:

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

Specialist disability support services are primarily aimed at people aged under 65, but support is also available to those aged 65 and over, provided they meet eligibility requirements.

Government-funded specialist disability support services are now largely provided through the National Disability Insurance Scheme (NDIS). Most people using services under the National Disability Agreement (NDA) have transitioned to the NDIS, except for those using open employment services.

How many people receive specialist disability support services?



(a) Active participants with approved plans.

Who receives specialist disability support services?

Table SPECIALIST SERVICES.1: Selected characteristics of people using specialist disability support services

Selected characteristics	NDA service users (2018-19)	NDIS participants (at 31 December 2019 ^(a))
Aged 14 and under	8.0%	40%
Male ^(b)	57%	63%
Aboriginal or Torres Strait Islander ^(b)	5.5%	7.6%
Autism primary disability	9.2%	31%
Intellectual ^(c) primary disability	15%	23%
Psychosocial primary disability	32%	9.1%

(a) Active participants with approved plans.

(b) Excluding unknown.

(c) Including Down syndrome.

Do people get the help they need?

Based on self-reported survey data, an estimated 40% of people with disability living in households need assistance from formal service providers—most often private commercial organisations (for 61% of those receiving formal assistance) or government providers (46%). (People may receive support from more than 1 provider.)

Most (86%) people with disability who need formal assistance with at least 1 activity receive some support. The majority of those aged 15 and over who receive formal assistance are satisfied with the quality of service (82%) and the majority who need assistance are satisfied with the range of services available (73%) (where level of satisfaction could be determined) (2018).

These data are provided for context and are not intended to evaluate specialist service provision under the NDIS or the NDA. It is important to note the following: the latest available survey data are for 2018, which was part-way through the NDIS roll-out; not all formal services are specialist services; and formal services may or may not receive government funding.

NDIS outcomes framework

The NDIS outcomes framework questionnaires collect information on 8 life domains from participants, their families and their carers (using a life span approach), and provide some measures of the medium- to long-term benefits to participants. This includes asking whether the NDIS has helped with various aspects of life. For example, by 31 December 2019, for participants who have been in the NDIS for 3 years:

- 49% of participants aged 15 and over are able to participate in community and social activities
- 22% of participants aged 15 and over are able to participate in work
- 96% of parents and carers of child participants aged 0 to before starting school think the NDIS has improved their child's development.

For more information, including breakdowns by sex and age, and lists of data sources, see [the full web report](#).

Younger people in residential aged care

Government-subsidised aged care in Australia is provided on the basis of need, rather than age. Sometimes even very young people live in permanent residential aged care. This can reflect the unavailability of other support services, rather than the suitability of permanent residential aged care to meet these people's needs. Generally, younger people are considered to be better served by other services to provide for their long term needs.

On any given day, more than 5,500 younger people (aged under 65) are in permanent residential aged care (or 3.1% of people in permanent residential aged care at 30 June 2019).

Of the younger people in permanent residential aged care at 30 June 2019:

- **over 1 in 2** (54%) are **males**
- **over 1 in 2** (54%) are **aged 60–64**, 38% are aged 50–59 and 7.9% are aged 0–49
- **1 in 13** (7.4%) identify as **Aboriginal and/or Torres Strait Islander people**
- **7 in 10** (72%) have a **high level of need for help with behaviour**, 56% have a high level of need for help with activities of daily living, and 50% have a high level of need for help with complex health care.

How is the level of need for help determined?

The Aged Care Funding Instrument (ACFI) level is used to categorise the level of help needed by each person in residential aged care. It is used to assess a person's need for support with activities of daily living, behaviour, and complex health care. For each of these 3 domains, the person is assigned an ACFI level of need of high, medium, low or nil.

The Activities of Daily Living Domain covers need for help with nutrition, mobility, personal hygiene, toileting, and continence. The Behaviour Domain covers cognitive skills, wandering, verbal behaviour, physical behaviour, and depression. The Complex Health Care Domain covers the administration of medicines and health-care procedures.

The most commonly reported main conditions for younger people in residential aged care are dementia (17%), cancer (13%), progressive neurological conditions (such as Huntington disease, Parkinson disease and motor neurone disease) (10%) and cerebrovascular disease (10%) (2013–14).

For more information, including breakdowns by sex and age, and lists of data sources, see [the full web report](#).

Discrimination

Experiencing discrimination can make participating in everyday life more difficult for people with disability, affecting education and employment opportunities, and limiting social interactions. A person who is unable to participate in everyday activities, or who avoids situations, may be at higher risk of adverse outcomes, including social isolation, unemployment and poor health.

What is disability discrimination?

Disability discrimination occurs when a person with disability is treated unequally, less favourably, or not given the same opportunities as other people because of their disability. It may be direct or indirect.

What is meant by situations?

In this section situations refer to work and study, service, hospitality and retail venues, social situations, public transport, and public places.

In the last 12 months, among people aged 15 and over with disability living in households, an estimated:

- **1 in 4** (23%) experienced **some** form of discrimination (including disability discrimination), compared with 1 in 6 (17%) without disability (2014)
- **1 in 10** (9.6%) experienced **disability discrimination** (or 314,000 people) (2018)
- **1 in 3** (33%) **avoided situations** because of their disability (or about 1.1 million people) (2018)
- **1 in 3** (32%) of those who had challenges with mobility or communication had **difficulty accessing buildings or facilities** (or 429,000 people) (2018)
- **1 in 6** (17%) had **difficulty using public transport** (or 650,000 people), 14% (or 518,000 people) are unable to use public transport at all and 0.9% (or 35,600 people) do not leave home (2018).

Each year, the Australian Human Rights Commission (AHRC) receives more complaints about disability discrimination than about any other form of discrimination.

- **44%** of AHRC complaints are about **disability discrimination**
- **26%** are about **sex discrimination**
- **16%** are about **racial discrimination**
- **6.7%** are about **age discrimination**
- **7.7%** relate to the *Australian Human Rights Commission Act* (2018–19).

People who experience disability discrimination are more likely than those who have not to avoid situations, to have poorer general and mental health, to be unemployed, and to have a lower level of income.

Table DISCRIMINATION.1: Selected characteristics of people who have and have not experienced discrimination because of their disability in the last 12 months

Selected characteristics	People with disability who have experienced disability discrimination in the last year ^(a)	People with disability who have not experienced disability discrimination in the last year ^(a)
Avoided situations in the last year ^(b)	80%	28%
Self-reported fair or poor health ^(b)	56%	33%
Self-reported a high or very high level of psychological distress ^(c)	67%	27%
Are unemployed ^(d)	8.8%	4.9%
Have a low level of income ^(d)	74%	61%

(a) Living in households (2018).

(b) Aged 15 and over.

(c) Aged 18 and over.

(d) Aged 15–64 with \$700 or less of personal weekly income.

For more information, including breakdowns by sex and age, and lists of data sources, see [the full web report](#).

Violence

Acts of violence can affect anyone. But men and women with disability are more likely than those without disability to have experienced violence, abuse or sexual harassment at some point in their lives.

Table VIOLENCE.1: Type of violence experienced, by disability status

Adults who have experienced...	With disability ^{(a)(b)}	Without disability ^(b)
violence after age 15	47% (2.7 million)	36% (4.5 million)
abuse before age 15	20% (1.1 million)	11% (1.3 million)
sexual violence after age 15	16% (935,000)	9.6% (1.2 million)
physical violence after age 15	43% (2.5 million)	32% (4.1 million)
intimate partner violence after age 15	21% (1.2 million)	13% (1.7 million)
emotional abuse ^(c) after age 15	26% (1.5 million)	17% (2.1 million)
sexual harassment in their lifetime	43% (2.5 million)	37% (4.7 million)

(a) At the time of the survey (2016). It is not possible to determine whether or not a person had disability at the time of experiencing the incident of violence.

(b) Aged 18 and over, living in households.

(c) From a current or previous partner.

What is meant by violence, abuse and harassment?

The data provided in this section relate to the following definitions of violence, abuse and harassment.

Violence

Violence refers to:

- sexual—behaviours of a sexual nature carried out against a person's will, such as sexual assault or threat of sexual assault, or
- physical—incidents involving the use or threat of physical force with the intent to harm or frighten a person.

Violence can be perpetrated by strangers or by someone the person knows.

Abuse

Abuse refers to physical and sexual abuse of a child under the age of 15 years by an adult. Abuse excludes discipline that accidentally resulted in injury, emotional abuse, and physical and sexual abuse by someone under the age of 18.

Intimate partner violence

An intimate partner can be a current and previous partner, boyfriend/girlfriend/date and ex-boyfriend/ex-girlfriend. Intimate partner violence includes sexual and/or physical violence by an intimate partner.

Emotional abuse

Emotional abuse refers to when a current or previous partner tries to control the behaviour of a person, causing them emotional harm or fear.

Sexual harassment

Sexual harassment refers to behaviours a person finds improper or unwanted, makes them feel uncomfortable, and are offensive due to their sexual nature.

For more information, including breakdowns by sex and age, and lists of data sources, see [the full web report](#).

Housing

The availability of affordable, sustainable and appropriate housing helps people to participate in the social, economic and community aspects of life. The absence of such housing can have a number of negative consequences, including homelessness, poor health and lower rates of employment and education.

Most (96%) people with disability live at home or in the community (in private dwellings). The more severe a person's disability is, the more likely they are to live in cared accommodation and the less likely they are to live at home or in the community—87% with severe or profound disability live in private dwellings, compared with close to 100% with other levels of disability (2018).

What is cared accommodation?

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

For information about younger people in residential aged care, see [the Social support section](#).

Almost two-thirds (64%) of people with disability, living in private dwellings, own their home—either with (22%) or without (41%) a mortgage. Close to one-third (29%) are renting, and 5.9% live rent free.

Security of tenure

Security of tenure refers to the extent to which someone can stay in a home for reasonable periods if they wish to, provided they meet their legal obligations (such as paying the rent and looking after the property).

Some types of tenure are generally considered more secure than others. For example, owning your own home, especially without a mortgage, is usually more secure than renting in the private rental market.

People with disability are more likely than people without disability to rent from a state or territory housing authority.

Table HOUSING.1: Type of landlord, by disability status

Landlord	With disability ^(a)	Without disability ^(a)
Real estate agent	42%	63%
State or territory housing authority	16%	4.1%
Parent or other relative living in the same dwelling	12%	8.1%
Other person not in same dwelling	12%	12%

(a) Living in households, who have a landlord (2018).

How affordable are rental properties?

Housing affordability, especially in the private rental market, can be an issue for people with disability. For example:

- 31% of income units receiving Commonwealth Rent Assistance (CRA) (at 30 June 2018) who had at least 1 member receiving the Disability Support Pension (DSP) are in rental stress after receipt of CRA (that is, paid more than 30% of their gross household income on rent); without CRA, 71% of these income units would be in rental stress. This compares with 40% in rental stress after receipt of CRA and 68% in rental stress without CRA for all income units receiving CRA
- an Anglicare report on affordable housing found that only 0.4% of rental properties advertised in Australia on a selected weekend in 2020 were affordable and appropriate for single people aged 21 and over receiving the DSP, compared with 2.4% for a single person on the minimum wage.

Housing affordability

The term 'housing affordability' usually refers to the relationship between money spent on housing (prices, mortgage payments or rents) and household income. Depending on the housing situation (for example, home ownership versus renting), the concept of housing affordability can mean different things to different people. Affordability for home owners primarily relates to purchase and repayment expenses; for renters, it primarily relates to rental expenses.

For more information, including breakdowns by sex and age, and lists of data sources, see [the full web report](#).

Housing assistance

Housing assistance can provide vital support for people when costs associated with accessing or maintaining housing are not able to be met by the household.

What is housing assistance?

Housing assistance is generally provided through:

- subsidised rental housing—for example, social housing
- financial payments—for example, CRA and other support for private renters
- specialist homelessness services.

As well as mainstream housing assistance, several initiatives specifically target people with disability. These include home modifications and Specialist Disability Accommodation (SDA). SDA is accommodation provided through the NDIS to participants with extreme functional impairment or very high support needs who meet specific eligibility criteria. An estimated 6.5% of NDIS participants will require SDA. At 31 March 2020, nationally, 13,900 active participant plans include SDA.

Social housing

Over 2 in 5 (41% or about 146,000) social housing households include at least 1 person with disability (at 30 June 2019).

What is social housing?

Social housing is rental housing that is owned or managed by the government or a community organisation and let to eligible people. Social housing rents are generally set below market levels and are influenced by the income of the household.

Commonwealth Rent Assistance

One in 5 (20% or about 256,000) CRA recipients receive income support via the DSP (in 2019).

What is CRA?

CRA is a non-taxable Australian Government income supplement, received by eligible people renting in the private housing market or community housing to assist with their cost of housing.

Specialist homelessness services

Around 1 in 12 (8.3% or 22,100) people who used specialist homelessness services (SHS) in 2018–19 had disability (referred to as SHS clients with disability; excluding those with unknown disability status). Around 1 in 3 (33% or 7,200) of these people had severe or profound disability (2018–19).

What are specialist homelessness services?

People who are homeless or at risk of homelessness can use SHS. These services are funded by governments to provide accommodation support to people in need, help at-risk clients to remain housed, and provide a range of services intended to support stable living conditions (such as counselling, employment or financial services).

Anyone can be affected by homelessness. However, some people, including those with disability, may have additional risk factors that increase their likelihood of experiencing homelessness, or that present added barriers to exiting homelessness.

Table HOMELESSNESS.1: Risk factors for experiencing homelessness or remaining homeless, by disability status

Risk factors for experiencing homelessness or remaining homeless	SHS clients with disability ^(a)	SHS clients without disability ^(a)
Has a mental health issue	63%	35%
Began support homeless (rather than at risk of homelessness)	44%	40%
Has experienced domestic or family violence	31%	36%
Misuses drugs or alcohol	21%	11%
Has experienced repeat homelessness	6.1%	2.9%

(a) Aged 10 and over with known disability status (2018–19).

SHS clients with disability generally have a higher, and more complex, need for support than those without disability. This is reflected in their higher:

- average number of support periods received (2.6 compared with 1.7)
- median length of support (78 days compared with 45)
- average number of distinct services needed (14 compared with 9.3).

Housing outcomes for SHS clients with disability generally improve following support, with fewer homeless when they leave support. Four in 10 (42%) SHS clients with disability are homeless when they start support, compared with 3 in 10 (30%) at the end of support (2018–19).

For more information, including breakdowns by sex and age, and lists of data sources, see [the full web report](#).

Education

Attaining a higher level of education is generally associated with better employment outcomes and higher income, which are key factors in attaining economic security and independence.

An estimated 1 in 10 (10%) school students (aged 5–18) in Australia have disability, and almost 1 in 18 (5.4%) have severe or profound disability. Almost all (89%) children with disability go to primary or secondary school—the same proportion as children without disability.

Most (89%) school students with disability go to a mainstream school, while 12% go to a special school; 1 in 5 (20%) students with severe or profound disability attend a special school. Of school students with disability who attend a mainstream school, those with severe or profound disability (21%) are more likely than other students with disability (13%) to go to special classes in a mainstream school (2018).

People with disability are more likely than people without disability to leave school early and to have a lower level of education.

Table EDUCATION.1: Level of educational attainment, by disability status

Level of educational attainment	With disability ^(a)	Without disability ^(a)
Aged 15–64 who left school before age 16 ^(b)	21%	8.9%
Aged 20 and over who have completed Year 12	34%	66%
Aged 20 and over who have a Bachelor degree or higher	17%	35%

(a) Living in households (2018).

(b) Who acquired disability before age 15.

People with disability who left school in more recent years are less likely to have left school before age 16, consistent with improvements in school retention for people with disability over time. Around 1 in 10 (11%) people aged 15–24 who acquired disability before age 15 left school before age 16, compared with 3.6% of those without disability.

Whether a person has completed Year 12 varies by age, with those in the older age ranges less likely to have done so. Among people aged:

- 20–24, 68% of people with disability had completed Year 12 or equivalent, compared with 85% of people without disability
- 50–54, 38% compared with 56%
- 85 and over, 15% compared with 20% (2018).

Most school students with disability (57%) receive support at school, though not all students with disability who need support with their education receive it: 1 in 10 (10%) school students who need support do not receive it and 1 in 5 (21%) who receive support need more.

Around 1 in 12 (8.3%) people aged 15–64 who are studying for a non-school qualification have disability. Very few (1.5%) have severe or profound disability. People with disability aged 15–64 are less likely to be studying for a non-school qualification (9.1%) than people without disability (15%).

For more information, including breakdowns by sex and age, and lists of data sources, see [the full web report](#).

Employment

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

What is meant by economic security?

Economic security is having a stable income or other resources to support a standard of living and cover essential needs, both now and in the immediate future.

Over 1 million working-age (aged 15–64) people with disability participate in the labour force through work or looking for work. But some people with disability face challenges seeking and engaging in employment. This is reflected in the lower rates of labour force participation and employment, higher rates of unemployment and longer duration of unemployment than those without disability.

Table EMPLOYMENT.1: Selected measures of employment, by disability status

Selected measures of employment	Working-age people with disability ^(a)	Working-age people without disability ^(a)
Labour force participation rate	53%	84%
Employment rate	48%	80%
Employed full time ^(b)	60%	68%
Employed part time ^(b)	41%	32%
Underemployed ^(b)	10%	6.9%
Unemployment rate	10%	4.6%
Unemployed for at least 1 year ^(c)	22%	14%

(a) Aged 15–64, living in households (2018).

(b) Percentage of employed people.

(c) Percentage of unemployed people who have been unemployed for 52 weeks or more.

What do measures of employment mean?

Labour force participation rate

The labour force participation rate is the number of employed and unemployed working-age people as a percentage of the working-age population.

Employment rate

The employment rate (employment-to-population ratio) is the number of employed working-age people as a percentage of the working-age population.

Unemployment rate

The unemployment rate is the number of working-age people who are unemployed and looking for work (who are available to start work) as a percentage of the working-age population participating in the labour force.

Underemployed

A person is considered underemployed if they are employed, usually work 34 hours or less per week, would like a job with more hours, and are available to start work with more hours if offered a job in the next 4 weeks.

Most employed (88%) and unemployed (82%) working-age people with disability do not require additional support from their employer to work. Similarly, 82% of employed working-age people with disability do not need at least 1 day per week off work because of their condition(s).

How difficult is it to find work?

Most (93%) working-age people with disability who are unemployed report at least 1 difficulty finding work, compared with 83% without disability. For unemployed people with disability, the most common reason is their ill health or disability (45%). This is followed by lacked necessary skills or education (34%), considered too old by employers (27%), too many applicants for available jobs (27%), and insufficient work experience (25%) (2018).

For more information, including breakdowns by sex and age, and lists of data sources, see [the full web report](#).

Income

Most working-age (aged 15–64) people with disability have some source of income (90%), as do those without disability (90%). However for working-age people with disability, this income is more likely (43%) than for those without disability (7.9%) to come primarily from a government payment than from salary or wages. One in 4 (25%) working-age people with disability are permanently unable to work because of their condition(s) (2018).

Table INCOME.1: Main source of income, by age group and disability status

Main source of income	With disability ^(a)	Without disability ^(a)
Income from salary or wages	24%	71%
Aged 15–24	48%	83%
Aged 25–64	42%	80%
Aged 65+	3.9%	12.9%
Income from government pension or allowance	56%	13%
Aged 15–24	44%	11%
Aged 25–64	42%	7.4%
Aged 65+	70%	49%

(a) Living in households (2018).

Income support

Around 746,000 people aged 16 and over receive DSP (at June 2019). Most (90% or over 668,000) of these are aged 16–64.

What is income support?

Income support is a payment provided by government to help with living costs. People with disability who need help with living costs may access disability-specific payments (such as the DSP) or other payments (such as the JobSeeker Payment).

What is the Disability Support Pension?

The DSP is the main income support payment available specifically to people with disability. It is a means-tested income support payment for people aged 16 and over but under the Age Pension age (at claim) and who have reduced capacity to work because of their disability.

Who receives the Disability Support Pension?

4.1%
of the Australian
population aged 16–64
receive the DSP



About **1 in 3** (30%)
income support payment
recipients aged 16–64
receive the DSP



Over half
(54%) of DSP
recipients aged
16–64 are
aged 50–64



Around **1 in 3** (36%) of DSP
recipients aged 16–64 have a
psychological or psychiatric
condition as their primary
medical condition (June 2019)



DSP recipients tend to stay on the DSP for a long time, with very few moving onto other payments or exiting the income support system. At June 2019, 82% of recipients aged 16–64 had been on the DSP for at least 5 years, 53% for 10 or more years.

Examining income support payment data for a cohort of DSP recipients aged 16–64 in 2009 over time, shows that by 2018:

- **58%** were still receiving the DSP
- **23%** had moved onto the Age Pension
- **1.0%** had moved to other payments (other than the Age Pension)
- **4.2%** were not on income support
- **13%** had died.

Level of income

People with disability generally have a lower level of personal income than people without disability. Having a person with disability living in the household is also associated with lower levels of household income.

Table INCOME.2: Level of personal income, by disability status

Level of weekly personal income	With disability ^(a)	Without disability ^(a)
Low income (\$383 or less per week)	38%	27%
Mid income (\$384 to \$1,150 per week)	42%	36%
High income (\$1,151 or more per week)	20%	37%

(a) Aged 15–64, living in households (2018).

Households that contain at least 1 person with disability are more likely than those that do not to have a low level of household income.

Measuring income

To compare incomes, weekly equivalised income deciles are used. This is the total income, of that household or family, adjusted by applying an equivalence scale to compare income levels between households or families of differing size and composition.

Table INCOME.3: Level of weekly household income, by household disability status

Level of weekly household income ^(a)	Household with a person with disability	Household without a person with disability
Low income (\$593 or below per week)	38%	18%
Mid income (\$594 to \$1,388 per week)	43%	45%
High income (\$1,389 or more per week)	19%	37%

(a) Weekly equivalised household income (2018).

Families where a parent has disability are more likely than those that do not to have a low level of family income.

Table INCOME.4: Level of weekly family income, by parental disability status

Level of weekly family income ^(a)	Families with a parent with disability ^(b)	Families without a parent with disability ^(b)
Low income (\$561 or below per week)	27%	17%
Mid income (\$562 to \$1,343 per week)	50%	48%
High income (\$1,344 or more per week)	23%	35%

(a) Weekly equivalised family income.

(b) Living in households (2018).

Families with a child with disability are more likely to have a low level of family income than families that do not have a child with disability.

Table INCOME.5: Level of weekly family income, by child disability status

Level of weekly family income ^(a)	Families with a child with disability ^(b)	Families without a child with disability ^(b)
Low income (\$561 or below per week)	27%	17%
Mid income (\$562 to \$1,343 per week)	51%	48%
High income (\$1,344 or more per week)	23%	35%

(a) Weekly equivalised family income.

(b) Living in households (2018).

For more information, including breakdowns by sex and age, and lists of data sources, see [the full web report](#).

What are the key data gaps?

People with disability in Australia brings together information from over 20 national data sources to contribute to a greater understanding of disability in Australia. These include population surveys and administrative data sets. Although much is known about how people with disability experience daily life, critical data gaps remain. For example, there is a lack of information on:

- what services people with disability use (across mainstream and specialist areas), and how coordinated, timely, appropriate and effective they are
- how much contact people with disability have with the justice and child protection systems, both as victims and as offenders
- how the experience of disability and support services varies by location or for groups with intersecting characteristics—such as Aboriginal and Torres Strait Islander people with disability, people with disability from culturally and linguistically diverse backgrounds, people with disability living in remote locations, and people with disability who are lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+)
- the pathways, impacts and outcomes for people with disability; for example, how successful is the transition from school to further education or employment
- unmet need for services (within and outside of the NDIS)
- the quality and sustainability of the disability workforce.

These gaps largely result from a mix of issues with existing data (such as inconsistent definitions of disability across data sources and key data not being widely available for use or sharing), and data not being collected at all (such as in many mainstream data collections).

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

- improving the quality and comparability of data across sources, such as by gaining agreement to adopt more consistent definitions across data collections where possible, or adding a disability 'flag' to mainstream data collections (an agreed set of questions to identify people with disability and the severity, or degree, of their disability)
- maximising the use of existing data sources; for example, by bringing together information from multiple data sources, such as in this report
- adding to available data sources to cover priority data gaps, such as by enhancing or adding data items to existing data collections, enabling data sharing and linkage of data, and creating new data collections or data assets.

These gaps and opportunities are not exhaustive, but are a starting point for future discussion. The Australian Institute of Health and Welfare (AIHW) continues to work with other statistical agencies and data custodians to maximise and streamline the collection of data about people with disability and to improve its quality.

The Australian, New South Wales, Victorian, South Australian and Queensland governments are working together with the National Disability Insurance Agency and the AIHW to pilot test the development of a National Disability Data Asset. This will bring together data from a range of domains relevant to people with disabilities and their carers, such as health and wellbeing; learning and skills; justice, safety and rights; personal and community support; inclusion and accessibility; and economic security. The 18-month pilot phase is intended to demonstrate value for both government and community use, including platforms and information for people with disability, wider public reporting, and research.


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Abbreviations

ACFI	Aged Care Funding Instrument
AHRC	Australian Human Rights Commission
AIHW	Australian Institute of Health and Welfare
COVID-19	Coronavirus
CRA	Commonwealth Rent Assistance
DSP	Disability Support Pension
GP	general practitioner
K10	Kessler-10
NDA	National Disability Agreement
NDIS	National Disability Insurance Scheme
SDA	Specialist Disability Accommodation
SHS	specialist homelessness services



People with disability in Australia brings together information from a range of national data sources to contribute to a greater understanding about disability in Australia. It shows that some people with disability face challenges in routinely and actively participating in everyday life areas (such as employment) and are more likely to experience poor health, discrimination and violence.

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Stronger evidence,
better decisions,
improved health and welfare