



# Disability in Australia: trends in prevalence, education, employment and community living

## Summary

This bulletin provides an overview of the trends in disability prevalence, associated disabling conditions and main causes of disability in Australia. It also outlines changes in support needs, types of assistance received by people with a disability, and their participation in the major life areas of education, employment and community living.

Disability can be described in relation to several main aspects of people's life experience: their body functions and structures, the activities they undertake, the life areas in which they participate, and environmental factors that affect these experiences (WHO 2001). In the context of this bulletin, disability is defined as having 1 or more of 17 impairments, activity limitations or participation restrictions that has lasted, or is likely to last, for at least 6 months and that restricts everyday activities. A severe or profound core activity limitation is defined as sometimes or always requiring personal assistance or supervision with self-care, mobility or communication (ABS 2004; see also Box 2).

*(highlights continued overleaf)*

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## Prevalence of disability and associated health conditions

- Recent gains in life expectancy in Australia have been accompanied by an increase in years of life lived with disability.
- There has been no significant change in the underlying age-standardised rates of severe or profound core activity limitations over the past two decades. Improvements in diagnosis and data collection have increased reporting rates, especially for children. However, the ageing of the population and increased life expectancy are leading to more people with severe or profound core activity limitations, as well as more people with disability generally.
- Between 1981 and 2003, the number of people with disability increased from 1.9 million to 3.9 million. This includes an increase in the number of people with severe or profound core activity limitations from 453,000 to 1.2 million.
- By 2010, the total number of Australians with severe or profound core activity limitations is projected to increase to 1.5 million.
- A rise in the reported prevalence rates of disabling conditions associated with childhood such as attention deficit hyperactivity disorder and autism-related disorders resulted in a substantial increase in the reported number of children with a disability in the past decade.

## Assistance needed by, and provided to people with disability

- Between 1998 and 2003, there was an increase of 93,900 people needing help with core activities. Most of these people relied mainly on family or friends for assistance.
- The number of people needing help with core activities who had no source of assistance remained at around 71,000 people.

## School attendance

- The number of students with severe or profound core activity limitations attending school grew from around 40,000 in 1981 to almost 150,000 in 2003.
- In 2003, children and young people with disability (especially those aged 15–20 years) were more likely to be attending school than at any time over the previous two decades.
- There has been a trend towards students with severe or profound core activity limitations attending ordinary schools rather than special schools.
- The increase in the number of students with disability is likely to create future demand for services and assistance to help these young people successfully manage the transition from school to adult life. This includes entry into employment, post-school education, and other social and economic activities.

## Labour force participation

- Between 1988 and 2003 female labour force participation rates increased, regardless of disability status. But the gap in participation between people with and without disability remained the same throughout the period. There was no significant

improvement in participation rates of people with severe or profound core activity limitations.

- ♦ Between 1993 and 2003, unemployment rates halved among people with disability and more than halved among people without disability. The fall was much smaller among people with disability who had schooling or employment restrictions only.
- ♦ Age cohort analyses show that people with severe or profound core activity limitations tended to exit the labour force earlier than people with disability generally.
- ♦ Between 1998 and 2003 almost all the increase in employees with disability was in the private sector. The number of employees with severe or profound core activity limitations fell in both the private and the government sector.

### Community living

- ♦ Between 1981 and 2003 there was a trend towards people with severe or profound core activity limitations living in the community. The trend was strongest in those aged 5–29 years.
- ♦ The trend shows clearly the importance of service programs to support carers, and to support the stability of community living arrangements.

### Introduction

This bulletin provides an overview of the trends in disability prevalence in Australia, along with how people describe the nature of their disability and what they see as its main causes. It also outlines changes in their needs for services and assistance, types of assistance received, and participation in the life areas of education, employment and community living.

Disability can be described in relation to several aspects of life experience: as an impairment in body structure or function (such as significant loss in hearing or vision); as an activity limitation (such as needing help with eating or moving around); or as a restriction in participation (such as attending school, work and social interactions). These disability experiences exist in various degrees and combinations among individuals. How people experience and cope with their disability is affected by environmental factors, including opportunities, services and assistance provided for them (WHO 2001).

Estimates of disability prevalence vary according to the definition used. The primary data source of this report is the Survey of Disability, Ageing and Carers (SDAC) done by the Australian Bureau of Statistics (ABS). For ABS survey purposes, a person has a disability if he/she has at least 1 of 17 impairments, health conditions, limitations or restrictions that has lasted, or is likely to last, for at least 6 months and that restricts everyday activities (boxes 1 and 2). This very broad construct of disability estimates that 3.9 million Australians (20% of the population) had a disability in 2003.

The survey also collected information about specific limitations or restrictions experienced by people with disability. These are limitations in core activities (self-care, mobility and communication) or restrictions in schooling or employment. A person has a severe or profound core activity limitation if he/she sometimes or always needs personal help or supervision with one or more core activities. In 2003, 1.2 million Australians (6.3% of the total population) had a severe or profound core activity limitation.

Monitoring trends in disability prevalence and the need for assistance of people with disability provides information on a range of issues relevant to social and economic policies and service planning. Changes in disability prevalence are looked at using the following main measures:

- Overall prevalence rates, age- and sex-specific prevalence rates, and age- and sex-standardised prevalence rates.
- The numbers of people with disability, and severe or profound core activity limitations specifically, in the general population and in particular population subgroups.

The above measures do not always show the same trends or the same magnitude of change in disability prevalence. Since disability is strongly related to age, the age-standardised prevalence rate is a valuable measure to monitor changes in underlying prevalence, by controlling for changes in population age structure. This is particularly important in Australia, which is undergoing population ageing.

Variations in overall disability prevalence rate and the number of people with a disability in a population can be due to changes in population age structure, or age-specific rates, or both. Hence, population ageing could result in an increase in the overall prevalence rate and the number of people with disability in the population, even though age-specific prevalence rates remain constant or even decline slightly.

At any given time, the prevalence of disability is determined by the combined effect of various factors, such as past and recent incidence, remission rates for diseases, rehabilitation rates, age at onset of disability, and survival rates of people with disability and of the general population. These factors may operate in various ways. For example, a higher survival rate of people with disability could increase the prevalence, while a higher rate of recovery from disabling conditions may lead to lower prevalence.

In addition to factors affecting the underlying prevalence of disability, there are factors that can lead to changes in reported prevalence, even when real prevalence rates remain unchanged. These include changes in community perceptions and awareness of disability, changes in social attitudes and economic incentives to report sickness and disability, and changes in survey method. These factors are likely to have the most impact on the reported prevalence of mild disability, and less impact on the reported prevalence of more severe disability (AIHW 2003).

Although people with disability are participating actively in all areas of Australian life, a large number of people have more difficulties than those without disability in some major life areas (AIHW 2001, 2005). Using available time-series data, this bulletin looks at trends in school attendance, employment status and community living among people with disability over the past two decades (Box 1).

**Box 1: Main data sources**

*The primary data source of this bulletin is the Survey of Disability, Ageing and Carers (SDAC) done by the Australian Bureau of Statistics (ABS) in 1981, 1988, 1993, 1998 and 2003. These surveys provide national information on the number of people with disability and their need for services and assistance. The key survey concepts and terms are detailed in Box 2. There were some substantial changes in the methods used for the 1998 SDAC, maintained in the 2003 SDAC, which identified a larger number of people with a severe or profound core activity limitation than the previous surveys. Hence, the analyses of disability prevalence generally look at broad trends over the two decades, with some detailed discussions on more recent changes.*

*Another data source is the Commonwealth State/Territory Disability Agreement National Minimum Data Set (CSTDA NMDS), which provides data on specialist disability services accessed by people with disability. Services delivered under the CSTDA are designed for people needing ongoing support with everyday life activities. Data about these services, and about the people using them, are compiled annually. The latest available data cover the year from 1 July 2005 to 30 June 2006 (AIHW 2007a).*

*Series 8 of the ABS population projections (2002–2101) was used to produce estimates of the projected growth in the number of people with severe or profound core activity limitations (ABS 2003).*

**Trends in disability prevalence****Life expectancy and expected years of life with disability**

Australians are living longer and their life expectancy has increased markedly over the past century. Recent gains in life expectancy have been accompanied by an increase in expected years of life lived with disability, including severe or profound limitations (Figure 1; AIHW 2006a).

Between 1988 and 2003:

- total life expectancy was higher for females than for males, although males gained more life expectancy over the 15 years.
- expected years of life with disability increased from 14.7 years to 18.6 years for males, and from 16.0 years to 20.7 years for females.
- expected years of life with severe or profound limitations increased from 3.2 years to 5.4 years for males, and from 6.0 years to 8.3 years for females (AIHW 2006a).

Recent trends (1998–2003) showed that:

- overall, a larger proportion of the gain in female life expectancy comprised extra years with disability (90%), compared with the proportion for males (37%). This pattern applied across all age groups and was particularly evident among the older population (65 years or over) and children aged under 15 years
- for older males, 67% of gains in life expectancy at age 65 (1.5 years) were years with disability (1 year), including 27% of years with severe or profound limitation (0.4 year)

## **Box 2: SDAC concepts and terms**

### **Disability**

For ABS survey purposes, a person has disability if he/she has at least 1 of 17 limitations, restrictions or impairments that has lasted or is likely to last for at least 6 months and that restricts everyday activities (AIHW 2005a). People with disability, so defined, are asked further questions about core activity limitations and schooling/employment restrictions. Those reporting a core activity limitation or schooling/employment restriction are the population with disability and a specific limitation or restriction. The remainder are the population with disability and no specific limitations.

### **Core activity**

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

Core activities comprise the following tasks:

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

### **Core activity limitation**

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

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

In this bulletin, a severe or profound core activity limitation is sometimes referred to as severe or profound limitation.

### **Schooling or employment restriction**

The survey identified two other life areas in which people may experience restrictions or difficulty due to disability, referred to as non-core restrictions. Schooling restrictions are applicable to people aged 5–20 years, and employment restrictions are limited to people aged 15–64 years living in households.

### **Disabling condition**

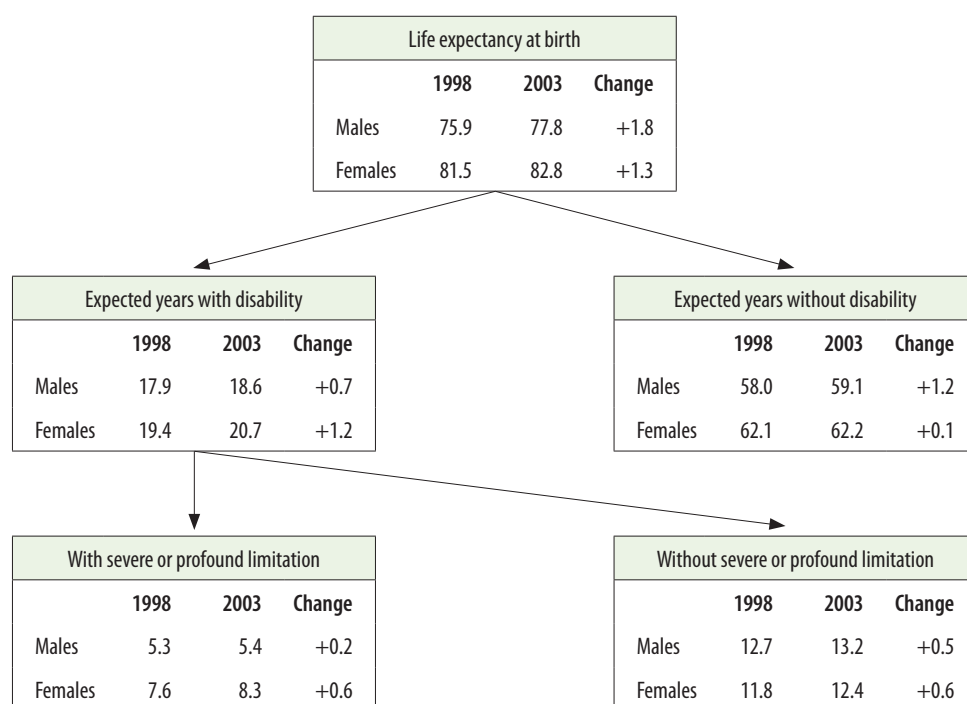
A disabling condition is a disease, disorder or event that leads to an impairment or restriction that has lasted or is likely to last for at least 6 months.

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

Sources: ABS 2004; AIHW 2005a.

- for older females, more than 90% of their gains in life expectancy at age 65 (1.2 years) were years with disability (1.1 years), including 58% of gain with severe or profound limitation (0.7 years) (AIHW 2006a).

Overall, females had higher expectancies than males in both years lived with disability and years lived free from disability, although these gaps were much smaller at older ages. The proportion of expected life free from disability was lower for females than for males, in particular the proportion of expected life free from severe or profound limitation among older people (AIHW 2006a).



Source: AIHW 2006a.

**Figure 1: Life expectancy and disability, by sex, 1998 and 2003**

## Disability prevalence rates

The evidence from the five population disability surveys shows that:

- rates of severe or profound limitations were fairly stable between 1981 and 1993
- there was an increase in rates from 1993 to 1998, largely attributed to changes in the survey methods
- the 2003 survey, which maintained the 1998 survey methods, confirmed the previous stable rates of severe or profound limitation
- there has been no statistically significant change in the overall age-standardised rates of severe or profound limitations over the two decades to 2003 (Table 1; Figure 2; AIHW 2005a).

**Table 1: People with severe or profound core activity limitations and all people with disability: age- and sex-standardised prevalence rates,<sup>(a)</sup> 1981–2003 (per cent)**

Age group (years)	1981	1988	1993 <sup>(b)</sup>	1998	2003
<b>Severe or profound core activity limitations</b>					
0–14 <sup>(c)</sup>	1.6	2.3	2.8	3.7	4.3
15–24	1.0	1.1	1.6	1.9	2.2
25–44	1.8	2.1	2.3	3.0	2.8
45–64	4.5	4.4	4.5	7.2	6.1
<i>Total under 65</i>	2.4	2.6	2.9	4.1	3.9
65–74	9.8	10.6	11.1	10.8	12.1
75 or over	30.4	32.4	33.4	35.2	34.1
<i>Total 65 or over</i>	19.5	20.8	21.6	22.3	22.5
<b>Total</b>	<b>4.7</b>	<b>5.1</b>	<b>5.4</b>	<b>6.4</b>	<b>6.3</b>
<i>Total 15–64</i>	2.6	2.7	2.9	4.2	3.8
<b>Total with disability</b>					
0–14	5.3	6.1	6.4	7.6	8.3
15–24	5.8	6.2	6.7	8.7	8.9
25–44	9.4	10.0	10.7	13.0	12.4
45–64	21.2	22.8	23.7	27.9	26.8
<i>Total under 65</i>	11.1	12.0	12.6	15.1	14.8
65–74	35.7	44.7	46.0	44.4	44.8
75 or over	53.0	64.6	64.7	66.8	68.0
<i>Total 65 or over</i>	43.8	54.0	54.8	54.9	55.7
<b>Total</b>	<b>15.3</b>	<b>17.3</b>	<b>18.0</b>	<b>20.2</b>	<b>20.0</b>
<i>Total 15–64</i>	12.8	13.7	14.4	17.3	16.7

(a) The rates have been standardised using the age and sex distributions of the Australian estimated resident population as at June 2003 for comparative purposes.

(b) The estimates for the 1993 survey data were made using definitions as close as possible to the definitions of the 1981 and 1988 disability surveys.

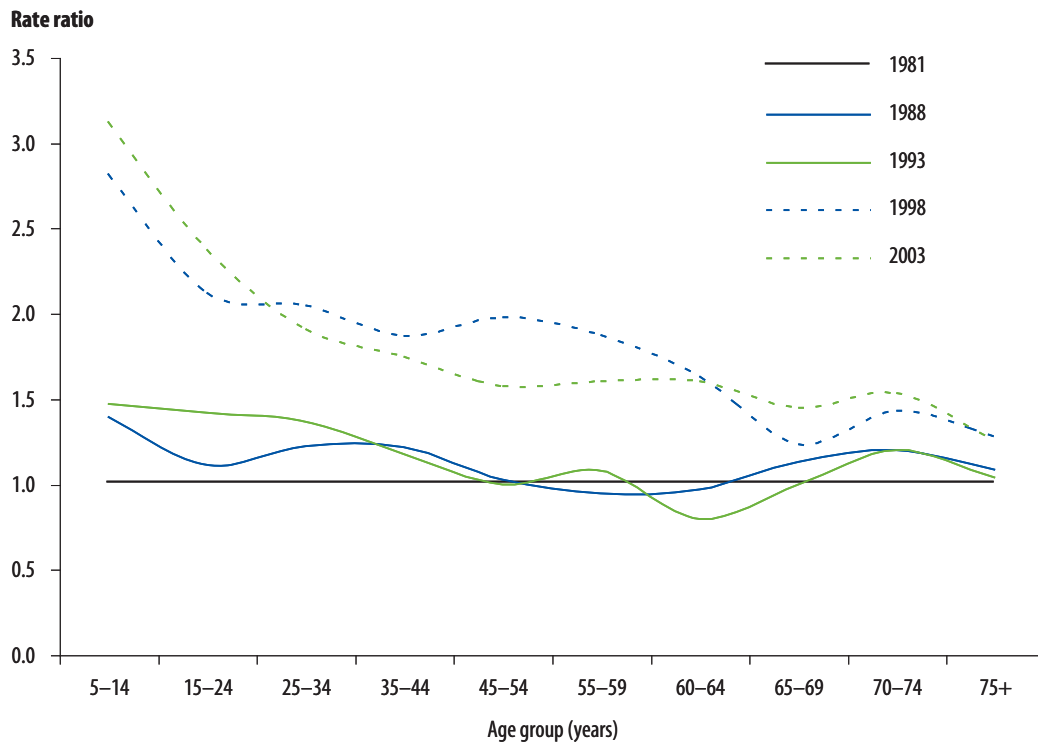
(c) Children aged under 5 years were excluded in 1981, 1988 and 1993. Information on severity of core activity limitation among children aged under 5 years was collected in 1998 and 2003 surveys but not in the previous surveys.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 and 1988 disability surveys.

For children aged under 15 years, the age-standardised rates of severe or profound limitations increased over the two decades (Table 1; Figure 2). This was partially attributable to an increase in reporting long-term health conditions associated with childhood, especially attention deficit hyperactivity disorder (ADHD) and autism-related disorders (AIHW 2003, 2006b).

Among people aged 65 years or over, there was a substantial increase in the rates of disability between the 1981 survey and the four later surveys, while the increase in the rates of severe or profound limitations was much smaller. This was largely because from the 1988 survey onwards increased emphasis was placed on difficulty or restriction rather than on a comparison with other people of the same age. In particular, this emphasis would have had an effect on the responses to the survey screening questions about





Note: Ratio values of 1.0 indicate no change between the 1981 survey rates and the rates of the subsequent surveys; those over 1.0 indicate an increase in ratios and those under 1.0 a decrease.

Source: Table A1.

**Figure 2: Ratio of age-specific prevalence rates of severe or profound core activity limitations, 1981–2003**

physical activity/work and long-term treatment/medication. The renaming of the survey could in itself have an impact, with the obvious inclusion of ‘ageing’ in the title and in all documentation, including initial contact letters and verbal introductions by interviewers (AIHW 2003).

Internationally, a recent Organisation for Economic Co-operation and Development (OECD) study on disability trends among the older population found that only 5 out of 12 the OECD countries participating in the study (Denmark, Finland, Italy, the Netherlands and the United States) reported a declining rate of severe disability. The other 7 countries reported either increasing rates (Belgium, Japan and Sweden), stable rates (Australia and Canada) or no consistent trends (France and the United Kingdom). The study concluded:

It would not be prudent for policy-makers to count on future reductions in the prevalence of severe disability among elderly people to offset completely the rising demand for long-term care that will result from population ageing (OECD 2007).

## Reported number of people with disability

Age-standardised rates allow meaningful comparison of underlying prevalence rates over time by controlling for changes in population age structures. But it is the actual number of people with disability, and in particular those with severe or profound limitations, that is most relevant to service planning. This section looks at changes in the reported number of people with disability between 1981 and 2003 (tables 2 and A2).

- The overall number of people with disability more than doubled, from 1.9 million to 3.9 million.
- The total number of people with severe or profound limitation increased by 173%, from 453,000 to more than 1.2 million people.
- Much of the increase in severe or profound limitations was associated with the ageing of the population, including ageing of the baby boomer generation and the increasing number of people aged 75 years or over (Figure 3).
- The large increases in severe or profound limitations in most age groups between 1998 and 2003 and the previous surveys were mainly attributable to the changes made to the 1998 SDAC methods and maintained in the 2003 SDAC (Figure 3; Table A2).
- Substantial increases in the number of children aged under 15 years with severe or profound limitations in the 1998 and 2003 surveys (Figure 3) were largely due to a rise in the reported prevalence rates of some disabling conditions associated with childhood, especially ADHD and autism-related disorders. Both higher levels of diagnosis and heightened awareness among parents, educators and health professionals may have contributed to the increase in reporting these conditions (AIHW 2003; AIHW 2006b).

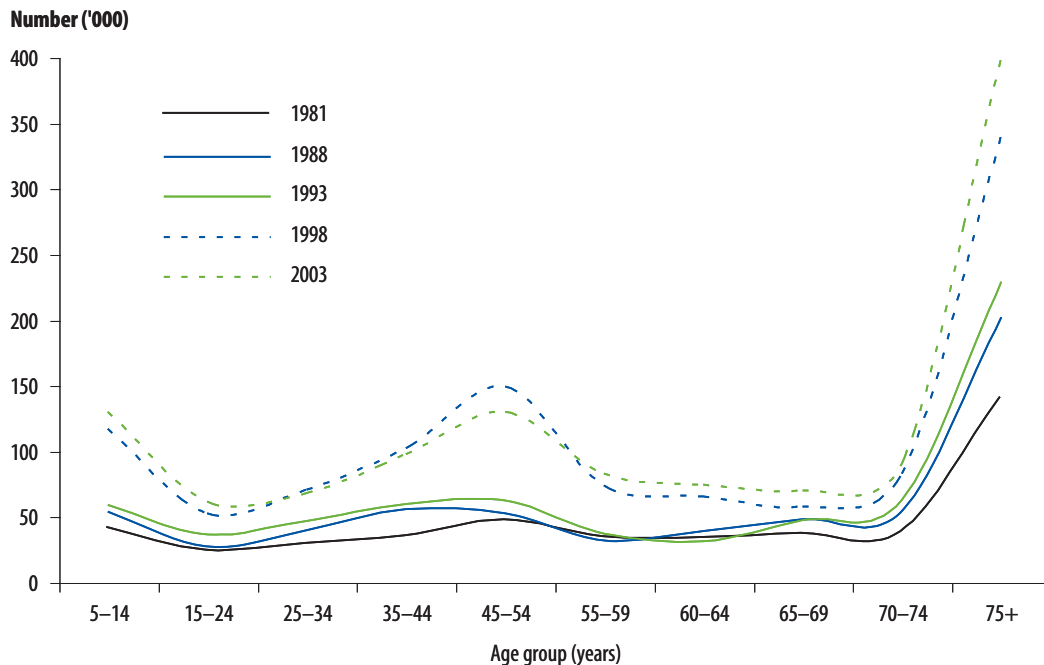
**Table 2: Increases in the reported number of people with disability, 1981–2003**

Period	Age group (years)	Number ('000)			Per cent		
		Severe or profound <sup>(a)</sup>	Total with disability	Population	Severe or profound <sup>(a)</sup>	Total with disability	Population
1981–1993 <sup>(b)</sup>	Under 65	89.7	491.5	2,313.2	37.4	36.5	17.4
	65 or over	124.4	486.9	615.1	58.3	82.0	43.0
	All ages	214.2	978.3	2,928.2	47.3	50.4	19.9
1998–2003	Under 65	21.6	168.6	833.1	3.3	7.1	5.1
	65 or over	80.5	167.8	225.5	16.8	13.7	9.9
	All ages	102.1	336.4	1,058.6	9.0	9.3	5.7
1981–2003	Under 65	438.0	1,207.9	3,955.3	182.7	89.6	29.8
	65 or over	347.7	796.3	1,065.2	163.1	134.0	74.4
	All ages	785.7	2,004.2	5,020.5	173.5	103.2	34.2

(a) Children aged under 5 years were excluded in 1981, 1988 and 1993. Information on severity of core activity limitation among children aged under 5 years was collected in 1998 and 2003 surveys but not in the previous surveys.

(b) The estimates for the 1993 survey data were made using definitions as close as possible to the definitions of the 1981 and 1988 disability survey.

Sources: Table A2; AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 Survey of Handicapped Persons and 1988 Survey of Disabled and Aged Persons.



Source: Table A3.

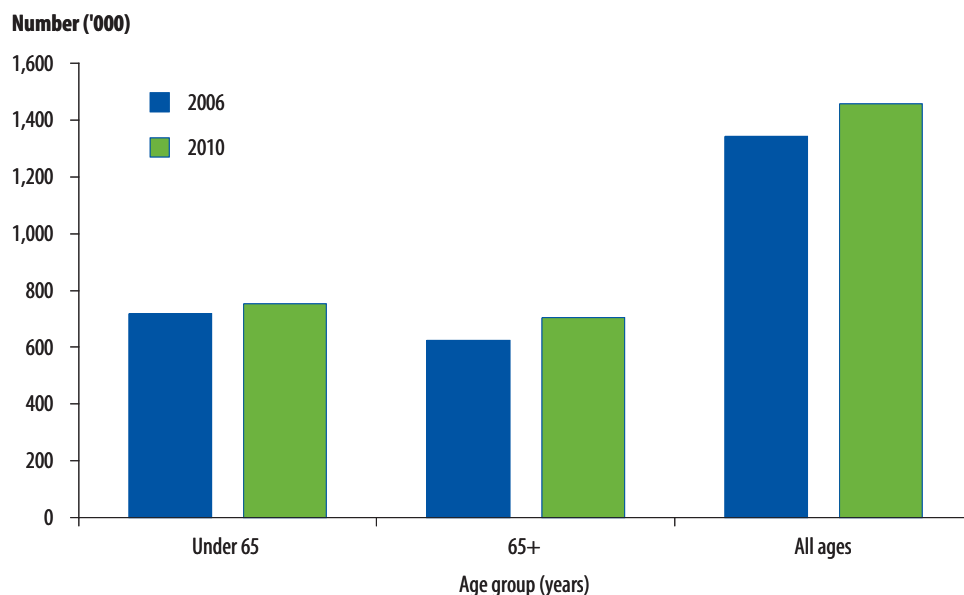
**Figure 3: Estimated number of people with severe or profound core activity limitations, by age group, 1981–2003**

### Projected growth in severe or profound core activity limitations

As outlined above, the ageing of the population and the greater longevity of individuals, including those with disability, are leading to increasing numbers of people with severe or profound limitations, especially at older ages. Assuming age- and sex-specific rates of severe or profound limitations remain stable, it is useful to project into the near future to assist service planning.

Between 2006 and 2010:

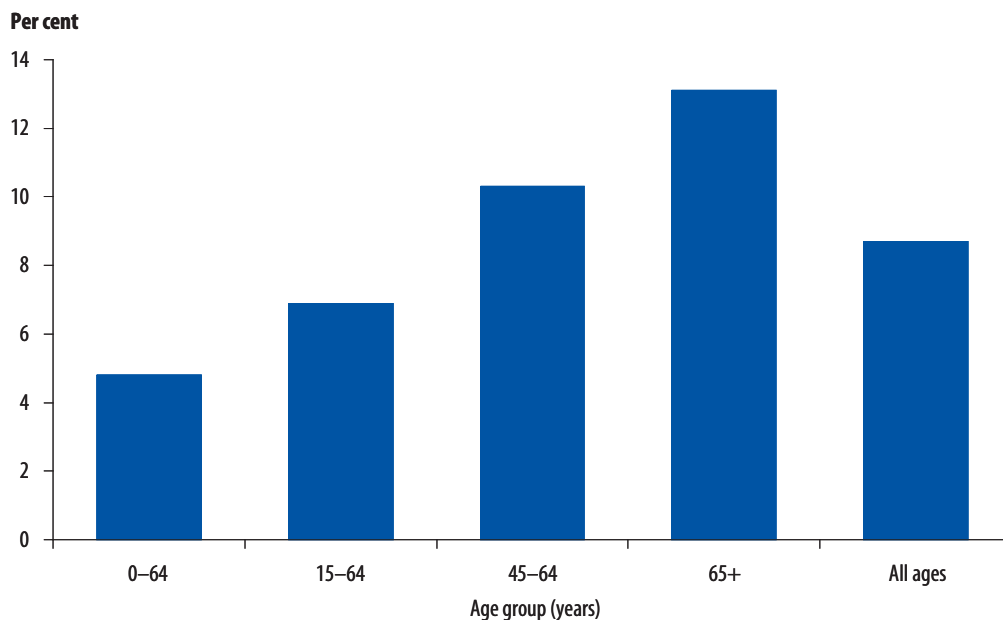
- ✦ the total number of Australians with severe or profound limitations is projected to increase to around 1.5 million (an increase of 8.7%, or 116,200 people (Figure 4; AIHW 2007b))
- ✦ the population groups projected to undergo the greatest growth in severe or profound limitations are those aged 65 years or over (a 13% increase, or 81,600 people) and those aged 45–64 years (a 10% increase, or 32,800 people) (Figure 5)
- ✦ the projected growth in the number of people with severe or profound limitations aged under 65 years is 4.8%, or 34,600 people
- ✦ projected increases in the overall number of people with severe or profound limitations is largely driven by rapid growth in the population aged 45 years or over. This reflects the impact of population ageing, including the ageing of the baby boomer generation, on the prevalence of severe or profound limitations.



Source: Table A4.

Note: Numbers were calculated using the age- and sex-specific rates for the Australian estimated resident population as at 30 June 2003.

**Figure 4: Projected number of persons with severe or profound limitations, by broad age group, 2006 and 2010 ('000)**



Source: Table A4.

Note: Numbers were calculated using the age- and sex-specific rates for the Australian estimated resident population as at 30 June 2003.

**Figure 5: Projected growth in the number of persons with severe or profound limitations, by selected age groups, 2006-2010 (per cent)**

## Trends in disabling conditions

### Selected long-term health conditions associated with disability

While prevalence of disability is determined by the combined effect of various factors, some light can be shed on changes in reported disability prevalence by looking at the changes in reported prevalence and patterns of long-term health conditions associated with disability.

The relationship between disability and health conditions may be described by grouping health conditions in terms of their associations with prevalence and severity of disability (measured as level of need for assistance with core activities). The main groupings are:

- high associations with disability prevalence but low level of severity (for example, arthritis, back problems, hearing, hypertension and asthma).
- low associations with disability prevalence but high level of severity (for example, autism, Down syndrome, cerebral palsy and Parkinson's disease).
- high associations with disability prevalence and high level of severity (for example, speech problems, which are most likely to be associated with intellectual and learning conditions for children, and stroke and dementia among older people) (AIHW 2004).

Increases in the prevalence of disabling conditions in any of these groups would be expected to lead to increased numbers of people with severe or profound limitations, and consequently greater demand for services and assistance.

Changes in the prevalence of various diseases and long-term conditions vary by age, sex and the type of disease. The bulk of evidence indicates that the overall prevalence of most groups of disabling conditions increased over the period 1981–1998 (Table 3). There were notable increases in reported rates of diseases of the ear, circulatory diseases, respiratory diseases and musculoskeletal conditions. There were also marked increases in intellectual and psychiatric conditions between 1993 and 1998.

The large increase in intellectual and psychiatric disabling conditions in the late 1990s was consistent with the patterns of long-term conditions associated with mental disorders reported in the ABS National Health Surveys (AIHW 2004). The increase in reported psychiatric conditions may have been affected by increased awareness and acceptance of mental health conditions through public education programs, media campaigns, and improved diagnosis and treatment of those conditions. Changes of wording in the SDAC screening question from 'slow at learning or understanding' (1993 SDAC) to 'difficulty learning or understanding' (1998 SDAC) may have increased reporting of intellectual disability (AIHW 2003).

**Table 3: People with disability: prevalence rates of disabling conditions,<sup>(a)</sup> 1981, 1988, 1993 and 1998 (per cent)<sup>(b)</sup>**

Disabling conditions	1981	1988	1993 <sup>(c)</sup>	1998 <sup>(c)</sup>
Psychiatric	2.3	2.1	2.2	3.6
Intellectual	0.7	1.0	1.0	2.2
Diseases of the eye	1.6	1.6	1.7	1.5
Diseases of the ear	4.2	4.5	5.7	6.9
Diseases of the nervous system	1.4	1.5	1.6	1.7
Diseases of the circulatory system	3.0	3.2	4.6	5.8
Diseases of the respiratory system	1.2	1.6	2.6	2.9
Arthritis and other musculoskeletal disorders	4.9	5.8	7.2	8.8
All other diseases and conditions	3.3	4.9	7.5	8.4

(a) Based on all reported conditions.

(b) Percentages have been standardised using the age and sex structures of the estimated resident population as at March 1998.

(c) The 1993 and 1998 data were adjusted to the 1981 and 1988 definition of disability.

Sources: AIHW 2003; AIHW analysis of ABS 1993 and 1998 Survey of Disability, Ageing and Carers confidentialised unit record files; Unpublished data tables from the ABS 1981 Survey of Handicapped Persons and 1988 Survey of Disabled and Aged Persons.

Comparisons of the most recent SDAC data (1998 and 2003) indicate an increase in many significant health conditions (Table 4). Among people with severe or profound limitation, the largest rates of increase were reported for migraine, osteoporosis, autism-related disorders, depression, hypertension, diabetes and cancer.

### Causes of main disabling conditions

The SDAC records the reported cause of respondents' main disabling condition. The causes are complex, ranging from genetic disorders to environmental factors, and many are unidentified. Accident or injury; disease, illness or hereditary disorders; and work-related conditions were the most common reported known causes of main disabling conditions in both 1998 and 2003 (Table A6).

Between 1998 and 2003, there was a 53% increase in the number of people reporting side-effects of medication or a medical procedure as the cause of their main disabling condition (Figure 6). The second largest increase was in the number of people reporting old age as the main cause (31%). This was consistent with the ageing of the Australian population.

**Table 4: Changes in the prevalence of selected long-term health conditions,<sup>(a)</sup> by disability status, 1998–2003**

	1998		2003		1998–2003	
	Number ('000)		Number ('000)		Change (per cent) <sup>(b)</sup>	
	With disability	Severe or profound	With disability	Severe or profound	With disability	Severe or profound
Migraine	55.0	13.8	257.0	69.4	367.2	404.8
Osteoporosis	72.5	37.5	242.5	109.7	234.6	192.6
Autism	12.4	12.4	29.9	24.8	141.4	100.2
Depression	177.3	75.0	333.1	142.1	87.8	89.4
Hypertension	638.2	205.2	919.4	304.9	44.1	48.6
Diabetes	243.0	100.1	355.8	148.4	46.4	48.2
Cancer <sup>(c)</sup>	84.7	37.3	135.6	54.8	60.0	46.9
Hearing loss—noise induced	330.1	55.0	362.1	76.4	9.7	38.8
Asthma	408.7	126.5	517.8	171.9	26.7	35.9
Schizophrenia	30.5	18.3	43.9	24.3	44.2	*32.4
Total hearing disorders <sup>(c)</sup>	1,001.6	295.4	1,395.4	1,091.1	8.9	18.3
Arthritis	1,107.5	364.9	1,256.7	429.1	13.5	17.6
Heart diseases <sup>(c)</sup>	429.5	173.4	488.1	203.0	13.6	17.1
Stroke	230.3	139.2	282.6	157.5	22.7	13.2
Back problems	1,007.1	291.6	1,094.0	319.4	8.6	9.6
Speech problems <sup>(c)</sup>	244.0	184.2	271.7	197.0	11.4	7.0
Dementia <sup>(c)(d)</sup>	100.3	95.2	101.4	98.8	**1.0	*3.7
ADHD	60.1	32.5	75.3	33.5	25.2	**3.0
Total vision disorders <sup>(c)</sup>	349.7	166.7	328.4	166.3	–6.1	*–0.3
Epilepsy	90.9	45.9	87.2	43.6	*–4.1	*–5.0
Glaucoma	56.4	29.3	48.3	27.2	*–14.4	**–7.2
Parkinson's disease	31.1	24.7	32.4	22.2	**4.4	*–13.8
Paralysis	22.2	14.4	11.7	*10.0	–47.1	*–30.4
Multiple sclerosis	13.4	10.6	11.1	*6.9	*–17.7	*–34.7
Cerebral Palsy	22.4	19.3	16.1	10.7	*–28.2	*–44.3

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

\*\* Estimates have a relative standard error of greater than 50% and are considered too unreliable for general use.

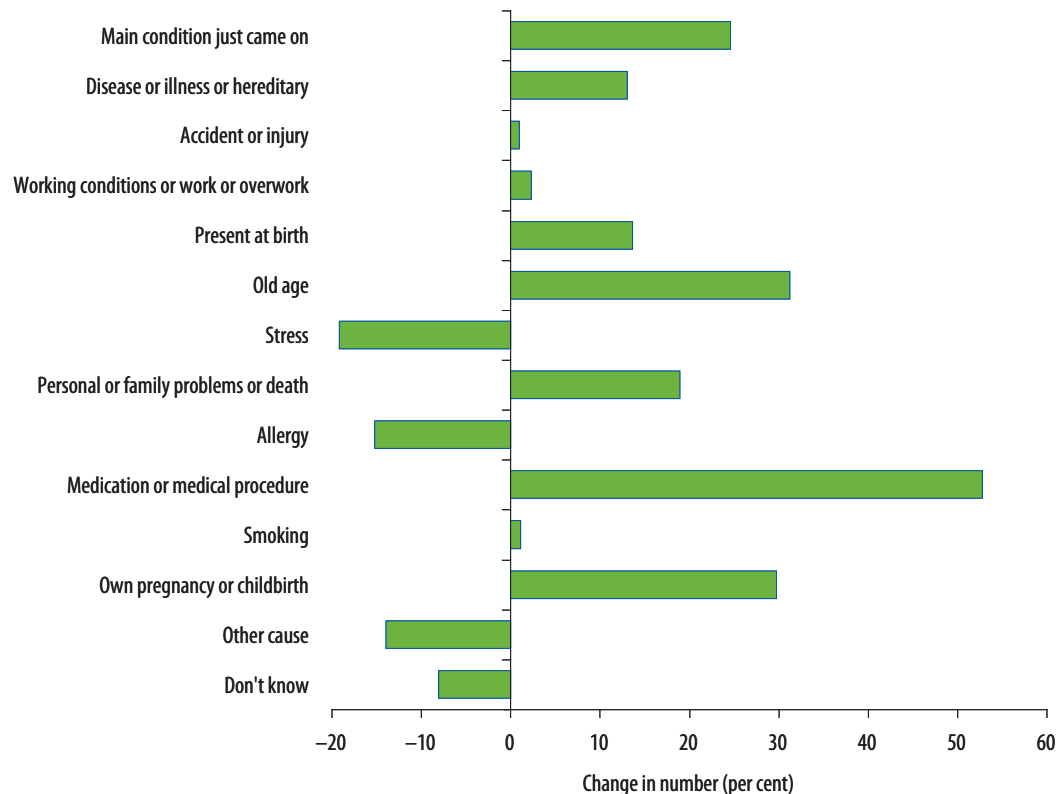
(a) Based on all reported conditions.

(b) Difference in prevalence between 1998 and 2003, as a percentage of 1998 prevalence.

(c) These conditions were grouped using more than one condition code of the survey confidentialised unit record files. Repeated records for each person in these groups were only counted once in the estimation.

(d) Includes Alzheimer's disease.

Sources: Table A5; AIHW analysis of ABS 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.



Source: Table A6.

**Figure 6: People with disability: changes in causes of main disabling conditions, 1998 and 2003**

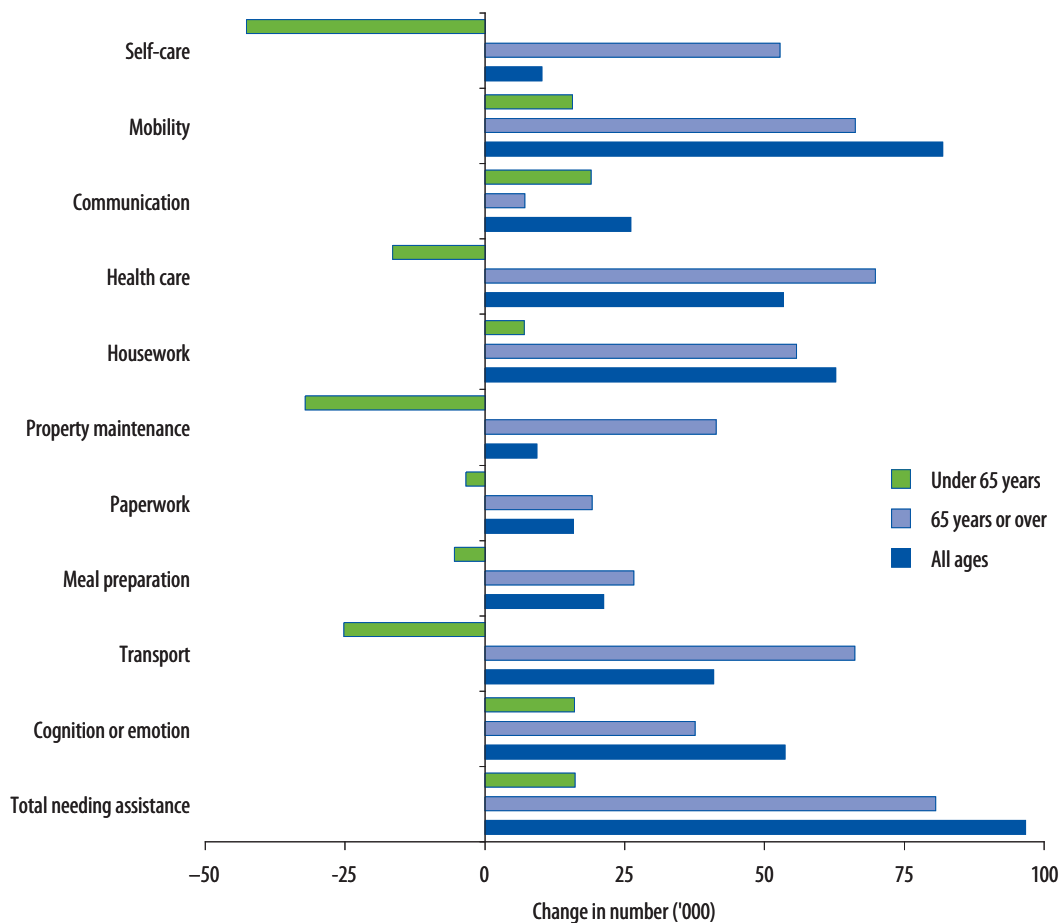
## Trends in the number of people needing assistance

### Need for help with 10 specific daily activities

This section looks at the changes between 1998 and 2003 in the profile of need for help with 10 specific activities of daily living among people with severe or profound limitations living in the community.

- The overall number of people reporting need for help with at least 1 of the 10 specific activities increased by 96,700. Most of these (80,600 people) were aged 65 years or over (Figure 7).
- The overall number of people reporting need for help increased for each of the 10 activities, with the largest increases in the areas of mobility (81,900), housework (62,700), cognition or emotion (53,600), health care (53,400), and transport (40,900) (Figure 7).
- Among people aged under 65 years, the number of people needing help declined in four specific areas: self-care (42,600), property maintenance (32,100), transport (25,200), and health care (16,500). This is in contrast to people aged 65 years or over, whose need for help increased in all the activities.





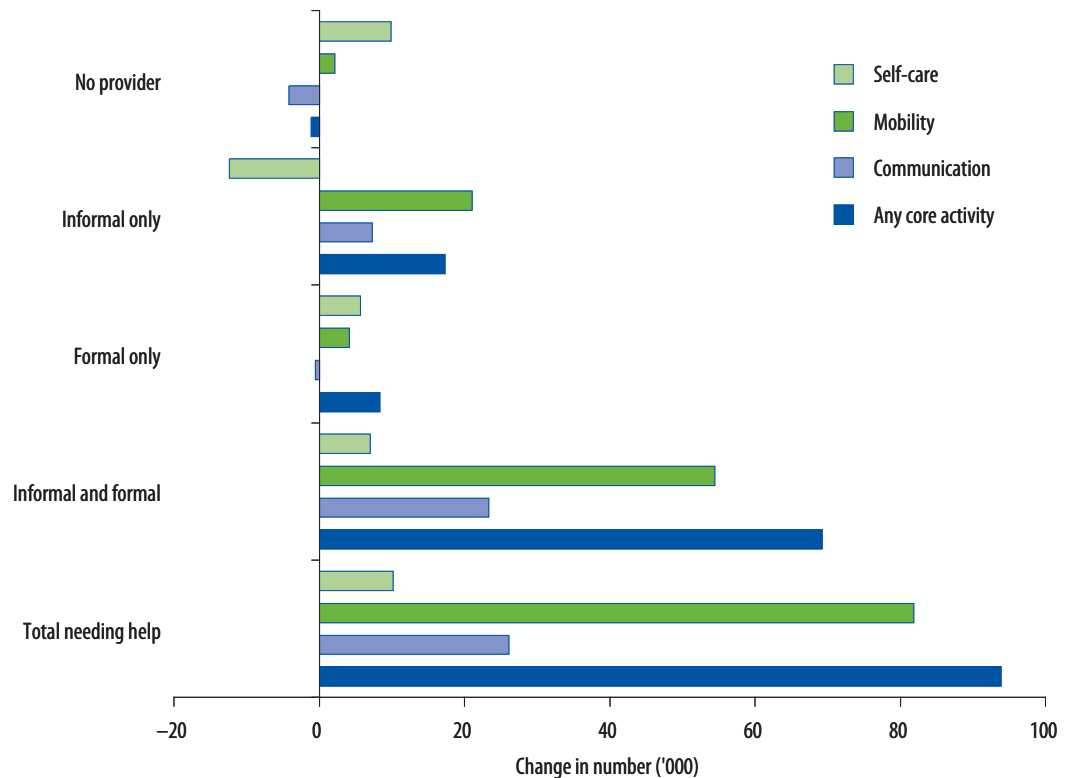
Source: Table A7.

**Figure 7: People with severe or profound limitations living in households: changes between 1998 and 2003 in the number of people needing assistance, by activity type in which assistance was needed, by broad age group ('000)**

### Need for help and types of assistance received with core activities

This section looks at changes between 1998 and 2003 in the number of people with severe or profound limitations needing help with the different core activities, and the types of assistance received (Figure 8; Table A8).

- ✦ Overall, there was an increase of 93,900 people who needed assistance with at least one of the core activities.
- ✦ Most of these extra people relied mainly on family and friends for assistance: 69,200 people received assistance from both informal and formal sources, 17,300 from informal assistance only, and 8,300 from formal services only.
- ✦ The number of people who needed help with any core activity but received no assistance remained practically unchanged (71,600 in 1998 and 70,500 in 2003).
- ✦ The number of people who needed help with self-care activities but received no help increased by 9,800, from 40,700 to 50,500.



Source: Table A8.

**Figure 8: People with severe or profound limitations living in households: changes between 1998 and 2003 in activities with which help was needed, by type of assistance received ('000)**

## Trends in education participation

This section focuses on school attendance by children and young people with disability aged 5–20 years.

### Numbers attending school

Between 1981 and 2003, there were large increases in the number of students with disability attending school (Table 5):

- + The number of students with severe or profound limitations rose by 260%.
- + The number of students with disability overall increased by 93%.

In part, this was related to the reported prevalence rates of disability, especially severe or profound limitations among children aged under 15 years. As discussed above, much of this was due to changes to the survey methods from 1998, and the large increase in the reported prevalence of ADHD and autism-related disorders. But the growth in the number of students with disability still outstripped the growth in overall disability prevalence in the 5–20 years age group.

**Table 5: Persons aged 5–20 years in households, by disability severity, by school attendance, 1981–2003 ('000)**

	1981	1988	1993	1998	2003	Change 1981–2003	
						Number	Per cent
<b>Severe or profound core activity limitation</b>							
Ordinary school							
Ordinary class	19.5	29.6	34.0	73.7	74.4	54.9	281.1
Special class	7.2	12.8	26.0	32.1	40.6	33.4	464.8
<i>Total ordinary school</i>	<i>26.7</i>	<i>42.5</i>	<i>59.9</i>	<i>105.8</i>	<i>115.0</i>	<i>88.3</i>	<i>330.6</i>
Special school	14.1	15.0	10.7	21.7	31.7	17.6	124.9
<i>Total at school</i>	<i>40.8</i>	<i>57.5</i>	<i>71.9</i>	<i>127.5</i>	<i>146.7</i>	<i>105.9</i>	<i>259.5</i>
Not at school	9.1	11.4	20.0	23.4	19.1	10.0	110.4
<b>Total 5–20 years</b>	<b>49.9</b>	<b>68.9</b>	<b>91.9</b>	<b>150.9</b>	<b>165.8</b>	<b>115.9</b>	<b>232.4</b>
<b>All persons with disability</b>							
Ordinary school							
Ordinary class	128.2	159.3	147.3	200.0	213.1	85.0	66.3
Special class	24.0	30.6	57.2	67.5	81.0	56.9	236.7
<i>Total ordinary school</i>	<i>152.2</i>	<i>189.9</i>	<i>204.5</i>	<i>267.5</i>	<i>294.1</i>	<i>141.9</i>	<i>93.2</i>
Special school	18.1	19.0	11.0	24.4	34.1	15.9	88.0
<i>Total at school</i>	<i>170.3</i>	<i>208.9</i>	<i>217.0</i>	<i>291.9</i>	<i>328.1</i>	<i>157.8</i>	<i>92.7</i>
Not at school	62.6	62.5	69.4	88.3	80.4	17.8	28.4
<b>Total 5–20 years</b>	<b>232.9</b>	<b>271.4</b>	<b>286.4</b>	<b>380.2</b>	<b>408.5</b>	<b>175.6</b>	<b>75.4</b>

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 and 1988 disability surveys.

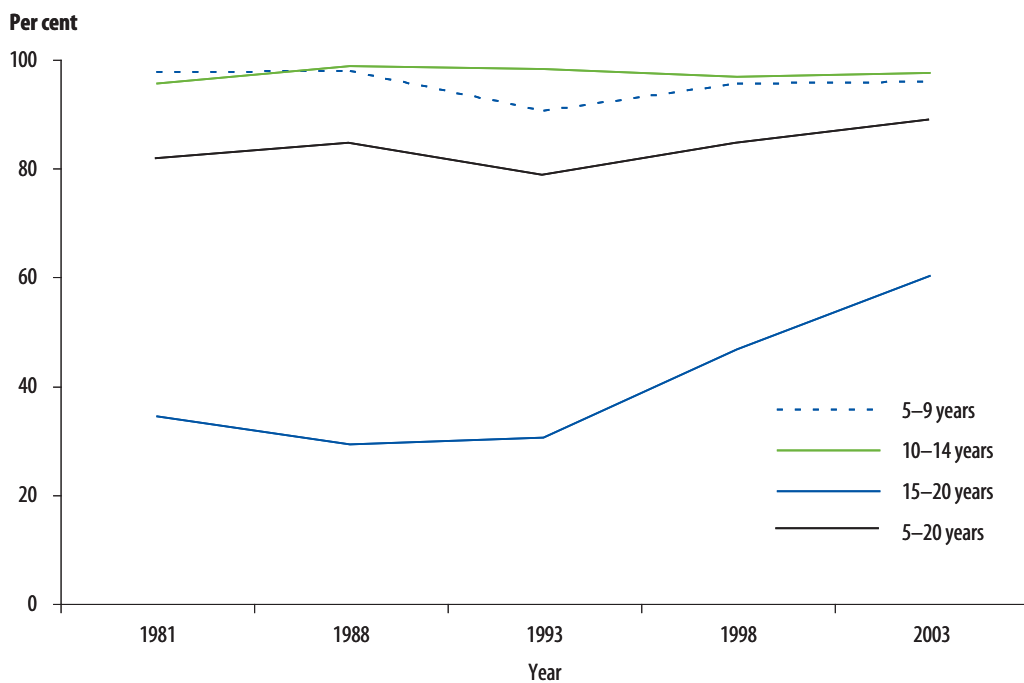
In 2003, children and young people with disability were more likely to be attending school than at any time over the previous two decades (Figure 9; Table A9).

- The proportion of 5–20 year olds with severe or profound limitations attending school rose from 81% in 1981 to 89% in 2003.
- School attendance among all 5–20 year olds with disability rose from 72% in 1981 to 80% in 2003 (Table A9).

### Types of schools and classes attended

Changes have also been observed in the type of schools and classes attended over the period 1981–2003:

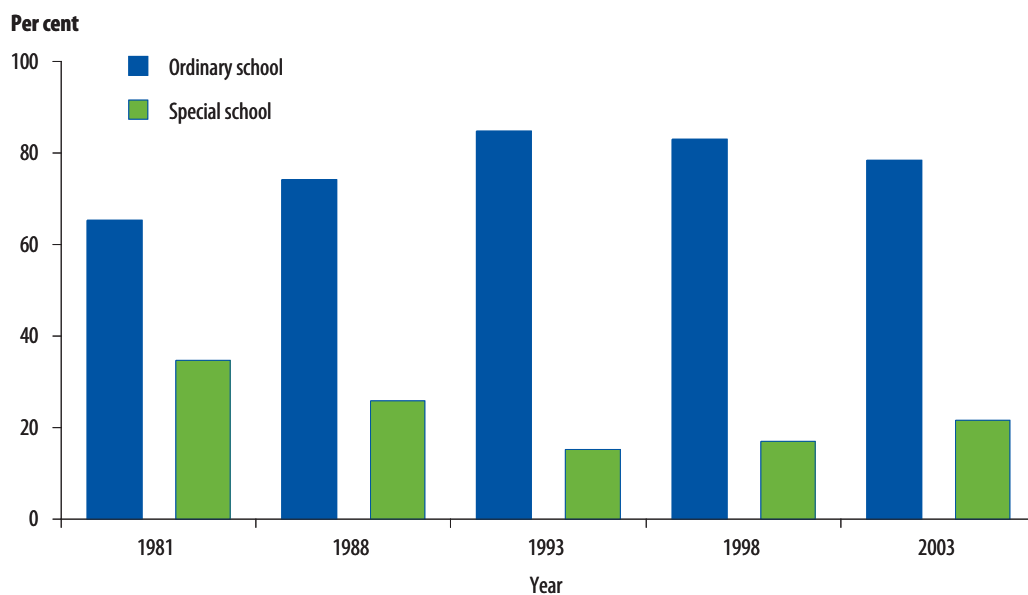
- There was a trend towards greater proportions of students with severe or profound limitations attending ordinary schools rather than special schools (Figure 10).
- The proportions of students with disability attending ordinary schools who had severe or profound limitations rose, both in special classes and ordinary classes (Figure 11). This could be due to the increase in prevalence of severe or profound limitations among people aged 5–20 years, as well as the results of policies aimed at integrating students with more severe disability in mainstream schools.



Note: Percentages have been age-standardised to the Australian population as at 30 June 2003 to exclude differences due to changes in population age structure.

Source: Table A9.

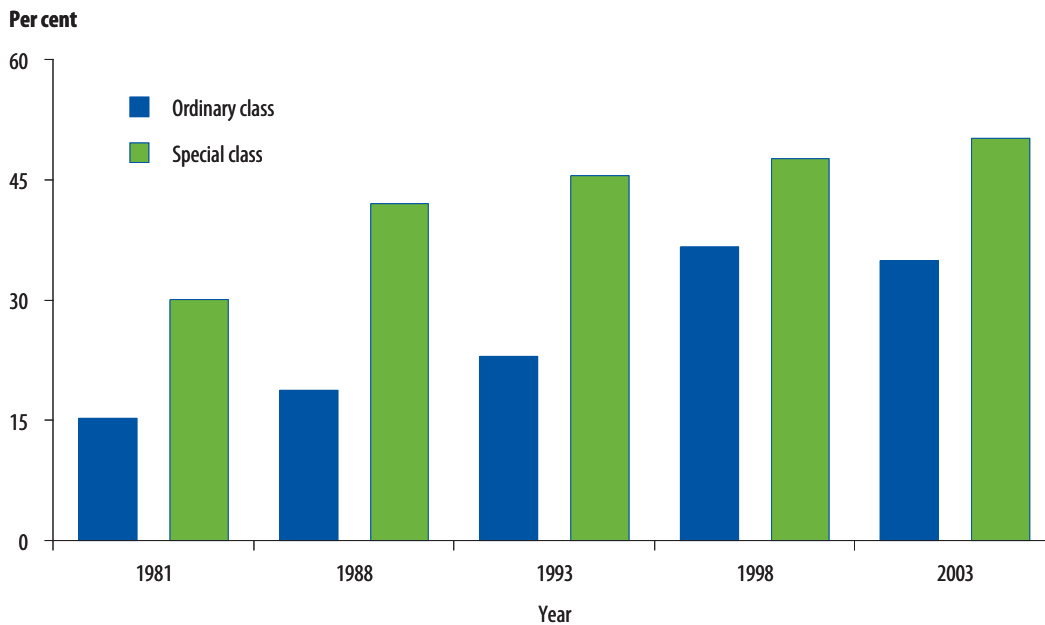
**Figure 9: Students with severe or profound limitations attending school, by age group, 1981–2003 (per cent)**



Note: Percentages have been age-standardised to the Australian population as at 30 June 2003 to exclude differences due to changes in population age structure.

Source: Table A10.

**Figure 10: Students with severe or profound limitations aged 5–20 years, by type of school attended, 1981–2003 (per cent)**



Note: Percentages have been age-standardised to the Australian population as at 30 June 2003 to exclude differences due to changes in population age structure.

Source: Table A11.

**Figure 11: Students aged 5–20 years with disability attending ordinary schools: proportion with severe or profound limitations, by type of class, 1981–2003**

Trends in education participation by children and young people with disability reflect the impact of inclusive practices in Australian schools in recent decades. A number of policies are based on the principle of inclusive practice in education. In particular, the *Commonwealth Disability Discrimination Act 1992* made discrimination on the grounds of disability, whether direct or indirect, unlawful. Institutions are required to make reasonable adjustments to ensure students with disability have equal access and opportunities to participate in mainstream services, including education. Similar legislation exists at the state/territory level.

The increase in the number of students with disability, especially severe or profound limitations, attending ordinary schools is likely to create future demand for services and assistance to help these young people successfully manage the transition from school to adult life. This includes entry into employment, higher education and other post-school activities.

## Trends in employment

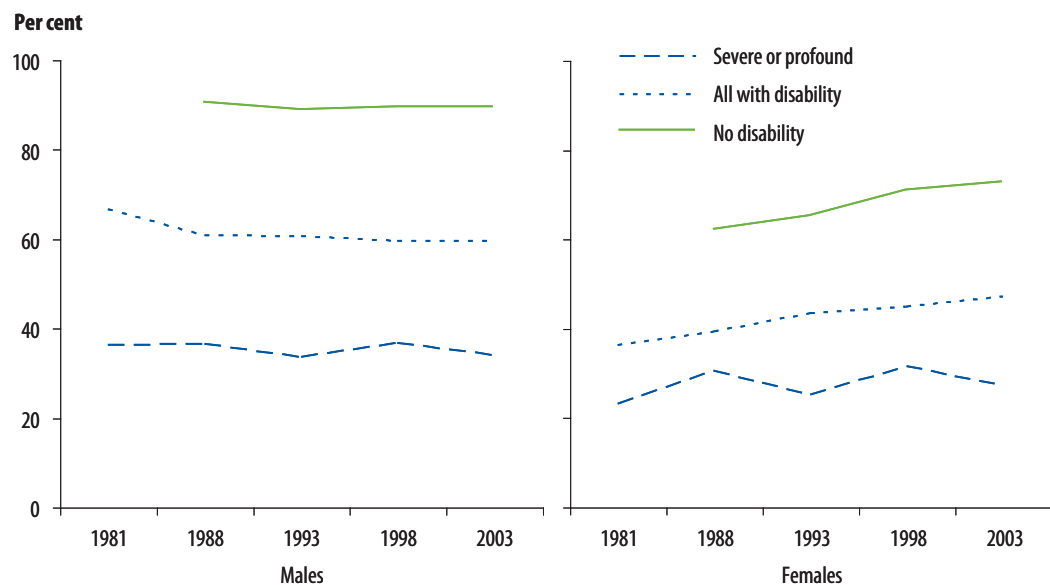
### Labour force participation rates

The labour force participation rate (the sum of people who are employed or unemployed, as a percentage of the working age population) provides an indication of the size of the potential workforce. This section focuses on people aged 15–64 years living in the community.

People with disability have lower labour force participation rates than people without disability. Over the period 1988–2003, participation rates of people with disability were consistently about 30 percentage points lower for males and 22–25 points lower for females, compared with people without disability. Participation rates for people with severe or profound limitations were lower again than for people with disability generally (Figure 12).

- Among people with disability generally, male participation remained steady while female participation rates increased. A similar pattern was observed for people without disability.
- Participation rates rose by 18 percentage points among females who did not need help with core activities, but had schooling or employment restrictions (Table A12). The corresponding increase for males was only 6 percentage points.

Increased participation of people with less severe disability corresponds with recent strong growth in the labour market, but these improvements do not appear to have carried through to people with severe or profound limitations. Services and policies aimed at encouraging people with disability to enter the labour force may need to be customised



(a) All persons aged 15–64 years in the labour force, as a percentage of the population in the same age group.

Note: Analyses of people with no disability are limited to the period 1988–2003, since comparable data were not collected in 1981.

Source: Table A12.

**Figure 12: Labour force participation rate,<sup>(a)</sup> persons aged 15–64 years living in households, by disability status, by sex, 1981–2003**

for people who need help with core activities. As the number of people aged 15–64 years with severe or profound limitations is projected to grow (Table A4), the issue will become increasingly important.

## Unemployment rates

In 2003, the unemployment rate for people with disability (almost 9%) was significantly higher than for people without disability (5%). The rate was twice as high (10%) for people with severe or profound limitations, and almost 3 times as high (14%) for people who did not need help with core activities but had schooling or employment restrictions (Table 6).

Unemployment rates are affected by the number of people participating in the labour force. While people with schooling or employment restrictions had statistically significant higher unemployment rates than people with severe or profound limitations, they had higher participation rates.

Unemployment rates over the period 1981–2003 peaked in 1993, regardless of disability status. At this time, the unemployment rate was around 17% for people with disability and 12% for people without disability (Table 6). Unemployment rates have subsequently fallen dramatically, reflecting strong growth in the labour market in the mid- to late-1990s and early 2000s. Between 1993 and 2003, unemployment decreased among all groups, but to a lesser extent among people with disability—especially those with schooling or employment restrictions only—than among people without disability.

**Table 6: Unemployment rate,<sup>(a)</sup> persons aged 15–64 years living in households, by disability status, 1981–2003**

	1981	1988	1993	1998	2003
Severe or profound core activity limitations	9.0	10.6	17.5	10.8	10.1
Schooling or employment restrictions only	19.9	16.8	18.6	15.2	14.3
All persons with disability	8.7	10.8	17.3	11.3	8.5
Persons without disability	n.a.	7.7	11.6	7.8	5.0

(a) Percentage of the labour force.

n.a. Not available.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 Survey of Handicapped Persons and 1988 Survey of Disabled and Aged Persons.

## Age cohort changes in labour force status between 1998 and 2003

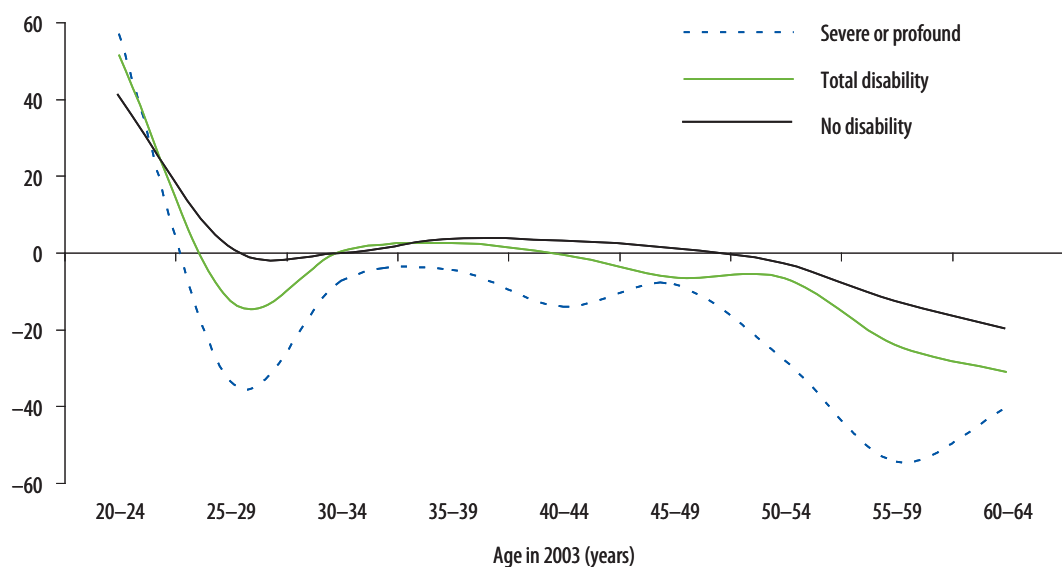
Comparative analysis showed that there was a decline of 21,200 people aged 15–64 years with a severe or profound limitation who were in the labour force between 1998 and 2003. This comprised 17,600 fewer employed people and 3,600 fewer unemployed people (AIHW 2007b).

In the absence of longitudinal data, it is possible to use data from a sequence of cross-sectional surveys to construct 'synthetic age cohorts'. For example, a comparison is made between people who were aged 15–19 years in the 1998 SDAC survey and people

aged 20–24 years in the 2003 SDAC survey. Such comparisons can illustrate how various circumstances of age cohorts change as they move through a statistically constructed life-cycle.

- ✦ The analysis shows that labour force participation rates among people with a severe or profound limitation declined in most age cohorts, especially among those aged over 50 years in 2003 (Figure 13; AIHW 2007b).
- ✦ People with a disability aged 20–24 years in 2003 had a higher participation rate than in 1998. This is because 15–19 year olds (their age group in 1998) tend to have relatively low participation rates, mainly due to engagement in various forms of study.
- ✦ Among people with disability generally, participation rates were fairly stable between 30 and 44 years of age.
- ✦ People with disability aged 45 years or over in 2003, and people without disability aged 50 years or over, were less likely to be in the labour force than 5 years earlier as they moved towards retirement. People with disability, especially those with severe or profound limitations, tended to exit the labour force earlier than people without disability.
- ✦ Strong growth in the Australian labour market resulted in a considerable fall in the unemployment rate between 1998 and 2003 (Table 6). For people without disability, the drop in unemployment rates was seen in all age cohorts (Figure 14).
- ✦ Unemployment rates also fell among people with disability, except for the cohort aged 40–44 years in 2003. Unemployment rates among this cohort increased by almost one-third between 1998 and 2003.

Change in rate 1998-2003 (per cent)



Note: The cohort aged 15–19 years in 2003 was excluded from analysis as they were too young to be in the labour force in 1998.  
Source: Table A13.

**Figure 13: Changes in labour force participation rates of synthetic age cohorts between 1998 and 2003, by disability status**



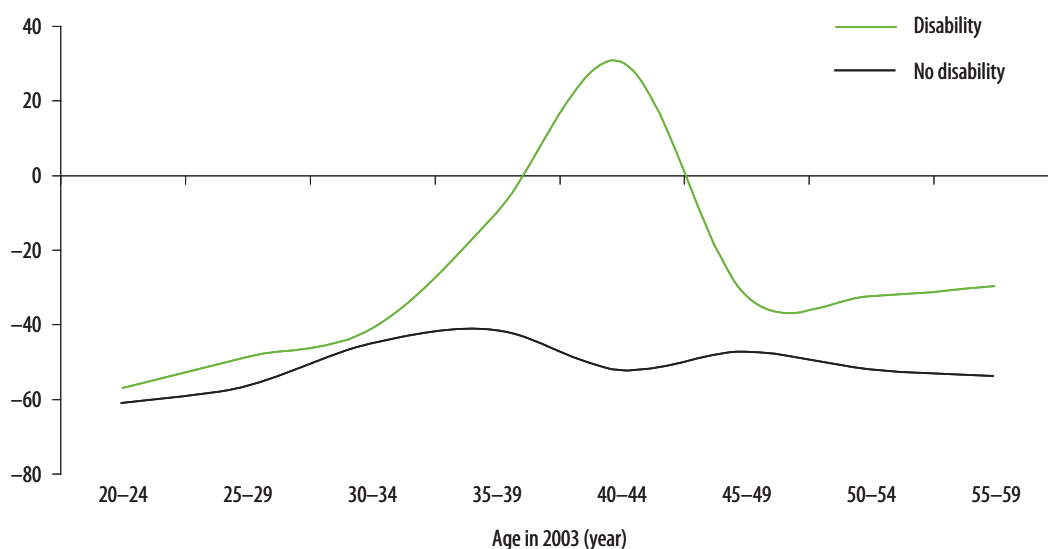
- Older workers with disability benefited less from improved labour market conditions than people of similar age without disability. Among people without disability aged 45 years or over in 2003, unemployment rates were less than half what they were in 1998. The corresponding fall in unemployment was less than one-third among people with disability.
- Reductions in unemployment rates among older people with disability are likely to be somewhat elevated by changes in participation rates between 1998 and 2003. If all the people who left the labour force during this period had remained, the measured unemployment rate of people with disability would probably be higher.

### Sector of employment

In 2003, four out of five people with disability who were employed worked in the private sector (80%) (Table 7). Between 1998 and 2003:

- the number of people with disability employed in the private sector grew by 18%, compared with 4% growth in the government sector
- the number of employees with severe or profound limitations fell in both the private and the government sector
- taking into account reductions in the number of employees whose industry sector was unknown, the overall number of people with disability who were employed increased by 109,000, while the number of employees with severe or profound limitations decreased by 17,600 people.

Change in rate 1998-2003 (per cent)



#### Notes

1. The cohort aged 15-19 years in 2003 was excluded from analysis as they were too young to be in the labour force in 1998. The cohort aged 60-64 years was excluded as the number of unemployed people with disability in this age group was too small for reliable analysis.
2. The number of unemployed people with severe or profound core activity limitations is too small to allow analysis of changes in age cohorts.

Source: Table A13.

**Figure 14: Changes in unemployment rates of synthetic age cohorts between 1998 and 2003, by disability status**

**Table 7: People with disability aged 15–64 years living in households who were employed: industry sector of employment, 1998 and 2003**

	Number ('000)		Per cent		Change 1998–2003	
	1998	2003	1998	2003	'000	Per cent <sup>(a)</sup>
<b>Severe or profound</b>						
Government sector	31.7	25.9	20.9	19.3	*–5.8	*–18.4
Private sector	111.5	107.7	73.4	80.1	*–3.9	*–3.5
Not known/uncodable	8.7	**0.8	5.7	**0.6	..	..
<i>Total employed</i>	<i>151.9</i>	<i>134.3</i>	<i>100.0</i>	<i>100.0</i>	<i>–17.6</i>	<i>–11.6</i>
<b>Total with disability</b>						
Government sector	193.5	200.8	19.9	18.5	*7.4	*3.8
Private sector	737.2	871.3	75.7	80.5	134.1	18.2
Not known/uncodable	43.4	10.7	4.5	1.0	..	..
<i>Total employed</i>	<i>974.0</i>	<i>1,082.7</i>	<i>100.0</i>	<i>100.0</i>	<i>108.7</i>	<i>11.2</i>

\* Estimates have a relative standard error between 25% and 50% and should be used with caution.

\*\* Estimates have a relative standard error greater than 50% and are considered too unreliable for general use.

.. Not applicable

(a) Difference in the number of employees between 1998 and 2003, as a percentage of the 1998 group.

Sources: AIHW analysis of ABS 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record file.

## Disability employment services

CSTDA-funded services include two types of employment assistance for people with disability. Open employment services, delivered by providers collectively known as the Disability Employment Network, are aimed at helping people obtain and/or retain employment in the open labour market. Supported employment services, known as business services, enable people with disabilities to work in specialised and supported environments. Before 1 December 2004, CSTDA-funded service users could also access services offering a combination of open and supported employment, referred to as dual open/supported employment services. The following sections exclude those who accessed dual employment services from a single outlet, as this option is no longer available. However, clients continue to be able to access both open and supported employment in the same financial year, either at different times or, where the arrangement was in place before 30 June 2005, concurrently from different service outlets.

The analyses here are limited to service users aged 15–64 years, and are therefore not identical to data presented in CSTDA NMDS *Disability Support Services* reports (AIHW 2005b, 2006c, 2007a). In addition, the CSTDA NMDS uses a statistical linkage key to eliminate double-counting of service users, so the total reported client populations differ to those in the annual Disability Census reports (FaCS 2005; FaCSIA 2006, 2007).

### Open employment services

The number of service users accessing open employment services rose considerably over the period 2003–04 to 2006–07 (Table 8). In particular, there was a large intake of new clients in 2005–06, which was largely driven by the transition from a block grant funding system to case-based funding.

In 2003–04, 55% of open employment service users whose labour force status was recorded were classified as employed, meaning that they had achieved a 13-week employment milestone. Under the case-based funding model, which applied to all employment service users in 2005–06, service users must have achieved a 26-week employment milestone and attracted 10 monthly employment assistance fees to be classified as employed. The transition between funding systems with different operational definitions of employment, and the entry of a large number of new clients likely explain the apparent fall in the percentage of open employment service users who were employed between 2003–04 and 2005–06. Over the 2-year period since full implementation of case-based funding, 2005–06 to 2006–07, the percentage of service users who were employed rose from 47% to 50%.

**Table 8: Users of CSTDA-funded open employment services aged 15–64 years, by labour force status, 2003–04 to 2006–07**

	2003–04	2004–05	2005–06	2006–07
Employed	17,975	22,364	24,802	29,591
Unemployed	14,091	21,336	27,838	29,687
Not in the labour force	425	–	244	–
Not stated	10,445	–	263	–
<b>Total</b>	<b>42,936</b>	<b>43,700</b>	<b>53,147</b>	<b>59,278</b>
Percentage employed <sup>(a)</sup>	55.3	51.2	46.9	49.9

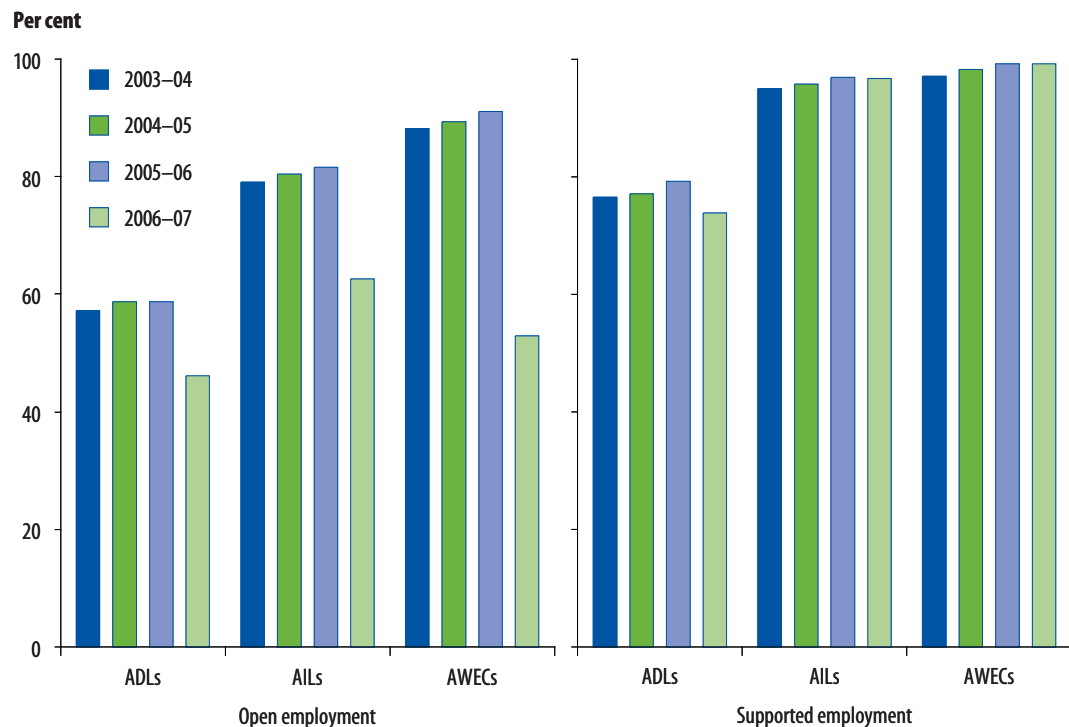
(a) Excludes clients whose labour force status was not stated.

Sources: AIHW analysis of 2003–04, 2004–05, 2005–06 and 2006–07 CSTDA NMDS.

Fewer than half (46%) of open employment service users needed help with one or more activities of daily living (ADLs) in 2006–07 (Figure 15). Greater proportions needed help with activities of independent living (AILs; 63%) and activities of working, education and community living (AWECs; 53%). Over the period 2003–04 to 2005–06 there was a small rise in the percentage of open employment service users needing help with these areas. In 2006–07 the proportions of service users needing assistance was substantially lower than in preceding years. This is partly due to a change in the way clients' support needs were derived for the CSTDA NMDS. The introduction of the Disability Employment Network uncapped stream from 1 July 2006 has also contributed to the reduction in the number of service users needing assistance. The Disability Employment Network uncapped stream is designed for people with disability assessed as having significant capacity for work who will generally have lower support needs than service users in the Disability Employment Network capped stream.

### *Supported employment services*

The number of people aged 15–64 years accessing supported employment services increased from 18,463 in 2003–04 to 20,872 in 2006–07. Almost all supported employment users needed help with AWECs (99%) or AILs (97%), while 74% needed help with ADLs. Over the period 2003–04 to 2006–07 there was little change in the support needs profile of these service users (Figure 15).



*Notes*

1. Excludes clients whose need for assistance was not known or not stated.
2. ADLs (activities of daily living) are mobility, self-care, and communication. AILs (activities of independent living) are interpersonal interactions and relationships, learning, applying knowledge and general tasks and demands, and domestic life. AWECs (activities of work, education and community living) are education, community (civic) and economic life, and working.

Source: Table A14.

**Figure 15: CSTDA-funded employment service users aged 15–64 years needing help with different life areas, by service type received, 2003–04 to 2006–07 (per cent)**

### Trends in living arrangements

By the 1980s, a trend emerged towards policies that emphasised the deinstitutionalisation of health and welfare services. Analyses of Census data found that there was a broad evidence of a decline in residency rates of health and welfare institutions between 1981 and 1996 (AIHW 2001).

Between 1981 and 2003, there was a strong trend towards people aged under 65 years with severe or profound limitations living in the community (Table 9).

- ✦ While the total number of people aged 5–64 years with severe or profound limitations rose by 137%, or 371,000 people, the number living in cared accommodation fell by 40%.
- ✦ The type of living arrangement with the largest increase over the period was people with severe or profound limitations living with family—an additional 318,000 people aged 5–64 years lived with family in 2003 compared with 1981.

As a percentage of people aged 5–64 years with severe or profound limitations:

- more lived alone or with family in 2003 (10% and 84%, respectively) than in 1981 (less than 7% and 82%, respectively)
- 1 in 40 lived in cared accommodation in 2003, compared with almost 1 in 10 in 1981 (Table 10).

**Table 9: Persons aged 5–64 years with severe or profound limitations, by living arrangements, 1981–2003 ('000)**

	1981	1988	1993	1998	2003	Change 1981–2003	
						'000	Per cent
Alone	17.3	17.9	30.4	51.6	65.8	48.5	280.3
With family	221.5	271.9	324.1	538.7	539.3	317.8	143.5
With unrelated persons	*5.4	12.7	18.8	18.1	20.6	15.2	281.5
<i>Total living in the community</i>	<i>244.2</i>	<i>302.5</i>	<i>373.3</i>	<i>608.4</i>	<i>625.7</i>	<i>381.5</i>	<i>156.2</i>
Living in cared accommodation <sup>(a)</sup>	27.0	24.2	19.1	<sup>(b)</sup> 20.0	<sup>(b)</sup> 16.1	<sup>(b)</sup> -10.9	<sup>(b)</sup> -40.4
<b>Total</b>	<b>271.2</b>	<b>326.7</b>	<b>392.4</b>	<b>628.4</b>	<b>641.8</b>	<b>370.6</b>	<b>136.7</b>

\* Estimates have a relative standard error between 25% and 50% and should be used with caution.

(a) Care accommodation is defined by ABS as hospitals, nursing homes, hostels, retirement villages and other 'homes'.

(b) In the 1981, 1988 and 1993 surveys, three levels of severity of core activity limitation (severe, moderate and mild) were applied to both household and cared accommodation components. In 1993, the severe limitation category was further divided into profound and severe limitation, but the severe limitation category was not applied to the cared accommodation component. In the 1998 and 2003 surveys, both the profound and severe core activity limitation categories were applied to the cared accommodation component.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 and 1988 disability surveys.

**Table 10: Persons aged 5–64 years with severe or profound limitations: living arrangements by age group, 1981–2003 (per cent)**

	1981	1988	1993	1998	2003
Alone	6.6	5.8	8.3	8.6	10.3
With family	81.8	83.2	82.2	85.3	84.0
With unrelated persons	*2.1	3.8	4.7	2.8	3.2
Living in cared accommodation	9.6	7.3	4.9	3.3	2.5

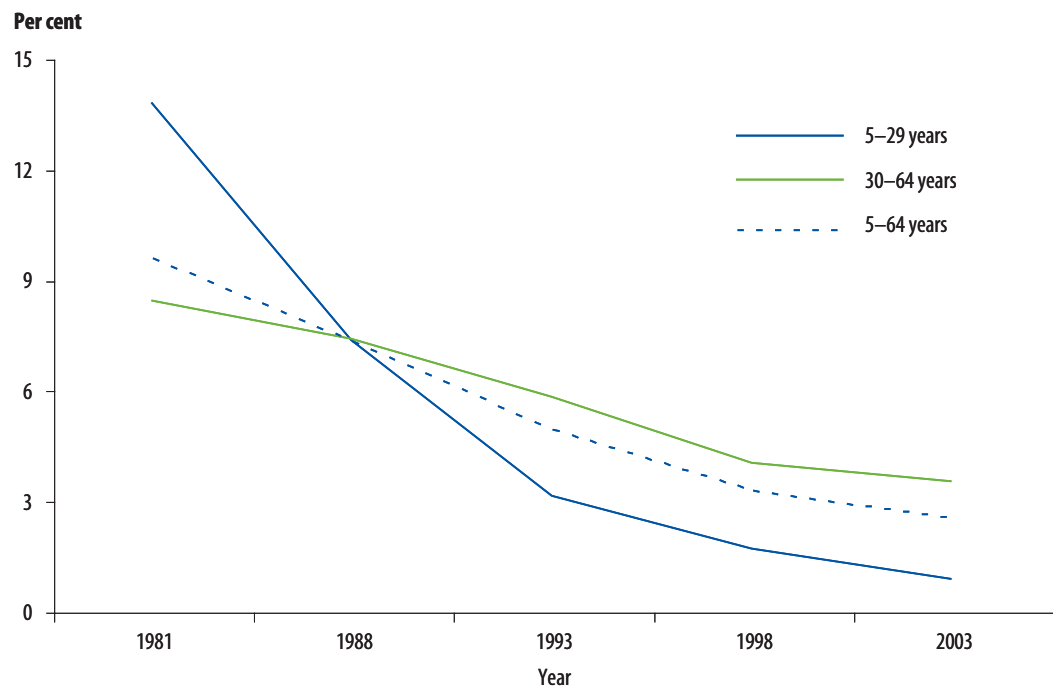
\* Estimates have a relative standard error between 25% and 50% and should be used with caution.

Note: Percentages have been age- and sex-standardised to the Australian population as at 30 June 2003 to exclude differences due to changes in population age structure.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 Survey of Handicapped Persons and 1988 Survey of Disabled and Aged Persons.

The trend towards people with severe or profound limitations living in the community rather than cared accommodation is age-related (Figure 16). Over the period 1981–2003:

- the move away from living in cared accommodation was strongest among people aged 5–29 years. By 2003, fewer than 1 in 100 people in this age group with severe or profound limitations were living in cared accommodation, compared with 1 in 7 in 1981.
- among those aged 30–64 years, the percentage living in cared accommodation fell from 8% to about 3%.



Source: Table A15.

**Figure 16: People aged 5–64 years with severe or profound limitations living in cared accommodation, by age group, 1981–2003 (per cent)**

The trend towards community living is mainly due to potential new service users remaining in community-based living arrangements rather than changes in the current population in residential care facilities (AIHW 2001; Wen & Madden 1998).

The findings from analysis of data on users of CSTDA-funded services are in line with the trend reflected in population survey data. Data from snapshot collections indicated that community-based accommodation support services increased by 3,500 between 1997 and 2001, while services received in institutions, large residentials and hostels decreased by 1,700 (AIHW 2002). Full year data collections showed that the increase in community-based accommodation support services users and the decline in service users in institutional settings continued between 2003–04 and 2005–06 (AIHW 2005a, 2007a).

The use rate of permanent aged care services between 1998 and 2006 also declined among older Australians, a decline most marked among people aged 80 years or over (AIHW 2007c).

These trends suggest that the future growth in demand for disability support services, in particular accommodation services, is more likely to be met through a further rise of community-based care rather than an expansion of institutional care. These trends also show clearly the importance of service programs to support carers, and to support the stability of community living and caring arrangements.

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## Appendix tables

**Table A1: Ratio of age-specific prevalence rates of severe or profound core activity limitations, 1981–2003**

Age group (years)	1981	1988	1993	1998	2003
5–14	1.0	1.4	1.5	2.8	3.1
15–24	1.0	1.1	1.4	2.1	2.4
25–34	1.0	1.2	1.4	2.0	1.9
35–44	1.0	1.2	1.2	1.9	1.7
45–54	1.0	1.0	1.0	2.0	1.6
55–59	1.0	0.9	1.1	1.9	1.6
60–64	1.0	1.0	0.8	1.6	1.6
65–69	1.0	1.1	1.0	1.2	1.4
70–74	1.0	1.2	1.2	1.4	1.5
75 or over	1.0	1.1	1.0	1.3	1.3

Note: Ratio values of 1.0 indicate no change between the 1981 survey rates and the rates of the subsequent surveys; those over 1.0 indicate an increase in rates and those under 1.0 a decrease.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 Survey of Handicapped Persons and 1988 Survey of Disabled and Aged Persons.

**Table A2: Estimated number of people with disability, by age group, 1981–2003 ('000)**

Year	Age group (years)	Severe or profound <sup>(a)</sup>	Total with disability	Population
1981	Under 65	239.7	1,348.1	13,267.2
	65 or over	213.2	594.1	1,431.7
	All ages	452.9	1,942.2	14,698.8
1988	Under 65	297.2	1,622.7	14,557.6
	65 or over	303.3	920.4	1,781.0
	All ages	600.5	2,543.1	16,338.6
1993 <sup>(b)</sup>	Under 65	329.4	1,839.6	15,580.3
	65 or over	337.6	1,081.0	2,046.7
	All ages	667.1	2,920.5	17,627.1
1998	Under 65	656.1	2,387.4	16,389.4
	65 or over	480.4	1,222.6	2,271.3
	All ages	1,136.5	3,610.0	18,660.7
2003	Under 65	677.7	2,556.0	17,222.5
	65 or over	560.9	1,390.4	2,496.8
	All ages	1,238.6	3,946.4	19,719.3

(a) Children aged under 5 years were excluded in 1981, 1988 and 1993. Information on severity of core activity limitation among children aged under 5 years was collected in 1998 and 2003 surveys but not in the previous surveys.

(b) The estimates for the 1993 survey data were made using definitions as close as possible to the definitions of the 1981 and 1988 disability survey.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 Survey of Handicapped Persons and 1988 Survey of Disabled and Aged Persons.



**Table A3: Estimated number of people with a severe or profound core activity limitation, by age group, 1981–2003 ('000)**

Age group (years)	1981	1988	1993	1998	2003
5–14	40.5	53.7	58.6	116.7	129.4
15–24	23.4	27.4	35.9	52.4	61.0
25–34	28.5	39.2	46.2	70.5	67.5
35–44	34.3	55.4	59.2	101.7	97.3
45–54	46.6	51.9	62.1	148.5	129.7
55–59	33.5	31.4	36.6	73.4	82.7
60–64	33.0	38.3	31.0	65.3	74.3
65–69	36.3	47.6	46.8	57.5	69.5
70–74	37.3	54.3	62.2	82.7	90.3
75 or over	139.6	201.4	228.6	340.2	401.0

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 Survey of Handicapped Persons and 1988 Survey of Disabled and Aged Persons.

**Table A4: Projected number of persons with severe or profound core activity limitations, by age, 2006–2010 ('000)**

Age group (years)	2006	2007	2008	2009	2010	Change 2006–2010	
						'000	Per cent
0–14	170.5	169.9	169.2	168.5	167.7	*–2.8	*–1.7
15–19	32.0	32.3	32.6	32.9	33.0	**1.1	**3.3
20–29	62.4	63.2	63.9	64.6	65.2	*2.8	*4.4
30–44	134.5	134.5	134.4	134.7	135.3	**0.8	**0.6
45–64	318.1	327.2	336.5	344.1	350.9	32.8	10.3
65 or over	623.6	642.9	662.3	683.3	705.2	81.6	13.1
Total 0–64	717.5	727.1	736.6	744.7	752.1	34.7	4.8
Total 15–64	547.0	557.2	567.4	576.2	584.5	37.5	6.9
<b>All ages</b>	<b>1,341.1</b>	<b>1,370.0</b>	<b>1,399.0</b>	<b>1,428.0</b>	<b>1,457.3</b>	<b>116.3</b>	<b>8.7</b>

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

\*\* Estimates have a relative standard error greater than 50% and are considered too unreliable for general use.

Note: Numbers were calculated using the age- and sex-specific rates for the Australian estimated resident population as at 30 June 2003.

Sources: AIHW 2007; AIHW analysis of ABS 2003 Survey of Disability, Ageing and Carers confidentialised unit record file; ABS 2003.

**Table A5: Selected long-term health conditions,<sup>(a)</sup> by disability status, 1998 and 2003 ('000)**

	1998			2003		
	With a condition	With disability	Severe or profound	With a condition	With disability	Severe or profound
Hypertension	1,363.2	638.2	205.2	1,836.7	919.4	304.9
Arthritis	1,608.7	1,107.5	364.9	1,815.5	1,256.7	429.1
Back problems	1,554.7	1,007.1	291.6	1,766.2	1,094.0	319.4
Asthma	1,101.6	408.7	126.5	1,474.1	517.8	171.9
Total hearing disorders <sup>(b)</sup>	1,315.9	1,001.6	295.4	1,395.4	1,091.1	349.5
Heart diseases <sup>(b)</sup>	589.2	429.5	173.4	655.8	488.1	203.0
Diabetes	414.0	243.0	100.1	634.6	355.8	148.4
Migraine	91.3	55.0	13.8	542.8	257.0	69.4
Hearing loss—noise induced	444.8	330.1	55.0	485.8	362.1	76.4
Depression	245.7	177.3	75.0	469.6	333.1	142.1
Total vision disorders <sup>(b)</sup>	370.4	349.7	166.7	361.8	328.4	166.3
Stroke	282.1	230.3	139.2	346.7	282.6	157.5
Osteoporosis	84.7	72.5	37.5	337.7	242.5	109.7
Speech problems <sup>(b)</sup>	244.0	244.0	184.2	271.8	271.7	197.0
Cancer <sup>(b)</sup>	123.0	84.7	37.3	195.2	135.6	54.8
Dementia <sup>(b)(c)</sup>	101.8	100.3	95.2	101.9	101.4	98.8
Epilepsy	105.1	90.9	45.9	96.0	87.2	43.6
ADHD	74.2	60.1	32.5	94.0	75.3	33.5
Glaucoma	65.0	56.4	29.3	68.6	48.3	27.2
Schizophrenia	36.6	30.5	18.3	52.6	43.9	24.3
Parkinson's disease	34.1	31.1	25.7	33.4	32.4	22.2
Autism	13.0	12.4	12.4	30.4	29.9	24.8
Cerebral Palsy	23.1	22.4	19.3	16.8	16.1	10.7
Multiple sclerosis	14.4	13.4	10.6	13.6	11.1	*6.9
Paralysis	24.5	22.2	14.4	11.8	11.7	*10.0

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

(a) Based on all reported conditions.

(b) These conditions were grouped using more than one condition code of the survey confidentialised unit record files. Repeated records for each person in these groups were only counted once in the estimation.

(c) Includes Alzheimer's disease.

Source: AIHW analysis of ABS 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files.

**Table A6: People with disability: cause of main disabling conditions, 1998 and 2003**

	1998		2003		Change 1998–2003	
	'000	Per cent	'000	Per cent	'000	Per cent
Main condition just came on	708.8	19.6	882.8	22.4	174.0	24.6
Disease or illness or hereditary	490.4	13.6	554.5	14.1	64.0	13.1
Accident or injury	591.1	16.4	596.9	15.1	*5.8	*1.0
Working conditions or work or overwork	414.0	11.5	423.5	10.7	*9.5	*2.3
Present at birth	249.5	6.9	283.5	7.2	34.0	13.6
Old age	180.9	5.0	237.3	6.0	56.4	31.2
Stress	85.7	2.4	69.2	1.8	–16.4	–19.2
War or peacekeeping service	..	..	34.3	0.9	..	..
Personal or family problems or death	73.2	2.0	87.1	2.2	13.9	18.9
Allergy	47.1	1.3	40.0	1.0	*–7.2	*–15.2
Medication or medical procedure	36.7	1.0	56.1	1.4	19.4	52.8
Smoking	57.6	1.6	58.2	1.5	**0.7	**1.1
Own pregnancy or childbirth	19.1	0.5	24.8	0.6	*5.7	*29.7
Overweight	..	..	*6.6	*0.2	..	..
Other cause	193.0	5.3	166.1	4.2	–26.9	–13.9
Don't know	462.9	12.8	425.4	10.8	–37.5	–8.1
<b>Total with disability</b>	<b>3,610.0</b>	<b>100.0</b>	<b>3,946.4</b>	<b>100.0</b>	<b>336.4</b>	<b>9.3</b>

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

\*\* Estimates have a relative standard error greater than 50% and is considered too unreliable for general use.

Sources: AIHW analysis of ABS 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files.

**Table A7: People with a severe or profound core activity limitation living in households, activity type in which assistance needed, by age, 1998 and 2003 ('000)**

Activity	1998			2003			Change 1998–2003		
				Age group (years)					
	0–64	65+	Total	0–64	65+	Total	0–64	65+	Total
Self-care	361.2	155.2	516.4	318.6	207.9	526.5	–42.6	52.8	10.2
Mobility	451.0	273.6	724.6	466.6	339.8	806.4	15.7	66.2	81.9
Communication	138.3	28.6	166.9	157.3	35.7	193.0	19.0	*7.1	26.1
Health care	321.9	216.4	538.3	305.4	286.3	591.7	–16.5	69.9	53.4
Housework	252.6	226.2	478.8	259.6	281.9	541.5	*7.0	55.7	62.7
Property maintenance	310.6	250.2	560.7	278.5	291.5	570.0	–32.1	41.3	*9.2
Paperwork	129.9	110.3	240.3	126.6	129.5	256.1	*–3.4	19.2	15.8
Meal preparation	121.6	120.2	241.8	116.2	146.9	263.0	*–5.5	26.6	21.2
Transport	293.6	232.2	525.8	268.3	298.3	566.7	–25.2	66.1	40.9
Cognition or emotion	300.7	69.6	370.4	316.8	107.2	424.0	16.0	37.6	53.6
<b>Any activity<sup>(a)</sup></b>	<b>633.4</b>	<b>324.6</b>	<b>958.0</b>	<b>649.5</b>	<b>405.1</b>	<b>1,054.7</b>	<b>16.1</b>	<b>80.6</b>	<b>96.7</b>
<b>Total</b>	<b>636.0</b>	<b>325.6</b>	<b>961.6</b>	<b>661.4</b>	<b>406.9</b>	<b>1,068.4</b>	<b>25.5</b>	<b>81.3</b>	<b>106.8</b>
Population	16,391.1	2,268.6	18,659.7	17,222.5	2,496.8	19,719.3	831.4	228.2	1,059.6

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

(a) The number of people needing assistance with any activity is less than the sum of activity types, as persons may need help with more than one activity.

Source: AIHW analysis of ABS 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files.

**Table A8: People with a severe or profound core activity limitation living in households: activity in which help was needed and types of assistance received, 1998 and 2003 ('000)**

	Self-care		Mobility		Communication		Any core activity	
	1998	2003	1998	2003	1998	2003	1998	2003
No provider	40.7	50.5	46.7	48.9	9.0	*4.9	71.6	70.5
Informal only	400.0	387.7	549.0	570.1	73.8	81.2	659.5	676.8
Formal only	23.8	29.4	26.7	30.8	*7.5	*6.9	36.8	45.1
Informal and formal	51.9	58.9	102.2	156.7	76.6	99.9	180.3	249.5
<b>Total</b>	<b>516.4</b>	<b>526.5</b>	<b>724.6</b>	<b>806.4</b>	<b>166.9</b>	<b>193.0</b>	<b>948.1</b>	<b>1,042.0</b>

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

Source: AIHW analysis of ABS 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files.

**Table A9: Persons aged 5–20 years attending school, by disability status, by age group, 1981–2003 (per cent)**

Age group (years)	1981	1988	1993	1998	2003
<b>Severe or profound core activity limitation</b>					
5–9	97.4	97.6	90.4	95.3	95.7
10–14	95.3	98.6	98.0	96.6	97.3
15–20	34.2	29.1	30.4	46.5	60.1
<b>Total 5–20</b>	<b>81.3</b>	<b>84.2</b>	<b>78.3</b>	<b>84.1</b>	<b>88.5</b>
<b>All persons with disability</b>					
5–9	98.5	98.1	95.2	95.9	94.7
10–14	98.5	98.8	98.5	98.1	98.8
15–20	24.4	34.2	36.0	38.6	49.9
<b>Total 5–20</b>	<b>72.4</b>	<b>77.9</b>	<b>75.8</b>	<b>76.3</b>	<b>80.3</b>

Note: The percentages have been age-standardised using the age and sex distributions of the Australian population as at June 2003 for comparative purposes.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 Survey of Handicapped Persons and 1988 Survey of Disabled and Aged Persons.

**Table A10: Persons with disability aged 5–20 years attending school, by disability status and type of school attending, 1981–2003 (per cent)**

	1981	1988	1993	1998	2003
<b>Severe or profound core activity limitation</b>					
Ordinary school	65.4	74.1	84.8	82.9	78.4
Special school	34.6	25.9	15.2	17.1	21.6
<b>All persons with disability</b>					
Ordinary school	89.3	90.9	94.9	91.6	89.6
Special school	10.7	9.1	5.1	8.4	10.4

Note: The percentages have been age-standardised using the age and sex distributions of the Australian population as at June 2003 for comparative purposes.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 and 1988 disability surveys.

**Table A11: Students aged 5–20 years with disability attending ordinary schools: per cent with severe or profound limitations, by type of class, 1981–2003**

	1981	1988	1993	1998	2003
Ordinary class	15.2	18.7	23.0	36.6	34.9
Special class	30.0	42.0	45.5	47.6	50.2

*Note:* The percentages have been age-standardised using the age and sex distributions of the Australian population as at June 2003 for comparative purposes.  
*Sources:* AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 Survey of Handicapped Persons and 1988 Survey of Disabled and Aged Persons.

**Table A12: Labour force participation rate,<sup>(a)</sup> persons aged 15–64 years living in households, by disability status, by sex, 1981–2003 (per cent)**

	1981	1988	1993	1998	2003
<b>Severe or profound core activity limitations</b>					
Males	36.2	36.4	33.4	36.5	33.9
Females	23.0	30.3	24.9	31.4	26.9
<b>Schooling or employment restrictions only</b>					
Males	49.5	67.1	69.9	69.9	73.1
Females	27.1	44.1	55.4	55.4	61.8
<b>Total with disability</b>					
Males	66.5	60.5	60.4	59.3	59.3
Females	36.1	39.0	43.3	44.6	47.0
<b>No disability</b>					
Males	n.a.	90.0	88.3	89.0	89.0
Females	n.a.	61.7	64.8	70.6	72.3

(a) All persons aged 15–64 years in the labour force, as a percentage of the population in the same age group. The rates have been age-standardised using the age and sex distributions of the Australian population as at June 2003 for comparative purposes.

n.a. Not available.

*Sources:* AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 Survey of Handicapped Persons and 1988 Survey of Disabled and Aged Persons.

**Table A13: Changes in labour force participation and unemployment rates of synthetic age cohorts<sup>(a)</sup> between 1998 and 2003, by disability status (per cent)<sup>(b)</sup>**

	Age group (years)								
	20–24	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64
<b>Changes in participation rates</b>									
Severe or profound limitation	56.7	-33.7	-7.6	-4.7	-14.5	-8.6	-28.4	-54.8	-40.5
Total disability	51.3	-12.9	0.0	2.1	-0.9	-6.8	-7.0	-24.4	-31.4
No disability	40.6	0.9	-0.9	2.8	2.3	0.5	-3.6	-13.3	-20.5
<b>Changes in unemployment rates</b>									
Total disability	-57.3	-49.0	-41.4	-10.4	30.2	-32.3	-32.7	-29.9	-57.3
No disability	-61.6	-57.1	-45.8	-42.2	-52.8	-47.9	-52.6	-54.4	-61.6

(a) In the absence of longitudinal data, it is possible to use data from a sequence of cross-sectional surveys to construct 'synthetic age cohorts'. For example, a comparison is made between people who were aged 20–24 years in the 1998 SDAC survey and people aged 25–29 years in the 2003 SDAC survey. Such comparisons can illustrate how various circumstances of age cohorts change as they move through a statistically constructed life cycle.

(b) Difference between 2003 and 1998 rate, as a percentage of the 1998 rate.

*Notes*

1. As the cohort aged 15–19 years in 2003 would have been too young to be in the labour force in 1998, this group of people was excluded from the analysis.
2. The number of unemployed people with severe or profound core activity limitations is too small to allow analysis of changes in age cohorts.

Sources: AIHW analysis of ABS 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files.

**Table A14: CSTDA-funded employment service users aged 15–64 years needing help with different life areas, by service type received, 2003–04 to 2006–07 (per cent)**

	2003–04	2004–05	2005–06	2006–07
<b>Open employment</b>				
Activities of daily living	57.2	58.8	58.7	46.0
Activities of independent living	79.0	80.5	81.7	62.6
Activities of working, education and community living	88.1	89.3	91.1	52.9
<b>Supported employment</b>				
Activities of daily living	76.6	77.1	79.2	73.9
Activities of independent living	94.9	95.8	96.8	96.7
Activities of working, education and community living	97.2	98.3	99.2	99.2

Note: Excludes clients whose need for assistance was not known or not stated.

Sources: AIHW analysis of 2003–04, 2004–05 and 2005–06 CSTDA NMDS.

**Table A15: Persons aged 5–64 years with severe or profound limitations living in establishments, 1981–2003 (per cent)<sup>(a)</sup>**

Age group (years)	1981	1988	1993	1998	2003
5–29	13.7	*7.3	*3.0	*1.6	**0.8
30–64	8.4	7.3	5.7	3.9	3.4

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

\*\* Estimates have a relative standard error greater than 50% and are considered too unreliable for general use.

(a) Percentage of all persons with severe or profound core activity limitations in each age group. The percentages have been age-standardised using the age- and sex distributions of the Australian population for June 2003 for comparative purposes.

Sources: AIHW analysis of ABS 1993, 1998 and 2003 Survey of Disability, Ageing and Carers confidentialised unit record files; unpublished data tables from the ABS 1981 Survey of Handicapped Persons and 1988 Survey of Disabled and Aged Persons.

## Abbreviations

ABS	Australian Bureau of Statistics
ADHD	attention deficit hyperactivity disorder
ADLs	activities of daily living
AIHW	Australian Institute of Health and Welfare
AILs	activities of independent living
AWECs	activities of working, education and community living
CSTDA	Commonwealth State/Territory Disability Agreement
FaCS	Department of Family and Community Services
FaCSIA	Department of Families, Community Services and Indigenous Affairs
NMDS	National Minimum Data Set
OECD	Organisation for Economic Co-operation and Development
SDAC	Survey of Disability, Ageing and Carers
WHO	World Health Organization

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