

Appendix B: Figure notes and sources

Employment and financial security

Figure 2.1: Valid claims for full 52-week employment outcomes among people with disability aged 15 and over who participated in DES, 2019–20 to 2024–25

Notes

1. Data was run on 1 July 2025 (as at 30 June 2025) for claims created between 1 July 2024 to 30 June 2025. Participant characteristics are as at the claim creation date.
2. This is not a count of distinct participants, but the count of valid claims created regarding a participant. Claims are counted for a period by the date that the claim was created. However, multiple claims could be created for the same participant for different job placements in that period.
3. The data cannot provide any insight into how many people did not achieve 12 months of full employment.
4. The eligibility criteria for the Disability Employment Services (DES) program is available from the [DES Eligibility Referral and Commencement Guidelines](#).
5. Full outcome claims for employment are outcomes claimed by eligible DES providers for employment where the hours worked each week for the DES participant was at or above their estimated employment benchmark on average.
6. 52-week employment outcomes were only claimable for contracts established under the DES Grant Agreement following the 2018 DES reforms on 1 July 2018. Hence, 52-week Employment Outcomes could only be claimed 52 weeks after the participant had commenced placement with a DES provider contract established from 1 July 2018 (i.e., 1 July 2019 onwards).
7. Claims data are for people aged 15 or over.
8. The decline in claims is due to eligibility changes to the DES program made in 2021 and stronger labour market demand post-COVID-19 lockdowns. With less participant numbers there were fewer people achieving outcomes. However, as the percentage of the total population, outcomes achieved by DES participants remained at a reasonably consistent rate.
9. Small discrepancies with data included in earlier releases of the webpages are due to revisions of the data.
10. DES data are not comparable with other employment services data as they are from different sources, cover different populations, and measure different outcomes.

Source

Department of Social Services, using administrative data from the Department of Employment and Workplace Relations (DEWR) Employment Business Intelligence Warehouse (EBIW).

Figure 2.2: Proportion of NDIS participants aged 15–64 who get the support they need to do their job, 2021–22 Q2 to 2024–25 Q3

Notes

1. Denominator includes participants who answer 'Yes' to 'Are you currently working in a paid job?', and answer either 'Yes' or 'No' to 'Do you get the support you need to do your job?'.
2. Numerator includes participants who answer 'Yes' to 'Are you currently working in a paid job?', and answer 'Yes' to 'Do you get the support you need to do your job?'.
3. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.
4. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See [Data sources | National Disability Insurance Agency \(NDIA\)](#) for more details.
5. Several external factors may influence responses to the question 'Do you get the support you need to do your job?'. Respondents may not need additional support to do their job, or they may receive the disability-related support required but other sources of support are lacking, such as informal or employer-provided support.
6. Data are for participants aged 15–64.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Figure 2.3: Proportion of NDIS participants aged 15–64 in the labour force who are in open employment at full award wage, 2021–22 Q2 to 2024–25 Q3

Notes

1. Denominator includes participants who answer either 'Yes' or 'No, but I would like one' to 'Are you currently working in a paid job?'.
2. Numerator includes participants who answer either 'Yes' or 'No, but I would like one' to 'Are you currently working in a paid job?', and answer 'Open employment market with full award wages' to 'What type of employment is it?'. The numerator excludes participants who answer 'Self-employed' to 'What type of employment is it?'. It also excludes participants answering 'Australian apprenticeship' or 'Other' (as well as those in the Supported Wage System and Australian Disability Enterprises (ADEs)).

Appendix B: Figure notes and sources

3. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.
4. Data from NDIS participants who answered 'Yes' or 'No, but I would like one' to the question 'Are you currently working in a paid job?' are intended to capture NDIS participants who are in the labour force.
5. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See [Data sources | National Disability Insurance Agency \(NDIA\)](#) for more details.
6. The measure looks at the proportion of NDIS participants aged 15–64 in the labour force who are in open employment at full award wage. It does not provide insight into the proportion of employed individuals with disability who are in open employment, which may show different results.
7. Data are for participants aged 15–64.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Figure 2.4: Proportion of VET graduates with disability aged 15 and over who are employed on completion of training, 2016 to 2024

Notes

1. Data includes domestic students only aged 15 and over.
2. VET refers to vocational education and training.
3. VET graduates refers to 'qualification completers', that is students who completed a training package qualification or an accredited qualification.
4. 'Employed on completion of training' refers to 'employed after training'.
5. 'VET graduates with disability' refers to those who self-identify as having disability, impairment or long-term condition.
6. Excludes students who undertook recreational, leisure or personal enrichment (short) courses.
7. Excludes students from correctional facilities.
8. This measure does not consider whether students were employed before training and/or whether they are employed in the same occupation as the training course. It also does not capture students who went on to undertake further vocational training.

Source

NCVER (National Centre for Vocational Education Research) 2024. Australian vocational education and training statistics: VET student outcomes 2024 – customised data request.

Figure 2.5: Proportion of NDIS young people aged 15–24 in employment, 2021–22 Q2 to 2024–25 Q3

Notes

1. Denominator excludes participants who do not answer the question 'Are you currently working in a paid job?'.
2. Numerator includes participants who answer 'Yes' to 'Are you currently working in a paid job?'.
3. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.
4. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See [Data sources | National Disability Insurance Agency \(NDIA\)](#) for more details.
5. Data are for participants aged 15–24.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Figure 2.6: Proportion of Australian Public Service employees with disability, June 2016 to December 2024

Notes

1. A person has disability if they report that they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least 6 months and restricts everyday activities. Disability status is voluntarily self-reported.
2. Disability status was unknown for 26.1% of Australian Public Service employees in December 2024. Between December 2011 and December 2024, disability status was unknown for between 22.3% and 26.1% of these employees.
3. Data on disability status of APS employees is also included in the APS Employee Census. The 2025 APS Employee Census recorded that 13% of APS employees had disability which is more than the proportion reported in APSED data, supplied via agency human resource systems (5.5%). One factor that may be contributing to this difference is that employees may be concerned about their disability status being recorded in their agency's HR system but comfortable providing this information in a confidential survey.
4. Data are for employees aged 15 and over.
5. Small discrepancies with data in earlier releases of these webpages are due to revision of the CALD methodology. Previous CALD data are not comparable due to this change in methodology.

Source

Australian Public Service Employment Database (APSED).

Inclusive homes and communities

Figure 3.1: Average time waited (days) for newly allocated households with a member with disability in public housing and SOMIH, 2011–12 to 2023–24

Notes

1. 'Newly allocated households' are those households that commenced receiving housing assistance for the relevant program during the reference year.
2. SOMIH refers to state owned and managed Indigenous housing.
3. A household is classified as 'with disability' if any member of the household reports disability. Disability is the umbrella term for any or all of: an impairment of body structure or function, a limitation in activities, or a restriction in participation. Disability may be self-enumerated or related to housing need and thus is likely to under-report the true level of disability in public housing (PH) and SOMIH households. Data across jurisdictions may not be comparable due to different definitions and collection methods of disability for the purpose of accessing social housing.
4. The average time waited can be influenced by the size of the dwelling required, as well as by the amenities or modifications needed to accommodate a person's disability.
5. Excludes households where time waited was not known.

Source

AIHW National Housing Assistance Data Repository.

Figure 3.2: Proportion of NDIS participants aged 15–64 who spend free time doing activities that interest them, 2021–22 Q2 to 2024–25 Q3

Notes

1. Denominator includes participants who answer either 'Yes' or 'No' to 'Do you spend your free time doing activities that interest you?'.
2. Numerator includes participants who answer 'Yes' to 'Do you spend your free time doing activities that interest you?'.
3. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.
4. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See [Data sources | National Disability Insurance Agency \(NDIA\)](#) for more details.

Appendix B: Figure notes and sources

5. Data are for participants aged 15–64.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Figure 3.3: Proportion of people with disability who participated in social activities

Note

The measure is restricted to people with disability aged 15 and over living in households.

Source

DSS (Department of Social Services) and MIAESR (Melbourne Institute of Applied Economic and Social Research) 2023. The Household, Income and Labour Dynamics in Australia (HILDA) Survey, GENERAL RELEASE 22 (Waves 1–22) [data set], <https://doi.org/10.26193/R4IN30>, ADA Dataverse, V7, AIHW analysis of detailed microdata, accessed 3 July 2024.

Safety, rights and justice

Figure 4.1: Number of complaints related to abuse and neglect per 1,000 NDIS participants, 2021–22 and 2023–24

Notes

1. For the purposes of this analysis, Early Childhood Early Intervention (ECEI) equates to participants aged 0 to 6 years as of 30 June 2024. Complaints associated with NDIA participants in ECEI has been excluded.
2. Complaints made to the Quality and Safeguards Commission (NDIS Commission) relate to concerns regarding NDIS supports or services.
3. Abuse and neglect includes financial abuse, and relate to allegations of abuse and neglect.
4. One complaint instance may correspond to allegations of abuse/neglect involving multiple or no participants.
5. A participant can make multiple complaints.
6. The number of complaints (numerator) are those received during the relevant financial year.
7. The NDIS participant counts (denominator) are as at 30 June of the relevant financial year.
8. Number of complaints in this report is a subset of total complaints made to the NDIS Commission so may not align with other publicly released complaints report including the Quarterly Performance Report. The following filters apply to the number of complaints in this report:
 - Complaints related to abuse and neglect only.
 - Complaints associated with verified participants only. A verified participant is one where the NDIS Commission can verify a participant's details against the NDIA database. Not all complaints have a verified participant, for example, those who wish to remain anonymous or where this information was not able to be verified.
 - Verified participants who were 7 years of age or over as at 30 June 2024 only.
 - Report is from the NDIS Commission data holdings as at 30 June 2024.
9. The measure does not capture the outcomes of the complaints, the reporting of which can be quite complex. Complaints may span more than one area and there are many ways in which they can be resolved. Complaints can also be re-opened.

Source

NDIS Quality and Safeguards Commission.

Figure 4.2: Proportion of SHS clients with disability (all ages) experiencing domestic and family violence who are provided assistance for accommodation when needed, 2013–14 to 2023–24

Notes

Appendix B: Figure notes and sources

1. A client is identified as experiencing family and domestic violence if in any support period during the reporting period:
 - the client was formally referred from a non-Specialist Homelessness Services (SHS) family and domestic violence agency to an SHS agency, or
 - 'family and domestic violence' was reported as a reason they sought assistance, or
 - during any support period they required family or domestic violence assistance.
2. A client is identified as having disability if they reported a limitation in core activities (self-care, mobility and/or communication) and also reported that they always or sometimes needed assistance with one or more of these core activities.
3. 'Provided with assistance' means the client was provided with services at the agency at which they presented.
4. Assistance for accommodation includes: short-term or emergency accommodation, medium-term/transitional housing, long-term housing, assistance to sustain tenancy or prevent tenancy failure or eviction, assistance to prevent foreclosures or for mortgage arrears.
5. Data for 2013–14 to 2016–17 have been adjusted for non-response. Due to improvements in the rates of agency participation and Statistical Linkage Key (SLK) validity, data for 2017–18 onwards are not weighted. The removal of weighting does not constitute a break in time series and weighted data from 2011–12 to 2016–17 are comparable with unweighted data for 2017–18 onwards.
6. The proportion of SHS clients without disability experiencing domestic and family violence who were provided assistance for accommodation needed has also decreased across the period 2013–14 to 2023–24 (from 85% to 74%).
7. Disability status was unknown for 21% of SHS clients experiencing domestic and family violence who needed, and were provided with, accommodation assistance in 2013–14. Between 2014–15 and 2023–24, disability status was unknown for between 4.1% and 6.7% of clients experiencing domestic and family violence who needed assistance with accommodation.

Source

AIHW Specialist Homelessness Services Collection.

Figure 4.3: Proportion of assessed NDAP clients (all ages) who reported improved choice and control to make their own decisions, 2020–21 to 2023–24

Notes

1. Data current as at 31 July 2024.
2. The target group for advocacy support provided by the National Disability Advocacy Program (NDAP) agencies are people with disability that is attributable to an intellectual, psychiatric, sensory or physical impairment or a combination of such impairments; is permanent or likely to be permanent; and results in a substantially reduced capacity of the person for communication, learning or mobility and the need for ongoing support services.
3. A 'client' can be either a person with disability or a carer/family member of a person with disability.

Appendix B: Figure notes and sources

4. A client is considered to have improved when the Goals domain 'Empowerment, choice and control to make own decisions' outcome that had changed, with a positive outcome as calculated by the difference between: a. The latest recorded Standard Client Outcome Reporting (SCORE) in the reporting period, for each domain, minus b. The earliest recorded SCORE for the corresponding domain.
5. According to DSS Data Exchange (DEX) protocol, a SCORE may be determined by the practitioner's professional assessment, a client's self-assessment, a joint assessment between the client and practitioner, or an assessment by the client's support person (such as a carer). In the case of a child client, the assessor may be the carer.
6. The SCORE system used for the NDAP data is designed to measure the result of a client's interaction with a service funded by the Department of Social Services, and it captures a point in time in the client's service journey.
7. Participation in the 'partnership approach' became a requirement of funding for all NDAP providers from 1 January 2021. As at 1 August 2021, 'Empowerment, choice and control to make own decisions' Goal assessments has been conducted for 8.6% of all clients in 2020–2021; as at 31 July 2022, 'Empowerment, choice and control to make own decisions' Goal assessments had been conducted for 14% of clients in 2021–2022; as at 31 July 2023, 'Empowerment, choice and control to make own decisions' Goal assessments had been conducted for 18% of clients in 2022–2023; as at 31 July 2024, 'Empowerment, choice and control to make own decisions' Goal assessments had been conducted for 22.5% of clients in 2023–2024.
8. Although the proportion of assessed clients in 2023–24 was higher (23%) than in the previous years (18% in 2022–23, 14% in 2021–22 and 8.6% in 2020–21), the data may not be representative of all participants in the program. For this reason, there is some uncertainty in the data. Care should be taken when looking at reported progress for this measure and the difference needs to continue to be monitored.
9. Organisations funded under the NDAP program are required under their agreement with the Commonwealth to enter data into the DEX in accordance with the Data Exchange Protocols.

Source

Department of Social Services – Data Exchange.

Figure 4.4: Proportion of complaints related to disability discrimination lodged with the AHRC that were successfully resolved by conciliation, 2011–12 to 2023–24

Notes

1. Measure reports on proportion of disability discrimination complaints successfully resolved by conciliation.
2. The definition of disability in the *Disability Discrimination Act* includes: physical, intellectual, psychiatric, sensory, neurological and learning disabilities, physical disfigurement and the presence in the body of disease-causing organisms, which a person may have now, have had in the past, may have in the future or are believed to have.

Appendix B: Figure notes and sources

3. For years 2015–16 through 2018–19, proportions reported here differ to those included in the Australian Human Rights Commissions (AHRC) annual complaints statistics publications. For these years, the data reported by the AHRC also captured matters that were finalised on alternative grounds (such as 'withdrawn') after attempted, unsuccessful conciliation processes.
4. One complaint may raise a number of grounds and areas of discrimination and be against one or more respondents.
5. Complaints for which a conciliation process was begun but which could not be resolved through this process include those that were finalised on other grounds; for example, they may have been withdrawn.
6. The decrease between baseline (2020–21) and 2022–23 are due to the ongoing influence of COVID-19 on the AHRC's complaint handling function. In 2021–22 there was an exponential increase in complaint numbers leading to a considerable complaint backlog, resulting in significantly increased complaint handling timeframes and complaints being discontinued at a higher rate. In 2022–23, increased complaint handling timeframes continued due to the COVID-19 related complaint backlog and the finalisation of COVID-19 'legacy' complaints. The subject matter of the complaints was not always amenable to resolution, particularly those related to state and territory health orders (regarding mask wearing and vaccinations) and Commonwealth government international travel restrictions. Outcomes sought by complainants could not always be supported or achieved through the Commission's conciliation processes.

Sources

1. Source 2011–12: Australian Human Rights Commission (AHRC) Annual Report 2011–12.
2. Source 2012–13: AHRC Annual Report 2012–13.
3. Source 2013–14: AHRC Annual Report 2013–14.
4. Source 2014–15: AHRC Annual Report 2014–15.
5. Source 2015–16: AHRC 2015–16 Complaints statistics.
6. Source 2016–17: AHRC 2016–17 Complaints statistics.
7. Source 2017–18: AHRC 2017–18 Complaints statistics.
8. Source 2018–19: AHRC 2018–19 Complaints statistics.
9. Source 2019–20: AHRC 2019–20 Complaints statistics.
10. Source 2020–21: AHRC 2020–21 Complaints statistics.
11. Source 2021–22: AHRC 2021–22 Complaints statistics.
12. Source 2022–23: AHRC 2022–23 Complaints statistics.
13. Source 2023–24: AHRC 2023–24 Complaints statistics.
14. Australian Human Rights Commission, unpublished data.

Figure 4.5: Proportion of NDIS participants aged 15–64 who feel able to advocate (stand up) for themselves, 2021–22 Q2 to 2024–25 Q3

Notes

Appendix B: Figure notes and sources

1. Denominator includes participants who responded to the question 'Do you feel able to advocate (stand up) for yourself? That is, do you feel able to speak up if you have issues or problems with accessing supports?'
2. Numerator includes participants who answer 'Yes' to the question 'Do you feel able to advocate (stand up) for yourself? That is, do you feel able to speak up if you have issues or problems with accessing supports?'
3. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.
4. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See [Data sources | National Disability Insurance Agency \(NDIA\)](#) for more details.
5. Data are for participants aged 15–64.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Personal and community support

Figure 5.1: Proportion of NDIS participants aged 15–64 who responded ‘Yes’ to ‘Has the NDIS helped you have more choice and control over your life?’ after 2 years in the scheme, 2021–22 Q2 to 2024–25 Q3

Notes

1. Prior to 30 October 2023, there was only one ‘Yes’ option to the question ‘Has the NDIS helped you have more choice and control over your life?’. Starting from 30 October 2023, the ‘Yes’ option was split into ‘Yes, a lot’ or ‘Yes, a bit’.
2. Denominator includes participants who have been in the scheme for at least two years and have responded ‘Yes’, ‘Yes, a lot’, ‘Yes, a bit’ or ‘No’ to the question ‘Has the NDIS helped you have more choice and control over your life?’.
3. Numerator includes participants who have been in the scheme for at least two years and have responded ‘Yes’, ‘Yes, a lot’ or ‘Yes, a bit’ to the question ‘Has the NDIS helped you have more choice and control over your life?’.
4. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.
5. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See [Data sources | National Disability Insurance Agency \(NDIA\)](#) for more details.
6. Data are for participants aged 15–64.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Figure 5.2: Proportion of NDIS participants aged 15–64 who received assistive technology supports, 2021–22 Q2 to 2024–25 Q3

Notes

1. From 2022–23 Q3 (March quarter), data presented in these webpages measures the proportion of active NDIS participants receiving assistive technology supports of any value in the last 12 months. This differs from earlier releases of these webpages (in December 2022 and March 2023) where data was restricted to assistive technology supports valued more than \$1,500. The change is due to additional data becoming available, which means that measure data are more complete. Baseline data have also been revised.
2. Data are for NDIS participants aged 15–64 who had an active plan at the start and end of the 12-month period.

Appendix B: Figure notes and sources

3. Participants are likely to still be using and benefitting from assistive technology (as a capital investment) even if there are no costs incurred during a 12-month period.
4. To be eligible for the NDIS, a person must meet the disability requirements or the early intervention requirements. Disability requirements include that the disability is caused by an impairment, is likely to be permanent and significantly impacts the individual's ability to perform everyday activities and is likely to need NDIS support for life. Early intervention requirements are that the individual has an impairment that is likely to be permanent or are a child younger than 9 with development delay and that early intervention supports are likely to reduce their future support needs and be of benefit to the individual.
5. All supports funded in a NDIS participant's plan must meet the NDIS Reasonable and Necessary Criteria, which includes that the support will be effective for the participant and be related to their specific disability needs. Not all NDIS participants would necessarily have a reasonable and necessary requirement for assistive technology supports.
6. Time series analysis for the NDIS data presented here is different from the longitudinal approach taken in NDIS reporting. See [Data sources | National Disability Insurance Agency \(NDIA\)](#) for more details.
7. Data as at 30 June 2025. This is a three month lag to the latest quarter. Results may change as a result of lagged claims.

Source

National Disability Insurance Agency (NDIA) Business Systems.

Education and learning

Figure 6.1: Proportion of children enrolled in a preschool program in the YBFS with disability, 2018 to 2024, compared with the proportion of children aged 4 to 5 with disability in the community, 2024

Notes

1. The year before full-time schooling (YBFS) population is an estimate of a single year cohort for the population that will transition to full time schooling in the following year. The preschool starting age varies across jurisdictions (see table 3.1 in the 'Service overview' of SCRGSP 2024). The state-specific YBFS definition uses the preschool and school age entry provisions of the state or territory in which the child usually resides.
2. Data on children enrolled in preschool programs are for July/August in the respective year.
3. Data on representation in the community are sourced from: ABS Survey of Disability, Ageing and Carers. These data are comparable across jurisdictions.
4. 'Children with disability' refers to children who need additional assistance in any of the following areas (learning and applying knowledge; education; communication; mobility; self-care; interpersonal interactions and relationships; other – including general tasks, domestic life, community and social life) compared to children of a similar age, that is related to underlying long-term health condition or disability (long-term is longer than six months).
5. Estimated resident population data for children with disability are not available. For this reason, the proportion of children with disability enrolled in preschool is compared with the estimated prevalence of children with disability in Australia. Disability prevalence is sourced from the ABS Survey of Disability, Ageing and Carers (SDAC), the best source for this data.
6. While the best available sources have been used for this measure, care should be taken when comparing results as the data come from 2 different sources.
7. The YBFS population is an estimate of a single year cohort for the population that will transition to full-time schooling in the following year. Preschool starting age varies across jurisdictions and the YBFS population age range is specific to each state or territory. Data are not directly comparable across jurisdictions but are comparable across years for jurisdictions.

Sources

1. State and Territory governments (unpublished) as reported in SCRGSP (Steering Committee for the Review of Government Service Provision) 2020. Report on government services. Part B: child care, education and training. Chapter 3. Early Childhood Education and Care (ECEC).
2. State and Territory governments (unpublished) as reported in SCRGSP 2021. Report on government services. Part B: child care, education and training. Chapter 3. ECEC.
3. State and Territory governments (unpublished) as reported in SCRGSP 2022. Report on government services. Part B: child care, education and training. Chapter 3. ECEC.
4. State and Territory governments (unpublished) as reported in SCRGSP 2023. Report on government services. Part B: child care, education and training. Chapter 3. ECEC.
5. State and Territory governments (unpublished) as reported in SCRGSP 2024. Report on government services. Part B: child care, education and training. Chapter 3. ECEC.

Appendix B: Figure notes and sources

6. State and Territory governments (unpublished) as reported in SCRGSP 2025. Report on government services. Part B: child care, education and training. Chapter 3. ECEC.
7. Australian Bureau of Statistics 2024. Disability, Ageing and Carers, Australia: Summary of Findings, 2022, Cat. no. 4430.0, Canberra; ABS (unpublished).

Figure 6.2: Proportion of VET students with disability (aged 15–64), 2015 to 2023

Notes

1. Data includes domestic students aged 15–64 only.
2. VET refers to vocational education and training.
3. 'VET students with disability' refers to those who self-identify as having a disability, impairment or long-term condition.
4. Data for VET domestic student numbers has a relatively high proportion of students for whom disability status was unknown; results should be treated with some caution. In 2023, disability status was unknown for 12% of students, a drop since 2017 (15%).

Source

NCVER (National Centre for Vocational Education Research) 2024. Australian vocational education and training statistics: Total VET students and courses 2023: DataBuilder.

Figure 6.3: Proportion of undergraduate higher education students with disability aged 15 and over, 2011 to 2023

Notes

1. Includes domestic students aged 15 and over only.
2. Excludes domestic students with permanent home residence outside of Australia.
3. Based on Table A (Public universities) and Table B (Private universities that receive Commonwealth assistance) providers only.
4. 'Disability' refers to students who have indicated that they have disability, impairment or long-term medical condition which may affect their studies.
5. Data on disability status are based on self-identification. This means that if a student does not self-identify, the student is considered to be without disability for the purposes of the data collection.
6. The data collection method for Higher Education student data changed in 2020, including changes to detailed disability categories.
7. Between 2020 and 2022, the increase in the proportion and number of domestic undergraduate higher education students with disability (3 percentage points, or around 24,200 students) was substantially larger than previous increases seen in the historical data. The particularly large increase in 2022 is likely due to changes made to the detailed disability categories, related to the implementation of the Tertiary Collection of Student Information (TCSI) System, introduced in 2020 to improve data collection practices.

Appendix B: Figure notes and sources

8. Due to an issue related to implementation of the Tertiary Collection of Student Information (TCSI) System over its first year of operation in 2020, enrolment numbers for students with disability were substantially under-reported in the case of several universities. As it is not yet possible to correct this oversight, the entire series has been reported as received and the figures for some individual universities, and the aggregate figures for states and university sectors have been affected. This issue can be seen in the 2020 access, participation, and success indicators and the 2020 retention rates as reported in the 2021 data set. For this reason, caution should be taken when including 2020 enrolment data for students with disability in either annual, aggregate, or cross-institutional comparisons.

Source

Department of Education Higher Education Statistics Collection.

Figure 6.4: Qualification completion rate for VET students aged 15–64 with and without disability, cohorts 2015–2019 to 2019–2023

Notes

1. Observed actual completion rates for the cohort 2019–2023 are for qualifications that commenced in 2019 and were completed by 2023. The calculation assumes that enough time has passed for all students who were going to complete their qualification have done so.
2. Data includes domestic students aged 15–64 only.
3. VET refers to vocational education and training.
4. 'VET Students with disability' refers to students who self-identify as having disability, impairment or long-term condition.
5. These data on VET completion rates have a relatively high proportion of students for whom disability status was unknown, and results should be treated with some caution. For cohort 2019–2023, disability status was unknown for 16% of enrolled students. This was lower than the previous 3 cohorts: 19% in 2018–2022, 18% in 2017–2021, and 17% in 2016–2020.
6. While completion rates improved, the number of VET students with and without disability who completed their qualification dropped. The number of students with disability in cohort 2019–2023 who completed their qualification was 5.2% lower (or 2,488 fewer) than for cohort 2015–2019. For those without disability, it was 20% (or 131,611 fewer students).

Source

NCVER (National Centre for Vocational Education Research) 2024. Australian vocational education and training statistics: Total VET students and courses 2023, customised data request.

Figure 6.5: Proportion of students with disability aged 15 and over who completed a higher education qualification, cohorts 2005–2010 to 2018–2023

Notes

1. Includes domestic students aged 15 and over only.
2. Excludes domestic students with permanent home residence outside of Australia.

Appendix B: Figure notes and sources

3. Completion rates are 6-year rates for commencing students in a given year who completed their study within a 6-year period. For example, cohort 2018–2023 are students commencing in 2018 who completed their study in any year between 2018 and 2023.
4. Includes Table A (Public universities) and Table B (Private universities that receive Commonwealth assistance) providers only.
5. 'Disability' refers to students who have indicated that they have disability, impairment or long-term medical condition which may affect their studies.
6. The data collection method for Higher Education student data changed in 2020, including changes to detailed disability categories.
7. From July 2024, small discrepancies with the data previously released on these webpages are due to the adoption of new student ID concordances, exclusion of students with an 'unknown' citizenship, and revision of the methodology in calculating completion rates.
8. Of the student cohorts who had not completed their degree within the reported 6-year period, many are still engaged in their student, and have the potential to do so over a longer period. For data relating completions over a 9-year period, see [Fourth annual report | Data tables: Education and Learning](#).
9. The data presented for this measure do not consider that some students with disability may be studying part time, which is a factor in completion times. For the student population as a whole (that is, students with and without disability), lower completion rates may be observed in the older student cohort as they are more likely to be part-time students ([Department of Education 2017](#)).

Source

Department of Education Higher Education Statistics Collection.

Health and wellbeing

Figure 7.1: Number of potentially avoidable deaths of people with disability per 100,000 compared with people without disability per 100,000

Notes

1. Data for this measure comes from the National Health Data Hub (NHDH). For more information, see [Data source – National Health Data](#).
2. This analysis excludes measuring avoidable deaths and the population in WA/NT due to data availability. ACT data are currently excluded for 2021–22 due to a technical issue. Work is underway to resolve this.
3. People with disability include individuals who received disability-related government payments or services. People with disability aged 65 and over are under-represented. This does not represent all people with disability. As a result, people with disability who did not receive these disability-related government payments or services are counted under people without disability in these data. For more information, see [NDDA Disability Indicators Explanatory Notes](#).
4. Deaths registered in 2020 and earlier are based on the final version of cause of death data; deaths registered in 2021 are based on revised version; and deaths registered in 2022 are based on the preliminary version. Revised and preliminary versions are subject to further revision by the Australian Bureau of Statistics.
5. The potentially avoidable death criteria were not specifically designed for people with disability. This analysis uses a modification of the agreed method to calculate Potentially Avoidable Deaths ([National Health Agreement: PI 16 – Potentially avoidable deaths, 2024](#)). In this analysis, deaths must have occurred during admitted patient care or during an emergency department visit in addition to the agreed methodology.
6. Rates are expressed as the number of deaths per 100,000 population. Crude rates are calculated using the sum of resident populations at 30 June of the previous financial year, estimated from NHDH data. Residents of WA and NT are excluded.
7. Note that time series comparisons should be interpreted with care. An analysis of the impact of the COVID-19 pandemic on the rate of potentially avoidable deaths of people with disability compared with people without disability was beyond the scope of the ADS OF project at this time.
8. Research suggests that the established methodology for attributing a death as a potentially avoidable death can lead to misattribution of cause of death for people with disability and potential under-classification of deaths in the disability population as potentially avoidable deaths (lowering the rate for the disability population).
9. Validation work completed for the first-generation of NDDA disability indicators has found that the indicators do not capture older Australians with disability as well as other age groups. Older Australians (such as those aged 65 and over) are both more likely to have disability and a higher rate of potentially avoidable deaths. This underrepresentation potentially has inverse effects on the populations of both the people with disability and people without disability used in this analysis (lowering the overall rate of potentially

Appendix B: Figure notes and sources

avoidable deaths for the disability population and increasing the rate of potentially avoidable deaths for the non-disability population).

10. ACT data are currently excluded for 2021–22 due to a technical issue. Work is underway to resolve this.

Source

AIHW NHDH 2021–22, analysis of NHDH.

Figure 7.2: Number of GP-type emergency department presentations per 100,000 people with disability

Notes

1. Data for this measure comes from the National Health Data Hub (NHDH). For more information, see [Data source – National Health Data Hub](#).
2. This analysis excludes ED presentations and the population in WA/NT due to data availability.
3. People with disability include individuals who received disability-related government payments or services between 2020–21 to 2021–22. This does not represent all people with disability. People with disability aged 65 and over are under-represented. As a result, people with disability who did not receive these disability-related government payments or services are counted under people without disability in these data. For more information can be found here: [Disability Indicators Explanatory Notes | NDDA](#).
4. Only presentations to public hospital emergency departments were included.
5. GP-type presentations were identified based on the [National Healthcare Agreement \(2022\)](#) criteria for identifying GP-type ED presentations.
6. Rates are expressed as the number of GP-type ED presentations per 100,000 population. Crude rates are calculated using the sum of resident populations at 30 June of the previous financial year, estimated from NHDH data. Residents of WA and NT are excluded.
7. Note that time series comparisons should be interpreted with care. An analysis of the impact of the COVID-19 pandemic on the rate of GP-type presentations in people with disability was beyond the scope of the ADS OF project at this time.

Source

AIHW NHDH 2021–22, analysis of NHDH.

Figure 7.3: Number of involuntary hospital admissions per 100,000 people with disability

Notes

1. Data for this measure comes from the National Health Data Hub (NHDH). For more information, see [Data source – National Health Data Hub](#).

Appendix B: Figure notes and sources

2. This analysis excludes hospital admissions and the population in WA/NT due to data availability. ACT data are currently excluded for 2021–22 due to a technical issue. Work is underway to resolve this.
3. People with disability include individuals who received disability-related government payments or services between 2020–21 to 2021–22. People with disability aged 65 and over are under-represented. This does not represent all people with disability. As a result, people with disability who did not receive these disability-related government payments or services are counted as people without disability in these data. For more information can be found here: [Disability Indicators Explanatory Notes | NDDA](#)
4. Only admissions to public hospitals (including psychiatric hospitals) were included.
5. Involuntary admissions were identified where 'mental health legal status' was recorded as involuntary. Episodes where 'mental health legal status' was not reported were treated as voluntary. More information on this variable can be found here: [Episode of care—mental health legal status, code N](#)
6. Involuntary admissions were identified where 'mental health legal status' was recorded as 'involuntary'. Episodes where 'mental health legal status' was not reported were treated as voluntary.
7. Rates are expressed as the number of involuntary hospital admissions per 100,000 population. Crude rates are calculated using the sum of resident populations at 30 June of the previous financial year, estimated from NHDH data. Residents of WA and NT are excluded.
8. Note that time series comparisons should be interpreted with care. An analysis of the impact of the COVID-19 pandemic on the rate of involuntary hospital admissions of people with disability was beyond the scope of the ADS OF project at this time. Changes to state and territory legislation and data collection methods can result in changes in the recording of contacts or episodes with involuntary legal status.
9. This analysis excludes hospital admissions and the population from Western Australia and the Northern Territory due to data availability. For 2021–22 data, ACT data are unavailable.

Source

AIHW NHDH 2021–22, analysis of NHDH.

Community attitudes

Figure 8.1: Proportion of employers who value the contribution and benefits of employing people with disability, 2024

Notes

1. Restricted to people aged 18 and over who were employed at the time of interview and have been involved in hiring employees in the last 12 months.
2. Employer attitudes to people with disability are based on 6 questions about the benefits and value of employing people with disability. The measure is presented as a proportion of responses that are positive. Respondents who had non-valid responses to more than 2 questions are excluded from the calculation.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.
2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

Figure 8.2: Proportion of educators who are disability confident and respond positively to people with disability, 2024

Notes

1. Restricted to people aged 18 and over who were employed in the education industry at the time of interview.
2. Educator attitudes to people with disability are calculated based on 6 questions about the confidence in responding positively to people with disability and the ability to advise, assist or treat people with disability. The measure is presented as a proportion of responses that are positive. Respondents who had non-valid responses to more than 2 questions are excluded from the calculation.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.
2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

Figure 8.3: Proportion of health workers who are disability confident and respond positively to people with disability, 2024

Notes

1. Restricted to people aged 18 and over who were employed in the health industry at the time of interview.
2. Health professionals attitudes to people with disability are calculated based on 6 questions about the confidence in responding positively to people with disability and the ability to advise, assist or treat people with disability. The measure is presented as a proportion of responses that are positive. Respondents who had non-valid responses to more than 2 questions are excluded from the calculation.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.
2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

Figure 8.4: Proportion of personal and community support workers who are disability confident and respond positively to people with disability, 2024

Notes

1. Restricted to people aged 18 and over who were employed in residential care or social or community support sector at the time of interview.
2. Personal and community support workers attitudes to people with disability are calculated based on 6 questions about the confidence in responding positively to people with disability and the ability to advise, assist or treat people with disability. The measure is presented as a proportion of responses that are positive. Respondents who had non-valid responses to more than 2 questions are excluded from the calculation.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.
2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

Figure 8.5: Proportion of justice and legal workers who are disability confident and respond positively to people with disability, 2024

Notes

1. Restricted to people aged 18 and over who were employed in legal services sector or public order and safety sector at the time of interview.

Appendix B: Figure notes and sources

2. Justice and legal sector workers attitudes to people with disability are calculated based on 6 questions about the confidence in responding positively to people with disability and the ability to advise, assist or treat people with disability. The measure is presented as a proportion of responses that are positive. Respondents who had non-valid responses to more than 2 questions are excluded from the calculation.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.
2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

Figure 8.6: Proportion of people with disability who report feeling represented in leadership roles, 2024

Notes

1. Restricted to people with disability aged 18 and over who responded 'Yes' or 'No' to the question 'Do you feel that people with disability are well represented in leadership roles?'
2. For this measure, people with disability are those with disability or restrictive long-term health condition, regardless of whether they self-identify as having disability or a long-term health condition.

Sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.
2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.

Figure 8.7: Proportion of people with disability who report feeling valued and respected in their community, 2024

Notes

1. The measure was calculated as the number of people who answered 'Always' or 'Often' to 'In general, how often do you feel valued and respected in your community?', divided by the number of people who responded to the question. People who were not sure or did not provide a response were excluded from the calculation.
2. For this measure, people with disability are those who have, and self-identify as having, disability or a long-term health condition.

Sources

Appendix B: Figure notes and sources

1. DHDA (Department of Health, Disability and Ageing) 2025. Australia's Disability Strategy Survey – Share with us 2024, DHDA, AIHW analysis of unit record data, accessed 17 March 2025.
2. DSS (Department of Social Services) 2023. Australia's Disability Strategy Survey – Share with us 2022, DSS, DSS and AIHW analysis of detailed unit record data, accessed 24 July 2023.