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AIHW

People with disability in Australia

2019

in brief



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

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About *People with disability in Australia: in brief*

This 'in brief' provides an overview of key content from the AIHW's *People with disability in Australia* online report. Data presented are the most recent available at the time of publication.

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

People with disability in Australia

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

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

What is disability?

Disability is an umbrella term for impairments, activity limitations and participation restrictions; all of which can interact with a person's health condition(s) and environmental and/or individual factors.

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

What is meant by impairment?

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

What is meant by activity limitation?

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

What is meant by participation restriction?

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

How many people have disability?

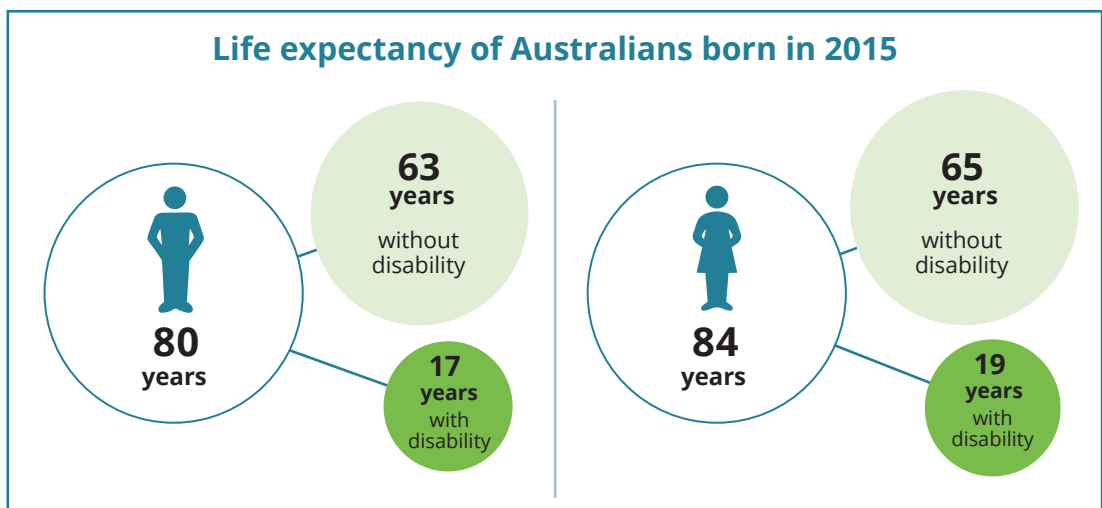
More than 4 million Australians have disability, or around 18% of the population. This is also known as the prevalence of disability.

People with disability are diverse—they have different types and severities of disability, come from all demographic and socioeconomic groups, and have varying needs for assistance. For example, of people with disability:

- **1 in 2** (49%) are **female**
- **1 in 5** (22%) have a **mental or behavioural disorder** as their main disabling condition, including:
 - 6.3% with intellectual or developmental disorders
 - 4.2% with mood affective disorders
 - 2.3% with dementia or Alzheimer's
- **1 in 3** (32%) have **severe or profound disability**
- **1 in 3** (29%) need help with **health care**
- **1 in 4** (27%) need help with **property maintenance**
- **1 in 4** (24%) need help with **household chores**
- **1 in 2** (48%) aged 5 and over have a **schooling or employment restriction** (2015).

The prevalence of disability increases with age. Around 1 in 8 (13%) people aged under 65 have some level of disability, rising to 1 in 2 (51%) for those aged 65 and over. This means that the longer we live, the more likely we are to experience some form of disability.

But there is some good news, with the disability-free life expectancy of Australians (that is, the estimated years we can expect to live without disability) increasing over time.





How healthy are they?

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

General and mental health










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

	Adults with disability ^(a)	Adults without disability ^(a)
 Self-assessed general health		
Very good or excellent	24%	65%
Good	34%	28%
Fair or poor	42%	7%
 Self-reported level of psychological distress (K10)		
Low or moderate	68%	92%
High or very high	32%	8%

(a) Living in households (2017–18).

Health risk behaviours

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

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







(a) Living in households (2017–18).

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

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

Barriers to accessing health services

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

 <p>Waiting times^(a)</p>	<p>1 in 5 (22%) who see a GP wait longer than they feel is acceptable to get the appointment</p> <p>1 in 4 (24%) wait 1 or more days after making an appointment to see a GP for urgent medical care</p> <p>1 in 2 (45%) on a public dental waiting list wait 1 month to more than 1 year for dental care</p>
 <p>Cost^(a)</p>	<p>1 in 5 (19%) delay or do not see a GP because of the cost</p> <p>1 in 4 (27%) do not see a medical specialist when they need to because of the cost</p> <p>2 in 3 (64%) delay seeing or do not see a dental professional because of the cost</p> <p>1 in 4 (24%) delay going or do not go to hospital because of the cost</p>
 <p>Communication between health professionals^(a)</p>	<p>1 in 6 (17%) who see 3 or more different health professionals for the same health condition report issues caused by lack of communication among them</p>
 <p>Discrimination^(b)</p>	<p>1 in 6 (17%) who have experienced disability discrimination in the last year said it was from health staff (GP, nurse or hospital staff)</p>
 <p>Accessing buildings^(c)</p>	<p>2 in 5 (38%) who had difficulty accessing buildings or facilities in the last year had difficulty accessing medical facilities (GP, dentist or hospital)</p>
 <p>Unmet need for health care^(c)</p>	<p>1 in 6 (17%) who need help with health care have their need only partly met or not met at all</p>

(a) Aged under 65 living in households (2015).

(b) Aged 15–64 living in households (2015).

(c) Aged 5–64 living in households (2015).

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

What social support is available?

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

What is meant by social support?

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

Specialist disability services

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

What are specialist disability support services?

Specialist disability support services may include:

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

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

Government-funded specialist disability support services are largely provided through either the National Disability Insurance Scheme (NDIS) or under the National Disability Agreement (NDA). Most people using services under the NDA are expected to progressively transition to the NDIS as it rolls out across Australia. The NDIS is expected to support around 475,000 people (including 460,000 aged under 65) once it is fully rolled out in 2020.

How many people receive specialist disability services?



Who receives specialist disability support services?

	NDA service users (2017-18)	NDIS participants (at 30 June 2018)
Aged 18 and under	18%	47%
Male	58%	62%
Aboriginal or Torres Strait Islander	5.9%	5.6%
Intellectual primary disability (including autism)	22%	57%
Psychiatric/psychosocial primary disability	25%	7.8%

Do people get the help they need?

Based on self-reported survey data, an estimated 39% of people with disability living in households need assistance from formal service providers. These formal providers are most often private commercial organisations (for 64% of those receiving formal assistance) or government providers (46%) (people may receive support from more than 1 provider).

Most (87%) people with disability who need formal assistance with at least 1 activity receive some support. The majority of these are satisfied with the quality of service (85%) and the range of services available (74%).

These data are provided for context and are not intended to evaluate specialist service provision under the NDIS or the NDA. It is important to note that: the latest available survey data are from 2015, which pre-dates the main rollout of the NDIS; not all formal services are specialist services; and formal services may or may not receive government funding.

NDIS outcomes framework

The NDIS outcomes framework questionnaires collect information on eight life domains from participants, their families and their carers using a lifespan approach, and provide some measures of the medium- to long-term benefits to participants. This includes asking whether the NDIS has helped with various aspects of life. For example, from transition to 30 June 2018:

- for parents and carers of child participants aged 0 to before starting school, 89% thought the NDIS had improved their child's access to specialist services
- for families and carers of participants aged 0-14, 61% considered that the NDIS had improved the level of support for their family
- for participants aged 25 and over, 71% indicated that the NDIS had helped them with the activities of daily living (that is, how independent they are in 9 areas of daily living, such as shopping and home cleaning).

Younger people in residential aged care

Government-subsidised aged care in Australia is provided on the basis of need, rather than age. As such, sometimes even very young people take up permanent residential aged care to meet their care needs. While for some people this is a setting of choice, generally, younger people are considered to be better served by other services to provide for their long term needs.

On a given day, about 6,000 younger people (aged under 65) are in permanent residential aged care (or 3.3% of people in permanent residential aged care at 30 June 2018).

On entry:

- **1 in 5** (22%) have limitations in **all 4 core activities**, such as self-care (88%) and moving around (77%)
- **2 in 3** (66%) have limitations in **all 6 recorded 'other' activities**, such as transport (93%), social and community participation (92%) and health care (92%)
- **1 in 6** (16%) have limitations in **all 10 recorded activities** (2013–14).

Activity limitations in aged care

In an Aged Care Assessment Program (ACAP) assessment, a person is considered to be limited in a particular activity if they have difficulty carrying out the activity and require another person to assist or supervise. The 10 recorded activity limitations can be divided into 'core' and 'other' activities:

- **Core activities**—consist of self-care (daily tasks to do with, for example, eating, dressing and toileting), communication, movement (for example, changing position or moving from chair or bed) and moving around (walking or otherwise moving between places at or away from home).
- **Other activities**—consist of health-care tasks (for example, taking medications or managing chronic health issues), transport (driving or use of public transport), social and community participation (including shopping, financial management and recreational activities), assistance in domestic activities (managing household chores), meal preparation and home maintenance (such as basic house repairs and gardening).

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

How many experience discrimination?

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

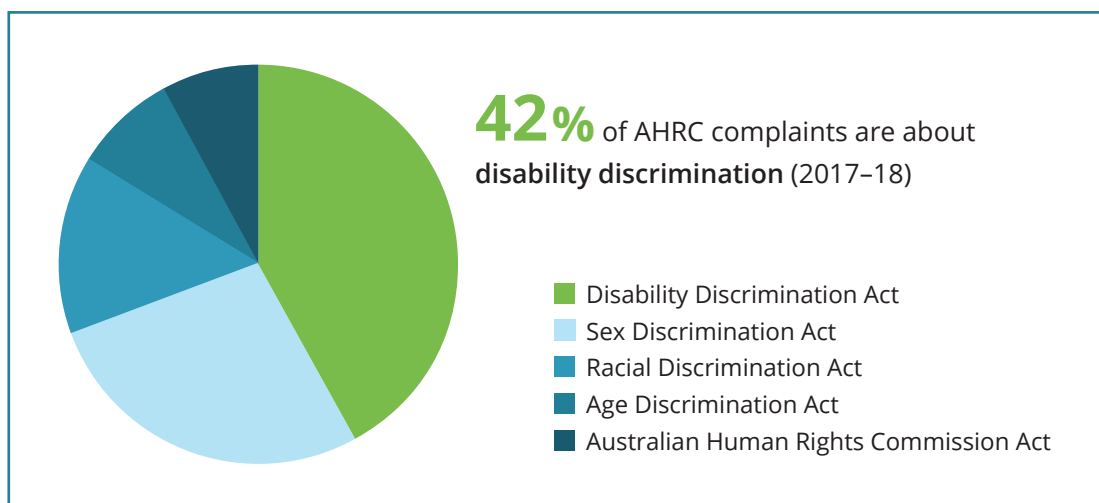
What is disability discrimination?

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

In the last year, of people aged 15 and over with disability living in households, an estimated:

- **1 in 4** (23%) have experienced **some** form of **discrimination** (including disability discrimination), compared with 1 in 6 (17%) without disability (2014)
- **1 in 11** (9%) have experienced **disability discrimination** (or 281,000 people) (2015)
- **1 in 3** (32%) have **avoided situations** because of their disability (or over 1 million people) (2015)
- **1 in 3** (29%) have had **difficulty accessing buildings or facilities** (or 371,000 people) (2015)
- **1 in 6** (17%) have had **difficulty using public transport** (or 633,000 people) (2015).

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



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

	People with disability who experienced disability discrimination in the last year ^(a)	People with disability who did not experience disability discrimination in the last year ^(a)
Avoided situations in the last year	79%	27%
Self-reported poorer health ('fair' or 'poor')	53%	33%
Self-reported a high or very high level of psychological distress ^(b)	63%	27%
Are unemployed ^(c)	12%	4.5%
Have a low level of income	75%	69%

(a) Living in households (2015).

(b) Aged 18 and over.

(c) Aged 15–64.

How many experience violence?

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

Adults who have experienced...	With disability ^{(a)(b)}	Without disability ^(b)
violence at some point after age 15	47% (2.7 million)	36% (4.5 million)
abuse at some point before age 15	20% (1.1 million)	11% (1.3 million)
sexual violence at some point after age 15	16% (935,000)	9.6% (1.2 million)
physical violence at some point after age 15	43% (2.5 million)	32% (4.0 million)
intimate partner violence at some point after age 15	21% (1.2 million)	13% (1.7 million)
emotional abuse ^(c) at some point after age 15	26% (1.5 million)	17% (2.1 million)
sexual harassment in their lifetime	43% (2.5 million)	37% (4.7 million)

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

(b) Living in households.

(c) From a current or previous partner.

What is their housing situation?

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

Most (95%) Australians with disability live at home or in the community (in private dwellings); the remaining 5% live in cared accommodation. People with severe or profound disability (14%) are more likely than others with disability (close to 0%) to live in cared accommodation.

What is cared accommodation?

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

Almost two-thirds (64%) of people with disability own their home—either with (23%) or without (41%) a mortgage. Close to one-third (29%) are renting, and 5% live rent-free.

Security of tenure

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

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

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

Landlord	With disability ^(a)	Without disability ^(a)
Real estate agent	41%	60%
State or territory housing authority	20%	5%
Parent or other relative living in the same dwelling	11%	10%
Other person not in same dwelling	11%	13%

(a) Living in households (2015).

How affordable are rental properties?

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

- 31% of income units receiving Commonwealth Rent Assistance (CRA) (at 30 June 2018) who had at least 1 member receiving the Disability Support Pension (DSP) are in rental stress after receipt of CRA (that is, paid more than 30% of their gross household income on rent); without CRA, 71% of these income units would be in rental stress. This compares with 40% in rental stress after receipt of CRA and 68% in rental stress without CRA for all income units receiving CRA.
- An Anglicare report on affordable housing found that only 0.5% of rental properties advertised in Australia on a selected weekend in 2019 were affordable and appropriate to single people aged 21 and over receiving the DSP, compared with 2.2% for a single person on minimum wage.

Housing affordability

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

How many receive housing assistance?

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

What is housing assistance?

Housing assistance is generally provided through:

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

In addition to mainstream housing assistance, there are several initiatives aimed specifically at people with disability. These include Specialist Disability Accommodation (SDA) provided through the NDIS to participants with extreme functional impairment or very high support needs who meet specific eligibility criteria. It is estimated that up to 28,000 participants who have a significant functional impairment and/or very high support needs will be eligible for SDA once the NDIS implementation is complete.

How many are in social housing?

Over 2 in 5 (42% or about 152,000) social housing households include a person with disability (at June 2018).

What is social housing?

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

How many receive CRA?

One in 5 (20% or about 259,000) CRA recipients receive income support via the Disability Support Pension (DSP) (at June 2018).

What is CRA?

Commonwealth Rent Assistance (CRA) is an Australian Government payment, received by people on low or moderate incomes who are renting in the private housing market, to assist with the cost of housing.

How many receive specialist homelessness services?

Around 1 in 11 (9.3% or 23,400) people who use specialist homelessness services have disability (referred to as SHS clients with disability)(in 2017–18). Around 1 in 3 (34% or 7,900) of these have severe or profound disability.

What are specialist homelessness services?

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

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

Risk factors for experiencing or remaining homeless	SHS clients with disability	SHS clients without disability
Has a mental health issue	62%	35%
Began support homeless (rather than at risk of homelessness)	45%	41%
Has experienced domestic or family violence	32%	39%
Misuses drugs or alcohol	22%	12%
Has experienced repeat homelessness	6%	3%

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

- higher average number of support periods received (2.6 compared with 1.7)
- higher median length of support (75 days compared with 44 days)
- higher average number of distinct services needed (14.6 compared with 9.6).

Housing outcomes for SHS clients with disability generally improve following support, with fewer homeless when they leave support. Overall, almost half (46%) of SHS clients with disability are homeless when they start support, compared with one-third (33%) at the end of support.

How many are studying?

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

An estimated 90% of children aged 5–18 with disability go to primary or secondary school—the same as children without disability. However, people with disability aged 15–64 are less likely to be studying for a non-school qualification (10%) than people without disability (15%).

Most (86%) school students with disability go to a mainstream school, while 14% go to a special school. School students with severe or profound disability (26%) are far more likely than other students with disability (3.6%) to go to a special school.

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

	With disability ^(a)	Without disability ^(a)
Aged 15–64 who left school before age 16 ^(b)	19%	11%
Aged 20 and over who have completed Year 12	32%	62%
Aged 20 and over who have a Bachelor degree or higher	15%	31%

(a) Living in households (2015).

(b) Who acquired disability before age 15.

Not all students with disability who need support with their education receive it.

	Primary and secondary school students with disability ^(a)	Students with disability studying for a non-school qualification ^(b)
Do not receive or need support	33%	74%
Do not receive support but need it	9.3%	7.6%
Receive support but need more	23%	7.3%
Receive support and do not need more	35%	12%

(a) Aged 5–18 living in households (2015).

(b) Aged 15–64 living in households (2015).

How many are employed?

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

What is meant by economic security?

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

Over 1 million working-age (aged 15–64) people with disability participate in the labour force through work or looking for work. But some people with disability face challenges seeking and engaging in employment. This is reflected in their lower rates of labour force participation and employment, higher rates of unemployment and longer duration of unemployment.

	Working-age people with disability ^(a)	Working-age people without disability ^(a)
Labour force participation rate	53%	83%
Employment rate	48%	79%
Unemployment rate	10%	5%
Unemployed for at least 1 year ^(b)	30%	15%
Employed full time ^(c)	56%	68%
Employed part time ^(c)	44%	32%
Underemployed ^(c)	11%	8.1%

(a) Living in households (2015).

(b) 52 weeks or more.

(c) Percentage of those employed.

Labour force participation rate

The labour force participation rate is the sum of the working-age population who are employed or unemployed and looking for work as a percentage of the working-age population.

Employment rate

The employment rate (employment-to-population ratio) is the sum of the working-age population who are employed as a percentage of the working-age population.

Unemployment rate

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

Underemployment

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

Most employed (88%) and unemployed (80%) working-age people with disability do not require additional support from their employer to work. Similarly, 83% of employed working age people with disability do not need time off from work because of their condition(s).

How difficult is it to find work?

Most (95%) working-age people with disability who are unemployed or not in the labour force report at least 1 difficulty finding work. The most common reason is their ill health or disability (44%). This is followed by too many applicants for available jobs (25%), lacked necessary skills or education (23%), and insufficient work experience (18%).

What is their main source of income?

Just over 4 in 10 (41%) working-age people with disability are permanently unable to work because of their condition(s), and some who do work do not have adequate income.

What is income support?

Income support is a payment provided by government to help with living costs. People with disability who need help with living costs may access disability-specific payments (such as the Disability Support Pension (DSP)) as well as other payments (such as Newstart Allowance).

Although most people aged 15 and over with disability have some source of income (95%), this is more likely to be from income support than salary or wages.

Main source of income	With disability ^(a)	Without disability ^(a)
Income from salary or wages	24%	69%
Aged 15–24	45%	79%
Aged 25–64	40%	77%
Aged 65+	3.7%	11%
Income from income support	59%	15%
Aged 15–24	49%	14%
Aged 25–64	46%	8.7%
Aged 65+	75%	56%

(a) Living in households (2015).

How many receive DSP?

Around 757,000 people aged 16 and over receive DSP (at June 2018). Most (90% or over 684,000) of these are aged 16–64.

What is DSP?

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

Who receives DSP?

4.3%
of the Australian
population aged 16–64
receive DSP



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



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



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



DSP recipients tend to stay on DSP for a long time, with very few moving onto other payments or exiting the income support system. At June 2018, 80% of recipients aged 16–64 had been on DSP for at least 5 years, 50% for 10 or more years.

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

- 58% were still receiving DSP
- 23% had moved onto the Age Pension
- 1% had moved to other payments (other than the Age Pension)
- 4% were not on income support
- 13% had died.

What is their level of income?

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

People aged 15 and over with disability generally have a lower level of personal income than those without disability.

Level of personal income	With disability ^(a)	Without disability ^(a)
Low income (\$360 or less per week)	35%	29%
Mid income (\$361 to \$1,054 per week)	51%	36%
High income (\$1,055 or more per week)	14%	35%

(a) Living in households (2015).

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

Level of household income	Household with a person with disability	Household without a person with disability
Low income (\$502 or below per week)	37%	19%
Mid income (\$503 to \$1,151 per week)	45%	44%
High income (\$1,152 or more per week)	18%	37%

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

Level of family income	Families with a parent with disability ^(a)	Families without a parent with disability ^(a)
Low income (\$525 or below per week)	29%	17%
Mid income (\$526 to \$1,221 per week)	52%	48%
High income (\$1,222 or more per week)	19%	35%

(a) Living in households (2015).

Families with a child with disability are more likely to have a low level of family income.

Level of family income	Families with a child with disability^(a)	Families without a child with disability^(a)
Low income (\$525 or below per week)	27%	18%
Mid income (\$526 to \$1,221 per week)	52%	49%
High income (\$1,222 or more per week)	21%	34%

(a) Living in households (2015).

What are the key data gaps?

People with disability in Australia brings together information from a range of national data sources to contribute to a greater understanding of disability in Australia. Although much is known about how people with disability experience daily life, critical data gaps remain. For example, there is a lack of information on:

- what services people with disability use (across mainstream and specialist areas), and how coordinated, timely and effective they are
- how much contact people with disability have with the justice and child protection systems, both as victims and as offenders
- how the experience of disability and support services varies by location or for vulnerable groups; such as lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+), Indigenous and remote populations
- the pathways, impacts and outcomes for people with disability; for example, how successful is the transition from school to further education or employment
- unmet need for services (within and outside of the NDIS)
- the quality and sustainability of the disability workforce.

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

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


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

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

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

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Stronger evidence,
better decisions,
improved health and welfare