3 Disability in Australia

This chapter presents a picture of people with disabilities in Australia, and the barriers that they face in their everyday lives. It draws heavily on survey data. The most recent substantial survey about people with disabilities, the Survey of Disability, Ageing and Carers (SDAC), was conducted by the ABS in 1998. A survey was conducted in 2003, but the results will not be available until July 2004. One of the main objectives of the 1998 survey was to measure the prevalence of disability in Australia and subsequent need for assistance (Australian Institute of Health and Welfare (AIHW), sub. DR272). A more recent source of information is the survey of Household, Income and Labour Dynamics in Australia (HILDA), which was run in 2001 and 2002. HILDA identifies people with disabilities, but it contains only limited information about the nature of their disabilities and their implications. Although providing more recent observations, it is an imperfect match to the SDAC, and is not used in this chapter. It is, however, used in other parts of this report to provide more recent insight into outcomes for people with disabilities.

3.1 Disability

The results of the SDAC show that 3.6 million people in Australia had a disability in 1998, or 19.3 per cent of the total population (ABS 1999b). However, the proportion of the Australian population covered by the *Disability Discrimination Act 1992* (DDA) is larger than these figures suggest because the definition of disability adopted in the Act is broader than that used for the SDAC (box 3.1).

The 1998 SDAC collected information about the cause, nature and severity of disabilities. The relationships between these characteristics of disability, and the terms used to describe them by the ABS, are illustrated in figure 3.1.

The World Health Organization's International Classification of Impairments, Disabilities and Handicaps (ICIDH) is the framework in which the presence of disability and level of restriction have been identified in ABS disability surveys to date. This classification has, however, been superseded by the International Classification of Functioning, Disability and Health (ICF). This defines functioning and disability as relating to body structures and functions of people, activities and areas of life in which they participate, and environmental and personal factors that affect their experiences, with each of these defined in the context of health

conditions (AIHW, sub. DR272; see also chapter 2). In other words, the ICF defines disability as the interaction between health conditions, and environmental (physical, social and attitudinal) and personal factors (NCSDC 2004). The ABS (pers. comm., 14 April 2004) has indicated that it will process, categorise and present data for the next SDAC in a format consistent with the ICF, although the screening questions have not changed. Applying the 1998 SDAC data to the ICF framework, 3.6 million Australians had an impairment (that is, problems in body function and structure), 3.1 million had activity limitations, and 1.8 million had participation restrictions (that is, problems with involvement in life situations) (AIHW, sub. DR272).

Box 3.1 **Different definitions of disability**

The definition of disability used by the ABS in the 1998 Survey of Disability, Ageing and Carers (SDAC) was narrower than that in the *Disability Discrimination Act 1992* (DDA) (see chapter 4), which means the survey underestimated the number of people to whom the DDA might apply.

In the SDAC, a person was deemed to have a disability if they answered 'yes' to a screening question about whether they had one of a number of specific impairments or restrictions, or 'any other long-term condition resulting in a restriction in everyday activities'. Although the last criterion was relatively broad, the screening question also required the disability to be current, last for six months or more and affect everyday activities. The DDA has no duration or effect requirements and states that the disability can occur in the past, the present or the future.

The SDAC used self-identification of disability, based on individual responses to the questions asked (unless the respondent was incapable of participating in the survey, in which case a third party responded on that person's behalf). However, self-identification does not allow for the possibility that the disability is simply a perception by other people, which is covered in the DDA.

Types of disability

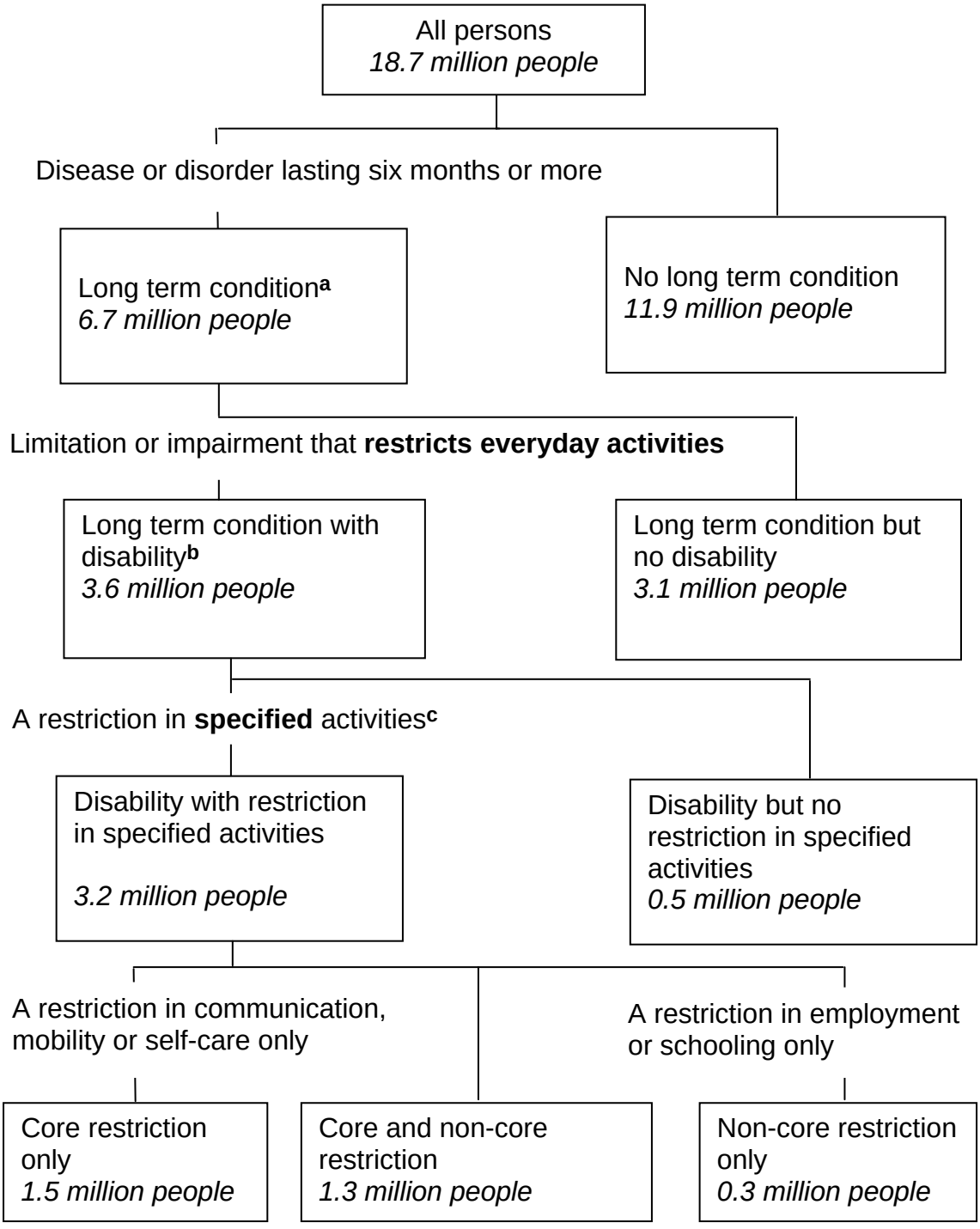
People with disabilities differ in the type of their disability, the manner in which it affects them and its implications for their everyday lives. The following views from inquiry participants reflect this diversity of experiences:

> … people with disabilities are living in the same world as the rest of us, however, the nature of this world can be a vastly different one. The most obvious reason for this is the disability itself—its type, severity, implications and so on. But there is also a wide range of other influences impacting on the experience of disability. (Disability Services Victoria, quoted in Andrew Van Diesen, sub. 93, pp. 9–10).

> People with disabilities are not a homogenous group. They are people of different ages, languages, races and cultures; different genders, experiences, lifestyles and choices. They have a diverse range of incomes, histories, and political and social commitments.

They may understand, describe and identify with disability in different ways. (Joe Harrison, sub. 55, p. 2)

Figure 3.1 **Relationships among ABS terminology for disability, 1998**

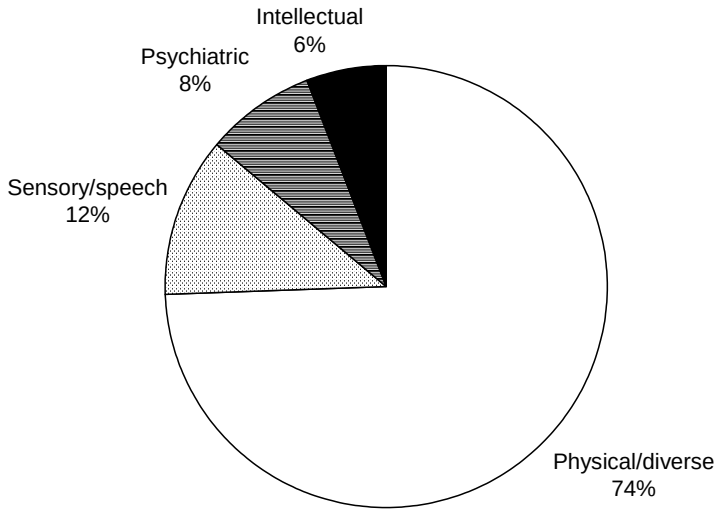


a For example, diabetes or arthritis. **b** For example, loss of sight or incomplete use of legs. **c** The specified activities are: communication, mobility and self-care ('core' activities), as well as employment and schooling ('non-core' activities).

Data sources: ABS 1999b, cat. no. 4430.0; Productivity Commission estimates based on unpublished data from ABS 1999b, cat. no. 4430.0; Wilkins 2003.

The definition of disability in the DDA includes a broad range of impairments, diseases and disorders (see chapter 4). Even though a person's experience of disability will vary depending on the exact nature of their impairment, it can be useful to classify disabilities into a small number of broad groupings. One way to classify disability types, as suggested by the AIHW (sub. DR272), is by using the disability grouping of the National Community Services Data Dictionary (NCSDD), which is consistent with the ICF and can be constructed from the SDAC (NCSDC 2004). The 'higher level' grouping of the NCSDD is represented by four terms: 'physical/diverse',[1] 'sensory/speech', 'psychiatric', and 'intellectual'. The prevalence of these broad types of disability is shown in figure 3.2.

Figure 3.2 **People with disabilities, by main condition,[a] 1998**



[a] **Physical/diverse**: infectious and parasitic diseases; neoplasms (cancers and tumours); diseases of the blood and blood forming organs; endocrine, nutritional and metabolic disorders; diseases of: the nervous, circulatory, respiratory, and digestive system, skin and subcutaneous tissue, musculoskeletal system and connective tissue, and genitourinary system; congenital malformations, deformations and chromosomal abnormalities (spina bifida, deformities of joints/limbs—congenital; other congenital/chromosomal/ abnormalities); breathing difficulties/shortness of breath; pain nfd; blackouts, fainting, convulsions nec; other symptoms and signs nec; injury, poisoning and certain other consequences of external causes; limited use of arms or fingers; difficulty gripping or holding things; limited use of feet or legs; restriction in physical activity or physical work; all other conditions. **Sensory/speech**: diseases of the eye and adnexa; diseases of the ear and mastoid process; speech impediment, unspecified speech difficulties. **Psychiatric**: mental and behavioural disorders; neurotic, stress-related and somatoform disorders; other mental and behavioural disorders. **Intellectual**: intellectual and developmental disorders; (other) developmental disorders including autism and related disorders; ADD/hyperactivity; Down's syndrome. **nec** not elsewhere classified. **nfd** not further defined.

Data source: Productivity Commission estimates based on unpublished data from ABS 1999b, cat. no. 4430.0.

1 NCSDC (2004, p. 70) defines physical/diverse disability as being 'associated with the presence of an impairment, which may have diverse effects within and among individuals, including effects on physical activities such as mobility'.

In 1998, the most common of the broad types of disability was physical/diverse. Physical/diverse conditions affected almost 2.7 million people—that is 74.0 per cent of people with disabilities (figure 3.2).

Under this approach, disabilities are grouped according to medical diagnosis (or main long term condition), instead of symptoms (or disabilities). This creates clear-cut distinctions between types and removes the possibility of double-counting in estimating prevalence. Depending on the purpose for grouping disabilities, however, other approaches are possible using the SDAC data—for example, grouping disabilities according to whether they are multiple or whether they affect communication (Wilkins 2003).

Types of restrictions and their severity

In 1998, almost 3.2 million people with disabilities were restricted in one or more specific activities (table 3.1), representing 16.9 per cent of the Australian population and 87.4 per cent of people with disabilities. Of this total, over 2.8 million people were restricted in communication, mobility and/or self-care (known as core restrictions). The most common type of core restriction related to mobility, which affected 2.5 million people, or 13.6 per cent of the Australian population. Almost 1.7 million people were restricted in schooling or employment (known as non-core restrictions)—of these, 1.5 million were restricted in employment (11.8 per cent of Australia's working-age population in 1998), and 0.2 million were restricted in schooling (5.8 per cent of the school-age population). Over 1.3 million people were restricted in both core and non-core activities. Thus, 0.3 million were restricted in non-core activities only.[2]

As noted by the Disability Services Commission, Western Australia (sub. DR360), people with disabilities may also face restrictions in areas of life other than those specified in the ABS survey—such as social participation, coping with emotions or managing behaviour, and independent living. Thus, this estimate of restriction may underestimate the proportion of people with disabilities who face restrictions in everyday life.

The relationship between different disability types and the nature of restriction experienced is illustrated in table 3.1. People with intellectual disabilities are particularly restricted in the activities (core and non-core) included in the ABS survey. According to the Disability Services Commission, , Western Australia, this group is also significantly restricted in other areas of activity, such as social interaction (sub. DR360). The high degree of difficulty faced by people with

2 Rounding errors create a discrepancy between these subtotals and the total.

intellectual disabilities in their everyday lives prompted some inquiry participants to argue that a different approach is needed for these people. Robert and Pauline Atkins said:

> We have strong views on the matter of distinguishing between intellectual and other forms of disabilities … they should be handled differently … (sub. 26, p. 1)

Table 3.1 **Types of disability,[a] by restriction, 1998**

	Disability					
Restrictions	*Physical/ diverse*	*Sensory/ speech*	*Psychiatric*	*Intellectual*	*All people with disabilities*	
	%	%	%	%	%	'000
Core[b]						
Profound	13.1	8.2	30.2	30.0	14.9	537.8
Severe	17.3	11.6	15.9	18.4	16.6	598.7
Moderate	21.4	7.9	11.7	7.9	18.3	659.4
Mild	28.4	41.5	19.9	15.4	28.5	1030.6
Total core	*80.3*	*69.2*	*77.7*	*71.7*	*78.3*	*2826.5*
Total non-core[c]	*46.1*	*24.9*	*51.2*	*81.1*	*46.0*	*1661.6*
Core and non-core[d]	*38.1*	*17.4*	*38.7*	*58.8*	*36.9*	*1333.2*
One or more restrictions[e]	88.3	76.6	90.2	94.0	87.4	3154.9
No restrictions	11.7	23.4	9.8	6.0	12.6	455.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**3610.0**

a Disability reported as main condition. **b** Core restrictions relate to communication, mobility and/or self-care. **c** Non-core restrictions relate to schooling or employment. **d** This category is a subset of the two preceding rows—for example, some people in the total core category also have a non-core restriction (and vice versa). **e** This category contains people with core or non-core restrictions.

Source: Productivity Commission estimates based on unpublished data from ABS 1999b, cat. no. 4430.0.

Ninety-four per cent of people with an intellectual disability had a specific restriction of some kind, which was a greater percentage than for any other type of disability. People with an intellectual disability also had the greatest amount of overlap between the two broad types of restriction, with 58.8 per cent having restrictions in schooling or employment as well as in communication, mobility and/or self-care. People with an intellectual disability had the greatest proportion with restrictions in schooling or employment (81.1 per cent), while people with a physical/diverse disability had the greatest proportion with core restrictions (80.3 per cent).

Core restrictions are also measured by their severity—that is, the degree of difficulty experienced, or assistance required, by a person to perform activities. A far greater proportion of people with a psychiatric or intellectual disability required constant help (profound restriction) or frequent help (severe restriction) to carry out communication, mobility and/or self-care activities, compared with people with a

physical/diverse disability. That is, 46.1 per cent of people with a psychiatric disability and 48.4 per cent of people with an intellectual disability had a profound or severe core restriction,[3] compared with 30.4 per cent of people with physical/diverse disability.

In contrast, people with sensory/speech disabilities seemed the least restricted group in the activities surveyed by the ABS. This group had the largest proportion with either no restrictions (23.4 per cent) or only mild core restrictions (41.5 per cent). People with sensory/speech disabilities also tended to be far less restricted in schooling and employment alone (24.9 per cent), relative to people with other types of disability.

Prevalence of disability

The prevalence of disability refers to the proportion of people in a group—say an age group or Australia-wide—who have a disability. The prevalence of disability varies with age, gender and State or Territory of residence.

Age and gender

The prevalence of disability increases with age. In 1998, it ranged from 6.7 per cent of people aged 0–9 years, to 73.6 per cent of people aged 80 or more years (table 3.2).

The prevalence of disability also varies by gender (table 3.2). In 1998, men had a slightly higher overall rate of disability than that of women (19.6 per cent compared with 19.1 per cent), and the disability rate for men was higher or similar to that of women across most age categories, the main exception being the eldest category. Reflecting differences in longevity, approximately twice as many women as men aged 80 years or more had a disability.

State or Territory of residence

In 1998, the disability rate varied by 9 percentage points across the States and Territories, from 13.3 per cent in the Northern Territory to 22.4 per cent in South Australia (table 3.3). However, the disability rate for the Northern Territory is probably underestimated because the SDAC did not survey people living in remote

[3] Using a broader definition of intellectual disability—'intellectual restricting impairment', as used in another ABS publication—results in a significantly higher proportion having profound core activity restrictions than reported here (Disability Services Commission, Western Australia, sub. DR360, p. 2).

areas of Australia. (The largely Indigenous population in remote areas accounts for 20 per cent of the Northern Territory population.) Although nationally comparable data on the prevalence of disability in the Indigenous population are not available, some research has found it has higher rates of disability than those of the rest of the population (SCRGSP 2003).

Table 3.2 **Disability by age and gender, 1998**

Age	*Male*		*Female*		*All people with disabilities*	
	’000	%	’000	%	’000	%
0–9	108.3	8.1	65.0	5.1	173.3	6.7
10–19	146.7	10.9	84.0	6.6	230.7	8.8
20–29	144.4	10.1	121.2	8.7	265.6	9.4
30–39	196.7	13.6	170.3	11.7	366.9	12.7
40–49	238.2	17.7	247.2	18.4	485.3	18.0
50–59	295.5	28.8	283.6	28.7	579.1	28.7
60–69	299.0	42.8	260.7	36.4	559.7	39.6
70–79	264.7	55.0	305.8	51.5	570.5	53.0
80+	127.6	71.5	251.1	74.8	378.8	73.6
Total	**1821.1**	**19.6**	**1788.9**	**19.1**	**3610.0**	**19.3**

Source: Productivity Commission estimates based on unpublished data from ABS 1999b, cat. no. 4430.0.

Table 3.3 **Disability and restriction rates across the States and Territories, 1998**

States	*Disability*		*Restriction*[a]	
	Actual	*Standardised*[b]	*Actual*	*Standardised*[b]
	%	%	%	%
New South Wales	19.3	19.0	16.9	16.6
Victoria	18.0	17.8	15.9	15.7
Queensland	19.9	20.4	17.3	17.8
South Australia	22.4	21.4	19.9	18.9
Western Australia	19.5	20.4	16.8	17.6
Tasmania	22.3	21.7	19.2	18.7
Northern Territory[c]	13.3	18.3	11.2	16.1
ACT	17.2	19.8	14.2	16.7
Total	**19.3**	**19.3**	**16.9**	**16.9**

[a] Restriction in communication, mobility, self-care, education and/or employment. [b] Age distributions in the different States and Territories standardised to that of the Australian population. [c] The SDAC did not survey people living in remote areas of Australia. This exclusion is likely to affect the disability rate for the Northern Territory, as 20 per cent of its population lives in remote areas.

Source: ABS 1999b, cat. no. 4430.0.

The variation in disability rates is partly attributable to the differences in the age structure of the people living in different States and Territories. If the same age distribution as that of the Australian population were to apply in all States and Territories, then the variation in the disability rate would fall to 3.9 percentage points, with the lowest rate in Victoria (17.8 per cent) and the highest rate in Tasmania (21.7 per cent). A similar contraction would occur for restriction rates. Standardisation to the average Australian age structure would reduce the difference in the restriction rate across the States and Territories from 8.7 percentage points to 3.2 percentage points. (South Australia would have the highest in both actual and standardised rates, while the actual rate would be lowest in the Northern Territory, and the standardised rate lowest in Victoria.)

Characteristics of people with disabilities

On average, people with disabilities are socially and economically disadvantaged, relative to people without a disability. In particular, in the areas of employment, income, education, housing and welfare, they have less favourable outcomes than those of people without a disability (table 3.4).

Table 3.4 **Selected characteristics of people with disabilities, 1998**

Characteristic	*People with disabilities*		*People without a disability*	
	'000	%	'000	%
In the labour force	1100.2	53.2	8316	80.1
Unemployed	126.8	11.5	652.7	7.8
Top 40 per cent of income distribution	595.2	28.8	4592.9	44.2
Post-school qualification	897.6	43.4	4863.2	46.8
Completed year 12	561.1	27.1	4556.4	43.9
Left school before age 15	394.5	19.1	710.6	6.8
Never attended school	8.4	0.4	11.5	0.1
Lives in a non-private dwelling	33.4	1.6	111.6	1.1
Public housing tenant	170.7	8.3	270.2	2.6
Principal source of cash income was government pension or allowance	1767.2	48.9	2545.2	16.9

Sources: ABS 1999b, cat. no. 4430.0; Productivity Commission estimates based on unpublished data from ABS 1999b, cat. no. 4430.0.

Relative to people without a disability, people with disabilities are:

- less likely to be in the labour force and, if in the labour force, more likely to be unemployed (see chapter 5 and appendix A)
- less likely to be in the top 40 per cent of the income distribution (see chapter 5)

- more likely to have a government pension or allowance as a principal source of cash income
- less likely to have a post-school qualification or to have completed year 12, and more likely to have left school before 15 years of age or to have never attended school (see chapter 5 and appendix B)
- more likely to live in a non-private dwelling (which, in this context, is mainly institutional accommodation) and, if in private accommodation, more likely to rent public housing.

3.2 Trends in the prevalence of disability

The number of people with disabilities in Australia has increased over time, as has the proportion of the Australian population with disabilities.

Information about the prevalence of disability over time is available from successive SDACs for 1981, 1988, 1993 and 1998. These surveys suggest that the disability rate rose by 6.1 percentage points, from 13.2 per cent in 1981 to 19.3 per cent in 1998 (table 3.5). The growth remains significant even when the data are adjusted for age and other factors—up 4.2 percentage points, from 14.6 per cent in 1981 to 18.8 per cent in 1998.

Table 3.5 **Prevalence of disability, 1981–98**

	1981		*1988*		*1993*		*1998*	
	'000	%[a]	'000	%	'000	%	'000	%
Original	1942.2	13.2	2543.1	15.6	3176.7	18	3610.3	19.3
Criteria adjusted[b]	..	..	..	..	2930.5	16.6	3503.8	18.8
Age adjusted[c]	2140.9	14.6	2695.9	16.5	3283.6	18.6	..	..
Total adjusted	**2140.9**	**14.6**	**2695.9**	**16.5**	**3031.9**	**17.2**	**3503.8**	**18.8**

[a] Percentage of the Australian population. [b] 1993 and 1998 figures have been adjusted to match the disability definition used in the 1981 and 1988 SDACs. [c] The 1981, 1988 and 1993 figures have been adjusted to mirror the age profile found in the 1998 SDAC. **..** Not applicable.

Source: ABS 1999b, cat. no. 4430.0.

This increase could reflect a change in the likelihood both of disabilities being detected (due, for example, to better diagnosis and awareness of them), as well as of a person actually having a disability. A number of factors might have contributed to a rise in the likelihood of a person having a disability, including:

- better healthcare and treatment, meaning that events that were likely to result in death in the past are now more likely to result in disability

- an ageing Australian population.

Part of the increase in the measured prevalence of disability between 1981 and 1998 might be due also to better surveying methods and other factors, including:

- the wider scope of the survey screening questions identifying people with disabilities
- improved survey methods (such as wording changes in the disability identification questions and the use of computer assisted interviewing), resulting in the greater 'capture' of people with disabilities
- possibly greater willingness of people to self-identify as having a disability, given:
  - greater acceptance of, and openness about, people with disabilities in society
  - government policy that provides people with disabilities with extra resources, such as the Disability Support Pension or special assistance in education, making them more willing to volunteer information about their disability in general.

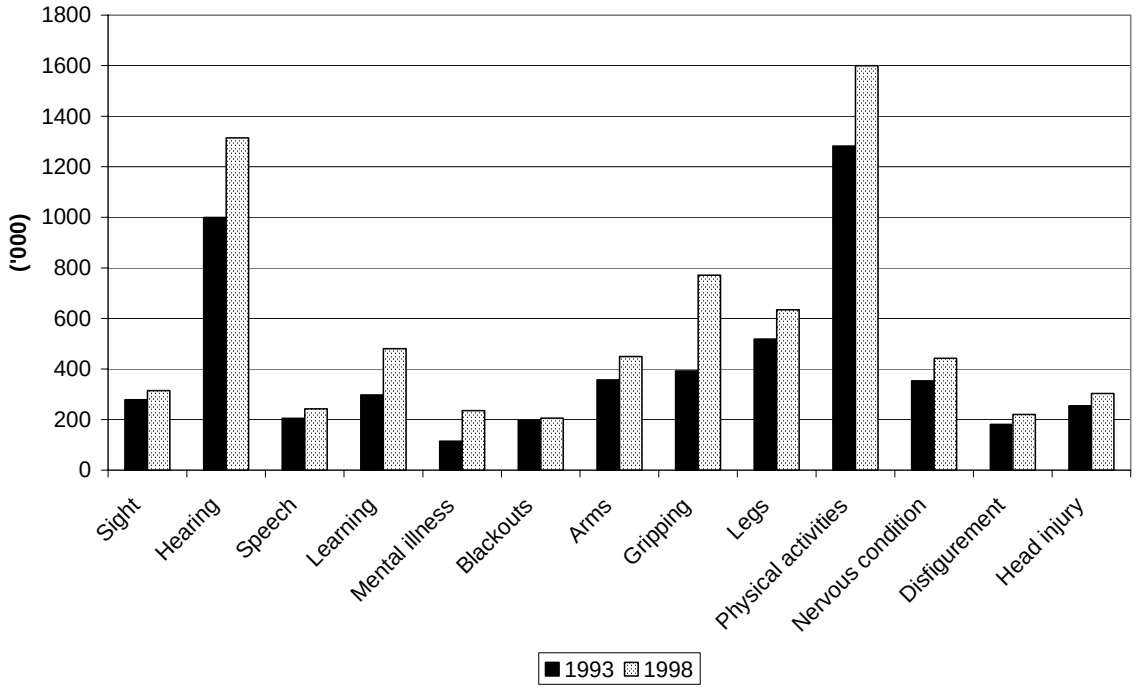
In terms of particular types of disability, increases have been reported across a range of the disability types identified in the SDAC screening question (figure 3.3). This may in part reflect the increase in the overall number of people with disabilities. It also may partly reflect an increase in the number of people having more than one type of disability. There were particularly large increases in the number of people with:

- hearing loss
- difficulty learning or understanding
- a need for help or supervision due to mental illness
- difficulty gripping or holding things
- a restriction on their ability to engage in physical activities or work.

Given that Australians are living longer than ever before and, on average, older people tend to have a higher rate of disability than that of younger people (table 3.2), the overall disability rate is likely to continue to rise. The rate at which the overall disability rate is likely to change is, however, difficult to estimate. Disability rates within age categories may change in the future. Disability rates have fallen in older age categories in some OECD countries (AIHW 2003a), with factors such as improved medical interventions and behavioural change possibly contributing to these trends (Cutler 2001; Manton and Gu 2001). These factors are likely to have benefited Australia also. As people live longer, the number of disability years might remain constant but be shifted to later years. In this

scenario—which is the basis of the so-called 'compression of morbidity' approach to projecting disability rates—age-specific disability rates would fall over time, so estimated increases in *overall* disability rates are likely to be relatively conservative. Past modelling work by the Productivity Commission (Madge 2000; PC 2003a) has assumed declining age-specific disability rates for Australia. Nonetheless, the ageing population tends to suggest that, overall, an increasing proportion of the Australian population will have disabilities in the future. But the rate of increase may be mitigated by the factors highlighted above. In addition, the proportion of the population with imputed/future disabilities might increase as a result of advances in genetic testing. These two factors might, in turn, suggest that more Australians will become vulnerable to disability discrimination (as defined in the DDA) in the future. On the other hand, the increased prevalence of disability might, to an extent, have the opposite effect. That is, as people with disabilities become a more significant and, therefore, visible proportion of the population, they may feel more able to be vocal in making demands for access, with their needs met more readily.

Figure 3.3 **People with disabilities, by disability, 1993 and 1998[a,b]**



a The disability rates between 1998 and 1993 have been standardised for changes in the definition of disability over time (see appendix F). One person can have more than one type of disability. **b** Sight = sight loss; hearing = hearing loss; speech = speech difficulty; learning = difficulty with learning or understanding; mental illness = a need for help or supervision due to mental illness; blackouts = blackouts, fits or loss of consciousness; arms = incomplete use of arms or fingers; gripping = difficulty gripping or holding things; legs = incomplete use of legs or feet; physical activities = restriction on ability to engage in physical activities or work; nervous condition = need for treatment for nervous or emotional condition; disfigurement = disfigurement or deformity; head injury = long term effects from head injury, stroke or other brain damage.

Data source: Productivity Commission estimates based on unpublished data from ABS 1999b, cat. no. 4430.0.