



DISABILITY, AGEING AND CARERS, AUSTRALIA: SUMMARY OF FINDINGS

EMBARGO: 11.30AM (CANBERRA TIME) THURS 16 DEC 2010

C O N T E N T S

	<i>page</i>
Notes	2
Summary	3

T A B L E S

1 All persons, disability—estimates and rates by age and sex, and age standardised totals—2003 and 2009	6
2 All persons, profound or severe core activity limitation—estimates and rates by age and sex, and age standardised totals—2003 and 2009	7
3 All persons, disability status by age and sex—2009	8
4 All persons, main condition causing disability by age—2003 and 2009	9
5 All persons living in households, carer status by age and sex—2009	10

A D D I T I O N A L I N F O R M A T I O N

Explanatory Notes	11
Appendix 1: Limitations and restrictions	18
Appendix 2: Disability groups	20
Technical Note: Data quality	21
Glossary	25

I N Q U I R I E S

For further information about these and related statistics, contact the National Information and Referral Service on 1300 135 070.

ABOUT THIS PUBLICATION

This publication presents a summary of results from the Survey of Disability, Ageing and Carers (SDAC) conducted by the Australian Bureau of Statistics (ABS) throughout Australia, from April to December 2009. The primary objective of the survey was to collect information about three population groups:

- people with a disability
- older people (i.e. those aged 60 years and over)
- people who provide assistance to older people and people with disabilities.

The SDAC was also conducted in 2003 and this publication presents some comparisons with the 2003 survey. The 2009 SDAC was largely a repeat of the 2003 survey, with some additions to content in the areas of unmet demand for assistance, social inclusion, and labour force participation. Comparisons with previous disability surveys are also possible, see paragraph 47 of the Explanatory Notes.

All tables appearing in this publication are included in a Data Cube (spreadsheet format) available on the ABS website <http://www.abs.gov.au> and are accompanied by corresponding Relative Standard Error tables. A series of staggered releases in the form of Data Cubes will be appended to this product between January and April 2011. A summary publication, which will be a consolidation of the progressive releases, will be released on 28 April 2011.

The differences between data items highlighted in the Summary are all statistically significant, see Technical Note (paragraphs 13 to 15) for further details.

ROUNDING

As estimates have been rounded, discrepancies may occur between sums of the component items and totals.

INQUIRIES

For further information about these and related statistics, contact the National Information and Referral Service on 1300 135 070.



ABBREVIATIONS

ABS	Australian Bureau of Statistics
ABSCQ	Australian Bureau of Statistics Classification of Qualifications
ANZSCO	Australian and New Zealand Standard Classification of Occupations
ASCED	Australian Standard Classification of Education
ASGC	Australian Standard Geographical Classification
ERP	estimated resident population
ICD-10	International Classification of Diseases 10th Revision
ICF	International Classification of Functioning, Disability and Health
RSE	relative standard error
SDAC	Survey of Disability, Ageing and Carers
SE	standard error

Ian Ewing
Acting Australian Statistician

SUMMARY

OVERVIEW

Disability

Four million people in Australia (18.5%) reported having a disability in 2009, according to the results of the Survey of Disability, Ageing and Carers (SDAC). For the purposes of SDAC, disability is defined as any limitation, restriction or impairment which restricts everyday activities and has lasted or is likely to last for at least six months. Examples range from loss of sight that is not corrected by glasses, to arthritis which causes difficulty dressing, to advanced dementia that requires constant help and supervision. Males and females were similarly affected by disability (18% and 19% respectively). (Table 1)

The rate of disability increased with age. Almost nine in ten people aged 90 and over (88%) had a disability, compared with 3.4% of those aged four years and under. (Table 1)

The prevalence of disability in Australia has fallen 1.5 percentage points since 2003. In 2003, 20% of Australians had a reported disability, compared with 18.5% in 2009. After removing the effects of different age structures the age standardised rate also fell by 2.1 percentage points. (Table 1)

The rate of profound or severe limitation in the core activities of communication, mobility and self-care declined, from 6.3% in 2003 to 5.8% in 2009. Much of the decrease in the prevalence of disability between 2003 and 2009 is due to a decline in the proportion of Australians disabled by physical health conditions, such as asthma and heart disease. (Tables 2 and 4)

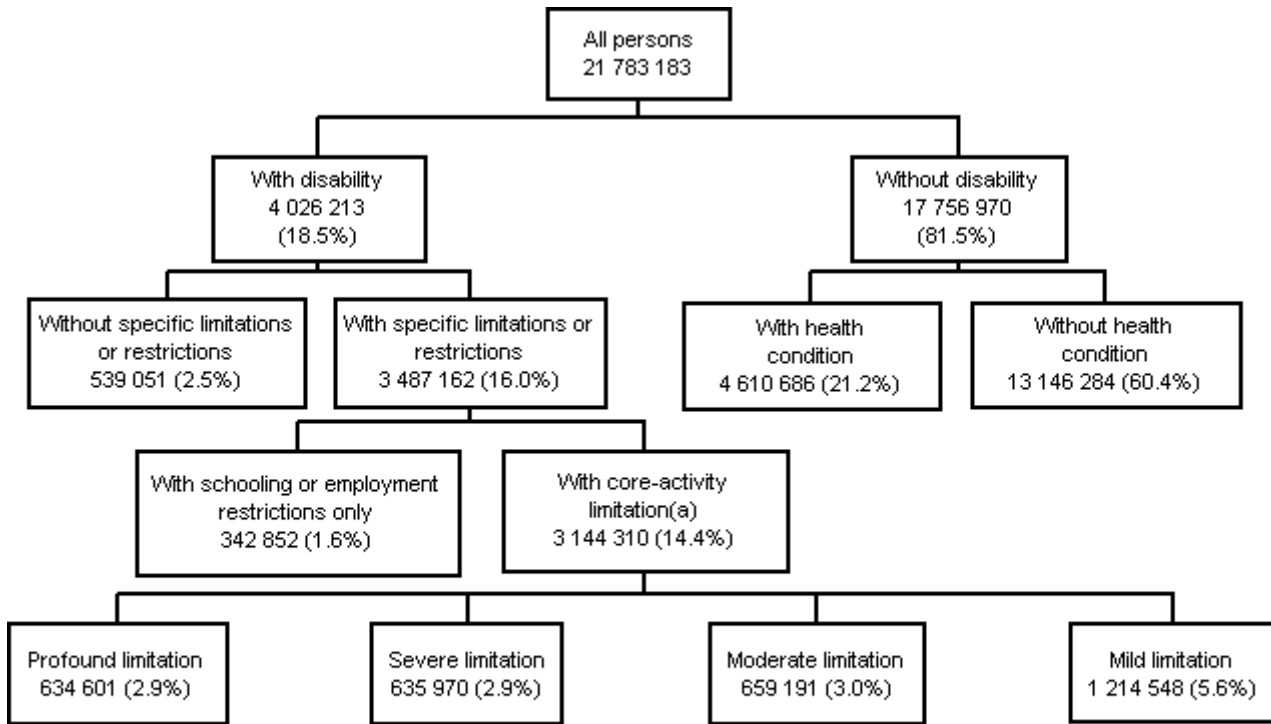
Carers

In 2009, there were 2.6 million carers who provided assistance to those who needed help because of disability or old age. Just under one third of these (29%) were primary carers; that is, people who provided the majority of the informal help needed by a person with a disability or aged 60 years and over. Over two-thirds of primary carers (68%) were women. (Table 5)

DISABILITY

Just under one in five Australians (18.5%) had a reported disability in 2009. A further 21% had a long-term health condition that did not restrict their everyday activities. The remaining 60% of the Australian population had neither a disability nor a long term health condition. Of those with a reported disability, 87% had a specific limitation or restriction; that is, an impairment restricting their ability to perform communication, mobility or self-care activities, or a restriction associated with schooling or employment.

SUMMARY *continued*



(a) Includes 1 345 542 persons with core-activity limitations and schooling or employment restrictions.

Disability prevalence

The disability rate increases steadily with age, with younger people less likely to report a disability than older people. Of those aged four years and under, 3.4% were affected by disability, compared with 40% of those aged between 65 and 69 and 88% of those aged 90 years and over. (Table 1)

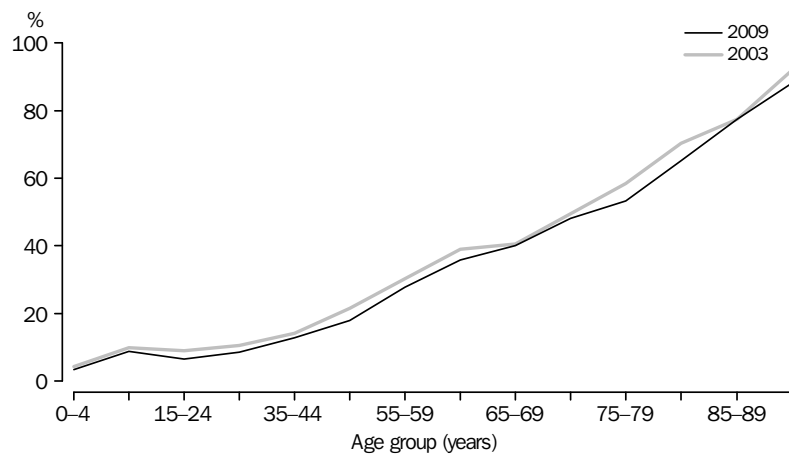
Rates of disability and rates of profound or severe core-activity limitation for 5 to 14 year old males (11% and 6.6% respectively) were close to double those for females in the same age group (6.1% and 3.0% respectively). In contrast, women aged 90 years and over had a higher rate of profound or severe core-activity limitations (75%) than men of the same age (58%). (Tables 1 and 2)

While the prevalence of disability amongst the Australian population declined 1.5 percentage points, the decrease is particularly noticeable in the younger age groups. From 2003 to 2009, the disability rate for 15 to 24 year olds fell from 9.0% to 6.6%. Over the same period the rate of disability also decreased for those aged between 25 and 34 from 11% to 8.6%. Similarly, 22% of 45 to 54 year olds reported a disability in 2003, compared with 18% in 2009. (Table 1)

SUMMARY *continued*

Disability prevalence *continued*

ALL PERSONS, Disability rates by age—2003 and 2009



Conditions

The incidence of disability caused by physical conditions, as opposed to mental or behavioural disorders, dropped from 17% in 2003, to 15% in 2009. For instance, in 2003, 6.8% of Australians had a disability primarily caused by musculoskeletal disorders such as arthritis and back problems, with this proportion declining to 6.5% in 2009. Likewise, the incidence of disability caused by diseases of the circulatory system dropped from 1.8% to 1.4%. In 2003, 8.8% of people aged in the 65 years and older group reported a disability due to diseases of the circulatory system, compared with 7.4% in 2009. (Table 4)

The incidence of disability caused by asthma also declined, from 0.8% in 2003 to 0.5% in 2009. Amongst younger people (0 to 17 years), the incidence of disability caused by asthma almost halved between 2003 and 2009, from 0.9% in 2003 to 0.5% in 2009. Of those aged between 18 and 44 years, the incidence of asthma-related disability also decreased, from 0.5% in 2003 to 0.3%. In addition, for this age group, the proportion of people with a disability due to back problems reduced, from 2.6% in 2003 to 1.9% in 2009. (Table 4)

The incidence of disability due to back problems also declined amongst those aged between 45 and 64 years. In this age group, 5.2% of people reported a disability as a result of back problems in 2009, compared with 6.0% in 2003. By contrast, the prevalence of disability resultant from back problems amongst those aged 65 and over has increased since 2003, from 4.9% to 6.3%. (Table 4)

CARERS

The proportion of Australians involved in caring for a person with a disability or an older person declined from 13% in 2003 to 12% in 2009, in line with the decrease in disability prevalence. In 2009, just under one in three carers (29%) were identified as a primary carer; that is, a person who provided the majority of help to a person with a disability or aged 60 years and over. In 2003, 19% of carers were identified as primary carers and much of this increase is explained by a change in the methodology to ascertain carer status in the 2009 survey (see paragraphs 48 and 49 in the Explanatory Notes for further information about the change in methodology). (Table 5)

Thirteen percent of women were involved in a caring role, compared with 11% of men. The gender difference among carers was most pronounced for those aged 45 to 54 years, 16% of men and 23% of women in this age group provided care for a person with a disability or aged 60 years and over. (Table 5)

ALL PERSONS, Disability—estimates and rates by age and sex, and age standardised totals—2003 and 2009

Age group (years)	2003		2009	
	'000	%	'000	%
MALES				
0-4	29.7	4.7	28.1	3.9
5-14	169.1	12.4	159.5	11.4
15-24	127.2	8.9	105.8	(a)6.7
25-34	174.1	11.7	136.5	(a)8.8
35-44	214.2	14.5	197.3	12.8
45-54	291.2	21.6	253.8	(a)17.2
55-59	166.9	28.7	171.7	26.7
60-64	174.1	40.6	203.2	(a)35.0
65-69	147.2	42.6	180.4	42.2
70-74	145.9	49.5	159.6	48.5
75-79	139.6	60.1	139.8	55.2
80-84	107.4	72.9	127.2	66.6
85-89	50.3	75.0	74.2	80.4
90 and over	20.8	90.9	26.2	90.0
Total	1 957.6	19.8	1 963.2	(a)18.1
Total, age standardised(b)	. .	20.4	. .	(a)18.1
FEMALES				
0-4	23.8	3.9	19.2	2.8
5-14	97.3	7.5	81.6	6.1
15-24	124.1	9.0	98.5	(a)6.6
25-34	142.0	9.7	129.1	8.5
35-44	206.1	13.9	202.4	12.9
45-54	290.3	21.5	284.7	(a)18.8
55-59	179.7	31.9	188.2	28.7
60-64	157.1	37.1	215.0	36.9
65-69	137.4	38.6	165.9	38.0
70-74	162.9	49.8	168.9	47.7
75-79	167.6	57.2	152.5	51.8
80-84	150.1	68.6	158.5	64.1
85-89	98.3	78.9	131.5	76.1
90 and over	64.1	92.6	67.0	87.7
Total	2 000.7	20.1	2 063.1	(a)18.9
Total, age standardised(b)	. .	19.1	. .	(a)17.3
PERSONS				
0-4	53.5	4.3	47.3	3.4
5-14	266.4	10.0	241.0	(a)8.8
15-24	251.3	9.0	204.2	(a)6.6
25-34	316.1	10.7	265.6	(a)8.6
35-44	420.2	14.2	399.7	(a)12.8
45-54	581.5	21.6	538.5	(a)18.0
55-59	346.6	30.3	359.9	27.7
60-64	331.2	38.9	418.2	35.9
65-69	284.6	40.6	346.3	40.1
70-74	308.8	49.6	328.5	48.1
75-79	307.2	58.5	292.3	(a)53.4
80-84	257.5	70.3	285.7	(a)65.2
85-89	148.5	77.6	205.7	77.6
90 and over	84.9	92.1	93.2	88.3
Total	3 958.3	20.0	4 026.2	(a)18.5
Total, age standardised(b)	. .	19.8	. .	(a)17.7

. . not applicable

(a) The difference from the 2003 rate is statistically significant.

(b) Age standardised to the estimated resident population at 30 June 2001.

ALL PERSONS, Profound or severe core activity limitation(a)—estimates and rates by age and sex, and age standardised totals—2003 and 2009

Age group (years)	2003		2009	
	'000	%	'000	%
MALES				
0-4	20.8	3.3	20.9	2.9
5-14	88.1	6.5	92.2	6.6
15-24	31.2	2.2	30.3	1.9
25-34	34.2	2.3	27.4	1.8
35-44	46.9	3.2	35.6	(b)2.3
45-54	57.0	4.2	54.1	3.7
55-59	37.1	6.4	37.7	5.9
60-64	32.5	7.6	47.8	8.2
65-69	32.8	9.5	35.7	8.4
70-74	34.3	11.6	42.2	12.8
75-79	43.5	18.7	41.0	16.2
80-84	40.2	27.3	44.9	23.5
85-89	26.0	38.9	37.9	41.1
90 and over	13.6	59.4	16.9	58.0
Total	538.3	5.5	564.5	5.2
Total, age standardised(c)	. .	5.8	. .	5.3
FEMALES				
0-4	15.1	2.5	10.6	1.5
5-14	42.7	3.3	39.9	3.0
15-24	29.8	2.2	26.0	1.7
25-34	33.3	2.3	33.5	2.2
35-44	51.9	3.5	50.9	3.2
45-54	74.3	5.5	71.3	4.7
55-59	46.3	8.2	50.8	7.7
60-64	41.7	9.9	51.4	8.8
65-69	36.7	10.3	40.8	9.4
70-74	56.8	17.4	53.4	15.1
75-79	62.9	21.5	56.1	19.1
80-84	88.8	40.5	77.7	(b)31.4
85-89	71.3	57.3	86.3	49.9
90 and over	54.7	79.0	57.3	75.0
Total	706.2	7.1	706.1	(b)6.5
Total, age standardised(c)	. .	6.5	. .	(b)5.7
PERSONS				
0-4	35.9	2.9	31.5	2.2
5-14	130.8	4.9	132.1	4.8
15-24	61.0	2.2	56.2	1.8
25-34	67.5	2.3	61.0	2.0
35-44	98.8	3.3	86.5	2.8
45-54	131.4	4.9	125.4	4.2
55-59	83.4	7.3	88.4	6.8
60-64	74.3	8.7	99.2	8.5
65-69	69.5	9.9	76.5	8.9
70-74	91.1	14.6	95.6	14.0
75-79	106.4	20.3	97.1	17.7
80-84	129.0	35.2	122.6	(b)28.0
85-89	97.3	50.8	124.3	46.9
90 and over	68.3	74.2	74.2	70.3
Total	1 244.5	6.3	1 270.6	(b)5.8
Total, age standardised(c)	. .	6.2	. .	(b)5.5

. . not applicable

(a) Core activities comprise communication, mobility and self-care.

(b) The difference from the 2003 rate is statistically significant.

(c) Age standardised to the estimated resident population at 30 June 2001.

ALL PERSONS, Disability status by age and sex—2009

Age group (years)	Profound core activity limitation(a) '000	Severe core activity limitation(a) '000	Moderate core activity limitation(a) '000	Mild core activity limitation(a) '000	Schooling or employment restriction '000	All with specific restrictions or limitations(b) '000	All with disability(c) '000	No reported disability '000	Total '000
MALES									
0–4	11.8	9.1	**1.2	—	. .	22.1	28.1	696.6	724.7
5–14	50.1	42.1	*3.9	23.7	125.6	142.0	159.5	1 242.4	1 401.9
15–24	16.5	13.7	*5.2	26.8	72.7	85.8	105.8	1 477.4	1 583.1
25–34	10.5	16.9	16.3	32.5	89.5	107.5	136.5	1 421.7	1 558.2
35–44	12.7	22.9	30.1	53.8	133.2	158.1	197.3	1 349.9	1 547.2
45–54	16.3	37.9	49.0	74.6	181.8	214.4	253.8	1 225.6	1 479.4
55–59	11.5	26.2	32.4	53.9	117.1	140.9	171.7	470.7	642.4
60–64	15.6	32.1	41.3	63.8	136.3	172.5	203.2	378.0	581.2
65–69	12.3	23.4	36.4	66.5	. .	138.6	180.4	246.8	427.2
70–74	20.0	22.2	28.2	66.9	. .	137.3	159.6	169.8	329.4
75–79	25.2	15.9	18.8	65.4	. .	125.2	139.8	113.5	253.3
80–84	28.0	16.9	20.4	51.5	. .	116.8	127.2	63.7	190.9
85–89	22.5	15.4	10.6	22.8	. .	71.3	74.2	18.1	92.3
90 and over	12.8	4.1	*1.7	7.6	. .	26.2	26.2	*2.9	29.1
Total	265.8	298.7	295.6	609.4	856.1	1 658.7	1 963.2	8 877.1	10 840.3
FEMALES									
0–4	6.4	*4.2	**0.8	—	. .	11.4	19.2	667.4	686.6
5–14	21.5	18.5	*4.9	15.9	59.6	71.4	81.6	1 250.5	1 332.1
15–24	14.2	11.8	*6.4	27.2	65.9	79.8	98.5	1 400.1	1 498.6
25–34	10.2	23.4	13.8	35.0	89.3	105.1	129.1	1 395.9	1 525.0
35–44	14.2	36.7	28.8	56.2	136.8	167.5	202.4	1 369.4	1 571.8
45–54	18.7	52.7	55.7	81.7	204.1	248.2	284.7	1 225.7	1 510.3
55–59	15.8	35.0	46.8	55.3	134.8	169.0	188.2	466.8	655.0
60–64	17.3	34.0	53.7	72.6	141.8	190.5	215.0	367.5	582.5
65–69	20.7	20.1	39.4	61.3	. .	141.5	165.9	270.6	436.6
70–74	27.8	25.6	39.1	55.6	. .	148.1	168.9	184.8	353.8
75–79	36.3	19.8	32.4	55.4	. .	143.9	152.5	141.8	294.3
80–84	49.0	28.7	26.5	50.9	. .	155.2	158.5	88.6	247.1
85–89	66.3	20.0	13.1	31.0	. .	130.5	131.5	41.4	172.9
90 and over	50.4	6.9	*2.3	7.0	. .	66.6	67.0	9.4	76.4
Total	368.8	337.3	363.6	605.1	832.3	1 828.5	2 063.1	8 879.9	10 942.9
PERSONS									
0–4	18.3	13.2	*2.0	—	. .	33.5	47.3	1 364.0	1 411.3
5–14	71.6	60.5	8.8	39.5	185.2	213.4	241.0	2 493.0	2 734.0
15–24	30.7	25.5	11.6	54.0	138.6	165.7	204.2	2 877.5	3 081.7
25–34	20.7	40.3	30.0	67.5	178.8	212.5	265.6	2 817.6	3 083.2
35–44	27.0	59.6	59.0	109.9	270.0	325.6	399.7	2 719.3	3 119.0
45–54	34.9	90.5	104.6	156.2	385.8	462.6	538.5	2 451.3	2 989.8
55–59	27.2	61.2	79.2	109.2	251.9	309.9	359.9	937.5	1 297.4
60–64	33.0	66.2	95.0	136.4	278.2	363.0	418.2	745.5	1 163.7
65–69	33.0	43.5	75.8	127.7	. .	280.0	346.3	517.4	863.7
70–74	47.8	47.8	67.3	122.5	. .	285.4	328.5	354.6	683.2
75–79	61.5	35.7	51.2	120.7	. .	269.0	292.3	255.2	547.6
80–84	77.0	45.6	46.9	102.4	. .	271.9	285.7	152.3	438.0
85–89	88.8	35.4	23.7	53.8	. .	201.7	205.7	59.4	265.2
90 and over	63.2	11.0	*4.0	14.6	. .	92.8	93.2	12.4	105.5
Total	634.6	636.0	659.2	1 214.5	1 688.4	3 487.2	4 026.2	17 757.0	21 783.2

* estimate has a relative standard error of 25% to 50% and should be used with caution

** estimate has a relative standard error greater than 50% and is considered too unreliable for general use

. . not applicable

— nil or rounded to zero (including null cells)

(a) Core activities comprise communication, mobility and self-care.

(b) Total may be less than the sum of the components as persons may have both a core activity limitation and a schooling or employment restriction.

(c) Includes those who do not have a specific restriction or limitation.

Main condition	2003					2009				
	0-17 years	18-44 years	45-64 years	65 years and over	Total	0-17 years	18-44 years	45-64 years	65 years and over	Total
	%	%	%	%	%	%	%	%	%	%
Physical conditions										
Cancer, lymphomas and leukaemias	*0.1	*0.1	0.6	1.0	0.3	—	*0.1	0.6	1.0	0.3
Endocrine, nutritional and metabolic disorders										
Diabetes	*0.1	*0.1	0.6	1.8	0.4	*0.1	0.1	0.5	1.9	0.4
Disorders of the thyroid gland	np	*0.1	*0.1	*0.1	0.1	—	—	*0.1	*0.2	0.1
Other	—	—	*0.1	*0.3	0.1	*0.1	*0.1	0.1	0.2	0.1
Total	*0.1	0.2	0.8	2.2	0.6	*0.2	0.2	0.8	2.3	0.6
Diseases of the nervous system(a)	0.6	1.4	1.6	1.8	1.3	0.5	1.4	1.8	1.8	1.3
Diseases of the eye and adnexa	0.3	0.2	0.4	1.6	0.5	*(b)0.1	0.2	0.4	1.6	0.4
Diseases of the ear and mastoid process	0.5	0.6	1.8	4.9	1.4	(b)0.3	(b)0.4	1.7	5.5	1.4
Diseases of the circulatory system										
Heart disease	np	*0.1	1.1	3.8	0.8	—	*0.1	(b)0.6	3.4	(b)0.6
Stroke	np	*0.1	0.2	2.1	0.4	np	—	0.3	(b)1.3	(b)0.3
Hypertension	np	—	0.5	2.0	0.4	—	0.1	0.5	2.1	0.4
Other	—	*0.1	0.3	0.9	0.2	np	*0.1	(b)0.2	(b)0.6	(b)0.1
Total	*0.1	0.3	2.1	8.8	1.8	*0.1	0.2	(b)1.5	(b)7.4	(b)1.4
Diseases of the respiratory system										
Asthma	0.9	0.5	0.7	1.2	0.8	(b)0.5	(b)0.3	0.6	1.1	(b)0.5
Other	*0.1	*0.1	0.5	2.2	0.5	*0.1	*0.1	0.5	1.8	0.4
Total	1.1	0.6	1.2	3.4	1.2	(b)0.6	(b)0.4	1.0	2.9	(b)0.9
Diseases of the digestive system	—	0.2	0.4	0.8	0.3	*0.1	0.2	0.4	0.9	0.3
Diseases of the musculoskeletal system and connective tissue										
Arthritis and related disorders	—	0.6	4.7	11.8	2.8	—	0.4	(b)4.0	11.7	2.7
Back problems	*0.1	2.6	6.0	4.9	3.1	*0.1	(b)1.9	(b)5.2	(b)6.3	2.9
Other	*0.1	0.4	1.4	3.4	0.9	*0.1	0.4	1.3	(b)2.7	0.8
Total	*0.2	3.5	12.1	20.1	6.8	0.2	(b)2.7	(b)10.5	20.7	(b)6.5
Congenital and perinatal disorders(c)	0.6	0.2	*0.1	—	0.2	(b)0.3	0.1	*0.1	*(b)0.1	0.2
Injury, poisoning and other external causes										
Head injury and acquired brain damage	*0.1	0.2	*0.1	**0.1	0.1	*0.1	0.2	0.2	*0.1	0.2
Other	0.2	0.9	1.7	3.0	1.2	*0.1	0.8	1.5	2.4	1.0
Total	0.3	1.1	1.8	3.0	1.3	(b)0.2	1.0	1.7	2.5	1.2
Other physical conditions(d)	0.7	0.6	1.2	3.1	1.1	0.5	0.5	1.0	2.7	(b)0.9
Total physical conditions	4.5	8.9	24.2	50.9	16.8	(b)3.0	(b)7.3	(b)21.4	49.2	(b)15.4
Mental and behavioural disorders										
Psychoses and mood affective disorders										
Dementia and Alzheimer's	—	—	—	2.7	0.3	—	—	—	2.3	0.3
Depression and mood affective disorders	*0.1	0.7	0.8	0.7	0.6	—	0.6	1.0	0.6	0.6
Other	—	0.2	*0.2	*0.2	0.2	np	0.3	0.2	0.1	0.2
Total	*0.1	0.9	1.1	3.5	1.1	—	0.9	1.3	3.0	1.1
Neurotic, stress-related and somatoform disorders										
Nervous tension and stress	—	0.2	0.6	0.6	0.3	—	0.2	0.5	(b)0.3	(b)0.2
Other	*0.1	0.2	0.6	*0.2	0.3	(b)0.2	0.3	0.7	(b)0.5	(b)0.4
Total	*0.1	0.5	1.2	0.9	0.6	(b)0.2	0.6	1.1	0.9	0.7
Intellectual and developmental disorders	2.3	0.8	0.2	*0.1	0.9	2.5	0.6	0.2	0.2	0.9
Other mental and behavioural disorders	1.5	0.4	*0.1	*0.2	0.6	1.2	0.3	0.1	0.1	(b)0.4
Total mental and behavioural disorders	4.0	2.6	2.7	4.8	3.2	3.9	2.4	2.7	4.2	3.1
Total	8.4	11.5	26.8	55.7	20.0	(b)6.9	(b)9.6	(b)24.2	(b)53.5	(b)18.5

* estimate has a relative standard error of 25% to 50% and should be used with caution

** estimate has a relative standard error greater than 50% and is considered too unreliable for general use

— nil or rounded to zero (including null cells)

np not available for publication but included in totals where applicable, unless otherwise indicated

(a) Excludes Alzheimer's disease, which is included in Psychoses and mood affective disorders.

(b) The difference from the 2003 rate is statistically significant.

(c) Excludes Down syndrome, which is included in Intellectual and developmental disorders.

(d) Includes infectious and parasitic diseases; diseases of the blood and blood-forming organs; skin conditions; genito-urinary system diseases; and symptoms and signs not elsewhere classified.

ALL PERSONS LIVING IN HOUSEHOLDS(a), Carer status by age and sex—2009

	Less than 18 years	18–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75 years and over	Total	%
	'000	'000	'000	'000	'000	'000	'000	'000	'000	%
MALES										
Carer										
Primary carer(b)	**1.6	*7.4	11.4	30.1	46.9	61.0	47.2	42.6	248.2	2.3
Not a primary carer	75.7	70.7	95.9	142.9	187.2	167.6	116.1	75.5	931.6	8.6
Total carers	77.3	78.0	107.3	173.1	234.1	228.5	163.3	118.1	1 179.8	10.9
Not a carer	2 533.1	1 021.0	1 450.2	1 372.3	1 243.2	990.7	586.1	411.0	9 607.6	89.1
Total	2 610.3	1 099.0	1 557.5	1 545.4	1 477.3	1 219.2	749.5	529.1	10 787.4	100.0
FEMALES										
Carer										
Primary carer(b)	*2.8	11.1	54.1	109.8	121.0	118.3	74.2	32.0	523.2	4.8
Not a primary carer	72.4	63.2	97.4	152.6	220.7	189.8	91.3	41.7	929.1	8.6
Total carers	75.2	74.3	151.5	262.4	341.7	308.1	165.5	73.6	1 452.3	13.4
Not a carer	2 386.6	981.0	1 373.1	1 308.6	1 166.8	926.3	617.6	620.0	9 380.0	86.6
Total	2 461.8	1 055.3	1 524.6	1 571.0	1 508.5	1 234.4	783.1	693.6	10 832.3	100.0
PERSONS										
Carer										
Primary carer(b)	*4.4	18.5	65.5	140.0	167.9	179.3	121.3	74.6	771.4	3.6
Not a primary carer	148.1	133.8	193.3	295.5	408.0	357.4	207.5	117.1	1 860.7	8.6
Total carers	152.5	152.3	258.8	435.5	575.8	536.7	328.8	191.7	2 632.1	12.2
Not a carer	4 919.7	2 002.0	2 823.3	2 681.0	2 410.0	1 916.9	1 203.8	1 031.0	18 987.6	87.8
Total	5 072.2	2 154.3	3 082.1	3 116.4	2 985.8	2 453.6	1 532.6	1 222.7	21 619.7	100.0

* estimate has a relative standard error of 25% to 50% and should be used with caution

** estimate has a relative standard error greater than 50% and is considered too unreliable for general use

(a) 'Living in households' comprises all those living in private dwellings and non-private dwellings. It excludes those living in cared-accommodation.

(b) Primary carers only include persons aged 15 years and over for whom a personal interview was conducted. Persons aged 15 to 17 were only interviewed personally if parental permission was granted.

EXPLANATORY NOTES

INTRODUCTION

- 1** This publication contains results from the 2009 Survey of Disability, Ageing and Carers (SDAC) conducted throughout Australia from April to December 2009.
- 2** The aims of the survey were to:
 - measure the prevalence of disability in Australia
 - measure the need for support of older people and those with a disability
 - provide a demographic and socio-economic profile of people with disabilities, older people and carers compared with the general population
 - estimate the number of and provide information about people who provide care to older people and people with disabilities.
- 3** The survey collected the following information from the three target populations:
 - people with a disability – information about their long-term health conditions, need for and receipt of assistance, use of aids and equipment such as wheelchairs and hearing aids, and participation in community activities
 - older people (i.e. those aged 60 years and over) – information about their need for, and receipt of assistance, and participation in community activities
 - people who care for persons with a disability and older people – information about the type of care they provide, the support available to them, and the characteristics of carers and some of the effects that the caring role has on their lives.
- 4** The survey also collected a small amount of information about people not in the target populations.

SCOPE

- 5** The scope of SDAC was persons in both urban and rural areas in all states and territories, living in both private and non-private dwellings (including persons in cared-accommodation), but excluding:
 - diplomatic personnel of overseas governments
 - persons whose usual residence was outside Australia
 - members of non-Australian defence forces (and their dependents) stationed in Australia
 - persons living in very remote areas.

COVERAGE

- 6** The coverage of SDAC was the same as the scope except that the following (small) populations were not enumerated for operational reasons:
 - persons living in Indigenous communities in non-very remote areas
 - persons living in boarding schools
 - persons living in gaols or correctional institutions.
- 7** Rules were applied to maximise the likelihood that each person in coverage was associated with only one dwelling and thus had one chance of selection.
- 8** Usual residents of selected private dwellings and non-private dwellings (excluding persons in cared-accommodation) were included in the survey unless they were away on the night of enumeration and had been away or were likely to be away for seven months or more. This was designed to avoid multiple selection of a person who might be spending time, for instance, in a nursing home, to be eligible for selection there.
- 9** Visitors to private dwellings were excluded from coverage as the expectation was that most would have their chance of selection at their usual residence.
- 10** Occupants of cared-accommodation establishments in the scope of the survey were enumerated if they had been, or were expected to be, a usual resident of an establishment for three months or more.

SURVEY DESIGN

- 11** Multi-stage sampling techniques were used to select the sample for the survey. After sample loss, the household sample included approximately 27,600 private dwellings and 200 non-private dwellings, while the cared-accommodation sample included approximately 1,100 establishments.

EXPLANATORY NOTES *continued*

SURVEY DESIGN *continued*

12 After exclusions due to scope and coverage, the final sample comprised 64,213 persons for the household component and 9,470 persons for the cared-accommodation component.

DATA COLLECTION

13 Different data collection methods were used for the household component and the cared-accommodation component.

14 The household component covered persons in:

- private dwellings such as houses, flats, home units and townhouses
- non-private dwellings such as hotels, motels, boarding houses, short-term caravan parks, and self-care components of retirement villages.

15 Smaller disability homes (with fewer than six persons) were considered to be private dwellings.

16 In this publication, persons in the household component of the survey are referred to as 'living in households'.

17 The cared-accommodation component covered residents of hospitals, nursing homes, hostels and other homes such as children's homes, who had been, or were expected to be, living there or in another health establishment for three months or more.

Household component

18 Data for the household component of the survey were collected by trained interviewers, who conducted computer-assisted personal interviews.

19 A series of screening questions were asked of a responsible adult in a selected household to establish whether the household included:

- people with a disability
- people aged 60 years and over
- people who were carers of persons with a core-activity limitation, living either in the same household or elsewhere, or who provided any care to persons living elsewhere.

20 Where possible, a personal interview was conducted with people identified in any of the above populations. Proxy interviews were conducted for:

- children aged less than 15 years
- those aged 15 to 17 years whose parents did not permit them to be personally interviewed
- those with a disability that prevented them from having a personal interview.

21 People with a disability were asked questions relating to help and assistance needed and received for communication, mobility, self-care, cognition or emotion, health care, household chores, property maintenance, meal preparation, reading and writing tasks, and transport activities. They were also asked questions relating to their computer and Internet use and participation in community activities. Those aged 5 to 20 years (or their proxies) were asked about schooling restrictions, and those aged 15 to 64 years about employment restrictions.

22 People aged 60 years and over without a disability were asked questions about need for, and receipt of, help for household chores, property maintenance, meal preparation, reading and writing tasks, and transport activities. They were also asked questions relating to computer and Internet use and participation in community activities.

23 Persons who confirmed they were the primary carer of a person with a disability or an older person were asked about the assistance they provided, the assistance they could call on, and their employment experience. They were also asked to complete a self-enumeration form which collected information about their attitudes to, and experience of, their caring role.

EXPLANATORY NOTES *continued*

Household component continued

24 Basic demographic and socio-economic information was collected for all people in the household. Most of this information was provided by a responsible adult in the household.

Cared-accommodation component

25 The cared-accommodation component was enumerated in two stages using a mail-based methodology directed to administrators of selected establishments.

26 The first stage required completion of a Contact Information Form to establish the name of a contact officer, the current number of occupants within the establishment and the type of establishment.

27 The second stage required the nominated contact officer to select occupants in their establishment, following the instructions provided. A separate questionnaire was completed for each selected occupant.

28 The range of data collected in the cared-accommodation component was smaller than in the household component as some topics were not suitable for collection through a paper questionnaire or were irrelevant to those residing in cared-accommodation.

WEIGHTING, BENCHMARKING AND ESTIMATION

Weighting

29 Weighting is the process of adjusting results from a sample survey to infer results for the total population. To do this, a 'weight' is allocated to each enumerated person. The weight is a value which indicates how many population units are represented by the sample unit.

30 The first step in calculating weights for each person is to assign an initial weight, which is equal to the inverse of the probability of being selected in the survey. For example, if the probability of a person being selected in the survey was 1 in 300, then the person would have an initial weight of 300 (that is, they represent 300 people).

31 The responses from persons in the cared-accommodation component and persons in the private dwelling and non-cared accommodation components of the survey were weighted together in order to represent the entire in-scope population.

Benchmarking

32 The weights were calibrated to align with independent estimates of the population, referred to as benchmarks, in designated categories of sex by age by area of usual residence. Weights calibrated against population benchmarks ensure that the survey estimates conform to the independently estimated distribution of the population rather than to the distribution within the sample itself. Calibration to population benchmarks helps to compensate for over or under-enumeration of particular categories of persons which may occur due to either the random nature of sampling or non-response.

33 The survey was benchmarked to the estimated resident population (ERP) in each state and territory, excluding those living in very remote areas of Australia, at 30 June 2009. The SDAC estimates do not (and are not intended to) match estimates for the total Australian population obtained from other sources (which may include persons living in very remote parts of Australia).

Estimation

34 Survey estimates of counts of persons are obtained by summing the weights of persons with the characteristic of interest. Estimates of non-person counts (e.g. days away from work) are obtained by multiplying the characteristic of interest with the weight of the reporting person and aggregating.

Age standardisation

35 Totals presented in tables comparing rates over time are shown as age-standardised percentages. Age standardisation has been undertaken using the direct method (see Technical Note). An age-standardised rate removes the effects of different age structures when comparing population groups or changes over time. A standard age composition is used, in this case the age composition of the 30 June 2001 ERP. The standardised rate is that which would have prevailed if the actual population had the standard age

EXPLANATORY NOTES *continued*

Age standardisation continued

composition. Age-specific disability rates are multiplied by the standard population for each age group. The results are added and the sum calculated as a percentage of the standard population total to give the age-standardised percentage rate. The standardised rates should only be used to identify differences between population groups and changes over time.

RELIABILITY OF ESTIMATES

36 All sample surveys are subject to error which can be broadly categorised as either:

- sampling error
- non-sampling error.

Sampling error

37 Sampling error is the difference between the published estimates, derived from a sample of persons, and the value that would have been produced if all persons in scope of the survey had been included. For more information refer to the Technical Note.

Non-sampling error

38 Non-sampling error may occur in any collection, whether it is based on a sample or a full count such as a census. Sources of non-sampling error include non-response, errors in reporting by respondents or recording answers by interviewers, and errors in coding and processing data. Every effort was made to reduce the non-sampling error by careful design and testing of the questionnaire, training and supervision of interviewers, follow-up of respondents, and extensive editing and quality control procedures at all stages of data processing.

INTERPRETATION OF RESULTS

39 Disability is a difficult concept to measure because it depends on a respondent's perception of their ability to perform a range of activities associated with daily living. Factors discussed below should also be considered when interpreting the estimates contained in this publication.

40 Information in the survey was based, wherever possible, on the personal response given by the respondent. However, in cases where information was provided by another person, some answers may differ from those the selected person would have provided. In particular, interpretation of the concepts of 'need' and 'difficulty' may be affected by the proxy-interview method.

41 A number of people may not have reported certain conditions because of:

- the sensitive nature of the condition (e.g. alcohol and drug-related conditions, schizophrenia, other mental conditions)
- the episodic or seasonal nature of the condition (e.g. asthma, epilepsy)
- a lack of awareness of the presence of the condition on the part of the person reporting (e.g. mild diabetes) or a lack of knowledge or understanding of the correct medical terminology for the condition
- the lack of comprehensive medical information kept by their cared-accommodation establishment.

42 As certain conditions may not have been reported, data collected from the survey may have underestimated the number of people with one or more disabilities.

43 The need for help may have been underestimated as some people may not have admitted needing help because of such things as a desire to remain independent, or may not have realised help was needed with a task because help had always been received with that task.

44 The criteria by which people assessed whether they had difficulty performing tasks may have varied. Comparisons may have been made with the ability of others of a similar age, or with the respondent's own ability when younger.

45 The criteria used to identify disability and disability status has not changed between 2003 and 2009.

EXPLANATORY NOTES *continued*

INTERPRETATION OF RESULTS

continued

46 The different collection methods used (personal interview for households, and administrator completed forms for cared-accommodation) may have had some effect on the reporting of need for assistance with core activities. As a result there may have been some impact on measures such as disability status. If so, this would have more impact on the older age groups because of their increased likelihood of being in aged care-accommodation.

MAKING COMPARISONS BETWEEN SURVEYS OVER TIME

47 Much of the content of the six disability surveys conducted by the ABS in 1981, 1988, 1993, 1998, 2003 and 2009 is comparable. There are differences, however, as later surveys have attempted to obtain better coverage of disability and of specific tasks and activities previously considered too sensitive for a population survey.

Changes between surveys

IDENTIFICATION OF PRIMARY CARER POPULATION

48 In 2003, primary carers were identified by asking a responsible adult to complete screening questions on behalf of the household, as to whether anyone provided assistance with communication, mobility or self-care to members of the household. The identified person was then personally interviewed and asked to confirm that the nominated recipient of that care was the person they provided the most care for. If they indicated that this was the case, they were recorded as a 'primary carer'. The person who was receiving the care did not contribute to the identification process.

49 In 2009, this identification process was expanded to include members of the household who the recipient of care identified as their main care provider.

NEW ITEMS

50 The household component of the 2009 SDAC was expanded to include the following data items about:

- Main language spoken at home/proficiency in English

Disability services and services for the elderly/Unmet demand

- Age at which assistance was first needed with core activities
- Whether any organised services have been contacted for assistance with core/non-core activities in the last 12 months
- Type of organised service contacted (Government/Private non-profit organisation/Private commercial organisation)
- How often respondent receives assistance with core/non-core activities from organised services/partner or spouse, family, friends or neighbours
- Whether respondent expects to receive assistance with core/non-core activities for 6 months or more from organised services/partner or spouse, family, friends or neighbours
- Reasons respondent is not receiving (more) help from organised services
- Whether respondent needs (more) help with core/non-core activities
- Whether respondent needs (more) help with core/non-core activities from organised services
- How often respondent needs (additional) help with core/non-core activities from organised services
- Whether respondent needs (more) help with core/non-core activities from family or friends
- How often respondent needs (additional) help with core/non-core activities from family or friends
- Whether there are any (other) aids that the respondent needs, but does not have
- Task(s) for which an aid is needed
- Travelled to activities without any assistance.

Social inclusion (for people with a disability and persons aged 60 years and over)

- Frequency of face-to-face contact with family and friends not living with respondent

EXPLANATORY NOTES *continued*

Changes between surveys continued

- Frequency of other forms of contact with family and friends not living with respondent
- Ability to get support in a time of crisis
- Source of support in a time of crisis.

Labour force participation

- Working arrangements used to help look after someone in last 6 months
- Period since last worked
- Difficulties in finding work
- Whether available to start work/work more hours in the next 4 weeks
- Reasons not available to start work/work more hours in the next 4 weeks
- Reasons for not wanting work/more hours
- Whether looked for work in the last 12 months
- Time since last looked for work
- Main activity when not in the labour force
- Whether wanted to work
- Preferred hours of work
- Arrangements required to assist primary carer to achieve a balance between work and caring arrangements
- Reasons primary carer could not use arrangements to achieve a balance between work and caring arrangements.

Carers

- An improved carer selection process which incorporates carers who are identified by the recipient as well as those identified by the 'initial household contact person'
- Whether carer provides continuous or episodic care to usual resident/non-usual resident recipient
- Whether non-usual resident recipient lives in cared-accommodation
- Total number of hours spent each week providing care to all usual resident and non-usual resident recipients
- Social and community participation of primary carer
- Unmet sources of support for primary carer to help in their caring role.

CHANGES TO CLASSIFICATIONS

51 In 2006, the *Australian and New Zealand Standard Classification of Occupations (ANZSCO)* (cat. no. 1220.0) replaced the *Australian Standard Classification of Occupations (ASCO) Second Edition, 1997* (cat. no. 1220.0) and the *New Zealand Standard Classification of Occupations (NZSCO), 1999* used in Australia and New Zealand, respectively. ANZSCO provides an integrated framework for storing, organising and reporting occupation-related information.

DATA DISSEMINATION

Publications

52 Further information about SDAC including a list of data items included in the survey will be included in *Disability, Ageing and Carers: User Guide, Australia, 2009* (cat. no. 4431.0.55.001), expected to be released on the ABS website in March 2011.

Results for states

53 A set of tables in a spreadsheet format equivalent to those in this publication will be produced for each state and the Australian Capital Territory (subject to standard error and confidentiality constraints and excluding time series tables). These tables will be available from the ABS website <www.abs.gov.au> from June 2011.

Data Cubes

54 All tables in this publication are also available in a Data Cube (spreadsheet format). Additional data cubes will be appended to this product between January and April 2011. These will be of similar content to the publication *Survey of Disability, Ageing and Carers, Australia: A Summary of Findings, 2003* (cat. no. 4430.0). A summary

EXPLANATORY NOTES *continued*

Data Cubes continued

publication, a consolidation of the progressive releases, will be released using the same catalogue number (4430.0) on 28 April 2011.

Microdata

55 It is expected that both a basic and an expanded confidentialised unit record file (CURF) will be produced from the SDAC, subject to the approval of the Australian Statistician. The expanded CURF will contain more detail than the basic CURF and will only be available via the *Remote Access Data Laboratory (RADL)*, which is a secure Internet-based data query service. The basic CURF will be available via CD ROM or RADL.

Special tabulations

56 As well as releasing publications and standard products, the ABS can make available special tabulations. Special tabulations will not be available until the release of the consolidated publication on 28 April 2011.

Other products

57 This publication's Summary, these Explanatory Notes and the media release are available free of charge on the ABS website <www.abs.gov.au>.

ACKNOWLEDGMENTS

58 ABS publications draw extensively on information provided freely by individuals, businesses, governments and other organisations. Their continued cooperation is very much appreciated; without it, the wide range of statistics published by the ABS would not be available. Information received by the ABS is treated in strict confidence as required by the Census and Statistics Act 1905.

RELATED PUBLICATIONS

- 59** Previous ABS publications relating to disability, ageing and carers:
- A Profile of Carers in Australia, 2008* (cat. no. 4448.0)
 - People with a Need for Assistance – A Snapshot, 2006* (cat. no. 4445.0)
 - Disability, Ageing and Carers, Australia: Summary of Findings, 2003* (cat. no. 4430.0)
 - Disability, Australia, 2003* (cat. no. 4446.0)
 - Disability, Ageing and Carers: User Guide, Australia, 2003* (cat. no. 4431.0.55.001)
 - Census of Population and Housing: Ageing in Australia, 2001* (cat. no. 2048.0)
 - Caring in the Community, 1998* (cat. no. 4436.0)
 - Disability and Disabling Conditions, 1998* (cat. no. 4433.0)
 - Disability, Ageing and Carers, Australia: Disability and Disabling Conditions, 1993* (cat. no. 4433.0)
 - Disability, Ageing and Carers, Australia: Visual Impairment, 1993* (cat. no. 4434.0)
 - Disability, Ageing and Carers, Australia: Hearing Impairment, 1993* (cat. no. 4435.0)
 - Disability, Ageing and Carers, Australia: Brain Injury and Stroke, 1993* (cat. no. 4437.0).
- 60** Other ABS publications which may be of interest include:
- Australian Social Trends* (cat. no. 4102.0)
 - Labour Force, Australia* (cat. no. 6202.0)
 - Education and Training Experience, Australia, 2009* (cat. no. 6278.0)
 - Private Hospitals, Australia, 2008-2009* (cat. no. 4390.0)
 - National Aboriginal and Torres Strait Islander Social Survey, 2008* (cat. no. 4714.0)
 - Household Income and Income Distribution, Australia, 2007-08* (cat. no. 6523.0)
 - National Health Survey: Summary of Results, 2007-08* (cat. no. 4364.0)
 - General Social Survey: Summary Results, Australia, 2006* (cat. no. 4159.0)
 - How Australians Use Their Time, 2006* (cat. no. 4153.0)
 - Older People, Australia: A Social Report, 1999* (cat. no. 4109.0)
 - Children, Australia: A Social Report, 1999* (cat. no. 4119.0).

APPENDIX 1 LIMITATIONS AND RESTRICTIONS

TABLE OF LIMITATIONS, RESTRICTIONS, ACTIVITIES AND TASKS

To identify whether a person has a particular type of limitation or restriction, the SDAC collects information on need for assistance, difficulty experienced, or use of aids or equipment to perform selected tasks. The following table shows the tasks associated with each type of limitation and restriction.

A1

LIMITATION OR RESTRICTION <i>Specific limitation or restriction</i>	ACTIVITY	TASKS
Core activity limitations	Communication	Understanding family or friends
		Being understood by family or friends
		Understanding strangers
		Being understood by strangers
	Mobility	Getting into or out of a bed or chair
		Moving about usual place of residence
		Moving about a place away from usual residence
		Walking 200 metres
		Walking up and down stairs without a handrail
		Bending and picking up an object from the floor
	Self-care	Using public transport
		Showering or bathing
		Dressing
		Eating
		Toileting
Schooling or employment restrictions	Schooling	Bladder or bowel control
		Unable to attend school
		Attends a special school
		Attends special classes at an ordinary school
		Needs at least one day a week off school on average
	Employment	Has difficulty at school
		Permanently unable to work
		Restricted in the type of work they can or could do
		Need, or would need, at least one day a week off work on average
		Restricted in the number of hours they can, or could, work
Requires special equipment or modified work environment		
Needs ongoing assistance or supervision		
Would find it difficult to change jobs or get a preferred job		
Needs assistance from a disability job placement program or agency		

APPENDIX 1 LIMITATIONS AND RESTRICTIONS *continued*

A2

LIMITATION OR RESTRICTION	ACTIVITY	TASKS
Without specific limitation or restriction		
Other activities	Health care	Foot care
		Taking medications or administering injections
		Dressing wounds
		Using medical machinery
		Manipulating muscles or limbs
	Reading or writing	Checking bills or bank statements
		Writing letters
		Filling in forms
	Transport	Going to places away from the usual place of residence
	Household chores	Washing
		Vacuuming
		Dusting
	Property maintenance	Changing light bulbs, taps, washers or car registration stickers
		Making minor home repairs
		Mowing lawns, watering, pruning shrubs, light weeding or planting
		Removing rubbish
	Meal preparation	Preparing ingredients
		Cooking food
	Cognition or emotion	Making friendships, interacting with others or maintaining relationships
		Coping with feelings or emotions
Decision making or thinking through problems		

APPENDIX 2 DISABILITY GROUPS

DISABILITY GROUPS

1 Disabilities can be broadly grouped depending on whether they relate to functioning of the mind or the senses, or to anatomy or physiology. Each disability group may refer to a single disability or be composed of a number of broadly similar disabilities. The SDAC module relating to disability groups was designed to identify four separate groups based on the particular type of disability identified.

2 These groups are:

- Sensory
 - loss of sight (not corrected by glasses or contact lenses)
 - loss of hearing where communication is restricted, or an aid used
 - speech difficulties, including loss.
- Intellectual
 - difficulty learning or understanding things.
- Physical
 - shortness of breath or breathing difficulties that restrict everyday activities
 - blackouts, fits or loss of consciousness
 - chronic or recurrent pain or discomfort that restricts everyday activities
 - incomplete use of arms or fingers
 - difficulty gripping or holding things
 - incomplete use of feet or legs
 - restriction in physical activities or in doing physical work
 - disfigurement or deformity.
- Psychological
 - nervous or emotional condition that restricts everyday activities
 - mental illness or condition requiring help or supervision
 - head injury, stroke or other brain damage, with long-term effects that restrict everyday activities.

3 The following categories were not included in any of the four groups above, but were included in the total:

- receiving treatment or medication for any other long-term conditions or ailments and still restricted in everyday activities
- any other long-term conditions resulting in a restriction in everyday activities.

4 In the disability groups module people could be counted more than once if they had multiple disabilities which belonged to more than one disability group. For example, a person with a hearing loss and speech difficulties would be counted once in the sensory disability group. However, a person with a hearing loss and a physical deformity would be counted once in the sensory disability group and once in the physical disability group. As a result, the sum of the components of data from the disability groups module does not add to the total persons with disabilities.

5 Data are not included in this publication by disability group; however, this information is provided to assist users to understand data from other products from the SDAC.

TECHNICAL NOTE DATA QUALITY

RELIABILITY OF THE ESTIMATES

1 Since the estimates in this publication are based on information obtained from occupants of a sample of dwellings, they are subject to sampling variability. That is, they may differ from those estimates that would have been produced if all dwellings had been included in the survey. One measure of the likely difference is given by the standard error (SE), which indicates the extent to which an estimate may have varied by chance because only a sample of dwellings was included. There are about two chances in three (67%) that a sample estimate will differ by less than one SE from the number that would have been obtained if all dwellings had been included, and about 19 chances in 20 (95%) that the difference will be less than two SEs.

2 Another measure of the likely difference is the relative standard error (RSE), which is obtained by expressing the SE as a percentage of the estimate.

$$RSE\% = \left(\frac{SE}{estimate} \right) \times 100$$

3 RSEs for estimates from the 2009 SDAC were calculated using the Jackknife method of variance estimation. This involves the calculation of 60 'replicate' estimates based on 60 different sub-samples of the original sample. The variability of estimates obtained from these sub-samples is used to estimate the sample variability surrounding the main estimate.

4 Tables 1, 2 and 4 contain time series estimates from the 2009 SDAC and 2003 SDAC. The spreadsheet datacubes associated with the current edition of *Disability, Ageing and Carers, Australia: Summary of Findings* (cat. no. 4430.0) contain directly calculated RSEs for the 2009 estimates. However, the RSEs for the 2003 estimates were calculated using a previous statistical SE model. This is detailed in *Disability, Ageing and Carers, Australia: Summary of Findings, 2003* (cat. no. 4430.0) which is available on the ABS website <www.abs.gov.au>. While the direct method is more accurate, the difference between the two is usually not significant for most estimates.

5 Estimates (numbers and percentages) with RSEs less than 25% are considered sufficiently reliable for most purposes. However, estimates with larger RSEs are included and preceded by an asterisk (e.g. *3.9) to indicate they are subject to high SEs and should be used with caution. Estimates with RSEs greater than 50% are preceded by a double asterisk (e.g. **1.2) to indicate that they are considered too unreliable for general use.

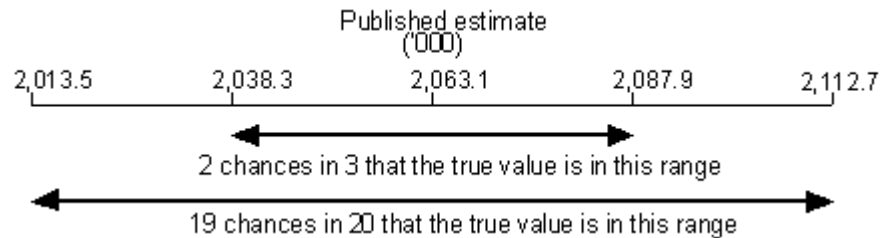
CALCULATION OF STANDARD ERRORS

6 Standard errors can be calculated using the estimates and the corresponding RSEs. For example, Table 1 shows the estimated number of females in 2009 who had a disability was 2,063,100. The RSE Table corresponding to the estimates in Table 1 (see Relative Standard Errors for Table 1 in the 'Relative Standard Error' section at the end of these Technical Notes) shows the RSE for this estimate is 1.2%. The SE is calculated by:

$$\begin{aligned} & SE_{of\ estimate} \\ &= \left[\frac{RSE}{100} \right] \times estimate \\ &= \left[\frac{1.2}{100} \right] \times 2,063,100 \\ &= 0.012 \times 2,063,100 \\ &= 24,800 \text{ (rounded to the nearest 100)} \end{aligned}$$

CALCULATION OF STANDARD ERRORS *continued*

7 Therefore, there are about two chances in three that the value that would have been produced if all dwellings had been included in the survey will fall within the range 2,038,300 to 2,087,900 and about 19 chances in 20 that the value will fall within the range 2,013,500 to 2,112,700. This example is illustrated in the diagram below.



PROPORTIONS AND PERCENTAGES

8 Proportions and percentages formed from the ratio of two estimates are also subject to sampling error. The size of the error depends on the accuracy of both the numerator and the denominator. A formula to approximate the RSE of a proportion is given below. The formula is only valid when the numerator is a subset of the denominator:

$$RSE\left(\frac{x}{y}\right) = \sqrt{[RSE(x)]^2 - [RSE(y)]^2}$$

9 As an example, using the 2009 estimates from Table 1, of the 4,026,200 persons who had a disability, 2,063,100 are females or 51.2%. The RSE for 2,063,100 is 1.2% and the RSE for 4,026,200 is 1.0% (see Relative Standard Errors for Table 1 in the 'Relative Standard Error' section at the end of these Technical Notes). Applying the above formula, the RSE for the proportion of females who had a disability is:

$$RSE\left(\frac{x}{y}\right) = \sqrt{[RSE(x)]^2 - [RSE(y)]^2}$$

$$RSE\left(\frac{x}{y}\right) = \sqrt{[1.2]^2 - [1.0]^2} = 0.7\%$$

10 Therefore, the SE for the proportion of persons who had a disability and were female, is 0.4 percentage points (=0.7/100 x 51.2). Hence, there are about two chances in three that the proportion of females who had a disability is between 50.8% and 51.6%, and 19 chances in 20 that the proportion is between 50.4% and 52.0%.

DIFFERENCES

11 Published estimates may also be used to calculate the difference between two survey estimates (of numbers or percentages). Such an estimate is subject to sampling error. The sampling error of the difference between two estimates depends on their SEs and the relationship (correlation) between them. An approximate SE of the difference between two estimates (x-y) may be calculated by the following formula:

$$SE(x-y) = \sqrt{[SE(x)]^2 + [SE(y)]^2}$$

12 While this formula will only be exact for differences between separate and uncorrelated characteristics or sub-populations, it is expected to provide a good approximation for all differences likely to be of interest in this publication.

SIGNIFICANCE TESTING

13 A statistical significance test for any of the comparisons between estimates can be performed to determine whether it is likely that there is a difference between the corresponding population characteristics. The standard error of the difference between two corresponding estimates (x and y) can be calculated using the formula in paragraph 11. This standard error is then used to calculate the following test statistic:

$$\left(\frac{|x-y|}{SE(x-y)} \right)$$

14 If the value of this test statistic is greater than 1.96 then there is evidence of a statistically significant difference (at the 5% level) in the two estimates with respect to that characteristic. This statistic corresponds to a 95% confidence interval of the difference. Otherwise, it cannot be stated with confidence that there is a real difference between the population with respect to that characteristic.

15 The selected tables in this publication that show the results of significance testing are annotated to indicate where the estimates are significantly different from each other. In all other tables which do not show the results of significance testing, users should take account of RSEs when comparing estimates for different populations.

AGE STANDARDISATION

16 For this publication the direct age standardisation method was used. The standard population used was the 30 June 2001 Estimated Resident Population. Estimates of age-standardised rates were calculated using the following formula:

$$C_{direct} = \sum_{a=1}^n (C_a \times P_{sa})$$

where:

n = number of age categories

C_{direct} = the age-standardised rate for the population of interest

a = the age categories that have been used in the age standardisation

C_a = the estimated rate for the population being standardised in age category a

P_{sa} = the proportion of the standard population in age category a.

17 The age categories used in the standardisation for this publication were 0 to 4 years, 5 to 14 years, 15 to 24 years, 25 to 34 years, 35 to 44 years, 45 to 54 years, then five-year groups to 90 years and over.

RELATIVE STANDARD ERROR

18 Limited publication space does not allow for the separate indication of the SEs and/or RSEs of all the estimates in this publication, and as a result only RSEs for Table 1 are included. However, RSEs for all tables are available free-of-charge on the ABS website <www.abs.gov.au>, released in spreadsheet format as an attachment to this publication.

TECHNICAL NOTE DATA QUALITY *continued*

RELATIVE STANDARD ERRORS FOR TABLE 1

Age group (years)	2003		2009	
	RSE of estimate %	RSE of proportion %	RSE of estimate %	RSE of proportion %
MALES				
0-4	15.3	14.9	10.6	10.6
5-14	6.4	6.1	5.0	5.0
15-24	7.4	7.1	6.9	6.9
25-34	6.3	6.0	5.2	5.3
35-44	5.7	5.3	4.3	4.3
45-54	4.8	4.3	3.5	3.5
55-59	6.5	5.5	3.8	3.8
60-64	6.3	4.9	3.8	3.8
65-69	6.9	5.3	3.6	3.6
70-74	6.9	5.0	3.2	3.2
75-79	7.1	4.5	3.3	3.3
80-84	8.1	4.3	3.2	3.0
85-89	11.8	5.9	4.9	3.4
90 and over	18.1	5.3	11.1	4.2
<i>Total</i>	1.7	1.6	1.2	1.2
<i>Total, age standardised(a)</i>	..	1.6	..	1.2
FEMALES				
0-4	17.0	16.6	12.6	12.6
5-14	8.5	8.2	6.2	6.2
15-24	7.5	7.2	6.4	6.4
25-34	7.0	6.7	4.8	4.8
35-44	5.8	5.4	4.2	4.2
45-54	4.8	4.4	3.6	3.6
55-59	6.2	5.2	3.7	3.7
60-64	6.7	5.4	3.5	3.5
65-69	7.1	5.7	4.3	4.3
70-74	6.5	4.7	3.8	3.8
75-79	6.4	4.3	3.2	3.2
80-84	6.8	3.9	3.1	3.1
85-89	8.5	3.9	3.4	2.1
90 and over	10.5	2.9	5.4	2.2
<i>Total</i>	1.7	1.5	1.2	1.2
<i>Total, age standardised(a)</i>	..	1.5	..	1.2
PERSONS				
0-4	11.5	11.3	8.3	8.3
5-14	5.1	4.9	4.0	4.0
15-24	5.2	5.0	5.3	5.3
25-34	4.6	4.4	3.8	3.8
35-44	4.0	3.7	3.5	3.5
45-54	3.3	3.0	2.7	2.7
55-59	4.4	3.8	2.8	2.8
60-64	4.5	3.6	2.7	2.7
65-69	4.9	3.9	2.7	2.7
70-74	4.7	3.4	2.5	2.5
75-79	4.7	3.1	2.3	2.3
80-84	5.1	2.9	2.4	2.3
85-89	6.9	3.3	2.9	1.9
90 and over	9.1	2.6	5.3	2.2
Total	1.1	1.0	1.0	1.0
Total, age standardised(a)	..	1.0	..	1.0

.. not applicable

(a) Age standardised to the estimated resident population at 30 June 2001.

GLOSSARY

Ability to get support in a time of crisis	Refers to whether there is someone outside the person's household that could be asked for support in a time of crisis. Support could be in the form of emotional, physical or financial help. Potential sources of support could be family members, friends, neighbours, work colleagues and various community, government and professional organisations.
Activity	An activity comprises one or more tasks. See Appendix 1 for a summary table of restrictions, activities and tasks. In this survey, tasks have been grouped into the following ten activities: <ul style="list-style-type: none">■ cognition or emotion■ communication■ health care■ household chores■ meal preparation■ mobility■ property maintenance■ reading or writing■ self-care■ transport.
Age standardised disability rate	An age standardised rate is calculated to remove the effects of different age structures when comparing populations over time. A standard age composition is used, in this case the age composition of the estimated resident population of Australia at 30 June 2001. An age standardised rate is that which would have prevailed if the actual population had the standard age composition. Age-specific disability rates are multiplied by the standard population for each age group. The results are added and the sum calculated as a percentage of the standard population total to give the age standardised percentage rate.
Aids and equipment	Any device used by persons with one or more disabilities to assist them with performing tasks, but does not include help provided by another person or an organisation.
Australian Standard Classification of Education (ASCED)	The ASCED is a national standard classification which includes all sectors of the Australian education system, that is, schools, vocational education and training, and higher education. From 2001, ASCED replaced a number of classifications used in administrative and statistical systems, including the ABS Classification of Qualifications (ABSCQ). The ASCED comprises two classifications: Level of education and Field of education. See <i>Australian Standard Classification of Education (ASCED), 2001</i> (cat. no. 1272.0).
Braces	Braces are applied to legs for extra support. This extra support may allow people to walk who otherwise are not able to. Braces can also be applied to other joints to provide extra support after injury.
Calipers	A specific type of brace that is applied to legs. It is constructed of side bars, with spurs fitting into a tube in the heel of an adapted shoe and straps around the leg to hold the splint in position.
Capital city/Balance of state	Capital city refers to the capital city Statistical Division for each state or territory. All other regions within each state are classified as Balance of state.
Cared-accommodation	Hospitals, homes for the aged such as nursing homes and aged care hostels, cared components of retirement villages, and other 'homes', such as children's homes.
Carer	A person of any age who provides any informal assistance, in terms of help or supervision, to persons with disabilities or long-term conditions or persons who are elderly (i.e. aged 60 years and over). This assistance has to be ongoing, or likely to be ongoing, for at least six months. Assistance to a person in a different household relates to 'everyday types of activities', without specific information on the activities. Where the care recipient lives in the same household, the assistance is for one or more of the following activities:

GLOSSARY *continued*

- Carer *continued***
- cognition or emotion
 - communication
 - health care
 - household chores
 - meal preparation
 - mobility
 - property maintenance
 - reading or writing
 - self-care
 - transport.
- Child** A person of any age who is a natural, step or foster son or daughter of a couple or lone parent, usually resident in the same household, and who does not have a child or partner of his/her own usually resident in the household.
- Cognition or emotion** This activity comprises the following tasks:
- making friendships, maintaining relationships, or interacting with others
 - coping with feelings or emotions
 - decision making or thinking through problems.
- Cognition or emotion was termed 'guidance' in earlier SDAC surveys.
- Communication** This activity comprises the following tasks:
- understanding family or friends
 - being understood by family or friends
 - understanding strangers
 - being understood by strangers.
- Continuous care** Refers to care that is on-going, or likely to be on-going, for at least six months.
- Contributing family worker** A person who works without pay in an economic enterprise operated by a relative.
- Core activities** Core activities are communication, mobility and self-care.
- Core activity limitation** Four levels of core activity limitation are determined based on whether a person needs help, has difficulty, or uses aids or equipment with any of the core activities (communication, mobility or self-care). A person's overall level of core activity limitation is determined by their highest level of limitation in these activities.
- The four levels of limitation are:
- profound – the person is unable to do, or always needs help with, a core activity task.
 - severe – the person:
 - sometimes needs help with a core activity task
 - has difficulty understanding or being understood by family or friends
 - can communicate more easily using sign language or other non-spoken forms of communication.
 - moderate – the person needs no help, but has difficulty with a core activity task.
 - mild – the person needs no help and has no difficulty with any of the core activity tasks, but:
 - uses aids and equipment
 - cannot easily walk 200 metres
 - cannot walk up and down stairs without a handrail
 - cannot easily bend to pick up an object from the floor
 - cannot use public transport
 - can use public transport, but needs help or supervision
 - needs no help or supervision, but has difficulty using public transport.

GLOSSARY *continued*

Disability	<p>In the context of health experience, the International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environment and personal factors).</p> <p>In this survey, a person has a disability if they report they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. This includes:</p> <ul style="list-style-type: none">■ loss of sight (not corrected by glasses or contact lenses)■ loss of hearing where communication is restricted, or an aid to assist with, or substitute for, hearing is used■ speech difficulties■ shortness of breath or breathing difficulties causing restriction■ chronic or recurrent pain or discomfort causing restriction■ blackouts, fits, or loss of consciousness■ difficulty learning or understanding■ incomplete use of arms or fingers■ difficulty gripping or holding things■ incomplete use of feet or legs■ nervous or emotional condition causing restriction■ restriction in physical activities or in doing physical work■ disfigurement or deformity■ mental illness or condition requiring help or supervision■ long-term effects of head injury, stroke or other brain damage causing restriction■ receiving treatment or medication for any other long-term conditions or ailments and still being restricted■ any other long-term conditions resulting in a restriction. <p>For more information about group of disabilities see Appendix 2.</p>
Disability rate	<p>The proportion of people with a reported disability, in any given population or sub-population (e.g. age group).</p>
Dressing	<p>Dressing includes physical assistance for dressing or undressing activities, such as doing up buttons or zips, putting on socks and shoes, tying shoe laces, etc. It also includes advising on appropriate clothing.</p>
Dressing aids	<p>Includes aids that are used to assist in the dressing process such as zip pullers, button hooks and tongs for pulling on clothes.</p>
Eating	<p>This includes the physical aspects of eating, as well as supervising to ensure the food is eaten and nothing harmful is placed in the mouth (e.g. bones) and any washing or clothing adjustments that are needed after eating or feeding. The physical aspects of eating include being seated at the table, serving food, cutting food into pieces and feeding.</p>
Eating aids	<p>Eating aids include any special crockery or cutlery that facilitate eating.</p>
Ejector chair	<p>A chair that mechanically 'lifts' the person into a standing position.</p>
Employed	<p>People who reported that they had worked in a job, business or farm during the reference week (the full week prior to the date of interview); or that they had a job in the reference week, but were not at work.</p>
Employee	<p>A person who works for a public or private employer and receives remuneration in wages, salary, a retainer fee from their employer while working on a commission basis, tips, piece rates, or payment in kind, or a person who operates their own incorporated enterprise with or without hiring employees. In this publication, employee relates to his/her main job.</p>

GLOSSARY *continued*

Employer	A person who operates his or her own unincorporated economic enterprise or engages independently in a profession or trade, and hires one or more employees.
Employment restriction	<p>An employment restriction is determined for persons with one or more disabilities if, because of their disability, they:</p> <ul style="list-style-type: none">■ are permanently unable to work■ are restricted in the type of work they can or could do■ need or would need at least one day a week off work on average■ are restricted in the number of hours they can or could work■ require or would require an employer to provide special equipment, modify the work environment or make special arrangements■ requires assistance from a disability job placement program or agency■ need or would need to be given ongoing assistance or supervision■ would find it difficult to change jobs or get a better job. <p>This information was collected for persons aged 15 to 64 years with one or more disabilities, living in households.</p>
Episodic care	Refers to care that is only provided during episodes where the condition of the main/only recipient deteriorates, that is, for conditions where the main/only recipient suffers attacks or relapses at intervals (e.g. episodes of schizophrenia, epilepsy, etc.). During these episodes the care provided might be continuous; however, the type of care is classified as episodic as it is not provided for an ongoing condition.
Equivalent household income	Equivalent adjusts actual income to take into account the different needs of households of different size and composition. There are economic advantages associated with living with others, because household resources, especially housing, can be shared. The equivalence scale used to obtain equivalent income is that used in studies by the Organisation for Economic Co-operation and Development (OECD) and is referred to as the 'modified OECD scale'. The scale gives a weight of 1.0 to the first adult in the household, a weight of 0.5 for each additional adult (persons aged 15 years and over), and a weight of 0.3 for each child. For each household, the weights for household members are added together to form the household weight. Total household income is then divided by the household weight to give an income that a lone person household would need for a similar standard of living. Equivalent household income can be viewed as an indicator of the economic resources available to each member of the household.
Establishment	See Cared-accommodation.
Fall-back carer	A person identified by the primary carer as being able to take responsibility for the care of the main/only recipient should the primary carer become unavailable. A fall-back carer cannot be a formal provider.
Financial management	This includes activities such as keeping track of expenses and paying bills.
Formal assistance/providers	Help provided to persons with one or more disabilities by: <ul style="list-style-type: none">■ organisations or individuals representing organisations (whether profit making or non-profit making, government or private); or■ other persons (excluding family, friends or neighbours as described in Informal assistance/providers) who provide assistance on a regular, paid basis and who were not associated with any organisation.
Full time workers	Employed persons who usually worked 35 hours or more a week (in all jobs) and those who, although usually working less than 35 hours a week, worked 35 hours or more during the reference week.
Health care	This activity comprises two tasks: <ul style="list-style-type: none">■ foot care; and■ other tasks, such as:<ul style="list-style-type: none">■ taking medication or administering injections■ dressing wounds

GLOSSARY *continued*

Health care <i>continued</i>	<ul style="list-style-type: none">■ using medical machinery■ manipulating muscles or limbs.
High technology aids for speaking	This includes aids such as digitised or synthesised speech output systems.
High technology reading or writing aids	This includes aids such as audio tapes, talking word processors, specialised computer software and printout systems.
Highest educational attainment	Highest educational attainment identifies the highest achievement a person has attained in any area of study. It is a ranking of qualifications and other educational attainments regardless of the particular area of study or the type of institution at which the study was undertaken. Highest educational attainment is based on the <i>Australian Standard Classification of Education (ASCED), 2001</i> (cat. no. 1272.0).
Hours worked	Hours worked was only collected for people who were employed during the reference period. It refers to the number of hours usually worked in all jobs.
Household	<p>A group of two or more related or unrelated people who usually reside in the same dwelling and who make common provision for food and other essentials for living; or a person living in a dwelling who makes provision for his or her own food and other essentials for living without combining with any other person. Thus a household may consist of:</p> <ul style="list-style-type: none">■ one person■ one family■ one family and related individual(s)■ related families with or without unrelated individual(s)■ unrelated families with or without unrelated individual(s)■ unrelated individuals.
Housework	<p>This activity comprises a single task 'household chores', examples of which are:</p> <ul style="list-style-type: none">■ washing■ vacuuming■ dusting.
Impairment	<p>In the context of health experience, an impairment is defined by the International Classification of Functioning, Disability and Health (ICF) as a loss or abnormality in body structure or physiological function (including mental functions). Abnormality is used to refer to a significant variation from established statistical norms.</p> <p>Examples of an impairment are loss of sight or of a limb, disfigurement or deformity, impairment of mood or emotion, impairments of speech, hallucinations, loss of consciousness and any other lack of function of body organs.</p>
Income	Gross current usual (weekly equivalent) cash receipts that are of a regular and recurring nature, and accrue to individual household members at annual or more frequent intervals, from employment, own business, the lending of assets and transfers from Government, private organisations and other households.
Income unit	An income unit is one person or a group of related persons within a household, whose command over income is assumed to be shared. Income sharing is assumed to take place within married (registered or de facto) couples, and between parents and dependent children.
Incontinence aids	Incontinence aids include items such as incontinence pads, urinary appliances, incontinence briefs, waterproof pants and specialised bed linen.
Industry	Industry has been classified according to the <i>Australian and New Zealand Standard Industrial Classification (ANZSIC), 2006</i> (cat. no. 1292.0).

GLOSSARY *continued*

Informal assistance/providers	Informal assistance is unpaid help or supervision that is provided to persons with one or more disabilities or persons aged 60 years and over living in households. It only includes assistance that is provided because of a person's disability or because they are older. Informal assistance may be provided by family, friends or neighbours. For this survey, any assistance received from family or friends living in the same household was considered to be informal assistance regardless of whether or not the provider was paid. It does not include providers whose care is privately organised (see Formal assistance/providers).
Informal care in formal care establishments	Care or assistance with activities provided on a regular, unpaid informal basis to people who live in a cared-accommodation facility (e.g. nursing homes).
Labour force status	A classification of the population aged 15 years or over into employed, unemployed or not in the labour force.
Level of communication restrictions	<p>Four levels of communication restrictions are determined based on whether a person needs help, has difficulty, or uses aids or equipment in communicating with others. A person's overall level of communication restriction is determined by their highest level of limitation in these activities.</p> <p>The four levels of limitation are:</p> <ul style="list-style-type: none">■ profound – the person cannot understand or be understood at all. They always need help when communicating with family or friends and people they don't know.■ severe – the person:<ul style="list-style-type: none">■ communicates more easily with sign language or other non-spoken communication■ sometimes needs help understanding or being understood by someone they don't know■ sometimes needs help understanding or being understood by family or friends■ has difficulty understanding or being understood by family or friends.■ moderate – the person has difficulty understanding or being understood by someone they don't know, or the interview was conducted in English with difficulty because of communication problems.■ mild – the person has no difficulty understanding or being understood by someone else, but uses a communication aid.
Level of mobility restrictions	<p>Four levels of mobility restrictions are determined based on whether a person needs help, has difficulty, or uses aids or equipment in moving around. A person's overall level of mobility restriction is determined by their highest level of limitation in these activities.</p> <p>The four levels of limitation are:</p> <ul style="list-style-type: none">■ profound – the person:<ul style="list-style-type: none">■ does not get out of bed■ does not move around the residence■ does not leave home because of their condition■ always needs help or supervision with:<ul style="list-style-type: none">● moving around places away from their place of residence● moving about their place of residence● getting into or out of a bed or chair.■ severe – the person sometimes need help or supervision with:<ul style="list-style-type: none">■ moving around places away from their place of residence■ moving about their place of residence■ getting into or out of a bed or chair.■ moderate – the person has difficulty, but doesn't need help with:<ul style="list-style-type: none">■ moving around places away from their place of residence■ moving about their place of residence■ getting into or out of a bed or chair.■ mild – the person doesn't need any help and doesn't have any difficulty with moving around, but:

GLOSSARY *continued*

Level of mobility restrictions *continued*

- uses a mobility aid
- cannot easily walk 200 metres or takes longer to do so than most people their age
- cannot walk up or down stairs without using a handrail
- cannot easily bend to pick something off the floor
- cannot use all forms of public transport without experiencing some difficulty.

Level of non-school educational restriction

Three levels of non-school educational restrictions are determined based on whether a person needs help, has difficulty, or uses aids or equipment in their education. A person's overall level of non-school educational restriction is determined by their highest level of limitation in these activities.

The three levels of limitation are:

- severe – the person:
 - receives personal assistance
 - has a signing interpreter
 - receives special tuition
 - receives assistance from a counsellor/disability support person.
- moderate – the person:
 - often needs time off from school/institution
 - has difficulty at school/institution because of their condition(s)
 - has special assessment procedures.
- mild – the person needs:
 - a special computer or other special equipment
 - special transport arrangements
 - special access arrangements
 - other special arrangements or support services.

Level of schooling restrictions

Four levels of schooling restrictions are determined based on whether a person needs help, has difficulty, or uses aids or equipment in their education. A person's overall level of schooling restriction is determined by their highest level of limitation in these activities.

The four levels of limitation are:

- profound – the person's condition prevents them from attending school.
- severe – the person:
 - attends a special school or special classes
 - receives personal assistance
 - has a signing interpreter
 - receives special tuition
 - receives assistance from a counsellor/disability support person.
- moderate – the person:
 - often needs time off from school
 - has difficulty at school because of their condition(s)
 - has special assessment procedures.
- mild – the person needs:
 - a special computer or other special equipment
 - special transport arrangements
 - special access arrangements
 - other special arrangements or support services.

Level of self-care restrictions

Four levels of self-care restrictions are determined based on whether a person needs help, has difficulty, or uses aids or equipment in looking after themselves. A person's overall level of self-care restriction is determined by their highest level of limitation in these activities.

The four levels of limitation are:

- profound – the person always needs help or supervision with:
 - bathing or showering

GLOSSARY *continued*

<p>Level of self-care restrictions <i>continued</i></p>	<ul style="list-style-type: none"> ■ dressing ■ eating ■ toileting ■ managing bladder or bowel control. ■ severe – the person sometimes need help or supervision with: <ul style="list-style-type: none"> ■ bathing or showering ■ dressing ■ eating ■ toileting ■ managing bladder or bowel control. ■ moderate – the person has difficulty, but doesn't need help with: <ul style="list-style-type: none"> ■ bathing or showering ■ dressing ■ eating ■ toileting ■ managing bladder or bowel control. ■ mild – the person: <ul style="list-style-type: none"> ■ doesn't need any help and doesn't have any difficulty with self-care, but uses an aid ■ does not use the toilet, but does not have difficulty controlling their bladder or bowel.
<p>Limitation</p>	<p>A person has a limitation if they have difficulty doing a particular activity, need assistance from another person or use an aid. See Appendix 1 for more detail.</p>
<p>Living arrangements</p>	<p>Living arrangements refer to:</p> <ul style="list-style-type: none"> ■ whether a person lives alone, with other family members or with other unrelated individuals ■ whether a person lives in a private dwelling, cared-accommodation or other non-private dwelling. <p>Relationship in household was not determined for people in cared-accommodation or other non-private dwellings.</p>
<p>Long-term condition</p>	<p>A disease or disorder which has lasted or is likely to last for at least six months; or a disease, disorder or event (e.g. stroke, poisoning, accident etc.) which produces an impairment or restriction which has lasted or is likely to last for at least six months. Long-term conditions have been coded to a classification based on the <i>World Health Organisation's International Classification of Diseases, version 10</i> (ICD-10).</p>
<p>Low technology reading or writing aids</p>	<p>Non-electronic aids such as picture boards, symbol boards or large print books.</p>
<p>Low technology speaking aids</p>	<p>Non-electronic aids such as picture boards, symbol boards or letter/word boards.</p>
<p>Main condition</p>	<p>A long-term condition identified by a person as the one causing the most problems. Where only one long-term condition is reported, this is recorded as the main long-term condition.</p>
<p>Main job</p>	<p>The job in which a person usually works the most hours.</p>
<p>Main language spoken at home</p>	<p>The main language spoken by a person in his/her home, on a regular basis, to communicate with other residents of the home and regular visitors to the home.</p>
<p>Main recipient of care</p>	<p>Where a primary carer is caring for more than one person, the main recipient of care is the one receiving the most help or supervision. A sole recipient is also classed as a main recipient. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities of communication, mobility and self-care.</p>
<p>Meal preparation</p>	<p>Includes preparing ingredients and cooking food.</p>
<p>Meal preparation aids</p>	<p>Includes items such as cutting aids, opening aids and cooking aids.</p>

GLOSSARY *continued*

Median	The median value is that value which divides the population into two equal parts, one half having values lower than the median, and one half having values higher than it.
Medical aids	This includes items such as nebulisers, dialysis machines, feeding pumps, pacemakers, oxygen concentrators or cylinders, ventilators, medical dressings, surgical stockings or pain management aids.
Mild core activity limitation	See Core activity limitation.
Mobility	Mobility comprises the following tasks: <ul style="list-style-type: none">■ getting into or out of a bed or chair■ moving about the usual place of residence■ going to or getting around a place away from the usual residence■ walking 200 metres■ walking up and down stairs without a handrail■ bending and picking up an object from the floor■ using public transport.
Moderate core activity limitation	See Core activity limitation.
Need for assistance	A person with one or more disabilities, or aged 60 years and over, is identified as having a need for assistance with an activity if, because of their disability or age, they report that they need help or supervision with at least one of the specified tasks constituting that activity. Need is not identified if the help or supervision is required because the person has not learned, or has not been accustomed to performing that activity. The person is considered to need assistance whether or not assistance is actually received.
Non-core restriction	A restriction in employment and/or schooling.
Non-personal assistance	This includes meal preparation, reading or writing, household chores, property maintenance and transport.
Non-private dwelling	In this survey, comprises Cared-accommodation and Other non-private dwellings.
Non-school qualification	Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education. They include qualifications at the Post Graduate Degree level, Master Degree level, Graduate Diploma and Graduate Certificate level, Bachelor Degree level, Advanced Diploma and Diploma level, and Certificates I, II, III and IV levels. Non-school qualifications may be attained concurrently with school qualifications.
Not in the labour force	Persons who were not employed or unemployed.
Occupation	Classified according to the <i>Australian and New Zealand Standard Classification of Occupations (ANZSCO), First Edition, 2006</i> (cat. no. 1220.0).
Older person	In this survey, older person refers to a person aged 60 years and over. Information on need for and receipt of assistance for household chores, meal preparation, reading or writing, property maintenance and transport, and on community participation, is available from the survey for persons aged 60 years and over, regardless of whether they have a disability or not.
Other hearing aid(s)	This includes aids such as hearing dogs, light signals, or a Teletypewriter (TTY) phone or loop.
Other non-private dwelling	Non-private dwellings other than cared-accommodation are defined in this survey as hostels for the homeless, hotels, motels, educational and religious institutions, construction camps, boarding houses, staff quarters, guest houses, short-stay caravan parks, youth camps and camping grounds, and self-care units in a retirement village which may have cared-accommodation on-site.

GLOSSARY *continued*

Own account worker	An own account worker is a person who operates his or her own unincorporated economic enterprise or engages independently in a profession or trade and hires no employees.
Part time workers	Employed persons who usually worked less than 35 hours a week (in all jobs) and either did so during the reference week, or were not at work during the reference week.
Participation rate	In the context of labour force statistics, the participation rate for any group is the number of persons in the labour force (i.e. employed persons plus unemployed persons) expressed as a percentage of the population aged 15 years and over in the same group. In this publication, the population is restricted to persons aged 15 to 64 years.
Partner	A person in a couple relationship with another person usually resident in the same household. The couple relationship may be in either a registered or de facto marriage, and includes same-sex couples.
Personal activities	These include communication, mobility, self-care, health care and cognition or emotion.
Primary carer	A primary carer is a person who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities or aged 60 years and over. The assistance has to be ongoing, or likely to be ongoing, for at least six months and be provided for one or more of the core activities (communication, mobility and self-care). In this survey, primary carers only include persons aged 15 years and over for whom a personal interview was conducted. Persons aged 15 to 17 years were only interviewed personally if parental permission was granted.
Principal carer	This term is not used in the 2009 SDAC, as there has been a change in the way primary carers were identified compared with previous surveys. In previous surveys, a principal carer was a person who was not identified by the initially responding responsible adult as being the person who provided the most care to a recipient, but who was identified as such by the recipient of care. These carers were not asked to confirm their carer status. In 2009, such persons were subsequently personally interviewed to ascertain whether they were a primary carer or not.
Principal source of personal income	Refers to that source from which the greatest amount of cash income is received.
Private dwellings	Houses, flats, home units, garages, tents and other structures used as private places of residence at the time of the survey.
Profound core activity limitation	See Core activity limitation.
Property maintenance	This includes light maintenance and gardening tasks, such as: <ul style="list-style-type: none">■ changing light bulbs, tap washers, car registration stickers■ making minor home repairs■ mowing lawns, watering, pruning shrubs, light weeding, planting■ removing rubbish.
Qualification	Formal certification, issued by a relevant approved body, in recognition that a person has achieved learning outcomes or competencies relevant to identified individual, professional, industry or community needs. Statements of attainment awarded for partial completion of a course of study at a particular level are excluded.
Quintiles	Groupings that result from ranking all households or people in the population in ascending order according to some characteristic such as their household income and then dividing the population into five equal groups, each comprising 20% of the estimated population. The same dollar values for household income can therefore appear in separate quintiles.
Reading or writing	This includes tasks such as: <ul style="list-style-type: none">■ checking bills or bank statements■ writing letters

GLOSSARY *continued*

Reading or writing <i>continued</i>	<ul style="list-style-type: none">■ filling in forms.
Receipt of assistance	Receipt of assistance is applicable to persons with one or more disabilities, or aged 60 years and over, who needed help or supervision with at least one of the specified tasks comprising an activity. The source of assistance may be informal or formal, but does not include assistance from the use of aids or equipment.
Registered marital status	Whether a person has, or has had, a registered marriage with another person. Accordingly, people are classified as either 'never married', 'married', 'widowed' or 'divorced'.
Remoteness area	<p>The ABS has defined Remoteness within the <i>Australian Standard Geographical Classification (ASGC)</i> (cat. no. 1216.0). The structure defines six Remoteness Areas (RA): Major Cities of Australia; Inner Regional Australia; Outer Regional Australia; Remote Australia; Very Remote Australia; and Migratory.</p> <p>The delimitation criteria for RAs are based on the Accessibility/Remoteness Index of Australia (ARIA), which measures the remoteness of a point based on the physical road distance to the nearest Urban Centre in each of five size classes. For this survey, the ASGC 2006 CDs were used. The Remoteness Structure is described in detail in the publication <i>Statistical Geography Volume 1 – Australian Standard Geographical Classification (ASGC), Jul 2006</i> (cat. no. 1216.0).</p>
Respite care	Respite care services provide alternative care arrangements for persons with one or more disabilities, or older people, to allow carers a short-term break from their care commitments. Respite care may be provided on a regular, planned basis, or in an emergency or crisis situation. Respite care services may be in a facility such as a nursing home or community centre or in a person's home.
Restriction	A person has a restriction if he/she has difficulty participating in life situations, needs assistance from another person or uses an aid. See Appendix 1 for more detail.
Schooling restriction	<p>A schooling restriction is determined for persons aged 5 to 20 years who have one or more disabilities if, because of their disability, they:</p> <ul style="list-style-type: none">■ are unable to attend school■ attend a special school■ attend special classes at an ordinary school■ need at least one day a week off school on average■ have difficulty at school.
Scooter	A mobility aid serving a similar purpose as a wheelchair, but configured like a motor scooter.
Section of State (SOS)	<p>This geographical classification uses population counts to define Collection Districts (CDs) as urban or rural and to provide, in aggregate, statistics for urban concentrations and for bounded localities and balance areas.</p> <p>Section of State categories comprise Major Urban (population clusters of 100,000 or more), Other Urban (population clusters of 1,000 to 99,999), Bounded Locality (200 to 999), Rural Balance (remainder of state/territory) and Migratory, and in aggregate cover the whole of Australia.</p> <p>For more information, refer to <i>Statistical Geography Volume 1 – Australian Standard Geographical Classification (ASGC), Jul 2006</i> (cat. no. 1216.0).</p>
Self-care	<p>This activity comprises the following tasks:</p> <ul style="list-style-type: none">■ showering or bathing■ dressing■ eating■ toileting■ bladder or bowel control.

GLOSSARY *continued*

Service does not provide sufficient hours	This includes both cases where the person didn't receive any hours and where they received some hours, but not as many as were required from the service.
Severe core activity limitation	See Core activity limitation.
Severity of employment restrictions	<p>Four levels of employment restrictions are determined based on whether a person needs help, has difficulty, or uses aids or equipment in their employment. A person's overall level of employment restriction is determined by their highest level of limitation in these activities.</p> <p>The four levels of limitation are:</p> <ul style="list-style-type: none">■ profound – the person's condition permanently prevents them from working.■ severe – the person:<ul style="list-style-type: none">■ requires personal support■ needs ongoing supervision or assistance■ requires a special disability support person■ receives assistance from a disability job placement program or agency.■ moderate – the person is restricted in the type of job and/or the numbers of hours they can work or has difficulty in changing jobs.■ mild – the person needs:<ul style="list-style-type: none">■ help from someone at work■ special equipment■ modifications to buildings or fittings■ special arrangements for transport or parking■ training■ to be allocated different duties.
Showering or bathing	Showering or bathing is defined as getting in and out of the shower or bath, turning on/off taps in the shower or bath, washing, drying and having a bed-bath. It excludes dressing and undressing.
Showering or bathing aids	This includes items such as shower chairs, hoists, shower or bath rails and special shower fittings.
Sign language	This includes all recognised sign languages. Two sign languages used in Australia are Auslan, used by people with hearing difficulties and Makaton, used by people with speech, language or learning difficulties.
Social marital status	<p>Social marital status is the relationship status of an individual in terms of whether she or he forms a couple relationship with another person living in the same usual residence, and the nature of that relationship. A marriage exists when two people live together as husband and wife, or partners, regardless of whether the marriage is formalised through registration. Individuals are, therefore, regarded as married if they are in a de facto marriage, or if they are living with the person to whom they are registered as married. Note: married de facto also includes persons who report de facto, partner, common law husband/wife/spouse, lover, girlfriend or boyfriend.</p> <p>The term 'not married', as used in this classification, means neither a registered nor a de facto marriage. This includes persons who live alone, with other family members, and those in shared accommodation.</p>
Socio-Economic Indexes for Areas (SEIFA)	<p>SEIFA is a product developed especially for those interested in the assessment of the welfare of Australian communities. The ABS has developed four indexes to allow ranking of regions/areas, providing a method of determining the level of social and economic well-being in each region.</p> <p>Each of the indexes summarise different aspects of the socio-economic status of the people living in those areas. The index refers to the attributes of the area (the Census Collector's District) in which a person lives, not to the socio-economic situation of a particular individual. The index used in this publication was compiled following the 2006 Census. For further information about the SEIFAs, see <i>Information Paper: Census of</i></p>

GLOSSARY *continued*

Socio-Economic Indexes for Areas (SEIFA) <i>continued</i>	<p><i>Population and Housing – Socio-Economic Indexes for Areas, Australia</i> (cat. no. 2039.0).</p> <p>The four indexes are:</p> <ul style="list-style-type: none"> ■ Index of Relative Socio-economic advantage and disadvantage: includes attributes such as households with low incomes and people with a tertiary education. ■ Index of Relative Socio-economic disadvantage: includes attributes such as low income, low educational attainment, high unemployment and dwellings without motor vehicles. ■ Index of economic resources: includes attributes such as income, housing expenditure and assets of households. ■ Index of education and occupation: includes attributes relating to the educational and occupational characteristics of communities, like the proportion of people with a higher qualification or those employed in a skilled occupation.
Specially modified car or car aid(s)	Car aids or modifications include – extra support handles, extra fittings to support disabled passengers, modifications to accommodate wheelchairs, modifications to appropriately restrain a disabled passenger and modifications to accommodate disabled drivers.
Specific limitation or restriction	A limitation in core activities, or a restriction in schooling or employment. This corresponds with the concept of 'handicap' used in previous ABS publications on disability.
Splints	This includes resting splints, which hold the affected body part stationary and dynamic splints, which allow the person to move the affected body part more easily than they would otherwise be able to.
Standardised disability rate	See Age standardised disability rate.
Supervised activity program	<p>Supervised activity programs are places where people can participate in supervised activities such as craft work, or programs that simply provide a place where people can meet others in similar situations, or just to allow them to spend some time away from home, in a safe, supervised environment. These programs do not provide work, education or training.</p> <p>Some examples of supervised activity programs include:</p> <ul style="list-style-type: none"> ■ day care programs for frail older people, often held at senior citizen clubs ■ early intervention programs for children with developmental disabilities ■ special activity programs for young people with disabilities.
Task	A task is a component of an activity, and represents the specific level at which information was collected.
Tenure type	<p>The source of the legal right of a person to occupy a dwelling. Type of tenure may be:</p> <ul style="list-style-type: none"> ■ owner without a mortgage ■ owner with a mortgage ■ life tenant ■ participant of rent/buy (or shared equity) scheme ■ renter ■ rent-free.
Toileting aids	Includes the use of aids such as commodes, toilet frames and toilet chairs.
Transport	Transport is a single task activity referring to going to places away from the usual place of residence. Need for assistance and difficulty are defined for this activity as the need to be driven and difficulty going to places without help or supervision.
Unable to arrange service	This includes people who didn't know how to arrange help and those who were unable to communicate their need for assistance.

GLOSSARY *continued*

Unconfirmed primary carer	People identified by the initial household respondent as being the main carer for a person (in or outside of the dwelling), but who do not have a personal interview. This could be because: <ul style="list-style-type: none">■ they refused■ the interviewer could not contact them■ they were aged 15 to 17 years and there was no parental permission■ they were under 15 years■ a proxy interview was obtained due to the person being unable to answer the interview questions for some reason.
Unemployed	Persons aged 15 years and over who were not employed during the reference week, and: <ul style="list-style-type: none">■ had actively looked for full time or part time work at any time in the four weeks up to the end of the reference week■ were available for work in the reference week.
Unemployment rate	The unemployment rate for any group is the number of unemployed persons in that group expressed as a percentage of the labour force (i.e. employed persons plus unemployed persons) in the same group.
Whether provides assistance to other people living outside the household	Assistance refers to helping people with 'everyday' activities. Examples may include shopping, transport or housework. The assistance must be provided on a regular, unpaid and informal basis.

FOR MORE INFORMATION . . .

INTERNET **www.abs.gov.au** the ABS website is the best place for data from our publications and information about the ABS.

INFORMATION AND REFERRAL SERVICE

Our consultants can help you access the full range of information published by the ABS that is available free of charge from our website. Information tailored to your needs can also be requested as a 'user pays' service. Specialists are on hand to help you with analytical or methodological advice.

PHONE 1300 135 070

EMAIL client.services@abs.gov.au

FAX 1300 135 211

POST Client Services, ABS, GPO Box 796, Sydney NSW 2001

FREE ACCESS TO STATISTICS

All statistics on the ABS website can be downloaded free of charge.

WEB ADDRESS www.abs.gov.au