

Disability, New South Wales 2001

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PREFACE

Disability, NSW is the result of a partnership between the NSW Department of Ageing, Disability and Home Care (DADHC) and the Australian Bureau of Statistics (ABS). It is the second such publication and updates and expands on the previous Facts on Disability in NSW, published in 1995. Previous collaborations between DADHC and ABS have resulted in publications of significant benefit to both government and the community. We believe Disability, NSW will also prove to be so.

The aims of the publication are to provide a reference for discussion and decision making on disability by government and the general community; and to increase awareness of issues related to disability. In achieving this, the publication draws on data from the 1998 Survey of Disability, Ageing and Carers and other ABS and non-ABS information to provide a comprehensive overview of people with a disability and their carers in NSW.

The material presented in Disability, NSW is organised into eight chapters, each representing a particular theme: the concepts and classification of disability; the population and characteristics of people with a disability including where they live and health conditions they experience; the carers of people with a disability; the living and housing arrangements of people with a disability; their employment and income arrangements; their participation and achievements in education; the social and community activities they are involved in and their transport arrangements. Where possible, connections between issues have been highlighted.

We are proud of the partnership that has produced this publication and we acknowledge the work of officers of the DADHC and the NSW Office of the ABS in producing this publication.

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LIST OF SYMBOLS AND ABBREVIATIONS

ABBREVIATIONS	ABS	Australian Bureau of Statistics
	ADHD/ADD	Attention deficit hyperactivity disorder/Attention deficit disorder
	CSDA	Commonwealth/State Disability Agreement
	HACC	Home and Community Care
	ICF	International Classification of Functioning, Disability and Health
	ICIDH	International Classification of Impairments, Disabilities, and Handicaps
	n.e.c.	not elsewhere classified
	n.p.	not available for publication but included in totals where applicable
	n.a.	not available
	r	revised
	SD	Statistical Division
	TAFE	Technical and Further Education
	SYMBOLS	*
**		the estimate has a relative standard error greater than 50% and is subject to sampling variability too high for most practical purposes
. .		not applicable
—		nil or rounded to zero (including null cells)
ROUNDING	Where figures have been rounded, discrepancies may occur between sums of the component items and the totals shown.	

Disability as an issue is of growing importance within our community. This is reflected by increased funding to disability services in Australia, with government expenditure on community services for people with a disability growing on average 5% per year (in real terms) between 1992–93 and 1997–98. In 1997–98 total government expenditure on community services was an estimated \$9.7 billion, of which approximately 20% was for services for people with a disability¹. As a result of this growing importance, information on the prevalence and characteristics of disability in Australia is in demand from both Government and welfare/community groups. Such information is vital for service planning — to identify service target populations, to develop new services and to monitor and evaluate current services provided.

Factors stimulating this growing importance of demand for information are:

- The ageing of the population;
- Improved life expectancy;
- Increasing awareness of human rights issues; and
- Government policy and legislation.

Government policy in particular has undergone a fundamental shift over the last two decades. There has been a shift towards de-institutionalisation where possible, in the belief that appropriate supported community living enhances the life skills of people with a disability. Commonwealth and State legislation² makes it unlawful to discriminate against people on the basis they have a disability. Further to this, the NSW Government has produced the 'Disability Policy Framework', a framework for Government departments to develop action plans to improve opportunities for people with disabilities to share fully in community life.

In a social policy context, the main population of interest is people with severe levels of disability, as these are the people most in need of support services. There is also an interest in the broader group, however, for two reasons. Firstly, these are people already at risk of more severe restriction and knowledge of the broader group will assist with forecasting service needs. Secondly these are people whose lives will benefit from increased access to well designed services and public infrastructure.

1 Steering Committee for the Review of Commonwealth/State Service Provision, 2001, *Report on Government Services 2001*, Canberra, AGPS.

2 *Commonwealth Disability Discrimination Act, 1992* and the *NSW Disability Services Act, 1993*.

In 1980 the World Health Organisation (WHO) released the International Classification of Impairments, Disabilities and Handicaps (ICIDH). The purpose of the classification was to provide a common framework and definition for the consequences of disease, disorder or injury. In the ICIDH, the WHO defines disability as:

'any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being'.

Two other key concepts from the ICIDH were impairment and handicap. Impairment is related to the body and defined as 'any loss or abnormality of psychological, physiological or anatomical structure or function'. Handicap exists as a result of an impairment or disability and is 'a disadvantage for a given individual....that limits or prevents the fulfilment of a role that is normal (depending on age, sex and social and cultural factors) for that individual'.

ICIDH aimed to show the relationship between a person's impairment or limitation and the resulting restrictions they encountered to participation in usual community life, either through physical or social barriers.

A second edition of the ICIDH, the International Classification of Functioning, Disability and Health (ICF)³, endorsed in May 2001, moves away from classifying disability as a 'consequence of disease' towards producing a classification that represents 'components of health'⁴. It can be used to describe the health experiences of all people, not just those with a disability. Thus the classification has been expanded to include positive as well as negative outcomes.

ICF is multi-dimensional in order to demonstrate the complexities of the relationship between health condition and disability. The key concepts are:

- Body function and structure — this covers the physiological (including psychological) functions of the body and the anatomical parts of the body. Impairments are problems experienced with either or both body function and structure;
- Activity — the execution of a task or action by an individual. Activities may be limited through performance and capacity; and
- Participation — involvement in life situations, for example education or employment. Participation can be restricted, either through the performance or capacity of the individual.

³ ICF was endorsed and released in May 2001.

⁴ ICIDH-2 Prefinal Draft Full Version December 2000.

INTERNATIONAL
FRAMEWORK *continued*

Impairments, limitations and restrictions are scaled, ranging from having no problems to having a complete problem. This scale allows the whole population to be classified, thereby ensuring the universality of the classification⁵.

DEFINING AND MEASURING
DISABILITY

ICF provides a means of classifying the disability population, however it does not prescribe a means for measuring disability. Data presented in this publication that measures disability, associated concepts and services is from a range of sources. It should be noted that definitions and scope will vary between these sources. The majority of data presented is from the 1998 ABS Survey of Disability, Ageing and Carers. Other data is sourced from Commonwealth and NSW Government administrative datasets. Such datasets include the Commonwealth/State Disability Agreement (CSDA) and the Home and Community Care Program (HACC) Minimum Data Sets (MDS). Government departments use specific criteria to determine eligibility for disability services, depending upon the outcome required. By specifying such criteria, administrative definitions of disability are then created⁶. As such, care should be taken in interpreting and making comparisons across data from different sources, as each have different methodologies and definitions. Sources for the figures can be found in the tables, graphs or text, definitions and criteria for those sources can be found in the Explanatory Notes.

As noted above, the majority of data presented is from the 1998 Survey of Disability, Ageing and Carers. The ABS has used the ICIDH as a framework to identify whether a person has a disability and the associated level of restriction. In the 1998 survey, disability was defined as the presence of one or more limitations, restrictions or impairments which lasted, or were likely to last for six months or more (see Glossary).

The approach adopted was to ask a series of questions to screen people into the disability population. The questions were based on impairments and long-term health conditions that may result in a reduced capacity for the activities of everyday living. The key concept is one of restriction — if a person identified as having an impairment, but indicated it did not restrict their everyday life activities, they were not classified as having a disability. Those that indicated their impairment affected their everyday life fell into the disability population and more detailed characteristics on the type of restriction were obtained.

5 Bickenbach JE, Chatterji S, Badley EM, Üstün TB (1999) Models of disablement, universalism and the ICIDH, *Social Science and Medicine*, 48:1173–1187 cited in ICIDH-2 Prefinal Draft Full Version December 2000.

6 Madden R and Hogan T 1997. *The definition of disability in Australia: Moving towards national consistency*. AIHW Cat. no. DIS 5. Canberra: Australian Institute of Health and Welfare.

DEFINING AND MEASURING
DISABILITY *continued*

The key concept of restriction adopted by the ABS is 'specific restriction'. Specific restriction relates to those who needed assistance, had difficulty, or used aids or equipment to do selected tasks relating to the core activities — self care, mobility and communication; or if their participation in schooling or employment was limited because of their condition. Core activity restrictions are further defined by level of restriction, which may be profound, severe, moderate or mild.

It is important that ABS concepts align with the International Classification. Those people that form the disability population have indicated difficulty in performing tasks associated with everyday living. Those tasks, while not equivalent to, correspond to the list of disabilities in ICIDH. ABS restriction concepts closely align to concepts in the redeveloped ICF. The ABS concept of core activity restriction is similar to the ICF concept of activity restriction, and the ABS schooling or employment restriction closely aligns with the ICF concept of participation restriction. This relationship enables results from the Survey of Disability, Ageing and Carers to be aligned with the International Classification, which is important for data analysis at the international level.

LIMITATIONS

Some issues relevant to people with disabilities may not be directly addressed in this publication, either because of a lack of adequate information or because they are beyond the scope of this publication. This should not be equated with a lack of importance.

The level of detail required by some users may not be available. Complexities of the topic make it difficult to capture all information of interest. For example, this publication generally presents information that refers to single aspects or dimensions of disability and does not take into account multiple conditions which are experienced by some people with a disability. Although it is important to understand the impact of multiple conditions, such complexities are not easily captured using available data.

The ABS has conducted four surveys which obtained data about people with a disability (with the next to be run in 2003). Hence time series information is available. To enable time series comparisons, effects from changes to the surveys have been removed as far as possible. This was done by using only those criteria that were common across surveys for disability and severity of restriction. Some methodological effects could not be adjusted for. These include a change to Computer Assisted Interviewing in 1998, a change in wording of one of the survey questions and a change in the coding of people in cared accommodation with severe and moderate restrictions in 1993 compared with other years. The adjusted estimates should only be used for time series analysis and for the comparison of the underlying movement.

LIMITATIONS *continued*

As noted previously, care should be taken in comparing data from different sources. Further details explaining the methodology of the 1998 Survey of Disability, Ageing and Carers can be found in *Disability, Ageing and Carers: User Guide, Australia, 1998* (Cat. no. 4431.0). Further detail on other data sets included in the publication can initially be found in the Explanatory Notes.

The challenges faced by people with a disability are complex and affect people of different age groups and living in different situations in different ways. This publication attempts to portray some of the experiences and situations faced by people with a disability and provide information that can be used to increase awareness and to aid discussion and decision making.

CHAPTER 2

DISABILITY

INTRODUCTION

Disability is a complex concept. It includes a wide range of health experiences with considerable variation in degree of severity. At some stage in life, most people will either know someone with a disability, or be affected by a disability themselves. For some, disability is present at birth, for others it may be acquired through disease, accident or injury. Either way it will have an impact on both the individual and society. Implications for the individual depend on the level of disability. They may require assistance in performing certain daily tasks or they may not be able to participate in activities such as employment. This will then have an impact on a broader scale through families, friends and the wider community in terms of support services required.

This chapter presents information on people with a disability in NSW. It includes data on the size and characteristics of this population, such as geographical distribution, number of people born overseas, health conditions and assistance needs.

PEOPLE WITH A DISABILITY

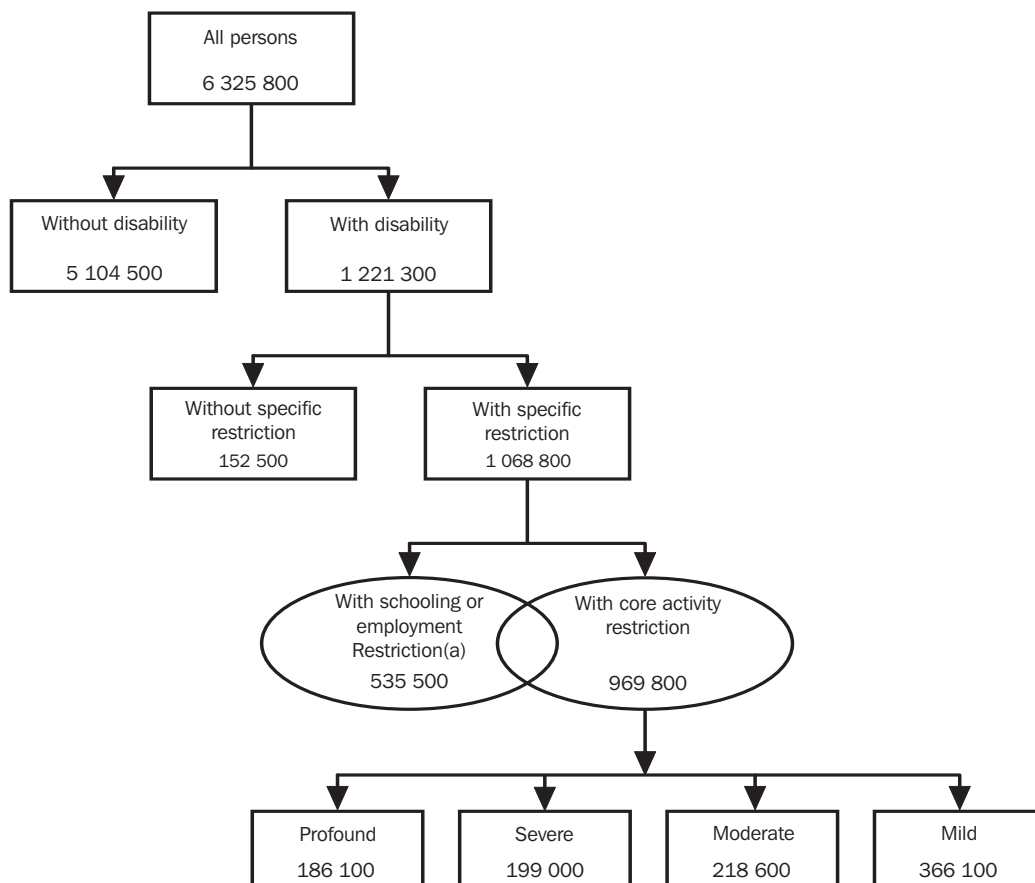
Disability, as defined by the ABS, arises when a person has a limitation, restriction or impairment, which has lasted or is likely to last for six months or more and restricts every day activities. In 1998 almost one in five people in NSW (1.2 million), or 19% of the population had a disability.

Self care, mobility and communication are defined as core activities as they are fundamental aspects of everyday life. An estimated 79% (969,800) of people with a disability had a restriction in one or more of these core activities. These people needed assistance, had difficulty or used aids or equipment to do selected tasks relating to self care, mobility and/or communication.

Schooling and employment are other activities that contribute to a person's quality of life. Of those with a disability, 44% (535,500) were not able to participate fully in schooling and/or employment. This includes those people who reported a core activity restriction in addition to a schooling and/or employment restriction.

People with a disability, but without a core activity or schooling and/or employment restriction (152,500) experienced limitations in performing other activities that while important in everyday life, are not considered fundamental. Such activities included health care, property maintenance, meal preparation and transport.

2.1 DISABILITY POPULATION



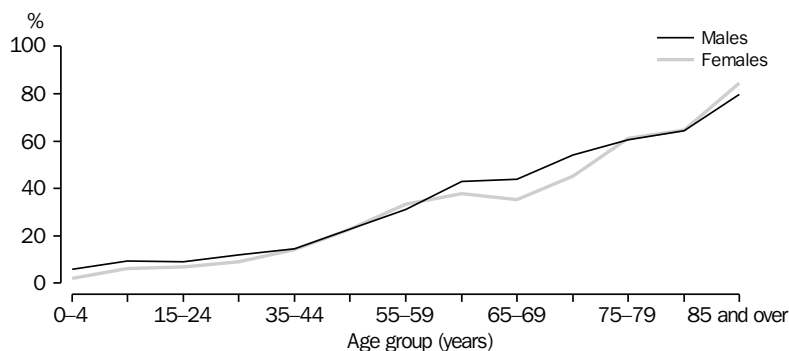
(a) Includes 436,500 persons with core activity restrictions.

Source: *Disability, Ageing and Carers: Summary of Findings, Australia, 1998 (Cat. no. 4430.0)*.

<p>Disability A person has a disability if he/she has one of the following, that has lasted or is likely to last for 6 months or more:</p> <ul style="list-style-type: none"> Loss of sight (not corrected by glasses); Loss of hearing (with difficulty communicating or use of aids); Loss of speech; Chronic or recurring pain that restricts everyday activities; Breathing difficulties that restrict everyday activities; Blackouts, fits or loss of consciousness; Difficulty learning or understanding; Incomplete use of arms or fingers; Difficulty gripping; Incomplete use of feet or legs; A nervous or emotional condition that restricts everyday activities; Restriction in physical activities or physical work; Disfigurement or deformity; Needing help or supervision because of a mental illness or condition; Head injury, stroke or other brain damage, with long-term effects that restrict everyday activities; Treatment for any other long-term condition, and still restricted in everyday activities; or Any other long-term condition that restricts everyday activities. 	<p>Specific restrictions are: Core activity restrictions; and/or Schooling or employment restrictions.</p> <p>Core activities are: <i>Self care</i> — bathing or showering, dressing, eating, using the toilet and managing incontinence.</p> <p><i>Mobility</i> — moving around at home and away from home, getting into or out of a bed or chair; and using public transport;</p> <p><i>Communication</i> — understanding and being understood by others: strangers, family and friends.</p> <p>Core activity restriction may be: <i>Profound</i> — unable to perform a core activity, or always needing assistance;</p> <p><i>Severe</i> — sometimes needing assistance to perform a core activity;</p> <p><i>Moderate</i> — not needing assistance, but having difficulty performing a core activity; and</p> <p><i>Mild</i> — having no difficulty performing a core activity, but using aids or equipment because of disability.</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Sex and age In NSW in 1998 an estimated 614,900 (20%) males and 606,500 (19%) females had a disability. The rate of disability for males and females increased markedly with age. For males, the disability rate rose from 6% for children aged 0–4 years to 80% for those aged 85 years and over. The rates for females ranged from 2% to 84%. With more people surviving to their late eighties and beyond, this trend has implications for future disability/ageing service provision.

2.2 DISABILITY RATES, By Age and Sex — 1998



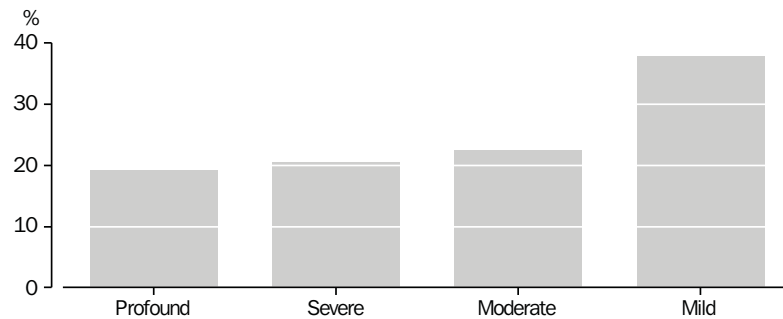
Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998* (Cat. no. 4430.1.40.001).

Within specific age groups significant differences existed between male and female disability rates. For those aged 5–14 years males had a disability rate of 10% compared with 6% for females. This was largely the result of the relatively high number of males experiencing a schooling restriction (33,200) when compared with females (19,700). There is some evidence to suggest that the high number of males with a schooling restriction is partly due to an increase, either real or through improved awareness, of Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD). Men approaching old age (60–74 years) also had a higher disability rate than women in this age group, 47% compared with 39%. Over the age of 75 years, the number of women (213,700) far exceeded the number of men (132,400). However, disability rates for both were similar, 68% and 65% respectively.

Level of restriction The impact of disability on everyday life is dependant upon the level of restriction associated with that disability. Four levels of restriction (profound, severe, moderate and mild) were determined based upon the level of assistance a person required to perform any of the tasks related to the core activities. A person's overall level of core activity restriction was determined by their highest level of restriction in any one of these activities. Refer to box on page 8.

In 1998 an estimated 38% (366,100) of people in NSW with a core activity restriction had a mild level of restriction associated with their disability. This meant they did not need help from others in performing the core activity tasks, but did use aids or equipment to complete the tasks. People with a moderate level of core activity restriction, where they required no help but had difficulty in performing core activity tasks, accounted for 23% (218,600). A further 21% (199,000) of people had a severe core activity restriction. These people sometimes needed help in performing core activity tasks or they had difficulty understanding or being understood by others. The remaining 19% (186,100) of people had a profound level of restriction. This meant their condition made it impossible for them to perform everyday activities, such as eating, dressing and walking; they always required assistance to perform these activities; or they had difficulty communicating.

2.3 LEVEL OF CORE ACTIVITY RESTRICTION(a) — 1998

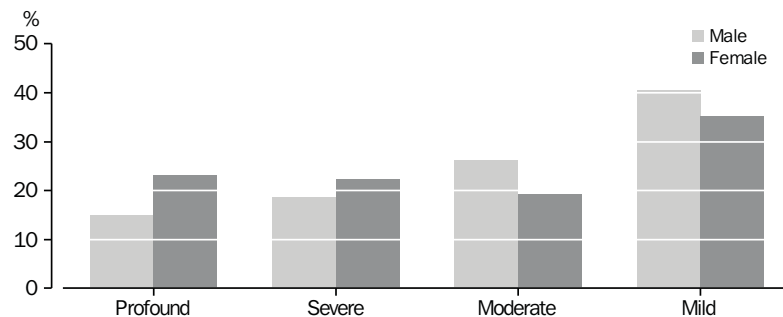


(a) Core activities comprise communication, mobility and self care.

Source: *Disability, Ageing and Carers: Summary of Findings, Australia, 1998* (Cat. no. 4430.0).

When the disability population is confined to those with core activity restrictions, disability rates were similar for men and women, 15% and 16% respectively. However, differences were apparent in the level of restriction. Men were more likely to experience mild levels of restriction (40%) than women (35%), but less likely to have a profound core activity restriction (15% compared with 23%).

2.4 LEVEL OF CORE ACTIVITY RESTRICTION(a), By Sex — 1998



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

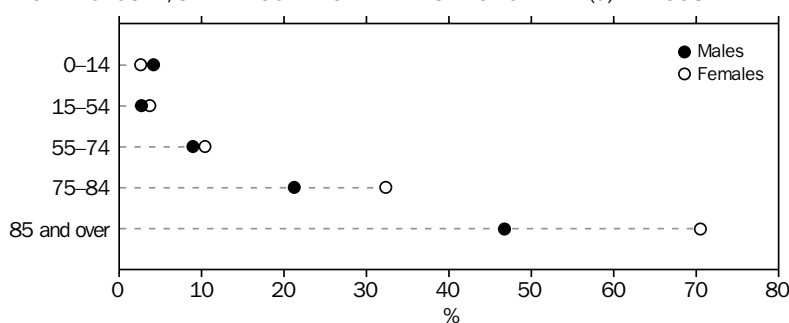
Source: *Disability, Ageing and Carers: Summary of Findings, Australia, 1998* (Cat. no. 4430.0).

Level of restriction *continued*

Severity of disability is clearly age related. In 1998 the profound/severe restriction rate declined through childhood to early adulthood, then gradually increased up to the age of 75 years, after which it rose sharply. This relationship is further demonstrated by the fact that almost one third (32%) of those with a profound/severe restriction were aged 75 years or older, but this age group only accounted for 5% of the general population.

Among those aged 75 years and over, women had higher rates of profound/severe restriction than men. In particular, for those aged 85 years and over, women had a profound/severe disability rate of 71% compared with 47% for men. The number of women in this age group (55,300) was also double that of men (23,300).

2.5 PROFOUND/SEVERE CORE ACTIVITY RESTRICTION RATE(a) — 1998



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

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998* (Cat. no. 4430.1.40.001).

Comparison over time

When comparing data across the three most recent disability surveys, only criteria common to the three surveys have been used. This is intended to remove, as far as possible, the effects of changes in methodology and coding. The effect of changes in the age structure has not been removed. The number of older people has grown as a proportion of the total population over the period, therefore this may impact on disability rates. The adjusted estimates should only be used for comparisons of the underlying movement.

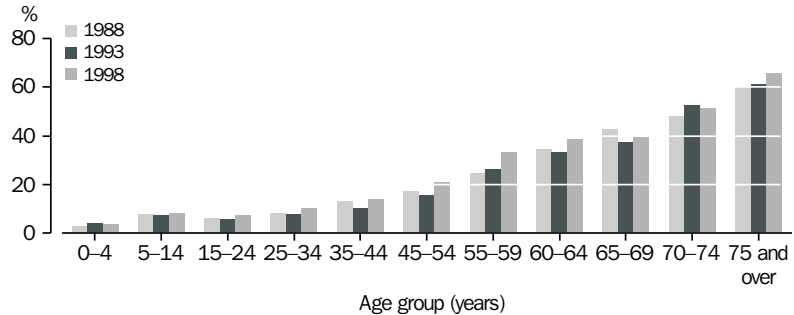
There has been a rise in the underlying disability rate in NSW over time, increasing from 16% in 1988 to 19% in 1998. The rate of disability also increased over time for males and females. For males, the disability rate rose from 16% in 1988 to 20% in 1998. The rate for females ranged from 15% to 18%.

Notable increases within particular age groups also occurred over the same period. Disability rates for those aged 45–54 years increased from 17% to 21%; for those aged 55–59 years rates increased from 25% to 33%; and for those aged 75 years and over the disability rate rose to 66% (from 60%).

Comparison over time
continued

Factors that may have contributed to higher disability rates include the ageing of the population, increased awareness of the causes of disability, increased willingness to identify as having a disability and improved survival rates for people who experience accidents and diseases.

2.6 ADJUSTED DISABILITY RATES(a), 1988, 1993 and 1998



(a) Adjusted using common criteria.

Source: ABS data available on request, Survey of Disabled and Aged Persons 1988, Survey of Disability, Ageing and Carers, 1993 and 1998.

GEOGRAPHIC DISTRIBUTION

State comparison

In 1998 disability rates varied across the States and Territories, from 13% in the Northern Territory to 22% in South Australia and Tasmania. New South Wales' disability rate was equivalent to the Australian rate at 19%.

Disability rates increase with age, therefore the age structure of the population will have an impact on the disability rate. In 1998 South Australia and Tasmania had the highest proportions of people aged 65 years and over in their populations, 14% and 13% respectively. The Northern Territory had the lowest proportion of people aged 65 years and over (3%). This is reflected in results from the 1998 Survey of Disability, Ageing and Carers, which show that these same States and Territory had the highest and lowest disability rates.

Age standardised rates (see Glossary) are calculated to remove the effects of different age structures when comparing populations between States and Territories. With age standardised rates the degree of difference in disability rates across Australia decreased, ranging from 18% in Victoria to 22% in Tasmania.

2.7 DISABILITY RATES — 1998

	<i>Actual</i>	<i>Standardised(a)</i>
	%	%
New South Wales	19.3	19.0
Victoria	18.0	17.8
Queensland	19.9	20.4
South Australia	22.4	21.4
Western Australia	19.5	20.4
Tasmania	22.3	21.7
Northern Territory	13.3	18.3
Australian Capital Territory	17.2	19.8
Australia	19.3	19.3

(a) Age standardised to the March 1998 Australian population distribution.

Source: *Disability, Ageing and Carers: Summary of Findings, Australia, 1998 (Cat. no. 4430.0)*.

Within NSW Knowing where people with a disability are living is important for Government. Such information enables the assessment of demand for services at a regional level, which in turn, allows for improved planning and targeting of services. In 1998, more than half of those with a disability in NSW (705,200) were living in the Sydney Statistical Division (SD). Outside the Sydney SD, the areas with the highest numbers of people with a disability were the Hunter SD (132,600), the Illawarra SD (93,100) and the Mid-North Coast SD (63,000).

Despite the high numbers of people with a disability living in the Sydney SD, other areas had higher proportions of people with a disability. People with a disability accounted for one quarter of all those living in the South East and Central West SD's compared with 18% in the Sydney SD. The tendency for older people to move to coastal regions following retirement may have contributed to this result.

2.8 DISABILITY STATUS, BY STATISTICAL DIVISION — 1998

<i>Statistical division</i>	<i>Disability</i>			<i>Total</i>	<i>All with disability</i>
	<i>0-64 years</i>	<i>65 years and over</i>	<i>All with disability</i>		
	'000	'000	'000	'000	%
Sydney	451.9	253.3	705.2	3 975.3	17.7
Hunter	79.4	53.2	132.6	542.0	24.5
Illawarra	65.2	28.0	93.1	390.2	23.9
Richmond-Tweed	19.9	10.5	30.4	180.7	16.8
Mid-North Coast	39.0	24.1	63.0	280.1	22.5
Northern	*9.4	12.9	22.3	161.3	13.8
North Western	11.7	*4.3	16.0	99.1	16.2
Central West	27.3	14.6	41.9	170.8	24.5
South Eastern	41.3	13.7	55.0	217.9	25.2
Murrumbidgee	19.3	11.4	30.7	159.0	19.3
Murray	19.9	*7.1	27.0	122.5	22.0
Far West	**2.7	**1.5	*4.2	26.8	*15.6
New South Wales	786.9	434.5	1 221.3	6 325.8	19.3

Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998*.

Within NSW *continued*

In 1998 the location of service outlets reflected the distribution of people with a disability across NSW. Service outlet locations are those that are funded through the Commonwealth/State Disability Agreement (CSDA) program, administered in NSW by the Department of Ageing, Disability and Home Care (DADHC). Services provided include accommodation support, community support, community access and respite care. Accommodation support services include group homes and hostels and support to maintain accommodation, such as attendant care. Community support services include recreation and holiday programs and counselling and therapy services while community access aims to develop the skills and confidence of people with disability. Respite care services provide relief and support for people with a disability in the community, their families and carers.

The total number of service locations in the Sydney SD¹ was 800, accounting for 53% of the total number of service locations in 1998. The highest numbers were in the Northern Sydney (247), Cumberland/Prospect (166) and South East Sydney (153) local planning areas.

Outside the city area, the Hunter and Illawarra local planning areas also had relatively high numbers of service outlet locations, 139 and 83 respectively.

2.9 SERVICE OUTLETS BY LOCAL PLANNING AREA

	1998	2000
<i>Department of Ageing, Disability & Home Care local planning area</i>	<i>no.</i>	<i>no.</i>
Northern Sydney	238	247
Nepean	71	86
Cumberland/Prospect	158	166
Central Coast	32	40
South West Sydney	84	111
Inner West	84	84
South East Sydney	133	153
Hunter	139	149
Far North Coast	64	71
New England	81	84
Mid North Coast	57	55
Illawarra	83	86
Southern Highlands	45	66
Orana Far West	83	82
Central West	68	63
Riverina/Murray	77	79
Total	1 497	1 622

Source: NSW Department of Ageing, Disability and Home Care, CSDA MDS Collection.

1 The DADHC local planning areas which combine approximately to the Sydney SD are Northern Sydney, Nepean, Cumberland/Prospect, Central Coast, South West Sydney, Inner West and South East Sydney.

Sydney Statistical Division Within the Sydney SD, the Outer Western Sydney region had the highest number of people with a disability (79,500). This was followed by St George–Sutherland (63,100) and Canterbury–Bankstown (63,000). The Outer Western Sydney region also had large numbers of people with a profound/severe core activity restriction and a moderate/mild core activity restriction.

2.10 DISABILITY STATUS, BY GEOGRAPHIC LOCATION — 1998

<i>Statistical subdivision</i>	<i>Disability</i>						
	<i>Profound/ severe core activity(a) restriction</i>	<i>Moderate/ mild core activity(a) restriction</i>	<i>Schooling or employment restriction(b)</i>	<i>All with specific restrictions(c)</i>	<i>All with disability(d)</i>	<i>Total</i>	<i>All with disability</i>
	<i>'000</i>	<i>'000</i>	<i>'000</i>	<i>'000</i>	<i>'000</i>	<i>'000</i>	<i>%</i>
Inner Sydney	10.5	18.8	18.9	33.7	44.3	253.5	17.5
Eastern Suburbs	11.6	11.3	*5.8	22.9	27.4	240.1	11.4
St George–Sutherland	17.4	35.2	22.1	57.7	63.1	418.1	15.1
Canterbury–Bankstown	22.3	31.8	25.4	60.0	63.0	275.0	22.9
Fairfield–Liverpool	14.1	26.8	28.8	43.8	54.0	348.6	15.5
Outer South Western Sydney	12.8	22.0	25.0	39.0	41.9	263.3	15.9
Inner Western Sydney	15.9	14.2	10.1	31.5	34.5	147.2	23.4
Central Western Sydney	20.4	24.8	24.7	49.5	53.1	271.9	19.5
Outer Western Sydney	26.7	40.8	42.9	73.3	79.5	341.4	23.3
Blacktown–Baulkham Hills	15.1	25.2	33.2	48.6	53.0	354.9	14.9
Lower Northern Sydney	13.3	27.0	15.5	47.3	54.6	280.6	19.5
Hornsby–Ku-ring-gai	11.9	12.5	*7.1	25.8	31.7	252.8	12.5
Northern Beaches	12.3	15.2	16.5	32.5	43.1	235.1	18.3
Gosford–Wyong	19.4	28.6	27.4	51.6	62.1	292.7	21.2
<i>Sydney SD</i>	223.7	334.1	303.6	617.1	705.2	3 975.3	17.7
<i>Balance of State</i>	161.4	250.6	231.9	451.7	516.1	2 350.5	22.0
New South Wales	385.1	584.7	535.5	1 068.8	1 221.3	6 325.8	19.3

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

(b) Includes those who also have a core activity restriction.

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

(d) Includes those without a specific restriction.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

OVERSEAS BORN

In 1998 there were an estimated 1.5 million people living in NSW who were born overseas. Of these, over one million were born in mainly non-English speaking countries and 486,100 were born in mainly English speaking countries.

Of those born overseas, an estimated 20% or 306,200 people had a disability. This was similar to the disability rate of those born in Australia, which was 19%. However those born overseas in non-English speaking countries had a disability rate of 18% compared with a rate of 24% for those born in mainly English speaking countries. This reflects the older age structure of the early post World War II migrants, who were largely from the United Kingdom and Ireland.

2.11 BIRTHPLACE — 1998

	Profound/ severe core activity(a) restriction	Moderate core activity(a) restriction	Mild core activity(a) restriction	Schooling or employment restriction(b)	All with specific restrictions(c)	All with disability(d)
	'000	'000	'000	'000	'000	'000
Australia	287.5	164.9	272.3	389.1	795.7	915.1
Overseas						
In mainly English speaking countries(e)	41.1	14.2	35.1	51.2	103.9	116.3
In mainly non-English speaking countries	56.4	39.5	58.7	95.2	169.1	190.0
<i>Total</i>	97.5	53.7	93.8	146.4	273.0	306.2
Total	385.1	218.6	366.1	535.5	1 068.8	1 221.3

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

(b) Includes those who also have a core activity restriction.

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

(d) Includes those without a specific restriction.

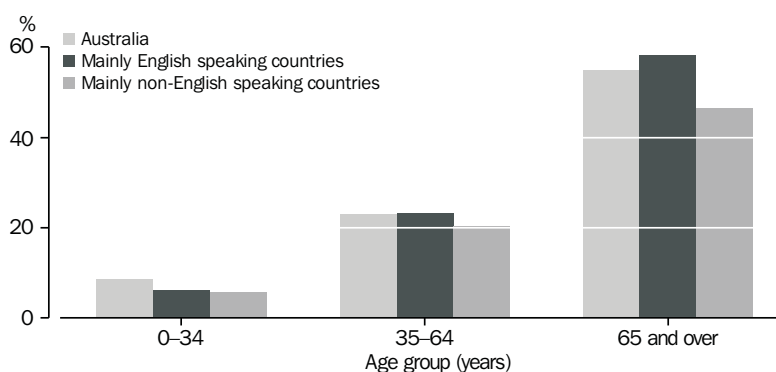
(e) Includes Canada, Republic of Ireland, New Zealand, South Africa, the United Kingdom and the United States of America.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

The distribution of disability rates for overseas born people followed that of the total population, increasing with age. For those born in mainly non-English speaking countries, the disability rate rose from 6% for those aged 0–34 years to 46% for those aged 65 years and over. Equivalent rates for those born in mainly English speaking countries were 6% to 58%.

Across age groups those people born in mainly non-English speaking countries had lower rates of disability than those born in Australia. This difference in rates may be partly explained by the routine health screening of applicants for immigration to Australia, which could result in lower prevalence of disability among the overseas born population. In addition, different cultural groups may have different attitudes towards and perceptions of disability, which could influence levels of reporting².

2.12 BIRTHPLACE — 1998



Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

² Wen X. & Fortune N. 1999. *The definition and prevalence of physical disability in Australia*. AIHW Cat. no. DIS 13. Canberra: AIHW.

HEALTH CONDITIONS

Main condition Disability usually exists as a consequence of disease, disorder or injury. In the 1998 Survey of Disability, Ageing and Carers respondents with one reported condition were defined as having that condition as their main disabling condition. Respondents with more than one condition were asked to nominate their main disabling condition, that is, the condition which caused them most problems. The concept of multiple conditions, while important to understand, is not easily captured and as such is not presented in this publication.

The type of main condition a person has will potentially influence many aspects of their life, such as levels of independence, living arrangements and employment opportunities. In NSW physical conditions were the most common cause of disability (85%) with mental and behavioural disorders accounting for the remainder (15%).

Diseases of the musculoskeletal system, which included arthritis, were the most common cause of physical disability (40%). These were followed by diseases of the circulatory system (12%) and hearing disorders (9%). For people most restricted by mental and behavioural disorders, intellectual and developmental problems (including Down's Syndrome) were the most common cause of disability (32%), followed by psychoses and mood affecting disorders (including depression) (28%).

The majority of people with a profound/severe core activity restriction were most restricted by a physical condition (76%). This was a result of the higher number of people with a disability who had a physical condition (1.0 million) as opposed to a mental condition (180,700). Of those with a mental or behavioural disorder, 51% had a profound/severe core activity restriction compared with 28% of those reporting a physical disorder as their main condition.

2.13 MAIN CONDITION, BY DISABILITY STATUS — 1998

<i>Main condition</i>	<i>Profound/ severe core activity(a) restriction</i>	<i>Moderate core activity(a) restriction</i>	<i>Mild core activity(a) restriction</i>	<i>Schooling or employment restriction(b)</i>	<i>All with specific restrictions (c)</i>	<i>All with disability(d)</i>
	'000	'000	'000	'000	'000	'000
Physical conditions						
Cancer/lymphomas/leukaemias	*7.0	*4.0	*5.8	*9.8	18.9	21.6
Endocrine/nutritional/metabolic disorders	*4.8	*4.1	11.5	11.2	25.3	26.9
Diseases of the nervous system(e)	29.2	*7.8	*8.1	34.9	50.0	56.1
Diseases of the eye and adnexa	17.2	**1.5	13.7	*7.7	33.7	39.2
Diseases of the ear and mastoid process	*9.0	*4.7	47.2	22.2	66.6	92.7
Diseases of the circulatory system	47.5	20.3	42.7	33.4	113.9	128.9
Diseases of the respiratory system	20.3	*9.5	32.0	27.4	68.4	80.6
Diseases of the digestive system	*5.5	*5.5	*6.2	*7.0	17.7	20.5
Diseases of the musculoskeletal system/connective tissue						
Arthritis and related disorders	50.2	42.1	47.2	45.1	146.2	161.7
Other	62.7	72.6	67.6	156.6	227.7	250.8
<i>Total</i>	<i>112.8</i>	<i>114.7</i>	<i>114.8</i>	<i>201.7</i>	<i>373.9</i>	<i>412.5</i>
Congenital/perinatal disorders(f)	*4.2	**2.2	*3.7	*6.2	10.9	12.3
Injury/poisoning/other external causes	20.4	16.4	25.6	41.0	73.3	86.3
Other physical conditions(g)	r15.4	r11.0	r22.7	r29.9	r55.6	r63.2
<i>Total</i>	<i>293.2</i>	<i>201.8</i>	<i>333.8</i>	<i>432.3</i>	<i>908.1</i>	<i>1 040.7</i>
Mental and behavioural disorders						
Psychoses/mood affective disorders(h)	32.6	*5.1	*7.2	15.2	47.8	50.2
Neurotic/stress-related/somatoform disorders	12.8	*6.2	10.4	23.6	33.8	41.9
Intellectual and developmental disorders(i)	32.2	*3.4	10.1	47.4	54.6	57.8
Other mental and behavioural disorders	14.3	**2.1	*4.6	16.9	24.6	30.9
<i>Total</i>	<i>91.9</i>	<i>16.8</i>	<i>32.3</i>	<i>103.2</i>	<i>160.7</i>	<i>180.7</i>
Total	385.1	218.6	366.1	535.5	1 068.8	1 221.3

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

(b) Includes those who also have a core activity restriction.

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

(d) Includes those who do not have a specific restriction.

(e) Excluding Alzheimer's disease.

(f) Excluding Down's syndrome.

(g) Includes infectious and parasitic diseases, diseases of the blood forming organs, skin conditions, genito-urinary diseases, symptoms and signs n.e.c.

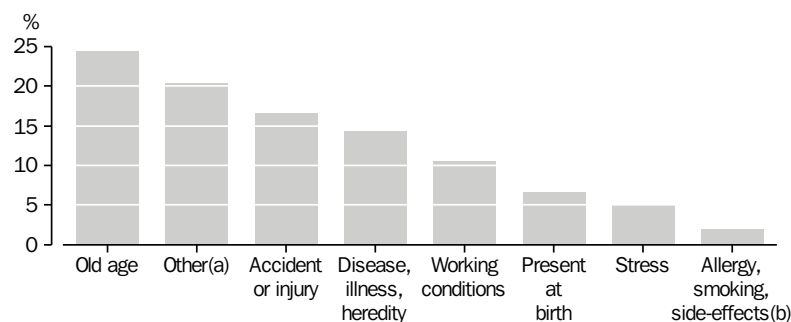
(h) Includes depression.

(i) Includes Down's syndrome.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998 (Cat. no. 4430.1.40.001).*

Cause of main condition A range of causes were reported by people for the main condition leading to their disability. The most common reason, accounting for a quarter of those with a disability, was 'just came on/due to old age'. This could be expected given the higher rates of disability in older age groups. For those reporting a mental or behavioural disorder as their main condition, the most common single cause was 'present at birth' (20%).

2.14 REASONS REPORTED AS CAUSE OF MAIN CONDITION — 1998



(a) Includes effects of war, pregnancy, childbirth and other (non stated) causes.

(b) Includes side-effects of medication or medical procedures.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

For people most restricted by musculoskeletal disorders, ‘accident or injury’ (115,600) and ‘just came on/due to old age’ (114,200) were the most commonly reported causes. Working conditions contributed to almost one third (31%) of hearing disorders.

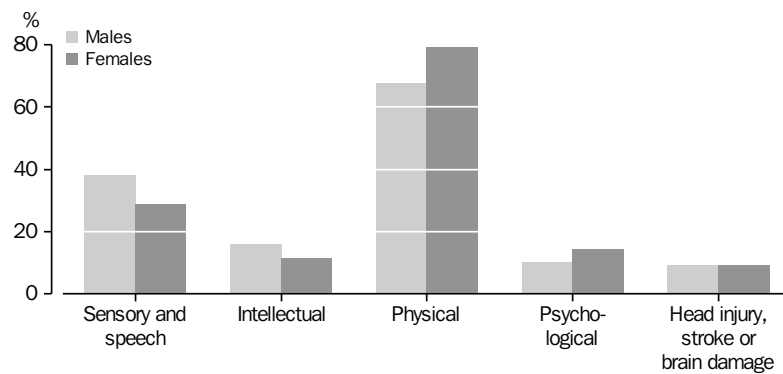
Restricting impairment groups

It can be useful to group together certain types of impairments that restrict people on the basis that they are likely to have similar effects on people’s lives and therefore require similar types of assistance. People could be counted more than once if they had multiple impairments which belonged to more than one impairment group.

Data from the 1998 Survey of Disability, Ageing and Carers shows that people with a disability were most likely to have a physical impairment (73%). Such impairments included blackouts, chronic or recurrent pain, incomplete use of limbs and restrictions in doing physical activities or physical work. Sensory impairment (hearing or sight loss) or speech loss were also fairly common, restricting 34% (409,400) of those with a disability.

Men and women were more likely to experience different types of impairments. Of those with a disability, men more commonly had a sensory and speech (38%) or intellectual (16%) impairment than women (29% and 12% respectively). Alternatively, women with a disability were more likely to have a physical impairment (79%) than men (68%).

2.15 RESTRICTING IMPAIRMENT GROUPS — 1998



Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Severity of restriction varied with the type of restricting impairment a person had. People with long-term effects from a head injury, stroke or other brain damage (71%), and those with a psychological (69%) or intellectual impairment (64%) were most likely to have a profound or severe restriction. People with a sensory and speech or physical impairment were more likely to have a mild core activity restriction, 30% and 28% respectively.

2.16 RESTRICTING IMPAIRMENT GROUPS, BY LEVEL OF RESTRICTION — 1998

	Sensory and speech	Intellectual	Physical	Psychological	Head injury, stroke or brain damage	All with disability(a)
	'000	'000	'000	'000	'000	'000
Core activity restriction(b)						
Profound	108.9	76.8	162.5	75.4	47.4	186.1
Severe	61.1	31.4	159.4	27.9	32.3	199.0
Moderate	48.8	16.7	190.8	17.6	10.8	218.6
Mild	121.6	21.3	246.7	14.3	14.4	366.1
Schooling or employment restriction(c)	114.5	96.8	407.9	77.9	49.4	535.5
All with specific restrictions(d)	356.7	161.8	820.2	141.6	107.3	1 068.8
All with disability(e)	409.4	168.1	896.0	149.7	112.3	1 221.3

(a) Total may be less than the sum of the components as persons may have more than one restriction.

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

(c) Includes those who also have a core activity restriction.

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

(e) Includes those who do not have a specific restriction.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Restricting impairment groups *continued*

The number and types of activities a person is restricted in performing will determine their need for assistance. Self care activities such as dressing and eating, being able to communicate and being able to move around at home and in the community all affect independent living and quality of life. Of the 1.2 million people with a disability living in households in 1998, 811,500 had a mobility restriction and 330,200 had a self care restriction.

The likelihood of being restricted in the areas of self care and mobility increased with age. For those aged 65 years and over, 80% experienced a mobility restriction and 35% experienced a self care restriction. This compares with 66% and 25% respectively for those aged 0–64 years. This is likely to be the result of the general frailty of older people and the degenerative nature of health conditions they more commonly experience, for example arthritis and circulatory disorders. A large number of people aged 0–64 years were also affected by an employment restriction (479,800).

It can be expected that people with a physical impairment will experience some restriction in the areas of mobility and self care. The vast majority of older people with a physical impairment (91%) were restricted in their mobility. Although fewer in number, similar proportions of older people with an intellectual or psychological impairment also experienced a mobility restriction (95% and 91% respectively). This may reflect a need for supervision (e.g. due to dementia) and/or a physical restriction.

2.17 RESTRICTING IMPAIRMENT GROUPS(a), BY AREA OF RESTRICTION — 1998

Area of restriction	Sensory and speech	Intellectual	Physical	Psychological	Head injury, stroke or brain damage	All with disability(b)	Profound/severe core activity restriction(c)
	'000	'000	'000	'000	'000	'000	%
0–64 YEARS							
Self care	46.1	42.9	170.2	40.9	25.3	198.2	68.2
Mobility	97.9	82.4	411.6	72.1	51.4	510.6	36.0
Communication	81.8	43.3	41.4	21.3	13.0	104.5	55.5
Employment restriction	88.7	60.8	392.4	67.0	46.7	479.8	30.5
Schooling restriction	28.0	43.1	21.7	15.3	*4.8	66.3	56.4
<i>All persons(b)</i>	189.3	113.4	542.4	88.0	57.6	777.5	25.9
65 YEARS AND OVER							
Self care	60.6	*7.4	125.5	12.1	22.4	132.0	65.6
Mobility	127.4	11.5	264.4	15.9	28.7	300.9	38.7
Communication	99.2	*8.8	62.4	*9.5	14.7	102.3	40.0
<i>All persons(b)</i>	172.5	12.2	290.3	17.5	31.3	374.5	31.3

(a) Persons with a disability living in households only.

(b) Total may be less than the sum of the components as persons may have more than one restriction.

(c) Percentage of persons with a disability who have a profound/severe restriction in one or more of the core activities of communication, mobility and self care.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

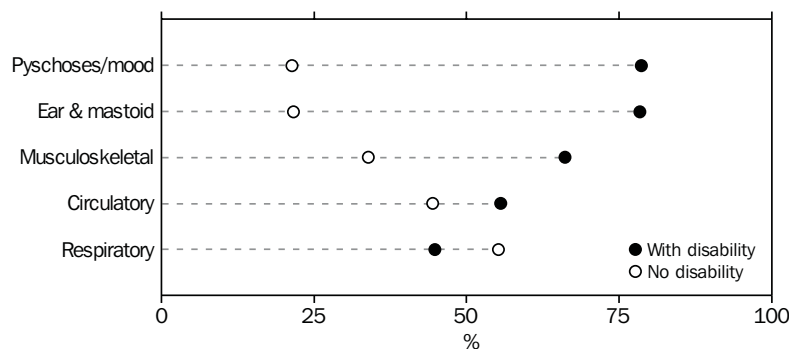
Long-term health conditions

The existence of a long-term health condition is a prerequisite to being classified as having a disability in the 1998 Survey of Disability, Ageing and Carers. A long-term condition is a disease or disorder which has lasted, or is likely to last, for six months or more. People can have a long-term condition without a disability. Almost half (46%) of those people who reported a long-term condition also reported experiencing no restrictions in their everyday life. As a result, these people were not classified as having a disability. The remaining 54% (1.2 million) had a disability.

In NSW in 1998 an estimated 2.3 million people reported at least one long-term health condition. There were 2.1 million (95%) people with a physical condition and 426,800 (19%) people with a mental or behavioural condition.

Certain long-term conditions were more likely to be associated with disability. Less than half (45%) of those with respiratory disorders (including asthma) had a disability, compared with over three-quarters (79%) of people with psychoses or mood disorders (including depression) or hearing disorders (78%).

2.18 DISABILITY RATES FOR SELECTED LONG-TERM CONDITIONS — 1998



Source: Disability, Ageing and Carers, Australia: Disability and Long Term Health Conditions, 1998 (Cat. no. 4433.0).

Age of onset

In the 1998 Survey of Disability, Ageing and Carers, people with a long-term health condition were asked at what age their main condition first occurred; or at what age their injury (which caused their main condition) was sustained. This information can be used as a proxy for the age of onset of disability.

Age of onset *continued*

There are some limitations that should be considered in using this information. Firstly, the question on age when main condition occurred/accident happened was only asked of people with a long-term condition living in households. Those in cared accommodation have not been included. Also, the time between the onset of a condition and the development of a disability may vary depending on many factors, including the nature of the condition³. However, the information can provide an indication of the number of people with an early onset condition compared with the number who develop a disability later in life.

One in eight (143,700) people with a disability reported that the onset of their main condition was during early childhood (before 5 years of age). Roughly half as many (84,300) nominated from 5–14 years of age as the period when they found out about their main condition, or sustained the injury which caused a disability. The onset rate was then fairly constant until it peaked in middle age. Almost one third (29%) of all conditions became apparent, or serious injuries were incurred, between the ages of 35 and 54 years. Although older people have a high disability rate, the number who were aged 65 years or older when they found out about their condition or injured themselves, was relatively low at 154,000 (13%).

2.19 AGE OF ONSET(a) — 1998

Age group (years)	Persons		'000	%
	Males	Females		
0–4	83.0	60.6	143.7	12.5
5–14	45.1	39.2	84.3	7.3
15–24	73.8	61.4	135.2	11.7
25–34	82.2	66.4	148.7	12.9
35–44	86.5	91.0	177.5	15.4
45–54	73.0	80.9	153.8	13.4
55–64	75.1	67.5	142.6	12.4
65–69	26.2	27.9	54.2	4.7
70–74	18.3	23.2	41.5	3.6
75–79	15.2	19.7	34.9	3.0
80 and over	*5.8	17.7	23.4	2.0
Not known	*7.7	*4.6	12.3	1.1
Total	592.0	560.1	1 152.0	100.0

(a) Persons with a disability living in households only.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

³ Australian Institute of Health and Welfare (AIHW) 2000. *Disability and ageing: Australian population patterns and implications*. AIHW Cat. no. DIS 19. Canberra: AIHW (Disability Series).

ASSISTANCE

People in households

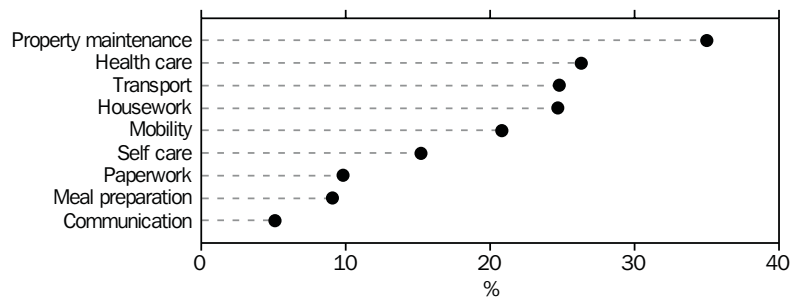
Need for assistance

Many people with a disability live in their own home and require assistance with everyday tasks in order to maintain an independent lifestyle. Such tasks may include showering and dressing, housework and gardening, using transport or completing paperwork.

In 1998 there were 659,700 people with a disability living in households in NSW who required assistance with one or more activities. The remaining 492,300 people (43%) indicated they did not require help with any activities.

Over one third (402,800) of people with a disability living in households needed assistance with property maintenance. Health care (26%), transport (25%) and housework (25%) were other activities where people commonly required assistance. Communication was the task where help was least required, needed by only 5% (59,100) of people with a disability living in households.

2.20 ACTIVITIES WHERE ASSISTANCE NEEDED(a)(b) — 1998



(a) Persons with a disability living in households only.

(b) Need for assistance must be due to a person's disability, not where a person has not learnt a specific skill. Assistance may be required for one or more activities.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998* (Cat. no. 4430.1.40.001).

A person's level of restriction will have an impact on their need for assistance. In 1998, people with a profound core activity restriction always required some assistance — such was the nature of their disability. People with a severe level of restriction almost always (99%) required assistance in completing everyday tasks. Conversely, for those with a mild disability, 60% required no assistance at all. For any activity the need for assistance decreased with the level of severity of restriction.

2.21 ASSISTANCE NEEDED(a), BY LEVEL OF RESTRICTION — 1998

	<i>Profound core activity(b) restriction</i>	<i>Severe core activity(b) restriction</i>	<i>Moderate core activity(b) restriction</i>	<i>Mild core activity(b) restriction</i>
	'000	'000	'000	'000
Assistance needed	127.5	189.6	148.6	145.7
Assistance not needed(c)	—	n.p.	69.0	219.3
Total	127.5	191.1	217.6	365.1

(a) Persons with a core activity restriction living in households only.

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

(c) People may have a severe core activity restriction but not need help, if they only have difficulty communicating with family and friends.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998*
(Cat. no. 4430.1.40.001).

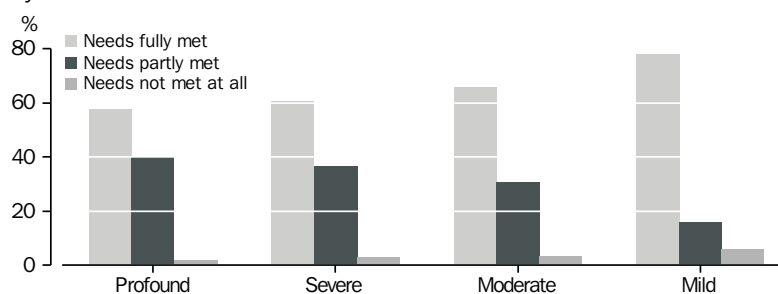
Assistance received

The vast majority (96%) of people with a disability who required assistance had their needs met to some extent. Of those who needed assistance, 66% (436,600) felt their needs were fully met and a further 30% (195,700) indicated their needs were partly met. An estimated 4% of those who needed assistance (27,500) reported that their needs were not met at all.

The extent to which a person's needs were fully or partly met did vary with the level of core activity restriction. People with a profound level of core activity restriction were least likely to have their needs fully met. An estimated 58% (73,400) of people with a profound restriction reported their requirements fully satisfied, compared with 78% (113,600) of people with a mild core activity restriction. For those with a severe core activity restriction and those with a moderate core activity restriction, 61% (114,800) and 66% (97,600) respectively, indicated that their needs were fully met.

The nature of profound and severe restrictions is that people require intensive assistance with the core activities of self care, mobility and communication. In comparison, people with moderate or mild levels of core activity restriction can perform tasks associated with these core activities without help from other people or organisations. The more intensive assistance required by people with profound and severe restrictions may contribute to their needs not being fully met to the same extent as those with a moderate or mild restriction.

2.22 EXTENT TO WHICH ASSISTANCE NEEDS MET(a),
By Level of Restriction — 1998



(a) Persons with a disability living in households only.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998* (Cat. no. 4430.1.40.001).

The activities where high numbers of people with a disability required assistance were also the activities where people most commonly reported they did not have their needs met at all. Property maintenance was the activity with the largest number of people (30,200) whose needs were not met at all. Other activities with a high level of unmet need were health care (21,700) and transport (20,400).

For people with a profound/severe core activity restriction, the activities with the highest number of people with unmet need were mobility (15,000), self care (13,700) and property maintenance (13,400).

2.23 EXTENT TO WHICH NEED FOR ASSISTANCE MET(a) — 1998

<i>Activities for which assistance needed</i>	<i>Fully met</i>	<i>Partly met</i>	<i>Not met at all</i>	<i>All needing assistance</i>
	'000	'000	'000	'000
Self care	154.2	*7.2	13.7	175.1
Mobility	194.8	29.8	15.0	239.6
Communication	42.2	13.9	**3.1	59.1
Health care	251.9	29.7	21.7	303.3
Transport	233.8	31.4	20.4	285.7
Paperwork	92.3	10.1	10.2	112.6
Housework	226.5	40.3	17.7	284.4
Property maintenance	317.5	55.1	30.2	402.8
Meal assistance	94.0	*6.3	*4.1	104.4
All needing assistance with at least one activity(b)	436.6	195.7	27.5	659.7

(a) Persons with a disability living in households only.

(b) Total may be less than the sum of the components as persons may need assistance with more than one activity.

Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998*.

People in cared
accommodation
Need for assistance

People with a disability living in cared accommodation (e.g. nursing homes and aged care hostels) have different needs to people living in households, generally requiring more intensive assistance.

Need for assistance
continued

In 1998 there were 69,300 people with a disability living in cared accommodation. Of these, almost all (68,400) required assistance with one or more activities. Health care was the activity where assistance was most required (95%). Self care (92%) and mobility (81%) were other activities where people in cared accommodation commonly required assistance. The activities of property maintenance (the highest need for people living in households), housework and meal preparation were not applicable to those people with a disability living in cared accommodation.

2.24 PEOPLE IN CARED ACCOMMODATION(a), BY ASSISTANCE NEEDED — 1998

<i>Activities for which assistance needed</i>	'000	%
Self care	63.9	92.2
Mobility	56.5	81.5
Communication	45.8	66.1
Health Care	65.6	94.6
Transport	—	—
Paperwork	52.2	75.3
All needing help(b)(c)	68.4	98.6
All not needing help(b)	**1.0	**1.4
Total	69.3	100.0

(a) With a disability.

(b) With at least one of the activities listed.

(c) Total may be less than the sum of the components as persons may need assistance with more than one activity.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Assistance received by people living in cared accommodation was not collected in the 1998 Survey of Disability, Ageing and Carers.

Providers of assistance

Assistance provided to people with a disability can be from a range of sources, both informal and formal. Informal assistance is unpaid and generally provided by family, friends or neighbours. Formal assistance is provided by organisations and persons, such as home care workers, who are paid for the provision of their services. People can receive assistance from more than one person or organisation. Data presented below is only applicable to people with a disability living in households.

In NSW in 1998 assistance was usually received from family and friends rather than from formal organisations. Of all people with a disability needing assistance, an estimated 87% received help from informal sources while 42% received help from formal organisations. Partners and children were the most common providers of informal support, 45% and 30% respectively. Almost all (96%) people with a profound or severe core activity restriction received some assistance from informal sources. Further discussion on carers can be found in Chapter 3, Caring in the Community.

2.25 PEOPLE NEEDING ASSISTANCE(a), BY PROVIDER TYPE — 1998

	<i>Profound/ severe core activity(b) restriction</i>	<i>All with specific restrictions</i>	<i>All with disability(c)</i>
	'000	'000	'000
Informal providers			
Partner	147.4	287.7	294.5
Parent	76.1	94.6	95.4
Child	105.8	194.9	198.9
Other relative	85.2	136.1	139.9
Friend	55.8	94.4	98.6
<i>All receiving assistance from informal provider(s)(d)</i>	303.3	560.4	576.9
All receiving assistance from formal provider(s)	145.0	269.6	274.5
<i>All receiving assistance(d)</i>	309.1	612.3	632.3
Assistance not received	*8.0	24.8	27.4
All needing assistance	317.1	637.1	659.7

(a) Persons with a disability living in households only.

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

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

(d) Total may be less than the sum of the components as persons may need or receive assistance with more than one activity.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998*
(Cat. no. 4430.1.40.001).

Government agencies provide a range of formal sources of assistance to people with a disability. This is through the funding and delivery of service programs. One such program is the Commonwealth/State Disability Agreement (CSDA) (excluding psychiatric services)⁴. Under the CSDA government funds both government and non-government providers of services for people with disabilities. States and Territories have responsibility for the administration of accommodation and other support services, while the Commonwealth has responsibility for employment services. Data presented below is applicable to those services administered by the NSW Government only, that is, accommodation support, community support, community access and respite services.

In 2000, accommodation support was the most accessed service on the snapshot day (see Explanatory Notes) with 6,402 recipients. This was followed by community support (3,707) and community access (3,163).

⁴ In general, State and Territory services for people with a psychiatric disability are delivered under the health system. However, many people with a psychiatric disability access CSDA services.

2.26 CSDA SERVICE RECIPIENTS(a), BY SERVICE TYPE — 2000

	no.	%
Accommodation support	6 402	46.3
Community support	3 707	26.8
Community access	3 163	22.8
Respite	570	4.1
Total	13 842	100.0

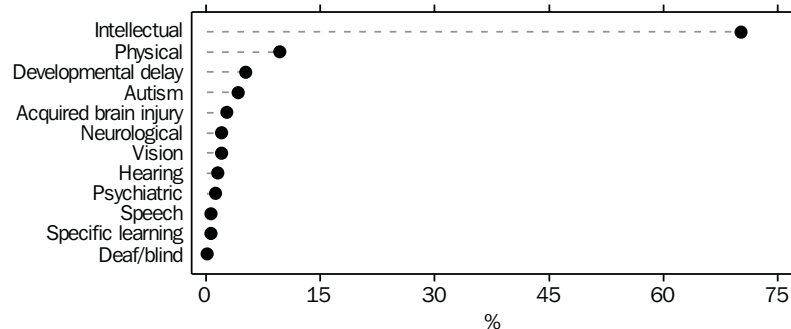
(a) Recipients of services, funded under the Commonwealth/State Disability Agreement, on the snapshot day in May 2000. An individual may be counted more than once if more than one service was accessed on the snapshot day.

Source: NSW Department of Ageing, Disability and Home Care, CSDA MDS 2000 Collection.

CSDA services are targeted at people aged less than 65 years who have a profound or severe disability and require ongoing support. Of those accessing CSDA services, 96% (13,260) were aged 0–64 years.

Of all service recipients, the most common primary disability type was intellectual disability (70%). This was followed by physical disability (10%) and developmental delay (5%).

2.27 CONSUMERS OF CSDA SERVICES(a), By Primary Disability Group — 2000



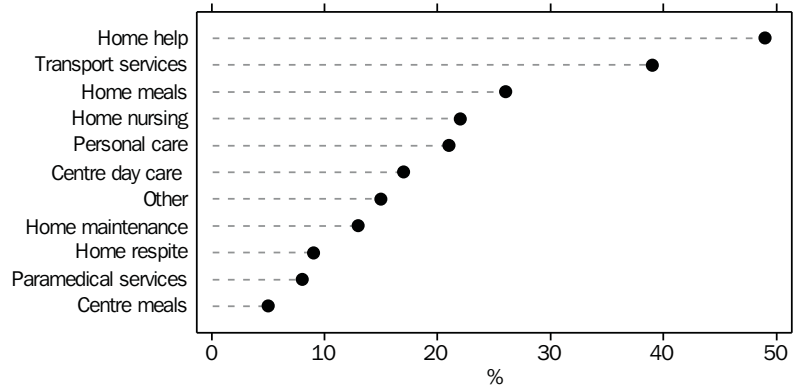
(a) On the snapshot day.

Source: NSW Department of Ageing, Disability and Home Care, CSDA MDS 2000 Collection.

The Home and Community Care Program (HACC) is another program funded by the Commonwealth and State and Territory Governments. HACC services include home help and maintenance, personal care, food services and transport. The HACC program is aimed at older Australians and younger people with disabilities who, in the absence of basic maintenance and support services, are at risk of premature or inappropriate long term residential care. With Commonwealth Government Ageing policy moving away from institutional care and towards home based care, HACC services are becoming increasingly important.

In 1998 home help was the most commonly used service (49%). This was followed by transport services (39%) and home delivered meals (26%).

2.28 HACC CLIENTS, By Service Type Received — 1998



Source: May 1998 NSW HACC User Characteristics National Data Collections.

HACC services, while available to people of all ages, were largely accessed by older people. An estimated 44% of clients were aged 80 years and over, with a further 36% aged 65–79 years. This compares with 2% and 17% of clients aged 0–14 and 15–64 years respectively.

USE OF AIDS AND EQUIPMENT

In addition to help provided by family or organisations, people with a disability can also use a range of aids or equipment to assist them with tasks in everyday life. Just under half (47%) of all people with a disability stated they used some kind of aid or equipment to assist in completing tasks.

A quarter of people with a disability used a medical aid to manage their condition(s). Medical aids included items such as nebulisers, dialysis machines and oxygen cylinders. Communication (18%) and mobility (12%) were other activities where aids or equipment were often used by people with a disability.

2.29 ACTIVITIES WHERE AIDS OR EQUIPMENT USED — 1998

	'000	%
Self care		
Eating	28.0	2.3
Showering/bathing	100.4	8.2
Dressing	32.2	2.6
Toileting	56.3	4.6
Managing incontinence	45.7	3.7
All using self care aid(s)(a)	133.0	10.9
Mobility		
Getting into/out of a bed or chair	49.9	4.1
Moving about the house	101.1	8.3
Moving around places away from home	130.7	10.7
Travelling by car	*5.6	*0.5
All using mobility aid(s)(a)	150.8	12.3
Communication	219.6	18.0
Meal preparation	16.1	1.3
Managing health conditions (medical aids)(b)	303.7	24.9
All using aids or equipment(a)	569.3	46.6
Does not use aids or equipment	652.0	53.4
Total	1 221.3	100.0

(a) Total may be less than the sum of the components as persons may use more than one type of aid/equipment.

(b) Examples include nebulisers, dialysis machines, oxygen concentrator or cylinder.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998*
(Cat. no. 4430.1.40.001).

GENERAL HEALTH
ASSESSMENT

In the 1998 Survey of Disability, Ageing and Carers an internationally used set of questions on self-perception of physical and mental health and wellbeing were asked (referred to as the Short Form-12 (SF-12)). Only people with a disability who were able to respond personally completed the survey relating to self-assessment.

People with a disability most commonly assessed their health status as good (31%). A further 22% assessed their health as fair, and 17%, very good. This order was the same for all age groups except those aged 15–44 years. These people largely considered their wellbeing good (31%) and very good (20%).

2.30 GENERAL HEALTH ASSESSMENT(a) — 1998

Health assessment	Age group (years)				Total
	15-44	45-64	65-74	75 and over	
NUMBER('000)					
Excellent	42.7	18.4	*9.5	10.4	81.0
Very good	62.9	64.7	31.6	29.3	188.4
Good	96.9	120.0	72.5	61.2	350.6
Fair	48.2	103.3	56.0	44.1	251.5
Poor	25.0	55.4	14.7	24.0	119.1
Not applicable(b)	37.6	25.1	18.4	62.8	143.9
<i>Total</i>	<i>313.3</i>	<i>386.7</i>	<i>202.7</i>	<i>231.8</i>	<i>1 134.5</i>
PROPORTION(%)					
Excellent	13.6	4.8	*4.7	4.5	7.1
Very good	20.1	16.7	15.6	12.6	16.6
Good	30.9	31.0	35.8	26.4	30.9
Fair	15.4	26.7	27.6	19.0	22.2
Poor	8.0	14.3	7.3	10.3	10.5
Not applicable(b)	12.0	6.5	9.1	27.1	12.7
<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

(a) Persons with a disability aged 15 years and over.

(b) Comprises persons in cared accommodation and proxy interviews.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

2.31 DISABILITY STATUS, BY AGE AND SEX — 1998

Age group (years)	Disability							Total
	Profound/ severe core activity(a) restriction	Moderate core activity(a) restriction	Mild core activity(a) restriction	Schooling or employment restriction(b)	All with specific restrictions(c)	All with disability(d)	No disability	
	'000	'000	'000	'000	'000	'000	'000	'000
MALES								
0-4	*8.0	n.p.	—	..	*8.8	13.3	211.6	224.8
5-14	20.3	*4.1	*7.6	33.2	38.2	42.9	407.3	450.2
15-24	9.9	*4.6	10.5	23.6	32.3	41.5	408.8	450.3
25-34	*8.0	*9.2	20.3	36.9	45.3	57.6	425.5	483.0
35-44	11.9	12.3	20.7	48.5	58.0	70.9	417.7	488.5
45-54	19.6	28.2	23.4	68.8	83.0	94.9	321.6	416.5
55-59	12.5	*8.8	16.4	37.0	44.2	47.2	103.8	151.0
60-64	10.2	13.0	20.9	33.7	46.9	54.8	72.6	127.4
65-69	10.5	11.0	21.3	..	42.7	51.7	65.7	117.4
70-74	11.5	10.4	23.9	..	45.8	54.3	46.0	100.3
75-79	14.0	14.2	*9.7	..	38.0	42.6	27.9	70.5
80-84	*9.2	**2.6	*9.5	..	21.3	24.7	13.8	38.6
85 and over	10.9	**2.2	*4.9	..	18.0	18.6	*4.8	23.3
Total	156.7	121.4	189.1	281.7	522.5	614.9	2 527.0	3 141.9
FEMALES								
0-4	**2.1	n.p.	—	..	**2.8	*4.2	209.2	213.4
5-14	14.9	—	*5.3	19.7	23.8	26.5	403.0	429.5
15-24	*7.1	**2.3	*9.2	21.6	24.0	29.2	402.6	431.8
25-34	13.5	*5.7	13.6	32.9	39.2	44.3	440.9	485.1
35-44	19.1	11.6	18.0	53.8	63.2	69.9	417.6	487.5
45-54	27.8	19.2	23.1	65.3	79.5	92.3	313.6	406.0
55-59	12.3	9.8	19.8	34.9	44.9	48.8	98.3	147.0
60-64	12.6	10.2	17.9	25.5	42.1	48.8	79.9	128.6
65-69	11.9	*9.5	16.9	..	38.2	43.8	80.1	123.9
70-74	16.9	14.0	15.6	..	46.5	52.9	64.4	117.4
75-79	27.9	*8.5	18.4	..	54.8	57.8	36.7	94.5
80-84	23.4	*3.4	14.5	..	41.4	41.4	22.5	63.9
85 and over	39.0	**2.3	*4.6	..	45.8	46.7	*8.6	55.3
Total	228.5	97.2	177.0	253.8	546.3	606.5	2 577.5	3 183.9
PERSONS								
0-4	10.1	n.p.	—	..	11.6	17.4	420.8	438.2
5-14	35.2	*4.1	12.9	53.0	62.0	69.4	810.2	879.7
15-24	17.0	*6.9	19.7	45.2	56.3	70.7	811.4	882.1
25-34	21.6	14.9	33.9	69.9	84.6	101.8	866.3	968.2
35-44	31.0	23.9	38.7	102.3	121.3	140.7	835.2	976.0
45-54	47.4	47.4	46.6	134.1	162.5	187.2	635.3	822.5
55-59	24.8	18.6	36.3	71.9	89.0	95.9	202.1	298.0
60-64	22.8	23.2	38.8	59.2	89.0	103.6	152.5	256.1
65-69	22.3	20.4	38.2	..	81.0	95.5	145.8	241.3
70-74	28.4	24.4	39.4	..	92.2	107.3	110.4	217.7
75-79	41.9	22.8	28.1	..	92.8	100.4	64.6	165.0
80-84	32.7	*6.0	24.0	..	62.7	66.1	36.3	102.5
85 and over	49.9	*4.4	*9.4	..	63.8	65.2	13.4	78.6
Total	385.1	218.6	366.1	535.5	1 068.8	1 221.3	5 104.5	6 325.8

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

(b) Includes those who also have a core activity restriction.

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

(d) Includes those who do not have a specific restriction.

Source: Disability, Ageing and Carers: Summary Tables, New South Wales, 1998 (Cat. no. 4430.1.40.001).

CHAPTER 3

CARING IN THE COMMUNITY

INTRODUCTION

The experience of caring is relatively common in NSW, as in the rest of Australia. Caring spans all ages and social groups, and crosses most inter-generational boundaries¹. The vast majority of people with a disability who need assistance receive support from informal sources, generally family, friends or neighbours. The assistance provided by these carers is essential in the supported independence of people with disabilities within private homes and in community settings and also to the welfare and social participation of those in cared accommodation. The care and assistance they provide is supplemented by formal supports through government and non-government organisations.

Over the last 15 years there have been two major shifts in State and Commonwealth Government policies which have emphasised the role of carers. Government Ageing policy has encouraged the provision of care at home and in the community, rather than in residential settings. This has been supported by the provision of a range of practical services to enable people to remain at home.

At the same time, government has increasingly recognised the role of families and carers in supporting people with a disability. Both State and Commonwealth Governments provide a range of services to support carers in their caring role. These include information-based services, income support, counselling and other emotional supports, and respite care. A NSW Government initiative designed to enhance carers' employment is legislation making it unlawful to discriminate against employees with caring responsibilities.

The present balance between formal services and informal support is likely to be affected by changes in the structure of the population. The ageing of the population and the movement of the 'baby boomers' through the population age structure will inevitably increase the number of people requiring care and thus the demand for carers. As most informal care is provided by family members, changes in family size and composition and women's increasing access to paid work are likely to result in different patterns of informal and formal care in the future.

Providing care is in many ways a positive experience, and one which is strongly valued by carers. However, caring can also impact on various aspects of a carer's life, including their physical and emotional health, their relationships and their capacity to participate in employment and other activities. Caring also has pronounced effects on finances in the short and longer term².

1 Howe A.L., Schofield H. & Herrman H., 1997, *Caregiving: a common or uncommon experience.*, Social Science and Medicine, 45:7, pp 1017-1029.

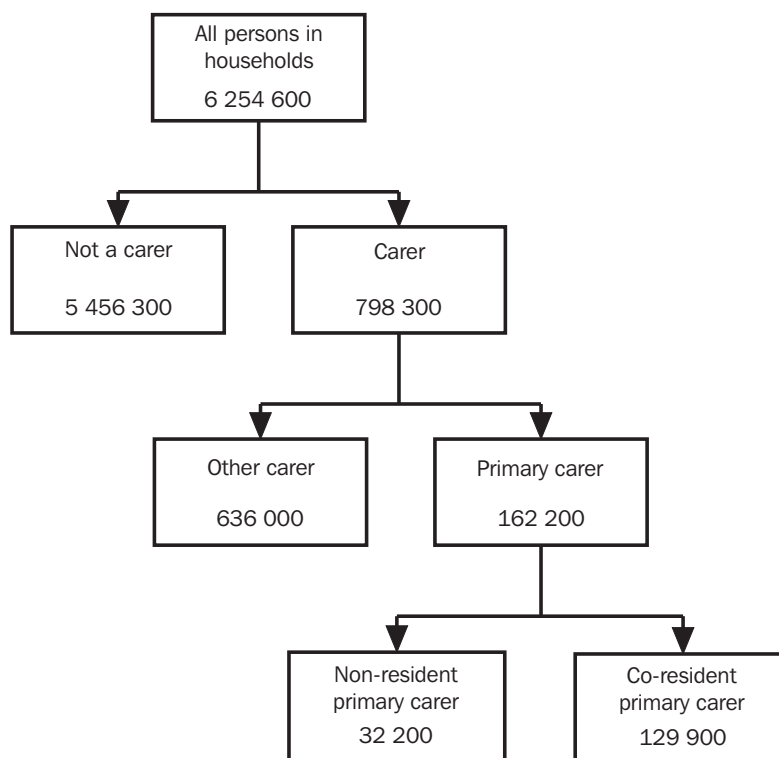
2 Schofield H., Bloch S., Herrman H., Murphy B., Nankervis J. & Singh B., 1998, *FAMILY CAREGIVING Disability, Illness and Ageing*, Allen and Unwin, St Leonards.

In order to broaden understanding of these evolving issues, this chapter provides information about the carer population in NSW, its links to formal services and the impact caring has on carers' lives. It uses data from the 1998 Survey of Disability, Ageing and Carers.

CHARACTERISTICS OF THE CARER COMMUNITY

Population In 1998 an estimated 798,300 or about 1 in 8 people in NSW were performing a caring role. Of these, 162,200 (20%) were primary carers. A primary carer is a person of any age who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. 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 self care, mobility or communication. The remaining 636,000 carers who provided informal assistance, but who were not primary carers, were classified as other carers.

3.1 THE CARER COMMUNITY

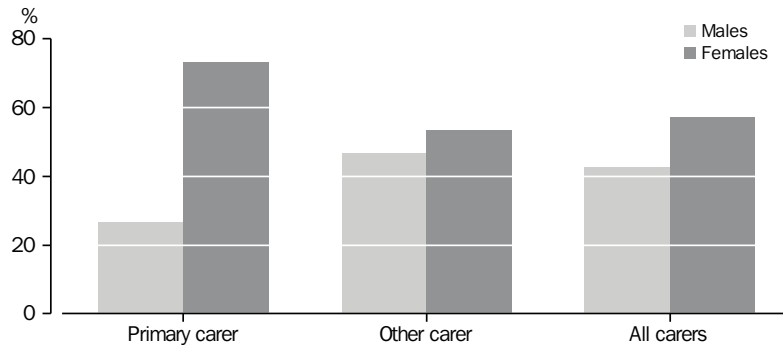


Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

An estimated, 62% (492,700) of all carers lived in the Sydney Statistical Division in 1998. The remainder were dispersed throughout the Newcastle and Wollongong regions and other regional centres and locations in rural NSW. This distribution generally follows the NSW population pattern.

Sex Women are more likely than men to be carers at some stage in their lives. In 1998, women accounted for 57% (457,800) of all carers in NSW and 73% (118,700) of primary carers.

3.2 CARER STATUS — 1998

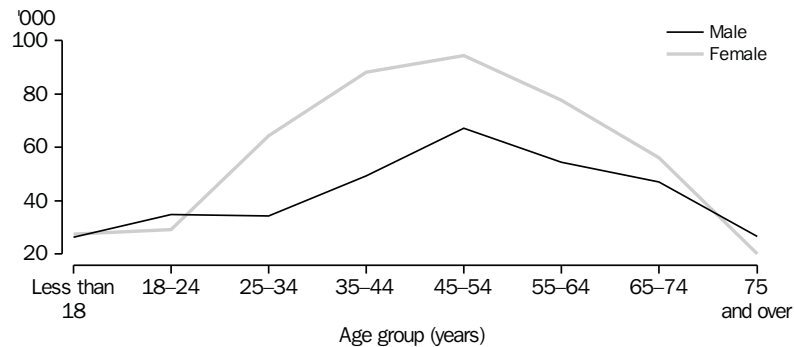


Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998* (Cat. no. 4430.1.40.001).

Age Carers occur in all age groups, however the number of people with a caring role is different at various stages of life. The likelihood of being a carer is highest in middle age when carers may be providing care for their children, partners or parents.

In 1998 there were 161,600 carers aged 45–54 years. This represented the largest number of carers in any age group. The smallest groups of carers were those aged less than 18 years (54,000) and those aged 75 years and over (46,700).

3.3 CARERS, By Age and Sex — 1998



Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998* (Cat. no. 4430.1.40.001).

Although the highest number of carers were aged 45–54 years, the largest proportion were aged 55–64 years (24%). Carers aged 75 years and over, although smaller in number, represented a relatively high proportion of their age group (16%). Carers aged less than 18 years represented 3% of their age group.

3.4 CARER STATUS, BY AGE — 1998

	Age group (years)								
	Less than 18	18-24	25-34	35-44	45-54	55-64	65-74	75 and over	All carers
	'000	'000	'000	'000	'000	'000	'000	'000	'000
Males									
Primary carer	n.p.	n.p.	**2.4	*5.6	11.6	12.2	**2.4	*6.9	43.5
Other carer	25.8	33.3	31.7	43.9	55.6	42.3	44.6	19.6	296.9
Total	26.5	35.0	34.2	49.4	67.2	54.5	47.1	26.6	340.4
Females									
Primary carer	n.p.	**2.4	14.3	26.0	28.6	17.9	19.1	*9.6	118.7
Other carer	26.9	26.8	50.1	62.2	65.7	59.9	36.9	10.6	339.2
Total	27.5	29.3	64.4	88.3	94.4	77.8	56.0	20.1	457.8
Persons									
Primary carer	n.p.	*4.1	16.7	31.6	40.2	30.2	21.5	16.5	162.2
Other carer	52.7	60.1	81.8	106.1	121.3	102.2	81.6	30.2	636.0
Total	54.0	64.2	98.6	137.7	161.6	132.3	103.1	46.7	798.3

Source: Disability, Ageing and Carers: Summary Tables, New South Wales, 1998 (Cat. no. 4430.1.40.001).

Family type Three-quarters (614,700) of all carers lived in couple families. A further 12% (93,200) lived in one parent families, with the remaining 11% (90,300) in other family types (including those who lived alone). Among primary carers, 18% (29,600) lived in one parent families and 6% lived in other family types.

3.5 FAMILY TYPE — 1998

	Primary carer		Other carer	
	'000	'000	'000	%
Couple family(a)	122.1	492.6	614.7	77.0
One parent family(b)	29.6	63.6	93.2	11.7
Other family(c)	10.5	79.8	90.3	11.3
Total	162.2	636.0	798.3	100.0

(a) Without children or with dependent and/or non-dependent children.

(b) With dependent and/or non-dependent children.

(c) Includes people who were living alone.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Relationship with main recipient of care In 1998, 80% of primary carers (129,900) resided with their main recipient of care. Of this group 52% (67,300) were partners, 24% (31,000) were parents and 20% (26,600) were sons or daughters or their spouses (aged 15 years or more) of the main recipient of care.

Primary carers who did not reside with the main recipient of care (32,300 carers) were usually sons or daughters of that person (64%) or other relatives and friends (31%).

Relationship with main recipient of care *continued*

Women accounted for almost all parents who were primary carers. Of all sons or daughters providing primary care, 73% were women while of all partners 57% were women.

3.6 PRIMARY CARERS(a), RELATIONSHIP WITH MAIN RECIPIENT OF CARE — 1998

<i>Relationship</i>	<i>Living arrangements</i>		<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Persons</i>
	<i>Lives with main recipient of care</i>	<i>Does not live with main recipient of care</i>				
	'000	'000	'000	'000	'000	'000
Partner	67.3	—	67.3	28.7	38.6	67.3
Parent	31.0	**1.5	32.5	**1.3	31.1	32.5
Son or daughter(b)	26.6	20.8	47.4	12.9	34.5	47.4
Other relatives/friends	*5.1	10.0	15.0	n.p.	14.5	15.0
Total	129.9	32.3	162.2	43.5	118.7	162.2

(a) Aged 15 years and over living in households only.

(b) Includes daughter-in-law or son-in-law aged 15 years and over.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

The difference in age between carers and their main recipient of care further highlights the variety of carer/recipient relationships. Primary carers aged 15–44 years provided care to people in all age groups, but mostly to those aged less than 25 years or those aged 65 years and over. Among these carers 30% (16,300) were parents caring for children and 36% (19,500) were sons or daughters (or their spouses) caring for parents.

Primary carers aged 45–64 years mainly cared for individuals within their own or older age groups (80%). Within this group, partners (28,300) were most likely to be providing care. The number of sons or daughters (or their spouses) caring for parents (26,400) increased within this age group while fewer parents (10,500) were providing care for their children.

Among primary carers aged 65 years and over, 80% cared for people in the same age group. The majority (72%) were caring for their partner.

3.7 PRIMARY CARERS(a) AND MAIN RECIPIENT OF CARE, BY AGE AND RELATIONSHIP — 1998

	Primary carer's age group (years)			
	15-44	45-64	65 and over	Total
	'000	'000	'000	'000
Main care recipient's age group (years)				
15-24	16.2	*7.2	—	23.4
25-44	11.0	*6.8	*5.1	22.8
45-64	10.2	26.0	**2.7	38.9
65 and over	16.4	30.5	30.3	77.1
Total	53.8	70.4	38.0	162.2
Primary carer's relationship to main care recipient				
Partner	11.5	28.3	27.5	67.3
Parent	16.3	10.5	*5.7	32.5
Son or daughter(b)	19.5	26.4	**1.5	47.4
Other relative/friend	*6.5	*5.1	*3.3	15.0
Total	53.8	70.4	38.0	162.2

(a) Aged 15 years and over living in households only.

(b) Includes daughter-in-law or son-in-law aged 15 years and over.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Disability status Carers, like the people they care for, can also have disabilities. In 1998, about 4 in 10 primary carers and 3 in 10 other carers in NSW had a disability. Profound or severe core activity restrictions were reported by 12% (19,800) of primary carers and 7% (42,500) of other carers.

Schooling and/or employment restrictions were reported by 32,400 (20%) primary carers and 93,000 (15%) other carers. The criteria for both profound and severe core activity restrictions and schooling and/or employment restriction are described in Chapter 2, Disability.

3.8 CARER'S DISABILITY STATUS — 1998



(a) A person may have both a core activity and a schooling or employment restriction.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Disability status *continued*

Where primary carers and their main recipient of care were living together, the 1998 Survey of Disability, Ageing and Carers obtained information about the combination and level of carer and recipient disabilities. Of the 57,800 co-resident primary carers with a disability, 34,800 cared for someone with a profound core activity restriction and a further 20,000 cared for someone with a severe core activity restriction. Some 14% (17,800) of co-resident primary carers had a profound or severe core activity restriction themselves.

3.9 PRIMARY CARERS(a) AND MAIN RECIPIENT OF CARE, DISABILITY STATUS — 1998

	<i>Main recipient of care</i>		
	<i>Profound core activity(b) restriction</i>	<i>Severe core activity(b) restriction</i>	<i>All main recipients of care(c)</i>
<i>Primary carer</i>	<i>'000</i>	<i>'000</i>	<i>'000</i>
Profound/severe core activity(b) restriction	*6.9	*9.5	17.8
Moderate/mild core activity(b) restriction	22.8	*9.3	33.5
Schooling or employment restriction	14.7	13.0	28.3
All with specific restrictions(d)	31.1	19.4	53.4
All with disability(e)	34.8	20.0	57.8
No disability	42.7	25.8	72.1
<i>Total living with main recipient of care</i>	<i>77.6</i>	<i>45.8</i>	<i>129.9</i>
Not living with main recipient of care	32.3
Total	162.2

(a) Aged 15 years and over living in households only.

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

(c) Living with their primary carer. Includes those who do not have a specific restriction or disability.

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

(e) Includes those who do not have a specific restriction.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Birthplace In NSW, 27% (211,900) of carers were born overseas, with two-thirds (143,900) born in mainly non-English speaking countries. Of overseas born carers, 17% (36,200) were primary carers.

Among carers who were born overseas and resident in Australia for 20 years or more, the major birthplaces were the United Kingdom and Ireland (43,400) and Southern and Eastern Europe (including Italy, Greece and the former Yugoslavia) (47,300). This corresponds with post World War II immigration patterns and the ageing of these population groups. Another 11,700 carers were born in North Africa or the Middle East. This is consistent with the high levels of Lebanese immigration to Australia since the 1950s³.

³ Burnley I., 1982, *Population Society and Environment in Australia*, Shillington House, Australia.

Birthplace *continued*

In more recent times a greater proportion of Australia's immigrants have come from Asia. This shift in migration patterns is also reflected in the carer population. Among overseas born carers who had resided in Australia for less than 20 years, 81% (63,600) were born in mainly non-English speaking countries, particularly in South-East and North-East Asia (28,400). Only 15,100 carers (19%) were born in mainly English speaking countries.

3.10 BIRTHPLACE AND LENGTH OF RESIDENCE — 1998

	<i>Length of residence in Australia (years)</i>		<i>All carers</i>
	<i>Less than 20</i>	<i>20 or more</i>	
	<i>'000</i>	<i>'000</i>	<i>'000</i>
Oceania and Antarctica (excl. Australia)	*9.5	*7.7	17.2
United Kingdom and Ireland	*8.5	43.4	52.0
Southern and Eastern Europe	12.3	47.3	59.5
North Africa and the Middle East	*6.0	11.7	17.7
South-East and North-East Asia	28.4	*4.4	32.8
<i>Total born overseas(a)</i>	<i>78.7</i>	<i>133.3</i>	<i>211.9</i>
Mainly English speaking countries(b)	15.1	53.0	68.0
Mainly non-English speaking countries	63.6	80.3	143.9
<i>Total born overseas</i>	<i>78.7</i>	<i>133.3</i>	<i>211.9</i>
Born in Australia	586.3
Total	78.7	133.3	798.3

(a) Includes people born in countries in Western and Northern Europe, Southern and Central Asia, The Americas, and Sub-Saharan Africa.

(b) Includes Canada, Republic of Ireland, New Zealand, South Africa, the United Kingdom and the United States of America.

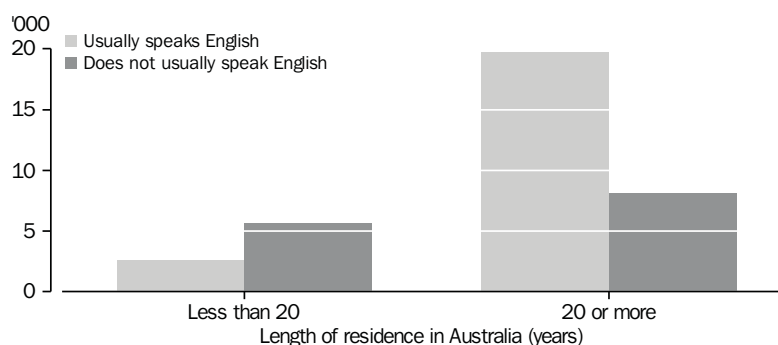
Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998*.

Language spoken with care recipients

The combination of cultural and/or language differences can be a barrier to service access. Birthplace information may indicate the potential for language difficulties but information on language spoken provides a better indication of the need for linguistically appropriate services.

Among primary carers born overseas who had been resident for less than 20 years, 5,600 spoke a language other than English with their main recipient of care. More than two-thirds (19,800) of primary carers who had lived in Australia for 20 years or more spoke English with their main recipient of care while 8,100 spoke a language other than English.

3.11 PRIMARY CARERS, Language Spoken with Main Recipient of Care — 1998



Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Reason for taking on the carer role

Carers take on the responsibility of caring for a variety of reasons. In the 1998 Survey of Disability, Ageing and Carers, primary carers were asked why they had taken on the caring role. The most commonly reported reasons were family responsibility (48%) and/or the belief that they could provide better care (48%). An estimated 40% (64,800) of primary carers felt emotionally obligated to take on the caring role.

Partners were more likely than children (aged 15 years and over) to cite the provision of better care as a reason for taking on the caring role (61% compared with 34%). Family responsibility was also commonly reported by both children (58%) and partners (44%). However, children (53%) were more likely than partners (32%) to report an emotional obligation as a reason for taking on the caring role.

3.12 PRIMARY CARERS(a), REASONS FOR TAKING ON CARING ROLE — 1998

				Total	
	Partner	Son or daughter	Other	'000	%
	'000	'000	'000	'000	%
Could provide better care	41.2	14.9	21.2	77.3	47.7
Family responsibility	29.8	25.4	23.3	78.5	48.4
No other family or friends available	16.3	15.7	13.6	45.5	28.1
No other family or friends willing	10.1	*9.3	*8.9	28.2	17.4
Emotional obligation	21.6	23.3	20.0	64.8	40.0
Alternative care unavailable	18.5	12.5	11.8	42.8	26.4
Had no choice	15.6	*7.7	15.2	38.4	23.7
Other reason/not stated	*8.1	*5.2	*9.6	23.0	14.2
Total(b)	67.3	43.9	51.0	162.2	100.0

(a) Aged 15 years and over living in households only.

(b) Total may be less than the sum of the components as carers may report more than one reason.

Source: Disability, Ageing and Carers: Summary Tables, New South Wales, 1998 (Cat. no. 4430.1.40.001).

Time spent caring The caring role can vary quite substantially in terms of the intensity and hours of care required. The number of weekly hours spent caring often depends on the impairment and core activity restrictions of the person receiving care.

In 1998, half the primary carers (81,100) provided assistance for 20 hours or more a week, of whom 53,400 reported an average of over 40 hours per week. A further 42% (68,700) provided assistance for less than 20 hours per week. The remaining 8% did not report the number of hours they spent caring.

Over 42% (68,700) of all primary carers had been carers for less than 5 years. Another 29% (47,400) had been caregivers for 5–9 years and a further 28% (46,000) for 10 years or more.

3.13 PRIMARY CARERS(a), TIME SPENT CARING — 1998

	Average weekly hours		Total(b)	
	Less than 20	20 or more		
<i>Time spent caring (years)</i>	'000	'000	'000	%
Less than 5	30.9	30.2	68.7	42.4
5–9	17.9	27.1	47.4	29.2
10 or more	19.9	23.8	46.0	28.4
Total	68.7	81.1	162.2	100.0

(a) Aged 15 years and over living in households only.

(b) Includes 12,500 carers who did not report their average weekly hours of care provision.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Assistance provided The majority of assistance provided for people with a disability is through informal sources such as family, friends and neighbours. Formal services, provided by organisations and persons such as home care workers, is another source of assistance for people with a disability. The use of one or a combination of informal and formal assistance allows people with a disability to complete everyday tasks and maintain an independent lifestyle. This is particularly so for the large proportion of people with physical impairments. The data presented below refers to informal assistance provided in 1998. For details on formal services, see Chapter 2, Disability.

In NSW, over half a million (576,900) people with a disability living in households received unpaid help or supervision from informal sources. This was 87% of those who reported a need for assistance. Unpaid helpers provided assistance with property maintenance to 310,400 people with a disability. They also assisted 253,000 people with transport, 237,500 with housework, 217,100 with mobility and 200,100 with health care.

Assistance provided
continued

Among all activities for which assistance was needed no more than 9% of people with a disability reported an unmet need. Property maintenance (30,200), health care (21,700) and transport (20,400) were the activities that recorded the highest numbers of people with unmet need.

3.14 PEOPLE WITH A DISABILITY(a), ASSISTANCE NEEDED — 1998

Activity for which assistance needed	Receiving assistance			Assistance not received '000	All needing assistance '000
	Informal provider '000	Formal provider '000	Total(b) '000		
Self care	155.9	23.2	161.4	13.7	175.1
Mobility	217.1	44.8	224.6	15.0	239.6
Communication	54.0	24.9	56.0	**3.1	59.1
Health care	200.1	140.8	281.6	21.7	303.3
Paperwork	98.9	*8.8	102.4	10.2	112.6
Transport	253.0	33.1	265.2	20.4	285.7
Housework	237.5	55.1	266.7	17.7	284.4
Property maintenance	310.4	109.1	372.6	30.2	402.8
Meal preparation	89.5	13.5	100.2	*4.1	104.4
All needing assistance(c)	576.9	274.5	632.3	..	659.7

(a) Living in households only.

(b) Total may be less than the sum of the components as persons may receive assistance from informal and formal providers.

(c) Total may be less than the sum of the components as persons may need assistance with more than one activity.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998*
(Cat. no. 4430.1.40.001).

Satisfaction with the
caring role

Despite the significant contribution provided by caregivers, many feel a level of dissatisfaction with their role. In 1998, only one quarter of primary carers expressed satisfaction with their role as a carer.

CARERS AND EMPLOYMENT

Carers of working age (15–64 years) are less likely to be involved in labour force activities than people who are not carers. Some carers choose not to be in paid work, but for others the caring role prevents them from participating or has an impact on their working arrangements. Employed carers may only be able to combine both roles where work arrangements allow. Among carers, arrangements such as part-time work, annual leave and flexible hours are often used to accommodate care responsibilities. As a result, carers have lower levels of labour force participation and are more likely to be dependent on government pensions and allowances than people who are not carers.

Employment status

The relatively high proportion of women in caring roles, particularly as primary carers, is to some extent reflected in their employment status. In 1998, the labour force participation rates for all carers of working age (15–64 years) was 76% for men and 57% for women. The corresponding rates for primary carers were 58% for men and 48% for women. For non-carers, their participation rates were higher for both men and women at 84% and 69% respectively.

Employment status *continued*

In 1998, 357,400 carers of working age were employed, of whom 226,500 (63%) were working full-time. Among those in other carer roles 67% were employed full-time compared with 44% of primary carers. Overall, carers were more likely to work part-time (37%) than non-carers (27%).

3.15 LABOUR FORCE STATUS(a) — 1998

	Primary carer	Other carer	All carers	Not a carer	Total
MALES					
	'000	'000	'000	'000	'000
Labour force					
Employed					
Full-time	12.4	126.4	138.8	1 266.6	1 405.4
Part-time	*4.4	22.8	27.1	188.2	215.4
Total	16.8	149.2	165.9	1 454.8	1 620.8
Unemployed	**3.0	21.9	24.9	114.1	139
Total	19.8	171.1	190.9	1 569	1 759.8
Not in the labour force	14.4	47	61.4	290.2	351.6
Total	34.2	218	252.2	1 859.2	2 111.4
	%	%	%	%	%
Labour force participation rate	57.8	78.5	75.7	84.4	83.3
FEMALES					
	'000	'000	'000	'000	'000
Labour force					
Employed					
Full-time	12.6	75.1	87.7	597.4	685.1
Part-time	27.7	76.1	103.8	487.1	590.9
Total	40.3	151.2	191.5	1 084.6	1 276.1
Unemployed	**2.7	16.1	18.8	92.5	111.3
Total	43	167.3	210.3	1 177	1 387.3
Not in the labour force	47.1	109.1	156.1	538.5	694.6
Total	90	276.4	366.4	1 715.5	2 081.9
	%	%	%	%	%
Labour force participation rate	47.7	60.5	57.4	68.6	66.6
PERSONS					
	'000	'000	'000	'000	'000
Labour force					
Employed					
Full-time	25	201.5	226.5	1 864.1	2 090.6
Part-time	32	98.9	130.9	675.4	806.3
Total	57.1	300.4	357.4	2 539.4	2 896.8
Unemployed	*5.7	38	43.7	206.6	250.3
Total	62.7	338.4	401.1	2 746	3 147.1
Not in the labour force	61.5	156	217.5	828.7	1 046.2
Total	124.2	494.4	618.6	3 574.7	4 193.4
	%	%	%	%	%
Labour force participation rate	50.5	68.4	64.8	76.8	75.1

(a) Persons aged 15–64 years living in households only.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Effects of caring on employment

Employed primary carers may, on occasions, need time off work to fulfil their caring commitments. In 1998, 24% said they needed time off on average at least once a week. Nearly 8% of employed primary carers reported having taken a substantial period of time off work (at least three months) in order to provide care.

Just over two-thirds of employed primary carers (38,800) reported that their hours of work were unchanged since becoming a caregiver. However, nearly a quarter (23%) of employed primary carers had reduced their hours to accommodate caring commitments.

Among primary carers of working age, 29,800 had left work after taking on the carer role. Of these 11,700 ceased employment solely to take on the carer role, 8,500 to provide more care and the remaining 9,700 for other reasons.

In 1998, there were 67,100 primary carers who were either unemployed or not in the labour force. Of these, one third (22,200) indicated that they would like to work if suitable employment was available, with three-quarters of these stating a preference for part-time work.

3.16 PRIMARY CARERS(a), SELECTED EFFECTS OF CARING ON WORK — 1998

	'000	%
Employed		
Often needs time off work(b)	13.9	24.3
Has had to leave work for at least three months	*4.4	*7.8
Hours of work unchanged since began caring	38.8	68.0
Has had to reduce work hours since began caring	13.2	23.1
<i>Total employed(c)(d)</i>	<i>57.1</i>	<i>100.0</i>
Not employed(e)		
Has left work mainly to begin caring	11.7	17.4
Has left work to provide additional care	*8.5	*12.6
Would like to find work whilst still caring	22.2	33.0
Would not like to work	45.0	67.0
<i>Total not employed(c)(f)</i>	<i>67.1</i>	<i>100.0</i>
Total	124.2	..

(a) Aged 15–64 years living in households only.

(b) Primary carers who need time off at least once a week or more, on average.

(c) Total may be less than the sum of the components as primary carers may report more than one effect.

(d) Includes primary carers whose hours of work have increased.

(e) Unemployed or not in the labour force.

(f) Includes primary carers who have left work for other reasons.

Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998*.

Occupation and industry

Carers were more likely to be employed as intermediate clerical, sales and service workers (20%), professionals (16%), labourers and related workers (13%) or tradespersons and related workers (13%). For people who were not caregivers, 16% were employed as intermediate clerical, sales and service workers, while 20% were professionals, 9% were labourers and related workers and 14% were tradespersons and related workers.

Occupation and industry
continued

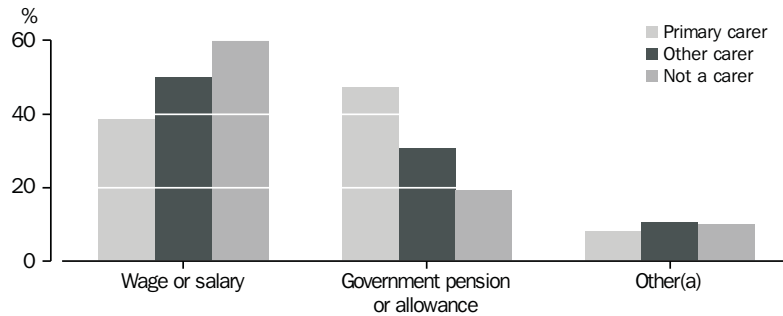
The main industries in which carers were employed were property and business services (15%), retail trade (14%), manufacturing (13%) and health and community services (13%). Not surprisingly, these industries are those with traditionally high levels of female employment and part-time and casual work. Among people who were not caregivers 11% were employed in property and business services, 15% in retail trade, 14% in manufacturing and 9% in health and community services.

Carer income

Almost half (49%) of all primary carers had not experienced any change in their financial situation because of their caring role. A reduced income was reported by 32,100 (20%) primary carers, of whom three-quarters had difficulties meeting everyday living expenses. Another 37,500 (23%) had extra expenses with 21,400 of these having difficulty meeting their expenses. The remaining 13,200 (8%) primary carers either had an increase in income or did not state their change in financial situation.

In 1998, all carers aged 15–64 years had a higher reliance on government pensions and allowances as their principal source of income (34%) than non-carers (19%). Almost half of all primary carers (47%) relied on government allowances and pensions as their principal source of income.

3.17 PRINCIPAL SOURCE OF INCOME — 1998



(a) Includes income from own business or partnership, child support or maintenance, workers compensation, profit or loss from rental property, dividends or interest.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Overall 115,300 (71%) primary carers received some form of government pension or benefit, either as their principal source of income or as a supplement to paid employment or other income. The most common pensions/benefits received were Family/Parenting benefits (34,300 primary carers) followed by Age Pensions (24,700), Carer Payments (22,100) and Domiciliary/Child Disability Allowances (20,300).

3.18 PRIMARY CARERS(a), RECEIPT OF GOVERNMENT ALLOWANCES — 1998

	'000	%
Australian Age Pension	24.7	15.2
War Widows or Disability Pension or Service Pension(b)	10.4	6.4
Disability Support Pension(c)	*9.1	*5.6
Sole Parents Pension	*5.8	*3.6
Wife Pension/Partner's Allowance	*6.1	*3.8
Carer Payment	22.1	13.6
Domiciliary Allowance/Child Disability Allowance	20.3	12.5
Family Payment or Parenting Allowance	34.3	21.1
Other benefit(d)	12.5	7.7
All receiving government pension/benefit(e)	115.3	71.1
Does not receive pension/benefit	46.9	28.9
Total	162.2	100.0

(a) Aged 15 years and over living in households only.

(b) Department of Veterans Affairs.

(c) Department of Family and Community Services (Department of Social Security at time of collection).

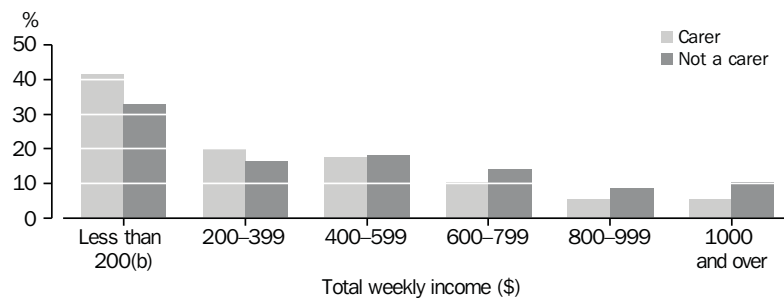
(d) Includes Newstart/Youth Training Allowance, Mature Age Allowance, Disability Allowance and Widows Pension.

(e) Total may be less than the sum of the components as persons may receive more than one benefit.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998*
(Cat. no. 4430.1.40.001).

Reliance on government pensions and allowances, reduced income due to part-time employment, or changed work arrangements, means that many carers aged 15–64 years are on low incomes. Of carers who reported income in 1998, 42% (241,800) had an average weekly income of less than \$200 compared with 33% of people who were not caregivers. A further 20% of carers aged 15–64 years reported an income level of \$200–\$399. Some 18% reported a weekly income of \$600 or more.

3.19 WEEKLY INCOME(a) — 1998



(a) Persons aged 15–64 years living in households only. Excludes those who did not report a weekly income.

(b) Includes zero and negative income.

Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998*.

Half of all primary carers aged 15–64 years had an average weekly income of less than \$200. A further 23% had an income of \$200–\$399. Relatively few primary carers (13%) had a weekly income of \$600 or more.

SUPPORT FOR CARERS

Use of and need for assistance

Carers, particularly primary carers, will at times need assistance. An estimated 47% (76,900) of primary carers reported receiving assistance in their caring role. Of these, almost one third (24,500) indicated a need for further assistance. Among primary carers who did not receive assistance, 18,200 (21%) reported a need for assistance.

Support can be provided in a variety of ways. It can include temporary help from informal sources such as family members or neighbours who act as fall-back carers. It also includes respite care or other forms of formal assistance provided through government and non-government services. In 1998, 53% of primary carers in NSW had a fall-back carer available, while 38% did not. Some 9% did not know if a fall-back carer was available.

3.20 PRIMARY CARERS(a), NEED AND RECEIPT OF ASSISTANCE — 1998

	'000	%
Need for and receipt of assistance in providing care		
Receives assistance		
Does not need further assistance	52.4	32.3
Needs further assistance	24.5	15.1
Does not receive assistance		
Does not need assistance	67.1	41.4
Needs assistance	18.2	11.2
Total	162.2	100.0
Availability of fall-back carer		
Available	86.2	53.1
Not available	61.0	37.6
Don't know if available	15.0	9.3
Total	162.2	100.0

(a) Aged 15 years and over living in households only.

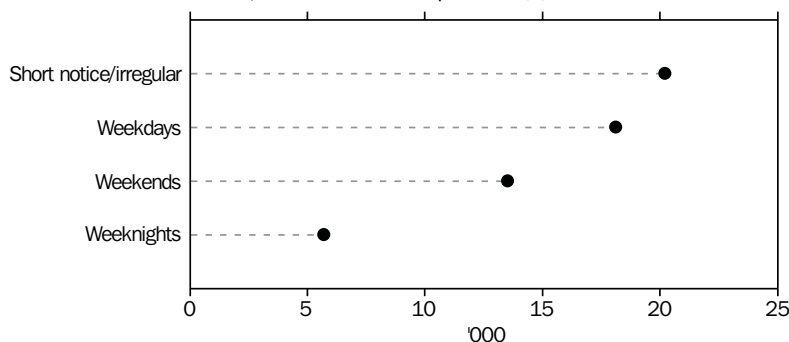
Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998*
(Cat. no. 4430.1.40.001).

Respite care

Respite care is a major source of formal assistance to carers as it allows them a short-term break from their care commitments. It may be provided on a regular, planned basis, or in an emergency or crisis situation. Respite care services provide alternate care for people in their own home, community centres or nursing homes, or through other flexible respite support options. Funding for respite care is provided by both State and Commonwealth Governments under a range of programs.

Respite care <i>continued</i>	A carer's need for respite services varies. For example, carers of people with dementia and/or challenging behaviours have been identified as having a greater need for support ⁴ . The number of people in NSW with profound/severe core activity restrictions is projected to increase by 15% between 1997 and 2003 ⁵ . This could lead to an increasing demand for respite care.
Use of respite care	Government funded respite services in NSW are delivered by both government (42% of services) and non-government service providers ⁶ . In 1998, 22,100 (14%) primary carers used respite care. The majority of this respite care was provided to primary carers aged 35–64 years.
Need for respite care	There were 25,300 primary carers who reported that they required more respite care. This included 10,000 who had already used respite care, but needed more, and 15,300 who had not used it, but expressed a need for respite care. Primary carers who reported needing more access to respite care were asked when that care was required. Access to more respite care on weekdays was required by 18,100 primary carers while 5,700 said they would have liked more assistance during weeknights. Some 13,500 primary carers wanted more access to respite care on weekends. The majority of primary carers (80%) who needed more access to respite care wanted that access at short notice and/or on an irregular basis.

3.21 PRIMARY CARERS, Need for More Respite Care(a) — 1998



(a) More than one response may be reported.

Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998*.

4 Commonwealth Department of Health and Aged Care, 1999, *Respite Services for People with Dementia and/or Challenging Behaviour*, <www.health.gov.au/acc/carers/nrcp>.

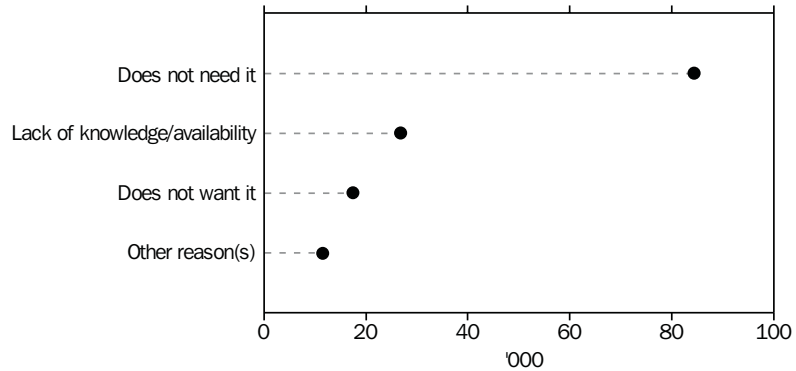
5 Australian Institute of Health and Welfare, 1997, *Demand for disability services in Australia: size, cost and growth*, AIHW, Canberra.

6 Steering Committee for the Review of Commonwealth/State Service Provision, 2001, *Report on Government Services 2001*, Canberra, AGPS.

Reasons respite care not used

In 1998, 140,100 primary carers indicated they had never used respite services. Some 84,300 (60%) of these primary carers indicated that they did not need respite care at all. A further 26,800 (19%) indicated a lack of knowledge about services or a lack of service availability as a reason for not using respite care. Some carers or the person they cared for did not want to use respite care with 17,400 (12%) stating this as the main reason for not using respite services.

3.22 PRIMARY CARERS, Main Reason for Not Using Respite Care — 1998



Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

EFFECTS OF CARING ON RELATIONSHIPS

The role of carer can have both positive and negative effects on an individual, their family and friends. In 1998, at least 50% of primary carers reported that the caring role had in some way affected their relationships with family members.

With main recipient of care

Caring can have a significant impact on the relationship between carers and care recipients. While 43% of primary carers in NSW said that their relationship with their care recipient remained unchanged since taking on the role of carer, 32% indicated that this relationship had strengthened and 24% reported that the relationship had become strained.

With family

These effects on relationships can extend to members of the carer's family who are not the person receiving care. Among those who had a partner who was not the main recipient of care, 45% reported their relationship with that partner was unchanged while 12% reported caring had brought them closer together. A further 25% reported that their relationship was strained and 19% said that they lacked time alone with their partner.

An estimated 44% of primary carers who had other family members apart from the person they cared for living with them, reported that their family relationships were unaffected. A further 12% reported that a closer relationship had resulted. Around 24% indicated a lack of time together while 18% reported that relationships were strained.

With friends Friendships outside the family can also be affected by the caring role. Just under half (48%) of primary carers reported their friendships were changed after taking on the carer role. The most commonly reported effect was to have lost or to be losing touch with existing friends (29% of primary carers). A further 16% indicated that their circle of friends had changed since becoming a carer.

3.23 PRIMARY CARERS(a), EFFECTS OF CARING ON RELATIONSHIPS — 1998

	'000	% ^(b)
Main effect on relationship with main recipient of care		
Brought closer together	49.2	32.5
Relationship strained	37.0	24.4
Relationship unaffected	65.2	43.1
<i>Total</i>	<i>151.3</i>	<i>100.0</i>
Main effect on relationship with partner(c)		
Brought closer together	*7.1	*12.0
Lack time alone together	11.1	18.8
Relationship strained	14.4	24.6
Relationship unaffected	26.2	44.6
<i>Total</i>	<i>58.8</i>	<i>100.0</i>
Main effect on relationship with other family members(d)		
Brought closer together	12.7	12.2
Less time to spend with them	24.8	23.9
Relationships strained	18.5	17.8
Relationship unaffected	45.6	44.0
<i>Total(e)</i>	<i>103.7</i>	<i>100.0</i>
Main effect on friendships		
Circle of friends has increased	*3.7	*2.4
Circle of friends has changed	24.6	16.4
Lost or losing touch with existing friends	43.1	28.7
Friendships unaffected	78.7	52.5
<i>Total</i>	<i>149.9</i>	<i>100.0</i>
Total primary carers	162.2	..

(a) Aged 15 years and over living in households only.

(b) Non-response to each selected effect was excluded prior to the calculation of percentages.

(c) Only asked of primary carers whose main recipient of care was not a partner.

(d) Living in the same household.

(e) Includes other effects on relationships not already stated.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

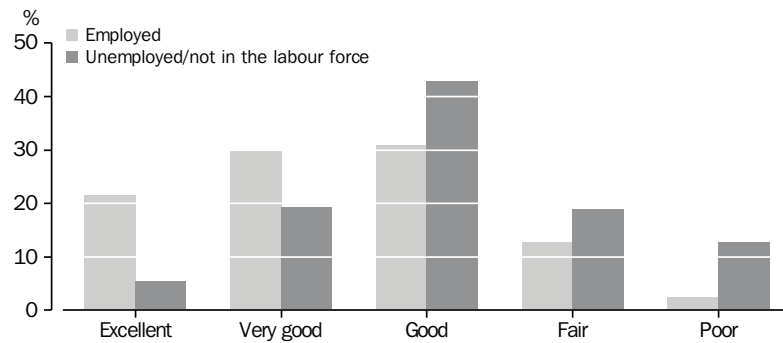
EFFECTS OF CARING ON THE HEALTH OF PRIMARY CARERS

The caring role can impact on the health of carers. The level of impact will be influenced by other aspects of a carer's life, such as paid employment. Combining work and caring may lead to higher levels of fatigue and stress for carers, but the social interaction may also have a positive effect. In the 1998 Survey of Disability, Ageing and Carers, a number of self-assessed health questions covering physical and emotional wellbeing were asked of both carers and the people they cared for.

General health assessment

Primary carers were asked if their physical and emotional wellbeing had changed since taking on the caring role. Around 64% of all primary carers in NSW indicated that it had not. They were also asked to rate their general health on a five point scale from excellent to poor. While 34% assessed their health as very good or excellent, 25% assessed it as only fair or poor. Among employed primary carers (aged 15–64 years), 51% rated their general health as very good or excellent while 15% rated it as fair or poor.

3.24 PRIMARY CARERS(a), General Health Assessment — 1998



(a) Aged 15–64 years living in households.

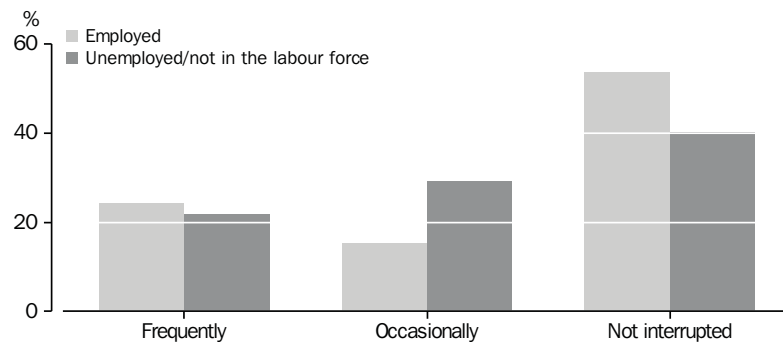
Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Effect on sleep

Primary carers are likely to have their sleep interrupted if the person they care for needs assistance at night. Of primary carers aged 15–64 years, nearly half (58,200) reported sleep interruptions, with 28,500 stating that these interruptions were frequent. Of those who were employed, 54% reported no sleep interruptions.

Sleep interruptions can have a direct effect on carer fatigue levels and their capacity to perform daily activities. When asked if sleep interruptions interfered with daily activities, 43% (33,200) of all primary carers aged 15–64 years indicated that they did. Some 40% (48,800) of primary carers aged 15–64 years also stated that they felt weary or lacked energy. Employment levels had no effect on the number of primary carers reporting restrictions in daily activities or feeling weary or lacking energy.

3.25 PRIMARY CARERS(a), Sleep Interrupted — 1998



(a) Aged 15–64 years living in households.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Psychological health The 1998 Survey of Disability, Ageing and Carers sought information about aspects of the psychological health of carers. When asked if they often felt worried or depressed, 31% (50,000) of primary carers responded that they did. Only 17% (26,800) said that they often felt angry or resentful, while just under 9% (15,200) had been diagnosed with a stress-related illness. The proportions were similar among primary carers who were employed.

3.26 PRIMARY CARERS(a), EFFECTS OF CARING ON PSYCHOLOGICAL HEALTH
— 1998

	<i>Aged 15–64 years</i>			
	<i>Employed</i>	<i>Unemployed/ not in the labour force</i>	<i>Aged 65 years and over</i>	<i>All primary carers</i>
	'000	'000	'000	'000
Often feels worried or depressed	16.3	24.4	*9.3	50.0
Does not often feel worried or depressed	36.9	36.9	25.3	99.1
Not stated	*3.9	*5.8	*3.4	13.1
Total	57.1	67.1	38.0	162.2
Often feels angry or resentful	10.1	12.1	*4.6	26.8
Does not often feel angry or resentful	43.1	49.2	30.0	122.4
Not stated	*3.9	*5.8	*3.4	13.1
Total	57.1	67.1	38.0	162.2
Has been diagnosed with a stress-related illness	*5.5	*6.8	**2.8	15.2
Has not been diagnosed with a stress-related illness	47.7	54.5	31.8	134.0
Not stated	*3.9	*5.8	*3.4	13.1
Total	57.1	67.1	38.0	162.2

(a) Aged 15 years and over living in households only.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

CHAPTER 4

LIVING ARRANGEMENTS AND HOUSING

INTRODUCTION

Many factors may influence the living arrangements and housing of people with a disability. These can include a person's level of disability and level of dependency, financial situation, level of support from family and friends and access to support from government and private organisations. People with a disability may live in a private dwelling, either alone or with others, or they may live in a non-private dwelling. Non-private dwellings include cared accommodation, such as nursing homes, aged care hostels and hospitals, and other non-private dwellings, such as hotels, motels, guest houses, caravan parks and educational and religious institutions. Group homes are classified as private dwellings.

This chapter presents information on the living arrangements and housing of people with a disability. It includes a summary of policy issues concerned with accommodation for people with a disability, current living arrangements, relationships within households, housing tenure and government accommodation support services for people with a disability.

POLICY ISSUES

Government and the community are working towards providing a range of accommodation options so that people with a disability are empowered to make their choice as to where, and how, they wish to live. Two of the major government policies concerning the living arrangements and housing of people with a disability, both now and in the future are:

- De-institutionalisation and a move towards community based care and support. In NSW the government has generally sought to increase the provision of community based accommodation support services. This is aimed at enabling people with a disability to remain in their own homes with appropriate levels of support. This is considered to provide better opportunities for people with a disability by enhancing their life skills and removing them from a more rigid, institutional setting.
- Adaptable housing. An adaptable house is one which can be easily modified or converted to suit the needs of a person with a disability, thereby allowing them to stay in their preferred living arrangement and accommodation type. For example, a house to suit the needs of a person in a wheelchair would have wide doorways and hallways, a large kitchen, laundry and bathroom and no steps. Adaptable housing stock is important for increasing the flexibility and housing options for people with a disability. In particular, with the population ageing, and with aged people forming a large proportion of people with a disability, this will become increasingly important in the future.

LIVING ARRANGEMENTS

In 1998, most people with a disability lived in private dwellings with others. Of the 1.2 million people with a disability in NSW:

- 76% (929,100) lived in a private dwelling with at least one other person;
- 16% (199,400) lived alone in a private dwelling;
- 6% (69,300) lived in cared accommodation; and
- 2% (23,500) lived in other non-private dwellings.

Age The high proportion of people with a disability who lived with others in 1998 was apparent across all age groups. However, the proportion of people living alone increased with age, from 5% of those aged 15–24 years to 26% of those aged 80 years and over. Conversely, the proportion of people with a disability living with others in private dwellings fell as age increased, from 90% of those aged 15–24 years to 40% of those aged 80 years and over.

4.1 LIVING ARRANGEMENTS(a), BY AGE — 1998

	Age group (years)						All with disability
	0–14	15–24	25–44	45–64	65–79	80 and over	
NUMBER ('000)							
In private dwellings							
Alone	—	**3.2	30.9	58.9	72.4	33.9	199.4
With at least one other person	86.6	63.9	205.6	315.6	205.5	51.9	929.1
Total	86.6	67.1	236.5	374.5	277.9	85.8	1 128.5
In non-private dwellings							
Cared accommodation	n.p.	n.p.	**3.0	*5.5	19.2	40.8	69.3
Other non-private dwellings	—	**2.9	**3.1	*6.8	*6.1	*4.7	23.5
Total	n.p.	*3.6	*6.0	12.3	25.2	45.5	92.9
Total	86.9	70.7	242.6	386.7	303.1	131.4	1 221.3
PROPORTION (%)							
In private dwellings							
Alone	—	**4.6	12.8	15.2	23.9	25.8	16.3
With at least one other person	99.7	90.4	84.7	81.6	67.8	39.5	76.1
Total	99.7	95.0	97.5	96.8	91.7	65.3	92.4
In non-private dwellings							
Cared accommodation	n.p.	n.p.	**1.2	*1.4	6.3	31.1	5.7
Other non-private dwellings	—	**4.1	**1.3	*1.8	*2.0	*3.6	1.9
Total	n.p.	*5.0	*2.5	3.2	8.3	34.7	7.6
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

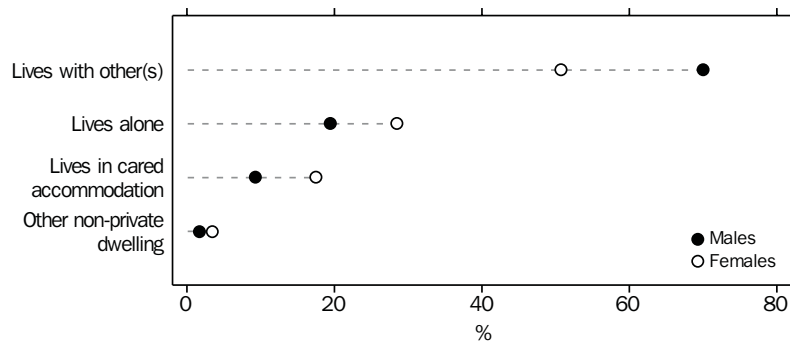
(a) Persons with a disability.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Age continued In 1998 an estimated 60,000 older people (aged 65 years and over) with a disability lived in cared accommodation. Of these, 19,200 were aged 65–79 years and 40,800 were aged 80 years and over. Most older people with a disability in cared accommodation lived in a nursing home or aged care hostel (85%). This reflects the frailty of many older people and the degenerative nature of the health conditions they typically experience, such as arthritis. Such conditions can lead to difficulties in maintaining a property and/or in caring for themselves. Many people aged 65 years and over with a disability were living alone in 1998 (106,300). Again, this is a reflection of the ageing process and associated loss of partners.

Sex There were differences between the living arrangements of older men and women with a disability. The number of older women living in cared accommodation was more than double the number of older men, 42,300 compared with 17,600. Of older women living in cared accommodation, 37,300 (88%) were in a nursing home or aged care hostel. Older women with a disability were more likely to live alone (28%) than men (19%), and less likely to live with others (51% compared with 70%). These results reflect the greater likelihood that women will live to an advanced old age.

4.2 LIVING ARRANGEMENTS OF OLDER PEOPLE(a) — 1998



(a) With a disability aged 65 years and over.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Level of restriction Across all levels of core activity restriction (refer to box on page 8), people with a disability were most likely to be living in a private dwelling in 1998. Not surprisingly, people with a profound/severe core activity restriction were less likely to be living alone in a private dwelling (12%) than those with a moderate/mild restriction (21%).

People with a profound/severe core activity restriction were also more likely to live in non-private dwellings (19%) than people with a moderate/mild restriction (3%). Of those people with a profound/severe restriction living in non-private dwellings, most (66,600) lived in cared accommodation; either a nursing home or aged care hostel (52,300), or hospital (14,300). These results reflect the nature of a profound or severe core activity restriction, where people almost always require assistance to complete everyday tasks.

4.3 LIVING ARRANGEMENTS, BY DISABILITY STATUS — 1998

	Disability					
	Profound/ severe core activity(a) restriction	Moderate/ mild core activity(a) restriction	Schooling or employment restriction(b)	All with specific restrictions(c)	All with disability(d)	No disability
NUMBER ('000)						
In private dwellings						
Alone	44.4	121.5	66.0	177.2	199.4	300.3
With at least one other person	267.2	448.2	461.8	802.3	929.1	4 767.3
Total	311.5	569.7	527.8	979.5	1 128.5	5 067.6
In non-private dwellings						
Cared accommodation	66.6	**2.1	—	68.6	69.3	**1.9
Other non-private dwellings	*7.0	13.0	*7.7	20.7	23.5	35.0
Total	73.6	15.0	*7.7	89.3	92.9	36.9
Total	385.1	584.7	535.5	1 068.8	1 221.3	5 104.5
PROPORTION (%)						
In private dwellings						
Alone	11.5	20.8	12.3	16.6	16.3	5.9
With at least one other person	69.4	76.6	86.2	75.1	76.1	93.4
Total	80.9	97.4	98.6	91.6	92.4	99.3
In non-private dwellings						
Cared accommodation	17.3	**0.4	—	6.4	5.7	—
Other non-private dwellings	*1.8	2.2	*1.4	1.9	1.9	0.7
Total	19.1	2.6	*1.4	8.4	7.6	0.7
Total	100.0	100.0	100.0	100.0	100.0	100.0

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

(b) Includes those who also have a core activity restriction.

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

(d) Includes those who do not have a specific restriction.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Comparison over time When comparing data across the three most recent disability surveys, only criteria common to the three surveys have been used. This is intended to remove, as far as possible, the effects of changes in methodology and coding. The effect of changes in the age structure has not been removed. The adjusted estimates should only be used for comparisons of the underlying movement.

The number of people with a disability has increased over the period from 1988 to 1998 (see Chapter 2, Disability). Various reasons exist for this increase, including the ageing of the population. However over the same period, the living arrangements of people with a disability have remained similar. The proportion of people with a disability living in private dwellings and those living in non-private dwellings has remained the same, 92% and 8% respectively.

Comparison over time
continued

The number of people living in other non-private dwellings increased significantly over the period (from 8,400 in 1988 to 26,900 in 1998). This is largely due to a change in classification. In 1988 and 1993 people with a disability living in independent dwellings in retirement villages which had a cared facility onsite were included in the cared accommodation classification, whereas in 1998 they were included in the 'other non-private' component.

Although the number of older people has grown as a proportion of the total population, and older people have a high rate of disability, there has been little change in the proportion of people with a disability living in cared accommodation (7% in 1988 and 6% in 1998).

4.4 LIVING ARRANGEMENTS OVER TIME(a)

	Number ('000)			Proportion (%)		
	1988	1993	1998	1988	1993	1998
In private dwellings						
Alone	144.4	171.4	210.7	16.2	18.4	17.7
With at least one other person	678.8	694.7	881.5	75.9	74.7	74.1
Total	823.3	866.1	1 092.2	92.1	93.1	91.9
In non-private dwellings						
Cared accommodation	59.4	55.9	69.7	6.6	6.0	5.9
Other non-private dwellings	8.4	8.5	26.9	0.9	0.9	2.3
Total	67.8	64.4	96.6	7.6	6.9	8.1
Total	894.1(b)	930.6	1 188.8	100.0	100.0	100.0

(a) Using common criteria.

(b) Includes visitors to private dwellings.

Source: ABS data available on request, Survey of Disabled and Aged Persons 1988, Survey of Disability, Ageing and Carers, 1993 and 1998.

Main disabling condition

Many people with a disability have more than one long-term health condition. In the 1998 Survey of Disability, Ageing and Carers, respondents were asked to indicate which of their conditions caused them the most problems. When only one condition was reported, it was assumed to be their most restricting condition. In NSW in 1998, an estimated 1.0 million people with a disability reported a physical condition (e.g. arthritis, heart disease or asthma) as their most restricting long-term health condition. Mental and behavioural disorders accounted for the remaining 180,700.

Although fewer in number, those most restricted by a mental or behavioural disorder were much more likely to be living in cared accommodation (17%) than those whose main condition was physical (4%).

Main disabling condition *continued* Of all people with a disability, those with a profound/severe disability were most likely to be living in cared accommodation. Of these, people most restricted by a mental or behavioural disorder were more than twice as likely to be living in cared accommodation (33%) than those whose main disabling condition was physical (12%). This may reflect the tendency to place older people with dementia and/or challenging behaviours into residential care when families can no longer cope.

4.5 MAIN CONDITION, BY LIVING ARRANGEMENTS — 1998

	Number ('000)			Proportion (%)		
	Profound/ severe core activity(a) restriction	Moderate/ mild core activity(a) restriction	All with disability(b)	Profound/ severe core activity(a) restriction	Moderate/ mild core activity(a) restriction	All with disability(b)
Physical condition						
Lives in private dwellings	251.2	521.8	981.1	85.7	97.4	94.3
Lives in cared accommodation	36.5	**1.4	38.2	12.5	**0.3	3.7
Lives in other non-private dwellings	*5.5	12.4	21.4	*1.9	2.3	2.1
<i>Total</i>	293.2	535.6	1 040.7	100.0	100.0	100.0
Mental or behavioural disorder						
Lives in private dwellings	60.4	47.8	147.4	65.7	97.4	81.6
Lives in cared accommodation	30.0	n.p.	31.2	32.7	n.p.	17.2
Lives in other non-private dwellings	**1.5	n.p.	**2.1	**1.6	n.p.	**1.2
<i>Total</i>	91.9	49.1	180.7	100.0	100.0	100.0
All conditions						
Lives in private dwellings	311.5	569.7	1 128.5	80.9	97.4	92.4
Lives in cared accommodation	66.6	**2.1	69.3	17.3	**0.4	5.7
Lives in other non-private dwellings	*7.0	13.0	23.5	*1.8	2.2	1.9
Total	385.1	584.7	1 221.3	100.0	100.0	100.0

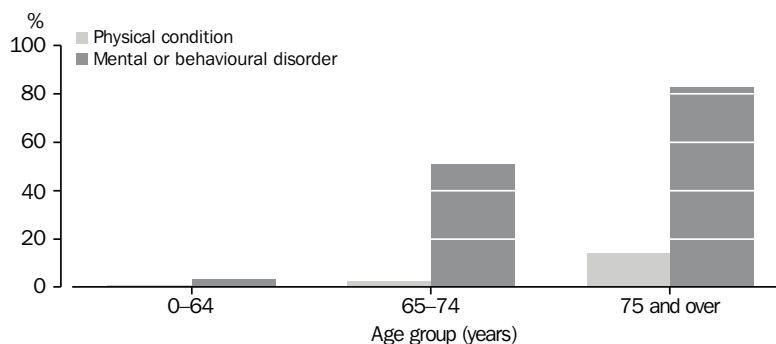
(a) Core activities comprise communication, mobility and self care.

(b) Includes those who do not have a specific restriction.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Only a very small proportion of people with a disability aged less than 65 years were not living in a private dwelling in 1998. For older people the pattern was somewhat different. Of those aged 75 years and over, 83% (22,100) of people most restricted by a mental or behavioural disorder lived in cared accommodation, compared with 14% (28,700) of those whose main disabling condition was physical.

4.6 PEOPLE LIVING IN CARED ACCOMMODATION(a) — 1998

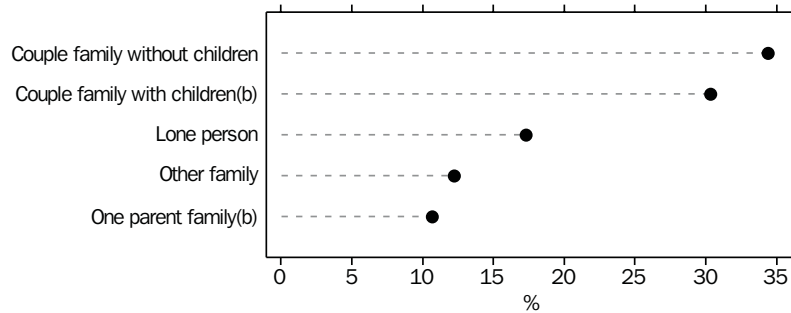


(a) With a disability.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Family type In NSW, people with a disability were most commonly living in their home with a partner and no children (34%); with a partner and children (30%); or alone (17%). This, in part, reflects the changing living arrangements of people as they age, with children leaving home and people losing their partners. It also highlights the fact that many partners care for each other in old age, when disability becomes more prevalent.

4.7 FAMILY TYPE(a) — 1998



(a) Persons with a disability living in households only.

(b) With dependent and/or non-dependent children.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

While the vast majority of people with a disability are most restricted by a physical condition, the pattern for children with a disability is quite different. The 1998 Survey of Disability, Ageing and Carers definition of dependent children includes children under the age of fifteen and full-time students aged 15–24 years. Of the 104,000 dependent children with a disability in NSW, roughly half (54,500) were most restricted by a physical condition, with the remainder most affected by a mental or behavioural disorder (49,500). This is due, in part, to the fact that many physical conditions are the result of a slow degenerative process so they do not manifest until late in life. This contrasts with mental and behavioural disorders, many of which are either present at birth, or are diagnosed before adulthood. An improved capacity to self-manage mental and behavioural conditions in adulthood may also result in less identification of these types of conditions as the most restricting health condition.

Parents of children with a disability may be required to care for that child for many years. Non-dependent children with a disability, still living with a parent, were likely to be older than those who did not have a disability. Of non-dependent children with a disability, 18% (11,000) were aged 45 years or older. This compares with 4% (16,500) of those without a disability. Ageing parents caring for adult children with a disability has implications for support services — services need to be available to assist in caring at home and for those people needing placements when parents and families are no longer able to provide care in the home¹.

¹ Australian Institute of Health and Welfare (AIHW) 2000. *Disability and ageing: Australian population patterns and implications*. AIHW Cat. no. DIS 19. Canberra: AIHW (Disability Series).

4.8 RELATIONSHIP IN HOUSEHOLD(a), BY MAIN CONDITION — 1998

	<i>Physical condition</i>	<i>Mental or behavioural disorder</i>	<i>All with disability</i>
	'000	'000	'000
Husband/wife or partner			
With dependent children	143.8	18.0	161.7
Without dependent children	440.5	21.4	462.0
<i>Total</i>	584.3	39.4	623.7
Single parent(b)	61.8	*5.6	67.4
Child			
Dependent(c)	54.5	49.5	104.0
Non-dependent	33.6	26.6	60.2
<i>Total</i>	88.2	76.1	164.2
Single person living with non-relatives	30.2	*3.4	33.6
Person living alone	180.3	19.1	199.4
Other	36.3	*3.8	40.1
Total	981.1	147.4	1 128.5

(a) Persons with a disability living in private dwellings only.

(b) With dependent and/or non-dependent children.

(c) Persons aged less than 15 years, or aged 15–24 years who are full-time students.

Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998*.

Assistance Assistance is help or supervision with common activities of daily life, such as showering or dressing, moving around, housework and gardening or using transport. Assistance is an important issue for people with a disability (and older people). The assistance such people receive is a determining factor in whether or not they continue to lead an independent life. Without assistance, people with a disability face an increased likelihood of social isolation, poorer health and premature admission to residential care. As one aim of government policy for people with a disability is to encourage appropriate supported community living, meeting the need for assistance that enables people to remain in their own home is a priority. For details on assistance needed and assistance provided, see Chapter 2, Disability.

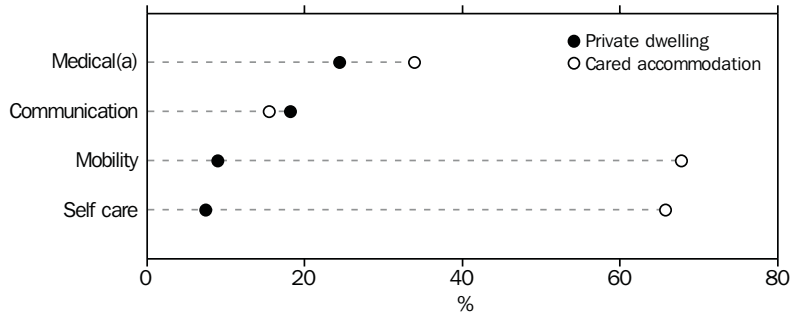
Use of aids An alternative option available for some people with a disability is to use a range of aids or equipment to assist in completing everyday tasks. Using such equipment may enable people to maintain their independence for a longer period and remain living in their own homes. Examples of aids and equipment that might be used in the home include walking sticks or frames, and wheelchairs for mobility; nebulisers, dialysis machines and oxygen cylinders for health management; electronic assistance to write or speak, and hearing aids and cochlear implants for communication. In 1998, 47% (569,300) of people with a disability in NSW used some kind of aid or equipment to assist them in completing tasks. Most (502,700) lived in a private dwelling.

Use of aids continued

Most of those who used aids or equipment were living in private dwellings but a higher proportion of people living in cared accommodation made use of aids. Of those living in cared accommodation, 84% (58,500) used aids or equipment, compared with 45% of those in private dwellings.

Differences existed in the activities for which aids or equipment were used by people in different living arrangements. People living in a private dwelling most commonly used medical aids (24%). This was followed by communication (18%) and mobility (9%) aids. People living in cared accommodation were most likely to use mobility (68%), self care (66%) and medical (34%) aids.

4.9 ACTIVITIES WHERE AIDS USED — 1998



(a) Includes nebulisers, dialysis machines, oxygen concentrators or cylinders.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998* (Cat. no. 4430.1.40.001).

HOUSING TENURE

For people with a disability, home ownership was the most common tenure arrangement, followed by public and private housing rental. Small proportions of the population were boarding or living rent-free.

In 1998, 47% (496,300) of people with a disability were living in a home that they already owned, compared with 28% (1.1 million) of people without a disability. However 32% (1.2 million) of those without a disability were purchasing a home, compared with 21% (228,700) of people with a disability. This is consistent with the relationship between age and the nature of occupancy, as older people are more likely to own their home (and older people form a high proportion of people with a disability).

People without a disability were more likely to be renting privately than people with a disability (21% compared with 12%). However, the reverse is true for public rentals, where the rates were twice as high for people with a disability (7% compared with 3%). This may be because people with disabilities tend to have lower incomes, which then afford them less choice in the housing market.

4.10 HOUSING TENURE(a), BY DISABILITY STATUS — 1998

	Disability					Total	
	15-64 years	65 years and over	All with disability	All with disability	No disability		
	'000	'000	'000	%	'000	'000	%
Owner							
Without a mortgage	230.0	266.4	496.3	46.6	1 103.4	1 599.8	32.4
With a mortgage	202.8	25.9	228.7	21.5	1 245.7	1 474.3	29.9
Total	432.8	292.2	725.0	68.1	2 349.1	3 074.1	62.3
Renter							
Public	54.7	21.7	76.4	7.2	97.9	174.2	3.5
Private	109.9	13.6	123.5	11.6	811.2	934.8	18.9
Total	164.6	35.3	199.9	18.8	909.1	1 109.0	22.5
Boarder	39.6	15.3	54.9	5.2	257.5	312.4	6.3
Living rent-free	38.4	16.4	54.8	5.1	309.4	364.2	7.4
Other(b)	**2.8	*4.4	*7.2	*0.7	13.0	20.3	0.4
Living in other non-private dwelling	12.8	10.8	23.5	2.2	33.6	57.1	1.2
Total	690.9	374.5	1 065.4	100.0	3 871.7	4 937.1	100.0

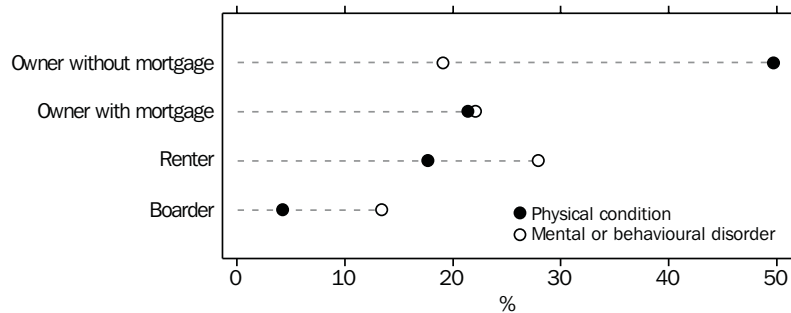
(a) Persons aged 15 years and over living in households only.

(b) Includes life tenure schemes and participants in rent/buy or shared equity schemes.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Main condition Tenure arrangements differed between those people with a disability whose main condition was physical, and those most restricted by a mental or behavioural disorder. Outright home ownership was higher for people most restricted by a physical condition (50%) than those with a mental or behavioural disorder (19%). This partly reflects the prevalence of physical conditions as a cause of disability amongst older people, who are more likely to own their own home. People with a mental or behavioural disorder were more likely to be renting accommodation (28%), or boarding (13%), than those whose main restriction was physical (18% and 4% respectively).

4.11 SELECTED HOUSING TENURES(a) — 1998



(a) Persons with a disability aged 15 years and over living in households only.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Level of restriction People with a moderate/mild core activity restriction were more likely to be home owners (70%) and renters (20%) than those with a profound/severe level of core activity restriction (63% and 16% respectively). Higher numbers and proportions of people with a profound/severe core activity restriction were boarders or living rent-free when compared with those with a moderate/mild level of restriction.

4.12 HOUSING TENURE(a), BY LEVEL OF RESTRICTION — 1998

	<i>Profound/severe core activity(b) restriction</i>		<i>Moderate/mild core activity(b) restriction</i>	
	'000	%	'000	%
Owner				
Without a mortgage	121.1	44.3	288.6	51.2
With a mortgage	50.0	18.3	105.7	18.7
Total	171.1	62.6	394.3	69.9
Renter				
Public	21.2	7.8	44.9	8.0
Private	21.4	7.8	67.2	11.9
Total	42.6	15.6	112.1	19.9
Boarder	25.5	9.3	21.5	3.8
Living rent-free	23.7	8.7	20.2	3.6
Other(c)	*3.6	*1.3	**3.0	**0.5
Living in other non-private dwelling	*7.0	*2.6	13.0	2.3
Total	273.5	100.0	564.1	100.0

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Main source of income In the 1998 Survey of Disability Ageing and Carers, details on main source of income were not collected for those people with a disability living in cared accommodation and were not applicable to those aged less than 15 years.

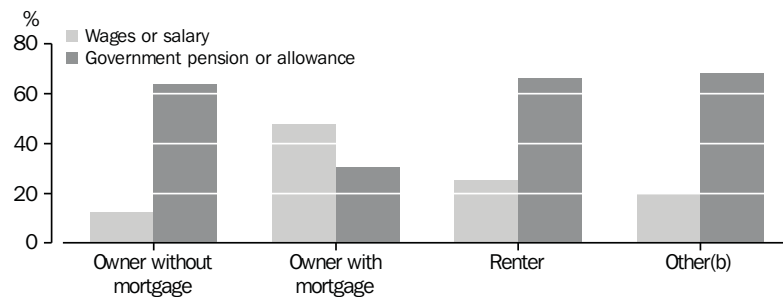
Income may come from a range of sources. Of people with a disability living in private dwellings, an estimated 57% (599,000) stated their main source of income was a government pension or allowance. A further 23% (243,600) gave their main source of income as wages or salary. Three-quarters (17,800) of people living in non-private dwellings (excluding cared accommodation) received a government pension or allowance as their main source of income. Such non-private dwellings included self care units in retirement villages, boarding houses and short-stay caravan parks.

Main source of income
continued

Of those people with a disability who owned their home, 64% (317,500) reported their main source of income was a pension or allowance. This was five times higher than those whose main income was a wage or salary (12%). Conversely, those purchasing a home were more likely to be receiving a wage or salary (48%) than a government pension or allowance (31%). These results correspond with previous comments on the relationship between nature of occupancy and age. That is, older people are more likely to own their home outright. In addition, as fewer older people are employed, it can be expected that a lower proportion who own their home will be receiving a wage or salary as their main source of income. Further details on the source of income for people with a disability can be found in Chapter 5, Employment and Income.

Two-thirds of people with a disability in rental accommodation (131,900) stated their main source of income was a government pension or allowance. Government pensions were particularly important for those people with a disability in publicly rented accommodation, with 93% reporting this as their main source of income.

4.13 TENURE(a), By Selected Main Source of Income — 1998



(a) Persons with a disability aged 15 years and over.

(b) Includes boarding, living rent-free, life tenure schemes and participants in rent/buy or shared equity schemes.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

CHANGING
ACCOMMODATION BECAUSE
OF DISABILITY

Many people with a disability wish to remain living in their own home. For some, this could mean receiving assistance for tasks that enable them to continue living independently. For others, this has the potential to mean moving to a residence that will better suit their situation. For example, a person becoming increasingly frail could move to a small, easy to maintain property to enable them to remain living in their own home. Moves from a private dwelling to cared accommodation, such as a nursing home or hospital, have not been included in this analysis.

In 1998, an estimated 103,600 (9%) people with a disability had moved house at least once because of their disability. Almost one quarter (24,200) of those who had moved, had done so more than once. People with a profound/severe core activity restriction were more likely to have moved house (14%) than those with a moderate/mild restriction (8%).

4.14 WHETHER PERSON(a) HAD TO MOVE HOUSE(b) — 1998

	Profound/ severe core activity(c) restriction	Moderate/ mild core activity(c) restriction	All with disability(d)	All with disability
	'000	'000	'000	%
Has had to move house				
Once	35.4	36.6	79.5	6.9
More than once	*9.7	10.2	24.2	2.1
Total(a)	45.0	46.8	103.6	9.0
Has not had to move house	273.5	535.8	1 048.4	91.0
Total	318.6	582.6	1 152.0	100.0
Living in cared accommodation	66.6	**2.1	69.3	..
Total	385.1	584.7	1 221.3	..

(a) With a disability, living in households only.

(b) As a consequence of that disability.

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

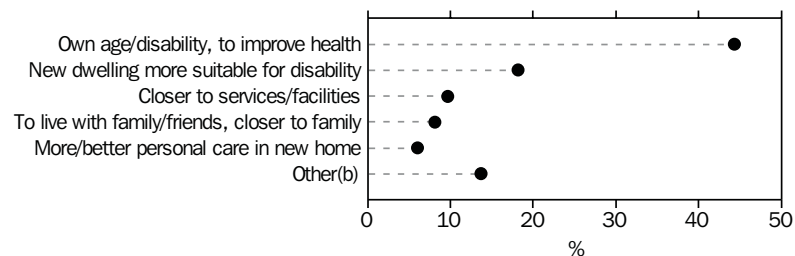
(d) Includes those who do not have a specific restriction.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Reasons for moving house

People with a disability reported a range of reasons for moving house. In 1998, the most commonly reported reasons for moving house (44%) were a person's own age or disability; or to improve health. These were followed by the need for a more suitable dwelling (18%) and a dwelling closer to services and/or facilities (10%).

4.15 MAIN REASON MOVED HOUSE(a) — 1998



(a) Cited by persons with a disability who had moved house during their lifetime as a consequence of that disability.

(b) Includes those who moved house: because their carer moved or they got a different carer; to save money; the new house is in a safer environment; or because of family changes/old house too big.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

HOUSING MODIFICATIONS

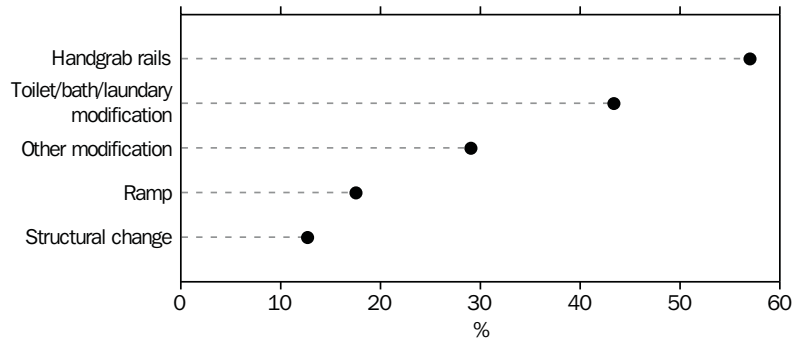
People with a disability living in their own home may choose to modify their existing home as an alternative to moving. Such modifications could include replacing steps with ramps and attaching hand grab rails throughout the house. In 1998, 105,800 people with a disability had made modifications to their house because of their conditions.

The most common modifications were the installation of hand grab rails (60,300), toilet, bath or laundry modifications (46,000) and ramp installations (18,600).

HOUSING MODIFICATIONS
continued

People with a profound or severe core activity restriction were more likely to have had their house modified (64,800 or 21%) than those with a moderate or mild restriction (39,100 or 7%).

4.16 TYPE OF HOUSING MODIFICATION(a) — 1998



(a) Persons with a disability whose house was modified as a consequence of that disability.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

RISK OF FALLS

Preventing falls by older people has been recognised as an important health issue. Falls are a major cause of injury for older people and although major physical injuries are uncommon, when they do occur they are often associated with ongoing disability². This can then potentially affect a person's quality of life and living arrangements. By reducing the risk factors associated with falls, the number of injuries sustained could be reduced, which may lead to a reduced incidence of ongoing disability and potential loss of independence.

In 1995 a Falls Risk Factor survey was run in NSW, where a number of risk factors were identified for falls in older people. The results were applicable to all people aged 65 years and over, not just people with a disability. In the 12 months to October 1995 approximately one in five older people (139,500) had fallen at least once.

Physical features of the home and surroundings accounted for many of the falls. The main cause of the fall was most likely to be a surface (35%), particularly an uneven, cracked or slippery surface. An obstruction was the next most common cause of falls (34%), including steps/stairs (12%) and an object on the ground (9%). A further 20% of falls were attributed to overbalancing or legs giving way.

² National Health and Medical Research Council (NHMRC), *Falls in the older person, Series on clinical management problems in the elderly No 6, Commonwealth of Australia, 1994* cited in *NSW Year Book 1997*.

RISK OF FALLS *continued*

A number of risk factors were identified for falls in older persons in the 1995 Falls Risk Factor survey. Of the 504,700 households with a resident aged 65 years or over, 70% did not have handrails fitted in the bathroom or toilet. Where households had internal steps or staircases, 50% did not have continuous handrails. Over half (55%) of households with outside steps or stairs did not have continuous handrails. Other common risk factors outside the home were paths which were broken, uneven or slippery (13%) and entrances which did not have an outdoor light (10%).

4.17 FALLS RISK FACTORS, HOUSEHOLDS WITH RESIDENTS AGED 65 YEARS AND OVER — 1995

	'000
Inside the home	
Internal steps or staircases without continuous handrails	57.1
Handrails not fitted in bathroom or toilet	355.3
Inadequate lighting between bedroom and bathroom/toilet	38.4
Outside the home	
Outside steps or stairs without continuous handrails	243.1
Stairs or steps slippery or in need of repair	31.9
Broken, uneven or slippery paths	63.8
Entrances to the home which do not have outdoor lights	49.8
<i>Total households with internal steps or stairs</i>	<i>114.5</i>
<i>Total households with outside steps or stairs</i>	<i>444.5</i>
Total households(a)	504.7

(a) Total may be less than the sum of components as dwellings may have more than one risk factor.

Source: *Falls Risk Factors for Persons Aged 65 Years and Over, New South Wales, October 1995* (Cat. no. 4393.1).

ACCOMMODATION SUPPORT SERVICES

Commonwealth/State Disability Agreement

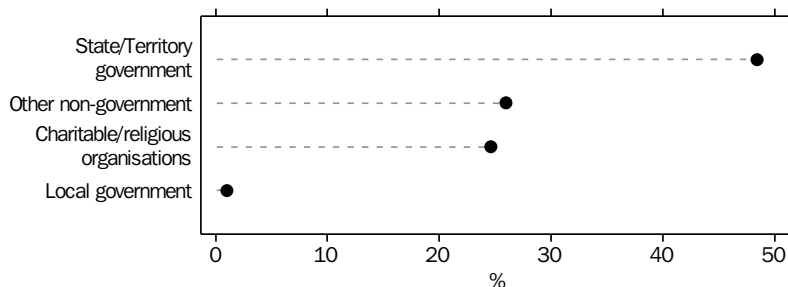
State and Territory Governments have responsibility for the administration of a range of accommodation support services for people with a disability. These services are generally funded through the Commonwealth/State Disability Agreement (CSDA) and are delivered by both government and non-government organisations. They provide people with a disability with supported accommodation (group homes, hostels and large institutions) and support to maintain accommodation (attendant care and in-home support). CSDA services are targeted primarily at people younger than 65 years of age who have a profound or severe disability and require ongoing support.

In 1999–2000, nominal NSW Government expenditure on accommodation support services through the CSDA was \$417.8 million³. This was 63% of State Government nominal expenditure on all CSDA services³. Of all CSDA services administered by the State Government in 2000, accommodation support services were the most accessed with 6,402 clients. This was almost half (46%) of all people using CSDA services (13,842).

³ Steering Committee for the Review of Commonwealth/State Service Provision, 2001, *Report on Government Services 2001*, Canberra, AGPS.

Almost half (48%) of those people with a disability who used accommodation services, used services provided by the State Government. Charitable or religious organisations and other non-government organisations each provided services used by a further quarter of people with a disability, with 1,574 and 1,661 clients respectively.

4.18 PEOPLE ACCESSING ACCOMMODATION SERVICES(a), By Auspice Organisation — 2000



(a) On the snapshot day.

Source: NSW Department of Ageing, Disability and Home Care, CSDA MDS 2000 Collection.

Government has sought to increase the provision of accommodation support services outside institutional settings for people with a disability through community based accommodation support and care. In 2000, 59% of accommodation support services accessed were community based or in-home services. These services are defined as group homes, attendant care, outreach support/other in-home support/drop-in support, alternate family placements and other accommodation. Of these services, group homes were the most used, with 2,549 clients on the snapshot day. Institutions or large residential centres were also highly accessed, with 2,441 clients on the snapshot day.

4.19 CSDA ACCOMMODATION SERVICES ACCESSED(a) — 2000

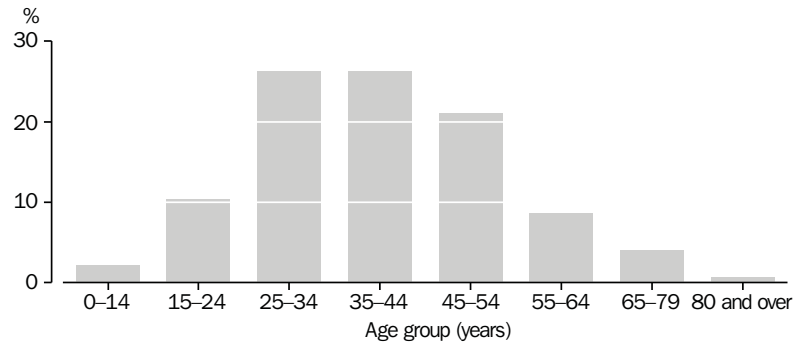
	no.	%
Institution/large residential centre	2 441	38.1
Hostel	209	3.3
Community based support		
Group home	2 549	39.8
Attendant care	140	2.2
Outreach support/other in-home support/drop-in support	717	11.2
Alternative family placement	10	0.2
Other accommodation	336	5.2
<i>Total</i>	3 752	58.6
Total	6 402	100.0

(a) On the snapshot day.

Source: NSW Department of Ageing, Disability and Home Care, CSDA MDS 2000 Collection.

CSDA services are targeted at people with a disability younger than 65 years of age. Of those accessing accommodation services, over half (53%) were aged 25–44 years. Within this group, clients were split almost evenly between those aged 25–34 years (1,680) and those aged 35–44 years (1,690). Only 304 people with a disability who accessed services on the snapshot day (see Explanatory Notes) were aged 65 years and over.

4.20 CONSUMERS OF CSDA ACCOMMODATION SERVICES(a) — 2000



(a) On the snapshot day.

Source: NSW Department of Ageing, Disability and Home Care, CSDA MDS 2000 Collection.

Of all accommodation service recipients, the most common primary disability type was intellectual disability (83%). This was followed by physical disability (7%) and autism (3%).

The majority of people accessing each type of accommodation service had an intellectual disability. However for attendant care, most clients primary disability type was physical (80%) and neurological (11%).

Residential aged care
facilities

As noted previously, cared accommodation is an important living arrangement for older people. Such accommodation includes nursing homes and aged care hostels. These forms of accommodation are governed by aged care services, rather than services for people with a disability. As such, these services are geared towards the needs of frail older people and older people with a disability. Areas of priority include health needs, personal care and self maintenance. This compares with services for people with a disability which, in addition to these needs, also addresses activities such as education and employment⁴.

Under aged care reforms introduced in 1997, the government funding system no longer differentiates between nursing homes and hostels. These services are now referred to as residential aged care facilities. Data presented below is for those residential services that receive government funding. There are also a range of privately funded services that provide support for older Australians. These services are not included in figures reported.

⁴ Australian Institute of Health and Welfare (AIHW) 2000. *Disability and ageing: Australian population patterns and implications*. AIHW Cat. no. DIS 19. Canberra: AIHW (Disability Series).

Residential aged care facilities *continued*

As at June 2000 there were 950 residential aged care services in NSW, with 49,901 places. The majority of places available were in high care services (28,604). High care services are those that cater for people with high dependency levels, and are similar to nursing homes in pre-1997 terms⁵. Low care services, which are similar to the previous hostels, cater for people with a lower level of need⁵. There were 15,741 places available in low care services. Mixed care services that meet the needs of both high and low care residents, had the least number of places available (5,556). For all services, occupancy rates were high.

4.21 RESIDENTIAL AGED CARE SERVICES, BY LEVEL OF CARE(a) — 2000

	<i>High care services(b)</i>	<i>Low care services(c)</i>	<i>Mixed care services(d)</i>
NUMBER			
Residential services	472	348	130
Places	28 604	15 741	5 556
PER CENT			
Occupancy rate(e)	98.1	93.8	95.9
Service size			
1–20 places	3.2	12.4	23.1
21–40 places	24.6	40.5	36.9
41–60 places	32.2	28.4	21.5
61 or more places	40.0	18.7	18.5

(a) Services have been defined as high, low or mixed care based on the proportion of high and low care residents in each service.

(b) These services have 80% or more residents classified as high care (RCS 1–4).

(c) These services have 80% or more residents classified as low care (RCS 5–8).

(d) These services have less than 80% of residents classified as high care or more than 20% of residents classified as low care.

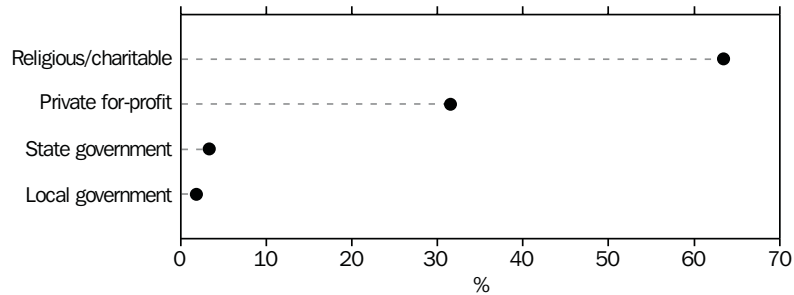
(e) The occupancy rate is defined as the number of residents in care as a proportion of available places.

Source: *Steering Committee for the Review of Commonwealth/State Service Provision, 2001, Report on Government Services 2001, Canberra, AGPS.*

Almost two-thirds of places available in residential care facilities were at religious/charitable not-for-profit organisations (31,614). A further 30% (15,720) were available in private for-profit organisations. State and Local Government operated few facilities with 3% (1,668) and 2% (899) respectively of available places.

⁵ Steering Committee for the Review of Commonwealth/State Service Provision, 2001, *Report on Government Services 2001*, Canberra, AGPS.

4.22 OWNERSHIP OF RESIDENTIAL PLACES(a) — 2000



(a) Based on the status of the residential aged care service operator or provider.

Source: Department of Health and Aged Care (unpublished) cited in Steering Committee for the Review of Commonwealth/State Service Provision, 2001, Report on Government Services 2001, Canberra, AGPS.

HOME BASED SERVICES

Governments are increasingly using home based care as a means to provide assistance to people with a disability. Providing home based assistance is in line with the government policy aim of moving away from institutional care towards supported community living.

Home and Community Care

The Home and Community Care Program (HACC) is funded by the Commonwealth and State and Territory Governments to provide services to people in their homes. HACC services include home help and maintenance, community nursing, personal care, food services and transport. The HACC program is aimed at frail older people and younger people with disabilities who, in the absence of basic maintenance and support services, are at risk of premature or inappropriate long-term residential care. Details on assistance provided through the HACC program can be found in Chapter 2, Disability.

Community Aged Care Packages

Another program providing home based care is the Community Aged Care Package (CACP). This is a Commonwealth funded program that is similar to HACC in that services are provided to enable frail older people and people with disabilities to continue living in the community. Services include home help, laundry, meals and personal care services.

Community Aged Care Packages are distinct from the Home and Community Care Program in several ways. The range of services available in CACPs is narrower than those available through HACC. Target groups of the two programs differ, CACPs are aimed at people with low care level needs similar to residential low care, with HACC services available to people with a greater range of care needs. Assessment from an Aged Care Assessment Team is also mandatory for a person to be eligible to receive a Community Aged Care Package⁶.

⁶ Steering Committee for the Review of Commonwealth/State Service Provision, 2001, Report on Government Services 2001, Canberra, AGPS.

BOARDING HOUSES

Boarding houses are another source of accommodation for people with a disability. In 1998 the NSW Department of Ageing, Disability and Home Care collected data on people living in licensed boarding houses. NSW legislation states that a licensed boarding house for people with a disability is any lodging that accommodates two or more handicapped people, who pay a fee for residence, and are supervised by an unrelated adult who is not a handicapped person. A handicapped person is defined by legislation and is, in general terms, someone with a disability who requires supervision (see Glossary). Such boarding houses are privately run for profit.

In 1998 there were 1,854 people with a disability living in licensed boarding houses in NSW. Most of these people (1,709) participated in the data collection. It should be noted that people living in boarding houses as described in this section are not comparable with the people described as boarders earlier in this chapter. Those people previously described as boarders lived in a private household, whereas the people described in this section live in what the ABS would classify as a non-private dwelling.

The Central Sydney Health Area had the highest number of boarding house residents (591) in NSW in 1998. This was followed by the Hunter Health Area (327) and South Western Sydney (202).

4.23 RESIDENTS OF LICENSED BOARDING HOUSES(a), BY HEALTH SERVICE AREA(b) — 1998

<i>Health service area</i>	<i>no.</i>	<i>%</i>
Central Sydney	591	34.6
Northern Sydney	33	1.9
Western Sydney	50	2.9
Wentworth	137	8.0
South Eastern Sydney	108	6.3
South Western Sydney	202	11.8
Central Coast	105	6.1
Hunter	327	19.1
Illawarra	6	0.4
Northern Rivers	36	2.1
Mid Western	7	0.4
Far West	42	2.5
Greater Murray	22	1.3
Southern	30	1.8
Total	1 709	100.0

(a) With a disability.

(b) NSW Department of Health, Health Service Area. Not all areas contained licensed boarding houses.

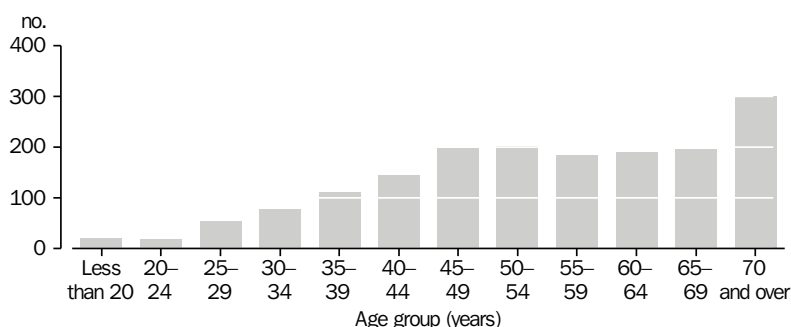
Source: NSW Department of Ageing, Disability and Home Care, *Assessment of Residents of Licensed Boarding Houses January — March 1998*.

Residents of licensed boarding houses in NSW were generally older people. In 1998 only 22 people aged less than 20 years lived in a licensed boarding house, compared with 302 people aged over 70 years. High numbers of people were also aged 50–54 years (203) and 45–49 years (199).

BOARDING HOUSES
continued

Men were more likely than women to be living in a licensed boarding house. In 1998, there were 1,163 men with a disability living in a licensed boarding house compared with 546 women.

4.24 AGE STRUCTURE OF BOARDING HOUSE RESIDENTS — 1998



Source: NSW Department of Ageing, Disability and Home Care, Assessment of Residents of Licensed Boarding Houses January — March 1998.

In the licensed boarding house survey there were seven categories (including a 'no diagnosis' category) into which residents could be classified (see table below). An individual could be classified to one or more of the specific diagnostic categories. The most common diagnoses among residents were Psychiatric (49%) and Developmental Disability (37%). Organic Brain Injury was the least common diagnosis (8%). A further 15 people were determined as not having a diagnosis applicable to those categories.

4.25 DIAGNOSIS, RESIDENTS OF LICENSED BOARDING HOUSES(a) — 1998

	no.	%
Aged	298	17.4
Alcohol related brain damage	317	18.5
Developmental disability	627	36.7
Organic brain injury	138	8.1
Physical health problem	393	23.0
Psychiatric diagnosis	837	49.0
No diagnosis	15	0.9
Total(b)	1 709	100.0

(a) With a disability.

(b) Total may be less than the sum of the components as a person may have more than one diagnosis.

Source: NSW Department of Ageing, Disability and Home Care, Assessment of Residents of Licensed Boarding Houses January — March 1998.

BOARDING HOUSES
continued

Following the 1998 survey of licensed boarding house residents the NSW Government implemented a Boarding House Reform Program. Over 300 residents who were found to be in the highest support needs category accepted offers of placements in supported community based accommodation. In addition a screening process now ensures that only people whose needs can be met in a boarding house will enter that type of accommodation. The Reform Program's objective is to develop boarding houses as a sustainable accommodation option for people with low and moderate levels of need. A range of support programs are available to those residents remaining in licensed boarding houses, including the provision of health care, personal care, and recreational, educational and vocational programs. As a result of the Reform Program, the profile of people with a disability living in licensed boarding houses is likely to change.

CHAPTER 5

EMPLOYMENT AND INCOME

INTRODUCTION

Income and financial security are important contributors to personal wellbeing. Participation in the work force is, for most people, the key to financial independence, although government pensions and benefits are available to people with a disability who are unable to work.

Employment not only contributes to financial security, but also provides people with social experiences and skills which can help them to participate more fully in the community.

The extent to which people are able to participate in the labour force can be substantially affected by the nature and severity of their disability. Among people with a disability, there are many who work, some who are unable to work and others who would like to work if suitable work was available. Some young people with severe disabilities may never be able to work. However, as the likelihood of having a disability (and of a severe disabling condition) tends to increase with age, it is more common for disability to impact on people later in their working life.

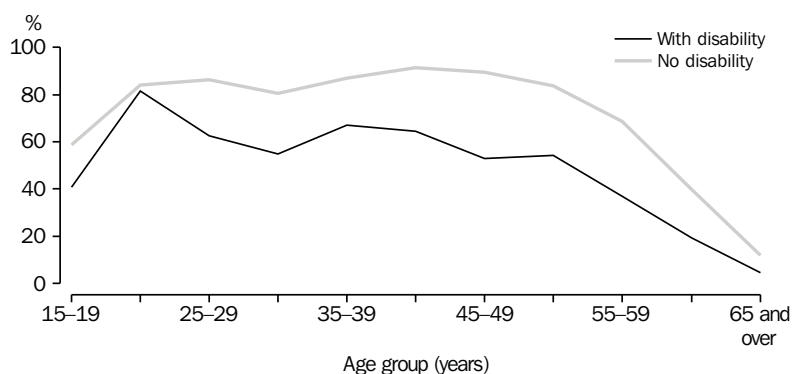
There are many different ways of coping with disability in the context of paid employment. Some people are able to adjust their work arrangements, for example, by reducing their hours of work. However, in recognition of the difficulties that many people face in getting jobs, government and community groups have developed a range of services to assist people with a disability in finding and maintaining employment.

The government provides income support for people who cannot obtain paid employment because of their disability, as well as a range of other benefits to those who meet the disability income criteria.

LABOUR FORCE PARTICIPATION

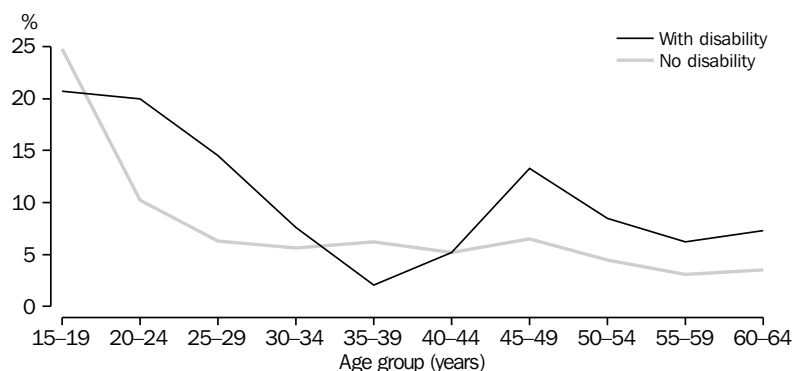
Labour force participation describes those who are either employed or unemployed and actively looking for work. In 1998, people of working age (15–64 years) with a disability had a lower rate of labour force participation (50%) than those without a disability (80%), however, the level of participation differed between age groups.

5.1 LABOUR FORCE PARTICIPATION RATE — 1998



Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998*.

5.2 UNEMPLOYMENT RATE — 1998



Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

At age 20–24 years the labour force participation rate of people with a disability (82%) was similar to those without a disability (84%). However, the unemployment rate of those in the labour force was quite different — 20% (5,800) of people with a disability in the labour force were looking for work compared with 10% of those without a disability.

The participation rate of people with a disability then declined markedly until, by the age of 30–34 years, the participation rate of those with a disability (55%) was 25 percentage points less than those without a disability (80%). By age 30–34 years the unemployment rate of 8% (2,400) for people with a disability was similar to the 6% (19,000) for people without a disability.

After age 30–34 years the labour force participation rate of people with a disability rose, but still remained lower than for those without a disability for all age groups until retirement, widening to a 36 percentage point gap in participation at age 45–49 years. At age 45–49 years there was another peak in unemployment (13%), with similar numbers of unemployed (5,800) in this age group to those aged 20–24 years (5,800). By age 45–49 years participation had declined again to 53%, where it remained steady until age 50–54 years. After age 50–54 years participation declined rapidly.

The retirement phase of people with disabilities in the workforce can be most clearly seen from age 50–54 years with the number employed rapidly declining from 50,600 to 18,200 by age 60–64 years. Nevertheless, in 1998 17,600 people with a disability aged 65 years and over were still working.

Level of restriction

The impact of disability on labour force participation is also dependant upon the level of restriction associated with that disability. Some 156,300 (23%) people with a disability aged 15–64 years had a profound or severe level of core activity restriction. Overall, people with a profound/severe restriction had a lower rate of labour force participation (32%) than those with a moderate/mild restriction (48%) and those without a disability (80%).

5.3 LABOUR FORCE STATUS(a) — 1998

<i>Disability status</i>	<i>Labour force</i>			<i>Not in the labour force</i>	<i>Total</i>	<i>Unemployment rate</i>	<i>Participation rate</i>
	<i>Employed</i>	<i>Unemployed</i>	<i>Total</i>				
	'000	'000	'000	'000	'000	%	%
Core activity(b) restriction							
Profound/severe	46.3	*3.4	49.7	106.6	156.3	*6.8	31.8
Moderate/mild	152.9	13.4	166.3	182.1	348.5	8.1	47.7
Total	199.3	16.8	216.1	288.7	504.8	7.8	42.8
Schooling or employment restriction	193.0	18.6	211.7	270.9	482.5	8.8	43.9
All with specific restriction(c)	253.6	24.6	278.2	315.8	594.0	8.8	46.8
All with disability(d)	313.7	32.8	346.4	344.5	690.9	9.5	50.1
No disability	2 583.2	217.5	2 800.7	701.8	3 502.5	7.8	80.0
Total	2 896.8	250.3	3 147.1	1 046.2	4 193.4	8.0	75.1

(a) Persons aged 15–64 years living in households only.

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

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

(d) Includes those who do not have a specific restriction.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998 (Cat. no. 4430.1.40.001)*.

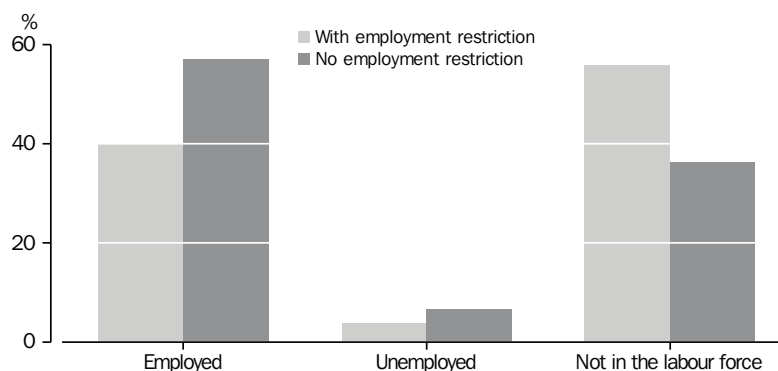
For most younger age groups the level of participation of people with a profound/severe restriction was broadly half that of people without a disability, however, with age participation fell off more sharply. At age 55–64 years 13% of those with a profound/severe level of restriction participated in the labour force compared with 28% of those with a moderate/mild restriction and 56% of those without a disability.

EMPLOYMENT RESTRICTIONS

People were considered to have an employment restriction if, because of their disability, they were permanently unable to work; restricted in the type of work they could do; needed time off work; required special employer arrangements; needed ongoing supervision or assistance; or would find it difficult to change jobs or get a better job. People with a disability could experience more than one type of employment restriction.

In NSW, 479,800 (69%) people with a disability aged 15–64 years had an employment restriction. Of these, 40% (193,000) were employed, 4% (18,600) were unemployed and 56% (268,100) were not in the labour force.

5.4 EMPLOYMENT RESTRICTIONS — 1998



Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Among those with an employment restriction and who were employed, 82% (158,100) said they were restricted in the type of job they could do, 71% (136,500) found it difficult to change jobs or get a better job, while 47% (91,400) were restricted in the number of hours they could work. Those who were unemployed or not in the labour force identified the same restrictions. Some 31% (88,100) said they were restricted in the type of job they could do, 24% (67,800) claimed their condition(s) would make it difficult to change jobs or get a better job, if they were employed, while 16% (46,500) would be restricted in the number of hours they could work.

In 1998, almost 28% (191,400) of working age people with a disability reported that they were permanently unable to work. Of these, 5% (10,200) indicated that they would be able to work if their needs were met. Requirements to enable work force participation included training, time off work, special/modified equipment, help with personal care and provision for work at home.

5.5 EMPLOYMENT RESTRICTIONS(a) — 1998

	Employed	Unemployed/not in the labour force	Total
	'000	'000	'000
With employment restriction(s)			
Restricted in type of job	158.1	88.1	246.2
Difficulty changing jobs/getting a better job	136.5	67.8	204.2
Restricted in number of hours	91.4	46.5	137.9
Needs other special arrangements	34.7	42.1	76.8
Needs time off work because of disability	27.8	33.1	60.8
Needs other special employer arrangements	22.6	33.4	56.0
Needs ongoing supervision or assistance	16.3	17.7	34.0
Permanently unable to work	. .	191.4	191.4
<i>All with employment restrictions(b)</i>	193.0	286.8	479.8
With a disability but no employment restrictions	120.6	90.5	211.1
All with disability	313.7	377.2	690.9
No disability	2 583.2	919.3	3 502.5
Total	2 896.8	1 296.5	4 193.4

(a) Persons aged 15–64 years living in households only.

(b) Total is less than the sum of the components as a person may have more than one type of restriction.

Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998*.

EMPLOYMENT

People were considered to be employed if they worked for one hour or more for pay, profit, commission or payment in kind during the reference week. Also, people who had worked for one hour or more without pay in a family business, during the reference week, were considered to be employed.

In 1998, 313,700 people with a disability of working age (15–64 years) were employed. Following the same pattern as people without a disability, most of those with a disability worked in the private sector (74%), had only one job (93%) and/or worked as employees (87%).

Full-time and part-time work

The majority of employed people of working age, with a disability, worked full-time (68% or 214,000 people). For people without a disability, the proportion in full-time work was similar (73%).

Half (49,400) of the part-time workers with a disability were working between 15 and 29 hours per week. A further 28,500 (29%) worked less than 15 hours per week, with the remainder working between 30 and 35 hours per week.

In 1998, most men with a disability worked full-time (82%). Women were almost evenly divided between those who worked full-time (47%) and those who worked part-time (53%).

Full-time and part-time work
continued

People with an employment restriction may need flexible arrangements such as part-time hours to participate in work. A higher proportion of those with an employment restriction worked part-time (37% or 71,800) than those with a disability who did not have an employment restriction (23% or 27,900).

5.6 FULL-TIME AND PART-TIME EMPLOYMENT(a) — 1998

	Number ('000)			Proportion (%)		
	Employed full-time	Employed part-time	Total employed	Employed full-time	Employed part-time	Total employed
With disability						
Males	154.1	33.4	187.5	82.2	17.8	100.0
Females	59.8	66.3	126.1	47.4	52.6	100.0
Persons	214.0	99.7	313.7	68.2	31.8	100.0
No disability						
Males	1 251.3	182.0	1 433.3	87.3	12.7	100.0
Females	625.3	524.6	1 149.9	54.4	45.6	100.0
Persons	1 876.6	706.6	2 583.2	72.6	27.4	100.0

(a) Persons aged 15–64 years living in households only.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Home based employment

The majority of employed people with a disability (62% or 193,700) did not usually work from home. However, 9% (27,800) did work mostly at home and the remaining 29% (92,200) worked some hours at home, but most hours away from home.

People who worked part-time were more likely to usually work from home than those who worked full-time. Almost 18% (17,800) of employed people with a disability worked mainly from home, in a part-time capacity. In comparison, 5% (10,000) of people employed full-time worked mainly from home.

5.7 HOME BASED EMPLOYMENT(a) — 1998

	Employed full-time		Employed part-time		Total employed	
	All with disability	No disability	All with disability	No disability	All with disability	No disability
	%	%	%	%	%	%
Usually works most hours at home	4.7	3.0	17.9	11.4	8.9	5.3
Usually works most hours away from home	35.2	26.7	17.0	13.3	29.4	23.1
Does not usually work any hours at home	60.2	70.3	65.1	75.4	61.8	71.7
Total	100.0	100.0	100.0	100.0	100.0	100.0

(a) Employed persons aged 15–64 years, living in households only.

Source: ABS data available on request, Survey of Disability, Ageing, and Carers, 1998.

Occupation The largest proportion of people with a disability worked as intermediate clerical, sales and service workers (16%) and as professionals (16%). A further 15% were tradespersons and related workers and 14% were labourers and related workers.

When compared with employed people without a disability, a higher proportion of those with a disability worked as labourers and related workers (14% compared with 9%). There was also a smaller proportion working as professionals (16% compared with 20%).

5.8 OCCUPATION(a) — 1998

	With disability		No disability	
	'000	%	'000	%
Managers and administrators	29.9	9.5	203.7	7.9
Professionals	50.3	16.0	508.2	19.7
Associate professionals	30.1	9.6	251.9	9.8
Tradesperson and related workers	45.4	14.5	340.8	13.2
Advanced clerical and services workers	12.6	4.0	135.8	5.3
Intermediate clerical sales and service workers	51.0	16.3	430.3	16.7
Intermediate production and transport workers	30.6	9.8	233.7	9.0
Elementary clerical sales and service workers	20.2	6.4	255.8	9.9
Labourers and related workers	43.6	13.9	221.4	8.6
Total(b)	313.7	100.0	2 583.2	100.0

(a) Employed persons aged 15–64 years living in households only.

(b) Includes not stated.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998*
(Cat. no. 4430.1.40.001).

Industry People with a disability mainly worked in manufacturing (19%), property and business services (12%), retail trade (11%), health and community services (10%) and education (10%).

When compared with employed people without a disability, a higher proportion of those with a disability worked in manufacturing (19% compared with 13%) and agriculture, forestry and fishing (5% compared with 3%). There were, however, smaller proportions working in wholesale trade (4% compared with 7%) and retail trade (11% compared with 15%).

5.9 INDUSTRY OF MAIN JOB(a) — 1998

	With disability		No disability	
	'000	%	'000	%
Retail trade	35.0	11.2	396.1	15.3
Manufacturing	58.3	18.6	336.0	13.0
Property and business services	37.6	12.0	294.1	11.4
Health and community services	31.4	10.0	254.1	9.8
Construction	22.0	7.0	186.9	7.2
Education	29.9	9.5	176.0	6.8
Wholesale trade	13.5	4.3	173.4	6.7
Transport and storage	16.3	5.2	136.6	5.3
Accommodation, cafes and restaurants	*9.6	*3.0	116.0	4.5
Finance and insurance	*9.5	*3.0	113.7	4.4
Government administration and defence	*9.3	*3.0	98.6	3.8
Agriculture, forestry and fishing	16.4	5.2	82.0	3.2
Personal and other services	9.8	3.1	74.4	2.9
Cultural and recreational services	*5.3	*1.7	59.5	2.3
Communication services	*6.4	*2.0	43.0	1.7
Mining	**2.8	**0.9	20.1	0.8
Electricity, gas and water supply	n.p.	n.p.	18.6	0.7
Total(b)	313.7	100.0	2 583.2	100.0

(a) Employed persons aged 15–64 years living in households only.

(b) Includes not stated.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998*
(Cat. no. 4430.1.40.001).

GOVERNMENT EMPLOYMENT SERVICES

Open and supported employment services

The Commonwealth Government funds a range of employment services for people with a disability through the Department of Family and Community Services. These programs provide support to help people gain or maintain employment. Support may include employment preparation, pre-employment training and support, job search, placement and on-the-job support.

Commonwealth funded employment services for people with disabilities fall into two main categories — open employment services and supported employment services. Open employment services provide employment assistance in obtaining and/or retaining paid employment in the open labour market. Supported employment services support and employ people within the same organisation (typically the service supports, employs and pays the person with a disability).

Data about these employment services are collected in an annual census and provide a snapshot on census day. In 1999, the census day was 26 May.

Open and supported
employment services
continued

There were 12,781 people with a disability registered and receiving employment assistance in NSW ('on the books'), which varied from ongoing intensive support to periodic or minimal support. There were 8,147 men (64%) and 4,634 women (36%). Just over half of the people with a disability were on the books of open employment service outlets (6,665).

5.10 PEOPLE WITH A DISABILITY, ON THE BOOKS OF DISABILITY PROGRAM
EMPLOYMENT SERVICES — 26 MAY 1999

	Males	Females	Persons
<i>Employment service outlet type</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>
Open	4 261	2 404	6 665
Supported	3 834	2 197	6 031
Open and supported	52	33	85
Total	8 147	4 634	12 781

Source: Department of Family and Community Services, Disability Services Census, 1999.

In May 1999, 73% (9,321) of people on the books were employed. These people had been offered and had accepted an employment contract. A further 25% were job seekers who received support from the service to prepare them for employment.

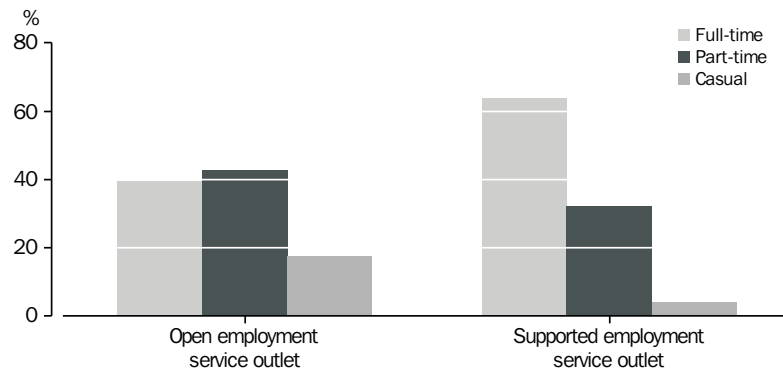
5.11 EMPLOYMENT STATUS — 26 MAY 1999

	Worker	Work experience	Job seeker	Other	Total
<i>Employment service outlet type</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>
Open	3 380	15	3 098	172	6 665
Supported	5 874	58	38	61	6 031
Open and supported	67	6	12	—	85
Total	9 321	79	3 148	233	12 781

Source: Department of Family and Community Services, Disability Services Census, 1999.

Among workers employed on a permanent basis, 4,933 (55%) worked full-time and 3,212 (36%) worked part-time. A further 9% were casual. For those who received assistance through an open employment service outlet, there were similar proportions employed full-time (40%) and part-time (43%). However, among those assisted by supported service outlets, the proportion employed full-time (64%) was twice that of those employed part-time (32%).

5.12 EMPLOYMENT SERVICE OUTLET TYPE, By Basis of Employment — 1999



Source: Department of Family and Community Services, Disability Services Census, 1999.

Commonwealth Rehabilitation Services¹

The Commonwealth provides rehabilitation services through CRS Australia with programs that assist Commonwealth funded clients to obtain or retain unsupported employment, or to live independently. Services include assessment, work training, vocational counselling, matching employees to jobs, management of timely return to work and advice on modifications to the workplace.

In 2000–01, CRS Australia assisted 8,871 Commonwealth funded rehabilitation clients in NSW (including the ACT). This was comprised of 3,016 existing clients and 5,855 new clients.

Rehabilitation Programs were finalised for 5,761 clients, with over half (3,321) completing their program. The remaining 2,440 exited prior to the completion of their program.

Of those who completed a vocational rehabilitation program, 2,122 (66%) achieved a durable employment outcome, with a further 1,199 achieving other non-vocational outcomes (including independent living).

Post-School Options Program

Many people with a disability go on to further education or employment upon leaving school. However some people with high support needs may require training or additional support to prepare them to participate in the wider community. Under the Post-School Options Program, financial assistance is provided to organisations to help with the transition from school to participation in employment and the wider community. For details, see Chapter 6, Education.

INCOME

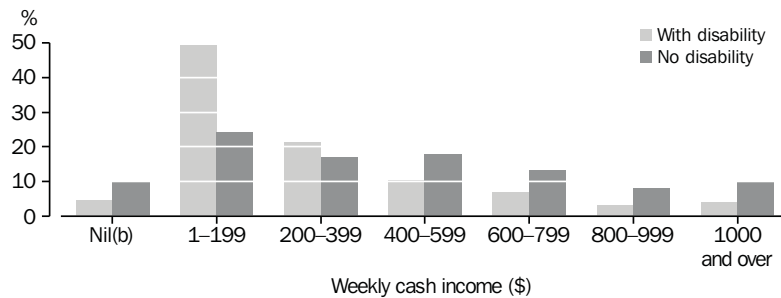
People with a disability, like those without a disability, derive their income from a range of sources. They do, however, have a greater tendency than those people without a disability to be on low incomes, and more reliant on government pensions and benefits. In part, this reflects the older age structure of people with a disability, but it is also a product of lower employment levels and the fact that a fairly high proportion of people with a disability only work part-time.

¹ Department of Family and Community Services.

Level of income In 1998, the median gross weekly income of people with a disability (\$190) was less than half that of people without a disability (\$390). Median income is the point at which half the people had a higher weekly income and half had a lower income.

In 1998, some 560,900 (55%) people with a disability received a weekly income of less than \$200 (including nil), and a further 21% (217,800) received between \$200–\$399 per week. Only 4% (38,500) had a weekly cash income of \$1000 or more. Among people without a disability, 34% received less than \$200 per week, 17% received \$200–\$399 and 10% received \$1000 or more per week.

5.13 TOTAL WEEKLY CASH INCOME, By Disability Status(a) — 1998



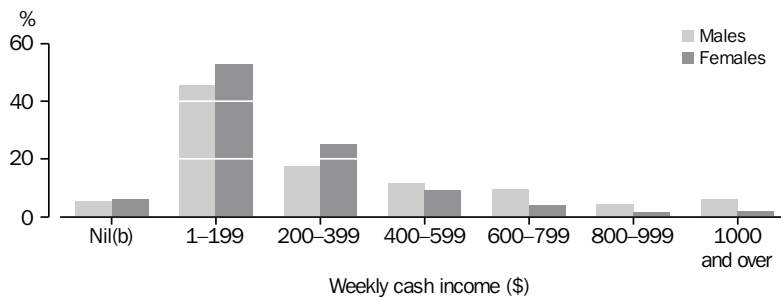
(a) Persons with a disability aged 15 years and over, living in households only. Excludes refusal and don't know.

(b) Includes negative income, no income or no source.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Almost 51% (258,300) of men and 59% (302,600) of women with a disability aged 15 years and over received a weekly cash income of less than \$200. A further 18% (89,200) of men and 25% (128,600) of women with a disability reported a weekly cash income between \$200–\$399.

5.14 TOTAL WEEKLY CASH INCOME(a), By Sex — 1998



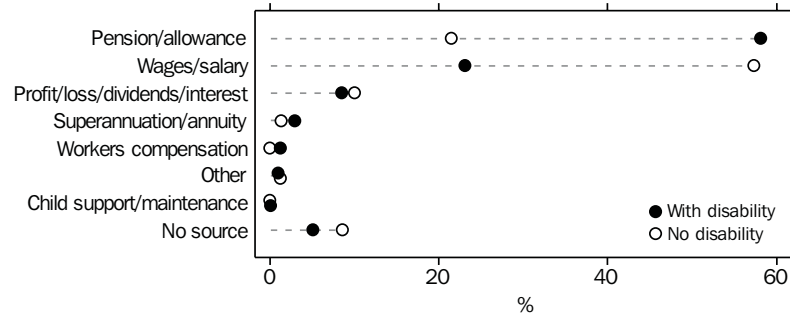
(a) Persons with a disability aged 15 years and over, living in households only. Excludes refusal and don't know.

(b) Includes negative income, no income or no source.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Source of income Government pensions and allowances were the principal source of income for people with a disability. In 1998, more than half (616,800 or 58%) of people with a disability were mainly reliant on a government pension or benefit, with a further 23% (245,900) depending mainly on wages or salary. The principal source for a further 9% (90,600) was profit, loss, dividends or interest, and for 3% (30,700) it was superannuation or annuities. By comparison, wages or salaries were the principal source of income for 57% of people without a disability, and government pensions or allowances for 22%.

5.15 MAIN SOURCE OF INCOME, By Disability Status(a) — 1998



(a) Persons with a disability aged 15 years and over, living in households only. Excludes people whose main source of income was not known.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Government pensions and benefits A quarter (261,200) of people with a disability living in households received the Australian Age Pension, reflecting the high number of older people with a disability. A further 13% (141,400) received the Disability Support Pension, 6% (61,200) the Widow or Service Pension, 2% (22,100) the Wife Pension or Partner's Allowance, and 1% (13,100) the Sole Parent Pension.

5.16 MAJOR PENSIONS, BENEFITS OR ALLOWANCES RECEIVED(a) — 1998

	'000	%
Australian Age Pension	261.2	24.5
Widow/Service Pension	61.2	5.7
Disability Support Pension	141.4	13.3
Sole Parent Pension	13.1	1.2
Wife Pension/Partner's Allowance	22.1	2.1
Other(b)	149.5	14.0
Source of income not known	**2.8	**0.3
Not applicable	413.9	38.9
Total	1 065.4	100.0

(a) Persons with a disability aged 15 years and over, living in households only.

(b) Includes Newstart, Youth Training, Mature Age and Sickness Allowances, Carer Payments, Special Benefits and Pensions other than one of the above.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

5.17 LABOUR FORCE STATUS(a) — 1998

Disability status	Labour force			Not in the labour force	Total	Unemployment rate	Participation rate
	Employed	Unemployed	Total				
	'000	'000	'000	'000	'000	%	%
15-24 YEARS							
Core activity(b) restriction							
Profound/severe	*5.4	**0.7	*6.1	10.4	16.5	**11.8	*36.9
Moderate/mild	15.5	**3.2	18.6	*7.9	26.6	**17.0	70.2
Total	20.8	*3.9	24.7	18.3	43.0	*15.7	57.5
Schooling or employment restriction	22.4	**3.1	25.5	19.7	45.2	**12.2	56.4
All with specific restriction(c)	29.2	*4.7	33.9	21.9	55.8	*14.0	60.8
All with disability(d)	34.3	*8.7	43.1	27.0	70.1	*20.3	61.5
No disability	488.2	93.6	581.8	229.3	811.1	16.1	71.7
Total	522.5	102.4	624.9	256.3	881.2	16.4	70.9
25-54 YEARS							
Core activity(b) restriction							
Profound/severe	35.9	**2.0	37.9	57.4	95.3	**5.2	39.8
Moderate/mild	106.8	*8.8	115.6	89.6	205.2	*7.6	56.3
Total	142.7	10.8	153.5	147.0	300.4	7.0	51.1
Schooling or employment restriction	145.3	12.7	158.0	148.3	306.3	8.0	51.6
All with specific restriction(c)	184.4	16.3	200.7	162.7	363.4	8.1	55.2
All with disability(d)	228.5	20.5	249.0	175.7	424.7	8.2	58.6
No disability	1 901.6	117.4	2 019.0	317.7	2 336.8	5.8	86.4
Total	2 130.1	137.9	2 268.0	493.5	2 761.4	6.1	82.1
55-64 YEARS							
Core activity(b) restriction							
Profound/severe	*5.1	**0.7	*5.8	38.8	44.6	**12.1	*12.9
Moderate/mild	30.6	**1.5	32.1	84.6	116.7	**4.6	27.5
Total	35.7	**2.2	37.9	123.4	161.3	**5.7	23.5
Schooling or employment restriction	25.3	**2.9	28.2	102.9	131.1	**10.1	21.5
All with specific restriction(c)	40.0	*3.6	43.6	131.2	174.8	*8.2	25.0
All with disability(d)	50.8	*3.6	54.4	141.7	196.2	*6.6	27.7
No disability	193.4	*6.5	199.9	154.7	354.6	*3.2	56.4
Total	244.3	10.0	254.3	296.4	550.7	4.0	46.2
TOTAL							
Core activity(b) restriction							
Profound/severe	46.3	*3.4	49.7	106.6	156.3	*6.8	31.8
Moderate/mild	152.9	13.4	166.3	182.1	348.5	8.1	47.7
Total	199.3	16.8	216.1	288.7	504.8	7.8	42.8
Schooling or employment restriction	193.0	18.6	211.7	270.9	482.5	8.8	43.9
All with specific restriction(c)	253.6	24.6	278.2	315.8	594.0	8.8	46.8
All with disability(d)	313.7	32.8	346.4	344.5	690.9	9.5	50.1
No disability	2 583.2	217.5	2 800.7	701.8	3 502.5	7.8	80.0
Total	2 896.8	250.3	3 147.1	1 046.2	4 193.4	8.0	75.1

(a) Persons aged 15-64 years living in households only.

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

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

(d) Includes those who do not have a specific restriction.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

CHAPTER 6

EDUCATION

INTRODUCTION

Formal education and training can provide people with the knowledge and skills required for participation in the workforce and financial independence, as well as contributing to individual and community wellbeing.

Many people with a disability have restrictions that make it difficult for them to participate fully in education and training. As such, they may require access to special facilities, equipment or support to enable them to continue their education. This may include assistance such as individualised programs, smaller classes or transport arrangements.

The Commonwealth Disability Discrimination Act 1992 recognised the right of people with a disability to access educational services on the same basis as people without a disability. This was followed by the NSW Disability Services Act in 1993. In NSW, this legislation is interpreted through the implementation of the NSW Disability Policy Framework. It requires State Government agencies to adjust the way they provide their services to better meet the needs of people with disabilities.

This chapter presents information on formal education and training, including participation in school and post-school education, schooling arrangements and study support. It uses data from the 1998 Survey of Disability, Ageing and Carers and other sources.

SCHOOL EDUCATION

The following section uses data from 1998 Survey of Disability, Ageing and Carers.

In NSW, an estimated 80,900 people with a disability aged 5–19 years attended school, accounting for 7% of the school population. Of those with a disability attending school, over three-quarters (61,200) reported a schooling restriction. This meant they attended a special school or class, needed at least one day a week off school, or had difficulty at school.

Overall the rates of disability among primary and secondary school students were similar, both 7%. Similar proportions also experienced schooling restrictions, 6% and 5% respectively.

A further 13,700 people with a disability who reported a schooling restriction did not attend school because they were too young, had finished school, were doing home schooling or correspondence or did not attend because of their disability.

6.1 SCHOOL ATTENDANCE(a) — 1998

	Disability					Total
	Core activity(b) restriction	Schooling restriction	All with specific restrictions(c)	All with disability(d)	No disability	
	'000	'000	'000	'000	'000	'000
Attending primary school						
Aged 5–9 years	29.0	27.0	31.1	32.4	405.2	437.6
Aged 10–12 years	10.4	*9.8	12.5	13.9	168.7	182.6
Total	39.4	36.8	43.6	46.3	574.0	620.3
Attending secondary school						
Aged 10–14 years	11.1	14.7	16.7	20.8	230.0	250.8
Aged 15–19 years	*8.4	*9.7	11.1	13.7	216.2	229.9
Total(e)	19.5	24.4	27.8	34.6	448.2	482.7
Total attending school	58.9	61.2	71.4	80.9	1 022.1	1 103.0
Not attending school	16.4	13.7	17.9	22.8	187.3	210.0
Total	75.3	74.9	89.3	103.6	1 209.4	1 313.0

(a) Persons aged 5–19 years living in households only.

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

(c) Total may be less than the sum of the components as a person may have both a core activity restriction and a schooling restriction.

(d) Includes those who do not have a specific restriction.

(e) Includes 2,000 children aged less than ten years who were attending secondary school.

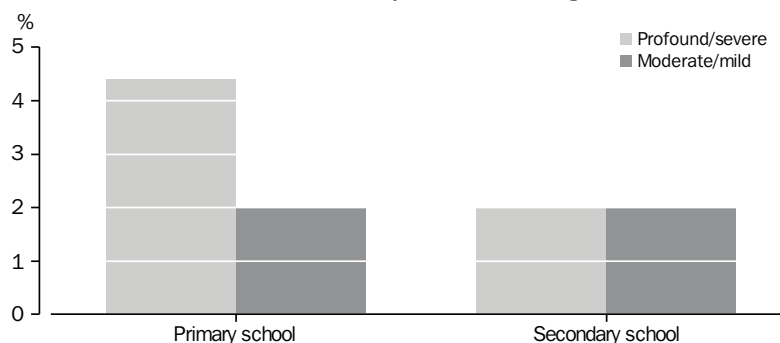
Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Boys aged 5–14 years had higher rates of disability than girls of the same age. For boys the overall disability rate was 10% (42,800) compared with 6% (26,500) for girls.

Level of restriction Students with a disability could also have a core activity restriction (see Chapter 2, Disability). In 1998, an estimated 37,100 people attending school had a profound/severe core activity restriction. A further 21,800 had a moderate/mild level of restriction.

Differences existed in the level of core activity restriction between primary and secondary students. Primary school students had twice the rate of profound/severe core activity restriction than secondary school students (4% compared with 2%).

6.2 CORE ACTIVITY RESTRICTION(a), By Level of Schooling — 1998



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

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Level of restriction *continued*

This higher incidence of profound and severe restriction can, in part, be attributed to an increased identification of two conditions in more recent years. These are Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) and intellectual/developmental disorders. The increased identification of ADD/ADHD is particularly evident in boys aged 5–14 years. Nearly 9,000 boys aged 5–14 years with a disability (21%) were reported to have this condition compared with less than 3,000 girls in this age group. Relatively high proportions of children aged 5–14 years with ADD/ADHD and/or intellectual/developmental disorders had a profound or severe level of disability (58% and 49% respectively).

There are several possible reasons for the increased identification of ADD/ADHD among children. These include an actual increase in the disorder, the medicalisation of behavioural disorders, and changes to the screening question about learning difficulty for the 1998 survey. An increase in the number of prescriptions for drugs commonly prescribed for ADD/ADHD provides some evidence for an increase in diagnosis of this disorder.

The increased identification of intellectual/developmental disorders in children is at least partly explained by the increased capture of children into the disability population. This was due to changes to the screening question about learning difficulty for the 1998 survey.

Selected conditions

A number of long-term conditions had a high incidence among children. The 1998 Survey of Disability, Ageing and Carers identified asthma, ADD/ADHD, intellectual/developmental disorders and hearing/speech loss as four significant conditions among children aged 5–14 years, with a disability. Some children may have had more than one of these conditions.

An estimated 22,700 children aged 5–14 years attending school in NSW had an intellectual/developmental disorder. Of the four conditions, they represented the largest group, affecting one in three children with a disability (34%). The second largest group was comprised of children with hearing/speech loss (17,500 or 26%). This was followed by asthma (13,600 or 20%) and ADD/ADHD (11,700 or 18%).

Of those with a schooling restriction, children with an intellectual/developmental disorder comprised the largest group (23,400), followed by children with hearing/speech loss (11,500), ADD/ADHD (9,700) and asthma (7,600). All children with an intellectual/developmental disorder had a schooling restriction.

Difficulty at school The 1998 Survey of Disability, Ageing and Carers collected information on the difficulty experienced by people with a disability at school. This included difficulties communicating, learning, fitting in socially and participating in sport, as well as hearing, sight and access difficulties. Difficulties at school were not experienced by all children with these conditions. However, children with intellectual/developmental disorders and/or ADD/ADHD were very likely to experience difficulty at school (82% and 77% respectively). Although less likely to experience difficulty, many children with hearing/speech loss and/or asthma were restricted in the school environment (10,100 and 5,500 respectively).

6.3 CHILDREN(a), SELECTED CONDITIONS(b) BY EDUCATIONAL RESTRICTION — 1998

	<i>Asthma</i>	<i>ADD/ADHD(c)</i>	<i>Intellectual/ developmental disorders</i>	<i>Hearing/ speech loss</i>	<i>All with these conditions(d)</i>	<i>All with disability(e)</i>
	'000	'000	'000	'000	'000	'000
Attending school	13.6	11.7	22.7	17.5	53.4	67.1
All with difficulties	*5.5	*9.0	18.6	10.1	35.1	42.0
All without difficulties	*8.1	**2.7	*4.1	*7.4	18.3	25.1
Not attending school	*5.5	**1.4	*3.5	*5.8	15.1	19.5
All with disability	19.1	13.1	26.2	23.4	68.5	86.6
Has schooling restriction(f)	*7.6	*9.7	23.4	11.5	42.7	53.0

(a) Aged 5–14 years living in households only.

(b) Refers to the most frequently occurring conditions in children aged 5–14 years, and two conditions of public interest (ADD and ADHD).

(c) Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder.

(d) Total may be less than the sum of the components as children may have more than one of these conditions.

(e) Includes other long-term conditions not specified.

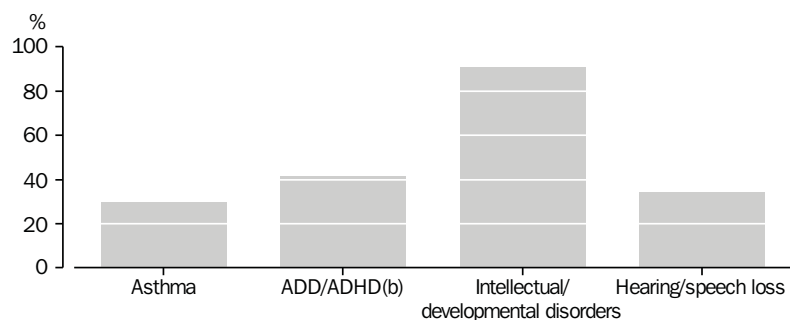
(f) Only asked of children aged 5–14 years with a disability. Includes children who were not attending school because of a disability.

Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998*.

Support received The 1998 Survey of Disability, Ageing and Carers also provided data on the number of children aged 5–14 years receiving support at school, above the usual provisions of the class in which they were placed. This support may have included a special computer or other equipment, access or transport arrangements, special tuition, assessment procedures, access to counselling services, support person or signing interpreter. As would be expected, the children with the most difficulty received the most support.

Children with intellectual/developmental disorders were the most likely to have received support at school (91% or 20,700), followed by children with ADD/ADHD (41% or 4,900) and hearing/speech loss (35% or 6,100). Children with asthma were the least likely of children with these conditions to have received some support (30% or 4,100). Respondents were not asked whether their children needed more support at school so it is not possible to accurately gauge the level of unmet need for support in the school environment.

6.4 CHILDREN(a), Proportion Receiving Support — 1998



(a) Aged 5–14 years living in households only.

(b) Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Education providers

This section uses data from the NSW Department of Education and Training, the Catholic Education Commission NSW and the Association of Independent Schools of NSW. Please see Explanatory Notes for the Department of Education and Training's definition of disability.

Students with a disability access a range of educational settings in government and non-government schools. These include special schools, support classes within regular schools and regular classes.

In 2000, 38,715 students attending school in NSW were enrolled across these three settings. Of these, 4,565 students with a disability were enrolled in special schools and 11,152 were enrolled in support classes in regular schools. A further 22,998 students with a disability were enrolled in regular classes.

6.5 STUDENTS WITH A DISABILITY, BY SCHOOL TYPE — 2000

	Government	Catholic	Independent	Total
	no.	no.	no.	no.
Special school	3 582	314	669	4 565
Support class	(a)11 107	—	45	11 152
Regular class	(b)15 576	6 474	948	22 998
Total	30 265	6 788	1 662	38 715

(a) Includes children aged less than 5 years in early intervention classes.

(b) Includes children aged less than 5 years in itinerant caseloads.

Source: NSW Department of Education and Training, 2000; Catholic Education Commission NSW, 2000; Association of Independent Schools of NSW.

Age

The following section uses data provided by the NSW Department of Education and Training. Similar data was not available for non-government and independent schools.

Age continued The number of students enrolled in special schools in the Government school sector was similar across most age groups. Among primary school aged children, those aged 5–8 years were more likely to be in a regular class than those aged 9–12 years (68% compared with 55%). Conversely, there were more than twice as many 9–12 year olds in support classes than was the case for those aged 5–8 years (4,068 compared with 1,840). After the compulsory schooling age of 15 years, there was a large decrease in the number of students attending support and regular classes, but little change in the number attending special schools.

6.6 STUDENTS WITH A DISABILITY(a), BY SCHOOLING ARRANGEMENT — 2000

	<i>Age group (years)</i>					<i>Total</i>
	<i>Less than 5</i>	<i>5–8</i>	<i>9–12</i>	<i>13–15</i>	<i>16 and over</i>	
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>	
Special school	141	745	956	917	823	3 582
Support class(b)	1 145	1 840	4 068	2 917	1 137	11 107
Regular class(c)	263	5 418	6 088	2 916	891	15 576
Total	1 549	8 003	11 112	6 750	2 851	30 265

(a) Excludes students at non-government schools.

(b) Includes children aged less than 5 years in early intervention classes.

(c) Includes children aged less than 5 years in itinerant caseloads.

Source: NSW Department of Education and Training, 2000.

Main condition Data on main condition is based on the person's primary disability. It includes a small number of children under 5 years of age accessing early intervention classes and itinerant teacher services. The data is only available for the Government school sector.

Intellectual disability (66%) and mental health disorder or autism (12%) were the most commonly identified main conditions among students in the Government school sector.

Of those students with a moderate or severe intellectual disability just over half (52%) attended support classes (3,776) and 34% attended special schools (2,477). Students with mild intellectual disabilities were more likely to attend a regular class (53% or 6,726), although a large proportion (45%) also attended support classes (5,784).

Students with a mental health disorder or those with autism were most likely to attend a regular school (77%) with smaller proportions attending a special school (18%) or support classes (6%).

6.7 STUDENTS WITH A DISABILITY, BY MAIN CONDITION AND SCHOOLING ARRANGEMENT — 2000

	<i>Special school</i>	<i>Support class</i>	<i>Regular class</i>	<i>All arrangements</i>
	<i>no.</i>	<i>no.</i>	<i>no.</i>	<i>no.</i>
Intellectual disability				
Mild	201	5 784	6 726	12 711
Moderate/severe	2 477	3 776	1 037	7 290
Total	2 678	9 560	7 763	20 001
Physical disability	148	331	1 193	1 672
Hearing impairment	42	388	1 305	1 735
Vision impairment	41	—	423	464
Mental health or autism	673	209	2 899	3 781
Language disorder	—	619	1 993	2 612
Total students in government schools	3 582	(a)11 107	(b)15 576	30 265
Total students in all schools	4 565	11 152	22 998	38 715

(a) Includes children aged less than 5 years in early intervention classes.

(b) Includes children aged less than 5 years in itinerant caseloads.

Source: NSW Department of Education and Training, 2000.

Support services The NSW Department of Education and Training provides a range of programs and services to increase the access and participation of students with disabilities, learning difficulties and behaviour difficulties in all aspects of school life.

The range of support provided to students includes special classes in special and regular schools, itinerant support teacher services, targeted funding and special education consultancy support.

6.8 SUPPORT SERVICES PROVIDED IN NSW SCHOOLS(a) — 2000

	<i>no.</i>
Special classes in regular and special schools	1 963
Students receiving targeted funding	20 696
Personnel providing special education consultancy support	50
Itinerant support teachers	704

(a) Includes students with a disability, students with learning difficulties and students with behaviour difficulties

Source: NSW Department of Education and Training.

POST-SCHOOL EDUCATION AND TRAINING

The following section uses data from the 1998 Survey of Disability, Ageing and Carers.

In recent years there has been an increase in the number of people studying for a post-school qualification. This is partly due to a more competitive labour market and the demand from employers for more skilled employees. Tertiary education is mainly provided through universities and vocational education and training institutions such as Technical and Further Education (TAFE), and private business and commercial colleges.

POST-SCHOOL EDUCATION
AND TRAINING *continued*

In 1998 there were 49,000 students with a disability attending a tertiary institution in NSW, some 9% of all tertiary students. People with a disability were less likely than people without a disability to attend a tertiary institution (5% compared with 13%).

Of those attending tertiary institutions, students with a disability were more likely to attend a TAFE (46% or 22,500) than a higher education institute such as a university (39% or 19,300). For people without a disability the pattern was reversed with half (247,400) attending a higher education institute and 36% (177,200) attending a TAFE.

6.9 ATTENDING EDUCATIONAL INSTITUTION(a) — 1998

	<i>Disability</i>					
	<i>Core activity(b) restriction</i>	<i>Schooling or employment restriction</i>	<i>All with specific restriction(c)</i>	<i>All with disability(d)</i>	<i>No disability</i>	<i>Total</i>
	'000	'000	'000	'000	'000	'000
Attending tertiary institution						
Higher education	11.0	11.6	13.9	19.3	247.4	266.7
TAFE	17.0	15.5	19.8	22.5	177.2	199.7
Other(e)	*3.4	**2.7	*4.2	*7.2	69.7	76.9
Total	31.3	29.9	37.9	49.0	494.3	543.3
Still at school(f)	*8.4	*9.7	11.1	13.7	216.2	229.9
Not attending	797.9	443.0	877.8	1 002.7	3 161.2	4 163.8
Total	837.6	482.5	926.9	1 065.4	3 871.7	4 937.1

(a) Persons aged 15 years and over living in households only.

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

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

(d) Includes those who do not have a specific restriction.

(e) Includes people attending business colleges and industry skills centres.

(f) Includes 1,500 people who were studying at a secondary school as a post-school qualification.

Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998*.

Level of qualification Of students with a disability studying for a post-school qualification in 1998, similar proportions reported they were studying for a vocational qualification (34%) or a degree (31%). In contrast, students without a disability were more likely to be studying for a degree (49%) than a vocational qualification (26%). Students with a core activity restriction were more likely than any other students to be studying for a vocational qualification (41%), and least likely to be studying for a degree (28%).

6.10 LEVEL OF QUALIFICATION STUDYING FOR(a) — 1998

	<i>Disability</i>					<i>Total</i>
	<i>Core activity(b) restriction</i>	<i>Schooling or employment restriction</i>	<i>All with specific restriction(c)</i>	<i>All with disability(d)</i>	<i>No disability</i>	
	'000	'000	'000	'000	'000	'000
Degree(e)	*8.8	10.9	11.7	15.4	243.8	259.2
Diploma(f)	*5.2	*4.5	*5.9	*9.0	95.1	104.1
Vocational(g)	12.8	11.3	15.0	16.6	130.3	146.9
Certificate(h)	*3.8	**3.2	*4.6	*7.3	24.3	31.6
Total(i)	31.3	29.9	37.9	49.0	495.8	544.8

(a) Persons aged 15 years and over living in households only and currently studying.

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

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

(d) Includes those who do not have a specific restriction.

(e) People with a higher degree, post-graduate diploma, or bachelor degree.

(f) People with an undergraduate diploma or associate diploma.

(g) People with a skilled vocational qualification or basic vocational qualification.

(h) Includes people with a certificate of less than one semester or secondary school certificate (being obtained as a post-school qualification).

(i) Includes inadequately described post-school qualifications.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

STUDENT SUPPORT

The following section uses data from the 1998 Survey of Disability Ageing and Carers.

In 1998, 42,500 students with a disability received at least one type of support to enable them to participate in education either at school or another educational institution. The most common support received was special tuition (22,700), followed by a counsellor/disability support person (16,500) and special assessment procedures (10,700).

More than half of all students with a schooling restriction received some support (57%). One in three (37%) received special tuition, 24% accessed a counsellor/disability support person and 14% were able to use special assessment procedures.

There were 87,400 (67%) students with a disability attending a school or educational institution in 1998 who reported they did not receive any support. However it is not possible to say how many of these students actually required assistance.

6.11 TYPE OF SUPPORT PROVIDED, BY DISABILITY STATUS(a) — 1998

	Core activity(b) restriction	Schooling restriction	All with disability(c)
	'000	'000	'000
Special equipment including computer	*5.0	*4.0	*5.0
Special tuition	17.8	22.7	22.7
Special assessment procedures	10.7	*8.5	10.7
Counsellor/disability support person	15.8	15.1	16.5
Special access arrangement	*5.5	*4.7	*5.5
Special transport	*5.4	*5.4	*5.4
Other(d)	*6.0	*4.7	*6.7
All persons receiving support(e)	36.2	35.1	42.5
No support received	54.1	26.8	87.4
Total	90.3	61.9	129.9

(a) Persons with a disability aged 5 years and over, currently attending a school or educational institution.

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

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

(d) Includes signing interpreter.

(e) Total may be less than the sum of the components as a person may receive more than one type of support.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

POST-SCHOOL OPTIONS
PROGRAM

Upon leaving school, many people with a disability will go on to further education or employment. However some people with higher support needs may require training or additional support to prepare them to participate in the wider community. The Post-School Options Program, established in 1994 by the NSW Government, assists young people with moderate to severe support needs with the transition from school to participation in employment and the wider community. Funding is provided to organisations to establish individually designed programs which include day activities, community access and independent living skills training.

In 2000 there were 1,525 people with a disability attending a Post-School Options Program in NSW. The number attending the program in 1999 was unavailable.

In 1999, 357 applications for the program were received, with 29 people leaving the program. In 2000, the number of applicants increased to 420, with 27 people exiting the program. There were 12 people who left the program in 2000 who continued on to open employment.

6.12 PEOPLE WITH A DISABILITY(a), POST-SCHOOL OPTIONS PROGRAM

	1999	2000
	<i>no.</i>	<i>no.</i>
Attendants	n.a.	1 525
Applications	357	420
Exit destinations		
Supported employment	10	1
Open employment	8	12
Death	1	8
Other(b)	10	6
<i>Total exits</i>	29	27

(a) DETYA definition of disability. See Glossary.

(b) Includes attending day program, accessing recreation and mainstream supports, PSO not a suitable option, TAFE, no contact with service, moved interstate and moved overseas.

Source: NSW Department of Ageing, Disability and Home Care.

EDUCATIONAL ATTAINMENT

The following section uses data from the 1998 Survey of Disability Ageing and Carers.

In 1998, an estimated 42% (452,200) of people aged 15 years or over with a disability, held a post-school qualification as their highest qualification. This is a smaller proportion than for people without a disability (50% or 1.9 million). Some 43% of those with a schooling and/or employment restriction and 40% of those with a moderate or mild core activity restriction held a post-school qualification. Those with a profound/severe core activity restriction were the least likely to have attained a post-school qualification (36%).

A skilled vocational qualification was the most common qualification for both people with a disability (224,900 or 21%) and people without a disability (739,500 or 19%). People who did not have a disability were far more likely to have obtained a bachelor or higher degree (622,700 or 16%) than people with a disability (83,200 or 8%).

6.13 EDUCATIONAL ATTAINMENT(a) — 1998

	Disability							Total
	Profound/ severe core activity(b) restriction	Moderate core activity(b) restriction	Mild core activity(b) restriction	Schooling or employment restriction	All with specific restrictions(c)	All with disability(d)	No disability	
	'000	'000	'000	'000	'000	'000	'000	
Educational attainment								
Post-school education qualification								
Higher degree or postgraduate diploma	*3.8	*5.1	*4.9	10.9	17.3	23.6	147.3	170.9
Bachelor degree	12.3	*9.8	13.6	26.8	43.3	59.6	475.4	535.0
Undergraduate diploma	*6.5	*4.3	*9.2	14.6	24.9	30.6	117.5	148.1
Associate diploma	*7.7	17.7	13.1	21.3	44.8	50.0	222.3	272.3
Skilled vocational diploma	50.2	43.3	76.6	101.3	191.6	224.9	739.5	964.3
Basic vocational diploma	16.9	13.9	15.2	33.5	54.0	62.7	226.3	289.0
Total with a post-school qualification(e)	97.5	94.0	133.5	208.4	376.7	452.2	1 928.9	2 381.0
No post-school qualification	172.5	116.6	215.2	264.4	539.1	599.5	1 726.6	2 326.2
Still at school	*3.5	**1.4	*3.5	*9.7	11.1	13.7	216.2	229.9
Total	273.5	211.9	352.2	482.5	926.9	1 065.4	3 871.7	4 937.1
Level of schooling								
Completed Year 12	44.4	40.5	77.3	114.2	191.1	236.2	1 655.8	1 892.0
Did not complete Year 12	126.5	106.9	169.0	274.4	451.1	514.0	1 645.4	2 159.5
Left school aged less than 15 years	97.0	62.5	100.9	83.6	268.6	295.8	340.9	636.7
Never attended school	**2.1	n.p.	**1.5	n.p.	*4.9	*5.7	13.3	19.0
Still at school	*3.5	**1.4	*3.5	*9.7	11.1	13.7	216.2	229.9
Total	273.5	211.9	352.2	482.5	926.9	1 065.4	3 871.7	4 937.1
Age left school								
18 years or older	24.5	16.9	41.5	65.4	94.1	112.5	943.8	1 056.3
15–17 years	146.4	130.4	204.8	323.2	548.2	637.7	2 357.5	2 995.2
13–14 years	80.9	54.6	87.9	64.4	228.6	253.0	276.5	529.5
5–12 years	16.1	*7.9	13.1	19.3	39.9	42.8	64.4	107.2
Never attended school	**2.1	n.p.	**1.5	n.p.	*4.9	*5.7	13.3	19.0
Still attending school	*3.5	**1.4	*3.5	*9.7	11.1	13.7	216.2	229.9
Total	273.5	211.9	352.2	482.5	926.9	1 065.4	3 871.7	4 937.1

(a) Persons aged 15 years and over living in households only.

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

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

(d) Includes those who do not have a specific restriction.

(e) Includes uncodeable.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Educational attainment and onset of disability

The onset of a disability often occurs in older age when many people have completed their education. Of those people with a disability who had completed a post-school qualification, 86% reported having completed the qualification before the onset of their disability. Some 14% had completed the qualification after the onset of their disability.

CHAPTER 7

ACTIVITIES AND LIFESTYLE

INTRODUCTION

Social and community activities are an important part of people's lives. For people with a disability, participation in these activities forms an intrinsic part of their independence. However, the nature of their impairments, a lack of appropriate activities or a lack of access to support and these activities could limit their level of community participation.

People may experience a number of changes to their daily life as a result of having a disability. In the areas of social and community participation, these may include changes in their ability to leave the house, go on holiday, or attend social or community activities. Having a disability may also result in changes to employment and financial circumstances which could affect a person's capacity to participate in social activities. It may also reduce the person's ability to contribute to the community and society through paid or voluntary work. As a result, many people with a disability have had to adjust their lifestyle to fit in with their changing financial and physical limitations.

In more recent times, economic and social wellbeing increasingly depends on the ability to access, accumulate, and assimilate information. New electronic technologies (including personal computers, the Internet and automatic teller machines) have provided opportunities for communication, education and management of everyday tasks. They also provide a challenge to people to meet change through life long learning. For people with a disability, new technologies may improve their lifestyle by affording them more flexibility and independence.

COMMUNITY AND SOCIAL ACTIVITY

Being able to go out of the house and enjoy social and community activities is an important part of a person's wellbeing. In 1998, two-thirds of people with a disability aged 5 years and over, living in households (744,200) reported that they were able to go out as often as they would like. However, for 34% (390,500), their disability did affect their ability to participate in community and social activities. Some 33% (380,100) reported that they did not go out as often as they would like, while 1% (10,400) reported that they did not leave home at all.

Culture and leisure activities

During the 12 months to the 1998 Survey of Disability, Ageing and Carers, 71% (804,500) of people with a disability aged 5 years and over had attended, or participated in, one or more of the cultural venues/activities surveyed. Attending the cinema was the most popular activity undertaken by people with a disability with 478,500 visitors (42%). Other venues with high numbers of visitors were libraries (367,400), botanical gardens or animal/marine parks (287,300) and theatres or concert venues (271,000).

Sporting events and activities were also popular with people with a disability. In NSW, 29% (324,000) had participated in sport or physical recreation and 26% (293,600) had attended a sporting event as a spectator.

7.1 CULTURE AND LEISURE PARTICIPATION(a) — 1998

<i>In the last 12 months</i>	'000	%
Attended a cinema	478.5	42.2
Visited a library	367.4	32.4
Participated in sport/physical recreation	324.0	28.6
Attended a sporting event as a spectator	293.6	25.9
Visited botanical gardens or animal/marine park	287.3	25.3
Attended a theatre/concert	271.0	23.9
Visited a museum or art gallery	211.8	18.7
<i>All participants in these activities(b)</i>	804.5	70.9
Did not participate in these activities	319.8	28.2
Does not leave home	10.4	0.9
Total	1 134.6	100.0

(a) Persons with a disability aged 5 years and over, living in households only.

(b) Total may be less than the sum of the components as a person may participate in more than one activity.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998*
(Cat. no. 4430.1.40.001).

Main activity away from home

Among those people with a disability who were able to leave home, the main activity for almost half (548,300) was visiting family or friends. One in eight people went to a restaurant or club (145,800) and a further 8% mainly visited museums, art galleries or other cultural venues (89,300), or attended church related activities (85,800). Although sport and physical recreation was popular among people with a disability, as their main activity they were more likely to attend a sporting event as a spectator (7%), than to participate in sport/physical recreation (3%). Around 3% (36,300) of people with a disability gave their time, service and skills to organisations and groups as volunteers.

7.2 MAIN ACTIVITY PARTICIPATED IN AWAY FROM HOME(a) — 1998

	'000	%
Visits to family or friends	548.3	48.3
Going to a restaurant or club	145.8	12.9
Visited cultural venues(b)	89.3	7.9
Church-related activity	85.8	7.6
Attended a sporting event as a spectator	83.6	7.4
Organised group activities(c)	61.7	5.4
Voluntary work	36.3	3.2
Participated in sport/physical recreation	31.2	2.7
Did not participate in these activities	42.3	3.7
Does not leave home	10.4	0.9
Total	1 134.6	100.0

(a) Persons with a disability aged 5 years and over, living in households only.

(b) Comprises visiting a museum, art gallery, library, theatre/concert, cinema, botanical gardens or animal/marine park.

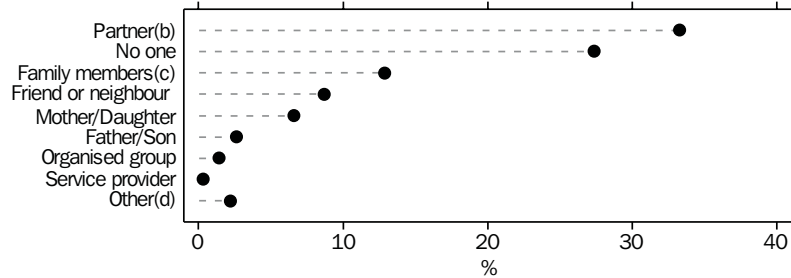
(c) Comprises organising group activities for performing arts, arts and crafts, and other special interest activities.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998*
(Cat. no. 4430.1.40.001).

Person accompanying respondent

In 1998, one third of people with a disability usually attended main activities outside their home with a partner. Female partners (223,100) were more likely than male partners (154,600) to be companions. Some 27% of people with a disability (310,700) usually attended such activities alone. Family members (13%) and friends or neighbours (9%) also accompanied people with a disability to activities outside their home.

7.3 PERSON USUALLY ACCOMPANYING RESPONDENT OUTSIDE HOME(a) — 1998



(a) Persons with a disability aged 5 years and over, living in households only.

(b) Includes female partner and male partner.

(c) More than one family member accompanied respondent at the same time.

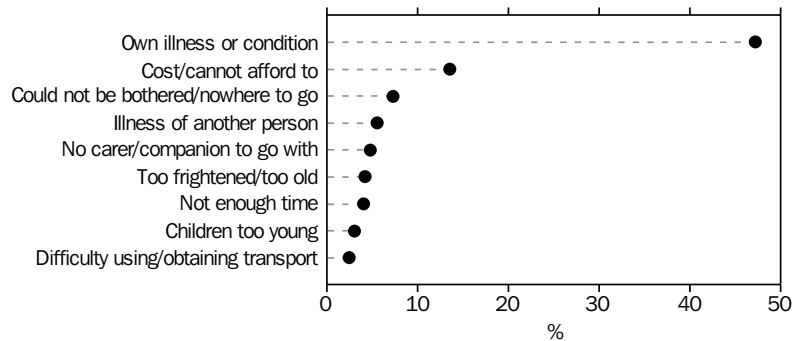
(d) Includes other female relative, other male relative, other person.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Main reason did not go out as often as would like

Of the 380,100 people who indicated that they did not go out as often as they would like, nearly half (47%) cited their own illness or condition as the main reason. Other common reasons included high cost (14%), lack of desire or having nowhere to go (7%), illness of another person (6%) and no carer or other companion (5%).

7.4 MAIN REASON DID NOT GO OUT AS OFTEN AS WOULD LIKE(a) — 1998



(a) Persons with a disability aged 5 years and over, living in households only.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Activities at home Community, culture and leisure pursuits can also be undertaken at home. People with a disability were asked about selected activities undertaken at home in the three months prior to the 1998 Survey of Disability, Ageing and Carers. Almost all people with a disability spent time talking to family or friends on the telephone (93% or 1.1 million) and/or were visited by them (90% or 1.0 million). About 15% (173,400) did craftwork for or with other people, 10% (112,100) participated in church or attended special community activities at home, and 9% (99,000) had engaged in voluntary work.

7.5 SELECTED ACTIVITIES AT HOME(a) — 1998

<i>In the last three months</i>	'000	%
Telephone calls with family or friends	1 053.7	92.9
Visit from family or friends	1 022.2	90.1
Craftwork for/with other people	173.4	15.3
Church/special community activities	112.1	9.9
Voluntary work (including advocacy)	99.0	8.7
<i>All participants in these activities(b)</i>	<i>1 104.6</i>	<i>97.4</i>
Did not participate in these activities	30.0	2.6
Total	1 134.6	100.0

(a) Persons with a disability aged 5 years and over, living in households only.

(b) Total may be less than the sum of the components as a person may participate in more than one activity.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998*
(Cat. no. 4430.1.40.001).

Supervised activity programs People with a disability may participate in supervised activity programs. Such activities include attendance at day placement centres, community based activities, walks and taking trips. An estimated 30,200 people attended supervised activity programs in 1998. This was 3% of all people with a disability who were living in households in NSW. Attendance at supervised programs varied from occasional to five or more days a week. Just over half (51% or 15,400) attended for one or two days a week.

TIME USE The way in which people allocate their time can be a useful indicator of wellbeing, with implications for income, health, equality of access to opportunities and personal fulfilment. In 1997, the ABS conducted a survey on how people aged 15 years and over used their time.

As people with a disability have a lower labour force participation rate (see Chapter 5, Employment and Income), and many of them are aged 65 years and over, they have more time available to spend on activities outside employment. They may do these activities at a more leisurely pace because they have the time, or because the nature of their disability means that they take longer to do the same tasks.

Data from the 1997 Time Use Survey showed that people with a disability spent less time each day than people without a disability on education, child care and employment related activities, and more time on personal care. Other activities that showed a pattern of increased time spent included domestic activities, shopping, voluntary work and passive leisure activities such as reading, watching TV and general relaxation.

There were different patterns of time use between age groups, reflecting the changing demands on people's time at various life cycle stages. Older people (65 years or more) were more likely to have left the paid workforce and the education system and to have a disability than younger people (15–64 years)¹. The daily activity patterns of all people with a disability therefore, tend to reflect both an age effect and a disability effect. Older people with a disability spent more time each day than younger people on personal care, domestic and general leisure activities like reading, watching TV, resting or relaxing. Younger people, however, spent more time on education and employment related activities, child care and social participation.

7.6 TIME SPENT ON DAILY ACTIVITIES(a) — 1997

<i>Purpose of activity</i>	<i>Disability</i>			
	<i>15–64 years</i>	<i>65 years and over</i>	<i>All with disability</i>	<i>No disability</i>
	<i>hrs.min</i>	<i>hrs.min</i>	<i>hrs.min</i>	<i>hrs.min</i>
Personal care activities	11:18	12:11	11:34	11:02
Employment related activities	2:35	**0:04	1:50	3:52
Education activities	0:22	n.p.	0:15	0:37
Unpaid work				
Domestic activities	2:20	3:03	2:33	2:03
Child care	0:24	*0:03	0:18	0:34
Purchasing goods/services	0:51	0:49	0:50	0:44
Voluntary work/care activities	0:28	0:23	0:26	0:19
<i>Total unpaid work</i>	4:03	4:18	4:07	3:39
Social participation	0:50	0:34	0:45	0:44
Recreation/leisure				
Reading	0:24	0:59	0:35	0:21
Reading book	0:07	0:15	0:09	0:06
Sports and outdoor activities	0:29	0:22	0:27	0:26
Games/art/hobbies/crafts	0:17	0:22	0:19	0:14
Audio visual media	2:20	3:25	2:39	1:54
Watching TV/video	2:11	3:00	2:26	1:46
Resting/relaxing	0:15	0:34	0:20	0:10
Other	1:00	1:01	1:01	0:56
<i>Total recreation/leisure</i>	4:45	6:42	5:20	4:01
All activities(b)	24:00	24:00	24:00	24:00

(a) Average time spent per day, by persons aged 15 years and over.

(b) Includes time spent where purpose of activity was not recorded.

Source: ABS data available on request, 1997 Time Use Survey.

¹ ABS, *Older People, New South Wales, 2000* (Cat. no. 4108.1).

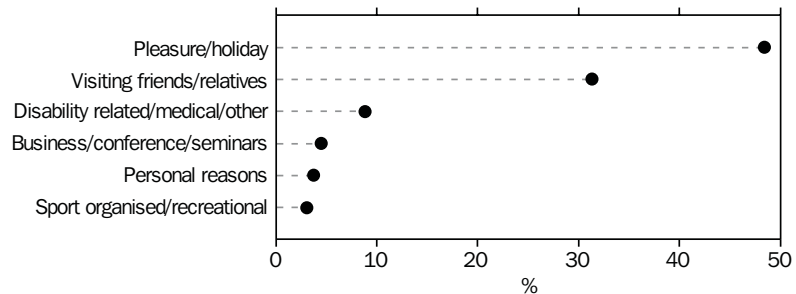
TRAVEL

In 1996, the University of Technology Sydney and Tourism New South Wales undertook a study on tourism patterns and experiences of over 2,700 people with a physical disability in NSW².

Domestic travel Domestic travel was defined as any trip 40 km or more away from home, which involved a stay of at least one night. Of those surveyed, over three-quarters (77%) had undertaken domestic travel in the previous year. Of these, 25% had taken one trip, 22% had taken two and 16% had taken three trips. Some 12% of people had taken eight trips or more in the previous year.

The main reasons given for travelling were for pleasure/holiday (48%) and for visiting friends and relatives (31%). Some 7% of people travelled for disability related or medical reasons. Most of this group were from country NSW.

7.7 MAIN REASON FOR DOMESTIC TRAVEL(a) — 1996



(a) For people with a physical disability.

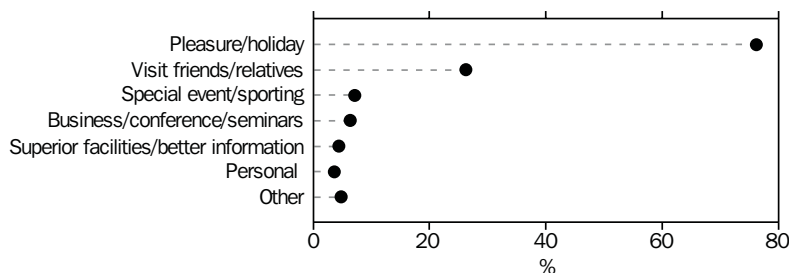
Source: Darcy, S., 1998, University of Technology, Sydney and Tourism New South Wales, anxiety to access: *Tourism Patterns and Experiences of New South Wales People with a Physical Disability*, Tourism New South Wales.

Overseas travel According to the survey, 11% of people with a physical disability had undertaken overseas travel in the previous year. The main destinations for these people were the United States of America (19%), the United Kingdom (19%) and New Zealand (17%). Small proportions visited Asia (6%) and Fiji (5%).

The reasons for choosing the overseas destinations were found to largely reflect those of the wider community. Around 76% travelled for pleasure/holiday and 26% undertook overseas travel to visit friends and relatives. Attendance at a special event or to participate in sport was the reason given by 7% for their choice of destination.

² Darcy, S., 1998, University of Technology, Sydney and Tourism New South Wales, anxiety to access: *Tourism Patterns and Experiences of New South Wales People with a Physical Disability*, Tourism New South Wales.

7.8 REASONS FOR OVERSEAS DESTINATION CHOICE(a) — 1996



(a) For people with a physical disability. Total may be less than the sum of the components as a person may report more than one reason.

Source: Darcy, S., 1998, *University of Technology, Sydney and Tourism New South Wales, anxiety to access: Tourism Patterns and Experiences of New South Wales People with a Physical Disability, Tourism New South Wales.*

Day trips A day trip referred to any round trip of more than 40 km from home, taken for pleasure. Of those surveyed, over three-quarters had undertaken a day trip in the six months prior to the survey. Almost half (47%) of the respondents had taken 1 to 2 trips. A further 41% had taken day trips on a monthly basis, while 11% had taken weekly day trips.

Similar to the rest of the population, the majority (67%) of people with a physical disability took a day trip for pleasure. Other reasons given included visiting national parks, botanical gardens or natural areas (30%), attending food festivals or going to restaurants (24%) and visiting animal parks, wildlife reserves and zoos (20%). Around 11% had taken a day trip to attend an event specifically for people with a disability.

7.9 REASONS FOR DAY TRIP(a) — 1996

	%
Pleasure driving and sightseeing	67.2
Visit national parks/botanical gardens/natural areas	30.1
Food festivals/restaurants	24.4
Visit animal parks, wildlife reserves or zoos	19.9
Attend special events	18.9
Live theatre/music/concerts	18.5
Visit museums or art galleries	16.4
Visit entertainment or theme parks	15.9
Attend major sporting events	14.5
Events for disability purposes	11.2
Playing sport	7.7
Outdoor and folk museums/historic parks	5.8
Casinos	2.0
Other	21.4

(a) Asked of people with a physical disability in the six months prior to the survey. Total may be less than the sum of the components as a person may report more than one reason.

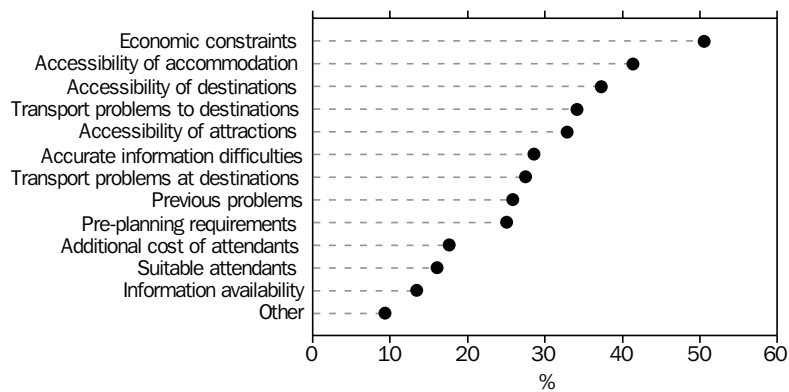
Source: Darcy, S., 1998, *University of Technology, Sydney and Tourism New South Wales, anxiety to access: Tourism Patterns and Experiences of New South Wales People with a Physical Disability, Tourism New South Wales.*

Day trips *continued* People with a physical disability took a day trip either with friends/relatives (29%), a partner (26%), or as parents with children (19%). Others took a day trip with organised groups (8%), with a disability specific group (3%), or alone (7%).

Travel constraints and requirements In order to travel, people with a physical disability may require assistance from an attendant, carer or family member with the tasks of daily living. According to the report, the majority (70%) of people surveyed required such assistance when travelling. This, together with other constraints will affect their decision to travel and also their destination. Some 30% of people surveyed were able to travel independently.

Travel constraints included problems with accessibility of accommodation (41%) and destinations (37%) and a lack of accessible attractions (33%) and accurate information (29%). Similar to the rest of the population, cost was a major constraint to travel (50%).

7.10 CONSTRAINTS TO TRAVEL(a) — 1996

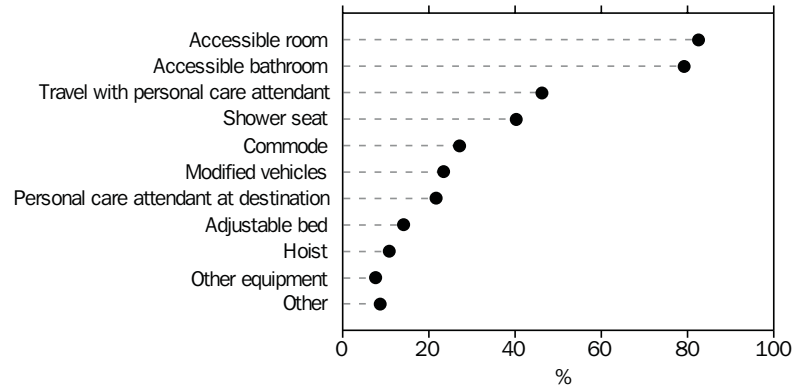


(a) For people with a physical disability. Total may be less than the sum of the components as a person may report more than one constraint.

Source: Darcy, S., 1998, *University of Technology, Sydney and Tourism New South Wales, anxiety to access: Tourism Patterns and Experiences of New South Wales People with a Physical Disability, Tourism New South Wales.*

Respondents to the survey identified their requirements to make travel easier. An accessible room (83%) and an accessible bathroom (79%) were major needs for people with a physical disability. Other significant requirements included a personal care attendant to travel with (46%), a shower seat (40%) and commode (27%).

7.11 SPECIAL TRAVEL REQUIREMENTS(a) — 1996



(a) For people with a physical disability. Total may be less than the sum of the components as a person may report more than one special travel requirement.

Source: Darcy, S., 1998, *University of Technology, Sydney and Tourism New South Wales, anxiety to access: Tourism Patterns and Experiences of New South Wales People with a Physical Disability, Tourism New South Wales.*

COMPUTER USE

New technology has the potential to improve the lifestyle of people with a disability by affording them more flexibility and independence. In the three months prior to the 1998 Survey of Disability, Ageing and Carers, 224,200 (21%) people with a disability aged 15 years and over and living in households, reported using home computers. The most common uses of the home computer were for work (12%) and to play games (9%). Other reported uses included writing letters and sending emails (8%), and word processing or creative writing (7%).

7.12 COMPUTER USE(a) — 1998

<i>In the last 3 months</i>	'000	%
Work (including voluntary work, study)	122.4	11.5
Games	97.1	9.1
Communication outside household(b)	87.3	8.2
Word processing/creative writing	70.4	6.6
Household management (accounts)	34.6	3.2
General knowledge	30.4	2.9
Communication within household	**2.3	**0.2
Other	18.7	1.8
<i>All who used a computer(c)</i>	224.2	21.0
Did not use computer	841.2	79.0
Total	1 065.4	100.0

(a) Persons with a disability aged 15 years and over, living in households only.

(b) Includes writing letters and email.

(c) Total may be less than the sum of the components as a person may indicate more than one use.

Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998.*

CHAPTER 8

MOBILITY AND TRANSPORT

INTRODUCTION

There are a myriad of daily activities we all attend to including work, education, shopping, visiting friends and attending medical appointments. An individual's ability to move and walk around their home and neighbourhood provides one way of meeting these needs. The daily use of private and public transport further enhances a person's independence and participation in community life. However, among people with a disability and older people, travel may be limited by their disability or frailty.

Like the majority of Australians, the main source of transport for people with a disability is as a driver or passenger in a private motor vehicle. However, access to a driver's licence may carry a restriction, or for some people with physical, intellectual, psychiatric and sensory disabilities, may not be possible. Similarly, older people may be restricted from holding a licence due to more stringent licensing conditions. When people with a disability cannot provide their own transport, family and friends may, in part, fulfil that transport need.

Where access to private transport is restricted, the use of taxis, public or community transport are often the only viable alternative. Public policy advocates that all people have access to a public transport system which is affordable, appropriate and allows the passenger to maintain dignity. Public transport services must therefore respond to a range of differing needs. This must also include the needs of people with a disability from diverse linguistic and cultural backgrounds, where language or beliefs can provide further barriers to access and equity.

Where there is a gap between what can be provided by public transport and the needs of passengers, there may be other transport options. Wheelchair accessible taxi services operate extensively within the Sydney metropolitan area and other large cities in NSW. However, regular reliance on this service may be beyond the financial means of many people with a disability. At the local level, community transport provides services to many aged or mobility restricted individuals. For many people with a disability, the use of one or all of these services allows them access to many social, work-related and educational activities. However, accessibility, cost and eligibility may restrict the capacity of these services to cover all people with a disability and older people in NSW.

MOBILITY RESTRICTIONS AND TRANSPORT ASSISTANCE

For people with a disability, transport involves a range of issues. Access to and the availability of public transport is one such issue. These issues become more complex for people with a disability who, in addition to a need for assistance with transport, have a mobility restriction. Here, access can be further restricted by the lack of appropriate facilities, e.g. wheelchair accessible buses and taxis.

MOBILITY RESTRICTIONS
AND TRANSPORT
ASSISTANCE *continued*

In the 1998 Survey of Disability, Ageing and Carers, transport activity was defined as going to places away from the usual place of residence. A mobility core activity restriction occurred when a person had difficulty in completing tasks such as getting into/out of a bed or chair, moving about home, moving about places away from home, being able to walk a short distance or being able to use public transport. Mobility forms an integral part of transport in that while transport allows people to go somewhere, mobility allows them to get to the point where they are able to go to places away from home, and once there, are able to move about as required.

Mobility restrictions Mobility is one of the three core activities (with communication and self care) considered as fundamental to daily life. In 1998, 806,900 people aged 5 years and over had a mobility core activity restriction. Just over 70% (568,200) had a moderate/mild level of restriction. This meant they did not need help but had difficulty performing mobility tasks, or they used mobility aids. The remaining 238,700 people had a profound/severe level of restriction. A profound/severe restriction exists when a person is unable to carry out, or almost always needs assistance with mobility tasks.

For people with a mobility restriction, the main form of transport used on their last journey in the fortnight prior to the 1998 survey was a private vehicle (75%), either as a driver (326,800) or passenger (282,200). Public transport was used by a further 9% (76,600). The remaining 15% either walked (64,300), used other forms of transport (11,600) or did not make a journey or leave home (45,400).

8.1 MOBILITY RESTRICTIONS(a) — 1998

	<i>Level of mobility restriction</i>			<i>All with disability(b)</i>
	<i>Profound/ severe</i>	<i>Moderate/ mild</i>	<i>Total</i>	
	'000	'000	'000	'000
Mode of transport on last journey in the last fortnight				
Passenger in a motor vehicle	121.8	160.4	282.2	346.9
Driver of a motor vehicle	46.9	279.9	326.8	500.4
Public transport	20.8	55.8	76.6	116.2
Walked	19.9	44.4	64.3	98.3
Other	*3.7	*7.9	11.6	18.5
<i>Total</i>	213.1	548.3	761.5	1 080.3
Did not make a journey in the last fortnight	17.2	18.6	35.8	44.0
Does not leave home	*8.3	**1.3	*9.6	10.4
Total	238.7	568.2	806.9	1 134.6

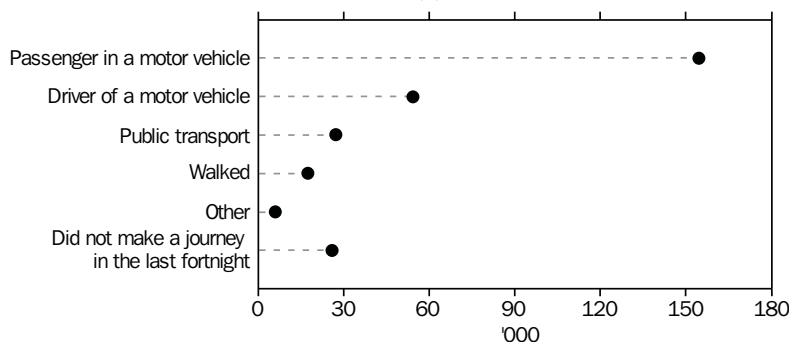
(a) Persons with a disability aged 5 years and over living in households only.

(b) Includes those who do not have a specific restriction.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Transport assistance In the 1998 Survey of Disability, Ageing and Carers, 285,700 (25%) people with a disability aged 5 years and over needed transport assistance in NSW. Around 73% of these people were either a passenger (154,600) or driver (54,300) of a private vehicle on their last journey in the fortnight prior to the survey. Public transport was used by 10% (27,200), while 6% (17,500) walked. The remainder used other forms of transport (6,100) or did not make a journey or leave home (25,900).

8.2 TRANSPORT USED ON LAST JOURNEY(a) — 1998



(a) Persons with a disability aged 5 years and over living in households only.

Source: ABS data available on request, *Survey of Disability, Ageing and Carers, 1998*.

WALKING IN THE COMMUNITY

Walking, with or without mobility aids, is one way in which people with a disability can participate in normal everyday activities. Even when other forms of transport are used, most individual trips begin or finish with a walk section¹. A disability, particularly a mobility core activity restriction, can make the walking part of any journey difficult. In 1998, walking was the main way in which 98,300 people with a disability aged 5 years and over attended their last local activity in the fortnight prior to the survey. The main purposes for these trips were shopping (38%), education or employment (16%) and visiting doctors (11%).

One way in which walking access can be enhanced for people with a disability is through better pedestrian facilities. The NSW Road and Traffic Authority's Pedestrian Access and Mobility Plan (PAMP) focuses on improving high use pedestrian areas to meet the needs of people with a disability, thereby catering for the needs of all pedestrians. By 2000–01, 17 metropolitan and 23 non-metropolitan local government areas had commenced, or in-part completed, a PAMP².

For people with sensory impairment, the NSW Road and Traffic Authority has also provided over 10,000 audio/tactile signals at 1,570 metropolitan and 400 non-metropolitan pedestrian crossings across the state².

1 Austroads, 1995, *Guide to Traffic Engineering Practice Pt 13 — Pedestrians*, Austroads, Sydney.

2 NSW Road and Traffic Authority, 2001.

Mobility aids In 1998, 150,800 people with a disability in NSW used one or more mobility aids. Over two-thirds (105,100 people) used either crutches, a walking stick or a walking frame. Another 31% (46,000) used electric or manual wheelchairs while 7% (10,400) used some form of cane. Some 6% (8,900) reported using a motorised scooter or modified car.

Mobility aids or equipment were primarily used for moving around places away from home (130,700) or for moving around an individual's residence (101,100). There were 49,900 people who needed to use aids or equipment for getting into or out of a bed or chair.

8.3 MOBILITY AIDS AND EQUIPMENT — 1998

	'000	%
Types of mobility aids		
Crutches, walking stick or walking frame	105.1	69.9
Wheelchair, manual or electric	46.0	30.6
Cane (e.g. sonar)	10.4	6.9
Scooter or specially modified car	*8.9	*5.9
Other	28.0	18.6
Uses of mobility aids or equipment		
Getting into/out of a bed or chair	49.9	33.1
Moving about the house	101.1	67.0
Moving around places away from home	130.7	86.7
All using mobility aid(s)(a)	150.8	100.0

(a) Total may be less than the sum of the components as persons may use more than one type of aid/equipment.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998*
(Cat. no. 4430.1.40.001).

Mobility assistance The majority of assistance received by people with a mobility restriction is provided through informal sources such as family, friends or neighbours. People with a disability also received assistance from formal sources such as home care workers while some received assistance from both sources. Of the 239,600 people who needed assistance with mobility, 217,100 (91%) received assistance from informal providers. Assistance from formal providers was received by 44,800 (19%) people. Some 15,000 (6%) people did not receive assistance from either source.

TRANSPORT ASSISTANCE

Need for transport assistance In 1998, almost three-quarters (838,600) of people with a disability aged 5 years and over did not need assistance with transport. However, 40,800 of these people did have some difficulty with transport. Of the 285,700 people who did need transport assistance, 148,000 always needed and 137,600 sometimes needed assistance.

Need for transport assistance *continued*

Among older people, general health and cognitive problems may reduce or preclude the availability of a driver's licence. In 1998, 25,000 people aged 60 years and over who did not have a disability also needed transport assistance³.

Differences existed between men and women in their need for transport assistance. Overall 17% (96,300) of women with a disability always needed transport assistance, compared with 9% (51,800) of men. Older women (aged 60 years and over) with a disability accounted for much of this additional need, with 27% (67,700) always needing assistance. The lower level of women holding licences among this group may in part explain this difference.

The vast majority of people with a disability who needed transport assistance had their need met to some extent. Around 82% (233,800) felt their needs were completely met while a further 11% (31,400) felt their needs were only partly met. The remaining 7% (20,400) reported that their need for transport assistance was not met at all.

8.4 NEED FOR TRANSPORT ASSISTANCE — 1998

	Persons with a disability					All persons(a)		
	5–24 years	25–59 years	60 years and over	Total		60 years and over	Total	
				'000	%		'000	%
Needs transport assistance								
Always	12.0	41.3	94.7	148.0	13.0	104.7	158.0	9.5
Sometimes	*9.8	65.2	62.6	137.6	12.1	77.6	152.7	9.2
Total	21.8	106.5	157.3	285.7	25.2	182.3	310.7	18.7
Does not need transport assistance								
But has difficulty	*4.6	21.5	14.7	40.8	3.6	18.8	44.9	2.7
Has no difficulty	112.8	387.4	297.5	797.8	70.3	790.1	1 290.3	77.7
Total	117.4	408.9	312.3	838.6	73.9	808.9	1 335.2	80.5
Total(b)	139.3	519.1	476.3	1 134.6	100.0	997.9	1 656.3	100.0
Frequency of need for transport assistance								
Less than once a week	**2.5	43.4	59.0	104.8	36.7	69.9	115.8	37.3
At least once a week but not daily	11.1	50.9	85.5	147.4	51.6	97.7	159.7	51.4
At least daily	*8.4	12.3	12.8	33.5	11.7	14.6	35.3	11.4
Extent need for transport assistance met								
Fully	15.7	86.6	131.6	233.8	81.8	151.1	253.3	81.5
Partly	*4.0	14.5	12.9	31.4	11.0	12.9	31.4	10.1
Not at all	**2.2	*5.4	12.8	20.4	7.1	18.4	26.0	8.4
Total needing transport assistance	21.8	106.5	157.3	285.7	100.0	182.3	310.7	100.0
Does not need transport assistance	117.4	408.9	312.3	838.6	..	808.9	1 335.2	..
Total(b)	139.3	519.1	476.3	1 134.6	..	997.9	1 656.3	..

(a) With a disability aged 5–59 years and persons aged 60 years and over living in households only.

(b) Includes those who do not leave home.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

³ See also *Older People, New South Wales, 2000* (Cat. no. 4108.1).

Source of transport assistance Most transport assistance is provided by informal sources such as family members. People may also receive transport assistance via public or community transport (formal services). Of the 285,700 people with a disability who needed transport assistance, 81% (232,200) received assistance from informal sources only, while 4% (12,200) received assistance from formal sources only. Both formal and informal sources were used by 7% (20,900) of people while the remaining 7% did not receive any transport assistance.

An additional 25,000 people without a disability aged 60 years and over also needed transport assistance. Informal sources provided 69% of this assistance. Another 22% did not receive any of the transport assistance they needed.

8.5 SOURCE OF TRANSPORT ASSISTANCE — 1998

	Persons with a disability				All persons(a)		
	5–59 years	60 years and over	Total		60 years and over	Total	
			'000	%		'000	%
Source of transport assistance							
None	*7.6	12.8	20.4	7.1	18.4	26.0	8.4
Informal only	107.6	124.6	232.2	81.3	141.9	249.5	80.3
Formal only	*4.7	*7.5	12.2	4.3	*9.7	14.4	4.6
Informal and formal	*8.5	12.3	20.9	7.3	12.3	20.9	6.7
<i>Total needing assistance</i>	<i>128.4</i>	<i>157.3</i>	<i>285.7</i>	<i>100.0</i>	<i>182.3</i>	<i>310.7</i>	<i>100.0</i>
Does not need assistance	526.3	312.3	838.6	..	808.9	1 335.2	..
Total(b)	658.4	476.3	1 134.6	..	997.9	1 656.3	..

(a) With a disability aged 5–59 years and persons aged 60 years and over living in households only.

(b) Includes those who do not leave home.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

FORMAL TRANSPORT ASSISTANCE

For people with a disability and older people, formal sources of transport such as public and community transport, and taxi services provide part of their transport needs. However, the cost of some services precludes use by some people, while availability is restricted by access and service location.

Public transport The major source of formal transport assistance is through the use of the public transport systems. However, for people with a disability or older people, just having a service may not be enough. The public transport system must also provide regular and accessible services. To improve accessibility, the NSW State Transit Authority had in service 98 new Mercedes Benz ultra low floor, wheelchair accessible buses in 2000–01⁴. This, coupled with the Pedestrian Access and Mobility Plan, indicates that more services are becoming available to people with a disability and older people. In fact, older people are already high users of both government and private bus services. People aged 50 years and over had the highest bus trip rates in 2000–01 for government buses, while for private bus users it was people aged 60 years or more. These older users made at least two bus trips on an average weekday⁵.

Use of public transport In 1998, 622,300 people with a disability aged 5 years and over used public transport. A further 502,000 people did not use public transport. Of these, about one fifth (107,900) did not have public transport available in their area.

Use of public transport varied with a person's level of core activity restriction. An estimated 143,200 (46%) people with a profound/severe core activity restriction used public transport compared with 320,400 (55%) people with a moderate/mild restriction.

8.6 USE OF PUBLIC TRANSPORT(a) — 1998

	Profound/ severe core activity(b) restriction	Moderate/ mild core activity(b) restriction	Schooling or employment restriction(c)	All with specific restrictions(d)	All with a disability(e)	
					'000	n %
Uses public transport						
Available in area	130.4	306.8	266.5	498.1	588.3	51.9
Not available in area	12.7	13.7	21.5	29.1	34.0	3.0
<i>Total</i>	<i>143.2</i>	<i>320.4</i>	<i>287.9</i>	<i>527.2</i>	<i>622.3</i>	<i>54.8</i>
Does not use public transport						
Available in area	126.3	192.6	196.3	351.5	394.1	34.7
Not available in area	29.2	67.4	47.6	99.5	107.9	9.5
<i>Total</i>	<i>155.6</i>	<i>260.0</i>	<i>243.9</i>	<i>451.0</i>	<i>502.0</i>	<i>44.2</i>
Total(f)	308.5	581.2	535.5	988.6	1 134.6	100.0

(a) Persons with a disability aged 5 years and over living in households only.

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

(c) Includes those who also have a core activity restriction.

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

(e) Includes those who do not have a specific restriction.

(f) Includes those who do not leave home.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998 (Cat. no. 4430.1.40.001)*.

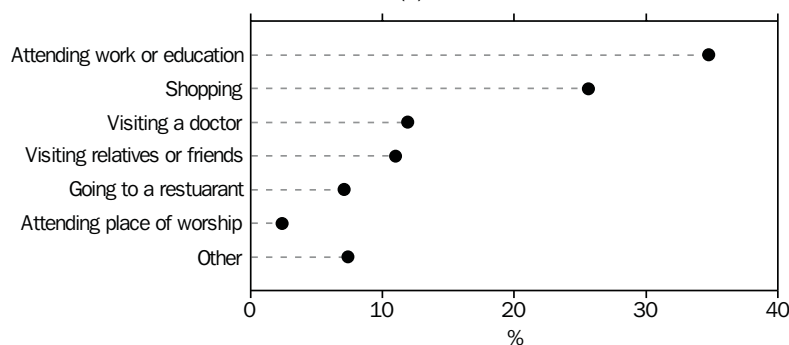
⁴ New South Wales State Transit Authority, 2001, *Corporate Plan 2000–2001*.

⁵ Transport Data Centre, New South Wales Department of Transport, 2000, *Bus Users in Sydney*, Issues Paper 2000–01, ISBN 0 7313 2815 9.

Concession cards Around 62% of the 622,300 people with a disability who used public transport used one or more concession cards. Most (312,000) used a pension/benefit card, while 72,500 used a Senior's card and 46,100 used some other form of concession card.

Reason for using public transport Among all people with a disability aged 5 years and over, 116,200 used public transport for their last journey in the fortnight prior to the 1998 Survey of Disability, Ageing and Carers. Just over one third (40,300) of trips were to attend work or school/educational activities. A further 26% (29,700) of these trips were for shopping, 12% (13,800) were visits to a doctor and 11% (11,100) were visits to relatives or friends.

8.7 REASON PUBLIC TRANSPORT USED(a) — 1998



(a) Persons with a disability aged 5 years and over living in households only.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Difficulty with public transport One third (371,000) of people with a disability in NSW had some form of difficulty using public transport. This included 127,800 of people who needed help and/or supervision, 116,000 who did not need help, but had some form of difficulty and 127,100 who were not able to use any form of public transport.

Difficulty in using public transport was more pronounced among those with a profound/severe core activity restriction. Some 31% (96,000) of those with a profound/severe restriction needed help and/or supervision while 22% (69,100) could not use any form of public transport.

8.8 DIFFICULTY USING PUBLIC TRANSPORT(a) — 1998

	<i>Profound/ severe core activity(b) restriction</i>	<i>Moderate/ mild core activity(b) restriction</i>	<i>Schooling or employment restriction(c)</i>	<i>All with specific restrictions(d)</i>	<i>All with disability(e)</i>
	'000	'000	'000	'000	'000
Able to use public transport					
Help/supervision needed	96.0	31.8	72.0	127.8	127.8
No help needed, but has difficulty	47.0	69.1	69.3	116.0	116.0
<i>Total</i>	143.0	100.9	141.3	243.8	243.8
Not able to use any form of public transport	69.1	58.1	50.9	127.1	127.1
<i>All who have difficulty using public transport</i>	212.1	159.0	192.2	371.0	371.0
No difficulty using public transport	86.7	421.6	339.7	607.3	753.2
Total(f)	308.5	581.2	535.5	988.6	1 134.6

(a) Persons with a disability aged 5 years and over living in households only.

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

(c) Includes those who also have a core activity restriction.

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

(e) Includes those who do not have a specific restriction.

(f) Includes those who do not leave home.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998 (Cat. no. 4430.1.40.001)*.

In 1998, a number of specific difficulties with public transport were reported by people with a disability. These included: difficulty using steps (155,000) and doors (31,000) when entering or leaving vehicles or carriages; a lack of and/or uncomfortable seating (98,800); problems with getting to stops or stations or, once there, getting onto the stop or station (93,600); and difficulties with crowds, toilets, space and/or ventilation (34,800). Fear or anxiety about use of public transport also caused difficulty for 45,700 people with a disability while 32,900 had cognitive difficulties using these services.

8.9 SELECTED DIFFICULTIES USING PUBLIC TRANSPORT(a) — 1998

	<i>Profound/ severe core activity(b) restriction</i>	<i>Moderate/ mild core activity(b) restriction</i>	<i>Schooling or employment restriction(c)</i>	<i>All with specific restrictions(d)</i>	<i>All with disability(e)</i>
	'000	'000	'000	'000	'000
Difficulties experienced using public transport					
Getting to/on to stops/stations	65.0	28.7	36.5	93.6	93.6
Getting into/out of vehicles/carriages, due to					
Steps	98.4	56.5	68.6	155.0	155.0
Doors	22.3	*8.7	13.2	31.0	31.0
Other	22.3	*6.3	13.2	28.6	28.6
Inadequate access to toilets/crowds/lack of space/poor ventilation	24.0	10.8	24.9	34.8	34.8
Lack of seating/difficulty standing/pain/discomfort when sitting	63.3	35.5	63.4	98.8	98.8
Cognitive difficulties	29.9	**3.0	25.7	32.9	32.9
Fear/anxiety	31.0	14.7	26.0	45.7	45.7
Sight problems	13.7	*3.9	**2.9	17.7	17.7
Other	32.3	56.1	47.3	88.4	88.4
<i>All who have difficulty using public transport(f)</i>	<i>212.0</i>	<i>159.0</i>	<i>192.1</i>	<i>371.0</i>	<i>371.0</i>
Has no difficulty using public transport	86.7	421.6	339.8	607.3	753.3
Total(g)	308.5	581.2	535.5	988.6	1 134.6

(a) Persons with a disability aged 5 years and over living in households only.

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

(c) Includes those who also have a core activity restriction.

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

(e) Includes those who do not have a specific restriction.

(f) Total may be less than the sum of the components as persons may have more than one difficulty.

(g) Includes those who do not leave home.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998 (Cat. no. 4430.1.40.001).*

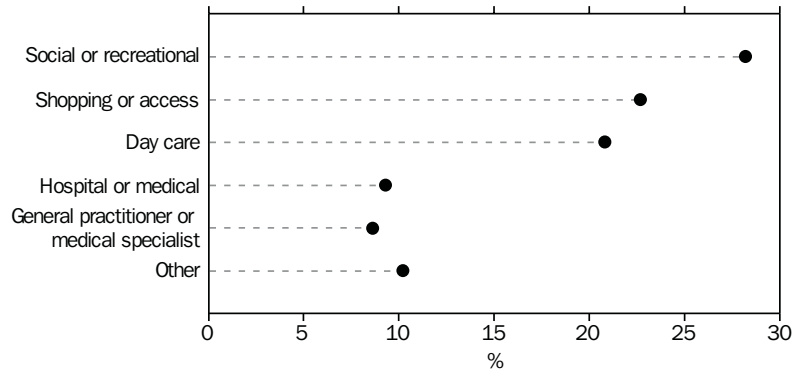
Wheelchair accessible taxis One way in which people with a disability who use a wheelchair can participate in employment, educational and social activities is through the use of wheelchair accessible taxis. In August 2000 the Transport Data Centre of the NSW Department of Transport conducted a survey on the use of these taxis⁶. Among current users of wheelchair accessible taxis at the time of the survey, 61% resided in the Sydney region, 12% in the Newcastle and Wollongong regions and the remaining 27% in other parts of NSW. Over one third of these people used these taxis at least once a week, with the majority of use (81%) occurring on weekdays. The main reasons given for using these taxis in the 12 months prior to the survey were for medical purposes (54%), recreation and entertainment (49%), personal business (22%), education (12%) and work (11%).

⁶ Transport Data Centre, New South Wales Department of Transport, 2000, *Survey of Usage of Wheelchair Accessible Taxis*, Sydney, 2000.

Community transport

Community transport provides an alternative source of assistance for people with a disability and older people when other transport sources are either not available or not accessible. Bus or individual transport is provided for people assessed as eligible under a range of Government funded programs. During 1997–98, over 1.6 million trips were provided by community transport. Over one quarter of these trips were for social or recreational purposes. Shopping (23%) and day care (21%) travel were the other main uses of community transport while travel to a hospital or doctor both accounted for 9% of trips⁷.

8.10 REASON COMMUNITY TRANSPORT USED — 1997–98



Source: NSW Department of Transport, 1997–98.

The majority of community transport trips were provided in project owned buses (58%) or cars (10%). A further 12% of trips were provided in buses brokered from other community transport groups, private companies or government sources, while volunteer cars accounted for 8%. The remaining sources included buses hired from private operators (5%) and taxis (4%)⁷.

INFORMAL TRANSPORT ASSISTANCE

Informal assistance is unpaid help or supervision provided to a person with a disability or an older person. Such assistance is provided by family, friends and neighbours, many of whom are carers (see Chapter 3, Caring in the Community). As the private motor vehicle is the primary mode of transportation in Australia, the majority of informal transport assistance occurs as a passenger in a private motor car.

Source of informal assistance

Of the 285,700 people with a disability who needed transport assistance in 1998, two-thirds (190,100) had only one informal source of that assistance. A further 62,900 people had more than one source. Some 32,600 people with a disability had no informal source of transport assistance.

⁷ NSW Department of Transport, 1997–98.

8.11 INFORMAL TRANSPORT ASSISTANCE — 1998

	Persons with a disability				All persons(a)		
	5-59 years	60 years and over	Total		60 years and over	Total	
			'000	%		'000	%
Number of informal sources							
None	12.3	20.3	32.6	11.4	28.1	40.4	13.0
One	83.9	106.2	190.1	66.5	120.1	204.0	65.6
Two or more	32.1	30.8	62.9	22.0	34.2	66.4	21.4
Total needing assistance	128.4	157.3	285.7	100.0	182.4	310.7	100.0
Does not need assistance	526.3	312.3	838.6	..	808.9	1 335.2	..
Total(b)	658.4	476.3	1 134.6	..	997.9	1 656.3	..

(a) With a disability aged 5-59 years and persons aged 60 years and over living in households only.

(b) Includes those who do not leave home.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

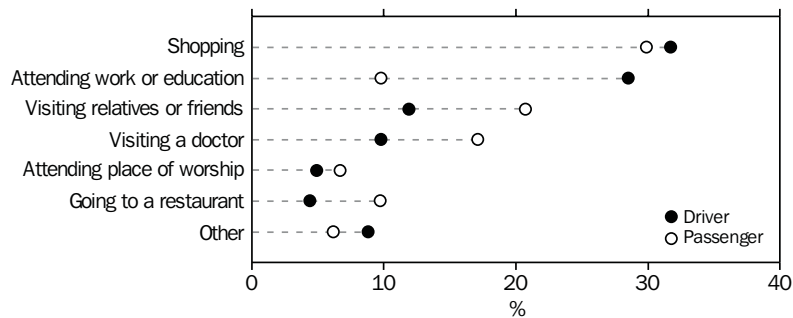
PRIVATE TRANSPORT

Reason for using private transport

Nearly three-quarters (847,300) of people with a disability aged 5 years and over were either a driver (500,400) or passenger (346,900) in a motor vehicle on their last journey in the fortnight prior to the 1998 survey. Shopping was the main purpose of that last journey for 32% (158,800) of drivers and 30% (103,600) of passengers. A further 28% (142,700) of drivers used a car for attending work or educational activities while 10% (34,200) of passengers travelled to work or education facilities in a car.

Passengers were more likely to use a car for social or health reasons. About 21% (71,700) of car passengers reported the purpose of their last trip as being to visit relatives or friends while 17% (59,200) visited a medical practitioner or medical specialist.

8.12 REASON PRIVATE TRANSPORT USED(a) — 1998



(a) Persons with a disability aged 5 years and over living in households only.

Source: Disability, Ageing and Carers: Summary Tables, New South Wales, 1998 (Cat. no. 4430.1.40.001).

Need for private transport assistance

In NSW, 62% (655,300) of people with a disability aged 17 years and over living in households did not need assistance with private transport. The remaining 382,500 people needed some form of transport assistance. Of these, 139,900 (37%) always needed to be driven and 134,000 (35%) sometimes needed to be driven. Almost three-quarters of those who always needed to be driven (103,500) and over half of those who sometimes needed to be driven (75,500) had a profound/severe core activity restriction.

8.13 NEED FOR PRIVATE TRANSPORT ASSISTANCE(a) — 1998

	<i>Profound/ severe core activity(b) restriction</i>	<i>Schooling or employment restriction(c)</i>	<i>All with disability(d)</i>
	'000	'000	'000
Need for assistance			
Always needs to be driven	103.5	51.2	139.9
Sometimes needs to be driven	75.5	76.1	134.0
Does not need to be driven, but has difficulty	17.6	27.6	39.5
Need not related to disability	10.5	26.4	69.0
<i>Total</i>	<i>207.1</i>	<i>181.4</i>	<i>382.5</i>
Does not need assistance	52.4	286.9	655.3
Total(e)	269.3	471.9	1 048.1

(a) Persons with a disability aged 17 years and over living in households only.

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

(c) Includes those who also have a core activity restriction.

(d) Includes those who do not have a specific restriction.

(e) Includes those who do not leave home.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998* (Cat. no. 4430.1.40.001).

DRIVER'S LICENCES

For many people with a disability and for older people, the ability to drive themselves provides a certain level of freedom from the necessity of using informal or formal transport assistance. However, as licensing is restricted among people with a disability and the elderly, the demand for transport assistance could be expected to increase as the NSW population ages.

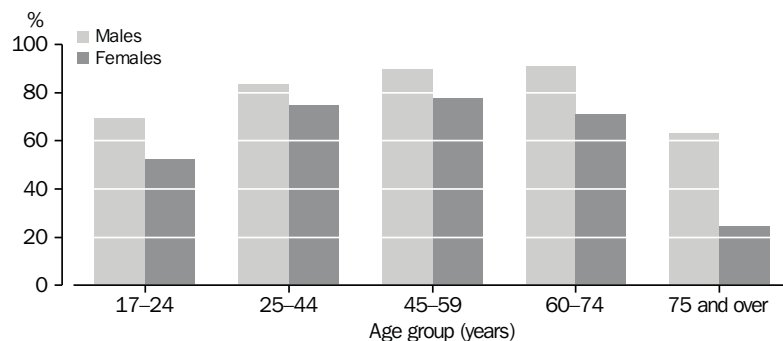
DRIVER'S LICENCES
continued

In June 2000 there were 4.1 million licensed drivers and riders in NSW. Overall 86% of men and 75% of women held licences with the highest rates among those aged 45–64 years (94% of men and 82% of women). Among men, the licence rate remained over 80% for those aged 65–74 years then declined to 66% for those aged 75 years or more. For women the licence rate declined at a younger age to 60% for those aged 65–74 years then to 28% for those aged 75 years or more⁸. This gender difference among older people has been declining in recent years with the number of women aged 75 years and over who hold a driver's licence increasing by 52% between 1995 and 2000⁹.

People with a disability

Licence rates among people with a disability were generally lower than those of the total population. In 1998, 84% of men and 61% of women with a disability aged 17 years and over held a driver's licence. Among people with a disability, licensing rates also varied with a person's age and sex. About 62% of people with a disability aged 17–24 years were licensed, rising to 84% for those aged 45–59 years, before declining to 40% for those aged 75 years or more. Women had an overall lower level of licensing, particularly in the older age groups. Some 63% of men with a disability aged 75 years and over had a licence compared with 24% of women with a disability in the same age group.

8.14 LICENCE RATE(a) — 1998



(a) Persons with a disability aged 17 years and over living in households only.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Driving frequency

In 1998, almost two-thirds (487,000) of people with a disability who held a driver's licence drove on a daily basis. A further 183,500 drove at least once a week (but not daily) and 44,400 drove less frequently than once a week. Some 45,200 people with a disability did not drive at all even though they still had a current licence.

8 NSW Road and Traffic Authority, 2001.

9 NSW Road and Traffic Authority, 1995 & 2000.

Driving frequency *continued* Older men were more likely than older women to drive on a daily basis. Around 61% (86,700) of men aged 60–74 years and 44% (19,900) aged 75 years and over reported driving daily. Equivalent rates for women were 43% (38,500) and 18% (4,800). There was little difference between the proportions of younger men and women (aged 17–44 and 45–59 years) who drove daily.

8.15 DRIVER STATUS, BY SEX AND AGE — 1998

	Persons with a disability					All persons(a)		
	17–44 years	45–59 years	60–74 years	75 years and over	Total	60–74 years	75 years and over	Total
	'000	'000	'000	'000	'000	'000	'000	'000
MALES								
Licensed and drives								
Daily	102.4	88.0	86.7	19.9	297.0	221.7	46.1	458.2
At least once a week	16.2	27.2	42.5	19.1	105.1	66.5	26.0	135.9
Less than once a week	*4.1	*6.8	*7.6	**2.4	20.9	10.9	*4.6	26.5
<i>Total with license(b)</i>	126.5	125.6	142.0	45.6	439.6	309.7	81.8	643.4
Not licensed	29.4	13.9	13.4	25.9	82.6	30.0	35.9	109.2
<i>Total(c)</i>	156.6	140.1	156.0	72.0	524.8	340.3	118.2	755.2
FEMALES								
Licensed and drives								
Daily	74.7	72.1	38.5	4.8	190.0	127.3	13.3	287.4
At least once a week	14.7	23.8	30.2	9.9	78.5	73.7	22.0	134.2
Less than once a week	**2.3	*7.3	*9.8	**4.1	23.5	20.4	*6.1	36.1
<i>Total with license(b)</i>	96.5	108.2	99.1	26.5	320.5	240.8	52.6	498.0
Not licensed	37.8	30.4	47.5	79.4	195.1	120.3	120.2	308.7
<i>Total aged(c)</i>	135.7	139.4	139.3	108.9	523.4	363.6	175.8	814.6
PERSONS								
Licensed and drives								
Daily	177.0	160.1	125.2	24.7	487.0	349.0	59.5	745.6
At least once a week	30.8	51.0	72.7	29.0	183.5	140.2	48.0	270.1
Less than once a week	*6.4	14.1	17.3	*6.5	44.4	31.3	10.8	62.6
<i>Total with license(b)</i>	223.0	233.8	231.3	72.1	760.1	550.4	134.3	1 141.5
Not licensed	67.2	44.3	60.9	105.2	277.6	150.3	156.1	418.0
Total(c)	292.4	279.5	295.3	180.9	1 048.1	703.9	294.1	1 569.8

(a) Persons with a disability aged 17–59 years and persons aged 60 years and over living in households only.

(b) Includes those licenced who do not drive.

(c) Includes those not asked who do not leave home.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

Level of restriction Licensing rates differed with a person's level of disability. For people with a profound/severe core activity restriction, 52% (141,200) held a driver's licence in 1998. Among people with a schooling and/or employment restriction, the licence rate was 78% (367,500).

8.16 DRIVER'S LICENCE STATUS(a) — 1998

	<i>All with disability(c)</i>			
	<i>Profound/severe core activity(b) restriction</i>	<i>Schooling or employment restriction</i>		
	'000	'000	'000	%
Has a current driver's licence and drives				
Daily	55.3	242.8	487.0	46.5
At least once a week	49.6	83.7	183.5	17.5
At least once a year	15.5	22.3	44.4	4.2
Does not drive at all	20.8	18.7	45.2	4.3
<i>Total</i>	<i>141.2</i>	<i>367.5</i>	<i>760.1</i>	<i>72.5</i>
Does not have a current driver's licence	118.3	100.8	277.6	26.5
Total(d)	269.3	471.9	1 048.1	100.0

(a) Persons with a disability aged 17 years and over living in households only.

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

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

(d) Includes those not asked or who do not leave home.

Source: *Disability, Ageing and Carers: Summary Tables, New South Wales, 1998 (Cat. no. 4430.1.40.001).*

Vehicle modifications One way in which people with a disability and older people can gain, or maintain, their licence is through vehicle modifications. In 1999, the NSW Road and Traffic Authority had issued 1,016 licences with endorsed conditions. Around 43% of these conditions involved steering with 229 requiring a steering wheel aid to be fitted and 206 requiring power steering. Other common modifications included vehicles with a dual circuit braking system (93), automatic vehicles with accelerators to the left of the footbrake (85) and vehicles with foot controls adapted to hand operation (71)¹⁰.

8.17 SELECTED ENDORSED LICENCE CONDITIONS — 1999

	<i>no.</i>
Must have a steering wheel aid	229
Must have power steering	206
To be fitted with dual circuit braking system	93
Must be automatic and have accelerator to left of footbrake	85
Foot controls must be adapted for operation by hand	71
To have an extended indicator switch operated by the left hand	36
To be fitted with indicator switch operated by the left hand	36
To have push-pull hand controls with electronic indicators	35
May only drive vehicle with wing mirrors fitted to both sides	33
All modifications	1 016

Source: *NSW Road and Traffic Authority.*

¹⁰ NSW Road and Traffic Authority, 1999.

TOURISM TRANSPORT

Tourism for people with a disability is one activity which relies heavily on appropriate transport facilities. In 1996 the University of Technology and Tourism NSW undertook research on the tourism patterns of people with a physical disability¹¹. This research examined tourism ranging from day trips through to international travel.

The primacy of private vehicle use, demonstrated earlier in this chapter, is again illustrated by its high level of use in tourism travel. Overall, 71% of the people with a physical disability surveyed used private motor vehicles to reach their tourist destination. While 23% required modified motor vehicles for travel, 11% used modified vehicles to reach their tourist destination. Other forms of transport used to reach tourist destinations included planes (16%), trains (5%) and buses or coaches (4%). One third of the people surveyed were constrained in reaching their destination by transport problems.

Air services were the only form of transport to consistently receive positive comments. However, some problems were indicated including the added cost of attendants/carers, a lack of seat/leg space, a lack of accessible toilets, inappropriate boarding procedures and poor seat allocation.

Three-quarters of people surveyed had undertaken a day trip in the six months prior to the survey. Private motor vehicle use provided the majority of this transport with 80% using a private motor vehicle, including 16% using modified vehicles. Buses and coaches provided a further 6% of this transport while community or organised transport provided 5%.

GEOGRAPHIC DISTRIBUTION

Transport planners, policy makers and policy advocates need to know where people live in order to ensure that appropriate services are available. People with a disability living in households who needed transport assistance are dispersed throughout NSW in much the same way as the population in general. In 1998, just under 60% (168,900) of people who needed transport assistance lived in the Sydney Statistical Division.

11 Darcy, S., 1998, University of Technology, Sydney and Tourism New South Wales, *anxiety to access: Tourism Patterns and Experiences of New South Wales People with a Physical Disability*, Tourism New South Wales.

8.18 MOBILITY RESTRICTIONS AND TRANSPORT ASSISTANCE — 1998

	Persons with a disability(a)					
	Mobility restriction(b)		Transport assistance		All persons	
	'000	%	'000	%	'000	%
Sydney Statistical Division						
Inner Sydney and Inner Western Sydney (SSDs)	14.7	6.1	17.1	6.0	400.7	6.3
Eastern Sydney (SSD)	*6.4	*2.7	*5.6	*2.0	240.1	3.8
St George–Sutherland (SSD)	12.1	5.0	11.8	4.1	418.1	6.6
Canterbury–Bankstown (SSD)	16.2	6.8	16.1	5.6	275.0	4.3
Fairfield–Liverpool and Outer South Western Sydney (SSDs)	18.8	7.9	19.3	6.7	611.9	9.7
Central Western Sydney (SSD)	13.9	5.8	17.9	6.3	271.9	4.3
Outer Western Sydney and Blacktown–Baulkham Hills (SSDs)	28.7	12.0	37.9	13.3	696.3	11.0
Lower Northern Sydney (SSD)	*6.1	*2.5	12.7	4.5	280.6	4.4
Hornsby–Ku-ring-gai and Northern Beaches (SSDs)	11.3	4.7	12.3	4.3	487.9	7.7
Gosford–Wyong (SSD)	12.9	5.4	18.2	6.4	292.7	4.6
Total	141.1	58.9	168.9	59.1	3 975.3	62.8
Hunter (SD)	30.9	12.9	33.8	11.8	542.0	8.6
Illawarra (SD)	19.8	8.3	19.2	6.7	390.2	6.2
Richmond–Tweed and Mid-North Coast (SDs)	14.9	6.2	8.6	3.0	460.8	7.3
Central West (SD)	*8.3	*3.5	*9.0	*3.2	170.8	2.7
South Eastern (SD)	11.3	4.7	*9.2	*3.2	217.9	3.4
Balance of State(c)	13.3	5.6	22.6	7.9	568.7	9.0
New South Wales	239.6	100.0	285.7	100.0	6 325.8	100.0

(a) Persons with a disability aged five years and over living in households only.

(b) Core activity restriction. Includes only people who need assistance.

(c) Includes Northern SD, North Western SD, Murrumbidgee SD, Murray SD and Far West SD.

Source: ABS data available on request, Survey of Disability, Ageing and Carers, 1998.

EXPLANATORY NOTES

INTRODUCTION

1 The majority of data presented is from the 1998 ABS Survey of Disability, Ageing and Carers. The publication also uses information from other ABS surveys and Commonwealth and NSW Government administrative datasets. Government departments use specific criteria to determine eligibility for disability services, depending upon the outcome required. By specifying such criteria, administrative definitions of disability are then created. As such, care should be taken in interpreting and making comparisons across data from different sources, as each have different methodologies and definitions.

THE 1998 SURVEY OF DISABILITY, AGEING AND CARERS

2 The Survey of Disability, Ageing and Carers (SDAC) was conducted by the ABS throughout Australia, from 16 March to 29 May 1998. Detailed information was collected for three population groups:

- people with a disability;
- older people; and
- those who provided care for people with disabilities.

People included in the
survey

Geographical areas

3 The survey covered people in both urban and rural areas in all States and Territories, except for those living in remote and sparsely settled parts of Australia.

Dwellings

4 The survey included people in both private and non-private dwellings, including people in cared accommodation but excluding those in gaols and correctional institutions.

Persons

5 The scope of the survey was all people except: visitors; non-Australian diplomatic personnel; overseas residents in Australia; and members of non-Australian defence forces (and their dependants) stationed in Australia.

Coverage

6 Coverage rules were applied which aimed to ensure that each person eligible for inclusion in scope was associated with only one dwelling and thus had only one chance of selection.

Sample design

7 Multi-stage sampling techniques were used to select the sample for the survey. The final sample for NSW comprised 8,680 persons for the private dwellings component, 83 in non-private dwellings and 1,576 persons for the cared accommodation component.

Data collection methodology

8 The survey was divided into two components — the household component and the cared accommodation component.

Data collection methodology
continued

9 The household component covered people in private dwellings and some non-private dwellings (e.g. hotels, motels, boarding houses and short-stay caravan parks). In this publication, people in the household component of the survey are referred to as 'living in households'.

10 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 for at least three months.

Household component

11 Data for the household component of the survey were collected by trained interviewers using computer assisted personal interviews.

12 Basic demographic and socioeconomic information was collected for everyone selected. This information was provided by a responsible adult (ARA) in the household. People identified by ARA as having a long term health condition; a disability; aged 60 years or over; or as a regular provider of informal care (possible primary carers) were then personally interviewed. Proxy interviews were conducted with parents of children under 15 who had a disability, and for those aged 15–17 whose parents did not permit them to be personally interviewed.

13 People with a disability were asked questions relating to help and assistance needed and received for self care, mobility, communication, health care, housework, property maintenance, meal preparation, paperwork (reading and writing tasks) and transport activities. Those aged 5–20 years were asked about schooling restrictions, and those aged 15–64 years about employment restrictions.

14 People aged 60 years or more without a disability were asked questions about need for, and receipt of, help for housework, home maintenance, meal preparation, paperwork (reading and writing tasks) and transport activities.

15 Primary carers of a person with a disability were interviewed in order to obtain information relating to the assistance they provided, the assistance they could call on, and their employment experience. They were also given a self-enumeration form about their attitudes to, and experience of, their caring role. This self-enumeration form was completed by the carer during the interview.

*Cared accommodation
component*

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

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

18 The second stage required the nominated contact officer to select occupants, following the instructions provided. A separate questionnaire was then completed for each person meeting the coverage requirements.

Cared accommodation
component continued

19 The range of data collected in this component was smaller than in the household component as some topics were not suitable for collection through a mail-based methodology or were irrelevant to those residing in cared accommodation.

COMMONWEALTH/STATE
DISABILITY AGREEMENT
MINIMUM DATA SET

20 As part of the Commonwealth/State Disability Agreement (CSDA) the Commonwealth, State and Territory Governments provide program and non-identified consumer information. From this information, the Commonwealth/State committee with the involvement of the Australian Institute of Health and Welfare (AIHW) has developed a Minimum Data Set (MDS).

21 All clients of CSDA services were assessed prior to service entry. The classification of disability groups in the CSDA MDS was recorded as a view of both the service provider and the consumer.

22 The NSW *Disability Services Act 1993*, specifies its target group for CSDA State services as:

- People with disabilities (however arising and whether or not of a chronic episodic nature):
 - that is attributable to an intellectual, psychiatric, sensory, physical or like impairment or a combination of such impairments;
 - that is permanent or is likely to be permanent; and
 - that result in: a significantly reduced capacity in one or more major life activities, such as communications, learning, mobility, decision making or self care; and the need for support, whether or not of an ongoing nature.

23 The Commonwealth *Disabilities Services Act 1986* provides a similar definition for Commonwealth funded services.

24 Data were collected in relation to services provided under the CSDA. A Service Form and a separate Consumer Form were used. The data collections are made on a single day but it is not always the same day within each State or Territory or across States and Territories. The aggregation of this data is termed a 'snapshot' day. The latest CSDA MDS (May 2000) is the sixth annual collection. This data set contained information on 13,842 consumers and 1,622 service providers in NSW.

HOME AND COMMUNITY
CARE PROGRAM MINIMUM
DATA SET

25 The Home and Community Care Program (HACC) Minimum Data Set (MDS) is a collection of information on recipients of and services provided by HACC-funded service outlets. HACC data does not relate to people with a disability only. The HACC service target population consists of people with a profound, severe or moderate core activity restriction as well as other special needs groups such as carers and older people.

26 The *Home and Community Care Act 1985* states that the program shall be directed towards assisting:

- persons living in the community who, in the absence of basic maintenance and support services provided or to be provided within the scope of the program, are at risk of premature or inappropriate long-term residential care including:
 - frail or at-risk aged persons, being persons with moderate or severe [profound] disabilities;
 - younger disabled persons, being people with moderate or severe [profound] disabilities; and
 - such other classes of persons as are agreed upon by the Commonwealth Minister and the State Ministers.
- the carers of those persons.

27 The HACC National Guidelines further describe the eligible group as people 'having a functional disability which makes it difficult for them to perform the tasks of daily living, such as dressing, preparing meals, house cleaning, home maintenance or using public transport, without personal assistance or supervision'.

28 Upon referral to a HACC service, a Client Information and Referral Record (CIARR) is used to assess eligibility. The CIARR asks questions regarding:

- any health problems or difficulties the applicant may have (such as hearing, allergies, incontinence) and their possible effects on service delivery;
- the applicant's ability to undertake tasks of daily living (such as shopping/banking, house work, transport) and tasks of self-care (such as bathing/showering, grooming, eating, foot care) and equipment needed to maintain independence;
- the person's physical and social environment (such as home safety and carer needs); and
- specific service needs (such as GP/hospital, food services and respite).

29 Once the client has completed one CIARR, that information is then available for any other HACC service provider and no further assessment is required.

HOME AND COMMUNITY
CARE PROGRAM MINIMUM
DATA SET *continued*

30 Collections prior to 2001 obtained aggregate client information by surveying a 10–20% sample of HACC recipients from all services in each state with the exceptions of the Northern Territory and the Australian Capital Territory where larger proportions were used. Service providers complete client survey forms using their client records. Other limitations on pre-2001 data include:

- Duplicate records from clients using more than one outlet;
- Omission of forms with missing data from the collection;
- Sampling method; and
- Data quality variability across jurisdictions.

31 This publication used data from the May 1998 HACC MDS for NSW. This data was based on a sample of 14,108 client-based forms.

EDUCATION DATA
COLLECTIONS

32 Chapter 6, Education, presents data from the NSW Department of Education and Training, Catholic Education Commission NSW, and the Association of Independent Schools of NSW. The data is based on administrative data sets for the year 2000 or, in the case of the Catholic Education Commission, the 2000 School Census.

33 The Commonwealth Department of Employment, Training and Youth Affairs (DETYA) definition of disability was used for this data. DETYA defines a student with a disability as:

- a student, who has been assessed by a person with a relevant qualification, as having intellectual, sensory, physical, social/emotional or multiple impairments to a degree that satisfies the criteria for enrolment in special education services provided by the government of the State or Territory in which the student is located.

34 The NSW Department of Education and Training's *Disability Criteria, July 2000* contains detailed assessment criteria for the following disability and/or impairment categories:

- Language
- Physical disability
- Intellectual disability
- Hearing impairment
- Vision impairment
- Deaf/Blind
- Mental health problems
- Autism

TRANSPORT DATA
COLLECTIONS

35 Chapter 8, Transport, presents data from the NSW Department of Transport (DoT). This includes administrative information provided by the NSW Road and Traffic Authority (RTA) and survey information provided by the Transport Data Centre.

36 Licensing data was provided from the RTA administrative data set. The RTA also provided specific data on the Pedestrian Access and Mobility Plan (PAMPS), audio tactile traffic light switches and motor vehicle modifications from other administrative data sources.

37 A survey of Usage of Wheelchair Accessible Taxis was conducted in August 2000 by the Transport Data Centre. Random sampling techniques were used to select the survey participants from among the 9,791 people listed on DoT's Taxi Transport Subsidy Scheme (TTSS) 'M50' list. A total of 351 current users and 40 non-current users were interviewed using a computer-assisted telephone interview (CATI) method.

38 Information from the DoT's Transport Data Centre's Household Travel Survey, 1998–99, was also used. This survey is a continuous survey of the travel patterns of residents of the Greater Sydney Metropolitan Region, including Newcastle, the Central Coast, Blue Mountains and the Illawarra region. The information used in this document relates only to general population figures.

TOURISM NSW "ANXIETY TO
ACCESS" TOURISM
PATTERNS AND
EXPERIENCES REPORT

39 This report was based on a study conducted by the University of Technology, Sydney and published by Tourism NSW. Empirical data reported in the study was based on a questionnaire-based self completed postal survey which was distributed between May and October 1995. A sample of people with a physical disability who were members of eight representative organisations in NSW was used. Classification as having a physical disability was thus done by the representative organisation, not through formal screening within the research instrument. This provided around 8,700 potential respondents of whom over 2,700 returned completed questionnaires and a further 500 returned incomplete questionnaires or indicated they could not respond.

GLOSSARY

Activity An activity comprises one or more tasks grouped into three core activities and six other activities.

Core activities —

- **Communication:** understanding or being understood by family, friends and/or strangers.
- **Mobility:** 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; and using public transport.
- **Self care:** showering or bathing; dressing; eating; toileting; and bladder or bowel control.

Other activities —

- **Health care includes:** foot care; taking medication, or administering injections; dressing wounds; manipulating muscles or limbs; and using medical machinery;
- **Housework** comprises a single task 'household chores', which includes: washing; vacuuming; and dusting.
- **Meal preparation** includes preparing ingredients; and cooking food.
- **Paperwork** includes reading or writing tasks such as: checking bills or bank statements; writing letters; and filling in forms.
- **Property maintenance** includes light maintenance and gardening tasks, such as: changing light bulbs, tap washers or car registration stickers; making minor home repairs; mowing lawns, watering, pruning shrubs, light weeding, planting; and removing rubbish.
- **Transport:** a single task activity referring to travel 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/or difficulty going to places without help or supervision.

Age standardised disability rate An age standardised rate is calculated to remove the effects of different age structures when comparing populations between States and Territories, or over time.

Age of onset Refers to the age at which a person first found out about their condition, or at which their accident occurred.

Aids and equipment Any devices used by persons with one or more disabilities to assist them with performing tasks, but not help provided by a person or an organisation.

Average time spent	Calculated by dividing the total time all persons spent on an activity by the population of the particular group being examined. Average time spent per day was calculated over all days of the week, and may not reflect the usual time use on any given day.
Birthplace	Country of birth is classified to the Standard Australian Classification of Countries (SACC).
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 or over). The 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 as the care provider, the assistance is for one or more activities. See also Activity.
Catholic school	Schools with a specific religious affiliation to the Catholic Church and administered by the Catholic Education Commission.
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.
Commonwealth/State Disability Agreement	<p>This agreement defines the roles of the Commonwealth, State and Territory Governments in the administration of services for people with a disability in Australia. (See Explanatory Notes).</p> <p>Within the Commonwealth/State Disability Agreement (CSDA), a disability group is a broad categorisation of disabilities in terms of the underlying impairment, condition or cause, and reflects those impairments identified as significant in the Commonwealth Disability Services Act. The primary disability group is that disability or condition causing most difficulty to the person. There are 12 classifications:</p> <ul style="list-style-type: none"> ■ Developmental delay (applies to children aged 0–5 years only, where no other category is appropriate) ■ Intellectual (including Down's syndrome) ■ Specific learning/Attention Deficit Disorder (other than intellectual) ■ Autism (including Asperger's syndrome) ■ Physical ■ Acquired brain injury ■ Deafblind (dual sensory)

**Commonwealth/State
Disability Agreement
continued**

- Vision (sensory)
- Hearing (sensory)
- Speech (sensory)
- Psychiatric
- Neurological (including epilepsy and Alzheimer's Disease)

Services provided by NSW under the CSDA include the following:

- *Accommodation support* — provides accommodation to people with a disability and support to enable them to remain in their existing accommodation.
- *Community support* — provides the support needed for people with a disability to live in a non-institutional setting.
- *Community access* — provides opportunities for people with a disability to gain and use their abilities to enjoy their full potential for social independence.
- *Respite care* — provides short term and time limited breaks for families and other voluntary caregivers of people with a disability.

Community transport

Community transport groups provide bus or individual transport to people assessed as eligible under a range of Government funded programs. Transport is mainly provided by group operated buses and cars. This service assists people who would otherwise be unable to access transport services to participate in recreation, shopping, education, medical care, social services and other social contact.

Core activities

Core activities are communication, mobility and self care.

Core activity restriction

Four levels of core activity restriction are determined based on whether a person needs help or supervision, 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 restriction is determined by their highest level of restriction in any one of these activities.

The four levels of restriction 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; or 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.

Core activity restriction ■ *Mild*: the person needs no help and has no difficulty with any of the core activity tasks, but uses aids and equipment; or cannot easily walk 200 metres; or cannot walk up and down stairs without a handrail; or cannot easily bend to pick up an object from the floor; or cannot use public transport; or can use public transport but needs help or supervision; or needs no help or supervision but has difficulty using public transport.

Day trip A day trip is a trip away from home involving no overnight stay of more than 40 kilometres taken for pleasure.

Dependent child Refers to children less than 15 years of age and full-time students aged 15–24 years.

Disability In the context of health experience, the World Health Organisation (WHO) defines disability as any restriction or lack (resulting from an impairment) of ability to perform an action in the manner or within the range considered normal for a human being. In the 1998 Survey of Disability, Ageing and Carers a person has a disability if he/she has a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities. This includes:

- 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, including speech loss;
- 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 restricted;
- any other long-term conditions resulting in a restriction.

Disability rate	The proportion of people with a disability, in any given population or sub-population (e.g. age group).
Disability without a specific restriction	Persons with a disability who are not restricted in core activities, schooling and/or employment.
Domestic tourism/travel	Travel within Australia by Australian residents involving a stay away from home for one or more nights and requiring a journey of at least 40 kilometres for any reason.
Educational attainment	The highest level of qualification obtained, including post-school qualifications as a result of formal learning from an accredited tertiary institution. Educational attainment is classified according to the <i>ABS Classification of Qualifications, 1993 (ABSCQ)</i> (Cat. no. 1262.0).
Employed	Persons aged 15 years or over who worked for one hour or more during the reference week for pay, profit, commission, payment-in-kind or without pay in a family business, or who had a job but were not at work.
Employee	A person who works for a public or private employer and receives remuneration in wages, salary, a retainer fee by their employer while working on a commission basis, tips, piece-rates or payment-in-kind, or a person who operates his or her own incorporated enterprise with or without hiring employees.
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 aged 15–64 years and living in households 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/could do; ■ need/would need at least one day a week off work on average; ■ are restricted in the number of hours they can/could work; ■ require/would require an employer to provide special equipment, modify the work environment or make special arrangements; ■ need/would need to be given ongoing assistance or supervision; ■ would find it difficult to change jobs or get a better job.
Fall-back carer	A person identified by the primary carer as being able to take responsibility for the care of the main recipient of care should the primary carer become unavailable. A fall-back carer cannot be a formal provider whose care is privately organised for profit.

Formal assistance Help provided to persons with one or more disabilities by:

- organisations or individuals representing organisations (whether profit making or non-profit making, government or private);
- other persons (excluding family, friends or neighbours as described in informal help) who provide assistance on a regular, paid basis and who were not associated with any organisation.

Full-time/part-time status Full-time work is defined as 35 hours or more per week. For employed persons, full-time/part-time status is determined by the actual and/or usual number of hours worked in all jobs during the reference period. For unemployed persons, full-time/part-time status is determined by whether the work sought is full-time or part-time.

Handicapped person As defined in the *Youth and Community Services Act 1973* No. 90, refers to a person who is senile, temporarily or permanently incapacitated for work, mentally ill, intellectually handicapped, physically handicapped, sensorily handicapped, chronically ill, of advanced age or suffering from any medical condition prescribed by the regulations, or any combination of those disabilities, and who requires supervision or social habilitation.

Higher education institution Includes all institutes providing higher education courses e.g. universities and university colleges, institutes of tertiary education, agricultural colleges, and some institutes of technology.

Home and Community Care See Explanatory Notes.

Hours worked Refers to the number of hours usually worked in all jobs by people who were employed during the reference period.

Household A group of two or more related or unrelated people who usually reside in the same dwelling and who make common provision for food or 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. A household may consist of related or unrelated individuals or a combination of both.

Independent school Includes grammar schools, and a range of denominational, inter-denominational and non-religious schools. In this publication Catholic schools are classified separately.

Impairment In the context of health experience, an impairment is defined by the World Health Organisation (WHO) as any loss or abnormality of psychological, physiological or anatomical structure or function. Examples of impairments 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 loss of function of body organs. See also Restricting impairment groups.

Income See Median weekly cash income, Principal source of cash income or Total cash income.

Industry	Classified to the <i>Australian and New Zealand Standard Industrial Classification (ANZSIC), 1993</i> (Cat. no. 1292.0).
Informal assistance	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 includes only assistance that is provided for one or more of the specified tasks comprising an activity, because of a person's disability or because they are older. Informal assistance may be provided by family, friends or neighbours. Any assistance received from family or friends living in the same household was considered to be informal assistance even if the provider was paid. It does not include providers whose care is privately organised for profit. See also Formal assistance.
Labour force status	A classification of the civilian population aged 15 years or over into employed, unemployed or not in the labour force.
Living arrangements	Whether a person lives alone, with other family members or with other unrelated individuals; or the type of dwelling they live in (i.e. private or non-private).
Local planning area	A geographic administrative area for service provision in NSW. These areas are the responsibility of the NSW Department of Ageing, Disability and Home Care.
Long-term health condition	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 World Health Organisation's International Classification of Diseases, Version 10 (ICD-10).
Main condition	A long-term condition identified by a person as the condition causing the most problems. Where only one long-term condition is reported, this is recorded as the main condition.
Main destination	The place on a tourism journey where most nights were spent.
Main impairment type	A person's main impairment is the restriction which causes them the most problem. Where there is only one impairment reported, this is recorded as the main impairment. Main impairment type may refer to a single impairment or be comprised of a number of broadly similar impairments.
Main job	The job in which a person usually works the most hours.

Main recipient of care	Where a primary carer is caring for more than one person, the main recipient of care is the one receiving most help or supervision. A sole recipient is also classed as a main recipient of care. 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.
Mainly English speaking countries	In this publication, this category is comprised of: Canada; Republic of Ireland; New Zealand; South Africa; the United Kingdom; and the United States of America. All other overseas born persons were grouped in the category 'Mainly non-English speaking' countries.
Median weekly cash income	The amount which divides the income distribution into two equal groups, one having incomes above the median and the other having incomes below it.
Need for assistance	A person with one or more disabilities, or aged 60 years or over, is identified as having a need for assistance with an activity if, because of their disability or older age, 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 the activity. The person is considered to need assistance whether or not assistance is actually received.
Non-private dwelling	Cared accommodation, together with other non-private dwellings.
Not in the labour force	Persons who, during the reference period, were neither employed nor unemployed. They include persons who were keeping house (unpaid), retired, voluntarily inactive, permanently unable to work, persons in institutions, trainee teachers, members of contemplative religious orders, and persons whose only activity during the reference period was jury service or unpaid voluntary work.
Occupation	Classified to the <i>Australian Standard Classification of Occupations (ASCO)</i> (Cat. no. 1220.0), second edition.
Open employment service	Services which provide employment assistance to people with a disability in obtaining and/or retaining paid employment.
Other carer	A person who provides informal assistance to someone with a disability, but who is not the main (or primary) source of assistance.
Other non-private dwelling	Non-private dwellings other than cared accommodation are hostels for the homeless, hotels, motels, educational and religious institutions, construction camps, short-stay caravan parks, youth camps and camping grounds and self care units in a retirement village which has cared accommodation on-site.

Overseas tourism/travel	Overseas tourism is defined as Australian residents departing for short-term visits abroad of 12 months or less.
Own account worker	A person who operates his or her own unincorporated economic enterprise or engages independently in a profession or trade and hires no employees.
Parent	A natural, step, adoptive or foster mother or father.
Participation rate	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 persons aged 15–64 years.
Partner	A registered married or defacto partner.
Personal activities	These include self care, mobility, communication and health care.
Primary carer	A person of any age who provides the most informal assistance, in terms of help or supervision, to a person with one or more disabilities. 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).
Principal source of cash 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. Disability group homes (with fewer than six people) are also considered to be private dwellings.
Receipt of assistance	Receipt of assistance is applicable to persons with one or more disabilities, or aged 60 years or 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.
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, in a person's home or through other flexible respite options.
Restriction	A person has a restriction if he/she has difficulty doing a particular activity, needs assistance from another person or uses an aid.
Restricting impairment	Any loss or abnormality of psychological, physiological or anatomical structure or function, which is associated with a disability, causing difficulty in doing a particular activity, or the need for assistance from another person to do a particular activity, or the need for aids.

Restricting impairment groups

Impairments can be broadly grouped depending on whether they relate to functioning of the mind or senses, or to anatomy or physiology. Each restricting impairment group may refer to a single impairment or be comprised of a number of broadly similar impairments. The 1998 Survey of Disability, Ageing and Carers uses five impairment groups based on the particular type of impairment identified. These groups are:

- *Sensory and speech* — 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; and speech difficulties, including total loss of speech.
- *Intellectual* — difficulty learning or understanding things.
- *Physical* — shortness of breath or breathing difficulties that restrict everyday activities; blackouts, fits or loss of consciousness; chronic, recurring 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; and 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 from this event (e.g. speech loss or intellectual impairment) that restrict everyday activities.

The following categories were not included in any group but were included in totals:

- 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.

People could be counted in more than one restricting impairment group if they had multiple impairments which belonged to more than one impairment group. Impairments which resulted from head injury, stroke or other brain damage were classified to the appropriate group, e.g. a person reporting speech loss as a result of stroke would be classified to the sensory and speech impairment group. However, a person who reported having a head injury, stroke or other brain damage was also classified to a separate category of this name.

Schooling restriction	<p>A schooling restriction is determined for persons aged 5–20 years who have one or more disabilities if, because of having a 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.
Short Form-12 (SF-12)	<p>A standard international instrument designed to provide information on general health and wellbeing. The questionnaire provides separate physical and mental component summaries.</p>
Special school	<p>Schools for students with specific needs. In these schools students are not assigned to a year of schooling but are reported according to their type of specific needs. Students with multiple disabilities are reported according to their main disability.</p> <p>Most special schools have permanent enrolments and include schools for students with a disability and students in juvenile justice centres. They also include schools without permanent enrolments such as diagnostic, remedial, deliberative and hospital schools where the children are temporarily enrolled but are counted in their own school.</p>
Specific restriction	<p>A restriction in core activities, schooling or employment.</p>
Statistical division	<p>The largest and most stable general purpose spatial unit within each State or Territory. NSW is divided into 13 statistical divisions including one covering off-shore areas and migratory. Classification of these areas is in accordance with the <i>Australian Standard Geographic Classification (ASGC)</i> (Cat. no. 1216.0).</p>
Statistical subdivision	<p>An intermediate general purpose spatial unit below statistical divisions. NSW is divided into 43 statistical subdivisions including one covering off-shore areas and migratory. The Sydney statistical division contains 14 statistical subdivisions. Classification of these areas is in accordance with the <i>Australian Standard Geographic Classification (ASGC)</i> (Cat. no. 1216.0).</p>
Status in employment	<p>Status in employment classifies an employed person's position, in the enterprise in which he/she works, in relation to their main job.</p>
Student with a disability	<p>Data from the (Commonwealth) Department of Education, Training and Youth Affairs and the NSW Department of Education and Training describe a student as having a disability if they have been assessed by a person with a relevant qualification, as having intellectual, sensory, physical, social/emotional or multiple impairments to a degree that satisfies the criteria for enrolment in special education services provided by the government of the State or Territory in which the student is located.</p>

Student with a disability The NSW Department of Education and Training uses the following disability criteria:
continued

- Language
- Physical disability
- Intellectual disability
- Hearing impairment
- Vision impairment
- Mental health problems
- Autism

Students with an intellectual disability have a full-scale IQ score of approximately two standard deviations or more below the mean on an approved individual test of intelligence. Students with a mild intellectual disability have an IQ score of approximately two to three standard deviations below the mean. Those with a moderate disability have a score of approximately three to four standard deviations below the mean and those with a severe disability have a score of approximately four or more standard deviations below the mean.

Support class Support classes exist within primary, secondary and central schools. Students with specific needs are enrolled in support classes in the same manner as those in special schools. Support classes for students of mixed abilities are classified according to the predominant type of specific need present in the class.

Supported employment service Services which provides employment assistance for people with a disability the service employs.

Task A component of an activity, and represents the level of detail at which information was collected. For example, mowing lawns is a task associated with the property maintenance activity.

Tenure type The source of the legal right of a person to occupy a dwelling. Type of tenure may be:

- Owner without mortgage;
- Owner with mortgage;
- Public renter — renting from a State or Territory housing authority;
- Private renter — paying rent to a private landlord or real estate agent, or to a parent, other relative or other person, not living in the same household; renting from owner/manager of caravan park; employer (including government authority); housing cooperative; community or church group;
- Boarder;
- Living rent-free;

Tenure type continued ■ Other — includes life tenure schemes and rent/buy or shared equity schemes.

Full-time students under 25 years of age have their parents' tenure type attributed to them.

Total cash 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. Gross income is the sum of the income from all sources before income tax or Medicare levy are deducted.

Trip In Darcy S., 1998, *anxiety to access: Tourism Patterns and Experiences of New South Wales People with a Physical Disability*, NSW Department of Tourism, a tourism journey is termed a trip.

Unemployed Persons aged 15 years and over who were not employed during the reference period, but who had actively looked for work and were available to start work.

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.

Working age In the 1998 Survey of Disability, Ageing and Carers, people of working age were defined as those in the 15–64 year age group.

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