Snapshot of children and young people with disability in Australia

Key statistics report

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cyda
Children and Young People with Disability Australia

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About this report

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Disclaimer:

The Key Statistics report should be taken as a snapshot that brings together publicly available statistics in one place. While it highlights missing data gaps, it is not intended to be a statistical analysis and does not make policy recommendations.

Content warning: References to violence, harm, discrimination, abuse and risks to safety. Some ableist language from sources that collect data on disability.

Introduction

Children and Young People with Disability Australia (CYDA) is the **national representative organisation** for children and young people with disability aged 0 to 25 years. CYDA has large national networks of young people with disability, families and caregivers of children with disability, and advocacy and community organisations.

Our vision is that children and young people with disability in Australia will fully exercise their rights, realise their aspirations and thrive in all communities. We do this by:

- Raising community attitudes and expectations
- Championing initiatives that promote the best start in the early years for children with disability, and their families and caregivers
- Leading social change to transform education systems to be inclusive at all points across life stages
- Advocating for systems that facilitate successful life transitions to adulthood
- Leading innovative initiatives to ensure the sustainability and impact of the organisation and the broader sector.

There is currently no **"one-stop-shop"** for recent statistics about children and young people with disability in Australia.

As the national representative body, we want to address this data gap. To the best of our knowledge, our report is the **first of its kind in bringing together the most up-to-date information about children and young people with disability in Australia** across a range of current topics and sources.

While some of the statistics presented may be confronting or challenging, they provide an **important evidence base** to better understand the **current issues, challenges, and opportunities** for children and young people with disability in Australia.

CYDA is actively working to improve opportunities and outcomes for children and young people with disability in Australia through systemic advocacy.

The information here will be **updated on a regular basis** to make sure that it is drawn from the latest available sources.

Why we need this report

This report presents a **national snapshot** of the experiences of **children and young people with disability in Australia,** aged **0–25**.

Drawing on publicly available data, it brings together **evidence across key topics** including demographics, early childhood, education, employment, health and wellbeing, housing and transport, income and finance, NDIS supports, safety and justice, and social and community participation. It is a **central resource** to improve **data visibility, understanding, and accessibility**. It will be **updated regularly** to ensure information remains current,relevant and reflects new sources.

This report consolidates existing evidence to build a **clearer picture of the different and diverse experiences** of children and young people with disability. Many face **intersecting barriers to inclusion**—such as children and young people with disability who are also First Nations, multicultural, LGBTIQA+, women or girls, or living in regional and remote areas. Where possible, we present **intersectional data** to help identify how overlapping experiences may shape access to supports and outcomes.

We also **highlight data gaps**. There are **significant limitations** in available datasets. As highlighted in CYDA's response to the Australian Bureau of Statistics (ABS) review of disability data measures,[1] current national data collections often fail to adequately capture the unique experiences of children and young people with disability. There is **inconsistency** in how disability is **defined and measured,** limited **age- and disability-specific** data**,** and **frequent exclusion** of people with cognitive and psychosocial disability. These gaps mean that the diversity of the disability community—particularly among children and young people—is often **under-represented or invisible** in public reporting. There is a critical need for data systems that are **co-designed** with people with disability, **inclusive** of all disability types, and capable of capturing lived experience in a **strengths-based, meaningful,** and **ethical** way.

This report does not aim to provide solutions or recommendations. Instead, **it brings together** what is currently **publicly known** to create a **clearer, more accessible evidence base** for children and young people with disability, their parents and the people that care for them, policymakers, service providers and the community. In doing so, it aims to support more **informed, inclusive conversations and decisions** that reflect the realities of children and young people with disability in Australia today.

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[1] Children and Young People with Disability Australia (CYDA). (2024). *Submission to the ABS consultation on collecting data about disability.* Visit https://cyda.org.au/cydas-submission-to-the-australian-bureau-of-statistics-consultation-on-collecting-data-about-disability/.

Development of this report

Scope

This report presents a **national overview** of the experiences, needs, and circumstances of children and young people with disability in Australia. It brings together the most recent evidence available from a range of sources to **highlight key issues across ten key topics.** While the primary focus is on children and young people aged 0–25 with disability, some sections draw on broader population data where age-specific or disability-specific data is limited, to provide important context. The report also highlights where there are gaps in data, and recognises the need for **inclusive, intersectional approaches** to data collection and reporting to ensure all children and young people with disability are represented.

Data sources

This report draws on a range of **national, publicly available data sources** to provide a comprehensive picture of the experiences of children and young people with disability in Australia. Key sources include the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW), the National Disability Insurance Agency (NDIA), and relevant government and community sector reports. These sources were chosen because they are **easy to access, relevant to the topic, and give a broad picture** of what is happening for children and young people with disability across Australia.

Where possible, the report draws on **primary sources** rather than secondary sources. This means data collected directly from surveys or other methods, rather than sources that report on previously conducted surveys.

Academic literature was not included in this report, as the focus was on understanding what is currently publicly known and visible. This means information that is accessible to the general community, including young people with disability and their families. This approach ensures the report **reflects the data and narratives shaping public understanding, service delivery, and policy decisions today**.

Note on Australia's Disability Strategy data reporting

Our report does not draw on Australia's Disability Strategy data reporting. This data is from a range of sources, and focuses on people with disability in general rather than children and young people specifically. It provides a very useful source of tracking impact and outcomes over time. For more information and data from Australia's Disability Strategy, please visit https://www.aihw.gov.au/reports/australias-disability-strategy/australias-disability-strategy-2021-2031-outcomes/contents/about.

Using this report

- This report is designed to provide a **clear and accessible overview** of the experiences of children and young people with disability across **ten key topics.**
- These ten topics have been chosen because they represent key priority areas for **improving outcomes** for children and young people with disability, outlined in the Disability Royal Commission's final report and Australia's Disability Strategy.
- Each topic is structured in a **consistent way** to support ease of use.
- Topics begin with a **brief overview of why it matters**, followed by **key findings** drawn from national data sources. These findings are presented using a mix of summaries and statistics.
- All statistics used are the **latest available**. For example, if the report uses statistics from 2018, this means that these are the most up-to-date statistics.
- Where the data exists, each section attempts to highlights the **strengths, challenges, and service gaps** affecting children and young people with disability.
- Where available, **intersectional data** is also included. For example, data is broken down by gender, culture, and geographic location, to provide a more detailed understanding of how different groups are impacted.
- Where there is a need for more data, the report includes a section highlighting the **data gaps** (to the best of our knowledge).
- The report is intended for a **broad audience**, including policy makers, service providers, researchers, and community members.
- The report can be read from start to finish, or used as a **reference tool** by accessing specific topics of interest.

Glossary – Important terms and context

Here are some definitions and context for words and terms we use in this report.

Acronyms

ABS: The Australian Bureau of Statistics shares data about lots of different topics in Australia, including disability.

AIHW: The Australian Institute of Health and Welfare shares information about health and wellbeing in Australia.

ECEC: Early Childhood Education and Care is about services and supports to look after children aged 0-5 and help them learn.

NAPLAN: The National Assessment Program – Literacy and Numeracy is a test given to students in year 3, 5, 7, and 9.

NDIA: The National Disability Insurance Agency is the organisation that manages the NDIS.

NDIS: The National Disability Insurance Scheme supports some disabled people in Australia, including children and young people.

TAFE: Technical and Further Education is a program that students can do before or instead of university. Students who do TAFE can get certificates or diplomas.

VET: Vocational Education and Training means short courses that you can do through a TAFE. For example, there are VET courses in hospitality and construction.

WHO: The World Health Organisation helps lots of countries work together to manage different diseases and emergencies. For example, COVID-19.

Children and young people with disability

The age range for children and young people with disability referred to in this report is from **0-25 years.** This represents the age of our membership base.

CYDA uses a **combination** of person-first language, e.g., child or young person with disability, and identity-first language, e.g., disabled young person. Person-first and identity-first language are both used by the disability community as inclusive ways to talk about disability.

Data

We use the term data or dataset to describe the publicly available **information that is collected** about people with disability in Australia.

We recognise that this data **does not represent** all people with disability. Data is politically and socially constructed and created, which means that choices and compromises are made when putting together datasets.[2]

Disability

There are **different ways** to define disability. In this report, definitions correspond to the sources that we are referring to. We make it clear which definitions are being used in footnotes.

CYDA takes a **strengths-based approach to disability**. This means focusing on skills rather than deficits, and possibilities rather than problems. This approach acknowledges challenges, discrimination and safety issues, while also looking at opportunities that exist.

People with disability are **unique and diverse**. No two people with the same condition will have the same experiences, skills or challenges. Disability can be visible or invisible, and congenital (something people are born with) or acquired.

Disability models

CYDA uses the **Social Model of disability**. This highlights the barriers that prevent people with disability from participating on an equal basis with non-disabled people. These barriers are created by society, not the individual with disability. Barriers can be physical, like stairs, but also invisible, such as assumptions based on a person's appearance, or communicating in inaccessible formats.

CYDA also supports other models of disability such as the **Human Rights Model,** which promotes rights in line with the United Nations Convention on the Rights of Persons with Disabilities.This model recognises that disability is a natural part of human diversity that must be respected and supported in all its forms, and that people with disability have the same rights as everyone else in society.

Many of the sources of information we present in this report use the **Medical Model** of disability, which takes a deficit approach rather than a strengths based approach. The medical model of disability describes disability as a health condition, that is treated by medical professionals. In the Medical Model, disability is viewed as abnormal or a deviation, and a person with disability needs to be fixed or cured to be "normal". The Medical Model focuses on a person's impairment. CYDA **does not support** a medical or deficit based model of disability.

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[2] See Merry, S.E. (2016) *The seductions of quantification: Measuring human rights, gender violence, and sex trafficking* at https://press.uchicago.edu/ucp/books/book/chicago/S/bo23044232.html.

Disability reporting

We acknowledge that there are **social, cultural, structural, and individual influences** on the way that disability data is collected and reported. For example, some data sources allow for people to self-identify disability, and others present predetermined categories to select. This can impact on reporting, as not everyone will identify the same way.

Gender, sex, and race impact diagnostic procedures, and representation of diagnosis.[3] For example, diagnosis is negotiated differently for young girls compared to young boys, and access to diagnosis is more challenging for girls and women. Much standardised testing means mis-diagnosis and under-diagnosis for girls with disability. Additionally, disability data collected often does not allow people to fully and accurately report their gender, leading to a lack of data exploring the experiences of nonbinary, trans, and gender diverse people. CYDA recognise the disproportionate burden often placed on wellbeing, inclusion, and access for nonbinary and trans children and young people with disability.

Disability can also be defined and perceived differently in First Nations and culturally diverse communities. Disability is more stigmatised in regional, rural, and remote areas. This means that many diverse groups are under-represented in collected data.

Disability types and groups

Some sources in this report use the terms **disability groups or types**. These are ways to describe disability such as physical, psychosocial, intellectual, neurodivergent, sensory, or Deaf or hard of hearing. When we use these terms in the report, we are referring to the definitions in the sources cited.

Disability levels

Some sources also attempt to measure **level of disability.** For example, the Australian Bureau of Statistics (ABS) uses the term “severe or profound disability” if a person sometimes or always needs help with daily self-care, mobility or communication activities, has difficulty understanding or being understood by family or friends, or communicates more easily using sign language or other non-spoken forms of communication.[4] Other levels used are “moderate” and “mild” to describe levels of

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[3] Bias in research and reporting on autism is outlined by Martin et al. (2025). *Underrepresentation of females and racial and ethnic minority groups in research on pragmatic language in autism: A scoping review* at https://journals.sagepub.com/doi/10.1177/27546330251381443.

[4] Australian Bureau of Statistics (2022). *Survey of Disability, Ageing and Carers*. Visit https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release.

difficulty with self-care, mobility, and communication tasks.[5] CYDA **does not support** using these terms to make policy and funding decisions without taking other factors into account such as diagnostic tools, expert and therapeutic advice, self-identification of disability, support needs, and structural barriers or intersectional experiences.

Intersectionality

Intersectionality is about how **multiple social and identity factors** combine to influence how we experience the world – such as age, disability, culture, income, location, and gender.

The term was originally developed by US American civil rights advocate and scholar of critical race theory Kimberlé Crenshaw, to describe how such factors intersect to **increase experiences of discrimination and/or marginalisation**.

Building on that foundation, a recent Australian policy review[3] argues that intersectionality also calls attention to how context and power relations shape how multiple identities intersect, meaning that different combinations of identity and social location can expose people to **compounded disadvantage** (or, on the other hand, protective factors) that are not apparent when identities are considered in isolation.

For example, a young person who identifies as LGBTIQA+, lives in a regional area, and has a psychosocial disability may face distinct barriers that are more than just the sum of each of those factors. To truly address complex inequities, intersectionality requires **a broader cultural shift** across society and professional sectors. This shift must fully recognise the layered nature of identity, context, and structural power relations.[6]

[5] For information on disability levels used by ABS, see https://www.abs.gov.au/statistics/detailed-methodology-information/concepts-sources-methods/personal-safety-survey-user-guide/2021-22/disability.

[6] Bates, S. et al. (2024). *What can we learn from disability policy to advance our understanding of how to operationalise intersectionality in Australian policy frameworks?* Visit: https://onlinelibrary.wiley.com/doi/10.1111/1467-8500.12648.

Key topics

1. **Demographics**: Describes the population of children and young people with disability in Australia, including prevalence, disability type, need for assistance, and family characteristics.

2. **Early childhood education and care**: Focuses on the early years of life, exploring access to and participation in early childhood education.

3. **Education**: Examines the educational experiences of children and young people with disability, including access to inclusive schooling, participation, achievement, barriers, and support in primary, secondary, and tertiary education.

4. **Employment**: Explores the employment experiences of young people with disability, including participation in the labour force, types of employment and access to supports. It highlights the transition from education to work, and the impact of discrimination and inaccessible workplaces.

5. **Health and wellbeing**: Explores the physical, mental, and emotional health of children and young people with disability. It considers prevalence and access to healthcare services.

6. **Housing, transport and infrastructure**: Examines the accessibility and suitability of housing, transport, and community infrastructure for children and young people with disability. It explores issues such as secure and appropriate housing, accessible public transport options, and inclusive design of public spaces and services.

7. **Income and finance**: Examines the financial circumstances of children and young people with disability and their families, including income support, cost of living pressures, and access to financial resources.

8. **NDIS**: Focuses on the National Disability Insurance Scheme (NDIS) and its role in supporting children and young people with disability. It covers data on access and eligibility, use of funded supports, participant goals, and unmet needs.

9. **Safety and justice**: Details the safety and justice experiences of children and young people with disability, including exposure to violence, abuse, neglect and exploitation.

10. **Social and community participation**: Outlines the involvement of children and young people with disability in everyday community life, including participation in social activities and volunteering. It highlights the barriers and enablers to inclusion.

Key statistics summary

1. **Demographics**

In 2022, 12.1% of children and young people aged 0–24 in Australia had disability (946,300 people), up from 8.3% in 2018. Rates were higher among boys (13.7%), and young people aged 15–24 (13.9%). Around 6.0% had a profound or severe disability, and autism was far more common among this age group (3.1%) than older Australians (0.3%). Over two-thirds needed assistance with everyday activities, and more than half had multiple types of disability. Many lived in low-income or single-parent households, with over one-third also living with a parent who had disability.

2. **Early childhood education and care**

Children with disability remain under-represented in early childhood education and care (ECEC), with only 1% receiving Inclusion Support Program funding despite around 20% having developmental or learning needs. In 2022, just 6.3% of preschool enrolments were children with disability, and 5.4% aged 0–5 attended approved childcare services. While most families reported feeling welcomed in ECEC settings, nearly one in three children were excluded from excursions or activities, one in five had been refused enrolment, and one in four had their hours restricted. Most parents believe ECEC services should provide reasonable adjustments and inclusive practices to ensure disabled children can participate fully.

3. **Education**

Children and young people with disability are more likely to face barriers throughout their education journey, from primary schooling through to higher education. Around one in ten school students in Australia have disability, including one in eighteen with severe or profound disability. While most attended mainstream schools, many experienced exclusion, limited support, and lower educational attainment. Nearly 60% reported difficulties at school, and three-quarters had experienced bullying or exclusion, with one in five excluded from excursions or activities and 15% suspended or expelled. Less than half felt supported to learn, and 40% receiving support still needed more help than they received. Students with disability are under-represented in higher education, making up just 10% of enrolments. They reported lower satisfaction, belonging, and completion rates. These challenges were more pronounced for students with severe or profound disability, those with psychosocial disability, and young people who are First Nations or living in regional areas.

4. **Employment**

Young people with disability had lower employment rates (46.6%) and higher unemployment rates (19.3%) than their peers without disability, despite more than half (58.3%) participating in the labour force. While employment has improved over time (up from 39.6% in 2018) young people with disability remain twice as likely to be unemployed and more likely to be underemployed. Only 62% of Vocational

Education and Training graduates with disability were employed after training, compared with 87% of all graduates, and just 19% of young NDIS participants were in work. Many remain underemployed or in transition despite being job-ready, with barriers most pronounced for those with psychosocial or severe disability, young women, and those living in regional areas.

5. **Health and wellbeing**

Children and young people with disability commonly experienced multiple long-term health conditions, with over one in three (38%) aged 15–24 reporting three or more. More than two-thirds (67%) reported a mental health condition, with anxiety especially common. Anxiety affected one in five young people aged 15–24 and one in six females overall. Among all young people, three in four (77%) lived with at least one chronic condition. While use of health services was common, many young people with disability faced challenges accessing appropriate, inclusive care—particularly for mental health. This is despite people aged 12–24 making up almost one-quarter of all Australians using Medicare-subsidised mental health services.

6. **Housing, transport and infrastructure**

Young people with disability were more likely to live with family, with 8 in 10 aged 15-24 remaining in the parental home. Few received home modifications (just 5%), while one in eight reports having to move house in the past year—often due to their condition. Disability is linked to higher rates of homelessness, with half of young people experiencing homelessness reporting a disability and people with disability more likely to experience repeat homelessness. Barriers to physical infrastructure remain widespread. More than one in four people with disability reported difficulty accessing buildings, most often shops, banks or medical facilities. On public transport, almost one in five were unable to use any form of transport, with common barriers including steps, lack of seating, or fear and anxiety. These challenges were greatest for young people with severe or profound disability.

7. **Income and finance**

Young people with disability are more likely to have low personal and household incomes, with over two-thirds (68%) earning below-average income levels. This rises to 77% among those with severe or profound disability. The median personal income for people with disability was just $575 per week, almost half that of people without disability. Many relied on income support, yet access remains limited. Nearly half of Disability Support Pension claims are rejected each year, and around 40% of recipients live below the poverty line. Rising costs of living, healthcare, and housing compounded these pressures, with 85% of young people in NSW describing their financial situation negatively, and just 0.1% of Australian rental properties affordable for someone on the Disability Support Pension.

8. **National Disability Insurance Scheme**

Over half of all NDIS participants were under 18, with 398,000 children and young people currently receiving support. While many had goals related to learning, social participation, and work, more than four in five (83%) still had unmet needs—most commonly for therapy (51%), school-based supports (44%), and support workers (36%). Children aged 9–17 experienced up to 50% more unmet needs than younger children, and gaps were greater for those with cognitive or psychosocial disability. Barriers to access and adequate support were most pronounced for families on low incomes, in regional or culturally diverse communities, and for girls and children with intellectual disability.

9. **Safety and justice**

Children and young people with disability were three to four times more likely to experience abuse or violence than their peers without disability, with around one in four reporting violence in the past year. They were twice as likely to be exposed to domestic and family violence, making up nearly one-third of all children in child protection and out-of-home care. Almost one in five young people with disability (18%) reported experiencing discrimination, most often from service staff, strangers, or employers. Over half of young people aged 15–34 with disability avoided situations (such as visiting family or friends, using public transport, or attending medical facilities) because of fear, stigma, or inaccessibility. This rose to two-thirds of those with psychosocial disability. Rates were heightened for young people who are First Nations, LGBTIQA+, or female, with young women with disability twice as likely to experience sexual violence as their peers without disability.

10. **Social and community participation**

Many young people with disability are active in their communities, with 1.5 million people with disability volunteering nationwide—making up 24% of all volunteers in Australia. Children with disability were also over three times more likely to take on caring roles than their peers without disability (6.1% compared with 1.7%). Rates of volunteering among young people in general were also high, with 680,000 or 29.7% of Australians aged 18-24 years volunteering, but rates of volunteering for young people with disability specifically are unknown. Most young people with disability reported regular contact with family and friends, with 70% seeing loved ones at least weekly and nearly 60% having daily non-visit contact. Yet over two-thirds (68%) faced barriers to participation—most commonly, cost (66%), anxiety (57%), lack of satisfaction with community (44%) loneliness (29%), and social isolation (21%)—and 44% said they would like more contact. Despite these challenges, 60% reported being satisfied with their level of social and community participation.

Key policies and legislation

This section presents a list of the key frameworks and legislation in Australia that apply to people with disability, and to children and young people.

Why this matters: In Australia, there is no specific policy framework for children and young people with disability. However, there are international, national, and state/territory-level policy frameworks and legislation that apply to children and young people, as well as to people with disability. Together, they promote and uphold the rights and safety of children and young people with disability, meet needs, and provide support.

International

- **United Nations Convention of the Rights of the Child:** an international treaty that sets out the civil, political, economic, social, and cultural rights of all children. Australia ratified the UNCRC in 1990. Visit: UNCRC.
- **United Nations Convention on the Rights of Persons with Disabilities:** an international treaty that promotes, protects, and ensures the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities. Australia ratified the UNCRPD in 2008. Visit: UNCRPD.

National

- **Aboriginal and Torres Strait Islander Child Placement Principle:** a nationally endorsed framework that aims to ensure the rights of Aboriginal and Torres Strait Islander children to be raised in family, community, and culture are upheld in child protection systems. Visit Child Placement Principle.
- **Australian Human Rights Commission Act 1986:** establishes the Australian Human Rights Commission and provides a framework for promoting and protecting human rights in Australia. Visit: AHRC.
- **Australia's Disability Strategy 2021-31:** a national framework aiming to create an inclusive society where people with disability can participate fully and equally across all aspects of life. Visit: ADS.
- **Disability Discrimination Act 1992:** an Australian law that makes it unlawful to discriminate against people with disabilities in areas such as employment, education, access to premises, and provision of goods and services. Visit: DDA.
- **Disability Standards for Education 2005:** the obligations of education providers under the Disability Discrimination Act 1992, ensuring students with disability have equal rights to access and participate in education. Visit: DSE.
- **Disability Standards for Accessible Public Transport 2002:** minimum accessibility requirements for public transport services and infrastructure to

ensure equitable access for people with disability. Visit: Disability Standards for Transport.

- **Early Years Strategy 2024-2034:** a national framework outlining how the Australian Government will help children aged 0-5 and their families to learn, grow, and thrive. Visit: Early Years Strategy.
- **Family Law Act 1975:** governs family law matters in Australia, including divorce, parenting arrangements, property division, and spousal maintenance, with a focus on the best interests of the child. Visit: Family Law Act.
- **National Agreement on Closing the Gap:** a national agreement for Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality and achieve life outcomes equal to all Australians. Visit: Closing the Gap.
- **National Agreement on Social Housing and Homelessness:** a national agreement between all levels of government to help people experiencing, or at risk of, homelessness; and support Australia's social housing and homelessness services sectors to operate effectively. Visit: NASHH.
- **National Best Practice Framework for Early Childhood Intervention:** designed by researchers and practitioners, a resource offering nationally consistent guidance on best practice in early childhood intervention for families and people working with children. Visit: Early Childhood Best Practice Framework
- **National Disability Insurance Scheme (NDIS) Act 2013 and NDIS Amendment Bill 2024:** the NDIS Act 2013 establishes the legal framework for the NDIS, providing support to Australians with significant and permanent disabilities, while the NDIS Amendment Bill 2024 proposes reforms to improve equity, sustainability, and participant experience within the Scheme. Visit: NDIS.
- **National Framework for Protecting Australia's Children 2021-31:** a national plan aimed at improving the safety, wellbeing, and development of children and young people, with a particular focus on those experiencing disadvantage or vulnerability. Visit: National Framework for Australia's Children.
- **Royal Commissions:** independent public inquiries that provide a channel for evidence and recommendations such as the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability; and the Royal Commission into Institutional Responses to Child Sexual Abuse. Visit: Royal Commissions.

States and territories

- **Australian Capital Territory:** Disability Services Act 1991, Children and Young People Act 2006, Human Rights Act 2004
- **New South Wales:** Disability Inclusion Act 2014, Children and Young Persons (Care and Protection) Act 1998, Anti-Discrimination Act 1977
- **Northern Territory:** Disability Services Act 2012, Care and Protection of Children Act 2007, Anti-Discrimination Act 1992
- **Queensland:** Disability Services Act 2006, Child Protection Act 1999, Human Rights Act 2019
- **South Australia:** Disability Inclusion Act 2018, Children and Young People (Safety) Act 2017, Equal Opportunity Act 1984
- **Tasmania:** Disability Services Act 2011, Children, Young Persons and Their Families Act 1997, Anti-Discrimination Act 1998
- **Victoria:** Disability Act 2006, Children, Youth and Families Act 2005, Charter of Human Rights and Responsibilities Act 2006, Equal Opportunity Act 2010
- **Western Australia:** Disability Services Act 1993, Children and Community Services Act 2004, Equal Opportunity Act 1984
- Each state and territory also has legislation for Child Safe Standards.

1. Demographics

This section provides an overview of the prevalence and characteristics of children and young people with disability in Australia, including disability group and/or status, need for assistance, and family context.

Why it matters: Understanding these demographic patterns is essential for identifying the needs and priorities of this diverse population. Demographic data helps build a clearer picture of who children and young people with disability are in Australia today.

A note on data

Data in this this section about children and young people with disability is from the Survey of Disability, Ageing and Carers, or SDAC (ABS, 2022). The SDAC defines disability as “any limitation, restriction or impairment which restricts everyday activities and has lasted, or is likely to last, for six months or more.” The SDAC age range for children and young people is 0-24 years.

Disability prevalence

Among children and young people aged 0–24 years in 2022 (ABS, 2025):

- Just **over one in ten had disability** (12.1% or 946,300), a steady rise from 2018 (8.3%) and 2015 (7.8%).
- Around one in sixteen had **a profound or severe disability** (6.0%), up from 4.1% in 2018, showing increasing need for higher levels of support.
- Most required **assistance with everyday activities** (67.8%).
- More than one in three lived with **a parent who also had disability** (37.5%).
- Disability was **more common among young people aged 15-24** (13.9%) than children aged 0-14 (11.0%).
- **Autism was ten times more common among those under 25** (3.1%) compared with people aged 25 and over (0.3%) (ABS, 2024).

By sex at birth in 2022:

- **Boys and young men were more likely to have disability** than girls and young women (13.7% compared with 10.5%), increasing since 2015.
- In childhood, **boys aged 0-14 had disability at nearly twice the rate of girls** (13.3% compared with 8.5%).
- By ages **15-24, prevalence was similar** for young men (14.5%) and young women (13.3%).

Disability status[7]

In 2022, among all children and young people aged 0-24 years (ABS, 2025):

- Around one in sixteen had a **profound or severe limitation** (6.0%), an increase from 2018 (4.1%) and 2015 (3.4%).
- Fewer had a moderate or mild limitation (2.8%), rising from 2.0% in 2018.
- Close to one in twelve had a **schooling or employment restriction** (8.4%), up from 5.9% in 2018 and 5.2% in 2015.

By sex at birth:

- **Boys and young men were more likely** than girls and young women to have a **profound or severe limitation** (7.4% compared with 4.7%). This gap has grown over time, with increases for both groups since 2015.
- In childhood (0-14 years), boys had almost **double the rate** of profound or severe limitation compared with girls (8.5% versus 4.8%).
- **Among young people** aged 15-24**, prevalence was more even** (5.5% for males and 4.5% for females).

By age:

- **Profound or severe limitations** were most common in **middle childhood**, affecting around one in thirteen children aged 5-9 (7.9%) and 10-14 (8.2%).

Disability types[8]

In 2022, among all children and young people aged 0-24 years (SDAC, 2025):

- A **learning and understanding disability was the most common**, affecting 6.6% of young people—up from 4.2% in 2018.
- Psychosocial disability affected 5.7%, rising from 3.5% in 2018.
- Physical restrictions were reported by 4.0%, up from 2.5% in 2018.
- **Sensory and speech disability was the least common,** affecting 3.6%, though still up from 2.6% in 2018.

Patterns varied by sex and age:

- **Boys and young men were nearly twice as likely** as girls and young women to have a **learning and understanding disability** (8.3% compared with 4.9%), with the highest rates among boys aged 10-14 (11.3%).

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[7] Disability status is defined by ABS as “a measure of the severity of limitations experienced by people with disability”.

[8] The Survey of Ageing, Disability and Carers (SDAC) categorises people with disability into one or more disability groups (or types), broadly grouped related to functioning of the mind or the senses, or to anatomy or physiology.

- Younger boys aged 0-14 were also more likely to have a **sensory and speech disability** (5.4%) than girls of the same age (3.4%).
- **Psychosocial disability** was more common among young people aged 15-24 (7.2%) compared with children aged 0-14 (4.7%).
- **Physical disability** was also more than twice as common in the older group (6.1% at ages 15-24, compared with 2.6% at ages 0-14).

Co-existing disability[9]

Of children and young people aged 0-24 years with disability in 2022:

- **Multiple disabilities were common,** with over half experiencing two or more types (51.6%, up from 43.1% in 2018). More than one in four had three or more disabilities (27.7%, up from 21.8% in 2018).
- **Children and young people with profound or severe disability were almost twice as likely to have multiple disabilities** (70.8%) compared with those with a moderate or mild disability (38.6%).
- More than one in four had both a learning and understanding disability and a psychosocial disability (28.4%, up from 23.0% in 2018).
- Younger children were more likely to have **combined learning and sensory/speech disabilities** (21.9% of those aged 0-14), almost double the rate of older youth aged 15-24 (11.6%).
- A smaller group had only a learning and understanding disability (16.7%), slightly fewer than in 2018 (19.9%).

Need for assistance

In 2022 (ABS, 2025):

- **More than two-thirds of children and young people with disability needed help** with at least one activity of daily life (67.8%, or 641,400 people).
- Top support areas were cognitive or emotional tasks (52.8%), mobility (33.7%), verbal communication (31.6%), self-care (27.2%), and health care (24.6%).

By age:

- **Children aged 0-14 were more likely** than young people aged 15-24 **to need assistance** (70.9% compared with 63.0%).
- Nearly three in five children aged 0-14 needed help with core activities (59.2%), compared with just over one in three young people aged 15-24 (35.0%).

By sex:

- **Boys and young men were more likely to need assistance** than girls and young women (71.5% compared with 62.0%).

[9] It is possible to have multiple co-occurring disabilities across different disability groups.

- The highest need for support was among boys aged 0-14 (75.2%), while the lowest was among young women aged 15-24 (59.6%).
- Emotional and cognitive support needs were common among boys aged 0-14 (60.5%), compared with just over half of girls of the same age (50.5%).

Among those needing assistance (641,400 young people):

- **Almost nine in ten received some form of support** (89.9%).
- However, **more than six in ten said they needed additional help** (61.7%), and almost 3% reported having no needs met at all.

Unmet needs remain a critical issue:

- Almost 9 in 10 children with disability (83%) have unmet needs for support.
- The most common gaps are therapy, school-based support, and support workers, with barriers often linked to NDIS plan exclusions, limited provider availability, and cost (O'Flaherty, Hill and Smith-Merry, 2024).

Family and carer characteristics

In 2022:

- There were nearly **700,000 families (697,100) in Australia with at least one child or young person aged 0-24 with disability**—an increase of almost 200,000 families since 2018 (502,300).
- One in five of these families included more than one child or young person with disability (21.1%).

Family structure:

- Most children and young people with disability **lived in couple-parent families** (60.5%), while almost one in three were in one-parent families (29.8%).
- For young people aged 15-24, nearly **one in four lived in other family types** such as with a partner, as a lone person, or in non-parent households (22.7%).

Parental disability:

- **Young people with disability** aged 15-24 were most likely to **also have a parent with disability** (41.1%). **More than one in three children** aged 0-14 with disability also had a parent with disability (37.5%).

Income:

- Families of children and young people with disability were **more likely to experience disadvantage**. 16.4% (one in six) were in the lowest income quintile,[10] compared with 11.4% (one in ten) in the highest quintile.

[10] A *quintile* means dividing a group of people into five equal parts. Each part (or quintile) includes 20% of the group, from the lowest to the highest values.

Carers:

- There were 3 million carers in Australia, representing around one in eight people living in households (11.9%), up from 10.8% in 2018.
- Of these, 1.2 million were primary carers, and nearly half had disability themselves (43.8%).
- The **number of young carers (under 25) has grown significantly**, rising to 391,300 in 2022 from 235,300 in 2018.
- Caring responsibilities were slightly **more common among women than men**, with 12.8% of females being carers compared with 11.1% of males.

Intersectional experiences

First Nations: Of the 66,700 young Aboriginal and Torres Strait Islander people aged 5-20 years who reported disability (ABS and Avery, 2025):

- six in ten (60.0%) had difficulty learning and understanding things
- four in ten (43.8%) had a psychosocial disability
- around a quarter (27.0%) had a sensory and speech disability
- a quarter (24.6%) had a physical restriction.

LGBTIQA+: Australian Bureau of Statistics (ABS, 2022) data found that 4.9% of people living with a disability identified as LGBTIQA+. Other research suggests a higher rate, with one-third of LGBTIQA+ people reporting a disability, compared to one in four non-LGBTIQA+ people, according to People with Disability Australia (PWDA, 2024). About 4.5% of all Australians aged 16 and older identify as LGBTIQA+. Among all LGBTIQA+ people, six in ten (59.4%) are aged between 16-34 (ABS, 2022).

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2. Early childhood education and care

Content note: References to bullying, exclusion, and discrimination.

This section draws on national data to examine the participation of children with disability in early childhood education and care (ECEC), and the extent to which their needs are being met.

Why it matters: The early years of life are important for a child's development and long-term wellbeing. Inclusive ECEC can improve outcomes across health, learning, and social participation. However, many children with disability may face barriers to accessing early childhood services, including limited availability of inclusive care, inconsistent support across settings, and inadequate funding (Productivity Commission, 2024). Access to diagnosis can also be a barrier, especially for women and girls, regional, rural and remote communities, and First Nations communities.

Funding and support

The main funding to support ECEC services to improve inclusion for all children with additional needs is the Inclusion Support Program (ISP). The ISP provides funding and other supports for ECEC services, excluding dedicated preschools and in-home care (Productivity Commission, 2024). **Only 1% of children in ECEC services had applications for ISP funding lodged** on their behalf in 2022-23. Many children are likely to miss out—particularly when an estimated 20% of children have learning difficulties, developmental issues, or disability (Productivity Commission, 2024).

Engagement in preschool

- In 2022, children with disability made up **just over 6% of all preschool enrolments** in the year before full-time schooling (6.3% or 14,000 children) (SCRGSP, 2023).
- A year earlier, in 2021, children with disability aged 0-5 represented just over one in twenty of those attending government-approved child care services (5.4%) (SCRGSP, 2023).
- Looking back further, in 2019, children with disability accounted for a slightly higher share of preschool enrolments in the year before full-time schooling (6.8%) (AIHW, 2022).

Barriers to inclusion

CYDA's ECEC Survey (Dickinson et al., 2022) showed that despite the majority of respondents indicating that their child was welcomed in ECEC settings, such **positive experiences were overshadowed by concerning reports of bullying, exclusion, and limitations** to engagement activities. Among parents and caregivers:

- Most families felt **positive about inclusion**, with more than eight in ten agreeing their child was made to feel welcome in ECEC settings (83%), and nearly eight in ten saying the same about their family or caregivers (78%).
- Yet **exclusion and discrimination were common**. Nearly one in three reported their child had been left out of excursions, events, or activities (around 30%), and a similar number said their child had experienced bullying from peers or staff (around 30%).
- One in five families reported that their child was **refused enrolment** (20%).
- Almost one in four said their child's **attendance was restricted**, with limits placed on the hours they were allowed to attend (around 25%).

Evidence shows the importance of education options for preschool children with disability (Dickinson et al., 2022). Among parents and caregivers:

- Most families believe **exclusion should never occur in ECEC**, with more than three-quarters agreeing that children with disability should not face discrimination or exclusion from activities (77%).
- More than two-thirds felt that all ECEC services should be **required to provide reasonable adjustments and supports** so children with disability can learn alongside their peers in the same classroom (68%).
- A similar proportion agreed that **enrolment should never be influenced** by whether or not a child has disability (68%).

Data gaps

- While the Inclusion Support Program (ISP) is the primary funding for supporting inclusive ECEC, national data does not show how many children *attempted* to access ISP support but were unsuccessful, or the extent of unmet need across different service types and locations.
- Current data provides information on enrolments and participation, but does not measure the quality or consistency of inclusive practices (e.g., adjustments, staff capability, participation in learning activities) for children with disability.
- ECEC data does not include detailed measures that would allow analysis of how disability intersects with First Nations identity, cultural and linguistic diversity, socioeconomic status, or geographic location.
- There is no systematic national reporting on waitlists for inclusive childcare places, the availability of specialised support staff, or differences in access between metropolitan, regional, and remote areas.

Further information

Visit Children and Young People with Disability Australia's website for CYDA's response to the Productivity Commission's inquiry into ECEC

References on early childhood education and care

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3. Education

Content note: References to bullying, exclusion, and discrimination.

This section presents information on the experiences of children and young people in educational settings, illustrating the need for more inclusive education in Australia. Inclusive education recognises the right of every child and young person to be included in general education settings. It involves adapting the environment and teaching approaches to ensure genuine and valued full participation of all children and young people (Department of Education, 2022).

Why it matters: Inclusion in mainstream education costs less and improves outcomes for all students (Mezzanotte, 2022). It is required under Australia's Disability Strategy 2021-31 and Disability Standards for Education (2005). However, many children and young people with disability in Australia experience segregation and discrimination in education settings, high rates of bullying, and lower rates of attendance and retention.

Engagement in education

- In 2018,[11] around 380,000 children aged 5-18 with disability were enrolled in primary or secondary school (AIHW, 2024).
- This means that **one in ten students in Australia had disability** (10%), and nearly one in eighteen had severe or profound disability (5.4% or 206,000).
- **Boys were more likely than girls to have disability**, with 12% of male students affected (227,000) compared with 8.2% of female students (154,000).

Statistics on **educational attainment** for students with disabilities show that in 2020 (Parliament of Australia):

- People with disability were **more likely to leave school earlier**, with over one in four not progressing beyond Year 10 (26%), compared with fewer than one in five people without disability (18%).
- **Completion of Year 12 was also lower**, with just over one in three people with disability aged 15-64 finishing school (36%) compared with three in five without disability (60%).
- Among young people aged 15-24, fewer with disability were **fully engaged in work or study** (38%) compared with their peers without disability (56%).
- **More recent data shows some progress**: in 2022, nearly three-quarters of young people with disability aged 20-24 had completed Year 12 (74.3%), but this is still less than around nine in ten of their non-disabled peers (87.4%).

[11] These figures are based on the most recent available data.

In 2018, **most students with disability were educated in mainstream schools** (89% or 338,000) (AIHW, 2024):

- The majority attended only regular classes in a mainstream school (71%).
- Nearly one in five were in special classes within a mainstream school (18%).
- A smaller group attended separate special schools (12%).

Bullying and exclusion

Bullying and exclusion are widespread for students with disability. In CYDA's 2024 Education Surveys:

- Three in four reported being bullied (75%)
- Nearly the same number were excluded from school activities or events (72%).
- Both **figures have increased since 2022**, when 70% reported bullying and 65% reported exclusion (CYDA, 2025).

Across CYDA surveys in 2022 and 2023:

- Only half of students with disability **felt welcome and included** at school (54%).
- Seven in ten said they were **excluded from school activities** (70%).
- Two-thirds reported being **bullied** (65%).
- Just over one in four felt **supported to learn** (27%).
- Only around one in three families believed teachers and support staff had **adequate training** to support their child (35%).

Findings from Mission Australia's 2020 youth survey showed that young people with disability (aged 15-19) were **more than twice as likely to experience bullying in the previous 12 months** (43%) compared with their peers without disability (19%). This included both physical bullying (e.g., hitting, punching) and cyberbullying (e.g., hurtful messages, pictures, or comments) (Hall, 2020).

Schooling restrictions and difficulties

In 2022, among children and young people aged 5-20 with disability (ABS, 2022):

- A small but significant proportion attended **segregated settings**: one in ten went to a specialist school (10.0% or 57,800), with similar rates for boys (11.8%) and girls (9.4%).[12]
- Nearly one in five attended special classes within a **mainstream school** (18.3% or 106,000), with **boys more likely to be in mainstream settings** (21.4%) than girls (12.8%).

[12] The term special school is more commonly used in relation to disability. However, ABS use the term "specialist school". See https://www.abs.gov.au/articles/children-and-young-people-disability-2022.

- Most had some form of **education restriction** (83.7%), with **higher rates among those with profound or severe disability** (93.4%) compared with those with moderate or mild disability (76.6%).
- **A small group could not attend school** because of their disability (5.5%).

Learning experiences also revealed challenges:

- Six in ten reported experiencing difficulty at their place of learning (59.9%).
- The top issues were learning difficulties (36.4%), emotional difficulties (36.4%), trouble concentrating (35.3%), and fitting in socially (32.2%).

Exclusion and disciplinary action were common:

- One in five reported being excluded from school-based activities such as excursions, camps, NAPLAN tests, assemblies, or formals (19.5%). This was more common for those with profound or severe disability (27.1%) compared with those with moderate or mild disability (12.4%).
- More than one in seven reported suspension or expulsion from school (15.2%), with boys almost three times more likely to be suspended or expelled than girls (20.3% compared with 7.2%).
- Broader evidence from the Disability Royal Commission shows that students with special education needs experience higher rates of suspension and expulsion compared with students without SEN (AITSL, 2020).

Schooling support

In 2022, among children and young people aged 5–20 with disability attending school or another educational institution (ABS, 2022):

- Just over half received some form of **additional support** (58.9%).
- The **most common types of support** were special tuition (25.5%), access to a counsellor or disability support person (21.0%), and special assessment procedures (19.6%).

Yet support **often fell short of needs**:

- Among those receiving support, two in five still needed more help (40.3%).
- This unmet need was higher for students with profound or severe disability (47.6%) than for those with a moderate or mild disability (33.1%).
- Among students not receiving support, one in four required it (25.8%).

The gap was especially **stark by severity of disability**:

- Nearly half of those who needed support had a profound or severe disability (45.5%), compared with less than one in five with a moderate or mild disability (17.6%).

School adjustments

In Australia in 2024 (ACARA, 2024):

- **More than one million students received an educational adjustment** due to disability (1,062,638), representing over one in four of all school enrolments (25.7%). This has steadily increased from 24.2% in 2023 and 18.0% in 2015.
- **Only a small proportion required the most intensive support**, with 2.5% of all students provided with extensive adjustments. A further 4.7% received substantial support, 11.1% had supplementary support, and 7.3% were supported through quality differentiated teaching practices.
- Among all adjustments provided, most were directed to students with cognitive disability (53.9%), followed by social-emotional disability (35.0%), physical disability (8.6%), and sensory disability (2.5%).

The 2021 Census also showed how many **students need assistance with core activities** across education levels (ABS, 2021), **most commonly at primary school:**

- Preschool: 14,002 students
- Primary – Government: 73,461 students
- Primary – Catholic: 13,335 students
- Primary – Other non-Government: 9,393 students
- Secondary – Government: 44,726 students
- Secondary – Catholic: 8,903 students
- Secondary – Other non-Government: 8,541 students
- Vocational education (including TAFE and private providers): 15,596 students
- University or other higher education: 13,135 students.

In 2022, among students with disability who required an adjustment:

- 22.6% attended a government school
- 20.0% attended a Catholic school
- 20.3% attended an independent school.

Further education

In 2018, **187,000** people aged **15–64 years** with disability were studying for a **non-school qualification** (AIHW, 2024).

For **Vocational Education and Training** (VET):

- In 2022, 4.1% of domestic VET students aged 15–64 self-identified as ‘having a disability, impairment or long-term condition’ (AIHW, 2024).
- Among young people**,** 9.6% of people aged 20-24 years with disability were enrolled in Technical and Further Education (TAFE) (ABS, 2022).

In **Higher Education**:

- In 2021, 10% of domestic undergraduate higher education students aged 15 and over self-identified as ‘having a disability, impairment or long-term condition’ (AIHW, 2024).

- In higher education settings, students with disability make up only 10% of university enrolments and **rate their higher education experience lower** than other students. The lack of inclusive and accessible environments means **fewer students with disability stay in school**, with only **half as many getting bachelors degrees** as their non-disabled peers (ADCET, 2024).
- In 2022, of young people aged 15-24 years with disability (ABS, 2022), 23.0% of people aged 20-24 years with disability were enrolled in university or other higher education.[13]

University students with a stated[14] disability in 2023 (QITL, 2023):

- **rated their overall experience less positively** (75.1%) than those without a stated disability (77.0%)
- **rated sense of belonging lower** (43.3% compared with 46.8% without disability) and **freedom of expression lower** (83.3% 86.5%).

Intersectional experiences

First Nations: Young Aboriginal and Torres Strait Islander people with disability may encounter significant barriers in accessing and participating in education. In 2022 (AIHW, 2024):

- eight in ten (79.8%) of young Aboriginal and Torres Strait Islander people with disability, aged 5-20 years, were attending school
- 65.1% reported having a schooling restriction such as having difficulty at school, attending special classes, needing special assistance, equipment or arrangements when attending school
- 25.6% reported being excluded from school-based activities due to their condition
- 15.3% reported being expelled or suspended from school.

Regional and remote areas: 12% (or 85,000) of students living in Inner regional areas had disability, compared with 9.3% (or 256,000) of students living in Major cities (AIHW, 202).

Disability type:

- Two out of three (65% or 148,000) male school students with disability had intellectual disability, 40% (or 91,000) had psychosocial disability and 36% (or 81,000) had sensory and speech disability. These rates are higher than for female students with disability (54% or 84,000, 38% or 58,000, and 26% or 40,000 respectively) (ABS 2019).

[13] The 2021 data includes people aged 15 years and over, while the 2022 data focuses on 15–24 years.
[14] The authors of this source use the term ‘stated’ to indicate that some people might have disability but not stated in the survey.

- School-age children with psychosocial disability (13% or 23,000) were slightly more likely not to attend school than those with intellectual disability (8.7% or 22,000) (ABS 2019).

Disability severity: School students with severe or profound disability were less likely than other students with disability to go to a mainstream school and far more likely to go to a special school (Parliament of Australia).

Data gaps

- National data does not reflect rates of enrolment refusal, shortened school days, modified timetables, withdrawal from activities, or informal exclusions – even though this is commonly reported by families and highlighted in CYDA and Disability Royal Commission evidence.
- Disability data is collected differently across states and sectors, (ACARA NCCD, SDAC, Census), making it difficult to track students across time, compare experiences, or understand outcomes by disability type/severity.
- Existing data rarely captures the compounding effects of disability with First Nations status, gender, socioeconomic disadvantage, or location.

Further Information

- Visit CYDA's website for the Education Survey Reports
- Visit CYDA's website for the National Youth Disability Summit: What Young People Said on Inclusive Education Report
- Visit CYDA's website for the Changes to the Disability Standards of Education Submission
- Visit AIHW's website for more information on People with Disability in Australia: Education and Skills
- Visit CYDA's website for the Post School Transition: The Experiences of Students with Disability Report

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4. Employment

This section presents information on the experiences of children and young people in employment settings, illustrating the need for more inclusive employment in Australia. Employment plays a critical role in supporting young people's independence, financial security, social connection, and long-term wellbeing.

Why it matters: For children and young people with disability, access to meaningful and inclusive employment is very important as it can promote greater social and economic participation (CYDA, 2025). For example, the segregated "polished pathway" pushes young people with disability into Australian Disability Enterprises where they are paid less than minimum wage, with little opportunity to move into open and meaningful employment (Inclusion Australia, 2022). Households with children with disability also frequently experience lower workforce participation among caregivers.

Labour force participation

Among young people aged 15-24 with disability in 2022 (ABS, 2025):

- Just over half were participating in the labour force (58.3% or 251,900), **well below the participation rate** of their peers without disability (72.8%).
- **Fewer than half were employed** (46.6%), though this was an improvement from 2018 when only 39.6% were employed.
- Of those in the labour force, **four in five were employed** (80%), slightly up from 76% in 2012.
- **Unemployment remained high**: at 19.3%, the rate was more than double that of young people without disability (7.7%).
- Young people (aged 15-24) were **more likely to be underemployed** than those aged 25-64.

Transition to employment

In 2023, **just under two-thirds of Vocational Education and Training graduates** with disability were employed after completing their training (62%) (AIHW, 2024). Earlier analysis of 2018 SDAC data identified a large "job ready" group of 253,000 people with disability (either unemployed or intending to seek work within 12 months). **Nearly one in five of this "job ready" group were teenagers aged 15–19** (around 20%) (SACES, 2021).

Outcomes from Vocational Education and Training also showed a clear employment gap: in 2021, around three-quarters of adults with disability who completed a VET qualification were employed or went on to further study (73.4%), compared with nearly nine in ten adults without disability (86.6%) (SCRG, 2023).

Employment rates were far lower among young NDIS participants, with fewer than one in five aged 15-24 in work (19%) (AIHW, 2024). NDIS participants who previously attended special schools were **less likely to transition into employment** in any setting, and more likely to transition into employment in **ADEs**, than those from mainstream classes (DRC, 2023).

Labour force status for carers

In 2022 (ABS, 2022):

- Almost **three-quarters of carers were participating in the labour force** (74.5%), showing a small increase from 2018 (70.9%).
- Despite this**, carers were less likely to be employed** than non-carers, with 70.4% in work compared with 79.3% of non-carers.
- **Male carers had higher employment rates** (74.8%) than female carers (66.5%).
- **Primary carers were the least likely to be in the labour force** (64.6%), compared with other carers (79.9%) and non-carers (82.0%).

For primary carers aged 15-64 years, employment status varied depending on the number of hours of care per week they were providing. Less than half (45.4%) of primary carers providing more than 40 hours of care per week were employed, compared with 71.6% of those providing less than 20 hours of care per week.

Intersectional experiences

Gender: In 2022, more females with disability (50.7%) were employed than males with disability (40.9%) (ABS, 2025).

Regional and remote areas: In 2022, only 73% of young people with disability in the labour force living in regional and remote areas were employed, compared to 83% of young people in major cities (AIHW, 2025).

Disability type: In 2022, 79% of young people with physical restriction in the labour force were employed, compared with 75% of young people with psychosocial disability (AIHW, 2025).

Disability severity: In 2022, the proportion of young people with disability in the labour force who were employed was 72% for young people with severe or profound disability, and 83% for young people with other disability status (AIHW, 2025). While these rates are relatively high, quality, choice and control in relation to the type of employment is unclear.

Data gaps

- While participation and employment rates are reported, there is no comprehensive national data that reports rates of recruitment discrimination, workplace adjustments denied, underpayment, unsafe work environments, or informal exclusion experienced by young people with disability.
- There is no national data tracking wages, progression opportunities, or transitions out of Australian Disability Enterprises, despite strong evidence that many young people remain in low-paid, segregated settings.[15]
- Labour force statistics rely on self-reporting, and vary across ABS, AIHW and NDIS data, making it difficult to compare employment outcomes by disability type, severity, or support needs—especially for young people.
- National data does not measure whether employers are equipped to provide inclusive workplaces (e.g., training, reasonable adjustments, supported onboarding), nor whether young people with disability feel safe, supported, and connected at work.

Further information

- Visit Bankwest Curtin Economics Centre website for more information on Employment and disability in Australia and Improving employment outcomes for people with disability
- Visit Social Ventures Australia website for the report called Voices on Work: Young People with Disability in Greater Melbourne
- Visit Australian Institute of Health and Welfare (AIHW) website for more information on Employment and Unemployment
- Visit Australian Institute of Health and Welfare (AIHW) website for more information on People with disability in Australia
- Visit Children and Young People with Disability Australia website for the National Youth Disability Summit report on What young people with disability said about Employment

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5. Health and wellbeing

This section presents information about health and wellbeing of children and young people with disability in Australia. It takes a broad view of health and wellbeing—including physical and mental health, and health service use. For more on the concept of disability, see the World Health Organization's International Classification of Functioning, Disability and Health (WHO, 2018).

Why it matters: The health and wellbeing of children and young people with disability are shaped by a complex interplay of factors. Disability is not defined just by a health condition; but is a multi-dimensional concept that reflects how health conditions interact with environmental, social, and personal factors. This means that people with similar health conditions can have very different experiences of disability, and a health condition may contribute to disability in one person but not in another.

Physical health

Of the 946,300 children and young people aged 0-24 with disability in 2022 (ABS, 2025):

- **Children were more likely to have only one long-term health condition**—over half of those aged 0-14 years reported one condition (52.4%), compared with just over a third of young people aged 15-24 (35.6%).
- In contrast, **young people were more likely to experience multiple conditions**: more than one in three aged 15-24 had three or more long-term health conditions (37.7%), nearly double the rate of children aged 0-14 (20.3%).
- Around one-quarter of both children (27.3%) and young people (26.0%) had two long-term health conditions.

Among all children and young people with disability, **one in three** (33.6% or 318,000) **reported a physical condition as their main health issue**. The most common included respiratory diseases (5.1%), especially asthma (4.7%), and nervous system conditions (4.5%) such as migraines (1.6%) and epilepsy (1.0%).

Looking at the broader youth population, **three in four young people aged 15-24 had at least one chronic condition in 2022** (77%) (AIHW, 2024). The most common conditions were short-sightedness/myopia (28%), hay fever or allergic rhinitis (27%), anxiety disorders (26%), and depression (17%).

Wellbeing and mental health

In 2022, **more than two-thirds of children and young people with disability reported a mental health condition**[16] (67.1%) (ABS, 2025):

- Anxiety disorders were the most frequently reported, affecting 13.1% overall, including 11.5% with Generalised Anxiety Disorder.
- Young people aged 15–24 were more than twice as likely to report anxiety disorders (20.2%) compared with children aged 0-14 (7.6%).
- Females were also more likely to experience anxiety disorders (16.8%) than males (10.9%).

Looking more broadly at all young people (with and without disability), about **one in four (26%) aged 16-24 reported high or very high psychological distress** between 2020–22 (ABS, 2023).

The difference between those with and without disability is stark. Nine in ten (90.9%) young people with disability reported high or very high psychological distress in the past four weeks, compared with 70.6% without disability (Hill et al., 2022).

Health service use

In 2018, **children and young people with disability accessed health services differently** compared with adults with disability aged 25-64 (AIHW, 2023):

- They were less likely to see a GP (86% or 557,000 compared with 95% of adults, 1.7 million), seek urgent GP care (15% or 99,000 compared with 22% of adults, 383,000), or be admitted to hospital (18% or 116,000 compared with 24% of adults, 426,000).
- In contrast, they were more likely to see a dental professional (64% or 415,000) than adults (46% or 819,000).

For **all young people** (with and without disability) in 2021-22 (AIHW, 2023):

- Those aged 12-24 accounted for almost one-quarter of all people receiving Medicare-subsidised mental health-specific services (23% or 643,000).
- Young adults aged 18-24 were the most likely group to access these services, with nearly one in five (18%) doing so. Females had a higher rate of service use (13%) compared with males (8%)[17]

[16] The ABS use the phrase “mental or behavioural disorder” to describe people with a mental health condition. We use the term ‘mental health condition’ instead to reflect strengths-based language.
[17] An individual may receive a service from more than one type of provider and can be counted more than once.

- The most common providers of Medicare-subsidised mental health care in 2020-21 and 2021-22 were GPs, followed by other psychologists, then clinical psychologists.

Sexual and reproductive health

Evidence highlights several sexual and reproductive health and rights inequities affecting young women and girls with disability:

- They face **limited access to sexual and reproductive health services**, including in GP settings, hospitals, local surgeries and clinics (WWDA, 2022).
- The legal and policy environment contributes to structural inequity: **children are removed from parents with disability at ten times the rate of non-disabled parents** (WWDA, 2016).
- Financial barriers are substantial. The 2024 *Period Pride* Report found that 78% of menstruating people with disability or chronic health condition found it difficult to buy period products, 30% had to **improvise period products due to cost**. The 2021 *Period Pride* Report found that 24% of **young women and girls with disability** reported difficulties **affording menstrual products**, indicating disproportionate financial strain (Connory & WhyHive, 2021).[18]

When it comes to **contraception and mental health**, survey data from WWDA (2022) indicates that:

- 67% of respondents felt comfortable with their knowledge of contraception and safe sex.
- 79% felt comfortable with their knowledge of menstruation and menstrual health.
- 16% used hormonal contraception to manage disability-related symptoms, 41% used it to manage pain, and 48% used it to manage menstruation or heavy bleeding.

The WWDA survey (2022) also found that **decision-making autonomy** was limited for many young women with disability:

- 17% reported that someone else decided what contraception they used.
- Over 20% said this decision was made by a parent or guardian.
- 23% reported their doctor made the decision.

[18] The 2021 report has the most up to date age specific data as the 2024 report did not break down the data by age.

Data gaps

- Most national health data (e.g., AIHW, ABS, Medicare service data) does not present disability measures for children and young people, making it difficult to understand age-specific health patterns, service use, and unmet needs.
- Although high rates of psychological distress and mental health conditions are reported, current data does not capture how mental health varies across disability types (e.g., psychosocial, intellectual, physical).
- National reporting focuses on service use (e.g., GP visits, hospital admissions) but lacks information on unmet need, such as delayed or avoided care, long waitlists, inaccessible environments, or provider refusal.
- There is limited information on access to preventive care (e.g., health promotion, screening, immunisation, sexual health education, mental health literacy) for children and young people with disability.
- Sexual and reproductive health data rarely includes disability status, and when if so, it is not broken down by age. As a result, little is known nationally about contraception use, sexual health education, autonomy, safety, or barriers to accessing care for young people with disability.
- Despite the prevalence of disability in Australia, young women and girls with disability are rarely included in sexual and reproductive health statistics, policies or programs. This omission reflects sexual ableism.[19]

Further information

- Visit Children and Young People with Disability website for CYDA's National Youth Disability Summit Report on what young people said about self-care
- Visit the Australian Bureau of Statistics website for more information on the National Study of Mental Health and Wellbeing
- Visit Children and Young People with Disability Australia website for CYDA's response to the Commonwealth Government's COVID-19 Response Inquiry
- Visit Children and Young People with Disability Australia website for CYDA's Joint submission to the Select Committee into the Provision of and Access to Dental Services in Australia
- Visit Australian Institute of Health and Welfare (AIHW) for more information on Australia's children

[19] Sexual ableism is defined as a system that evaluates sexuality based on perceived ability, intellect, morality, physicality and appearance, framing the sexuality of people with disability as inappropriate.

- Visit the Australian Institute of Health and Welfare (AIHW) website for the Sexual and reproductive health monitoring framework and data strategy which includes people with disability as a priority population.

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6. Housing, transport, and infrastructure

This section presents available information on access to appropriate housing and transport, and highlights how inclusive infrastructure planning can support the rights and needs of children and young people with disability.

Why it matters: Safe, accessible and affordable housing, transport, and infrastructure are essential to the inclusion, independence, and wellbeing of children and young people with disability. Yet there is limited national data specifically focused on this age group. Because of this, we draw on data from the broader population of people with disability, which is likely to reflect many of the same barriers and experiences faced by children and young people—especially during key life transitions like moving out of home, accessing education or work, and engaging with their communities.

Housing status

In 2018, the **living arrangements** of young people aged 15-24 with disability showed **clear differences** compared to their peers without disability (AIHW, 2024):

- Around four in ten lived as dependent students (40% or 117,000), while a similar proportion were non-dependent children in their household (39% or 115,000). One in five (20% or 59,000) had another household relationship, such as living independently as a partner, parent, or lone person.
- The most common arrangement for young people with disability was being a dependent student in a home owned by someone else (27% or 80,000). This was followed by living as a non-dependent child rent free (23% or 68,000).
- In contrast, young people without disability were less likely to live as non-dependent children (26%) and more likely to fall into the “other” category (30%). The most common arrangement was also living as a dependent student in a home owned by someone else (34%), followed by being an “other” householder paying rent (24%), which was less common for those with disability.

Housing modifications, satisfaction, and moving

In 2018 (AIHW, 2024):

- People with disability aged under 25 (5.0% or 32,000) or 25-64 (7.0% or 124,000) were **far less likely to have modifications** to their home than those aged 65 and over (20% or 359,000).
- **Three-quarters of young people with disability** aged 15–24 were **satisfied with their home** (75%), compared with just six in ten of those aged 25-44 (60%) (the age group least likely to report high satisfaction).
- **Moving house was more common** among younger people with disability. In 2021, nearly one in four aged 15-24 (24%) and nearly three in ten aged 25-34 (29%) had moved in the past year, compared with 9.4% aged 55-64 and just 4.9% of those 65 and over. Rates were similar for people without disability.

- Younger people under 65 (8.2% or 197,000) were about as likely as older people aged 65 and over (9.3% or 164,000) to report having to **move at least once in their lifetime** because of their condition or age. About one in twelve people with disability (8.6% or 358,000) reported this, and it was more than twice as likely for people with severe or profound disability (15% or 187,000) compared with those with other disability (5.8% or 172,000).
- Of the 37,900 participants who received **support for home modifications**, almost four in five were aged 35 and over (79% or 29,900), despite this group making up only about one-third of all NDIS participants (32%).

Homelessness

In a 2024 Victorian study of **young people aged 15-25 with lived experience of homelessness** (Orygen, 2025):

- Half were living with a disability (50%).
- Among young people using Specialist Homelessness Services (SHS), 12% of clients aged 15-24 had a disability.

Looking at the broader homeless population:

- About one in twenty people experiencing homelessness had a profound or severe disability (5%) (AIHW, 2022).
- The 2021 Census showed the **largest increases in homelessness** since 2016 **were among children**: up by 11% for those under 12, and up by 14% for those aged 12-18 (AHURI, 2023).
- Of the 116,427 Australians experiencing homelessness in 2021, nearly **one-quarter were young people aged 12–24** (24% or 27,680). A further 17,646 children under 12 were also affected (14.4%).
- Repeat homelessness was more common among SHS clients with disability: 7.8% (1,200 people), compared with 4.7% without disability (AIHW, 2023).

A note on data

Data in the remainder of this section about access to buildings, venues, locations and facilities is taken from the SDAC (ABS, 2022). Questions were asked of respondents who: were aged 5 years or more, had disability, were living in households, reported leaving home and needing assistance, or had difficulty with communication or mobility because of disability.

Access to physical infastructure and public transport

Of the general population of **people with disability** in 2022 (ABS, 2022):

- Around 2.2 million people had difficulty accessing buildings or facilities in the past year, representing just over one in four (26.4%).

The **most common difficulties** included:

- Moving around inside buildings (15.4%), such as dealing with stairs, narrow doors or corridors, or cluttered walkways.
- Accessing approach areas (12.0%), including ramps, handrails, and lighting.
- Using car parking facilities (10.5%).

The **types of locations** most often reported as difficult to access were:

- Shops and banks (16.1%).
- Medical facilities such as GP clinics, dentists, or hospitals (11.1%).
- Public streets (9.3%).

Of the 5.2 million people aged 5 years and over with disability living in households (ABS, 2022):

- **Nearly three-quarters** (74.4%) were able to use **all forms of public transport**, though **only around six in ten** (62.5%) could do so **without difficulty**.
- A smaller group (7.0%) were able to use some, but not all, public transport.
- Almost **one in five** (18.0%) **could not use any form of public transport** at all.

Among the 1.9 million people who reported difficulty or inability to use public transport because of their condition, the **most common barriers** were:

- Issues getting in or out of vehicles due to steps (39.5%).
- Difficulty getting to stops or stations (33.0%).
- Fear or anxiety (29.4%).
- Lack of seating or difficulty standing (25.5%).

Data gaps

- Most housing data (ABS SDAC, Census) reports on adults with disability. There is little to no data specifically capturing the housing needs, experiences or transitions of children and young people (e.g., overcrowding, forced moves, accessibility of family homes, experiences when moving out of home).
- There is no system-level data on whether young people's homes meet accessibility needs (e.g., modifications, safe design, sensory needs, adaptive equipment), how many require modifications but cannot access them, or how long young people wait for NDIS-funded home modifications.
- While SDAC reports accessibility issues, it does not report by age or capture youth-specific environments such as playgrounds, schools, sporting facilities, libraries, youth centres, after-school activities, or tertiary campuses.
- Youth homelessness is reported separately from disability status in national data. As a result, it is not possible to understand the scale, pathways, or causes of homelessness specifically for children and young people with disability.

Further information

- Visit Children and Young People with Disability Australia website for CYDA's submission to the National Housing and Homelessness Plan
- Visit Children and Young People with Disability Australia website for CYDA's response to the inquiry into the worsening rental crisis
- Visit Australian Institute of Health and Welfare (AIHW) website for more information on housing for people with disability in Australia

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7. Income and finance

This section presents information about the income and financial situation of children and young people with disability, their families and caregivers. While this report focuses on young people with disability, data from the broader population has been included in this section where age-specific data is limited, to highlight systemic issues that also affect young people and influence their long-term financial security.

Why it matters: Income support rates in Australia are not enough to cover basic needs and keep many people with disability in poverty. A recent report by the Australian Council for Social Services (ACOSS, 2024) recommended that income support be raised and indexed to at least $80 a day, with additional supplements of at least $65 a week for people with disability or illness to account for higher cost of living. People with disability face additional expenses related to transport, housing, healthcare, and support services, which are not adequately covered by current payments. This is compounded by the rising cost of living, making it more difficult for young people with disability to meet basic needs and participate fully in society.

Personal and household income

Young people (aged 15-24) with disability (68% or 179,000) were **more likely to have a low level of personal income** compared with those aged 25-64 (33% or 489,000) and those aged 65 and over (37% or 546,000) (AIHW, 2024).

Young people (aged 15-24) with **severe or profound disability** (77% or 75,000) were more likely to have a low level of personal income compared with those with severe or profound disability aged 25-64 (44% or 146,000) (AIHW, 2024).

For all **people with disability** in 2022 (ABS, 2022):

- There was a median gross personal income of $575 per week, almost half that of people without disability ($1,055).
- Nearly half (44.8%) were in the lowest income bracket for households compared with one in four of those without disability (24.5%).
- Far fewer were in the highest income bracket – just 14.1% of people with disability, compared with over a quarter of those without disability (26.2%).
- The main sources of income also differed: wages and salaries were the most common (48.9%), though this remained well below the general population and only recently increased from 37.6% in 2018.
- By contrast, reliance on government pensions or allowances has declined, but still accounted for over one in four people with disability (28.5%), down from more than one in three in 2018 (37.9%).

Households with a person with disability were more **likely to have lower incomes** (AIHW, 2024):

- More than one in three households with a person with disability had a low weekly income (38% or 2.2 million), compared with fewer than one in five households without disability (18% or 2.2 million).
- Households with a child with disability were also more likely to be low income (29% or 475,000), compared with one in four households without a child with disability (25% or 3.9 million).
- Far fewer households with a child with disability were in the high-income bracket (21% or 347,000), compared with nearly one in three of those without a child with disability (32% or 5.1 million).

Income sources for **primary carers** also differed by age:

- Older carers aged 65 and over were far more likely to rely on a government pension or allowance as their main income (68% or 156,000), compared with just under two in five carers aged 15-64 (39% or 243,000).

Pensions and allowances

In 2021, **young people** aged 15-24 were **less likely (26%) to receive the Disability Support Pension (DSP) compared with older groups** (31% of 25–44-year-olds and 45% of 45–64-year-olds; AIHW, 2024). By December 2020, of the 567,700 young people aged 16–24 receiving any income support payment, only **one in ten received disability-related payments** (10%) (AIHW, 2021).

Young people were also **much less likely to receive both disability-related and parenting payments** (10% for 16–24-year-olds compared with 36% for 25–64-year-olds, and 8% compared with 12% for parenting payments) (AIHW, 2021). For those with the highest support needs, almost half of young people with severe or profound disability relied on a government pension or allowance as their main income source (44%) (ABS, 2019).

The **importance of income support was highlighted during the COVID-19 pandemic**: when payments were increased, poverty among single-parent families dropped dramatically from 39% to 17% (Social Ventures Australia & Brotherhood of St Laurence, 2021). Despite this need, access to DSP is highly restricted, with almost half of claims rejected each year (44%) (PWDA, 2024). Many recipients remained in poverty, with two in five DSP recipients living below the poverty line in 2020 (41%) (Davidson et al., 2020).

Cost-of-living

In 2018 (AIHW, 2024):

- Out of the 650,000 Australian children and young people with disability, around **24,000 delayed or skipped seeing a GP due to cost.**
- A further **12% were unable to access essential dental care** for financial reasons.

In New South Wales in 2023, among children and young people with disability aged 10-24 (ACYP, 2023):

- One in five (21%) reported their parents had **avoided medical services** for them because of costs.
- Nearly half had **taken on debt** (45%) or said they were struggling financially (47%).
- Around three in ten **avoided medical care** themselves (29%) or borrowed money from family or friends (34%).
- An overwhelming majority (85**%) described their financial situation negatively**.

Housing affordability remains especially stark (Anglicare Australia, 2025):

- In 2022, only 66 rental properties nationwide—just 0.1% of the market—were affordable for people on the Disability Support Pension, leaving **99.9% of homes out of reach.**

Data gaps

- Most income and financial stress measures (e.g., poverty rates, income support reliance, cost-of-living pressures) are reported for adults.
- Australia has no public national data quantifying the additional out-of-pocket costs faced by families or young people (e.g., healthcare, transport, assistive technology, therapy, education expenses).
- Housing affordability reporting generally focuses on adults or households. There is no public national data describing the rental stress, housing insecurity, or affordability barriers faced specifically by young people with disability, including those living with family or attempting to move out of home.

Further information

- Visit Australian Institute of Health and Welfare (AIHW) website for more information on People with disability in Australia: Income and finance.
- Visit Children and Young People with Disability Australia website for more information on Disabled young people forgotten in 'cost-of-living' budget
- Visit Orygen and Mission Australia website for the Counting the cost of living – The impact of financial stress on young people report
- Visit Children and Young People with Disability Australia website for CYDA's submission to the Select Committee on the Cost of Living
- Visit Children and Young People with Disability Australia website for CYDA's submission to the Senate Inquiry into the Extent and Nature of Poverty

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8. National Disability Insurance Scheme

This section presents information on NDIS participation and eligibility for children and young people, their use of funded supports, the types of goals they are working toward, and the extent to which their needs are being met.

Why it matters: Children and young people have specific support needs, including around early childhood, health, and education. While the majority of NDIS participants are aged 2-17, more than four in five children with disability have unmet support needs (NDIA, 2024). These gaps are greater for families on low incomes or with adults with disability, single parent households, and those in regional or remote areas. Children and young people with disability, their families and caregivers are concerned they will be removed from the NDIS without clear alternative supports. Extensive investment in early supports and at key transition points is proven to lead to better outcomes, and this approach has the added benefit of saving money into the future.

NDIS participants, eligibility, and use

Compared with the broader disability population, **NDIS participants are much younger**. As at June 2023, 43% (260,700) were aged 14 or under and one-third (33% or 202,600) were 15-44. By contrast, in 2018 only 8.2% (356,000) of all people with disability in Australia were aged 14 or under, while nearly half (44% or 1.9 million) were aged 65 or over (AIHW, 2024).

At December 2019, **almost two-thirds of NDIS participants were aged under 35** (65.5%), compared with just 41.0% of the rest of the population (ABS, 2021). Most recent data from December 2025[20] shows there were 761,442 Australians registered with the NDIS, with **more than half (52% or 397,955)[21] under the age of 18** (NDIA, 2025).

Eligibility rates were highest for the youngest applicants: almost all children aged 6 or under were deemed eligible (98% or 211,700), compared with 90% of applicants aged 15-18 (42,600), 84% of those aged 25-34 (49,000), and only 69% of applicants aged 55-64 (83,200) (AIHW, 2024).

NDIS participants are also more likely to use health services:

- Across all ages, they were 1.7 times more likely to attend a specialist at least once (53.2%) compared with the rest of the population (31.7%) (ABS, 2021).

[20] As this data is updated quarterly, this figure might not be the most recent. Please visit https://dataresearch.ndis.gov.au/explore-data for the most recent NDIS registration data.
[21] See 'Table D.2 Numbers of active participant plans by age group as at 31 December 2025'

Among children aged **0-6 years**, almost two-thirds of NDIS participants had seen a specialist (63.7%), nearly four times the rate of their peers without NDIS (16.7%).

- For those aged **7-14 years**, over half of NDIS participants (58.6%) had seen a specialist, nearly four times higher than those in the same age group without NDIS (15.6%). 7-14 year olds recorded the lowest average number of specialist visits (2.9 visits per person), slightly below those aged 0-6 (3.1 visits).
- **Medicine use was also higher among NDIS participants**. In 2019-20, their use of PBS medicines was greater than the rest of the population across all age groups, with the **largest gap for children aged 7-14** (70.2% compared with 42.1%) (ABS, 2021).

According to the most recent NDIS Quarterly Report in December (NDIA, 2025):

- **Participation rates differed by gender at younger ages** (e.g., age 5: 14% for males compared with 7% for females). This gap may reflect diagnostic patterns (autism and developmental delay are more commonly diagnosed in males).
- As at 31 December 2025, **166,757 children under 9 had an NDIS plan**, with a further 23,185 accessing early connections.
- Of those under 9 with a plan, **2,657 lived in remote or very remote areas**.
- Children are entering the scheme faster than older participants, with **66% of all new participants in 2024-25 under age 15.**

Plan goals

Goals differ based on age:

- For young children (aged under 7), **goals mostly relate to daily life** (94%), learning (65%), and social and community activities (77%) (AIHW, 2024).
- **Work is a goal most often identified by participants aged 19-24** (60%), followed by participants aged 25-34 (50%) (AIHW, 2024).
- **“Where I live” is a goal more often identified by older ages**—35% or higher for all age groups over 24, compared with 24% aged 19-24 (AIHW, 2024).
- **Learning is a goal more often identified by younger ages**—65% of participants aged under 7, and 42% of participants aged 7-14 name Learning as a Plan goal, compared with 14% of participants aged 55-64 (AIHW, 2024).

Participant outcomes and improvements

According to the most recent NDIS Quarterly Report in December 2025 (NDIA, 2025):

- From birth to when they start school, children show **improvements across all areas after receiving NDIS support**, with the largest improvements in fitting into family life, fitting into community life, and choice and control.
- Between starting school and turning 14 years old, children **show improvement across all areas**, with daily living the strongest area of improvement.

- Participants aged 15 and over also report **improvements across all areas**, with the strongest improvements in choice and control, daily living, health and wellbeing, and social/community/civic participation.

Unmet needs

Among a sample of over 600 parents/caregivers of children aged 2-17 (O'Flaherty et al., 2024):

- **83%** of children with disability have **unmet support needs**[22].
- The **most common unmet need** was for **therapy** (50.6%), then school-based supports (43.9%), support workers (36%), access to community activities (29.4%), and aids or assistive technology (20.2%).
- **Exclusion from the child's NDIS plan** (45.3%) was the leading reason for unmet needs.
- Those **aged 3-17 have the greatest unmet support needs** (50% more than pre-school aged children), followed by those aged 9-12 (40% more than pre-school aged children).
- There are **higher levels of unmet need** (in the order of 26-40%) for children with cognitive, social/behavioural, mental health, or self-care difficulties.

Intersectional experiences

Barriers to NDIS access **disproportionately impact** children and young people from **lower socioeconomic** and **culturally diverse** backgrounds, as well as **girls** and those with **Intellectual Disability**. Barriers to access are also greater for families on **low incomes** or with **adults with disability**, **single parent** households, and those in **regional or remote** areas (O'Flaherty, Hill, and Smith-Merry, 2024).

Data gaps

- NDIS reporting focuses on funded supports and participant goals, but there is little national data linking NDIS participation to broader outcomes such as education access, mental health, family wellbeing, community participation or long-term independence.
- There is no systematic data on the number of children and young people with disability who are ineligible for the NDIS, the reasons for ineligibility, or what supports they can access instead.

[22] This means that more than four in five children with disability do not get the supports they need.

- NDIS data reports on which supports are funded, but does not measure if children receive consistent supports that meet their needs, whether wait times are reasonable, or services are available in their region.
- There is very limited national information on how young people move between NDIS pathways from early childhood to adulthood, what supports drop off during transition points, or how these changes affect families. Transitions are known to be high-risk, yet are not systematically reported.

Further information

- Visit Children and Young People with Disability Australia website for the Joint submission on NDIS Amendment Bill
- Visit Children and Young People with Disability Australia website for CYDA's submission to the NDIS Provider and Worker Registration Taskforce
- Visit Children and Young People with Disability Australia website for CYDA's submission to the NDIS Quality and Safeguards Commission's Registration of Platform Providers Consultation Paper
- Visit Children and Young People with Disability Australia website for CYDA's Self-Directed Supports submission
- Visit Children and Young People with Disability Australia website for CYDA's submission to the DSS Foundational Supports consultations
- Visit Children and Young People with Disability Australia website for CYDA's submission to the draft lists of NDIS Supports
- Visit Children and Young People with Disability Australia website for CYDA's submission to the Independent Review of the NDIS
- Visit Australian Bureau of Statistics website for Characteristics of NDIS participants, 2019: Analysis of linked data

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9. Safety and justice

Content note: References to abuse, violence and trauma.

This section presents information on rates of violence and abuse relating to children and young people with disability in Australia, to raise and awareness and highlight the crucial need for better services, support and systems change.

Why it matters: Children and young people with disability experience high rates of abuse, violence and neglect. There are increased safety risks for children and young people with disability who are also First Nations, LGBTIQA+, culturally and linguistically diverse, low socioeconomic status, women/girls, and from regional and remote areas. The key issues and recommendations are presented in the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, and the Royal Commission into Institutional Responses to Child Sexual Abuse.

Abuse and neglect

Children and young people with disability are at **far greater risk of violence**:

- They are **three to four times** more likely to experience abuse than their peers without disability (Royal Commission, 2017).
- They are more than **twice as likely** (25%) to report experiencing violence in the last year than people with disability aged 45-65 (11%) (Sutherland et al., 2021).
- Younger people with disability aged 18-44 were **three times as likely** to report abuse or neglect as those aged 65 and over (17.6% compared with 5.6%).

Children with disability had **double the exposure to domestic and family violence** (8%) compared to children without disability (4%) (Robinson et al., 2022):

- According to police and hospitalisation data, children with disability made up approximately **30% of children exposed to domestic and family violence** (Robinson et al., 2022).
- Children with disability were **far more likely than children without disability to have child protection involvement and entry into out-of-home care**, with approximately 32% of children with disability involved in child protection and 36% of children with disability in out-of-home care (Robinson et al., 2022). [23]

Discrimination[24] and avoiding situations

In 2022, almost **one in five young people with disability** aged 15-34 years (17.6%) **experienced discrimination**, compared with 3.9% of those with disability aged 65

[23] The study notes that family violence is not the only reason for children to enter these systems.
[24] Disability discrimination is when people with disability are treated less fairly because of their disability.

years and over (ABS, 2022).[25] In 2022, **over half** (51.1%) **of people aged 15-34 years avoided situations** compared with 22.6% 65 years and over (ABS, 2022).[26]

Intersectional experiences

Gender: Females[27] with disability were more likely than males to report abuse or neglect overall (12.5%, compared with 9.8%), and emotional abuse (10.4%, compared with 7.4%) (ABS, 2022). Women with disability 18-29 years are twice as likely to report experiencing sexual violence over their lifetime than same-aged women without disability (CRE-DH, 2021). They are at greater risk of sexual violence, particularly ages 15–19. Around 68% of women with intellectual disability experience sexual abuse before age 18 (ALRC, 2010).

LGBTIQA+: 52.7% of young people with disability reported experiencing verbal harassment due to their sexuality or gender identity in the past year, compared to 34.7% of young people without disability (Hill et al., 2022). LGBTIQA+ people with disability were almost three times more likely to experience discrimination compared with heterosexual people with disability (27.7 % compared with 8.7%) (ABS, 2022).

First Nations: Aboriginal and Torres Strait Islander children with disability were disproportionately exposed to domestic and family violence (36%), compared to 26% of Aboriginal and Torres Strait Islander children without disability and only 3% of overall children without disability (Octoman et al., 2022).

Regional and remote areas: Young people with disability in rural or remote areas had the highest rates of experiencing verbal or physical abuse in the past 12 months (55.8% for verbal and 18.8% for physical abuse). Participants in an inner suburban area had the highest rates of experiencing sexual assault (41.1%) (Hill et al., 2022).

Data gaps

- Australia does not have unified national data on disability status in police records, hospitalisations, child protection data, or family violence services.
- Existing data does not capture the full range of environments where children and young people experience abuse (e.g., mainstream and special schools, residential settings, disability services, youth justice, online spaces). This leaves gaps in understanding institutional and systemic contributors to harm.

[25] Note: ABS makes the data comparison between these two age groups specifically.
[26] The SDAC defines situations as “visiting family or friends, shops/banks, restaurants/cafes/bars, public transport, work, public park or recreation venue, or medical facilities.”
[27] The terms “male” and “female” reflect how sex is reported by the Australian Bureau of Statistics.

- There is very little national data capturing how disability intersects with gender, First Nations identity, LGBTIQA+ identity, migration background, or socioeconomic (dis)advantage.
- Current data rarely reports whether young people with disability can access police support, legal assistance, trauma-informed care, counselling, safeguarding systems, or protective behaviours education. Without this information, service gaps and barriers to justice remain invisible.

Further information

- Visit Children and Young People with Disability Australia's website for CYDA's submission on a Child Safety Annual Reporting Framework
- Visit Children and Young People with Disability Australia's website for CYDA's submission to the Disability Royal Commission
- Visit Child Safe Organisations Project Report for more information on Child Safe Organisations.

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10. Social and community participation

This section highlights the higher than average rates of volunteer and caring work undertaken by children and young people with disability, as well as the unique challenges to participating they face.

Why it matters: Children and young people with disability participate actively in Australian society. They contribute through many roles including as students, family members, friends, employees, volunteers, advocates, carers, and community members. Many are strong advocates and leaders for people with disability, drawing on their own lived experiences to try and improve systems and outcomes. Yet they also experience barriers to social and community participation.

Volunteering

There are 1.5 million volunteers with disability, making up **almost one in four of all volunteers in Australia** (24%) (The Centre for Volunteering, 2024). People with disability were **more likely than people without disability to volunteer informally in their communities** at a rate of 41% (The Centre for Volunteering, 2024), which is higher than the national average (ABS, 2020).

Children and young people with disability were also **more likely to take on caring roles**. In 2022, 6.1% of those aged 0-14 were carers. This is more than **three times the rate of their peers without disability** (1.7%) (ABS, 2022).

Rates of volunteering among young people in the general population are also high, with 680,000 or 29.7% of Australians aged 18-24 years volunteering, but rates of volunteering for young people with disability specifically are unknown (Volunteering Australia, 2024).

Social and community participation

In 2022, among young people aged 15-24 with disability (ABS, 2022):

- Most **maintained regular in-person contact** with family or friends outside their household, with seven in ten seeing them at least once a week (70.3%).
- Around one in four saw them less often, less than weekly but at least once in the last three months (24.5%).
- A small minority had not seen family or friends at all in the past three months (3.2%).
- More than half had frequent non-visit contact (such as phone or online), speaking daily or multiple times a day (57.7%).
- Daily non-visit contact was more common for young women (64.2%) than young men (51.1%), while 5.3% reported no non-visit contact at all.

In 2022, among children and young people with disability aged 15-24 years (ABS, 2022):

- **Most were satisfied with their level of social and community participation**, with six in ten feeling satisfied most or all the time (60.2%).
- A small minority reported being dissatisfied (5.0%).
- Three-quarters said they were able to leave home as often as they wanted (75.4%).
- However, **many still desired greater social connection**, with almost half wanting more contact with friends or family outside their household (43.5%).

Among NDIS participants aged 15-64 (AIHW, 2024):[28]

- In 2024, 64% said they spend their free time doing **activities that interest them.**
- In 2021, around one-quarter (24%) were **active members of a sporting, hobby, or community-based club or association**, compared with 30% of those without disability. People aged 65 and over are more likely to participate in clubs or associations; however, rates were still lower for people with disability in this age group (35%) than for those without disability (44%).

Barriers to participation

In 2022, among young people with disability aged 15-24 years (ABS, 2022):

- **Barriers to participation were widespread,** with more than two-thirds reporting difficulties participating in social or community activities in the past three months (68.2%).
- Rates were similar for young men and women (67.0% and 72.0% respectively).
- The **most common barriers were financial**, with two in three citing cost (66.2%).
- **More than half pointed to fear or anxiety as a barrier** (56.8%), while just over one in three said their own disability or condition limited participation (38.5%).

In 2021, among people with disability rates of **satisfaction with community** were lower, and **loneliness and social isolation** were higher than for people without disability (DSS and MIAESR, 2022). Younger age groups with disability had lower satisfaction with their local community, and higher rates of loneliness and social isolation, than older age groups with disability:

- 44% aged 15–24 were **not satisfied with their community** (compared with 27% in the same age group without disability, and 37% aged 25-44 with

[28] This data is from the 2024 Australia's Disability Strategy reporting, and the 2021 Household, Income and Labour Dynamics (HILDA) Survey.

disability, 33% aged 45-64 with disability, and 25% aged 65 and over with disability).

- 29% of people with disability aged 15–64 experienced loneliness (compared with 17% without disability). This was higher among people with severe or profound disability, at 38%. 34% aged 15–24 experienced **loneliness** (compared with 31% aged 25–44, 27% aged 45–64, and 19% aged 65+).
- People with disability aged 15–64 were twice as likely (19%) to experience **social isolation** as those without disability (9.5%), across all age groups: 21% aged 15–24, 21% aged 25–44, 18% aged 45–64, and 9% aged 65 and over (compared with 5.7% in the same age group without disability)

Peer support and lived experience expertise

- There are no readily available statistics on how many children and young people with disability are peer support workers, as the data is not collected or reported in a unified way.
- Similarly, there are no readily available statistics on the number of young people with a disability who work as lived experience workers.
- Although there is a gap in the available statistics on peer support and lived experience expertise held by children and young people with disability, we recognise that these are growing areas, and **many young people with disability contribute greatly to advocacy and peer-led initiatives.**

Data gaps

- Most national data (e.g., SDAC) reports on adults or combines broad age groups. There is little information about how children and young people with disability participate (e.g., clubs, sports, cultural activities, recreation), how often they engage, and what supports they need to do so.
- There is no systematic reporting on accessibility, inclusion or participation for young people with disability in schools, youth centres, organised sport, after-school programs, arts programs, online communities, or community events.
- While SDAC captures high-level barriers, it does not collect youth-specific information on transport barriers, lack of accessible programs, social exclusion, experiences of discrimination, sensory environments, or the availability of support workers.
- Existing data does not capture the extent of informal volunteering, leadership roles, advocacy involvement, advisory positions, or peer-led initiatives undertaken by young people with disability, despite evidence they contribute significantly to community life.
- There is no system-level reporting on the number, roles, training, or impact of young peer support workers or lived experience workers with disability. This

obscures a rapidly growing area of youth workforce participation and leadership.
- While the ABS Survey on Ageing, Disability and Carers (SDAC) captures data on carers, it does not include detailed measures of other volunteering or community participation for children and young people with disability.

Further information

- Visit The Centre for Volunteering for further information about Youth Volunteering statistics
- Visit Strengthening participation of children and young people with disability in advocacy for more information about disabled youth participation in advocacy.
- Visit Mission Australia for Youth Survey reports.

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Conclusion

This report brings together a wide range of publicly available data to provide a **national overview** of the experiences of children and young people with disability in Australia. We have consolidated evidence across **ten key topics** of demographics, early childhood education and care, education, employment, health and wellbeing, housing, transport and infrastructure, income and finance, NDIS, safety and justice, and social and community participation. This resource aims to **make existing information more accessible** to children and young people with disability, their families and the people that care for them, policymakers, service providers and community members.

Rather than presenting new findings, the report **draws on established data sources to make visible** the experiences of children and young people with disability. In doing so, it **supports a shared understanding** of where young people are thriving, where challenges and barriers remain, and how intersecting factors such as gender, culture and location may shape different experiences. A **consistent challenge** is the lack of age-specific and disability-specific data. Addressing these gaps will be essential to ensure young people with disability are fully visible in future reporting and policymaking.

While data limitations remain, this report contributes to the **growing body of evidence needed** to inform inclusive policy planning, service delivery, and public dialogue. By bringing these statistics together in one place, we hope to **support more informed decision-making and strengthen the visibility** of children and young people with disability in national conversations.

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