Community Participation of People with a Disability

In 2003, over two-thirds of people aged 18 years and over with a disability usually left their home as often as they liked.

It is widely held that people's engagement with their community enhances their feeling of wellbeing and forges stronger community spirit. This is as much the case for people with disabilities as for the broader population. People with disabilities may be restricted in participation in some areas because of their particular activity limitation or impairment. But factors in their living environment, such as the attitudes of the people among whom they live, the constructed environment and the framing of social institutions may also act as barriers to participation. (EndNote 1)

People with disabilities are less likely to be employed than people in the broader population, are more likely to have lower income and may rely on a carer. Personal networks are particularly important in supporting the integration of people with disabilities into the wider community. This article examines the extent to which disability is associated with restrictions in community participation and how participation varies with the type and severity of disability.

Data sources and definitions

Data presented in this article are from the 1998 and 2003 ABS Survey of Disability, Ageing and Carers (SDAC) and the ABS 2002 General Social Survey (GSS). Unless otherwise stated, data refer to people aged 18 years and older (adults). GSS data refer to people living in private dwellings and SDAC data are confined to people living in households (comprising private dwellings and some non-private dwellings such as hostels for the homeless, boarding houses, staff quarters and camping grounds). In this article, when describing data, people and persons refer only to those living in such dwellings.

A community can be seen as an interconnected group of people who can influence one another's wellbeing. (EndNote 2) Community participation is interaction between such people or any action taken to protect or promote the wellbeing of another. Community participation could occur from home.

Disability as defined in SDAC refers to a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months. This definition is consistent with the International Classification of Functioning, Disability and Health. (EndNote 3) which defines disability as an umbrella term for impairments, activity limitations and participation restrictions.

People with a profound core-activity limitation always need help with self care, mobility or communication, or are unable to do these tasks. People with a severe core-activity limitation sometimes need help with self care, mobility or communication; or have difficulty understanding or being understood by family or friends; or communicate more easily using sign language or other non-spoken forms of communication.
TRENDS IN COMMUNITY PARTICIPATION

Between 1998 and 2003, the number of Australians aged 18 years and over with a disability who were living in a household increased from 3.1 million to 3.4 million. This increase is largely due to population growth and ageing, combined with policies of deinstitutionalisation and non-institutionalisation of people with a disability. (EndNote 4) After adjusting data to take account of the different age structures, there was no significant change in Australia's overall rate of reported disability between 1998 and 2003. (EndNote 5)

Yet there was some change in some of the ways that adults with a disability experienced interaction with others in their community. Public transport use was lower in 2003, with 39% using any type of public transport (down from 46% in 1998). The proportion who went to church or a place of worship in the previous fortnight was also lower (down from 22% in 1998 to 18% in 2003). It is not known whether these changes occurred among adults without a disability as well.

On the other hand, several measures of community participation by adults with a disability were unchanged. For example, the proportion who visited a friend or relative in the previous fortnight was very similar in 1998 and 2003, as was the proportion who went shopping in the previous fortnight (about 84%). In addition, the rate of educational enrolment among those aged 18–24 years remained at about 32% in both 1998 and 2003 and the proportion of those aged 18–64 years who were employed was close to 50% in both years. For analysis of how disability limits participation in paid work (an activity that often generates social networks within a community) see Australian Social Trends 2005, Labour force characteristics of people with a disability, pp. 130–135.

SELECTED MEASURES OF COMMUNITY PARTICIPATION BY PEOPLE WITH A DISABILITY(a)

![Graph showing measures of community participation by people with a disability](image)

(a) Aged 18 years or older who live in a household.
(b) Limited to those aged 18–64 years.
(c) Limited to those aged 18–24 years.
(d) Via the Internet within the previous year.

RATE OF PARTICIPATION IN SELECTED ACTIVITIES IN THE PREVIOUS THREE MONTHS(a) — 2002

- Recreational group or cultural group activities
- Community or special interest group activities
- Church or religious activities
- Went out to a cafe, restaurant or bar
- Took part in sport or physical activities(b)
- Visited library, museum or art gallery
- Attended movies, theatre or concert
- Visited park, botanic gardens, zoo or theme park
- None of the above

%: Profound or severe core-activity limitation
- Other disability or long-term health condition
- No disability or long-term health condition

(a) Limited to people aged 18 years or older living in a private dwelling.
(b) Includes attendance at a sporting event as a spectator.

Source: ABS 2002 General Social Survey.

FACE TO FACE CONTACT WITH A FRIEND OR RELATIVE LIVING ELSEWHERE(a) — 2003

- Sensory or speech
- Intellectual
- Physical
- Psychological
- Head injury, stroke, or other brain damage

%: Away from home
- At home

(a) Proportion of people aged 18 years or older in each disability group who had such contact within the previous three months.


VARIATION BY TYPE AND SEVERITY OF DISABILITY

Some disability groups and those with greater severity of disability have lower rates of participation in selected community activities away from home, and at home. In 2003, adults with a psychological disability were a little less likely than those with a physical disability to have visited, or been visited by, a friend or relative within the previous three months.
In 2002, increased severity of disability among adults living in private dwellings was associated with lower rates of participation within the previous three months in a range of activities offering potential for community interaction. For example, 64% of those with no disability or long-term health condition either took part in sport or physical activities or attended a sporting event as a spectator within the previous three months. Participation in this activity within the same recall period was lower (50%) among those with a disability or a long-term health condition who did not have a profound or severe core-activity limitation. It was lower still among those with a profound or severe core-activity limitation (28%).

Going out to a cafe, restaurant or bar, attending a movie, theatre or concert and visiting a library, museum, art gallery, park, botanic gardens, zoo or theme park were other activities for which increased severity of disability was associated with reduced participation. Yet increased severity of disability was not associated with markedly lower rates of participation in group activities such as recreational, cultural, community and special interest group, church or religious activities.

A person's level of participation in a particular activity may be influenced by their disability status. But it may also reflect the preferred activities of people of a certain age. Because rates of disability and rates of profound or severe core-activity limitation rise with age, (EndNote 5) people with no disability or long-term health condition tend to be younger than people with a disability or a long-term health condition who do not have a profound or severe core-activity limitation. People with a profound or severe core-activity limitation tend to be the oldest. Nevertheless, in 2002, social participation was substantially lower among people with a profound or severe core-activity limitation than among those without a disability in each of the 18–34, 35–64 and 65 years and over age groups.

In 2003, most adults with a disability who were living in a private dwelling and who participated in social or community activity away from home were usually accompanied to their main social or community activity away from home. Those with a profound or severe core-activity limitation were more likely to be accompanied (81%) than those with less severe core-activity limitation (65%). Accompaniment was most often provided by one or more family members, and in particular by a spouse. Only 2% of those with a profound or severe core-activity limitation usually attended or participated in their main social or community activity away from home as part of an organised group. Among others with a disability, this rate was lower than 1%.

Disability groups

Disabilities can be broadly grouped depending on the type of functional limitation. A person could be classified to more than one of the following five disability groups:

- **Sensory or speech** (loss of sight or hearing, or speech difficulties)
- **Intellectual** (difficulty in learning or understanding things)
- **Physical** (such as chronic or recurrent pain, incomplete use of arms or fingers, disfigurement or deformity, etc.)
- **Psychological** (nervous or emotional condition, or mental illnesses or conditions)
• **Head injury, stroke or other brain damage** (with long-term effects that restrict everyday activities).

Physical limitations were the most common form of disability, followed by sensory or speech limitations.

### WHETHER LEAVES HOME AS OFTEN AS WOULD LIKE AND MAIN REASON FOR NOT DOING SO — 2003

<table>
<thead>
<tr>
<th>Selected disability groups</th>
<th>Sensory or speech</th>
<th>Intellectual</th>
<th>Physical</th>
<th>Psychological</th>
<th>Head injury, stroke or other brain damage</th>
<th>All people aged 18 years or older with a disability living in a household (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaves home as often as would like</td>
<td>69.6</td>
<td>59.1</td>
<td>63.2</td>
<td>42.4</td>
<td>49.6</td>
<td>67.4</td>
</tr>
<tr>
<td>Leaves home but less often than would like</td>
<td>29.3</td>
<td>38.4</td>
<td>35.6</td>
<td>55.9</td>
<td>48.0</td>
<td>31.6</td>
</tr>
<tr>
<td>Own disability / condition or old age</td>
<td>15.9</td>
<td>20.3</td>
<td>18.5</td>
<td>29.3</td>
<td>27.3</td>
<td>15.0</td>
</tr>
<tr>
<td>Cost / can't afford to</td>
<td>3.2</td>
<td>5.4</td>
<td>4.8</td>
<td>6.5</td>
<td>6.2</td>
<td>4.6</td>
</tr>
<tr>
<td>Another person's health condition or age</td>
<td>2.3</td>
<td>*0.9</td>
<td>2.3</td>
<td>*2.2</td>
<td>*1.6</td>
<td>2.5</td>
</tr>
<tr>
<td>Could not be bothered / nowhere to go</td>
<td>2.6</td>
<td>*2.8</td>
<td>2.9</td>
<td>3.2</td>
<td>*3.1</td>
<td>2.6</td>
</tr>
<tr>
<td>Fear / anxiety</td>
<td>*0.9</td>
<td>4.3</td>
<td>1.7</td>
<td>9.5</td>
<td>*3.8</td>
<td>1.6</td>
</tr>
<tr>
<td>Other reason</td>
<td>4.5</td>
<td>4.7</td>
<td>5.3</td>
<td>5.2</td>
<td>5.9</td>
<td>5.2</td>
</tr>
<tr>
<td>Does not leave home</td>
<td>1.1</td>
<td>*2.5</td>
<td>1.2</td>
<td>*1.7</td>
<td>*2.5</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>Total '000</strong></td>
<td>1 013.4</td>
<td>284.6</td>
<td>2 480.9</td>
<td>382.0</td>
<td>234.4</td>
<td>3 354.0</td>
</tr>
</tbody>
</table>

(a) Total may be less than the sum of the components as persons may be classified to more than one disability group.


### BARRIERS TO PARTICIPATION

In 2003, over two-thirds (67%) of adults with a disability left their home, and usually left as often as they liked. A further 32% also left home, but usually left less often than they would like. Only a very small proportion (1%) did not leave their home at all, including those who did not want to leave their home. The proportion who did not leave home at all varied very little between disability groups, being less than 3%.
There were much larger differences between disability groups in the extent to which people left home as often as they liked. For example, 70% of those with a sensory or speech disability reported that they usually go out of their home as often as they would like. The proportion was considerably lower among those with a psychological disability (42%) and those with head injury, stroke or other brain damage (50%).

Relatively high proportions of these latter two disability groups reported that their disability, health condition(s) or old age mainly prevented them from leaving home as often as they wanted. Cost was also a more commonly reported main barrier to leaving home by people in these two disability groups. Of all the disability groups, those with a psychological disability were most likely to report leaving home less often than desired mainly because of fear/anxiety (10%).

SUPERVISED ACTIVITY PROGRAMS

Activity programs undertaken at safe places under supervision enable people to spend stimulating time away from home where they can meet others in similar life circumstances and participate in group activities such as craft work, sport and dancing. A day care program for frail older people held at a senior citizens club is one example of a supervised activity program.

In 2003, the vast majority of adults with a profound or severe core-activity limitation reported they never attend a supervised activity program (86% and 90% respectively). Very small proportions of those with a profound (3%) or severe (1%) core-activity limitation attended a supervised activity program for three or more days per week.

FREQUENCY OF ATTENDANCE(a) AT A SUPERVISED ACTIVITY PROGRAM — 2003

![Graph showing frequency of attendance at supervised activity programs]

(a) By people aged 18 years and over with a profound or severe core-activity limitation who live in a household.


COMMUNITY PARTICIPATION FROM HOME

People can participate in community activity from home, as community participation encompasses establishing and developing relationships with family and friends,
socialising, participating with others in activities enjoyed and valued for their own sake and participating in activities that contribute to the overall wellbeing of society.\textsuperscript{(EndNote 1)}

In 2003, people aged 18 years and over with a disability participated in a range of community activities from inside their home within the previous 3 months. The rate of participation varied by activity: 90% had participated in visits from family/friends, 93% in telephone calls with family/friends, 14% in art/craft work (for/with other people), 8% in church/special community activities, and 8% in voluntary work (including advocacy).

**COMPUTERS, E-MAIL AND THE INTERNET**

Technological change over the past decade has created new ways to participate in community activity from home. Home computers, e-mail, chat sites and a range of other Internet sites offer potential for fresh modes of community interaction.

In 2002, the majority (55%) of adults living in private dwellings had used a computer at home at some time within the previous year. Usage rates were higher among those without a disability or long-term health condition (63%) and lower among those with more severe levels of core-activity limitation. The rate among those with a profound or severe core-activity limitation was 31%. Rates of accessing the Internet at home within the previous year, and of using e-mail or accessing chat sites via the Internet within the previous year, followed similar patterns albeit at lower levels, with increased severity of disability associated with lower rates of participation.

Part of these observed differences are attributable to the different age profiles of the three groups of people with differing severity of disability, as the rate of participation in these particular activities tends to be much higher among younger people than among older people.\textsuperscript{(EndNote 6)} However, when rates are examined within ten year age ranges, lower participation with increased severity of disability remains clearly evident.

Disability is not associated with lower rates of home-based participation in some aspects of community life. In 2002, regardless of whether or not a person had a disability, the proportion of adults living in a private dwelling who used a computer at home within the previous year for a volunteer/community group purpose was around 6%. Similarly, nearly 4% of adults, irrespective of whether or not they had a disability, accessed the Internet at home for this purpose within the same timeframe.
ENDNOTES