

The Voice of Queenslanders with Disability Report 2026

The Dignity Project

GRIFFITH UNIVERSITY | INCLUSIVE FUTURES: REIMAGINING DISABILITY

QDN
QUEENSLANDERS WITH DISABILITY NETWORK

Funded by
Queensland Government

Acknowledgements

We gratefully acknowledge the many people with disability, families and carers, and organisational representatives who contributed to the 2026 report. Your honesty and insights are not just statistics; they are critical tools for creating better lives for Queenslanders with disability.

We would like to acknowledge the 12 citizen scientists with lived experience of disability who worked with us on this research – Karin Brady, Nadia Brady, Michael Shanahan, Jodie Cowie, Maria O'Hara, Colleen Papadopoulos, Veronica Wain, Anitta Stallwood, Abigail Makim, Alison Maclean, Angela Kalantzis and Nina Carr. Thank you for sharing honestly and authentically about your experiences and for encouraging others in the community to do the same.

Thank you to our partners and funders, Queenslanders with Disability Network (QDN) and the Queensland Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS) for engaging us in this work and supporting and guiding us through the process. A specific thank you to Rebekah Barker, Joe-Anne Kek-Pamenter, Michelle Moss, Stephen Coulter, Karen Maciolek, Nicholas Mukherjee and Sarlie Drakos.

We acknowledge the people who are the Traditional Custodians of the land and pay respect to the Elders, past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples.

We also acknowledge people with disability who have come before us and died in institutional settings, as well as those who are still trapped in institutions or silenced by institutional practices. Although all people deserve the right to have a voice, QDN takes on the responsibility of being clear about the rights of all people with disability and, where necessary, speaks in an informed and considered manner for those who cannot speak for themselves.

Suggested citation

Chapman, K., Barker, R., Ambrose, E., Sommers, K., Kendall, E. (2026). *The Voice of Queenslanders with Disability.* Griffith University.

Published by

Inclusive Futures: Reimagining Disability, Griffith University
1 University Drive, Southport, Queensland 4215.
griffith.edu.au/research/inclusive-futures-reimagining-disability

Graphic Design by Joe-Anne Kek-Pamenter

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CRICOS: 00233E; TEQSA: PRV12076

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A guide to reading this report

This is the fourth *Voice of Queenslanders with Disability* report. Our first survey was in 2023. Each year, we collect information from people with disability, their families and carers, and the organisations that support them. We collect information to understand experiences and quality of life across different areas, such as housing, health, and community support. We ask people with disability about their direct experiences. For carers, family members, and organisational representatives, we ask for their observations about the experiences of people with disability, as well as some of their own experiences.

The research uses a repeated cross-sectional design, meaning that it looks at the experiences of Queenslanders with disability at one point in time each year. It does not follow the exact same people each year, although some people may have participated each year. Instead, we take a "snapshot" to help us see patterns and changes over time.

We understand that reports like this can be detailed and sometimes overwhelming. Reading about other people's experiences can sometimes bring up difficult feelings. If anything in this report raises concerns for you, support is available: Lifeline (13 11 14), 13YARN (13 92 76), Beyond Blue (1300 224 636), or Kids Helpline (1800 55 1800) for those under 25. You can also speak to your general practitioner (GP) about a Mental Health Care Plan.

Language

The words we use every day can shape how people see themselves and others. Throughout this report, the word 'participant' means anyone who took part in the survey. We have used plain English language in a conversational but clear style. We have aimed for an inclusive and strengths-based style. We use person-first language that talks about the person first, then about disability if needed. However, everyone has the right to choose the way they describe themselves. We recognise and respect that not everyone wants to be identified in this way. Many people prefer identity-first language (e.g., disabled person). We also recognise that not everyone who takes part in this survey identifies as having disability, and that how a person understands their own identity is theirs to decide. Our language is not meant to diminish individual experiences but rather represent collective understandings. We use the term First Nations to describe participants who are Aboriginal, Torres Strait Islander and/or South Sea Islander. We have grouped these identities together in the report because some communities are small and reporting them separately could identify individual people.

Visual symbols and quotes

Throughout the report, you will see quotes from people with disability and family and carers. These quotes bring the findings to life and represent the diverse voices behind the numbers. We include graphs, figures and tables to make the results easier to understand. You may notice that some percentages in these add up to 99.9% rather than exactly 100%. That is because we have rounded numbers to one decimal place to make them easier to read.

Themes and headings

The report begins summarising the results of the 2026 survey. The remainder of the report contains sections that cover important areas of life aligned with the priority areas in *Queensland's Disability Plan 2022-27: Together, a better Queensland* (e.g., jobs, housing, safety, supports, education and health). Each section begins with a short summary of key trends over the past three years, followed by a detailed look at 2026 and the actionable insights gained from the data.

We asked people to tell us about the changes they wanted to see across Queensland to make their lives better now and over the next 10 years. Participants shared a large volume of written responses. We read every response closely, coded it into themes, and compared this against the survey numbers to ensure the results reflect what people actually said, and to capture the data as thoroughly and representatively as possible. The actionable insights bring together the solutions and common ground that emerged across these responses. More information for some sections and questions is available in the appendices to this report.

A. Trends over the past 3 years

B. Jobs and money

C. Homes and communities

D. Safety, rights and justice

E. Personal and community supports

F. Education and learning

G. Health and wellbeing

H. Community attitudes

"Statements reflecting participants' own attitudes will be displayed like this."





Trends over time

Throughout the report, there are graphics that show trends in responses to survey questions across the last three years. A trend shows us how people's experiences are changing over time. Looking at trends helps us see whether changes in policy, community attitudes, or the economy are making a real difference from one year to the next. The more people who participate in our survey each year, the more accurate the trend information becomes.

In the graphs, we use these simple symbols to show the trends at a glance:

- **Trending up:** the results are getting better over time.
- **Trending down:** the results are getting worse over time.
- **Up and down:** the results change over time, with no single clear direction.
- **Mostly the same:** the results are similar over time.

On the left side of the trend graphs are the questions we asked people. The coloured circles represent each year of the survey: pink is data collected in 2024, orange is data collected in 2025, and blue is data collected in 2026.



Although we have four years of survey data, we present trends across the most recent three years (2024 to 2026). This keeps the graphs easy to read, focuses attention on the most recent and policy-relevant period, and is consistent with how we presented trend data in the 2025 report so readers can follow changes between editions.

Where possible, we have tested whether the changes in the data were statistically significant. This means we analysed if the trends were likely to be true and not just due to chance. If a trend is statistically significant, it gives us more confidence that it is a true trend. But even when something is not significant, it is still important to think about what it means in real life. Different participants take part in the survey each year, so we compare the overall results for each year rather than following the same participants over time. The number of participants who take part does not change whether a trend is statistically significant, but larger numbers of participants give us more confidence that a change is true.





Report summary

The 2026 *Voice of Queenslanders with Disability* survey asked people with disability, their families and carers, and the organisations that support them about their experiences across seven priority areas. The summary below sets out what participants reported in 2026, where results were strongest, where challenges remained, and how the results compare with previous years.

About the 2026 survey

- 882 people participated in the 2026 survey. That is double the 442 who took part in 2023 and is the largest response since the survey began.
- Participants included 568 people with disability, 219 family and carers, and 95 disability organisational representatives.
- 102 participants with disability (18%) lived in residential service settings and completed a shorter, supported version of the survey.
- The survey takes a snapshot each year rather than following the same people over time.
- The results describe the experiences of people who responded to the 2026 survey. They are not a representative sample of all Queenslanders with disability.
- Percentages throughout the report reflect the number of responses to each question, not always the total number of survey participants.

What was going well in 2026

Health and wellbeing

Many participants reported positive experiences with primary healthcare in 2026. Most participants with disability had access to a good GP (82.3%) and rated their experiences with health services as good or very good (70.2%). Participants valued GPs who listened, understood their needs, and provided flexible options.

Safety, rights and justice

Most participants with disability also reported positively on how they were treated and how safe they felt:

- 76.9% said other people treated them well.
- 73.7% said they felt safe.
- 72.5% had a plan to stay safe during a disaster.
- 71.4% said their human rights were protected.

There were differences reported depending on where participants lived and what disabilities they identified with, which showed some groups were less likely to experience positive treatment and safety than others.

Education and learning

Education produced the largest gains of any priority area, with 70.4% of participants with disability rating their experiences of education and learning as good or very good, when reflecting on past and current learning opportunities. Most participants with disability (63.7%) could access learning supports and adjustments they needed.

Homes and communities

Home and community life was also largely positive for participants with disability:

- 69% lived in a home that met their needs.
- 67.8% felt welcomed and included in their community.
- 65% said they were happy.

Transport was rated well by participants with disability who could use it, although access was mixed. Among participants who could access transport most of the time, 70.2% reported a good or very good experience.

Jobs and money

Participants with disability who were in paid work (48.4%) reported high job quality:

- 90% said the work they did was important.
- 88.6% said their job was a good match for their skills.
- 80.3% felt they were paid fairly.
- 77.1% felt they belonged in their workplace.



What was challenging in 2026

Money was the most consistent pressure participants described in 2026. Less than half (45.7%) of participants with disability had enough money to live well, and participants pointed to cost-of-living increases, the level of the Disability Support Pension (DSP) and Carer Payments, and the additional everyday costs of living with disability.

Access to support was the second biggest challenge, with only 44.9% of participants with disability having all the paid support they needed and only 35% saying they could get extra support if they needed it. Participants described uncertainty about National Disability Insurance Scheme (NDIS) plan reviews and funding changes and said finding and keeping skilled support workers remained difficult.

Confidence in employers was low across the board, with 32% of participants with disability believing Queensland employers hired people with disability and 14.2% believing employers placed people with disability in leadership roles.

Getting around Queensland was difficult for about half of participants with disability, with 47% saying they could go anywhere they wanted to in the state. Participants with disability living outside cities reported more challenges than those in metropolitan areas.



Changes over time

Between 2024 and 2026, life for Queenslanders with disability stayed relatively stable. Holding steady through a period of cost-of-living pressure, housing stress and NDIS change was a positive finding. Almost half of participants (46.5%) said life was about the same as 2025, with only 23.5% saying it got better and only 30% saying it got worse. More detailed information on trends over the past three years is provided in the priority area sections throughout the report and in Appendix 1 and Appendix 2. Below is a summary of key trends over time across each priority area:



Jobs and money: more participants were in paid work in 2026 than in 2025, although finding and keeping suitable, well-paid work remained difficult. Financial security held steady.



Homes and communities: housing that met people's needs held steady, rising slightly in 2025 and easing back in 2026. Getting around Queensland stayed about the same. Affordable and accessible housing remained an ongoing concern.



Safety, rights and justice: most participants felt safe and said their rights were protected. Both results were broadly steady, following a high point in 2025.



Personal and community support: access to paid support rose in 2025 and fell back in 2026, while unpaid support and access to extra support stayed about the same.



Education and learning: education showed the largest positive movement, with more participants reporting good experiences and better access to supports. Cost and access remained longer-term concerns.



Health and wellbeing: participants reported feeling less healthy in 2026 than in 2025, while happiness and access to a good GP stayed about the same.



Community attitudes: most people felt welcomed and included, and views on leadership roles stayed about the same.



What participants said made a difference

Across each priority area, participants consistently described similar things that made their experiences better. Practitioners who listened and stayed involved mattered most in healthcare, education, and disability supports. Flexibility was also critically important across employment and education.

Local connection was repeatedly mentioned, with neighbours, local businesses, and everyday community relationships identified as important to inclusion and wellbeing.

Participants in rural and regional areas described neighbours as practical lifelines in emergencies. Participants made several creative and innovative recommendations to improve outcomes, which are described in detail in the results section for each priority area.

Overall, the 2026 results highlighted areas where participants reported positive experiences, as well as areas where they were less satisfied, but life remained relatively stable when compared with 2025 and 2024.





Who participated?

Some people participated every year, but new people also joined the survey. Here is a snapshot of those who participated over the three years:

Participation continued to grow: the total number of people with disability, family and carers, and organisational representatives taking part in the survey increased each year, from 442 in 2023 to 882 in 2026.

More people with disability participated: the number of participants with disability grew steadily from 291 in 2023 to 568 in 2026.

The reach into residential service settings held: 102 participants with disability lived in residential service settings, compared with 109 in 2025.

In 2026, we received responses from:

- 568 people with disability (including 102 living in residential service settings)
- 219 family members and carers of people with disability (slightly more than previous years)
- 95 disability organisational representatives (more than previous years).

Participants with disability

Participant characteristics are shown in Figures 1 and 2 and described in brief below. We reached slightly more men than in past years (31.3%), but women remained the largest group of participants (61.1%). Non-binary participants made up 4.6%, with another 2.1% using a different gender description.

The average age of participants was 49, with diverse participation across age ranges, including:

- 24.5% aged 50 to 59
- 19.4% aged 60 to 69
- 18.1% aged 30 to 39
- 10.2% aged 18 to 29.

We reached more participants with intellectual, cognitive and psychosocial disabilities than in previous years. Nearly two-thirds (62%) of participants reported two or more disability identities, most frequently combining chronic illness or pain with other disabilities (see Figure 2).

In 2026, people most often identified with:

- chronic illness or pain (47.4%)
- psychosocial disability (39.8%)
- neurodivergence (34.7%)
- physical disability (34.2%).

Almost half (46.9%) of participants with disability lived in households earning less than $50,000 per year. We reached many low-income households in 2026, with 21.7% of participants living in households earning under $25,000 and a further 25.2% earning between $25,000 and $49,999.

As in previous years, households with incomes below $50,000 were most common among participants who:

- identified as First Nations
- identified as culturally and linguistically diverse (CALD)
- lived in rural areas
- lived in residential service settings.

Participation grew among some communities and stayed steady in others:

- LGBTQIA+ participants rose to 21% from 16.4% in 2025.
- CALD participants rose to 6.3% from 4% in 2025.
- First Nations participants remained at around 5%, consistent with previous years.
- Participants from regional, rural and remote areas increased to 36% from 34% in 2025.

Growth among CALD participants was supported through ongoing partnerships with multicultural community organisations, the use of interpreters, and culturally responsive communication materials. Education levels were varied, with the largest groups holding a certificate or trade qualification (17.6%), a bachelor's degree (16.2%), and a diploma or associate degree (15.3%).

Further details about who participated are shown in Appendix 3. Maps showing where people with disability lived are shown in Appendix 4 and Appendix 5.

Participants trends

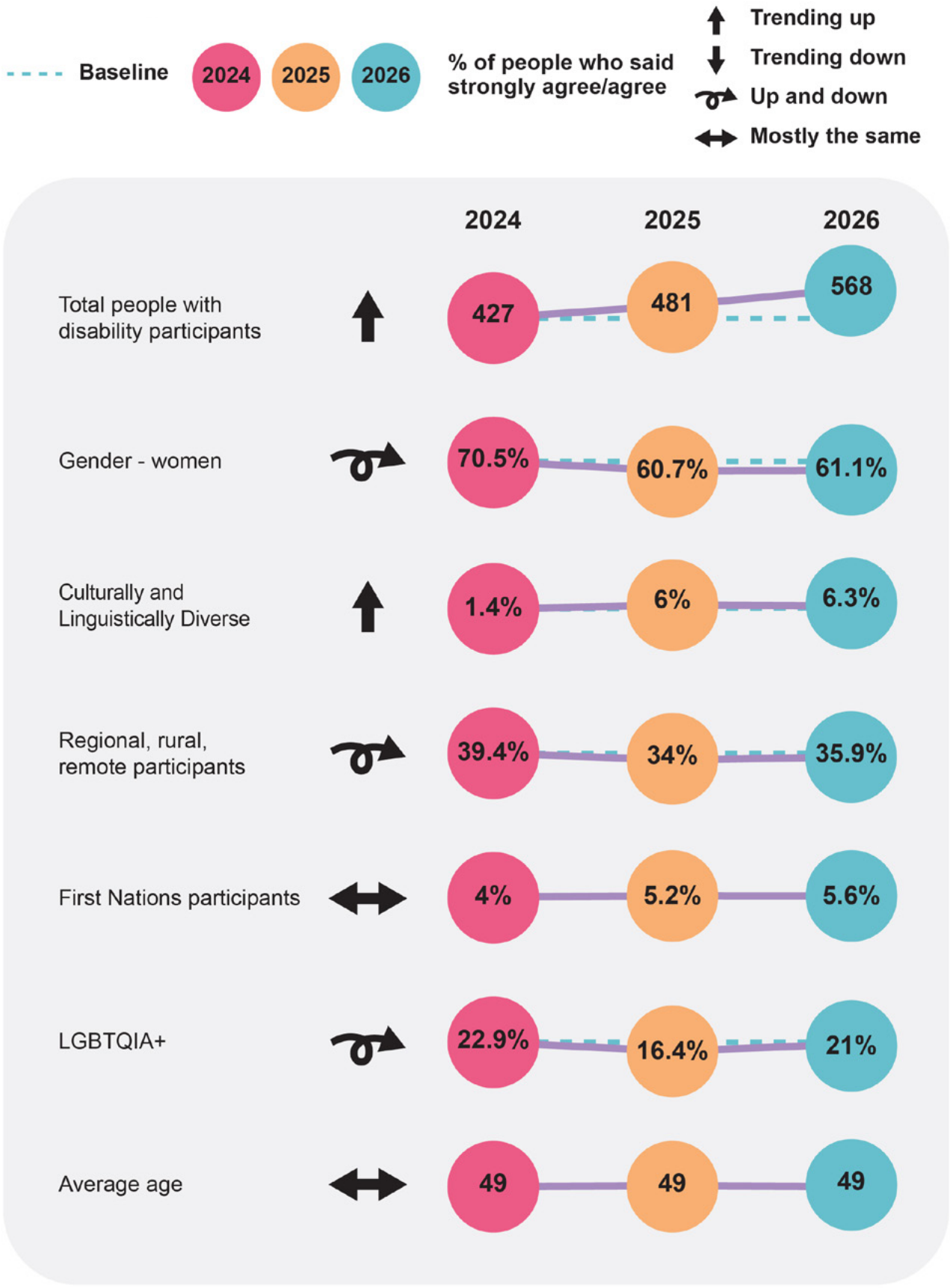

Figure 1: Participation of people with disability over time.

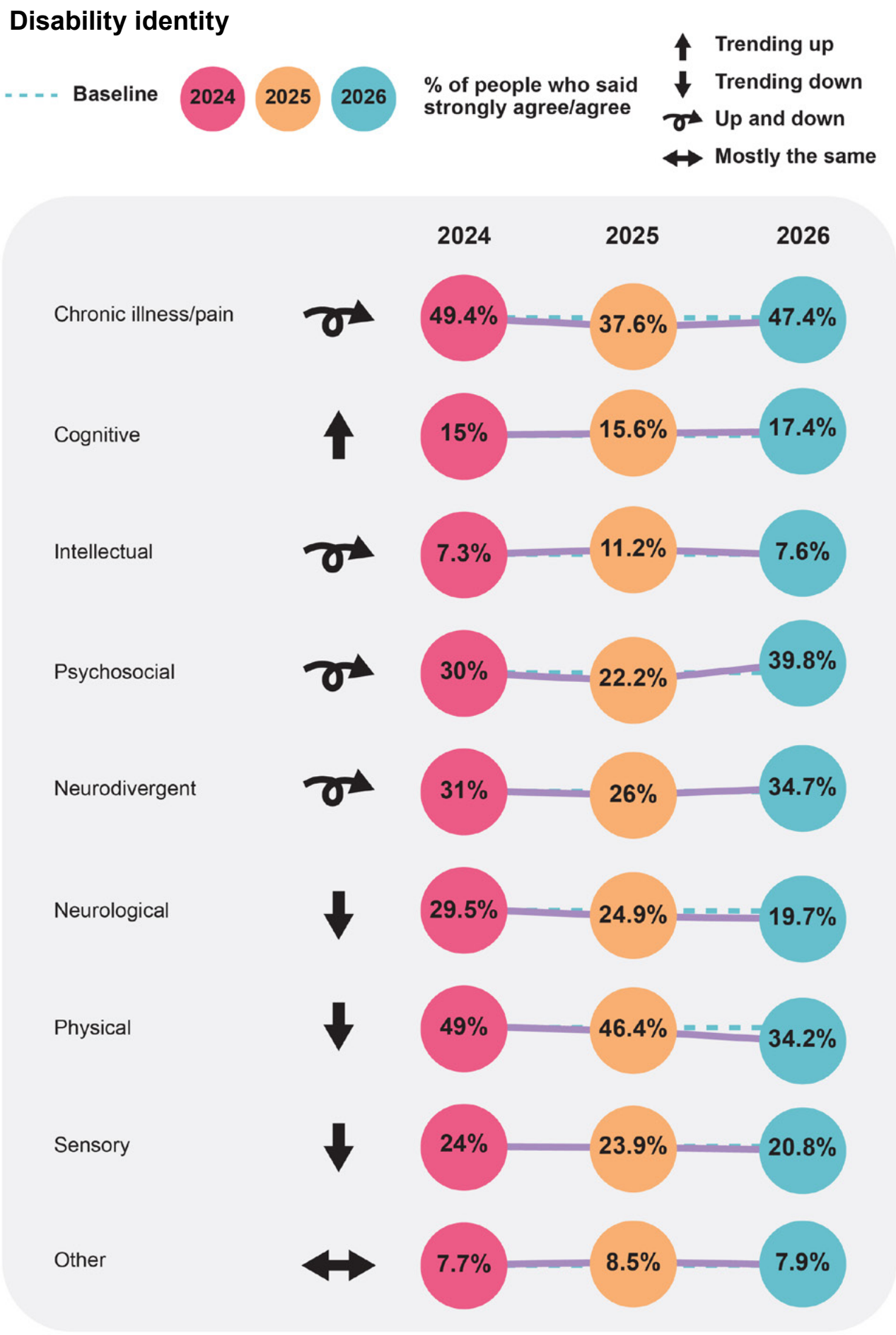

Figure 2: Trends in disability identity reported in people with disability.



Family and carer participants

We heard from 219 family members and carers. The majority (84.5%) were women, while only 12.8% of participants were men. The average age of family members and carers was 52.7 years, with the largest group (29.7%) in the 50 to 59 age range.

Almost one-quarter (24.7%) of family members and carers identified as having disability, including:

- 61.1% who identified as neurodivergent
- 48.1% who had psychosocial disability
- 42.6% who had chronic illness or pain.

This highlighted that many carers were navigating their own health and disability needs while also supporting others.

Family members and carers were most often supporting someone who was neurodivergent (62.6%), someone with psychosocial (40.6%) or intellectual (40.6%) disabilities, reflecting the diversity and complexity of caring roles represented in this year's survey.

Most (61.1%) family members and carers lived in cities, with the remaining living in regional (26.9%), rural (8.7%), or remote (2.7%) areas. The majority (97.7%) spoke English as their main language at home. Some participants identified speaking a First Nations language, Spanish or another language. Some identified as First Nations (4.9%) or from a CALD background (7.2%).

Most family members and carers were supporting people with multiple disabilities. Three-quarters (76.7%) of family and carer participants lived with at least one other person with disability in their household. Almost half (46.2%) were also supporting someone living outside their household.



Organisations

In 2026, 95 organisational representatives responded to the survey, an increase from 62 in 2025. The largest groups were managers and coordinators (30.5%) and senior leaders including CEOs and directors (28.4%), with health professionals (11.6%) and frontline workers (10.5%) also well represented.

Organisations represented a mix of disability services from across Queensland, including not-for-profit and private disability services, community services, support coordinators, government agencies, peak representative organisations and advocacy services. They worked in cities like Brisbane, the Gold Coast, and Cairns, as well as regional and remote communities including Far North Queensland, Central Queensland, South Burnett, Mount Isa, Cape York and the Torres Strait.

Many organisations told us there were gaps in services for people living in rural and remote areas. Specialist support was hard to find, there were not enough workers, and geographic distance made service delivery challenging for both providers and the people they support.

See Appendix 6 for further information about these organisations.


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Results in key priority areas

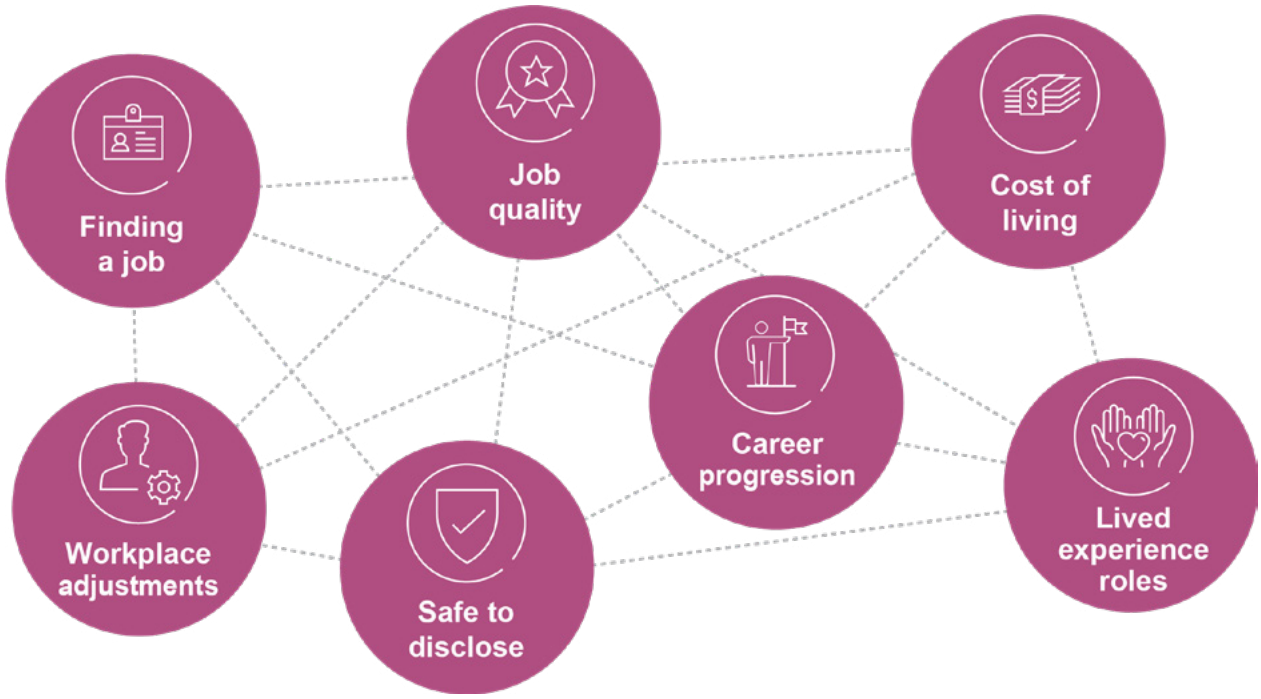
See Appendix 7 for the 2026 results from all key priority areas, which are presented in the sections below.

Jobs and money

We asked:

- Are you working? What type of work do you do (full-time, part-time, casual, freelance, etc.)?
- What is your household income? How many people live with you?
- Do you have enough money to live well?
- If you are working, do you have a good job?
- Are you able to take up work opportunities with businesses or organisations?
- What's working? What's hard? What needs to change?

Key trends (2024–2026)



Data collected over the past three years showed how financial circumstances were still difficult for people with disability, with some improvement (see Figure 3):

- **More people were in a paid job than in 2025:** in 2026, 48.4% of participants were in paid work, compared with 43.2% in 2025.
- **Job quality was up and down:** 38.7% of participants with disability agreed they had a good job, up from 34.5% in 2025, but still below the 2024 figure of 43.8%. Having a good job got worse and then better across the three years and the change was statistically significant.

- **Most people did not have enough money to live well:** 45.7% of participants agreed they had enough money to live well, which was similar to responses in both 2025 (47.5%) and 2024 (46.9%).
- **Ongoing challenges:** participants with disability continued to be concerned about cost-of-living pressures, the Disability Support Pension and Carer Payment, and limited career progression.

Jobs and money

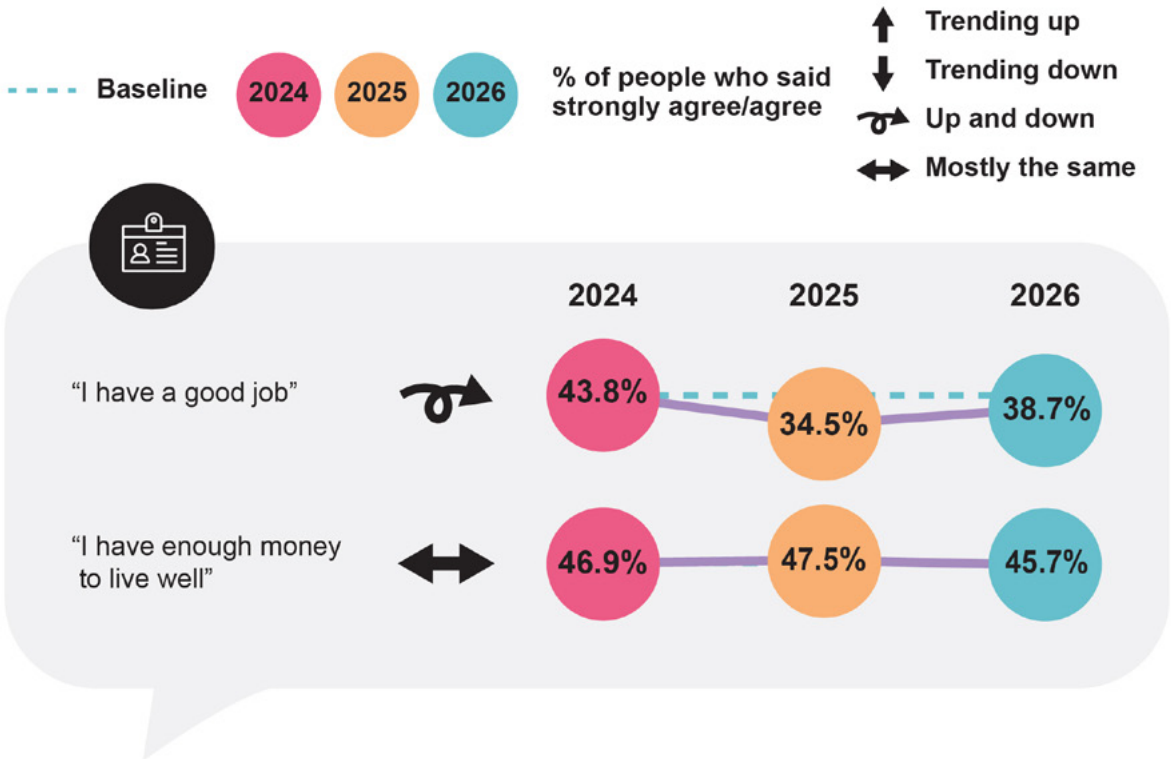


Figure 3: Jobs and money trends for people with disability.



People with disability in 2026

Good things about work

Some participants described workplaces where they had a good job, supportive managers, and reasonable adjustments. Good experiences often depended more on individual relationships with managers than on organisational factors. Participants said jobs were good when they had:

- consistent workplace adjustments
- safety for disability disclosure
- opportunities for career progression
- careful balancing of work and ongoing advocacy.

"I have a good job that allows me to work from home and a supportive manager […] I don't have to be embarrassed (or gawked at) when I need accommodations and visibly use them" (PwD250).

The growth of paid and unpaid lived experience roles was a bright spot for participants with disability. Lived experience roles were designed specifically for individuals to draw on their unique insights, skills, and strengths gained from personal experiences. These roles helped drive positive change, inform practices, and empower others. Such roles offered meaningful work opportunities and a pathway to influence for people whose access to paid employment had been limited. Participants welcomed these opportunities and wanted more of them.

"What has been good is that there are more opportunities for people with disability to contribute through advocacy, research, and lived experience roles" (PwD194).

"Since last year's survey I have gained employment with a disability not for profit. I have loved this work and being able to use my professional skills and experience as well as my lived experience as a person with disabilities" (PwD254).

However, much of this growth reflected participation in unpaid or informal roles, rather than growth in paid employment.



Finding a job

In 2026, nearly half (48.4%) of participants with disability had a paid job. Participants were employed in diverse ways, including:

- 41.1% in full-time roles
- 28.2% in part-time roles
- 18.3% in casual roles
- 15.4% in freelance and self-employed roles
- 12% in multiple short-term contracts or temporary roles.

Neurodivergent participants had the highest employment rate (65%). Participants with cognitive (39%), physical (45%), and neurological (47%) disabilities had the lowest employment rates.

Most participants with paid work had jobs in the caring economy and public sectors, including:

- 21.2% in healthcare and social assistance
- 13.8% in education and training
- 12.9% in public administration and safety
- 11.2% in administrative and support services
- 7.1% in professional, scientific and technical services.

Participants with disability were underrepresented in construction, mining and manufacturing, agriculture, accommodation and food, and retail, with these industries accounting for only 8% of jobs held. These industries constituted around 37% of Queensland's workforce in 2024-25 (Australian Bureau of Statistics, Labour Force data, compiled by the Queensland Government Statistician's Office). Participants with disability were about 4.5 times less likely to be represented in these industries compared with the Queensland workforce overall.



For participants with disability who were not employed in paid roles, most were unable to work due to disability or other barriers (57.1%). Other participants were taking on a variety of unpaid roles, including:

- volunteering (20.5%)
- studying (11.2%)
- caring for another person (7.6%).

Nearly 10% of participants with disability were actively looking for work and 11.6% were self-employed.

The barriers to employment identified in 2025 continued to be reported in 2026.

"I have applied for jobs, often interviews have been on Zoom, so my wheelchair isn't visible and it's all going well until I mention the fact that I have a wheelchair. Suddenly they are no longer so interested in me as a candidate" (PwD136).

Job quality

For participants who were employed, job quality and satisfaction were relatively high, with 38.7% of participants agreeing they had a good job (see Figure 4). Participants living in residential service settings had lower levels of agreement, with only 11.7% agreeing or strongly agreeing they had a good job.

Participants who were in paid work were asked whether they had a good job. Figure 4 presents responses as a proportion of all 568 participants with disability, reflecting the disability population as a whole rather than only those who were employed.

I have a good job

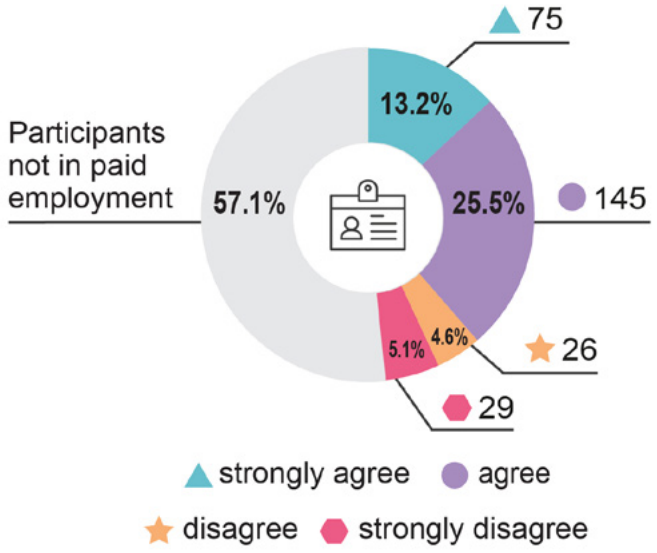


Figure 4: Number of people with disability who agreed or disagreed that they had a good job.

Among the 275 participants with disability in paid work, 80.4% agreed or strongly agreed they had a good job. This shows that when participants with disability were able to get paid work, they were highly satisfied with the quality of their roles.

We asked the 275 participants with disability who were employed about their paid role to understand what made a job good. Participants said:

- the work they did was important (90%)
- their job was a good match for their skills (88.6%)
- they were paid a fair amount of money for the work they did (80.3%)
- they belonged at their workplace (77.1%).

"Having stable work, supportive workplaces, and fair pay makes a big difference to feeling secure and satisfied" (PwD174).

Participants from some groups were less likely to agree that their work was good, including:

- participants with cognitive disability (27.3%)
- participants with intellectual disability (30.3%)
- participants with physical disability (34%)
- participants with psychosocial disability (35.4%).

Even when day-to-day work was good, career progression was a clear concern. Leadership and development pathways were built around full-time hours and there were few opportunities tailored to people with disability.

"Employers still have little idea about how to be truly inclusive beyond the recruitment phase. There are no disability-specific leadership or professional development opportunities. The voices of people with disability are often dismissed in favour of efficiency and productivity" (PwD19).



Workplace adjustments

Participants were worried about getting and keeping workplace adjustments. They described adjustments being scrutinised, changed, or sometimes removed in a range of employment settings and roles.

As in 2025, feeling safe to disclose remained a major challenge that shaped whether participants with disability asked for adjustments at all.

> **"I hide the fact that I have a disability at work as I believe it would impact my employment" (PwD93).**

Some participants mentioned the need to use sick leave for medical appointments and pain days due to inadequate or lacking adjustments.

> **"If I use all my sick leave on medical appointments or because I'm in pain do I just go without or still go to work when I then have the flu?" (PwD193).**

Income levels and financial security

As in 2025, fewer than half (45.7%) of participants with disability agreed that they had enough money to live well (see Figure 5).

I have enough money to live well

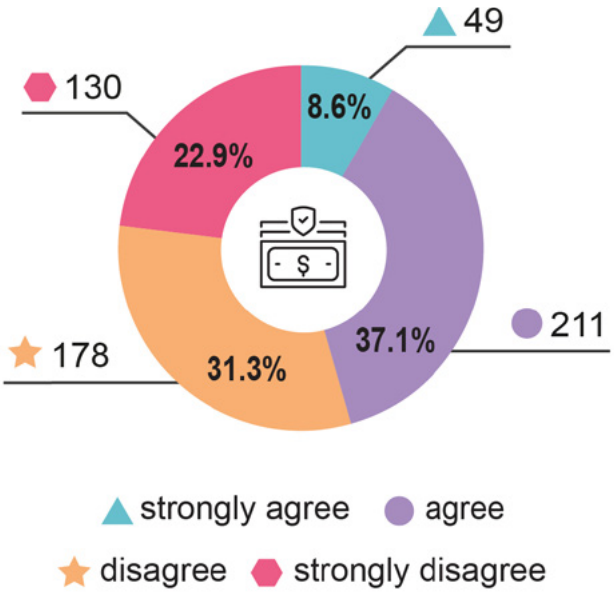


Figure 5: Number of people with disability who agreed or disagreed that they had enough money to live well.

Just under half of the participants (46.9%) lived on less than $50,000 per year. Just over half (52.1%) received the DSP.

Financial strain was reported at every income level. Even in the highest income bracket, where 82.3% of participants in households earning $175,000 to $199,999 agreed they had enough money to live well, close to one in five did not agree.

Participants described the additional cost of living with disability as a constant pressure on top of general cost-of-living increases.

Financial security rose as household income rose, from 29.2% of participants in households earning under $25,000 to 82.3% in the highest bracket. Participants in households earning under $75,000 were significantly more likely to experience financial insecurity than participants earning more.

Financial strain was not evenly spread across participants with disability. Participants with psychosocial disability (66.7%) and chronic illness or pain (65.8%) were significantly more likely than participants with other disability identities to disagree they had enough money to live well. Financial strain was also higher among:

- rural residents with disability (71.4%)
- First Nations people with disability (63.2%)
- participants aged 50 to 59 (62.6%)
- non-binary participants (61.5%)
- CALD participants (60%)
- regional residents with disability (58.3%).

People living in residential service settings spent up to 85% of their DSP on food, board and personal care, leaving them with little money for anything else. More than half (55.9%) said they did not have enough money to live well, a significant increase from 45.9% in 2025.

For many participants, managing the additional costs of living with a disability during an ongoing cost-of-living crisis was a constant and significant challenge.

"The Disability Support Pension does not cover the cost of living. Between my phone bill, electricity, internet, food, fuel, and medication I can't afford to do anything else" (PwD132).

"Wages are not increasing to match cost of living, which is creating a wider gap when 'disability tax' comes into play. NDIS doesn't cover medical needs and private health coverage isn't enough" (PwD94).



Family and carers

Around two-thirds (68.5%) of family and carer participants were in paid work at the time of the survey, often in part-time, casual or flexible arrangements. Of those in paid work, 88.7% agreed they had a good job. More than half (57.6%) of family and carer participants agreed they had enough money to live well, but many were still anxious about finances. Workplace flexibility was more critical than salary when balancing jobs with carer responsibilities.

Participants shared ongoing challenges related to maintaining paid work and managing household income, including:

- A Carer Payment that worked out to be under $10 an hour left families struggling, even with the DSP and Family Tax Benefits added.
- The juggle of paid work with unpaid caring load, with 48.9% of participants providing more than 20 hours of unpaid support per week.
- Stress of taking leave on short notice when a paid support worker did not arrive.
- Lack of childcare and after-school care for some children with disability, forcing some parents out of the workforce.
- A gendered gap in career progression and pay between a carer and non-carer at the same employer.

"It is incredibly hard to balance a job and caring responsibilities. I worry that I am thought of as taking too much leave. The stress of a carer not able to show up at last minute is immense" (FC23).

In qualitative responses, older family and carer participants mentioned additional challenges in balancing retirement planning with costs of providing care.

Organisations

Thirty-one organisations provided services related to jobs and money. Here's what the organisational representatives said:

What's good:

- Some people with disability were getting paid for doing things they love, particularly in the arts and creative industries.
- Education and training programs were helping people with disability build skills and find work that matched their interests.
- When people with disability were included in the workplace, it built confidence and a sense of belonging for everyone.
- Some organisations were seeing success stories, with people gaining paid work and moving towards greater independence.

What's hard:

- People with disability still found it hard to get meaningful or stable paid work.
- Very few employment services worked one-on-one with clients and only took people who fit their service model.
- The rising cost-of-living was making it hard for people on fixed incomes to cover basics like rent, food and fuel.
- Funding sources were reduced, making out-of-pocket costs harder to manage.
- Support worker wages were too low, contributing to high staff turnover and inconsistent support.

What would make it better:

- Better employer awareness and understanding of disability.
- Hiring people with disability in leadership roles.
- Fairer wages for support workers to reduce high staff turnover.
- More funding for arts and creative programs that create pathways into paid work.
- More investment in education and training programs that help people find work they love.





Actionable insights about jobs and money

Increase access to paid work by shaping jobs around the person, opening entry-level pathways within the Queensland public sector, and closing the gap in paid work for people who live in residential service settings.

Protect workplace adjustments during employment changes such as restructures, redundancy and job loss, by creating a record of adjustments that workers can take with them to new roles, with clear expectations that these are reviewed with the employer.

Advocate for increases to the DSP to keep pace with rising costs and review the cap on allowable work hours using a similar approach to the Age Pension.

Review and expand existing concessions to better reflect the true and rising costs of living with disability.

Explore disability leave as a standalone entitlement for medical appointments and disability-related health needs, so sick leave remains available for ordinary illness.

Co-design leadership opportunities and pathways for people with disability, including mentorship programs and temporary higher duties, that lead to career progression.

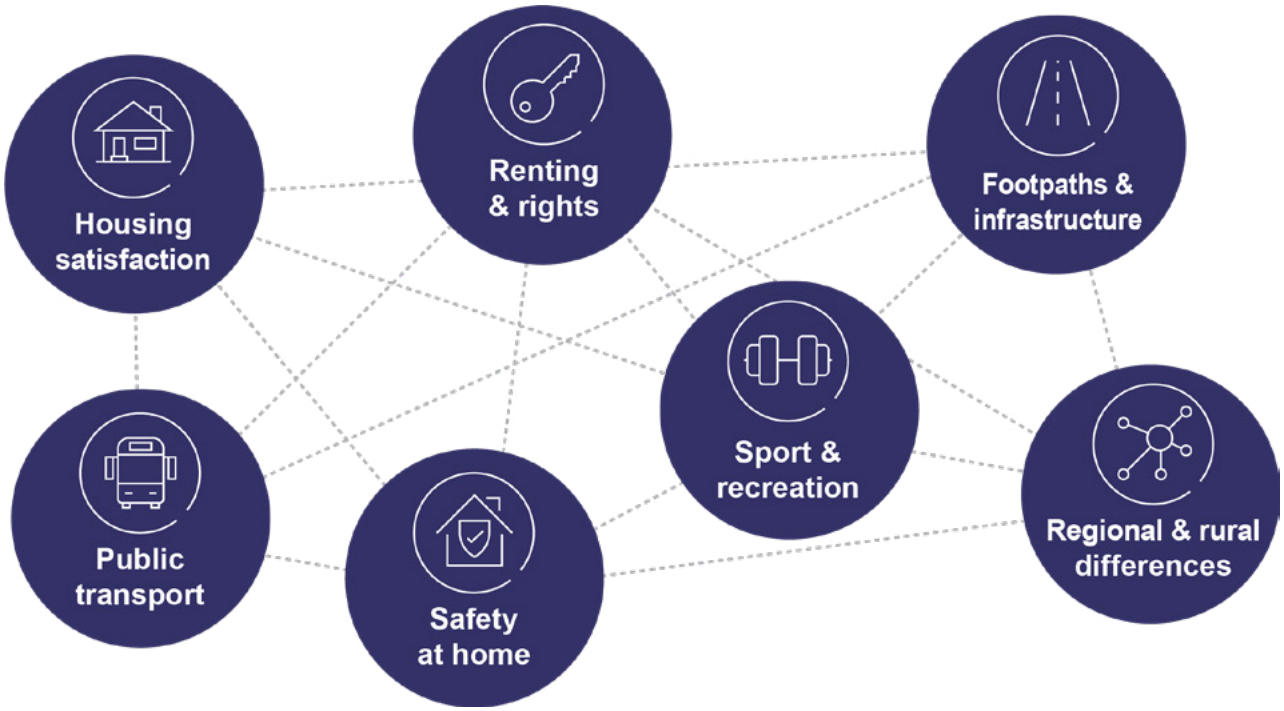
Homes and communities

We asked:

- Does your home meet your needs?
- Can you go anywhere in Queensland?
- What are your experiences with public transport?
- What's working? What's hard? What needs to change?



Key trends (2024–2026)



Data collected over the past three years showed how things changed for participants regarding their homes and communities (see Figure 6):

- **Suitable housing was mostly the same:** 69% of participants with disability agreed they lived in a home that met their needs, compared with 73.3% in 2025 and 69.1% in 2024. The small movements across the three years were not statistically significant.
- **Getting around Queensland held steady:** 47% of participants with disability agreed they could go anywhere they wanted to in Queensland, compared with 47.7% in 2025 and 44% in 2024. The small movements across the three years were not statistically significant.
- **Concerns about affordable housing remained:** participants continued to mention the challenges with finding affordable housing, accessible homes, and obtaining home modifications.



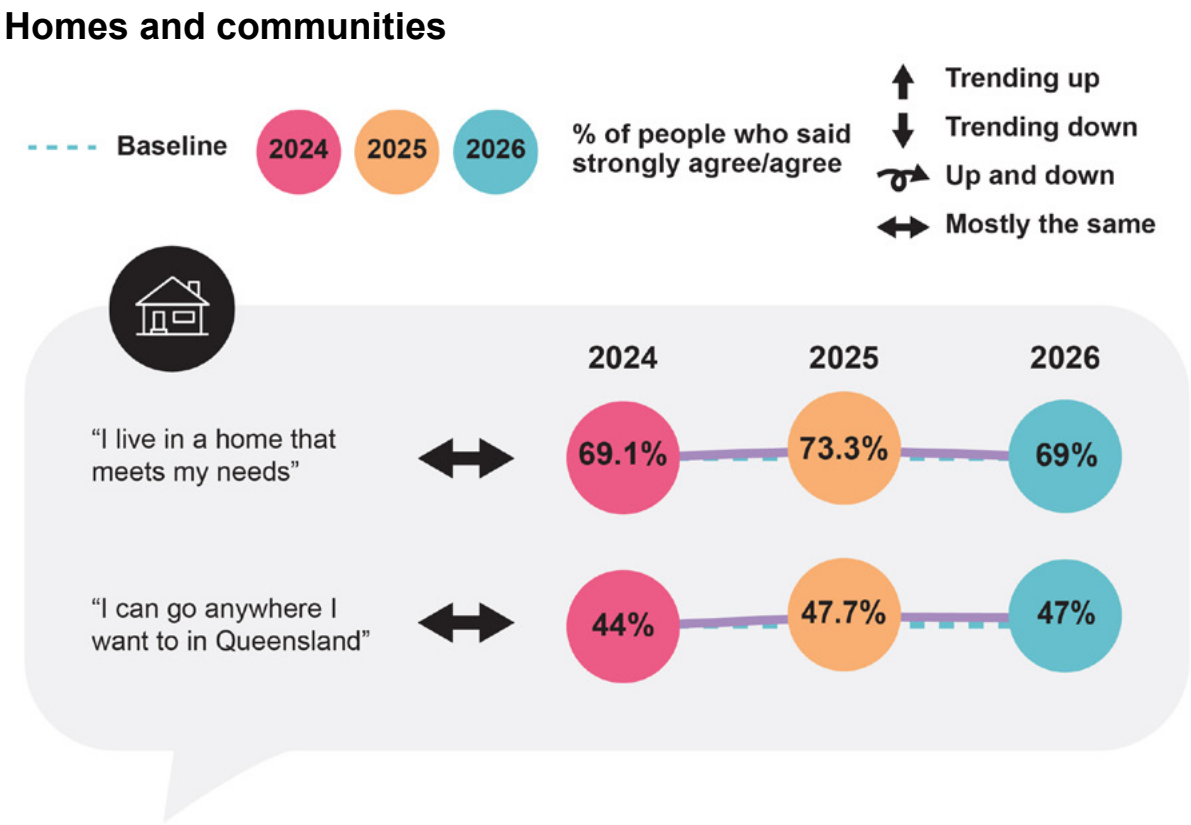


Figure 6: Homes and communities trends for people with disability.

People with disability in 2026

Housing

In 2026, 69% of participants with disability agreed that they lived in a home that met their needs, similar to 2025 (73.3%) (see Figure 7).

Participants with neurological disability had the highest housing satisfaction (66.1%), followed by participants with intellectual disability (65.1%) and neurodivergent participants (65%).

Participants who were satisfied with their housing cited choice, location and long-term stability as key contributors to positive housing experiences.

Housing satisfaction was closely related to income.

"This year, one of the positive things about where I live has been having the stability of my own home and being able to manage my space in a way that supports my disability" (PwD105).

"My home is safe, disability friendly and I live in a friendly over 50s community so understanding my needs is second nature" (PwD214).

Participants with psychosocial disability (60.6%) and chronic illness or pain (60.9%) were significantly less likely to agree that their home met their needs.

I live in a home that meets my needs

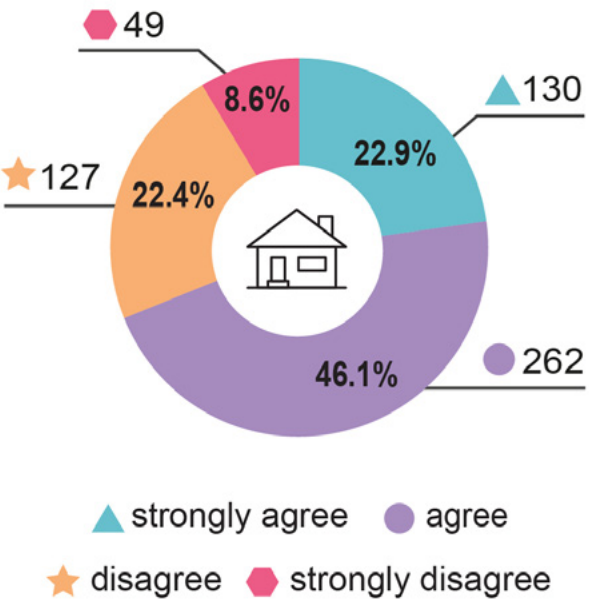


Figure 7: Number of people with disability who agreed or disagreed that they lived in a home that meets their needs.



Lower housing satisfaction was also reported among some demographic groups, including:

- 57.9% of First Nations participants with disability
- 57.2% of rural participants with disability
- 61.3% of LGBTQIA+ participants with disability.

About my housing

Participants shared some concerns around housing, including:

- availability of accessible and affordable homes
- the cost of rent against fixed incomes
- home modifications approval by landlords or public housing providers
- homelessness.

Some participants felt trapped in their homes because they could not use them safely or well, or because the cost of moving was nearly impossible on the DSP.

"I currently live in a home where I cannot use my wheelchair and cannot shower many days as the shower is in the bath and I cannot step in but we are forced to stay in the house as we cannot afford a 50% increase in rent prices if we left" (PwD55).

This year, participants living in public housing described increased frustration with processes for home modifications, repairs, and waiting for occupational therapists to assess their home.

Safety in my home

Many participants expressed concerns about safety in their home or within complexes, including:

- challenging co-tenant behaviour including threats, harassment and property damage
- struggling to leave a home where they were experiencing domestic and family violence
- homes that were unsafe because of failed or refused home modifications.

Getting out in the community

Forty seven per cent of participants with disability agreed that they could go anywhere they wanted to in Queensland (see Figure 8), similar to 2025 (47.7%).

Participants with physical disability (30.9%) and chronic illness or pain (36.4%) were significantly less likely to agree that they could go anywhere they wanted to in Queensland. Participants with intellectual disability (86.1%) were significantly more likely to agree they could.

I can go anywhere I want to go in Queensland

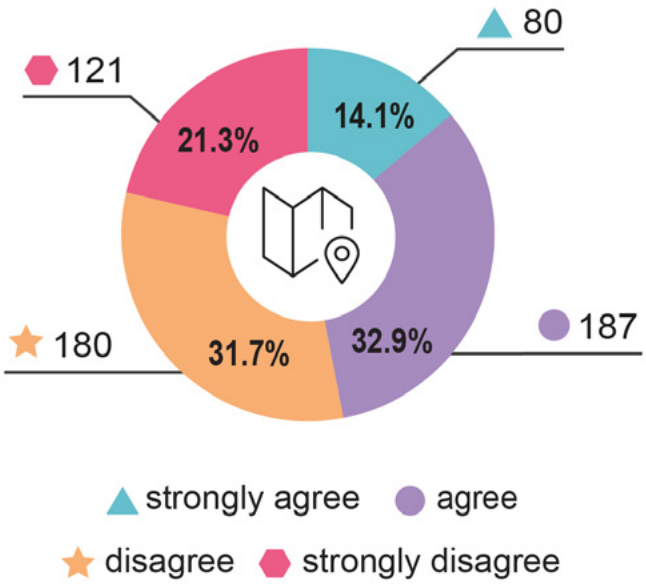


Figure 8: Number of people with disability who agreed or disagreed that they could go anywhere they wanted to go in Queensland.

Living outside of cities and urban areas greatly impacted participants' ability to travel freely in Queensland. Those less likely to agree that they could go anywhere they wanted represented:

- 41.7% of regional participants
- 30.6% of rural participants
- 0% of remote participants.

First Nations participants with disability (31.6%) and LGBTQIA+ participants (40.4%) were also less likely to agree they could go anywhere they wanted. Men with disability (53.1%) were more likely to report being able to go anywhere they wanted than women with disability (46.1%).

Infrastructure and built environments were ongoing challenges, including:

- poorly maintained footpaths
- shared e-scooters and e-bikes left on footpaths
- missing kerb ramps
- ramps that were too steep to use without help
- accessible toilets that were locked or unlocked for everyone and sometimes unsafe
- accessible parking that was unmonitored and routinely used by people without permits.

"There are no ramps from car parking spaces to the footpath you have to wheel into traffic to get on the footpath" (PwD47).

Once out in the community, local businesses were a bright spot for participants, with 82% rating their experiences as good or very good. Participants with disability described local cafes, shopkeepers, and small businesses going out of their way to make them feel welcome and included.

"Having access to my local community is awesome, there are accessible paths, access to the majority of the shops I attend.
I feel valued and supported in my community" (PwD144).





Public transport

In 2026, 43.8% of participants with disability said they could access public transport every time or most of the time they needed to (see Figure 9), which was an increase from 39.8% in 2025. Just over a quarter (29.7%) of participants rarely could. Where participants lived made the largest difference to public transport access, especially those who could rarely access it. For example:

- 17% of city participants could rarely access public transport
- 40.8% of regional participants could rarely access public transport
- 65.8% of rural participants could rarely access public transport.

In regional and rural areas, public transport was described as often unavailable.

I can access public transport when I want

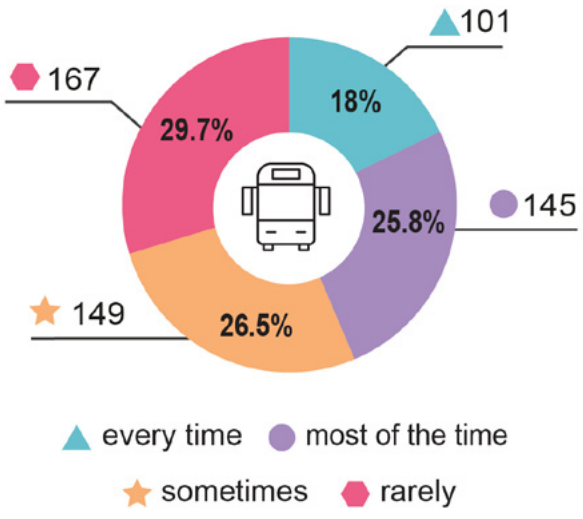


Figure 9: Number of people with disability who reported they could or could not access public transport when they wanted.

When participants could access public transport, most (70.2%) had good or very good experiences, a significant increase from 50.7% in 2025.

"I moved regions to live in a place with more public transport. It's really nice. I can get into the middle of the city by walking less than 250m in total by taking one bus and then a train. It's increased the amount that I consider going out and socialising" (PwD250).

While experiences with public transport were improving, there were still challenges, including:

- distances to the bus stop or station that were too far for some participants
- station lifts that were frequently out of service
- limited services outside city corridors.

"Sometimes I get public transport – 1. Walk 10 mins from home to bus stop (limited footpaths, which are all uneven, cracked and unsafe) 2. Ride bus to train station 3. Catch train to nearest station to work 4. Walk on roads, cross unsafe crossings, on a rocky bitumen hill, no footpaths most of the way, to get to my workplace… it can take me up to 2 hours [from] home to work using public transport" (PwD215).



Nearly two-thirds (62.2%) of participants had positive experiences with taxis, rideshares, and other modes of transport, which increased from 45.3% in 2025. However, rideshare services were challenging for participants with assistance animals and guide dogs, with ride refusal frequently mentioned.

"It is horrendous having to rely on [rideshare company] if you have a guide dog. Too many refusals mean I leave my guide dog at home and use my white cane" (PwD234).





Sport and recreation

Half (50.5%) of participants with disability took part in sport and recreation activities each week, with different levels of involvement, including:

- 10.3% doing less than 1 hour
- 52.6% doing 1 to 4 hours
- 26.9% doing 5 to 9 hours
- 10.3% doing 10 or more hours.

There were some consistent challenges to taking part in sports and recreation:

- Membership and equipment costs were high.
- Adaptive sport options were concentrated in city areas.
- Transport to and from venues was unreliable or unfunded.
- Session times were only scheduled for early morning or evening.
- Coaches and staff were not always trained to include people with disability.

Participants wanted specialist disability programs and universally designed mainstream programs. Some participants did not want to play sport but wanted a place at the venue to meet others.

"Sport and recreation improve physical health, mental wellbeing, confidence, and social connection. When activities are designed to be inclusive from the start, everyone benefits—not just people with disabilities" (PwD61).



Family and carers

Most family and carer participants (79.5%) agreed the home they lived in met their needs and 55.3% agreed that the people they supported were welcomed and included in their community. Even so, daily life was shaped by rental affordability and infrastructure that did not always work for the person they supported.

Family and carer participants described continuing pressure on housing and community access, including:

- rising rent costs and a real fear of homelessness for the people they supported
- missing footpaths, inaccessible playgrounds, lack of adult change tables, and accessible parking that was not enforced
- limited inclusive community programs, outside of sporting programs, for children and young people with disability
- older public housing that had not been modified or maintained for adults with disability, with long waits for home assessments and modifications.

Some participants spoke about planning for the long term. They described the cost of housing for the next generation as a major concern for the future. Participants who supported someone who required Specialist Disability Accommodation (SDA) spoke of the limitations of current models and concerns for the future.

"Many people I support also face emotional distress due to these barriers. Feeling excluded from community life, unable to access services independently, or forced into unsafe or unsuitable housing creates stress, anxiety, and a sense of hopelessness. Without adequate home modifications, accessible housing, and inclusive community facilities, their independence and quality of life are severely affected" (FC123).

Organisations

Thirty-eight organisations provided services related to homes and communities. Here's what the organisational representatives said:

What's good:

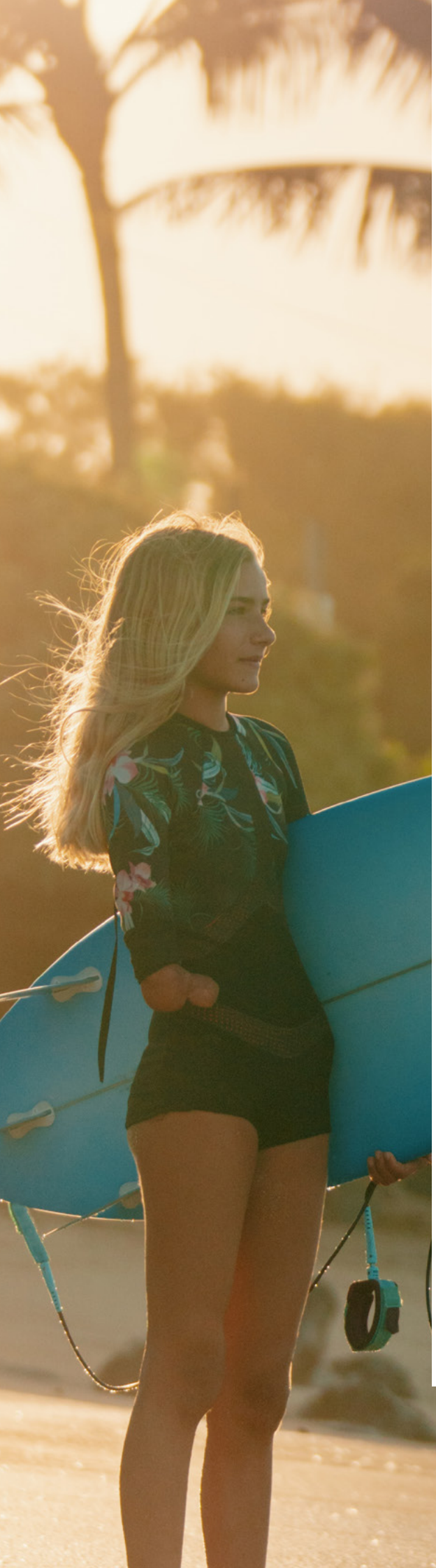
- Some councils were becoming more aware of the number of people with disability in their community and were making improvements to accessibility.

What's hard:

- The lack of accessible housing across Queensland.
- The housing crisis was leaving people with disability stuck in living conditions that did not meet their needs. This was leading to increased family and carer burnout.
- A small number received SDA housing in their NDIS plan and there were very few options for people who did not qualify.
- People with disability on fixed incomes were being significantly impacted by the rental crisis.
- People with more complex support needs, including those with history of incarceration or unstable housing, faced even greater barriers to finding a home.
- People with disability in some areas felt unsafe in their communities.
- Older families and carers were finding it harder to support the person they cared for as they aged.
- Family and carers were not consistently receiving the support their children needed to develop skills for independence.
- People in regional and remote areas often travelled long distances to access community programs and services.
- Community facilities often lacked the knowledge and skills to assist, interact with, and accommodate people with disability.

What would make it better:

- Better public transport and well-maintained footpaths so people can move around their community safely.
- More inclusive community spaces that welcome everyone.
- Better support to get housing needs included in their NDIS plans, and more housing options for people who do not qualify for SDA.
- Accessible housing for people with pets, including assistance animals.
- Community programs available locally so people do not have to travel far to participate.
- Councils using local disability data to better plan and respond to the needs of people with disability in their community.
- More community consultation—asking people with disability about their experiences and what they need.



Actionable insights about homes and communities

Increase the supply of accessible housing through stronger accessible design standards in new builds and public reporting of accessible homes added each year.

Shorten wait times for public housing modifications by streamlining occupational therapy assessment for tenants whose homes no longer meet their needs.

Strengthen rights and increase awareness for renters with disability in both private and public housing, including the right to make agreed modifications and have repairs completed within a reasonable time.

Improve co-tenancy safety in public housing, including timely responses to threats or violence and clear protection from retaliation.

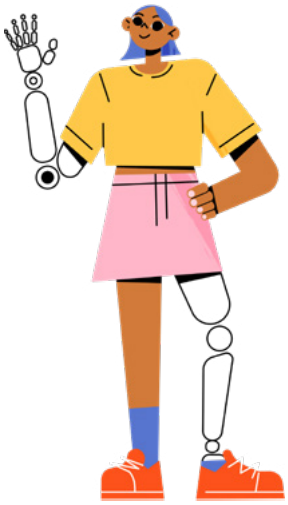
Explore accessible alternative accommodation as part of domestic and family violence escape pathways, alongside clear communication about what is available.

Establish small community grants programs for sport, recreation and community participation that people with disability can access regardless of NDIS status.

Improve transport access outside city corridors through accessible demand-responsive transport options in regional and rural Queensland.

Maintain and improve public infrastructure including footpaths, kerb ramps, entry ramps and accessible toilets.

Safety, rights and justice



We asked:

- Do you feel safe?
- Are your rights protected?
- How do other people treat you?
- What's working? What's hard? What needs to change?

Key trends (2024–2026)



Data collected over the past three years showed how things changed for people with disability regarding their safety, rights and access to justice (see Figure 10):

- **Feeling safe was up and down:** 73.7% of participants agreed they were safe, compared with 83.9% in 2025 and 77.5% in 2024. Agreement got better and then worse across the three years and was statistically significant.
- **Treatment by other people was up and down:** 76.9% of participants agreed that other people treated them well, compared with 80.3% in 2025 and 71.7% in 2024. This up and down movement was also statistically significant.
- **Protection of human rights stayed mostly the same:** across 2024, 2025, and 2026, more than two-thirds of participants felt their human rights were protected.
- **Similar challenges remained:** people with disability were still concerned about feeling unsafe at home and in public housing, being treated poorly in certain settings, and the gap between rights on paper and in everyday life.



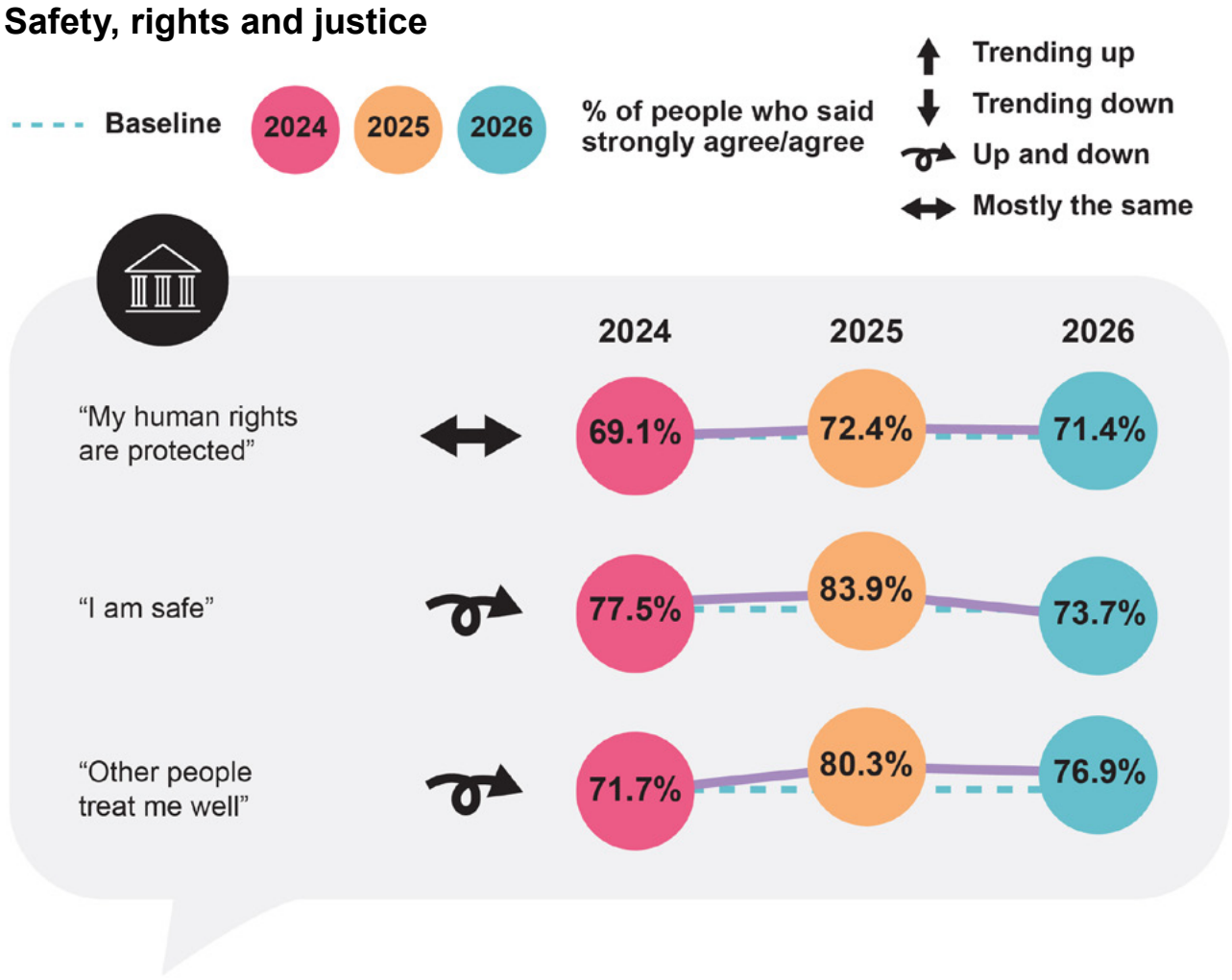


Figure 10: Safety, rights and justice trends for people with disability.

People with disability in 2026

Feeling safe

Most participants (73.7%) agreed that they were safe (see Figure 11), although this was a decrease from 83.9% of participants in 2025.

Participants with intellectual disability were significantly more likely to say they felt safe (86%), followed by participants with neurological disability (74.8%). Participants with psychosocial disability (63.4%) and chronic illness or pain (66.2%) were significantly less likely to feel safe.

Participants living in residential service settings continued to report very strong agreement that they were safe (87.8%).

Other participant groups were significantly less likely to feel safe, including:

- non-binary participants with disability (57.7%)
- CALD participants with disability (63.9%)
- First Nations participants with disability (65.6%).

I am safe

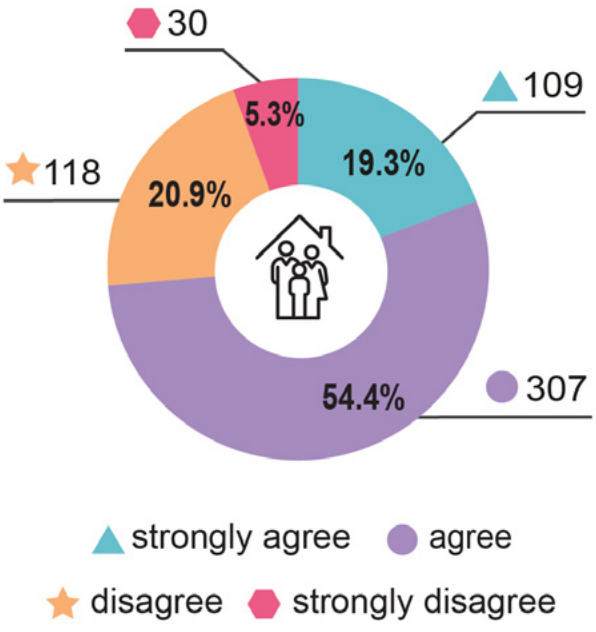


Figure 11: Number of people with disability who agreed or disagreed that they were safe.



Participants described feeling unsafe in several distinct and overlapping ways, including:

- mistreatment by paid disability workers in their own homes
- hostile or violent neighbourhood environments, including crime and assault
- women living alone and older participants being particularly at risk
- personal information shared online by the NDIS providers making participants more exposed and more targeted in public life.

Several participants said the public conversation about disability felt unsafe.

"I often feel much less safe as a non-binary person [with disability] than I did even a year ago. I am worried that people will not support me or will be prejudicial in paid support roles" (PwD263).

Human rights in practice

More than two-thirds (71.4%) of participants said their human rights were protected (see Figure 12).

My human rights are protected

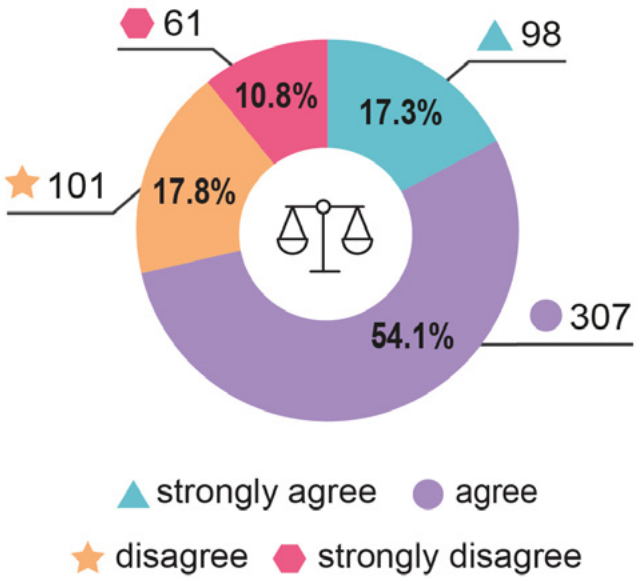


Figure 12: Number of people with disability who agreed or disagreed that their rights were protected.

Participants with intellectual disability (81.4%) felt their rights were protected. Participants with cognitive disability and chronic illness or pain were least likely to agree that their rights were protected (both at 60.6%).

Some groups of participants were less likely to agree their rights were protected, including:

- 43% of genderqueer or gender fluid participants
- 44% of non-binary participants
- 58.8% of LGBTQIA+ participants.



Gaps between rights on paper and rights in practice, especially related to the NDIS, were mentioned frequently.

"On paper my rights are protected, but in practice they are not acknowledged or practiced, especially in healthcare and medical settings" (PwD131).



Accessing justice when something goes wrong

Participants who felt their rights were protected were more likely to be able to access justice and advocacy when needed.

However, participants felt there were not enough independent advocates.

For rural participants, advocacy was even harder to reach. One participant described ringing every advocacy service in Queensland and being told they were out of catchment, or the service was already overbooked.

When participants tried to use formal complaints or justice processes, they were slow, not transparent, and difficult to navigate.

"The processes to make complaints about these things are long and arduous" (PwD334).

Participants mentioned that despite doing everything asked of them during justice and complaints processes, they rarely had good outcomes.

"I reported the bullying and provided detailed documentation outlining the behaviour and its impact. However, my complaint was not supported by the organisation at the time. During the process I felt that my concerns were dismissed and that the organisation prioritised protecting itself rather than addressing the harm that had occurred" (PwD126).



Treatment by other people

Most participants with disability (76.9%) agreed that other people treated them well, compared with 80.3% in 2025 and 71.7% in 2024. The up and down changes were statistically significant.

Most participants with intellectual disability (83.7%) and neurological disability (75.9%) felt they were treated well. Participants with cognitive disability (64.9%) and psychosocial disability (66.2%) were least likely to agree they were treated well.

Rural residents (64.6%) were less likely to agree they were treated well than city residents (77.9%).

Some participants described poor treatment in healthcare and disability support settings. Participants with invisible or hidden disability felt dismissed or judged more regularly, especially when they needed to ask for adjustments.

"Most people are kind and respectful, but sometimes doctors don't understand my disability and expect things of me that I can't do. Sometimes support workers take advantage of me, and I often feel left out and ignored. It's like people don't relate to me so they don't try" (PwD248).



Family and carers

Family and carer participants described a similar exhaustion with the fight for rights and justice, particularly with the NDIS, as reported in 2025. The NDIS was the central safety and rights issue for most participants. Many family and carer participants used the phrase “if I don’t do it, no one will”.

Challenges included:

- lodgement of multiple NDIS appeals and tribunal hearings to secure better supports
- dismissal of their caring role by hospital staff and medical professionals
- safety concerns in public housing and SDA with high staff turnover
- worry about personal safety in some environments, particularly for young people
- exhaustion from carrying the safeguarding load themselves, on top of paid work and other caring responsibilities.

Some family and carer participants described a legal help gap. Families who earned too much for legal aid but could not afford lawyers were struggling to get the support they needed when advocating for protection of rights. Families felt they had to navigate the system alone.



Organisations

Fifty-one organisations provided services related to safety, rights and justice. Here's what the organisational representatives said:

What's good:

- Having good support helped people with disability navigate complex systems like education, health, and legal services.
- Peer networks and advocacy services were helping people feel connected and find solutions.
- When people shared their experiences of overcoming difficult or unfair situations, it gave others hope and practical ideas.

What's hard:

- Many people with disability had never felt truly safe and did not know what safety should feel like.
- The justice and health systems were hard to navigate and were not set up to help people with disability.
- People with disability, especially those with intellectual disability, were more likely to experience violence, neglect and financial abuse from the people who were meant to support them.
- There were not enough advocacy services available, leaving people with disability open to exploitation.
- Appealing NDIS decisions was complicated and stressful when people with disability needed to challenge a large government organisation.
- Some people with disability did not have enough funding to get the support they needed to stay safe.
- People with disability in correctional facilities did not get fair access to healthcare, even though many people in correctional facilities have disability.
- Psychology and psychiatric assessments were expensive and many people with disability could not afford them.

What would make it better:

- Increasing advocacy services for people with disability, especially in regional and remote areas.
- More funding for health, advocacy, and legal services so everyone can access them when they need to.
- Assisting people with disability to understand their rights and their value in the community.
- More comprehensive disability training for police on how to communicate and engage effectively with people with disability.





Actionable insights about safety, rights and justice

Expand advocacy networks and peer support networks so people with disability and family and carers can navigate complex systems with confidence, and access legal and financial support when they need it.

Advocate for increased legal support for families who do not qualify for legal aid but cannot afford a private lawyer, especially during the NDIS appeals and tribunal hearings.

Support access to justice for people who need to go to human rights bodies or tribunals, including travel assistance and support to attend appointments and hearings, particularly for people in regional and remote areas.

Co-design and increase disability awareness training for frontline roles, including police, with a focus on fair and equitable interactions and communicating rights in accessible and inclusive ways.

Investigate and address barriers to justice for people with disability when something goes wrong, including how complaints are lodged, heard, and resolved.

Strengthen safety in public housing by addressing co-tenancy risks and creating clearer pathways for raising safety concerns.

Advocate for strengthened oversight and accountability where modifications funded through the NDIS fail to deliver a safe home, including faster routes to remediation.

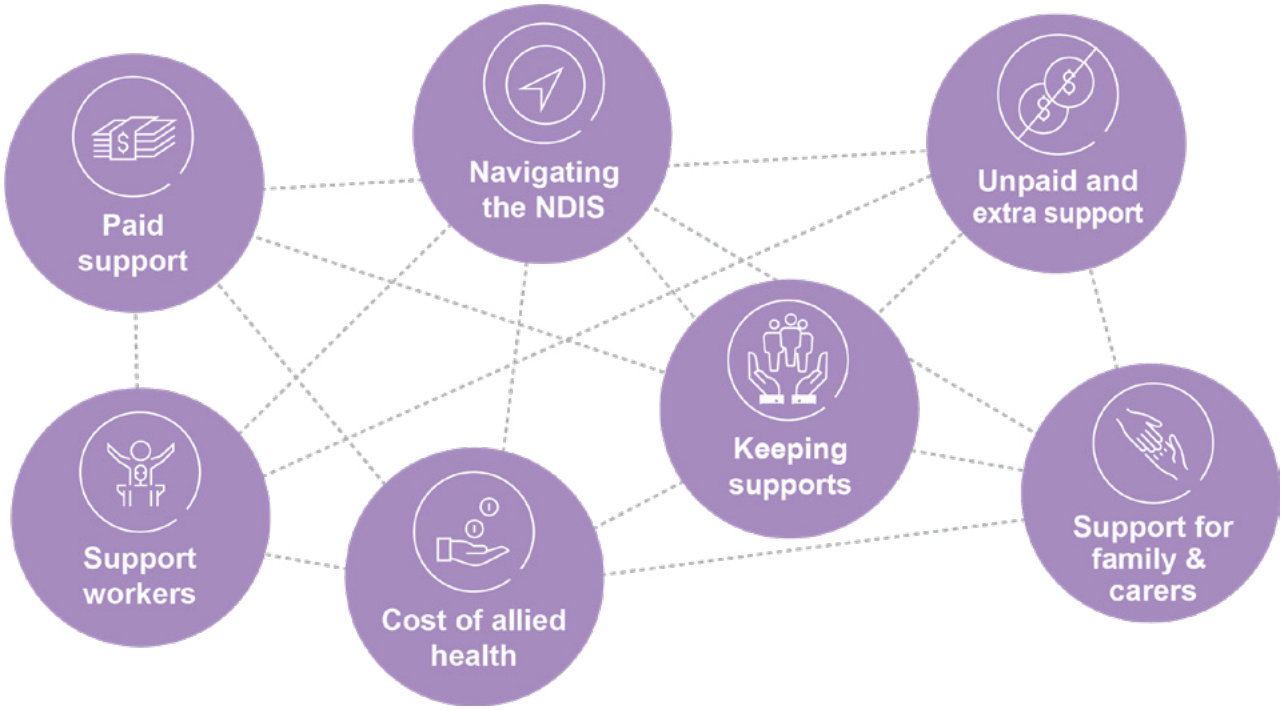


Personal and community support

We asked:

- Do you have access to all the paid support you need?
- Do you have enough unpaid support (from family, friends, etc.)?
- Can you get extra support if you need it?
- What do you need support with?
- What should be the priorities for the NDIS changes?
- What's working? What's hard? What needs to change?

Key trends (2024–2026)



Data collected over the past three years showed how access to support changed (see Figure 13):

- **Paid support was up and down:** 44.9% of participants with disability agreed they had enough paid support, down from 50.8% in 2025 but up from 36.8% in 2024. The big improvement from last year was not sustained and the changes were statistically significant. People with disability told us that paid supports remained hard to keep, not just hard to get, and that they feared losing supports through their NDIS plan reviews.
- **Unpaid support stayed about the same:** 50.8% of participants with disability agreed they had all the unpaid support they needed, which was consistent with results from 2025 and 2024.
- **Getting extra support stayed about the same:** 35% of participants with disability agreed they could get extra support if they needed, which was slightly down from 37.8% in 2025 and 41.1% in 2024, although it was not statistically significant.
- **Support workers remained a challenge:** participants continued to be worried about finding and keeping good support workers with adequate training.



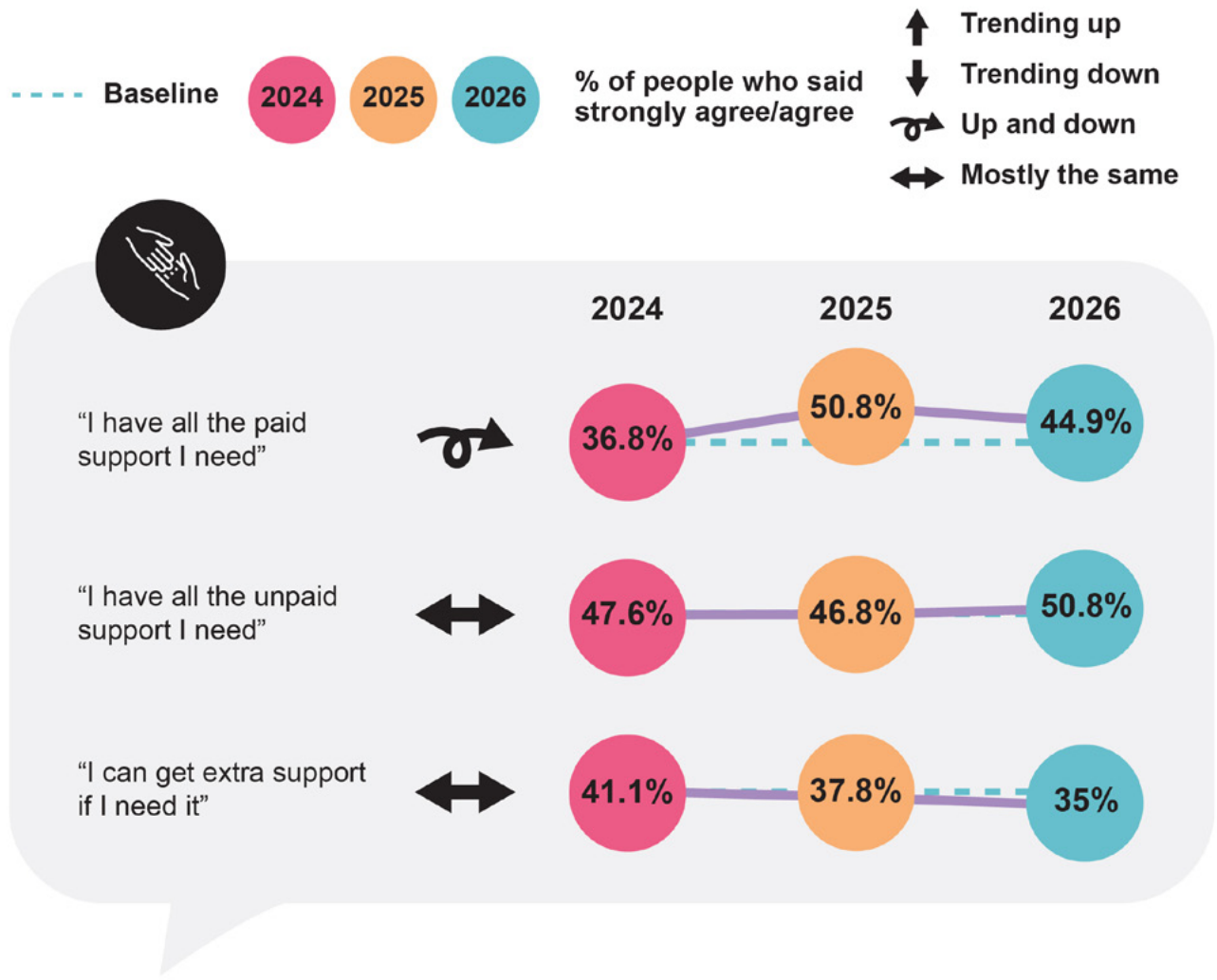


Figure 13: Personal and community support trends for people with disability.

People with disability in 2026

Paid support

Fewer than half (44.9%) of participants with disability agreed that they had enough paid support (see Figure 14 and Appendix 8). That means more than half (55.1%) of participants felt they were not getting enough paid support. Access to formal funding schemes varied. Participants with disability received funding through:

- NDIS (50.7%)
- DSP (52.1%)
- Other benefits (10.2%).

Fewer than a quarter (22.8%) of participants with disability were not receiving any government support and only a small number (3%) had a funding support decision pending. Participants may have received paid support through more than one support scheme.

Among participants in residential service settings:

- 45% received the NDIS
- 76% received the DSP.

Self-reported funding rates for participants in residential services settings were lower than provider records and previous parliamentary inquiry results, which may indicate that many residents were not clear about what kinds of supports they receive. Some participants struggled to access paid support more than others. This included:

- participants with chronic illness or pain (29%)
- neurodivergent participants (32.5%)
- participants with physical disability (36.6%)
- participants with psychosocial disability (38.5%).

I have all the paid support I need

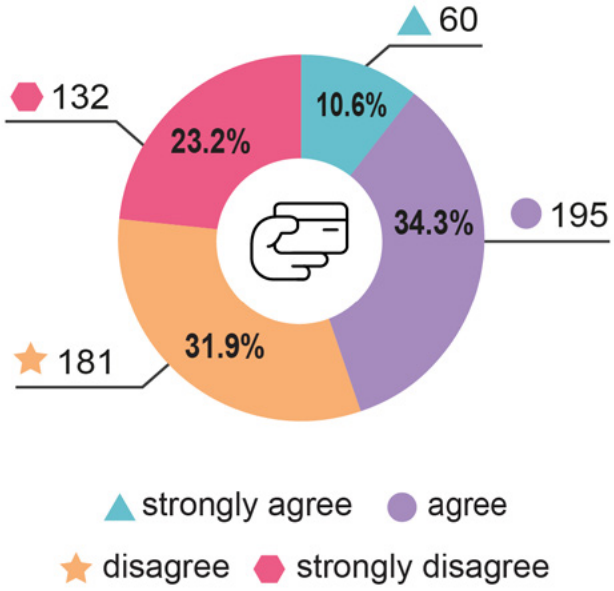


Figure 14: Number of people with disability who agreed or disagreed that they had all the paid support they needed.

Several other groups of participants were less likely to agree that they had enough paid support, including:

- 11.5% of non-binary participants
- 26.9% of LGBTQIA+ participants
- 29.4% of First Nations participants
- 37.1% of CALD participants
- 40.8% of rural residents.

Most (82.2%) participants with disability required diverse daily supports (see Appendix 8), including:

- getting around their home or community (58.9%)
- looking after themselves and personal care (48.8%)
- accessing healthcare and talking to health professionals (43.4%)
- doing things day-to-day (33.3%)
- learning new things (32.6%).



Participants were asked about their experiences with disability services and supports. Just over half (53.9%) of participants rated their experiences as good or very good (see Figure 15). This is similar to the ratings from 2025 (53.2%).

How would you rate your experiences with disability services and supports?

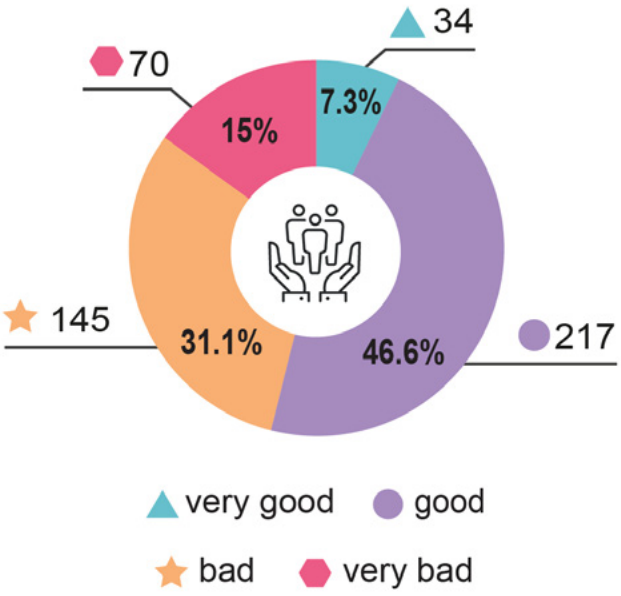


Figure 15: Number of people with disability who reported good or bad experiences with disability services and supports.

Positive experiences were linked with small, stable support networks and reliable support workers.

> **"I have [supports] that listen and understand and help with tasks I have difficulties completing or finishing. Support workers empower me to do activities I enjoy and that makes me happy" (PwD247).**

Many participants mentioned challenges with disability supports, including:

- inconsistent or short-staffed providers, especially outside of cities
- support workers without adequate training
- funded hours that no longer matched their support needs
- the cost and time of finding a new support worker when someone left.

> **"In the past I've had workers say they worked a shift but didn't show up yet were paid for the shift" (PwD326).**

Navigating the NDIS and support work under pressure

Participants with NDIS funding were anxious about getting supports and keeping the supports they already had. Plan reviews, internal reviews, and the Administrative Review Tribunal were described as adversarial, slow and often dismissive.

"Navigating the ongoing NDIS labyrinth has been difficult, with constantly shifting goalposts and the risk of losing supports, as well as the administrative fatigue of managing both the NDIS and the support coordinator" (PwD14).



We asked participants what changes were needed to improve the NDIS. Participants most wanted the NDIS to:

- make it easier to get funding (31.2%)
- support people who are not eligible for, or not receiving NDIS funding (19.8%)
- be more flexible in how to use funding (18.5%)
- make plan reviews and assessments easier (12.2%)
- make consistent decisions (9.6%).

Receiving clear communication was a critical challenge for many participants, particularly those with intellectual and cognitive disabilities, who felt poorly served by confusing and unclear communication practices.

"The NDIS system does not work. There [are] inconsistent and conflicting responses which makes navigating the application too difficult" (PwD390).

Workforce conduct and participants' ability to raise concerns were also a challenge. Participants described inadequate training, unethical practices and high staff turnover. Some participants felt dependent on their support workers and were reluctant to raise problems because they were afraid to lose the support they had.

"It is hard to manage situations where a support worker behaves in uncomfortable ways, being dependent on them and their organisation reduces a person's ability to actually raise their concerns without risking retribution of being left without care" (PwD14).

Unpaid and extra support

In 2026, 50.8% of participants with disability agreed they had enough unpaid support from family, friends, and their broader support networks (see Figure 16).

I have all the unpaid support I need

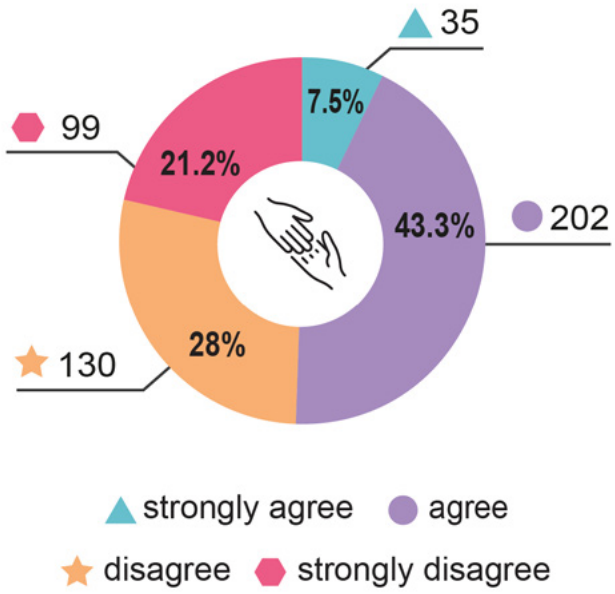


Figure 16: Number of people with disability who agreed or disagreed that they had all the unpaid support they needed.

Unpaid support was mostly provided by partners, parents and adult children. Where paid support fell short, unpaid support filled the gap.

"My relationship with my husband has fallen away, to just a carer with less conversation than I have with paid supports. We are basically strangers living together in a broken 39-year marriage all thanks to lack of support and accessible healthcare" (PwD140).



We asked participants if they could get extra support if they needed it. Only 35% of participants agreed they could, down from 37.8% in 2025 and 41.1% in 2024. Participants with psychosocial disability (18.4%), chronic illness or pain (19.8%) and physical disability (26.2%) reported the lowest confidence in their ability to access extra support. Some participants described not knowing what extra support was available to them, and not having the energy left to find out after navigating their existing care.



Family and carers

Fewer than one-third (30.6%) of family and carer participants agreed that the person they supported had enough paid support. Just under half (45.7%) agreed that they had enough unpaid support. Nearly half (48.4%) of participants rated their experiences with disability services and supports as good or very good but also mentioned that the NDIS continued to be challenging and anxiety-inducing.

Family and carer participants described similar frustrations with disability supports as participants with disability, including:

- support workers who were unreliable, changed too often, or were poorly trained
- the NDIS plan reviews and paperwork delays that held up funding and pulled workers off shifts
- the cost of allied health for the person they supported, with private rates far above coverage through private health funds or Medicare
- carrying the unpaid caring load when paid support fell short.

Family and carer participants were highly anxious about the NDIS funding cuts.

> **"The support workers have been great but it's hard when the NDIS money runs out and we have to wait for the next part payment for support. My son then loses his support workers" (FC28).**

Some participants described people with disability falling through the gaps in the system. Family members with rare or contested conditions were not always recognised by the NDIS, nor were adults over 65 with disability who faced service gaps between the NDIS and aged care systems. Some children were mentioned as funded for one diagnosis but not for other co-occurring conditions that impacted their support needs. These challenges added to persistent fear and anxiety about forthcoming changes to the NDIS.

Organisations

Forty-one organisations provided services related to personal and community supports. Here's what the organisational representatives said:

What's good:

- When support workers genuinely cared about the people they supported, people with disability responded better and benefited more from their support.
- Having a consistent support team, including informal supports who could step in when needed, made a difference, especially for people with high support needs.
- Educational organisations that provided student supports such as counselling and accessibility plans for students with disability were making a positive difference.

What's hard:

- There were not enough support workers, support coordinators, and allied health professionals to meet demand.
- Many support workers entered the workforce with very little training in disability awareness or managing difficult situations.
- It was hard to keep good support workers. Experienced support workers were leaving and not enough people with the right skills and values were replacing them.
- Limited funding meant people with disability could not always get the support they needed to take part in their community and live independently.
- In some communities, concerns were raised that NDIS funded services were not always providing genuine care and support for people with disability.
- People in regional, rural and remote areas struggled to access face-to-face support and group activities, and some relied on family members for everyday practical tasks.

Several organisational representatives commented on challenges created by the NDIS system. They described:

- specialist reports that were expensive and took a long time to receive, leaving people without support even when their needs were clear
- inconsistent rules and accountability for registered and unregistered support workers.

The impact of these issues on organisations included increased administrative burden and difficulty recruiting and retaining qualified staff. For people with disability, this meant reduced access to support, longer wait times, and gaps in essential services.

What would make it better:

- Better training for new and existing support workers in disability awareness and managing challenging situations.
- Equal standards for all support workers—the same qualifications, rules, and reporting requirements regardless of registration status.
- Better use of NDIS funding, including adherence to funding rules and covering the cost of specialist reports and supporting documentation.
- More services and support for people living in regional, rural and remote areas.



Actionable insights about personal and community supports

Improve support worker training through revised training standards, regular supervision and education programs that match the complexity of disability support.

Expand employment options for support workers including employed roles, sole trader pathways, and online platforms so workers have more choice and agency.

Advocate for easier and flexible NDIS access and reviews with clearer communication, so people can maintain the supports that meet their needs.

Strengthen supports by subsidising functional assessments and allied health, expanding independent advocacy and increasing mental health support beyond Medicare-funded sessions.

Recognise and support family and carers through paid respite, financial support and recognition of their long-term role when paid supports fall short.

Co-design sustainable solutions for disability supports that link housing, education and environments to create more connected and inclusive communities.

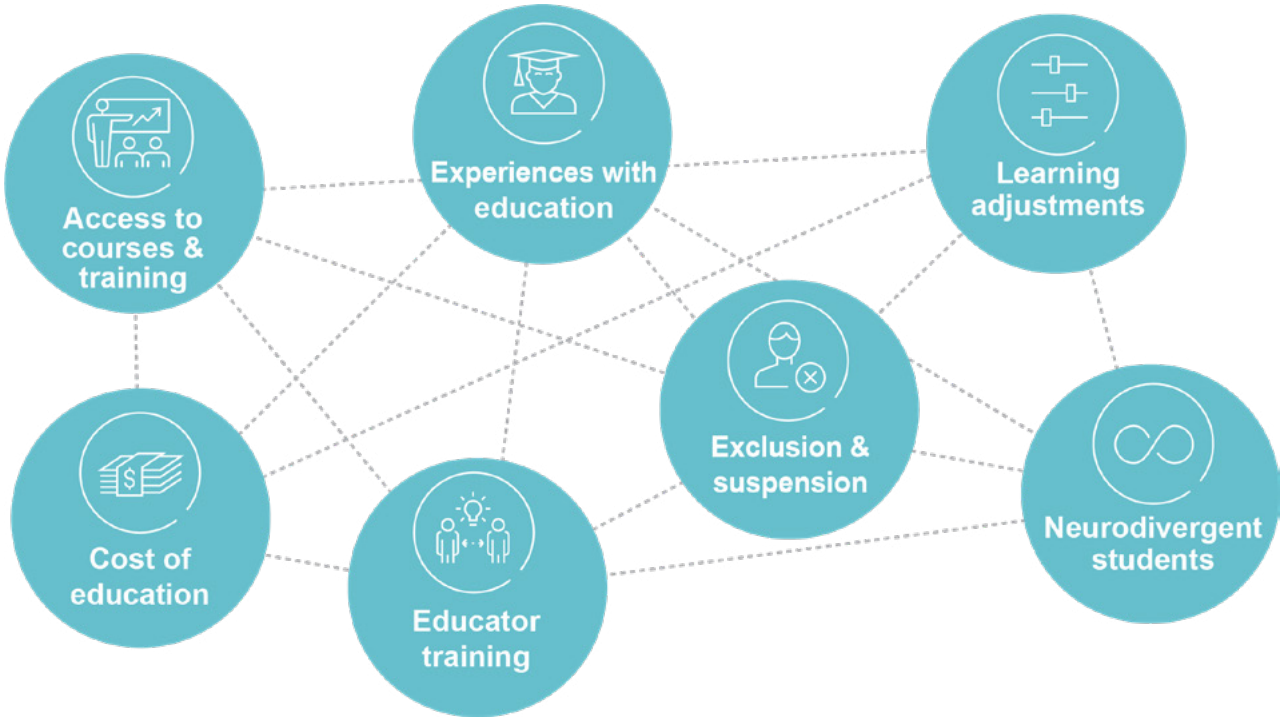
Education and learning

We asked:

- Can you do courses and training if you want to?
- Can you get the support you need?
- What are your experiences like?
- What's working? What's hard? What needs to change?



Key trends (2024–2026)



Findings on education and learning were mixed, with some signs of improvement against long-term concerns about access (see Figure 17):

- **Most participants engaged in courses or training:** 79% of participants said they were either undertaking courses currently or had done courses in the past.
- **Increased positive experiences in education:** more participants (70.4%) had good experiences with education and learning, a 12-percentage point increase in two years.
- **Access to supports and accommodations improved:** 63.7% of participants with disability who accessed education could get the supports they needed, up from half (52.6%) in 2025. The 2025 report flagged a steady decline in access between 2023 and 2024, so the 2026 figure is the first reversal in three years.



Education and learning

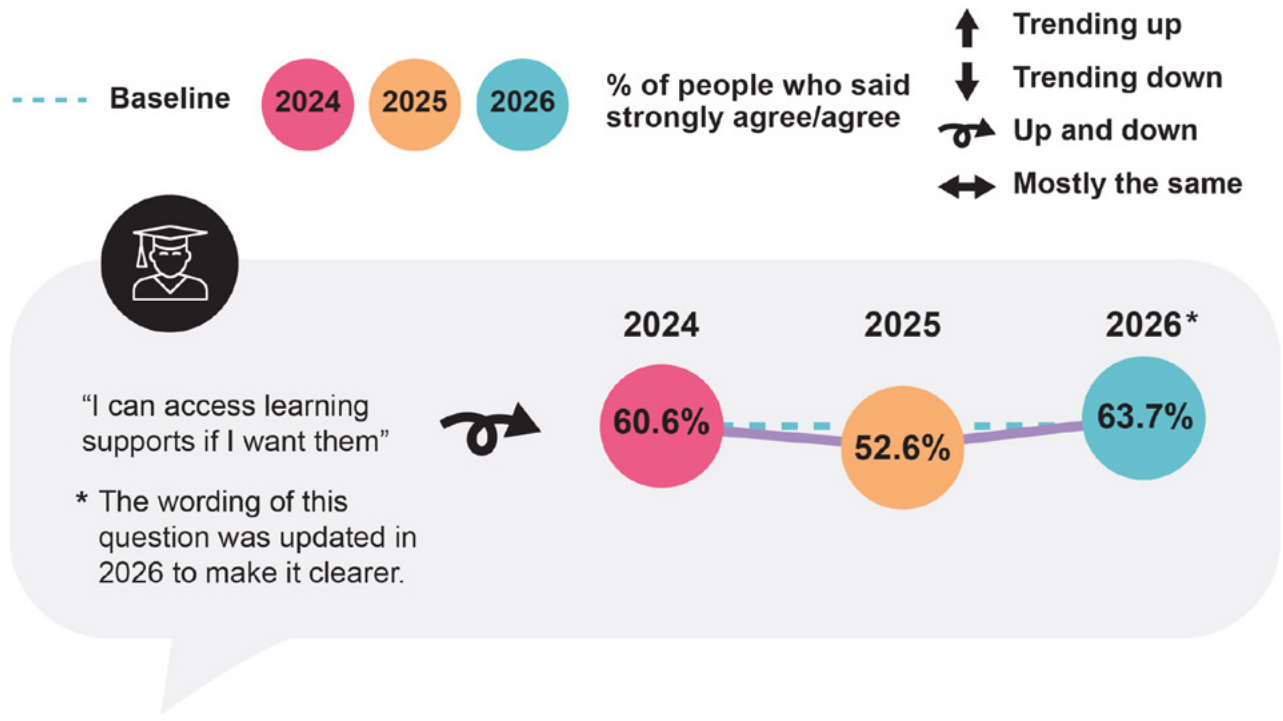


Figure 17: Education and learning trends for people with disability.

People with disability in 2026

Access to courses and training

Most (79%) participants with disability said they were either currently engaged in study or had completed some form of study in the past. Younger participants aged, 18 to 29 years, were the most likely (90.6%) to be studying. Some participants were less likely to be engaged in study, including:

- participants with the lowest household incomes (69.5%)
- participants in rural areas (71.1%)
- CALD participants (74.3%).

Cost continued to be the primary challenge to education. Participants described how balancing full-time work, appointments and supports made study hard.

"I need to maintain full-time employment in order to support myself, and there are very limited options to study in a way that is financially viable while earning a low income. Part-time study options often extend programs over many years while still requiring significant time, energy, and costs. For people who are already managing disability, work responsibilities, and financial pressures, this can make further education effectively inaccessible" (PwD126).

Positive experiences with education

Education and learning was one of the strongest areas of improvement for 2026, with 70.4% of participants with disability reporting good or very good experiences (see Figure 18), an increase from 58.1% in 2025. Participants were asked to reflect on both current and previous education experiences.

How would you rate your experiences with education and learning?

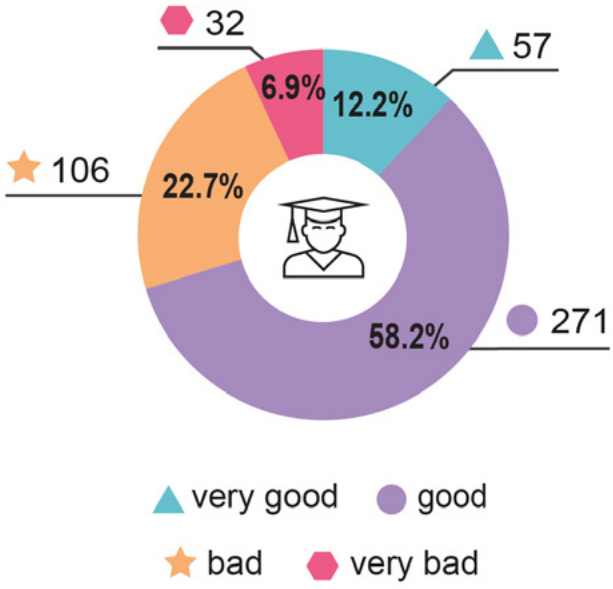


Figure 18: Number of people with disability who reported good or bad experiences with education and learning.

While younger participants aged 18 to 29 were most likely to be undertaking education and training, they also reported fewer positive experiences. Only 58.5% rated their experiences as good or very good, with most reflecting on recent or ongoing education experiences. Nearly two-thirds (63.7%) of participants said they could access learning support, including accommodations.



Teachers, supervisors, and advisors who understood disability were critical for good experiences. Flexibility and accommodations organised in advance contributed to positive experiences.

"Supportive teachers and flexible learning options make a real difference, especially when they understand different learning needs and are open to adapting how things are taught" (PwD174).



Challenges with education and learning

Although participants had positive experiences, others also described challenges with education and learning. Inflexible timelines and environments, lack of accessibility, and lack of training for educators all contributed to ongoing challenges. Some participants described how previous negative school experiences in childhood impacted their learning and participation later in life.

Access to accommodations varied by disability identity, and was lowest among participants with cognitive disability (50%), chronic illness or pain (51.5%), and psychosocial disability (53.6%).

"I wanted to do a course at Uni but they are too rigid for me to be able to participate. They say they welcome people with disability yet make very little accommodations or concessions in how they deliver their course" (PwD457).

Family and carers

Family and carer participants described feeling worn down by advocacy in an education system that was still excluding some children, particularly neurodivergent children. Their experiences included:

- mainstream schools that were over-reliant on suspensions and exclusions
- needs only being met after years of advocacy
- fear that arrangements might change with a new teacher, principal, or school
- lack of teacher aides, a critical workforce for supporting children well
- poor communication from schools
- unnoticed playground bullying
- gaps between mainstream and special school experiences
- worry about what the closure of special schools might mean for the future.

Some participants reported being pushed out of paid employment, while the person they supported was excluded from state education.

> **"My general observation is that as schools push to become more standardised in curriculum and in part due to NAPLAN, they cannot truly differentiate curriculum for students. And students with disabilities experience exclusion as a result first, because they have more support needs […] In the end we homeschooled for 6 months and then began distance education" (FC83).**

Some family and carer participants also raised the transition from school as another critical challenge that needed to be managed with enough support.





Organisations

Thirty-six organisations provided services related to education and learning. Here's what the organisational representatives said:

What's good:

- Small communities were great places for education and support, where people with disability were well known.
- Some educational services catered well to mature-aged students and people with diverse needs, offering flexible learning options and accessibility plans.

What's hard:

- Depending on where you live, there was very little choice in educational services and supports.
- If the educational system was not working for the person with disability, there were very few other options.
- People with disability were not always being asked what they needed or wanted from their education.
- Schools were under-resourced and often could not provide the one-on-one support students with disability needed.
- Supporting students with disability was not always seen as a priority in mainstream settings—an "out of sight, out of mind" attitude could develop.
- Children with complex needs were sometimes excluded from school or given reduced hours, putting more pressure on family and carers and leading to burnout.
- Rural schools often did not have the specialist staff or resources to support children with complex needs.
- Students with low vision were not getting enough support and were falling behind their peers.
- People with disability were not always told where to go for support and missed out on what they needed.

What would make it better:

- Better trained support workers and educators in all educational settings.
- More funding and specialist support for students with low vision and complex needs.
- More specialist and support staff available in smaller and regional communities.
- Consultation with people with disability about what they need and want from their education.

Actionable insights about education and learning

Increase access to flexible learning through self-paced modules, alternative class times and online resources for students with disability.

Provide mandatory disability training for educational institutions and staff, with a focus on reasonable adjustments that work in classroom settings.

Strengthen targeted support in schools, especially for neurodivergent students. Increase trauma-informed approaches that recognise the impact of trauma on learning and behaviour for all students.

Investigate evidence-based methods to move away from exclusionary practices such as repeat suspensions and reduced timetables for young people with disability.

Co-design advanced specialised training for support workers and teachers across all levels of education, including TAFE and higher education, to better support students with disability.

Expand financial support in rural and remote areas to fund 1:1 support, specialist staff and accessible resources for students with disability.



Collaborate with family and carers in education planning and transitions, ensuring they have the information and support they need to advocate effectively for their child.

Review income support barriers and thresholds for adult learners with disability to help reduce costs and improve sustainability.

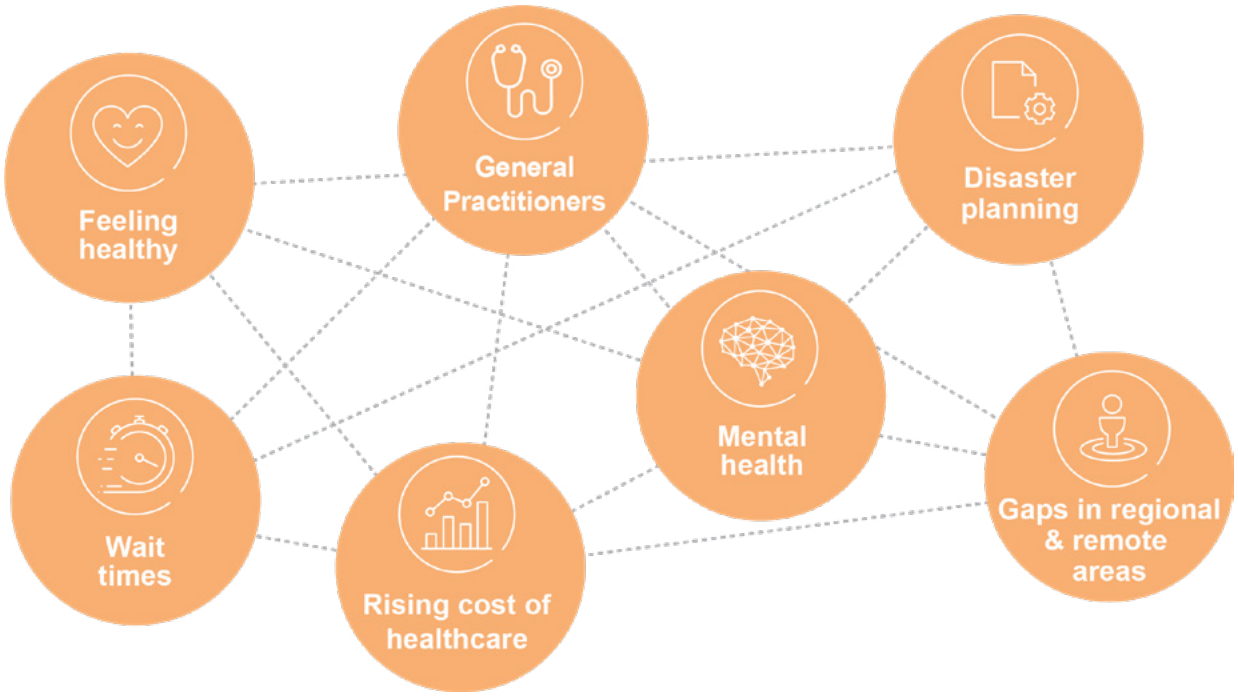
Strengthen pathways for schools to initiate disability assessment and support where a student demonstrates persistent educational disadvantage.

Health and wellbeing

We asked:

- Are you healthy? Are you happy?
- Can you access a good GP? Mental health services? Other health services?
- What are your experiences with health services like?
- Do you have a plan to stay safe during disasters?
- What's working? What's hard? What needs to change?

Key trends (2024–2026)



Findings across the past three years of health and wellbeing were mixed (see Figure 19):

- **People felt less healthy:** 48.1% of participants with disability agreed they were healthy, compared with 57.9% in 2025 and 50.9% in 2024. Agreement rose between 2024 and 2025 and then dropped again in 2026, which was statistically significant, indicating it was a genuine change.
- **Happiness had not changed:** 65% of participants agreed they were happy, which was similar to the previous three years.
- **GP access and experiences were mostly the same:** 82.3% of participants with disability had access to a good GP, which was similar to the previous three years.
- **Disaster safety planning moved up and down:** 72.5% of participants with disability had a plan to stay safe during disasters, compared with 80.2% in 2025 and 64% in 2024, which was statistically significant, representing a genuine change. Planning was up from 2024 but lower than 2025. Only 18% of participants had an official Person-Centred Emergency Plan that they had shared with others.
- **Challenges remained largely the same:** costs of healthcare, long wait times for specialists and allied health, gaps in regional and rural services, and limited disability awareness among health professionals continued to be challenges.

Health and wellbeing

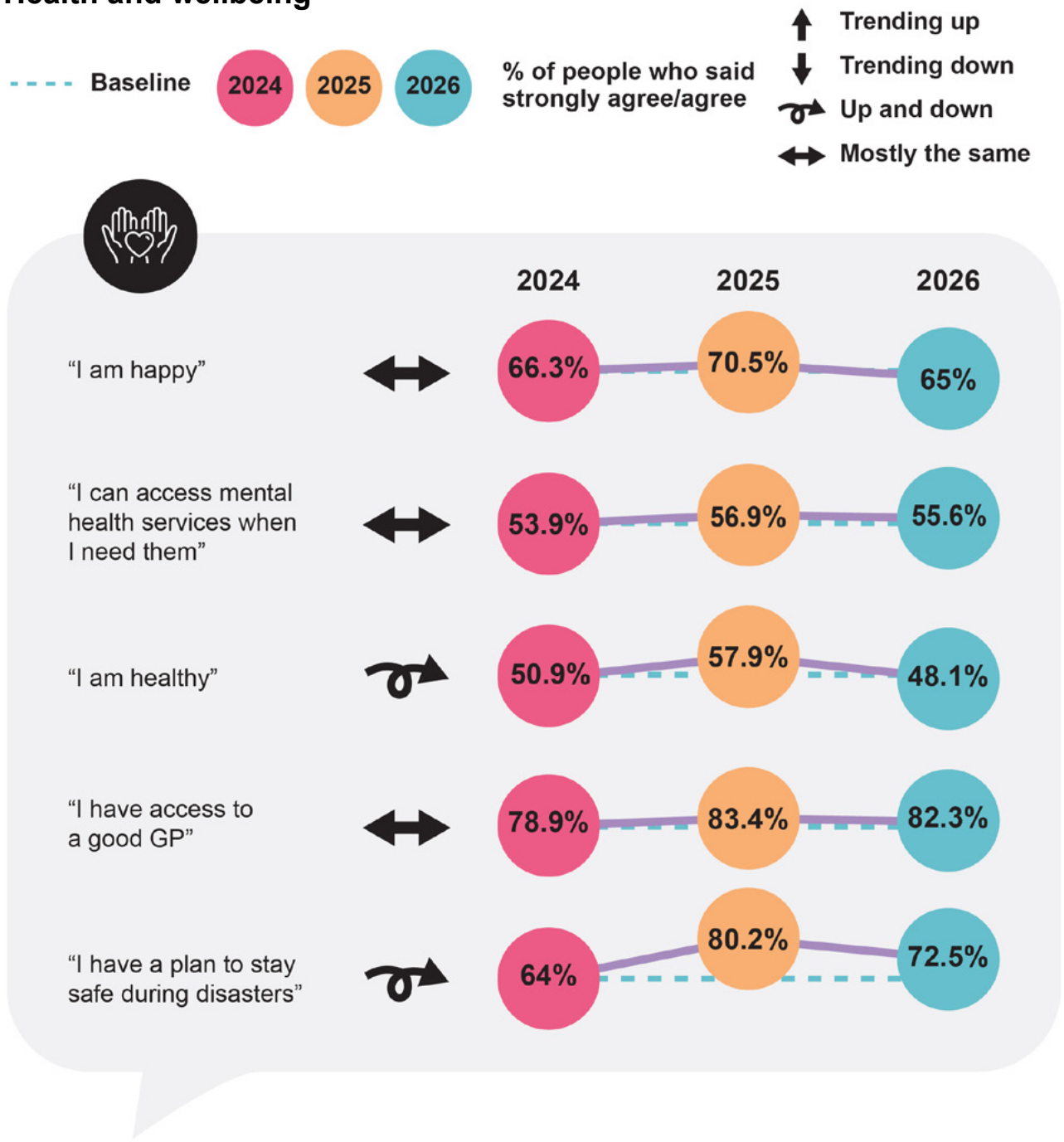


Figure 19: Health and wellbeing trends for people with disability.

People with disability in 2026

Health and wellbeing

Nearly half (48.1%) of participants with disability agreed that they were healthy (see Figure 20), down from 57.9% in 2025.

Some participants were significantly less likely to be healthy, including:

- participants with chronic illness or pain (23.2%, only 2.2% strongly agreed)
- neurodivergent participants (34.7%)
- participants with psychosocial disability (37.5%).

Participants with intellectual (69.8%) and sensory (51.7%) disabilities were more likely to agree they were healthy.

Rural participants (34.7%) were much less likely to feel healthy than city residents (49.9%) or regional participants (49.4%).

I am healthy

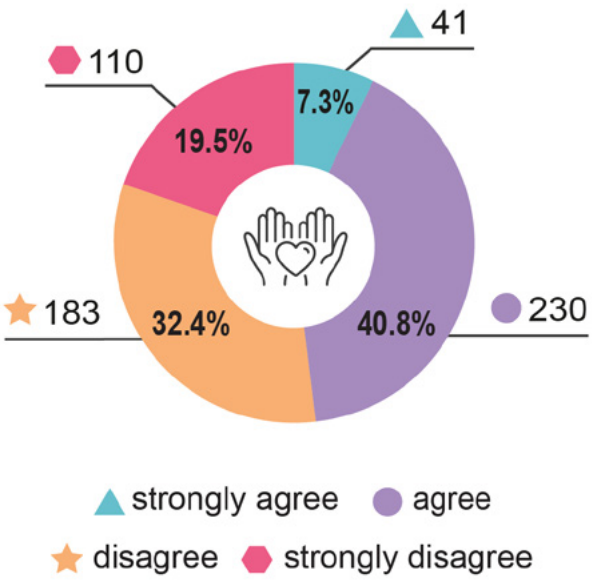


Figure 20: Number of people with disability who agreed or disagreed that they were healthy.



Most participants (65%) agreed that they were happy in 2026 (see Figure 21), which was similar to previous years. Some participants were significantly less likely to agree they were happy, including:

- participants with chronic illness or pain (53.8%)
- participants with psychosocial disability (54.9%).

Participants with intellectual disability (83.7%) were significantly more likely to say they were happy.

The link between physical health and mental health was a strong thread described by participants, particularly those with chronic illness or pain.

"If your disability gives you pain, how are you supposed to be at your best when your body's lettings [*sic*] you down?" (PwD13).



I am happy

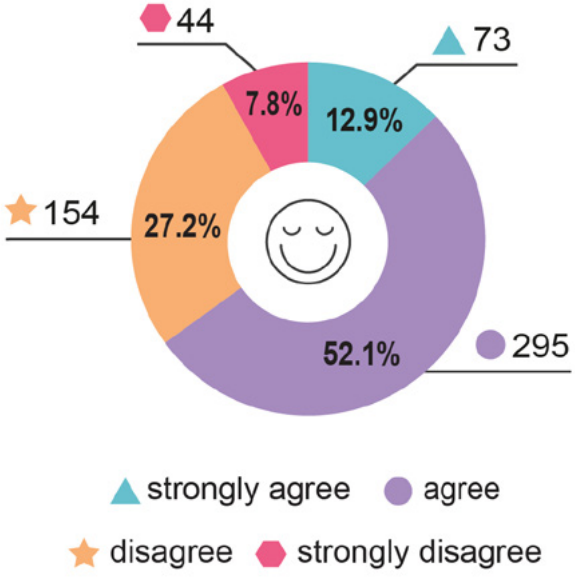


Figure 21: Number of people with disability who agreed or disagreed that they were happy.

In 2026, 72.5% of participants with disability had a plan to stay safe during disasters, up from 64% in 2024 but down from 80.2% in 2025. Only 18% of participants had an official Person-Centred Emergency Plan and 16.7% of participants did not know what an official plan was. Most participants who had a plan had not shared it with anyone outside their household.





Health services including GPs

Almost all (98.1%) participants with disability had access to a GP. Experiences with GPs were mostly good or very good (82.3%). A good GP was one that listened, was flexible, had availability, and bulk-billed.

"GP who listens, offers telehealth, encourages my own exploration of symptoms associated with conditions" (PwD366).

"I am lucky to have a GP but I am scared what will happen when she retires. Because she's so far away it's hard to get to her" (PwD449).

Some participants experienced difficulties when their GPs left the area, as continuity of care was disrupted and they were required to repeatedly explain their medical history to new providers.

Over half (59.6%) of participants with disability agreed they had access to all the health services they needed (see Figure 22).

I have access to all the health services I need

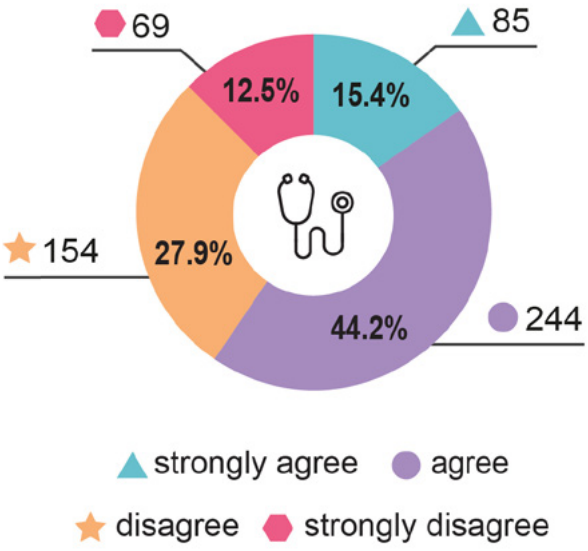


Figure 22: Number of people with disability who agreed or disagreed that they had access to all the health services they needed.

More than two-thirds (70.2%) of participants with disability rated their experiences with health services as good or very good (see Figure 23).

More than half (55.6%) of participants with disability could access mental health services. Access was lowest for participants with chronic illness or pain (42.7%) and participants with psychosocial disability (45.6%). Among participants who did use mental health services, 65.6% rated their experiences as good or very good.

How would you rate your experiences with other health services?

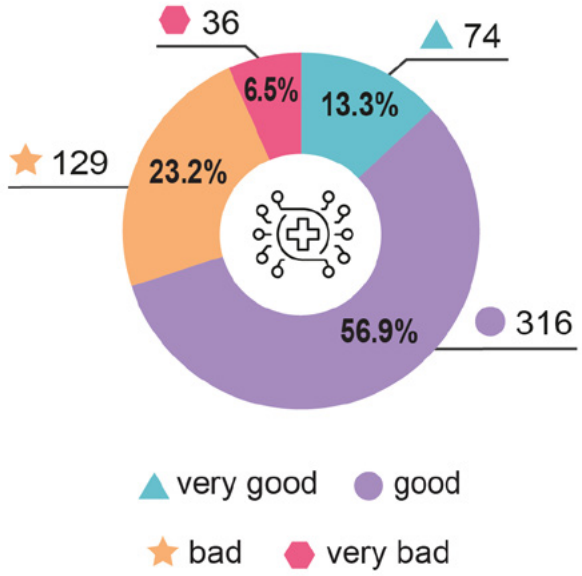


Figure 23: Number of people with disability who reported good or bad experiences with other health services.

Key challenges in healthcare

Participants identified some ongoing challenges in healthcare, including:

- the cost of specialists, allied health and medication, even after rebates
- long public waitlists, sometimes years for rare conditions
- a small workforce outside of major cities
- hospitals and imaging clinics that could not accommodate people with disability
- lack of training in disability for mental health professionals.

"Wait lists are incredibly long and so far every time I have seen a public doctor they are either unable or unwilling to help" (PwD114).

Participants with multiple specialists found it difficult to coordinate communications between their providers. Cost remained the biggest challenge. Participants described paying out of pocket for medications, allied health, equipment, and specialists.

"[cost] has left me with no food money for a week; I'm on a health care card in a public hospital why am I being charged" (PwD181).

Family and carers

More than half (67.1%) of family and carer participants agreed they were healthy and 70.8% agreed they were happy. Nearly all (96.8%) said the person they supported could see a GP. Half (52.9%) agreed the person they supported had access to all other health services. Specialists, allied health, mental health, and dental care were the most frequently named gaps in services.

The physical and emotional cost of caring fell hard on family and carer participants, with more than two-thirds (68%) describing their roles as stressful or overwhelming and 68.5% feeling tired or burnt out. Ongoing challenges included:

- burnout, post-traumatic stress disorder (PTSD), and chronic illness from years of caring, with little time for their own physical and mental health
- finding GPs and allied health professionals who understand the person they supported, especially for children and adults with complex support needs
- the increasing cost of healthcare, which left families struggling
- mental health pathways that did not fit standard service models.

Family and carer participants were worried about the future and who would continue their caring role as they aged. Finding and affording respite was a major challenge.

"I am now 65 and my husband is 62. We cannot continue to provide the support we have for our son, and this will only become more difficult as we age, even if we stay relatively healthy" (FC51).



"Respite care is a vital resource that provides carers the opportunity to take a break, recharge, and focus on their own wellbeing. Access to high-quality respite care services, delivered by trained and compassionate professionals, allows carers to step away temporarily with the confidence that their loved one is being well cared for. This support is essential for preventing burnout and ensuring carers can continue to provide the best possible care for their loved ones" (FC69).

Organisations

Sixty organisations provided services related to health and wellbeing. Here's what the organisational representatives said:

What's good:

- Some government health services were making changes to better accommodate people with disability.
- Restrictive practices were being used less often in healthcare settings.
- New technology, such as low-cost artificial intelligence (AI) screening programs for dental health, was offering promising and affordable options for people with disability.
- First Nations community healthcare providers were playing an important role in supporting people with disability to live healthier lives.

What's hard:

- The current healthcare system did not consistently meet the needs of people with disability, and healthcare workers were not always equipped to provide disability-inclusive care.
- Some people with disability could not advocate for themselves in healthcare settings and needed familiar support persons present to help communicate their needs.
- Health and disability services often disagreed about funding responsibilities, leaving people with disability to experience delays and uncertainty while waiting for support.
- When people left hospital, the right supports were not always in place for their ongoing care.
- Long wait times made it hard to access GPs, specialists and mental health services.
- Fragmented support arrangements involving multiple providers disrupted continuity of care, contributing to missed appointments, delayed medication renewals, and unfilled prescriptions.
- People with disability often experienced barriers accessing their NDIS supports during hospital admissions, resulting in gaps in communication with hospital staff and unmet support needs.
- Travelling to health appointments took time and energy.
- People with disability faced a substantially increased risk of suicide and self-harm; however, health workers were often not adequately equipped to identify, assess, and respond to these risks.
- Mental health services were under-resourced, with too few psychiatrists and psychologists, rising costs, and long waits that placed care out of reach for many people.
- Telehealth and online mental health services were not designed to meet the needs of people with acute or chronic mental health conditions.
- People in crisis were often redirected back to GPs who were not always resourced or trained to manage high levels of risk.

What would make it better:

- Improved disability training for health workers, including practical skills to communicate effectively, provide appropriate support, and deliver more inclusive care for people with disability.
- Clearer agreements between health and disability services about funding responsibilities.
- Better coordination between providers, so people with disability receive consistent, connected care.
- Improved access to NDIS supports while people are in hospital.
- More investment in mental health services, including growing the workforce and making care more affordable.



Actionable insights about health and wellbeing

Increase investment in advocates in healthcare settings to support people with disability navigating complex systems and improve communication.

Invest in continuity of care by supporting GPs to coordinate care across specialist and healthcare services for people with disability.

Enhance access to mental health supports through neurodivergence- and trauma-informed care, along with expanded inpatient services.

Advocate for a review of the 10 subsidised psychology sessions available per year to meet growing demand for mental health support and the complex needs of many people with disability.

Improve hospital accessibility including all physical infrastructure, imaging equipment that accommodates wheelchairs and hoists, and accessible communication systems.

Address the cost of healthcare by reviewing subsidies and supports for allied health, specialists, and other care services.

Advocate for increased recognition of family and carers' own health needs through subsidised respite, access to mental health supports, and planning for continuity of care.

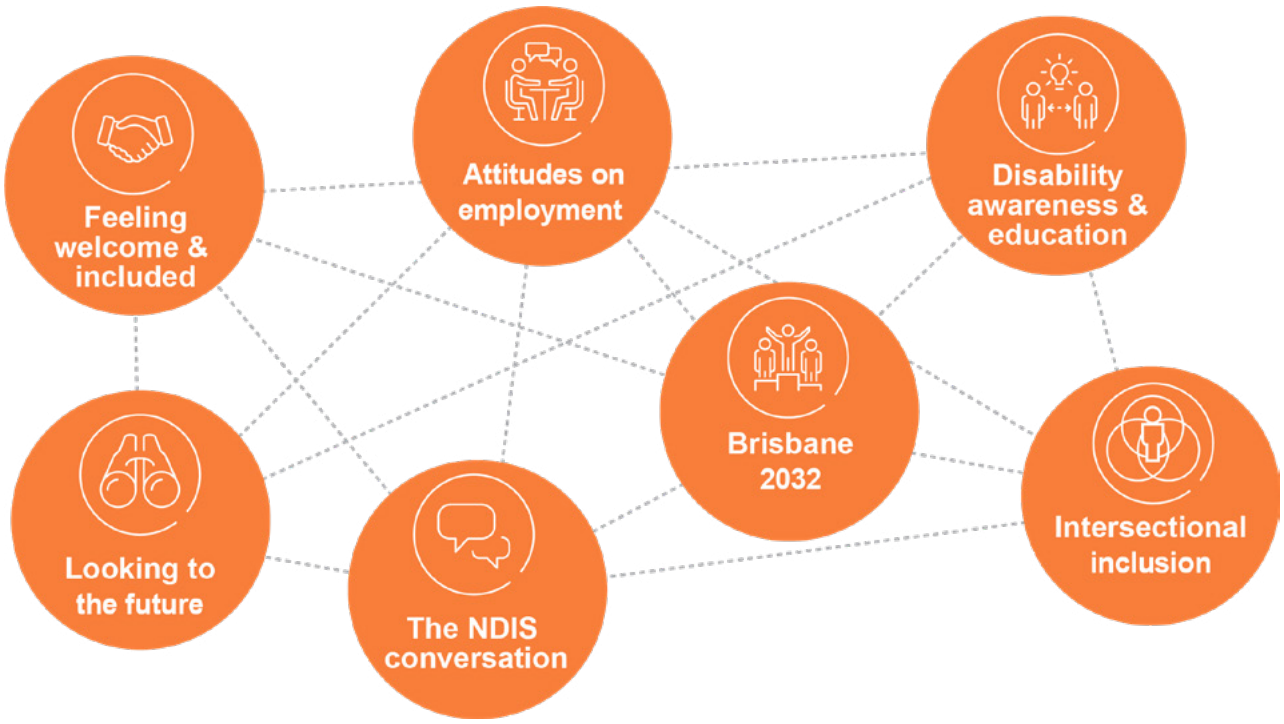
Increase communication about Person-Centred Emergency Plans through partnerships with local councils, peak bodies, and emergency services.

Community attitudes

We asked:

- Do you feel welcomed and included in your community?
- Do you think businesses hire people with disability? Do they put them in leadership roles?
- Will accessibility and inclusion improve in the next 10 years?
- What's working? What's hard? What needs to change?

Key trends (2024–2026)



Data collected over the past three years showed how community attitudes changed (see Figure 24):

- **Community attitudes stayed mostly the same:** 67.8% of participants with disability agreed that they felt welcome and included in their community, compared with 68.2% in 2025 and 62.6% in 2024.
- **Perception of inclusive hiring dropped in 2026:** 32% of participants with disability agreed that Queensland employers hired people with disability, down from 41.1% in 2025 and 38.2% in 2024. The change was statistically significant over three years, which means it was a genuine change.
- **Views on leadership stayed mostly the same:** 14.2% of participants with disability agreed that Queensland employers put people with disability into leadership roles, compared with 16.8% in 2025 and 17.8% in 2024.
- **Participants remained concerned about disability awareness:** most participants expressed worries about the ways people with disability were treated, stemming from lack of robust disability awareness and training.



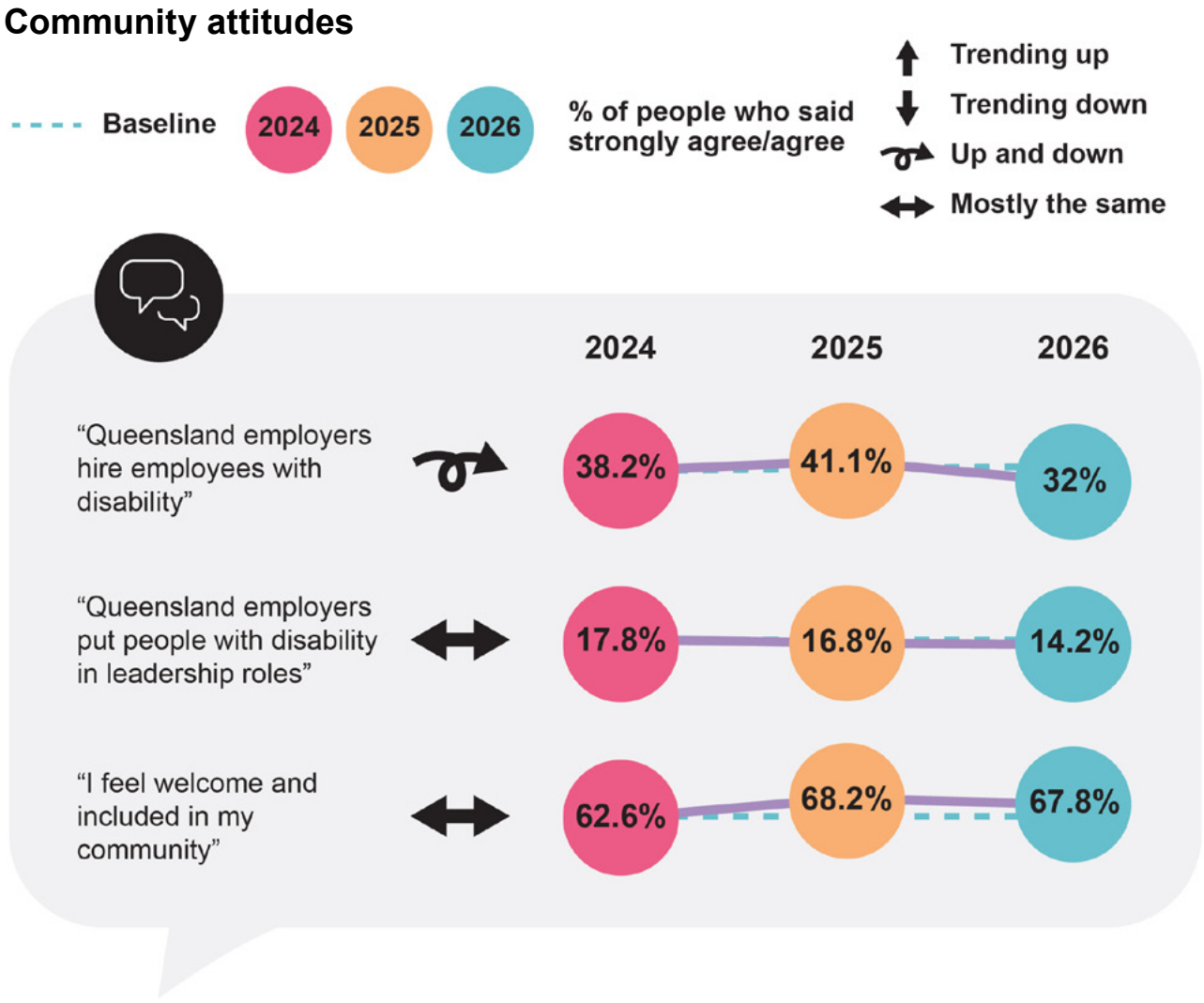


Figure 24: Community attitudes trends for people with disability.

People with disability in 2026

Inclusion and community attitudes

Two-thirds (67.8%) of people with disability felt welcomed and included in their community (see Figure 25). Participants living in residential service settings reported much higher agreement (91.1%).

Participants with intellectual disability (86.1%) were significantly more likely to feel welcomed and included, followed by participants with neurological disability (68.8%) and physical disability (64.9%).

I feel welcome and included in my community

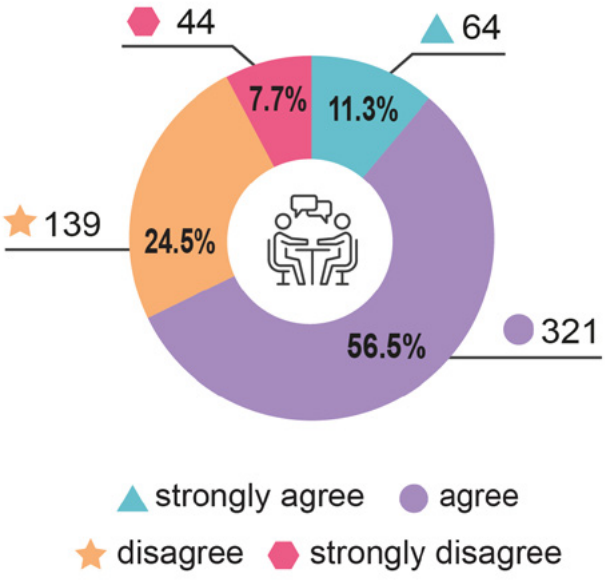


Figure 25: Number of people with disability who agreed or disagreed that they felt welcome and included in their community.

Some participants were significantly less likely to feel welcome, including:

- participants with psychosocial disability (56.6%)
- participants with chronic illness or pain (54.6%)
- neurodivergent participants (52.8%)
- LGBTQIA+ participants (49.7%)
- CALD participants (48.6%)
- non-binary participants (50%).

Feeling welcomed and included was dependent on who people were interacting with.

"Most people are quite helpful when they see you having difficulty getting around" (PwD433).

"What was good and is still good, is community connection. With disability and ageing, it is especially important to maintain connection with others. This improves our wellbeing but also provides a lifeline. In an emergency, no-one can get to us as quickly as a neighbour. This is especially true in rural and regional areas" (PwD292).

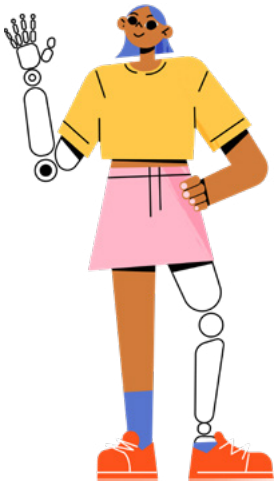
Participants with invisible disability, including psychosocial disability, neurodivergence, low vision, chronic pain, and many others, felt that they needed to explain themselves and justify their needs in everyday settings.

"People don't seem to understand that I'm autistic and I think there is still a lot of stigma and stereotype around it. Just because I articulate well doesn't mean my disability doesn't impact me. I find I have trouble connecting to my wider community and tend to keep to myself" (PwD463).

"I find that many people cannot conceptualise 'low vision'. Often though, once they do, the novelty seems to be over and then awareness of the need for something to be done differently seems to escape them. So I am continually having to explain what I need because either someone is trying to overhelp or not help at all" (PwD452).

Participants reflected that media reporting involving disability was negatively impacting community attitudes. They also mentioned more negative language in public commentary, and everyday conversations, particularly about the NDIS and the change in levels of ableist language.

"I'm so concerned about the rhetoric about the NDIS at the moment. The public's lack of understanding about how the Scheme actually works and the causes for the 'budget blowouts' is contributing to a palpable change in how people with disability and disability supports are talked about online" (PwD197).







Attitudes on employment and leadership

Community attitudes were rated far lower in employment than in everyday life. While 67.8% of participants felt welcomed and included in their community, only one-third (32%) of participants with disability agreed that Queensland employers hired people with disability, down from 41.1% in 2025. Participants with psychosocial disability (21.3%) and chronic illness or pain (25.9%) were the least likely to agree. Participants with intellectual disability (44%) were the most likely.

Only 14.2% of participants agreed that employers recruit people with disability in leadership roles. Some participants were even less likely to agree, including:

- 8% of participants with psychosocial disability
- 9.3% of participants with sensory disability
- 9.5% of participants with chronic illness or pain.

Participants linked these views to what they experienced at work. As set out in the employment section, participants described hiding their disability from employers, having workplace adjustments scrutinised or withdrawn, and finding few leadership or development pathways designed for people with disability.

"There also needs to be more awareness from employers about the fact that people with disability can actually participate in roles. I think changing community attitudes has a big part to play" (PwD373).

"Over the next 10 years […] creating more opportunities for people with disability to take on leadership roles will help build communities that are more welcoming, respectful and inclusive" (PwD174).

Looking to the future

More than half of participants with disability (56.4%) were confident that accessibility and inclusion of people with disability would improve over the next 10 years (see Figure 26). Participants pointed to early education about disability, increased disability awareness, and accessible infrastructure as important for the future.

"Having compulsory disability awareness [sic] for all adults and teenagers. Children are much more aware and respectful. I would love people without disability to spend a day in my shoes and have to cope with the many daily challenges of people with disability, particularly community attitudes" (PwD180).



Although hope for the future was high, many participants with disability were worried about how slowly change was happening. Participants identified widespread community education and awareness of disability as a critical driver for inclusion long-term. Visibility of people with disability across the media, workforce, and leadership were also important for improvement.

"There is no general population education on what disability is and how to be inclusive. Until society is educated and attitudes change, then this won't be fixed" (PwD358).

I am confident that accessibility and inclusion for people with disability will improve over the next 10 years

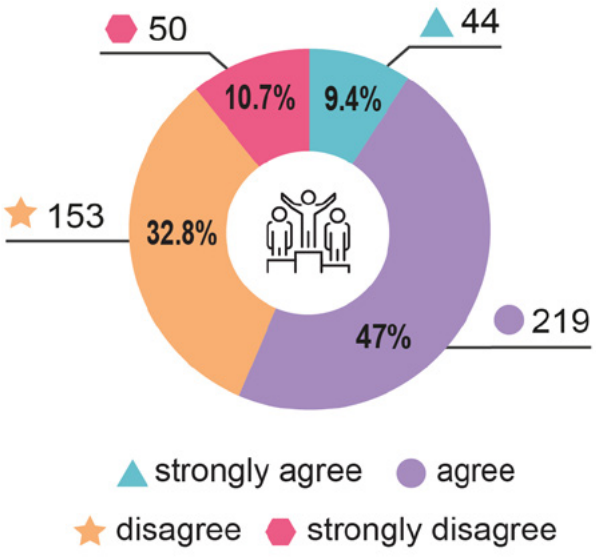


Figure 26: Number of people with disability who agreed or disagreed that they were confident accessibility and inclusion would improve over the next 10 years.

Brisbane 2032 inclusion priorities

Preparations for the Brisbane 2032 Olympic and Paralympic games were underway across Queensland at the time of the survey. Participants with disability were asked about their priorities for improvements and inclusion over the next 10 years, which included:

- inclusion for people with disability (83.3%)
- accessible transport and connectivity (82.2%)
- housing accessibility and affordability (81.1%)
- accessible infrastructure and venues (72.8%).

Elite-level sporting achievement was identified as a priority by 14.5% of participants, making it the least frequently selected priority among the options presented.

Participants wanted the legacy investment to land where they lived and travelled, not only inside event venues. Many mentioned the importance of accessibility, especially:

- accessible venues that are easy to move in, and have sensory friendly spaces
- easy and accessible transport journeys to and from events
- accessible planning from the start, not retrofitted at the gate.

"For large events like the Olympics and Paralympics to be truly accessible, accessibility needs to be considered across the whole experience, not just inside the venue. This includes accessible transport, clear pathways, step-free entry, accessible seating with good views, accessible toilets and quiet spaces for people who need a break from crowds or noise. Most importantly, people with disability should be involved in planning and testing these features to make sure events are genuinely inclusive and work well in real life" (PwD174).





Family and carers

More than half (55.2%) of family and carer participants agreed that the people they supported were welcomed and included in their community.

Over half (58.9%) of family and carer participants agreed that they were confident that accessibility and inclusion for people with disability would improve over the next 10 years.

"Many people in our community are kind, compassionate, and genuinely interested in including people with disability. When people take the time to speak directly to my daughter, show patience, or make small adjustments so she can participate, those moments make a meaningful difference" (FC63).

Day-to-day community attitudes ranged from welcoming and adaptable to discriminatory and hostile, with participants linking these experiences to an increasingly negative public narrative about disability. Family and carer participants described:

- ongoing stigma around invisible or hidden disability
- low tolerance for young children with disability in public spaces
- workplace attitudes that split sharply between employers who offered genuine flexibility and those who penalised time off for caring
- positive shifts where small adjustments changed how the person they supported was treated, including the Hidden Disabilities Sunflower program and targeted training.

Some family and carer participants, like participants with disability, spoke about the negative impact of the public conversation around the NDIS. Some participants mentioned an increase in the use of diagnostic language.

Organisations

Sixty-seven organisations provided services related to community attitudes and inclusion. Here's what the organisational representatives said:

What's good:

- There was growing awareness within communities about the needs of people with disability.
- More businesses were trying to improve accessibility and accommodate people with disability.
- Self-advocacy among people with disability was strengthening.

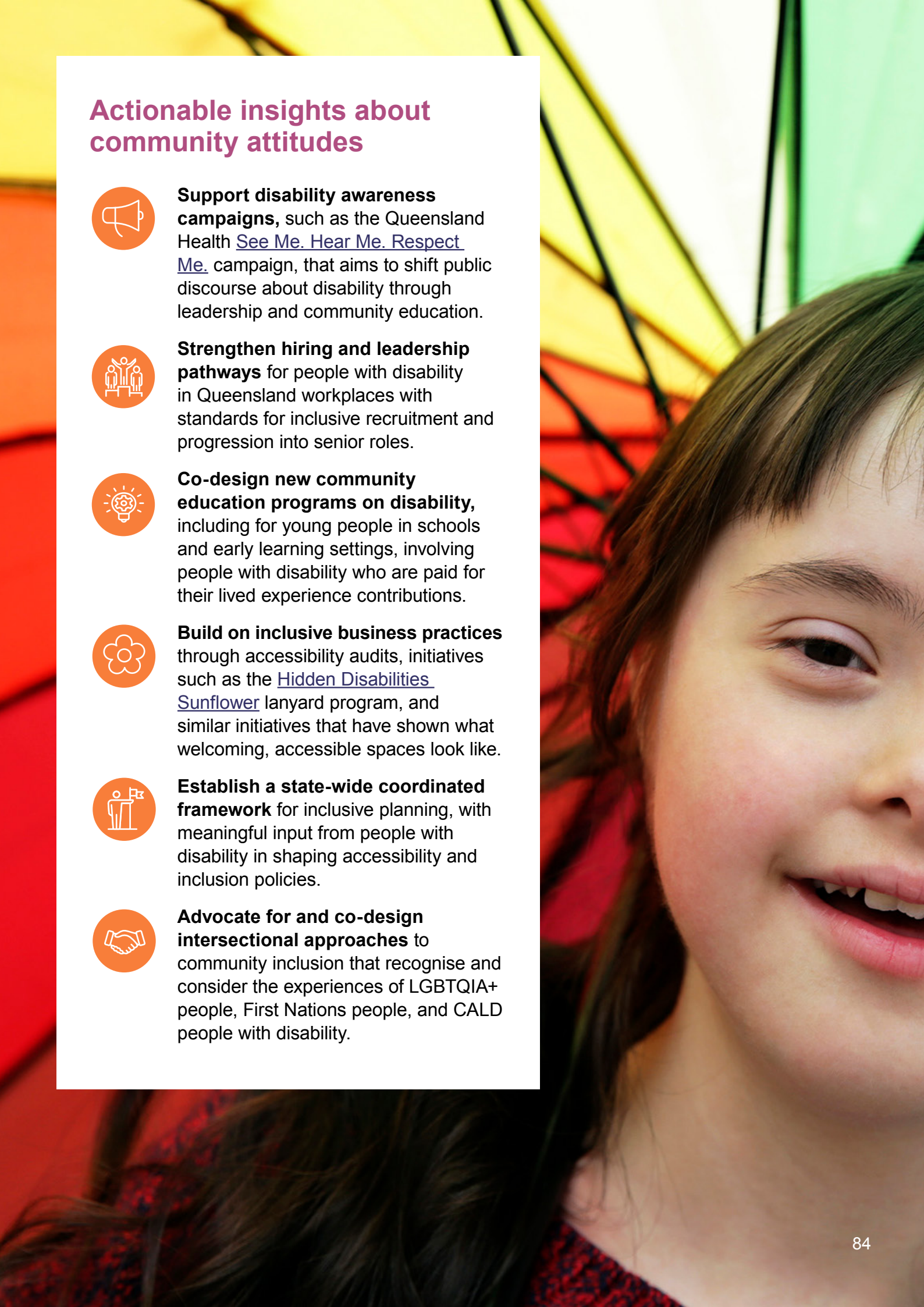
What's hard:

- Stigma and low expectations meant people with disability were often separated from their communities rather than included in them.
- People with complex disability faced greater barriers to inclusion and were more likely to be left out of community life.
- Communities and employers did not always create dedicated roles for people with disability or consult people with experience in the sector.
- Some shops and businesses struggled to make their existing infrastructure more accessible.
- Negative media coverage of the NDIS created harmful and inaccurate perceptions of people with disability, increasing stigma.
- Local council inclusion policies were not always being kept up to date, limiting progress at a community level.



What would make it better:

- Greater community education and awareness about disability, led by people with disability and their networks.
- More people with disability in visible, front-facing roles to challenge low expectations and show what people with disability contribute.
- Recognising and celebrating the unique contributions people with disability make to their communities.
- Working with local businesses to find practical ways for improving accessibility.
- Inviting community members to engage with disability services and programs firsthand for developing better understanding and connection.



Actionable insights about community attitudes

Support disability awareness campaigns, such as the Queensland Health See Me. Hear Me. Respect Me. campaign, that aims to shift public discourse about disability through leadership and community education.

Strengthen hiring and leadership pathways for people with disability in Queensland workplaces with standards for inclusive recruitment and progression into senior roles.

Co-design new community education programs on disability, including for young people in schools and early learning settings, involving people with disability who are paid for their lived experience contributions.

Build on inclusive business practices through accessibility audits, initiatives such as the Hidden Disabilities Sunflower lanyard program, and similar initiatives that have shown what welcoming, accessible spaces look like.

Establish a state-wide coordinated framework for inclusive planning, with meaningful input from people with disability in shaping accessibility and inclusion policies.

Advocate for and co-design intersectional approaches to community inclusion that recognise and consider the experiences of LGBTQIA+ people, First Nations people, and CALD people with disability.



Where to from here?

The 2026 Voice of Queenslanders with Disability survey was the largest to date, with 882 participants sharing their experiences. Participants came from cities, regional centres, rural towns, and remote communities. They ranged in age from 18 to over 80 years old and identified with diverse disabilities, cultural backgrounds, gender identities, and life circumstances. The diverse participation in 2026 reflected the growing trust that Queenslanders with disability had placed in this research.

Four years in, the Voice of Queenslanders with Disability is no longer just a snapshot. It is becoming a longitudinal story of what life is really like for Queenslanders with disability, told by the people who live it. Since 2023, more than 2,500 Queenslanders with disability, family and carers, and organisational representatives have contributed their voices to the research. The consistency of participation over four years has allowed us to track meaningful patterns, identify where progress has been made, and name where change is still needed.

The findings in 2026 painted a complex picture. On the one hand, more people with disability were in paid work than in the previous year, more participants reported positive experiences with education, and public transport experiences improved. On the other hand, fewer participants felt healthy, financial strain persisted across income levels, and the support workforce remained under pressure.

Most indicators stayed the same over the three-year period, which was itself a finding that warranted attention. Where life had not improved for people with disability despite sustained efforts, the data pointed to structural barriers.

What stood out most strongly across every section of the 2026 report was the resilience, expertise and generosity of the people who participated. Participants described their lives with honesty and clarity, offered practical solutions alongside their frustrations, and continued to share because they hoped their stories could make a difference. The growth of lived experience roles, the strengthening of community networks, and the willingness of people to share deeply personal stories all pointed to a community that was not waiting for change but actively shaping it.

The evidence in this report provides a foundation for action. The actionable insights offered across all priority areas are grounded in what participants said they needed, what organisations observed on the ground, and what the data showed over time.

As Queensland moves towards the 2032 Olympic and Paralympic Games and continues to implement reforms arising from the Disability Royal Commission, the voices captured here offer a clear and evidence-based guide for where effort and investment will matter most.

Data collection methods

In late 2022, QDN partnered with Griffith University's Inclusive Futures: Reimagining Disability team to produce an inaugural report representing "The Voice of Queenslanders with Disability." The project was funded by the Queensland Government. The report provided information across the seven outcome areas in *Queensland's Disability Plan 2022-27: Together, a better Queensland*, including an in-depth understanding of inclusion and service experiences, achievements, challenges, and strategic areas for action. Each survey included questions about who participated, what was good and what challenges people faced across each priority outcome area in the Plan. People could share their experiences about each area.

Survey design and data analysis

The 2026 report builds on the reports released in 2023, 2024, and 2025. We used a repeated cross-sectional design. The same priority outcome areas are assessed each year at a similar time to enable trends to emerge over time. Due to the difficulty of tracking people over time and the risk of identifying people, particularly those living in small regional, rural, or remote areas, information is collected from different groups of people each year. Many people do participate across multiple years, but they are treated as though they are a new group each year. The analysis focuses on trends over time rather than whether individuals have changed.

We tested the trends using a chi-square test, which compares the spread of responses across the three years to see whether the differences are larger than would be expected by chance. Because different people take part each year and the number of participants varies, the test does not assume the same participants are followed over time. A larger number of participants increases the statistical power of the test, giving greater confidence that a significant result reflects a real change rather than variation in who took part.

The 2026 survey also included up to 30 open-ended questions and the participants contributed a large body of written responses across them. We reviewed all of these responses individually. Each one was read closely and coded, which means we grouped what people said into different themes that reflected their experiences in their own words. We took care to represent what participants told us as faithfully as possible, rather than reading our own interpretation into it. We then compared the themes from the written responses with the survey results to check that the two told a consistent story. Where the numbers and the experiences people described resonated with one another, we had greater confidence that the findings reflected what was happening in people's lives.





Survey recruitment and promotion

The survey was open for eight weeks this year. It was promoted through Griffith University, QDN, and Queensland Government networks, including newsletters, mainstream and social media, text messages, and cross-organisational promotion. Citizen scientists with lived experience of disability helped with the data collection and sense-making.

There were many ways to complete the survey to suit the needs of as many people as possible, including phone calls, supported completion online, paper versions, and shorter versions. This year, as in 2025, there was significant effort to increase the participation of people living in residential service settings.

Continuing the work

Since 2023, the Voice of Queenslanders with Disability has built a growing evidence base around the experiences and priorities of people with disability, their families and carers across Queensland.

Four years of data creates opportunities to track change over time, examine particular issues in greater depth, and focus future research and engagement where the findings show that further understanding or action is needed. QDN, Griffith University, and the Queensland Government will continue this work together, including deeper work in priority areas where persistent gaps or emerging issues have been identified.



Every year, we identify, train, support and employ citizen scientists with disability to drive this survey.

Citizen scientists complete the "Citizen Research Essentials: A short course" micro-credential training at Griffith University, which was developed by Griffith University's 'Dignity Project' team. Our approach to research builds the capacity of a broad network of people with disability who bring real-world perspectives and experiences to the entire research process. This course is currently free for people with disability in Queensland to access.



Glossary and abbreviations

Term	Definition
Auslan	Australian Sign Language
CALD	Culturally and linguistically diverse
CRPD	*United Nations Convention on the Rights of Persons with Disabilities*
DFSDSCS	Department of Families, Seniors, Disability Services and Child Safety
DSP	Disability Support Pension
FC	Family and carers (participant code for quotes)
GP	General Practitioner
LGBTQIA+	Lesbian, gay, bisexual, transgender, intersex, queer/ questioning, asexual, other sexual and gender identities.
NB	Please note: This highlights important information you should know.
NDIS	National Disability Insurance Scheme
Participant	The word participant means anyone who took part in the survey.
PBS	Pharmaceutical Benefits Scheme
PwD	People with disability (participant code for quotes)
QDN	Queenslanders with Disability Network
Regional centres	Areas that are in, or within 20km road distance, of a town with a population greater than 50,000.
Remote communities	All areas with a population of less than 1,000 and islands that are separated from the mainland.
Residential service settings	Provide 24/7 care and supervision for people with high support needs in a staffed residential setting. They are sometimes referred to as Level 3 Supported Accommodation.
Rural towns	Areas that are in, or within 15km road distance, of a town with a population between 5,000 and 50,000.

Term	Definition
Specialist Disability Accommodation (SDA)	Is purpose-built housing designed for people with very high support needs or extreme functional impairment.
Statistically significant	A change or trend that is unlikely to have happened by chance, giving us more confidence it reflects something real. Even when a trend is not statistically significant, it can still be meaningful in real life.
Supported Independent Living (SIL)	Is paid support that helps people with disability live independently by assisting with daily tasks like cooking, cleaning and personal care.

GRIFFITH UNIVERSITY | INCLUSIVE FUTURES: REIMAGINING DISABILITY

Contact us

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