

Living with Disability in New Zealand:

Summary

Key results from the
2001 Household Disability Survey and the
2001 Disability Survey of Residential Facilities

Prepared for Ministry of Health/Intersectoral Advisory Group, October 2004

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Foreword

Living with Disability in New Zealand is the most comprehensive report ever produced on the status of people with disability in New Zealand. It builds on the post-census disability surveys undertaken in 1996, providing extensive descriptive analysis from the 2001 post-census survey.

This summary is intended to make the information in the full report more accessible to a wider audience. For this reason, it is available in hard copy, Braille, audio tape and plain language versions.

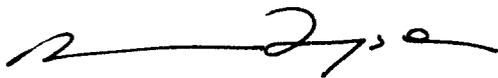
Reliable information helps us to understand the needs of people with disability, and plan more effective and responsive policies and services. The summary report will be a useful resource for a wide range of users, including people with disability, policy analysts, funders, service providers and other interested parties, both inside and outside government.

Widely distributing this important information in a format that is accessible to as many people as possible is a key priority. The full report, including a comprehensive set of data tables, is available on-line on the Ministry of Health's website, www.moh.govt.nz. This summary is also available on the website.

One of the objectives of the New Zealand Disability Strategy is to:

‘collect and use relevant information about disabled people and disability issues; and improve the quality of relevant disability information collected, analysed and used, including regular national surveys of activity limitation’.

It is my hope that *Living with Disability in New Zealand: Summary* promotes further investigation into the status of New Zealanders with disabilities so that we can work towards the Strategy's vision of an inclusive and non-disabling society.



Hon Ruth Dyson
Minister for Disability Issues

Acknowledgements

This report was developed by an intersectoral group led by the Ministry of Health. The original group comprised Marianne Linton (Project Leader, Ministry of Health), Hilary Boyd (Royal NZ Foundation of the Blind), Anne Hawker (Accident Compensation Corporation), Robin Peace (Ministry of Social Development), Kate Lynch (Department of Labour), Louise Hoather (Housing NZ Corporation), Mary-Anne Stewart (Observer, Statistics New Zealand), Valerie Smith (Ministry of Health), Pamela Fletcher (Ministry of Health), Durga Rauniyar (Ministry of Health), Wendi Wicks (Disabled Persons Assembly), Joanna Curzon (Ministry of Education) and Helen Baxter (Accident Compensation Corporation). Additional members included Owen Hughes (Office for Disability Issues), Denise Brown (Statistics NZ), Juliet Elworthy (Ministry of Social Development) and Kylie Clode, Lester Mundell, Dr Martin Tobias, Dr Pat Tuohy, Rebecca Purcell-Hewitt, Dr Rod Watts and Sue Merrilees (Ministry of Health).

All chapters were written by Caroline Maskill and Dr Ian Hodges except for Chapter 8, Pamela Burns and Chapter 9, Christopher Carroll. Processing of data supplied by Statistics New Zealand, data analysis and preparation of the report's Appendix Tables, which are located on the Ministry of Health website, were carried out by Caroline Maskill and Dr Ian Hodges.

The original report which this document summarises was externally peer reviewed by Dr Shanthi Ameratunga (University of Auckland), Dr Berni Kelly (Donald Beasley Institute) and Aron Spector (Social Development Canada). Acknowledgement is also made to the many other peer reviewers who commented on specific chapters. The external peer review process and publication of this report was co-ordinated by Marianne Linton and Kate Hirst (Ministry of Health).

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1 Introduction

In 2001, Statistics New Zealand conducted two national disability surveys.

The first of these, the 2001 Household Disability Survey, gathered information on a variety of topics from 7256 adults and children with disability living in households.

The second survey, the 2001 Disability Survey of Residential Facilities, gathered a smaller set of information from 928 adults with disability living in institutions such as homes for older people and hospitals.

A comprehensive descriptive analysis of results from the two surveys has been presented in the publication *Living with Disability in New Zealand* (Ministry of Health 2004).¹ This provided an in-depth description of results for all the main themes and issues covered in the surveys.

This summary report is a shortened and simplified version of *Living with Disability in New Zealand*. It presents a selection of key survey results and is intended for a wide audience.²

Design of the 2001 Household Disability Survey

The 2001 Household Disability Survey focused on people living in private dwellings such as houses, flats, apartments and holiday homes.

The first part of the survey collected information on how easy or difficult people found various kinds of everyday activities such as seeing newsprint, hearing conversations, walking up and down stairs, carrying objects or mixing with others.³ People were defined as having a disability if they reported experiencing a limitation in one or more of these activities, provided the limitation had lasted, or was expected to last, six months or more.⁴ For each type of disability, people were also asked what had caused the disability and how long they had experienced it.

The second part of the survey collected a range of information from people with disability about their personal circumstances and day-to-day activities, including employment, education and training, access to transport, accommodation, assistance and support, use of special equipment and use of health services.

¹ Publications presenting findings from the 1996 and 1997 surveys include Statistics New Zealand (1998) and Health Funding Authority and Ministry of Health (1998). Statistics New Zealand has published results on a selection of topics covered by the 2001 surveys in *Disability Counts 2001* (Statistics New Zealand 2002) as well as snapshots of selected 2001 survey results covering particular groups, such as Māori and Pacific peoples with disability (<http://www.stats.govt.nz>).

² The report also provides information to support policy work, service development and monitoring, as specified in Objective 10.3 of the New Zealand Disability Strategy (Minister for Disability Issues 2001).

³ Altogether, just over 28,100 people were asked these initial screening questions.

⁴ People were usually not counted as having a limitation if the limitation were completely eliminated or corrected by things such as glasses, contact lenses or medication.

To cater for differences in how disability was defined for adults and children, and their different day-to-day activities, different survey questionnaires were used for adults (people aged 15 and over) and children (aged 0–14).

All interviews for the 2001 Household Disability Survey were completed between 16 June and 18 September 2001. In the case of children, a parent, guardian or other adult caregiver usually answered the survey questions on behalf of their child. Caregivers also answered on behalf of adults who were unable to answer the survey questions themselves.

Anonymously linking results from the 2001 Household Disability Survey with data from the 2001 Census of Population and Dwellings made it possible to obtain further aggregate data on employment, education, income, household composition, home ownership, marital status and education. This provided an indication of whether people with disability were more likely or less likely than other New Zealanders to be, for example, employed, living by themselves or on low incomes.

Design of the 2001 Disability Survey of Residential Facilities

The 2001 Disability Survey of Residential Facilities focused on adults aged 15 and over living in residential facilities such as homes for older people (also known as rest homes), public and private hospitals and long-stay units for people with intellectual, psychiatric or physical disability, or multiple disabilities (Statistics New Zealand 2002).

From a list of 1170 residential facilities throughout New Zealand, a sample of 132 facilities was selected for inclusion in the survey. Information was then collected from a total of 928 people living in these facilities. In some cases, family members or facility staff answered questions on behalf of residents.

Like the 2001 Household Disability Survey, the first part of the 2001 Disability Survey of Residential Facilities collected information on the type, cause and duration of disability. The second part covered a range of questions about people's use of assistance and equipment, including whether they needed help with personal care or used equipment such as a walking stick or wheelchair.

Content of the report

This report describes survey findings on the following topics for people with disability living in households:

- prevalence and severity of disability in different population groups, multiple disabilities and types and causes of disability (chapter 2)
- help received from family members, health services and other organisations; use of disability-related equipment and technology (chapter 3)
- experiences in the education system and educational qualifications (chapter 4)
- employment, income and socioeconomic situation (chapter 5)
- home life and home environment (chapter 6)
- travel patterns and use of different forms of private and public transport (chapter 7).

Chapters 8 and 9 present survey results of special relevance to Māori and Pacific peoples with disability living in households.

Chapter 10 describes the severity, types and causes of disability among adults with disability living in residential facilities and their support needs.

Interpreting the survey results

Terms used

The terms and categories used in this report are generally the same as those used in the disability survey questions. Detailed definitions of these terms and categories are provided in the glossary at the end of the report.

Throughout the report, people who have one or more types of disability are termed ‘people with disability’. This term was chosen in consultation with members of the project advisory group overseeing the development of the report, recognising that there appears to be no consensus internationally or in New Zealand on the most appropriate and acceptable term to use. ‘People with disability’ has the advantage of being simple, not too negative and appropriate for use in a variety of contexts.

Results are based on perceptions

The data presented here are based on survey participants’ perceptions of their situation and memory of their experiences rather than measurements or assessments conducted by other people, such as trained needs assessors.

Explaining the results

Large-scale population surveys like the two national disability surveys discussed here are especially useful for identifying broad patterns or trends, such as how many older adults compared with younger adults have a seeing disability or what proportion of adults with disability are not in the labour force. However, these kinds of surveys are often less useful when it comes to explaining why certain patterns or trends exist. In many cases, the causes are likely to be complex and require further research. For this reason, discussion of possible causes underlying the findings presented here has been kept to a minimum. For similar reasons, the implications of the survey results for policy are not discussed.

Population estimates

To improve the usefulness of the survey findings, Statistics New Zealand used mathematical techniques to convert the survey results to estimates for the entire New Zealand population. All data presented in this summary report relate to these estimates. For example, the report refers to a total count of 346,300 adults with mobility disability living in New Zealand households. This number is a population estimate calculated from the number of participants in the 2001 Household Disability Survey who had mobility disability. It does not mean 346,300 adults with mobility disability were interviewed in the survey.

All population estimates reported in the text have been rounded to the nearest hundred. Therefore, in some cases the rounded total differs slightly from the sum of individual estimates.

Calculating percentages

Percentages reported throughout the document have been calculated using unrounded population estimates. When calculating percentages, the values of residual categories such as ‘other’, ‘not specified’ or ‘not included elsewhere’ have been included in the denominator. Percentages have been rounded to the nearest 1 percent, so in some cases the sum of individual percentages differs slightly from 100 percent.

Relative sampling errors

Sample numbers for particular breakdowns of data were sometimes too small to provide reliable population estimates. Where the relative sampling error (RSE) exceeded 50 percent, these population estimates are not reported.⁵

Between-group differences

Because of the complex nature of the survey design, it has not been possible to carry out standard statistical significance testing of between-group differences for this report (for example, p-values have not been calculated). Readers interested in the statistical reliability of reported between-group differences can refer to detailed data presented in the report’s appendix tables (available on the Ministry of Health’s website⁶) and to the relative sampling error (RSE) table in Appendix 2.

⁵ For further explanation of RSEs relevant to the 2001 disability surveys refer to *Disability Counts 2001* (Statistics New Zealand 2002) (www.stats.govt.nz). A table of RSE cut-off points is provided in Appendix 2.

⁶ <http://www.moh.govt.nz/moh.nsf/238fd5fb4fd051844c256669006aed57/8fd2a69286cd6715cc256f33007aade4?OpenDocument>

Appendix tables

Unreported results for survey questions examined in this report are available in the report's appendix tables on the Ministry of Health's website.⁷ These tables present the survey results for a selection of variables from a standard set comprising:

- age group
- sex
- ethnic group
- urban/rural residence
- geographic region (Northern, Midland, Central, Southern)
- household income
- personal income
- NZDep2001
- disability type
- main disability (for adults only)
- disability cause
- cause of main disability (for adults only)
- single/multiple disability
- severity of disability.

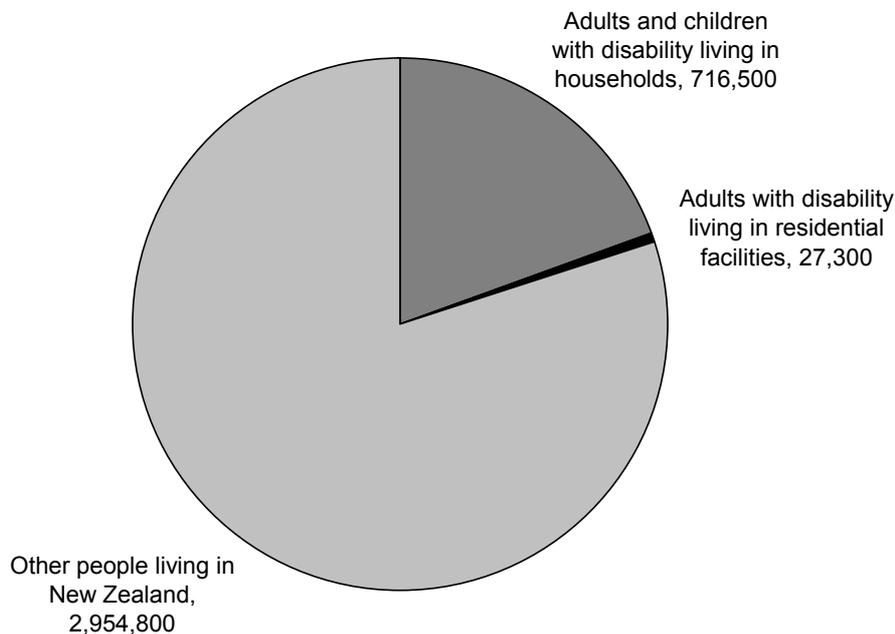
⁷ <http://www.moh.govt.nz/moh.nsf/238fd5fb4fd051844c256669006aed57/8fd2a69286cd6715cc256f33007aade4?OpenDocument>

2 Patterns of Disability

In 2001, an estimated 743,800 people with disability were living in New Zealand. This is a disability prevalence rate of 20 percent or 1 in 5 (Figure 2.1).

Most New Zealanders with disability (96 percent) were living in private dwellings (households) such as houses, flats or apartments. The rest were living in residential facilities, such as homes for older people or rest homes, public and private hospitals or units for people with intellectual, psychiatric or physical disability.

Figure 2.1: Number of people with and without disability in the New Zealand population, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey, 2001 Disability Survey of Residential Facilities, 2001 Census of Population and Dwellings

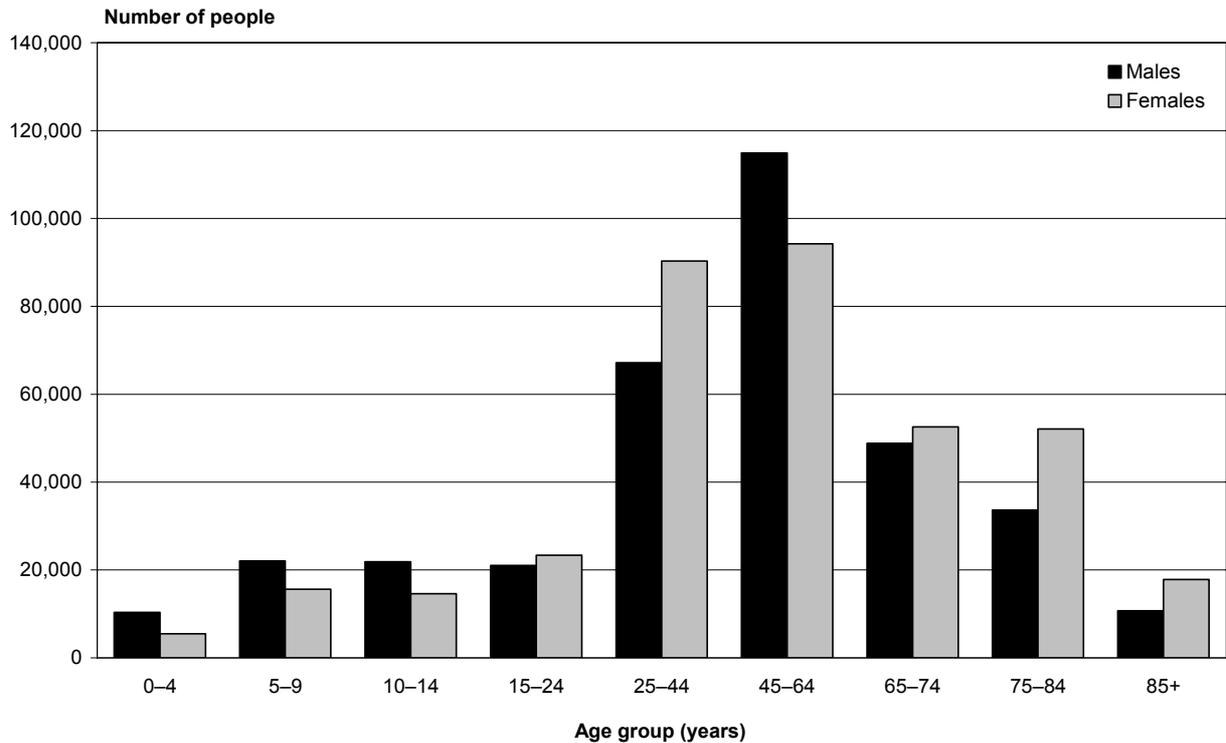
Note: The 2001 Disability Survey of Residential Facilities did not include children living in residential facilities.

The remainder of this chapter describes the nature and extent of disability experienced by people (adults and children) living in households. It covers the prevalence and severity of disability in different population groups, multiple disabilities, disability types and the causes of disability.

Prevalence of disability

Twenty-two percent of adults (aged 15 years and over) and 11 percent of children (aged 0–14) living in households had disability in 2001. In actual numbers, this was an estimated 626,500 adults and 90,000 children – a total of 716,500 people (Figure 2.2).

Figure 2.2: Number of people (adults and children) with disability living in households, by age and sex, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

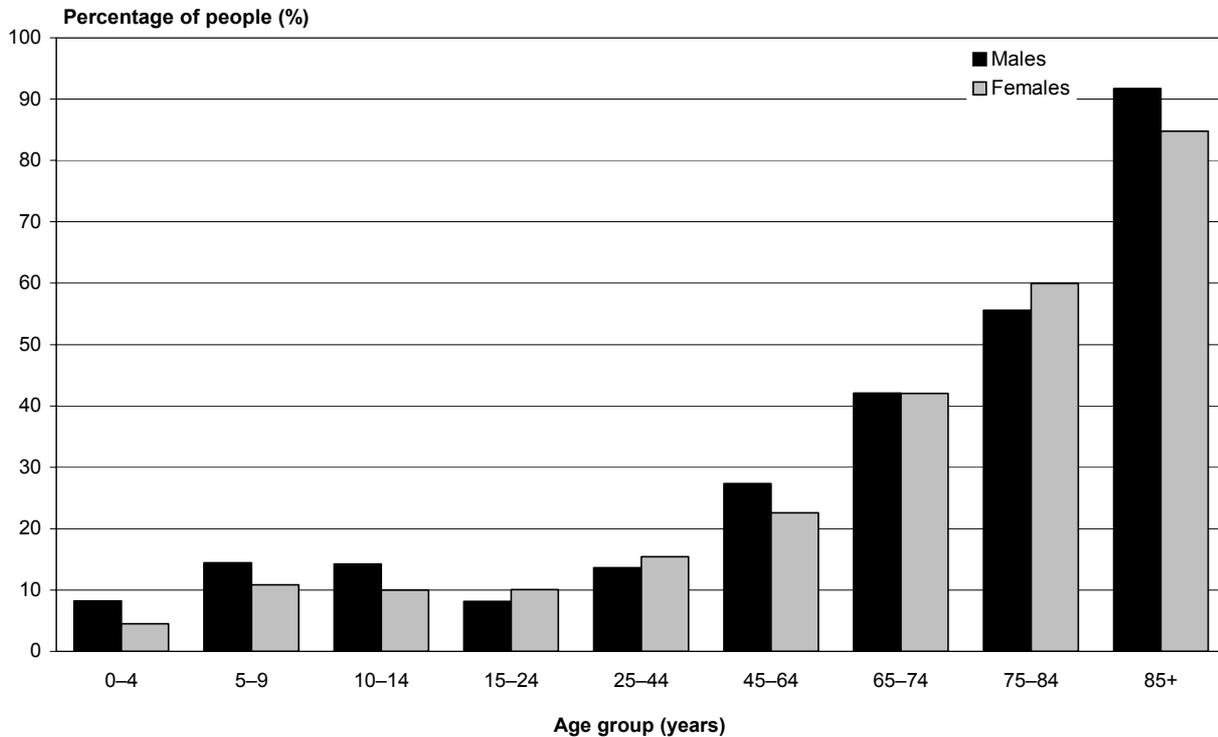
Note: Calculated from data in Appendix Table 2.1.

Males had a slightly higher rate of disability than females, with an age-standardised rate of 18 percent compared with 17 percent.⁸ An important factor contributing to this was the higher prevalence of disability among boys aged 0–14 (13 percent) compared with girls aged 0–14 (9 percent).

⁸ To convert rates per 100,000 to percentages, divide by 1000.

Older adults were substantially more likely than younger adults to experience disability, with just 9 percent of adults aged 15–24 living in households having a disability, compared with 87 percent of adults aged 85 and over (Figure 2.3).

Figure 2.3: Percentage of people (adults and children) living in households experiencing disability, by age and sex, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Calculated from data in Appendix Table 2.2.

An estimated 551,100 Europeans had disability in 2001, as did 106,500 Māori, 27,700 Pacific peoples and 21,100 Asian/Other peoples.

Children with disability featured prominently in the Māori and Pacific ethnic groups. More than a quarter of Māori with disability (27 percent) and one in five Pacific peoples with disability (21 percent) were children. This contrasted with the European ethnic group where only 9 percent of those with disability were children. Likewise, in the Asian/Other ethnic group only 11 percent of people with disability were children.

After age standardisation, Māori had the highest rate of disability (24 percent). European people had the next highest rate (18 percent), followed by Pacific peoples (17 percent). The Asian/Other group had the lowest rate (13 percent).

Severity of disability

The 2001 Household Disability Survey classified the severity of disability into one of three levels: severe disability, moderate disability and mild disability.

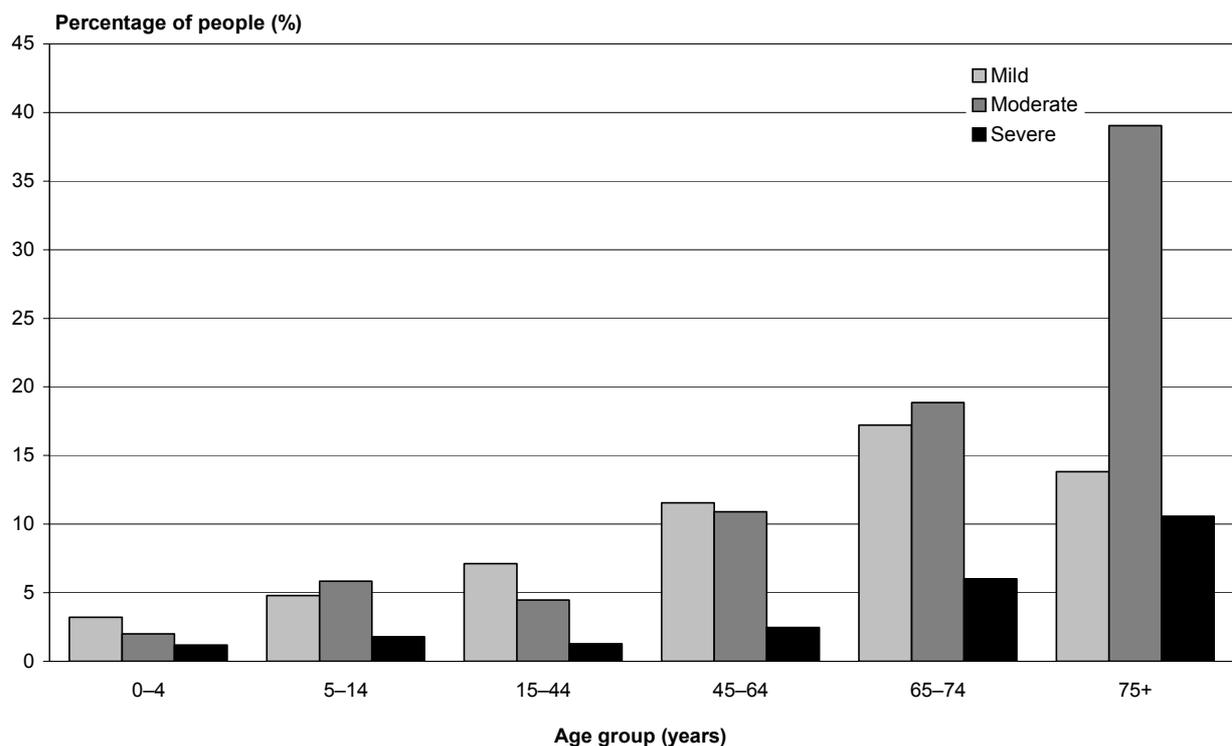
In 2001, an estimated 88,100 (12 percent) of the 716,500 adults and children with disability living in households had severe disability necessitating daily assistance from someone else.⁹

An estimated 317,000 adults and children had moderate disability requiring a lower level of assistance. This was 44 percent of all people with disability in households.

A further 311,500 adults and children, 43 percent of all people with disability in households, had mild disability.

Age-specific rates for severe and moderate disability were highest in the older age groups and lowest in the younger age groups (Figure 2.4).

Figure 2.4: Percentage of people (adults and children) living in households experiencing different levels of disability, by age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Calculated from data in Appendix Table 2.30.

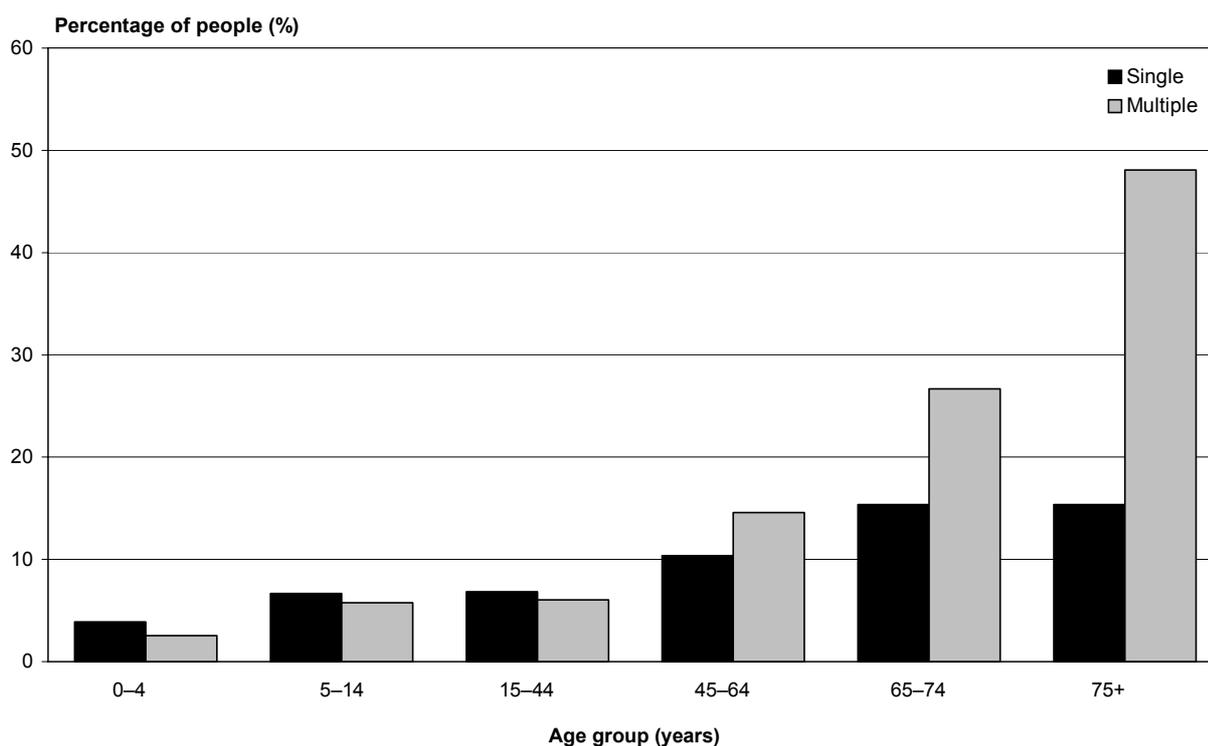
⁹ This was equivalent to 2 percent of the total household population.

Multiple disabilities

Over half (57 percent) of the 716,500 people with disability living in households had multiple disabilities (meaning they had more than one type of disability, such as a hearing disability combined with a seeing disability).

Rates of multiple disabilities among the household population were highest in the older age groups, particularly 65–74 and 75 and over (Figure 2.5).

Figure 2.5: Percentage of people (adults and children) living in households experiencing single and multiple disabilities, by age, 2001



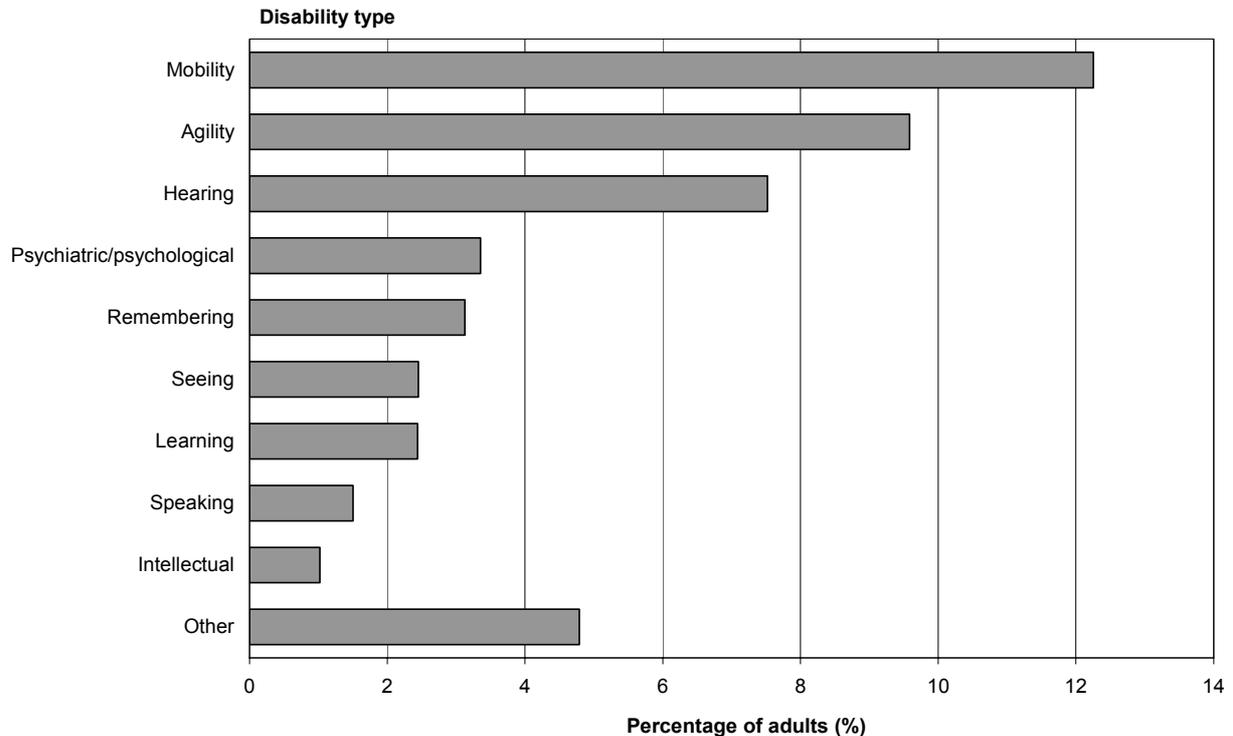
Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Calculated from data in Appendix Table 2.11.

Disability type – adults

The types of disability reported by adults in the 2001 Household Disability Survey were categorised into 10 groups. Figure 2.6 shows the percentage of all adult New Zealanders living in households estimated to have these types of disability in 2001.

Figure 2.6: Percentage of adults living in households experiencing different types of disability, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Calculated from data in Appendix Table 2.12.
- If individuals reported more than one disability type, they were counted in each applicable disability group.
- The 'Other' category includes other types of long-term conditions or health problems that cause people ongoing difficulty with, or stops them from doing, everyday activities that people their age can usually do.

Mobility

Mobility disability was the most common type of disability in adults. An estimated 346,300 adults living in households, 12 percent of the total adult household population, had mobility disability.

Mobility disability was especially common in older people, with an estimated 29 percent of people aged 65–74 and 51 percent of people aged 75 and over living in households having a mobility disability.

The most common kind of mobility disability was difficulty walking or not being able to walk 350 metres without resting. Nearly two out of every three adults with a mobility disability had this kind of limitation.

Agility

Agility disability was the second most common disability type in adults. An estimated 270,900 adults, 10 percent of the total adult household population, had an agility disability. The two most common kinds of agility limitation were:

- difficulty bending down or not being able to bend down to pick up something off the floor (experienced by an estimated 154,100 adults)
- difficulty cutting or not being able to cut one's toenails (experienced by an estimated 155,700 adults).

Like mobility disability, agility disability was most common in the older age groups. An estimated 22 percent of people aged 65–74 and 40 percent of people aged 75 and over living in households had an agility disability.

Hearing

In the 2001 Household Disability Survey, adults were defined as having a hearing disability if they had difficulty hearing what was being said in a conversation with another person or three other people. If the difficulty or inability to hear was completely corrected by, for example, a hearing aid, an adult was *not* defined as having a hearing disability.

Hearing disability was the third most common disability type in adults. An estimated 212,500 adults, 8 percent of all adults living in households, had some kind of hearing disability. Hearing disability was most common in the older age groups. Just over a third of all men (35 percent) and nearly a quarter of all women (24 percent) aged 75 and over living in households had hearing disability, compared with just 3 percent of men and women in the 15–44 year age group.

Psychiatric/psychological

Adults were defined as having a psychiatric/psychological disability if they had difficulty with or were prevented from communicating, socialising or doing everyday activities that people their age could usually do because of a long-term emotional, psychological or psychiatric condition.

An estimated 94,800 adults living in households had psychiatric/psychological disability in 2001. This was 3 percent of the total New Zealand adult household population. A similar percentage of men (3 percent) and women (4 percent) were estimated to have psychiatric/psychological disability.

Over half of the adults with psychiatric/psychological disability (58 percent), a total of 55,000 people, were in the 15–44 age group.

Remembering

Participants in the 2001 Household Disability Survey were defined as having a disability of recall or memory if they had a long-lasting condition or health problem that caused them to have on-going difficulty remembering things.

An estimated 88,400 adults (43,300 men and 45,100 women) had remembering disability. This was 3 percent of the total adult household population.

The prevalence of remembering disability increased with age, from 2 percent of all adults in the 15–44 age group to 9 percent in the 75 and over age group.

Seeing

In the 2001 Household Disability Survey, adults were defined as having a seeing or vision disability if they had difficulty seeing or were unable to see ordinary newspaper print or the face of someone across a room, even when using glasses or contact lenses (if these were usually worn).

In 2001, an estimated 69,300 adults (2 percent of all adults living in households) had a seeing disability. Men comprised 40 percent of those with seeing disability (27,800 individuals) and women 60 percent (41,500 individuals).

Age-specific rates of seeing disability were higher in the older adult age groups and highest in the 75 and over age group, where 12 percent of adults had at least one kind of difficulty seeing.

Learning

Adults were considered to have a learning disability if they had a long-lasting condition or health problem that affected their mental capacity and made it hard for them to learn. This category of disability was considered to be distinct from intellectual disability (see below) and remembering disability (see above).

An estimated 68,900 adults (37,200 men and 31,700 women) had learning disability. This was 2 percent of all adult New Zealanders living in households.

Age-specific rates of learning disability were similar across the different adult age groups, ranging from 2 percent for 45–64 year olds to 3 percent in the 75 and over age group.

Speaking

Adults participating in the 2001 Household Disability Survey were defined as having a speaking disability if they had a long-term condition, health problem or injury (such as a brain injury) that caused them to have difficulty speaking and being understood. An estimated 42,500 adults, 2 percent of all adults living in households, were classified as having a speaking disability.

Age-specific rates of speaking disability were similar across all adult age groups, ranging from 1 to 3 percent.

Intellectual

Adults participating in the 2001 Household Disability Survey were defined as having an intellectual disability if they either:

- needed help or support from organisations like IHC or People First or other people because of an intellectual disability or handicap; or

- had ever gone to a special school or received special education because of an intellectual disability or handicap.¹⁰

The survey estimated that 28,900 adults (14,200 men and 14,700 women) had intellectual disability. This was 1 percent of all adult New Zealanders living in households.

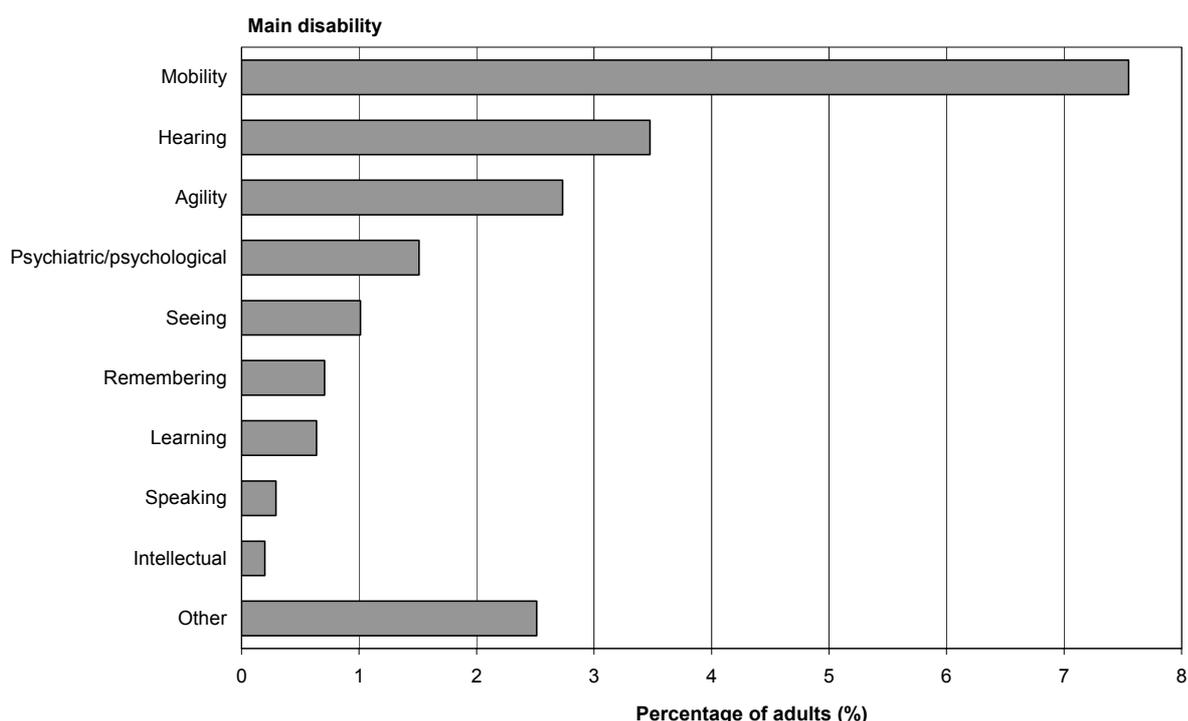
Two-thirds of adults with intellectual disability (66 percent), an estimated 19,100 people, were in the 15–44 age group.

Main disability – adults

As well as identifying all the different types of disability that people had, the 2001 Household Disability Survey asked adults to identify their main disability.¹¹ A main disability was defined as the one disability that limited a person’s everyday activities the most.

By far the most common main disability was mobility disability. Eight percent of all adults living in households, an estimated 213,400 people, had a main disability that was a mobility disability (Figure 2.7).

Figure 2.7: Percentage of adults living in households experiencing different kinds of main disability, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Calculated from data in Appendix Table 2.15.

¹⁰ This definition of intellectual disability has limitations as it is based on use of services rather than on an ability to carry out certain types of activity. Thus, adults’ access to services could influence whether they were classified as having this type of disability.

¹¹ This question was not included in the survey of children.

Older people were more likely to have a mobility disability as their main disability than younger people. For example, 35 percent of all women and 24 percent of all men aged 75 and over living in households had a main disability that was a mobility disability, compared with 3 percent of women and 2 percent of men aged 15–44.

Hearing disability was the second most common main disability, reported by an estimated 98,200 adults or 4 percent of all adults living in households. Older people were more likely to have a hearing disability as their main disability. In the 75 and over age group, 14 percent of all men had a hearing disability as their main disability, as did 6 percent of all women. This compared with 2 percent of all men and 1 percent of all women aged 15–44.

While agility disability was comparatively common in adults (see ‘Disability type – adults’ above), it was less likely to be reported as people’s main disability. Three percent of all adults living in households, an estimated 77,200 people, had a main disability that was an agility disability. Agility disability as a main disability was experienced by 8 percent of men and 7 percent of women aged 75 and over, compared with 1 percent of both men and women aged 15–44.

An estimated 42,700 adults, 2 percent of all adult New Zealanders living in households, had a main disability that was a psychiatric/psychological disability.

Seeing disability was the main disability of 1 percent of adults living in households, an estimated 28,600 people.

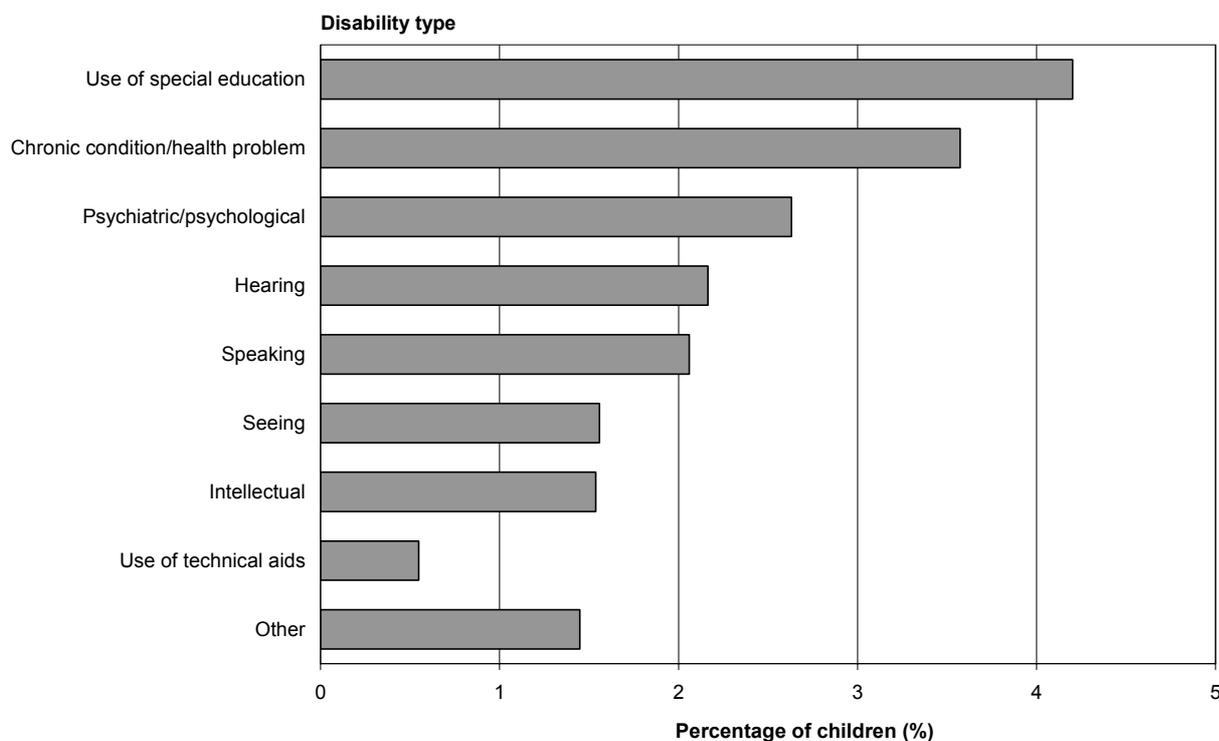
Less than 1 percent of adults living in households, an estimated 20,000 people, had a main disability related to remembering. A further 18,000 adults had a main disability that was a learning disability.

An estimated 8300 adults had a main disability that was a speaking disability, while an estimated 5600 had a main disability that was an intellectual disability.

Disability type – children

The types of disability experienced by children (aged 0–14) living in households were categorised into nine groups (Figure 2.8).

Figure 2.8: Percentage of children living in households experiencing different types of disability, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Calculated from data in Appendix Table 2.17.
- If individuals reported more than one disability type, they were counted in each applicable disability group.
- The 'Other' category includes other types of long-term conditions or health problems that limit a child's participation at school, play or any other activities considered usual for a child of their age.

Use of special education

'Use of special education' was the most common category of disability identified in children. In 2001, an estimated 35,500 children used special education. This was 4 percent of all children living in households. The group included an estimated:

- 25,000 children with learning disabilities such as dyslexia, attention deficit disorder or attention deficit hyperactivity disorder
- 17,800 children with an individual education programme (IEP) or an individual development programme (IDP) because of learning or developmental difficulties
- 12,500 children who attended a special school or special unit or class at a regular school or a regular class where special education services were provided.

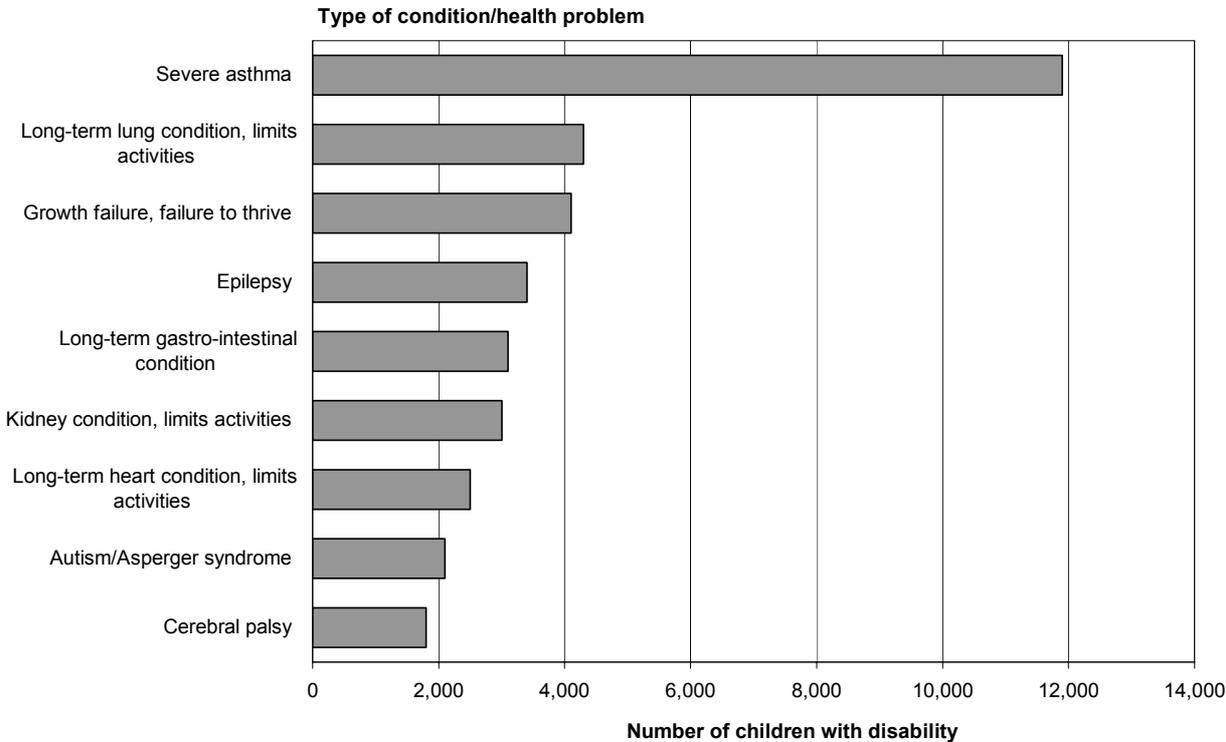
Boys were more than twice as likely as girls to use special education (6 percent of all boys compared with 2 percent of all girls).

Six percent of school-aged children (aged 5–14), an estimated 33,400 children, used special education.

Chronic condition/health problem

An estimated 30,200 children, 4 percent of all children living in households, had chronic conditions/health problems. Severe asthma was by far the most common chronic condition/health problem experienced by children (Figure 2.9).

Figure 2.9: Number of children with disability living in households, by most common types of chronic condition/health problem, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 2.19.
- If individuals reported more than one type of condition/health problem, they were counted in each applicable group.
- Excludes conditions/health problems experienced by numbers of children less than the 50 percent RSE cut-off point.

Psychiatric/psychological

An estimated 22,200 children, 3 percent of all children living in households, had a psychiatric/psychological disability (Figure 2.8).

Hearing

Children with a hearing problem that was not fully corrected were defined by the survey as having a hearing disability. All children with hearing aids were included in this group.

An estimated 18,300 children, 2 percent of all children living in households, had a hearing disability (Figure 2.8).

Speaking

An estimated 17,400 children, 2 percent of all children living in households, had a speaking disability (Figure 2.8).

Seeing

An estimated 13,200 children, 2 percent of all children in households, had a seeing disability (Figure 2.8).

Intellectual

An estimated 13,000 children, 2 percent of all children living in households, had an intellectual disability (Figure 2.8). Boys (2 percent) had a higher rate of intellectual disability than girls (1 percent).

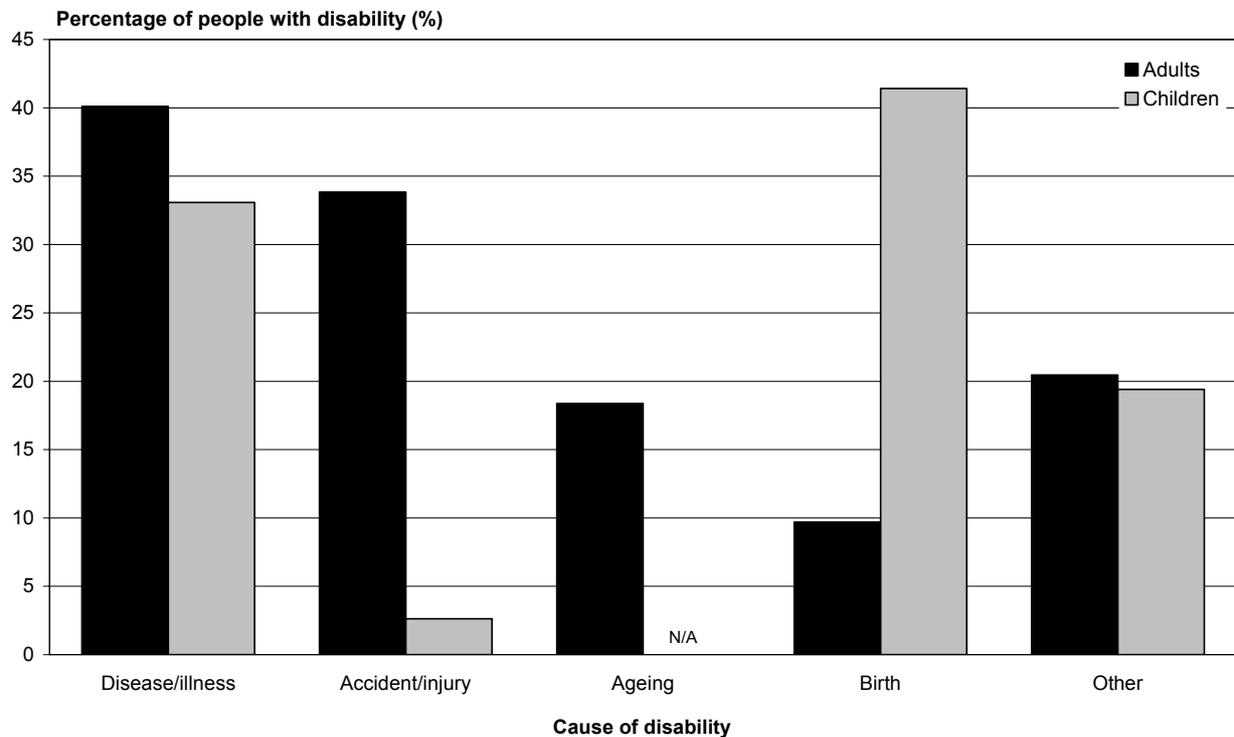
Use of technical aids

An estimated 4600 children (1 percent) used technical aids because of a long-term condition or health problem (Figure 2.8).

Disability cause

The 2001 Household Disability Survey categorised the causes of disability into five categories for adults and four categories for children (Figure 2.10).

Figure 2.10: Percentage of adults and children with disability living in households, by disability cause, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

N/A: Not applicable as ageing was not a disability cause category used for children.

Notes:

- Data in Appendix Table 2.20.
- If individuals reported more than one disability type, they were counted in each applicable cause group.
- The disability cause category 'Birth' refers to conditions existing or occurring at birth.
- The disability cause category 'Ageing' refers to natural ageing – this option was not initially read out by interviewers and was used only where adult respondents did not select one of the other categories.
- The disability cause category 'Other' included childbirth, alcohol, illegal drugs, medical side effects, working conditions and exposure to environmental factors such as noise and weather.

Adults

In adults, the most common cause of disability was disease/illness, reported by 40 percent of adults with disability or an estimated 251,300 people. The second most common cause was accident/injury, reported by 34 percent of adults with disability or an estimated 212,000 people. Ageing was the next most common cause, reported by 18 percent of adults with disability or an estimated 115,100 adults. Conditions present at birth were relatively uncommon (10 percent of adults with disability or an estimated 60,700 people).

Children

In children, conditions present at birth were the most common cause of disability, affecting 41 percent of children with disability or an estimated 37,300 children.

The second most common cause was disease/illness, affecting 33 percent of children with disability, an estimated 29,800 children.

In contrast to adults, disability caused by accident/injury was uncommon in children. Just 3 percent of children with disability living in households, an estimated 2,400 children, had disabilities caused this way.

Males and females

Disability cause data were compared using age-standardised rates. This indicated that 7 percent of all females and 6 percent of all males living in households had disability caused by disease/illness. Two percent of all females and 2 percent of all males living in households had disability caused by ageing.

The male age-standardised rate for disability caused by accident/injury was higher than the female rate (6 percent compared with 4 percent).

Males were also more likely than females to have disability caused by conditions existing at birth (3 percent compared with 2 percent).

Accident/injury location

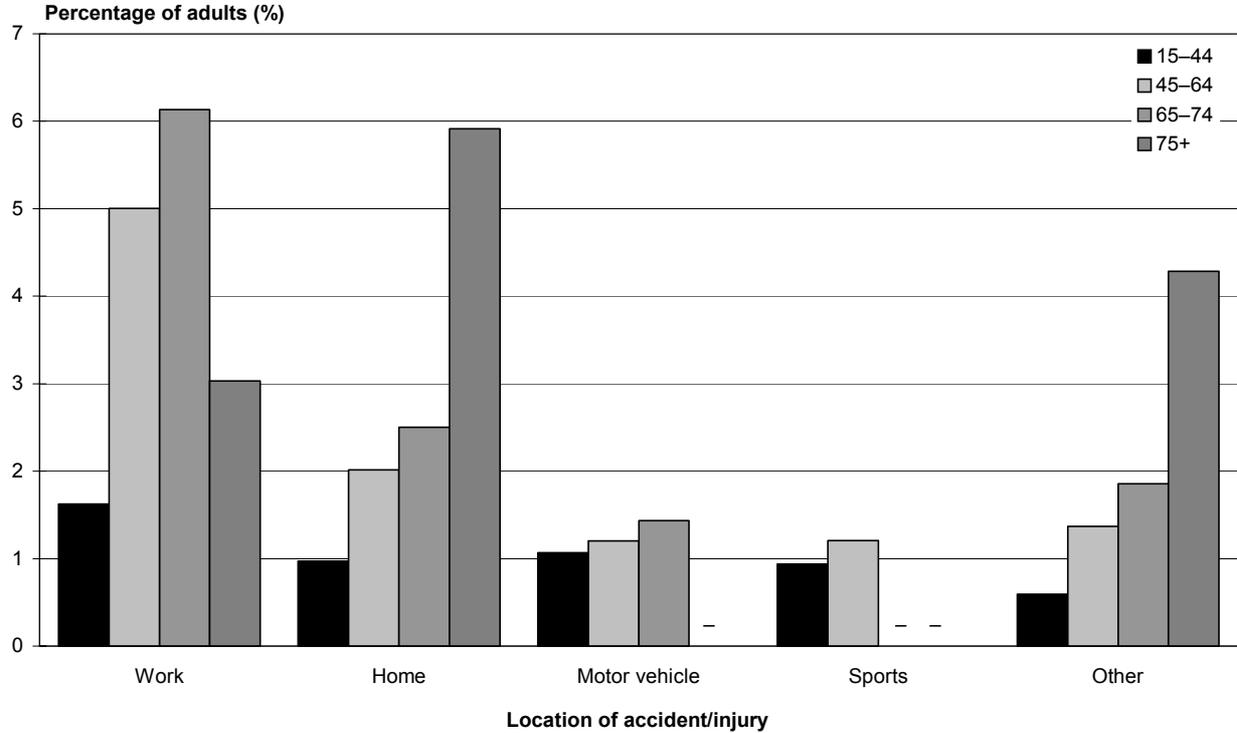
Adults with disability caused by accident/injury were asked to identify where or in what situation the accident/injury had occurred.

Work-related accident/injury was most common, reported by 87,700 adults (41 percent of the 214,200 adults who had accident/injury disability). Next most common was accident/injury at home (experienced by an estimated 48,700 adults), followed by motor vehicle accident/injury (32,800) and sports-related accident/injury (29,500).

More men than women had disability resulting from work-related and sports-related accident/injury. However, more women than men had disability from accident/injury at home and from psychological/psychiatric abuse.

The prevalence of disability caused by accident/injury at home increased with age. This was also the case for work-related accident/injury, except for a reduced rate in the 75 and over age group (Figure 2.11).

Figure 2.11: Percentage of adults living in households experiencing disability caused by accident/injury, by accident/injury location and age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

– Number too small to report (estimated frequency outside the 50 percent RSE cut-off point).

Notes:

- Data in Appendix Table 2.24.
- If individuals reported more than one disability type, they were counted in each applicable cause group.

Of the 2400 children with disability caused by accident/injury, an estimated 1500 were disabled from accidents/injury occurring at home or school.¹²

¹² It is not possible to report further details on the causes of accident/injury related disabilities in children because of small numbers that make the data unreliable.

3 Support, Equipment and Services

This chapter examines the help people with disability were receiving for everyday activities and the kinds of equipment, technology and disposable items they were using. People's use of needs assessments and health services use are also discussed.

Help with everyday activities

Adults

In 2001, because of disability, an estimated 244,700 adults with disability (39 percent) were receiving at least one of the following seven types of help with everyday activities:

- personal care (for example, bathing, dressing or taking medication) – received by an estimated 34,900 or 6 percent of adults with disability
- meal preparation – 67,400 (11 percent)
- shopping (for necessary items such as groceries) – 99,700 (16 percent)
- everyday housework (for example, tidying up, cleaning or laundry) – 128,500 (21 percent)
- heavy housework (for example, spring cleaning or gardening) – 186,700 (30 percent)
- personal finances (for example, banking or paying bills) – 51,300 (8 percent)
- communicating with others (for example, during a doctor's visit or at a job interview) – 39,100 (6 percent).

Older adults were more likely to be receiving help with everyday activities than younger adults. Over half (56 percent) of adults aged 65 and over with disability received help, compared with 30 percent of adults aged 45–64, 33 percent of adults aged 25–44 and 23 percent of adults aged 15–24.

Adults with intellectual disability were most likely to be receiving help with personal care. Twenty-seven percent of adults with intellectual disability got this kind of help. This compared with 6–11 percent of adults with other types of disability (agility, mobility, seeing, hearing and psychiatric/psychological).

Family members, especially spouses/partners and daughters, were the people most commonly helping adults with disability with everyday activities.

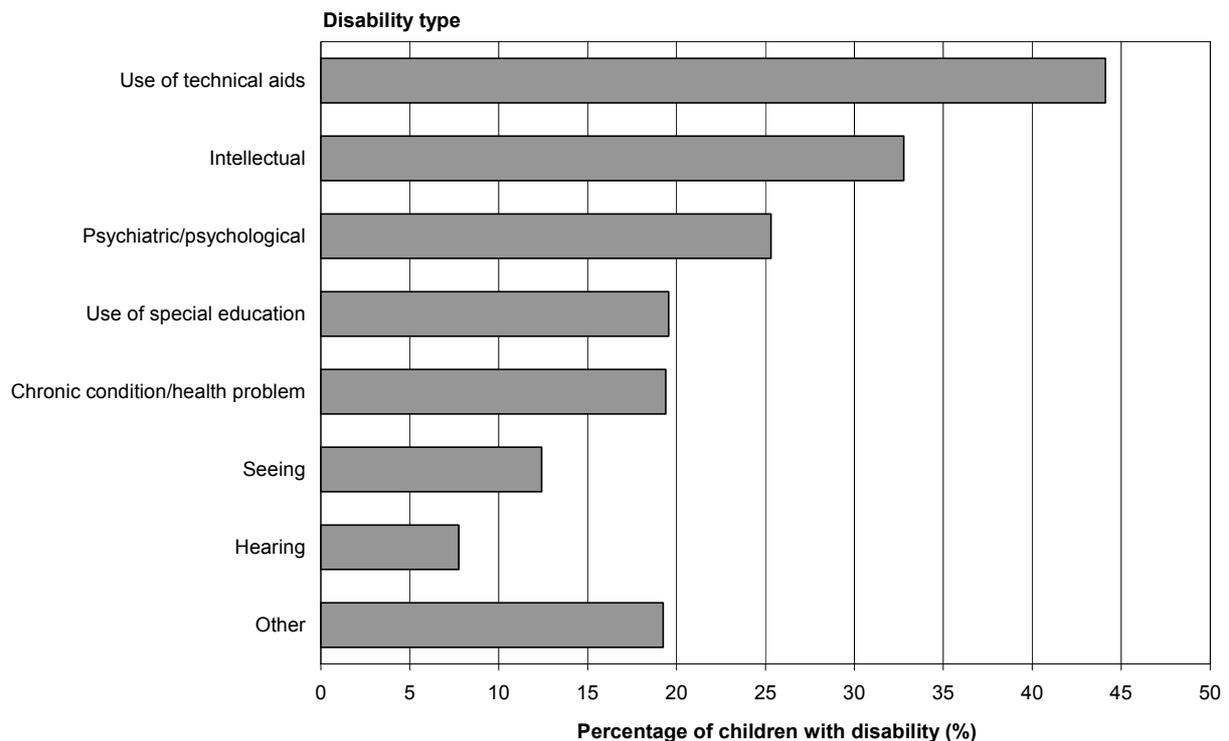
Assistance with meal preparation, shopping and personal finances were most likely to be provided by spouses/partners or daughters. Help with everyday and heavy housework was most likely to come from husbands/male partners, a private organisation or another paid person. Adults with disability who received assistance with their personal care most often got this from spouses/partners or private organisations.

Children

Parents or caregivers of an estimated 11,700 children with disability (13 percent) indicated they had needed help in the previous 12 months with their child's personal care or with household work because of their child's disability.¹³

Parents or caregivers of children using technical aids (44 percent) and children with intellectual disability (33 percent) were the most likely to need help with their child's personal care or with household work (Figure 3.1).

Figure 3.1: Percentage of children with disability living in households whose parents or caregivers needed help with their child's personal care or household work in the previous 12 months, by disability type, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 3.21.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

¹³ This question related to help that was needed and received as well as help that was needed but not received.

Unmet need for help with everyday activities

Adults

Two percent of adults with disability, an estimated 13,100 adults, indicated they had needed help in the previous 12 months with personal care from providers other than family or friends but had been unable to get this help.

Four percent of adults with disability, an estimated 23,300 people, needed help in the previous 12 months with housework, shopping or other similar tasks from providers other than family or friends but had been unable to get this help.

Four percent of adults with disability, an estimated 26,400 people, reported they had needed help in the previous 12 months with repairs or maintenance to their home or property but had been unable to get this help.

Children

Parents or caregivers of 5 percent of children with disability (an estimated 4100 children) indicated they had needed help with their child's personal care for disability in the previous 12 months but had been unable to get this help.

Parents or caregivers of 4 percent of children with disability (an estimated 3600 children) reported being unable to get the help they needed in the previous 12 months with household tasks such as housework or shopping associated with their child having a disability.

Parents or caregivers of 5 percent of children with disability (an estimated 4300 children) indicated that in the previous 12 months they had been unable to get the help they needed with home repairs or maintenance associated with their child having a disability.

Respite care/carer support

Respite care services and carer support services enable a regular caregiver to take a break from looking after a person with disability.

Adults

An estimated 108,000 adults with disability living in households had someone who helped them or looked after them because of their disability or health problem. Eight percent of this group, an estimated 9100 adults, received financial help from a government agency in the previous 12 months to pay for respite care. Five percent, an estimated 5100 adults, paid for respite care or carer support themselves in the previous 12 months. Ten percent, an estimated 10,300 adults, indicated their carers had needed respite care in the previous 12 months but had been unable to get it.

Children

Parents or caregivers of 18 percent of children with disability living in households (an estimated 16,000 children) indicated that, in the previous 12 months, they had needed respite care or carer support.

Parents or caregivers of children using technical aids were the most likely to report a need for respite care (51 percent).

Nearly half (48 percent) the parents or caregivers of children with disability who had needed respite care in the previous 12 months had been unable to get this respite care. This was the parents or caregivers of an estimated 8000 children.

Equipment and technology

Adults

Twenty-seven percent of adults with disability, an estimated 171,000 adults, used equipment or technology for seeing, hearing, communicating, moving around or to assist their hands or arms.

Forty-seven percent of adults with severe disability and 45 percent of adults with moderate disability used these types of disability-related equipment in the previous 12 months, compared with just 5 percent of adults with mild disability.

Equipment or services for hearing

Thirty-six percent of adults with an uncorrected hearing disability used equipment or services for people who were deaf or hard of hearing (an estimated 75,600 adults).

Of this group, 22,100 used a hearing aid with a T-switch and 39,200 used another type of hearing aid.

Other commonly used types of hearing equipment were volume control telephones (used by an estimated 20,900 adults with uncorrected hearing disability), teletext (6700), fax machines (3500) and flashing alarms or visual alarms (3000).

An estimated 45,000 or 21 percent of adults with an uncorrected hearing disability reported unmet needs for hearing equipment or services. The types of equipment most commonly needed were hearing aids with a T-switch, other types of hearing aids and volume-control telephones.

Lip reading

Twenty-four percent of adults with uncorrected hearing disability could lip read, including 36 percent of adults aged 25–44.

Equipment or services for seeing

Seventy-one percent of adults with an uncorrected seeing disability used equipment, technology or services for people who were blind or visually impaired. This was an estimated 49,200 adults.

The most commonly used types of equipment were glasses or contact lenses (39,900 adults with uncorrected seeing disability), followed by handheld or desk-mounted magnifiers (18,200), large-print reading material (12,600), audio reading materials such as talking books (5500), white canes (4100) and readers (2900).

An estimated 14,000 or 20 percent of adults with an uncorrected seeing disability indicated they had unmet needs for equipment or services for blind or vision-impaired adults. Most commonly they reported unmet needs for glasses or contact lenses.

Royal New Zealand Foundation of the Blind

In 2001, an estimated 8500 adults with an uncorrected seeing disability (12 percent) were registered members of the Royal New Zealand Foundation of the Blind.

Equipment and technology for communicating

The number of adults with speaking disability using equipment and technology for communicating was too small to report.

Equipment for moving about

Sixteen percent of adults with disability, an estimated 99,300 people, used or needed some kind of equipment to help them move about, such as a walking stick or wheelchair.

Use or need for, this kind of equipment was heavily age-related, with only 6 percent of people aged 25–44 with disability using or needing equipment for moving about, compared with 37 percent of people aged 75–84 and 56 percent of people aged 85 and over.

Walking sticks were the type of equipment used most commonly for moving about (used by an estimated 74,200 adults with disability) followed by walking frames (15,800), crutches (10,300), manual wheelchairs (10,200), scooters (4400) and back or leg braces (3000).¹⁴

An estimated 8500 or 9 percent of adults with disability who used equipment to move about indicated they had unmet needs for additional mobility aids and equipment, such as manual wheelchairs, scooters and motorised wheelchairs.

Equipment to support, help or replace hands or arms

Two percent of adults with disability, an estimated 13,900 adults, used special equipment to support, replace or help them use their hands or arms.

Other types of equipment

Four percent of adults with disability, an estimated 26,000 adults, reported they used other kinds of equipment because of disability apart from the equipment used for moving about, or to assist hands or arms, discussed above. Of this group, an estimated 3300 used shower stools.

¹⁴ The numbers of adults using motorised wheelchairs, artificial feet or legs or orthopaedic footwear were too small to report.

The numbers of people using raised toilet seats, commode chairs, specialised cushions and respirators or ventilators were too small to report.

Two percent of adults with disability, an estimated 14,600 people, indicated they needed, but did not have, these other kinds of equipment.

Children

In 2001, an estimated 7700 children with disability (9 percent) were using equipment or technology to assist them. This included an estimated 4600 children classified as having the disability type 'Use of technical aids'.

Equipment for hearing

An estimated 1600 children, 9 percent of children with hearing disability, currently used equipment for hearing, such as a hearing aid or FM system.

Equipment for seeing

The number of children using equipment for seeing, other than glasses or contact lenses, was too small to report.

Equipment for communicating

An estimated 1400 children, 8 percent of children with a speaking disability, used equipment for communicating, such as a Macaw, a Communication Board or a computer.

Unmet need for equipment

Parents or caregivers of children with disability were asked if their child currently needed any disability-related equipment they did not have. An estimated 5500 children with disability were reported as not having equipment they needed. This represented 6 percent of all children with disability.

Disposable items

Adults

Eleven percent of adults with disability, an estimated 71,500 adults, needed disposable items in the previous 12 months for their condition or health problem. Of these 71,500 adults, 7 percent or 4900 indicated they currently needed certain disposable items but did not have them.

Children

Eleven percent of children with disability, an estimated 9600 children, had needed disposable items in the previous 12 months because of their condition or health problem.

Parents or caregivers of 1200 children with disability (1 percent of children with disability) reported they had not been able to get some of the disposable items their child needed in the last 12 months.

Needs assessments

Adults

Fifteen percent of adults with disability, an estimated 95,400 adults, indicated they had received a needs assessment at some stage in the past. This included an estimated 54,900 (9 percent of adults with disability) who had received a needs assessment in the last 12 months.

Thirty-four percent of adults with disability indicated they had not had a needs assessment recently (that is, in the last 12 months) because they did not know about needs assessments.

Pacific adults with disability (50 percent) were most likely to indicate they had not had a needs assessment recently because they did not know about the service, followed by Asian/Other (44 percent), Māori (41 percent) and European (33 percent) adults with disability.

Lack of awareness or knowledge of needs assessments varied little in relation to severity of disability. Thirty-four percent of adults with severe disability indicated they had not had a needs assessment recently because they did not know about needs assessments, as did 35 percent of adults with moderate disability and 34 percent of adults with mild disability.

Thirty-three percent of adults with disability, an estimated 209,100 people, indicated they had not had a needs assessment recently because they did not consider their disability to be serious enough. Even 15 percent of adults with severe disability indicated they had not had a needs assessment recently for this reason.

Children

Fifteen percent of children with disability, an estimated 13,200 children, had received a needs assessment at some stage in the past. This included an estimated 8400 children (9 percent) who had received a needs assessment in the last 12 months.

Nearly half (48 percent) of children with severe disability had received a needs assessment, compared with 14 percent of children with moderate disability.¹⁵

When the parents or caregivers of children with disability who had not had a needs assessment recently (that is, in the last 12 months) were asked the reasons for this, the most common reason given was that they did not consider their child's disability to be serious enough to require a needs assessment. This reason was given by the parents or caregivers of an estimated 34,500 children – 38 percent of all children with disability.

¹⁵ The number of children with mild disability who had received a needs assessment was too small to report.

The second most common reason for not having a needs assessment was that parents or caregivers did not know about needs assessments. This reason was given by the parents or caregivers of an estimated 31,900 children with disability – 35 percent of all children with disability.

Not knowing about needs assessments was a reason given more commonly by parents or caregivers of Māori (43 percent) and Pacific (47 percent) children with disability than by parents or caregivers of European children with disability (30 percent).¹⁶

Health services

People with disability were asked how often they had consulted different types of health workers in the last 12 months. Consultations could have been for disability-related health care as well as for reasons unrelated to disability, such as immunisations, antenatal care or treatment for short illnesses or minor accidents.

Adults

The four types of health worker most commonly consulted at least once in the previous 12 months by adults with disability were:

- GPs or family doctors (consulted by 86 percent)
- chemists or pharmacists (76 percent)
- medical specialists (40 percent)
- nurses – without also seeing a doctor (32 percent).

Fifteen percent of adults with disability, an estimated 94,900 adults, indicated there had been a time in the previous 12 months when they had needed to see a health professional, therapist or healer but had not been able to.

Children

The five types of health worker most commonly consulted at least once in the previous 12 months by children with disability were:

- GPs or family doctors (consulted by 88 percent)
- dentists or dental nurses (71 percent)
- chemists or pharmacists (61 percent)
- medical specialists (42 percent)
- nurses – without also seeing a doctor (30 percent).

Parents or caregivers of 17 percent of children with disability, an estimated 15,500 children, reported their child had needed to see a health professional, therapist or healer in the previous 12 months but had not been able to.

¹⁶ The number of Asian/Other children to which this reason applied was too small to report.

4 Education

This chapter examines the participation of New Zealanders with disability in regular (mainstream) education and special education. It also examines the educational achievements of people with disability and the educational barriers some face.

Children with disability

In 2001 there were an estimated 15,900 preschool-age children with disability (aged 0–4 years) and 74,100 school-age children with disability (aged 5–14 years) living in households.

Early childhood education services

In March 2001, an estimated 12,300 children aged 0–4 with disability (77 percent of all preschool-age children with disability) attended, or were enrolled in, at least one type of early childhood education service.¹⁷

An estimated 5200 children with disability aged 0–4 attended, or were enrolled in, kindergartens. An estimated 2000 attended childcare centres or crèches. Playcentres (1700) and Te Kohanga Reo (1600) were less commonly used.

Primary and secondary school education

Ninety-seven percent of children aged 5–14 with disability living in households, an estimated 71,600 children, were enrolled in some type of primary or secondary education.

Most children aged 5–14 with disability were enrolled in primary or intermediate schools (an estimated 56,100 or 76 percent of children with disability in this age group). A much smaller number were enrolled in secondary schools (9900 children, 13 percent) or area/composite schools (2500 children, 3 percent). About 1400 (2 percent) were enrolled in special schools¹⁸, and another 1300 (2 percent) were being home-schooled.^{19, 20}

¹⁷ Comparable information on the use of early childhood education services by children without disability was not available.

¹⁸ A further 3100 children were not enrolled in a special school at the time of the survey but had attended a special school in the past.

¹⁹ Combining survey results for children aged 5–14 and adults aged 15 years and over indicates that 21,000 people with disability were enrolled in secondary schools in the week ending 4 March 2001.

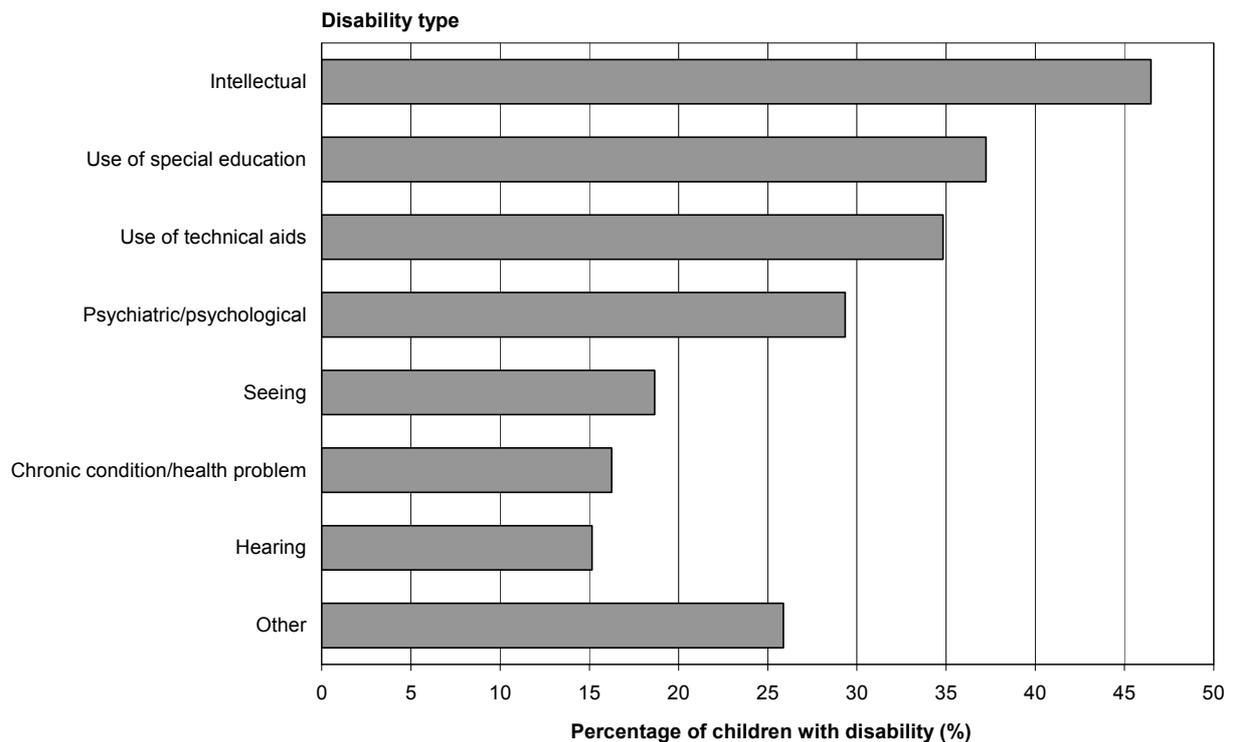
²⁰ Students who are home-schooled have a Ministry of Education exemption from participating in the state school system. This is different to students who study at home and are enrolled in the Correspondence School, which is a state school.

Receiving special education services

In 2001, an estimated 12,400 children aged 5–14 were receiving special education services.²¹ This was 2 percent of all children aged 5–14 living in households and 17 percent of all children aged 5–14 with disability.

Children with intellectual disability were most likely to be receiving special education services (46 percent); whereas children with hearing disability were least likely to be doing so (15 percent) (Figure 4.1).

Figure 4.1: Percentage of children aged 5–14 with disability living in households receiving special education services, by disability type, week ending 4 March 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 4.5.
- If individuals reported more than one disability type, they were counted in each applicable disability group.

A quarter (26 percent) of children with moderate disability and nearly a third (32 percent) of children with severe disability received special education services.²²

²¹ Most children with disability (74 percent) attended only regular mainstream classes; that is, they were not receiving special education services.

²² The number of children with mild disability receiving special education services was too small to report.

Assessments of developmental and educational need

Thirty-eight percent of children aged 0–14 with disability had been professionally assessed at some time in their lives to determine their developmental or educational needs.

Children using special education services (66 percent), children with intellectual disability (64 percent) and children with disability using technical aids (60 percent) were most likely to have had professional assessments, followed by children with psychiatric/psychological disability (54 percent). Children with seeing disability (34 percent), hearing disability (31 percent) and chronic conditions/health problems (32 percent) were less likely to have received professional assessments.

Participation in Individual Education Programmes or Individual Development Programmes

In 2001, an estimated 17,800 children, or 20 percent of children with disability living in households, had an Individual Education Programme (IEP) or Individual Development Programme (IDP).

Just over half (54 percent) of children with intellectual disability and half (50 percent) of children using special education services had an IEP or IDP. Forty-two percent of children using technical aids had an IEP or IDP, as did 31 percent of children with psychiatric/psychological disability. By contrast, 18 percent of children with seeing disability, 18 percent of children with chronic conditions/health problems and 16 percent of children with hearing disability had an IEP or IDP.

Learning disability

In 2001, an estimated 25,000 children, or 3 percent of all children aged 0–14 living in households, had ‘learning difficulties’ such as dyslexia, attention deficit disorder, attention deficit hyperactivity disorder and other conditions that interfere with typical learning processes.²³

Learning disability was more common among older children than younger children, and boys aged 0–14 were more likely than girls aged 0–14 to have a learning disability (4 percent compared with 2 percent).

Choosing schools

A high proportion of parents or caregivers of children aged 5–14 with disability (89 percent) said they had always been able to enrol their child in the school of their choice. However, the parents or caregivers of 7 percent of children with disability (an estimated 5000) said they had not been able to do so.²⁴

²³ The reported prevalence of these types of conditions among different population groups depends to some extent on their access to services that carry out assessments and diagnose these conditions (such as special education services and paediatricians).

²⁴ It is unknown how many children aged 5–14 *without* disability are able to enrol in their school of choice.

Impact of disability on school activities

Parents or caregivers of an estimated 34,900 children with disability aged 5–14 (51 percent) reported their children were ‘limited’ in some way at school because of disability in the week before their participation in the 2001 Household Disability Survey.²⁵

The most common kind of reported limitation related to participating in school sports or games (experienced by 30 percent of children with disability), followed by playing at school (25 percent), making friends (22 percent) and going on school outings (15 percent).

Children with disability using technical aids were more likely (76 percent) than children with other types of disability to have a limited ability to participate in school sports or games. They were also the most likely to have their ability to play affected (61 percent) and the most likely to be restricted in going on school outings or camps (46 percent).

Effect of disability on children’s education

In 2001, parents or caregivers of an estimated 33,400 or 45 percent of children aged 5–14 with disability reported their child’s education had been negatively affected by disability. Parents or caregivers of the remaining 55 percent of children with disability reported no negative effects on their child’s education.

The most common negative effect of disability on children’s education was having to change schools (20 percent of children aged 5–14 with disability), followed by long interruptions to their education (17 percent). Less common effects were taking fewer subjects or courses (8 percent), taking courses by correspondence or home-schooling (7 percent), beginning school later than others (6 percent), changing subjects or courses (5 percent) and living away from home to go to school (2 percent).

Equipment and support services needed to help education

Parents or caregivers of 38 percent of children aged 5–14 with disability reported their child needed at least one type of equipment or support service to help them with their education. This was an estimated 27,900 children.

Twenty-four percent of children aged 5–14 with disability needed a teacher aide, and 15 percent needed an itinerant teacher. Thirteen percent needed help with note taking, writing or reading; 12 percent needed computer access and 3 percent needed talking books.

²⁵ The word ‘limited’ was used in the survey questionnaire, so this term has been used in this section.

Adults with disability

Participation in formal education

In the week ending 4 March 2001, an estimated 55,800 adults with disability living in households (9 percent) were enrolled in formal education.

Twenty-five percent of these adults with disability (an estimated 13,900) were enrolled in polytechnics, 22 percent (12,400) were enrolled in universities, 20 percent (11,200) were enrolled in secondary schools and 8 percent (4,700) were enrolled in private training establishments.

One-third (33 percent) of all adults with disability enrolled in formal education in 2001 had a main disability that was a physical disability (that is, mobility and/or agility disability). Seventeen percent had a main disability that was a psychiatric/psychological disability while 15 percent had a hearing disability as their main disability.

Special education

An estimated 136,500 adults, or 22 percent of all adults with disability living in households, had a disability that started before they finished their formal education and training.

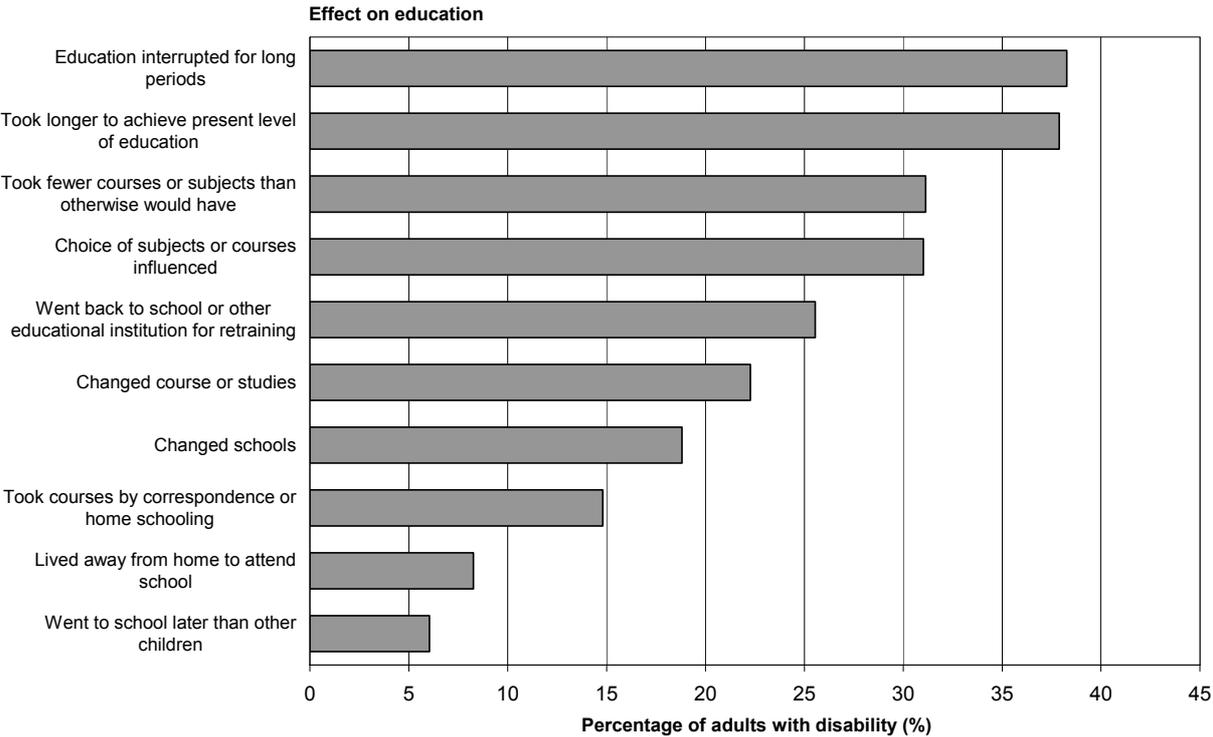
Sixteen percent of adults whose disability started before they completed their formal education or training had attended a special school or special classes in a mainstream school. This was an estimated 22,100 adults.

Of this group, an estimated 15,100 adults (8700 men and 6500 women) had been to a special school or received special education at some time in their lives specifically because of intellectual disability.

Other effects of disability on education

Thirty-eight percent of adults whose disability began before they finished their formal education indicated that disability had resulted in their education being interrupted for long periods. Thirty-eight percent of adults whose disability began before they finished their formal education also indicated that it had taken longer to achieve their present level of education because of disability (Figure 4.2).

Figure 4.2: Percentage of adults with disability living in households, whose disability began before they finished formal education, experiencing different effects on their education, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Table 4.27.

Educational qualifications

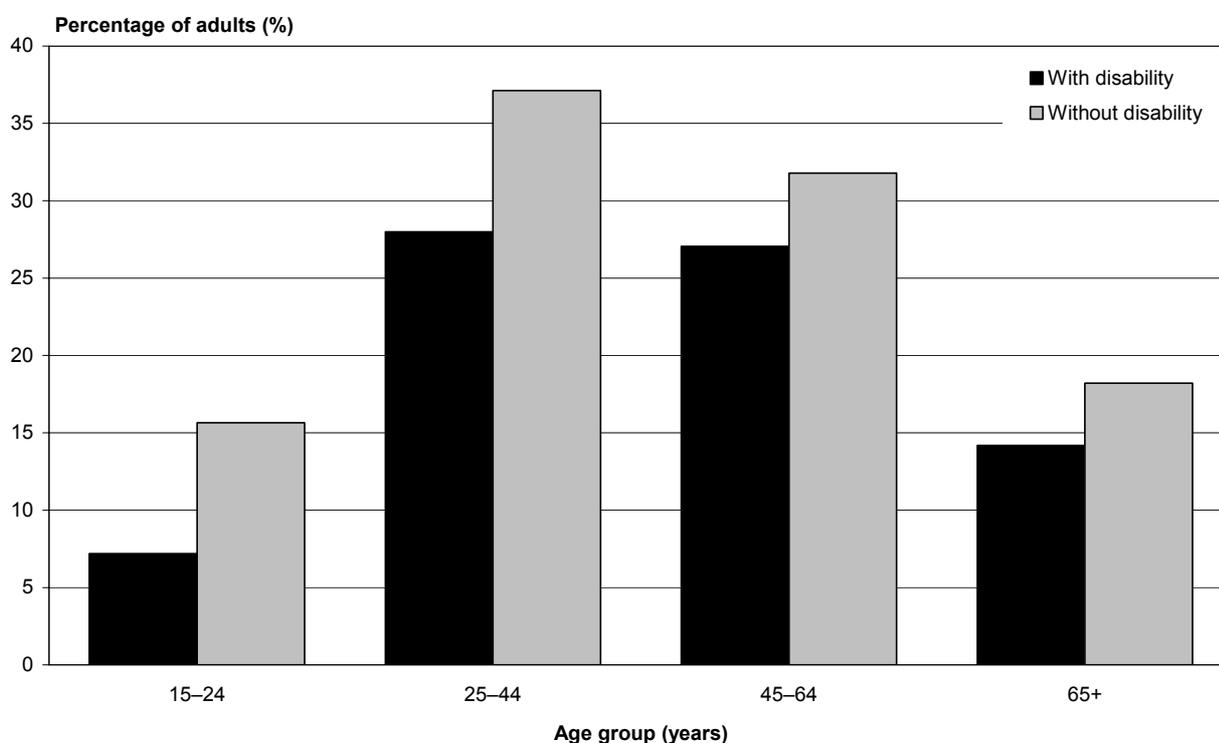
This section examines the educational qualifications of adults aged 15 and over with and without disability living in households. When interpreting these data, it is important to remember that most of the adults with disability who participated in the 2001 Household Disability Survey, especially those in the older age groups, had finished their formal education before experiencing disability. The educational qualifications of these people are, therefore, unlikely to have been affected by the presence of disability.

Post-school qualifications

Post-school qualifications include certificates, diplomas and degrees from tertiary-level education facilities like polytechnics, universities and private training institutes. Twenty-one percent of the estimated 626,500 adults with disability living in New Zealand households in 2001 had these kinds of qualification.

In all adult age groups, adults with disability were less likely to have a post-school qualification than adults without disability. The greatest difference between adults with and without disability was in the 15–24 age group, where the percentage of disabled people with post-school qualifications was under half that of non-disabled people (7 percent compared with 16 percent) (Figure 4.3).

Figure 4.3: Percentage of adults with and without disability living in households having post-school qualifications, by age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 4.29.
- Information on the educational qualifications of 20 percent of adults with disability and 13 percent of adults without disability living in households was not available.

School qualifications

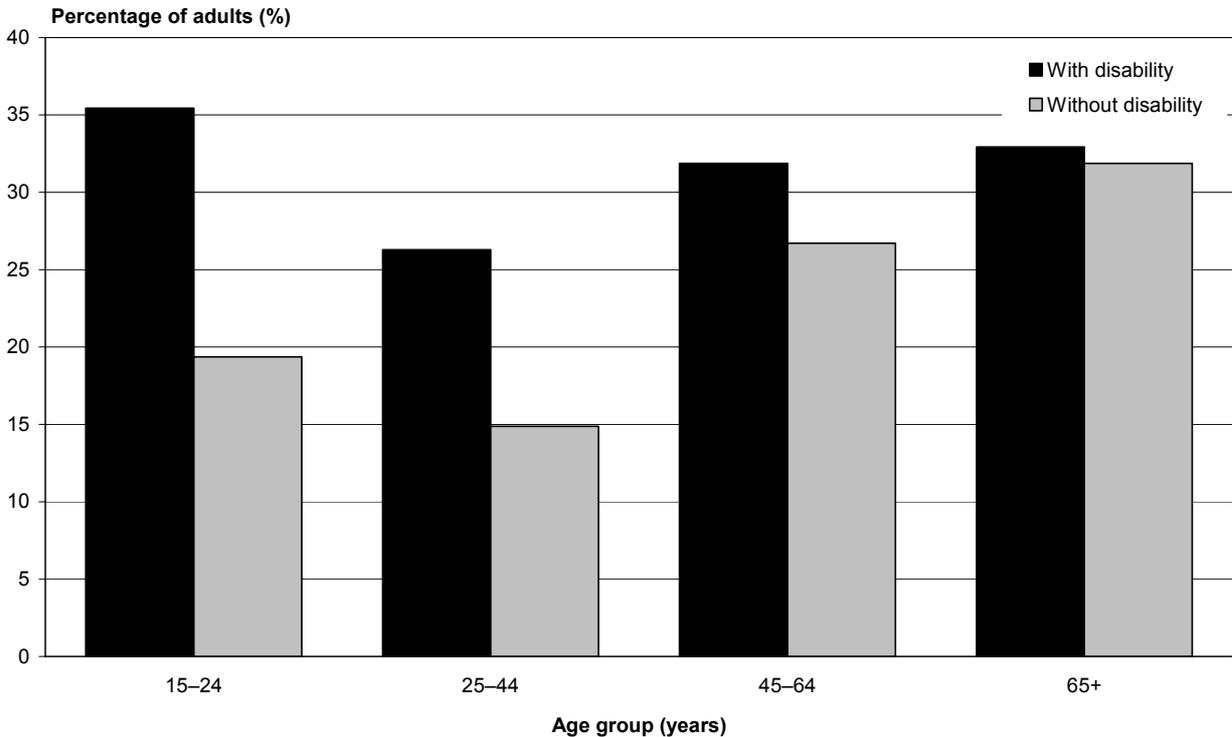
Twenty-seven percent of adults with disability had school qualifications but no post-school qualifications in 2001. This compared with 37 percent of adults without disability. School qualifications included School Certificate, Sixth Form Certificate, University Entrance and Bursary.

In most of the adult age groups, adults with disability were less likely than adults without disability to have school qualifications. However, in the 65 and over age group, almost the same percentage of both groups had school qualifications (23 percent of adults with disability compared with 24 percent of adults without disability).

No educational qualifications

Thirty-one percent of adults with disability had no educational qualifications in 2001. This compared with 21 percent of adults without disability – the greatest differences being in the 15–24 and 25–44 age groups (Figure 4.4).

Figure 4.4: Percentage of adults with and without disability living in households having no educational qualifications, by age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 4.29.
- Information on the educational qualifications of 20 percent of adults with disability and 13 percent of adults without disability living in households was not available.

5 Employment and Income

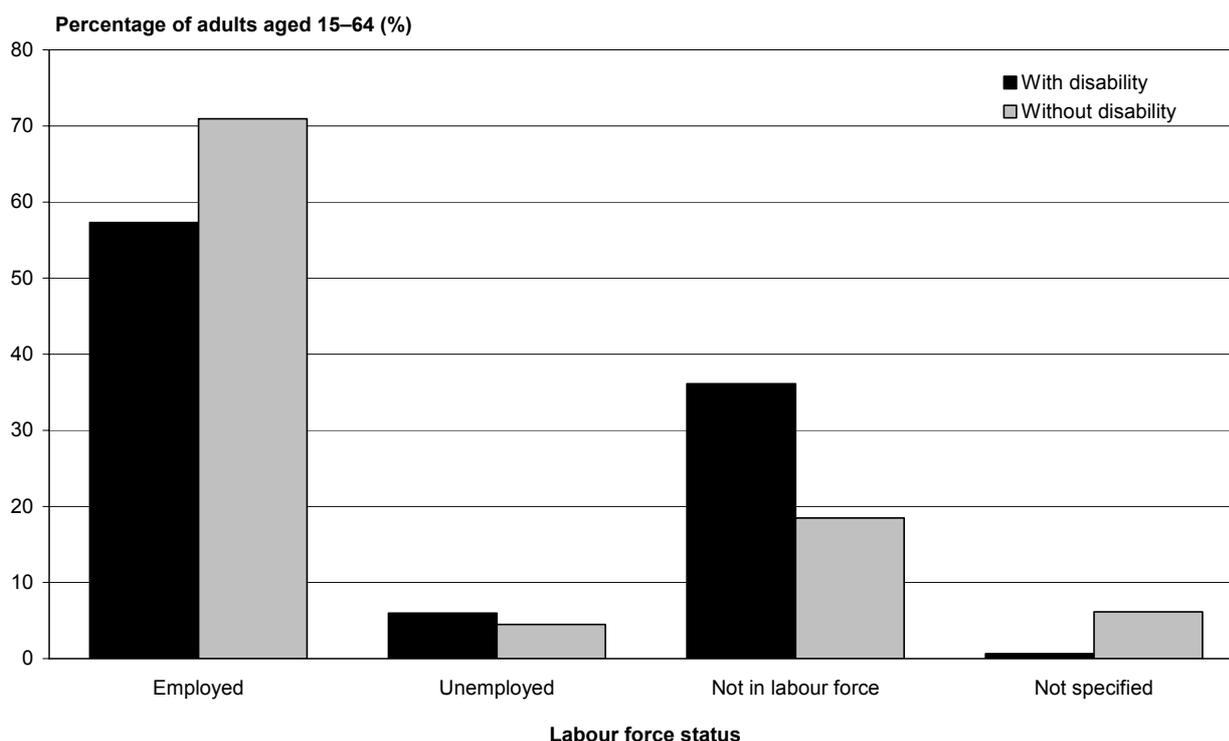
This chapter examines the employment and economic circumstances of New Zealanders with disability living in households. It looks at labour force status, income levels, income sources, use of government financial assistance and socioeconomic areas (NZDep2001).

Labour force status of adults aged 15–64

This section focuses on adults aged 15–64 as this is the group usually regarded as the working age population. Of the estimated 626,500 adults with disability living in households in 2001, 410,900 (66 percent) were aged 15–64. The remaining 215,600 (34 percent) were aged 65 and over.

In 2001, just over half (57 percent) of people aged 15–64 with disability were employed. Six percent were unemployed and seeking work, while 36 percent were not in the labour force. By comparison, in the same year, 71 percent of people *without* disability aged 15–64 were employed, 4 percent were unemployed and 18 percent were not in the labour force (Figure 5.1).²⁶

Figure 5.1: Percentage of adults aged 15–64 with and without disability living in households, by labour force status, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey, 2001 Census of Population and Dwellings

Notes:

- Data in Appendix Table 5.1.

²⁶ The labour force status of 1 percent of people aged 15–64 with disability and 6 percent of people aged 15–64 without disability was not specified.

In each of the three age groups 15–24, 25–44 and 45–64, adults with disability had lower rates of employment than adults without disability. This was particularly the case in the 45–64 age group (56 percent compared with 78 percent).

Women with disability were less likely than men with disability to be employed (51 percent and 63 percent respectively). A similar difference existed between women and men without disability (65 percent and 77 percent respectively).

Sixty-five percent of adults aged 15–64 with severe disability were not in the labour force, compared with 36 percent with moderate disability and 30 percent with mild disability.

Employment rates were also related to the types of disability adults had. Adults with hearing disability were the most likely to be employed (62 percent), and adults with intellectual disability were the least likely to be employed (42 percent) and most likely to not be in the labour force (51 percent).

Less than half of adults aged 15–64 with a main disability caused by disease/illness were employed in 2001 (47 percent). In contrast, 62 percent of adults aged 15–64 with a main disability caused by accident/injury were employed, as were 63 percent of adults aged 15–64 with a main disability from ‘other’ causes.

Forty-three percent of women and 29 percent of men with disability aged 15–64 were not in the labour force, compared with 24 percent of women and 12 percent of men without disability.

Labour force status of adults aged 65 and over

Most adults aged 65 and over with disability were not in the labour force (93 percent). Six percent were employed.²⁷ By comparison, 78 percent of adults aged 65 and over *without* disability were not in the labour force and 16 percent were employed.²⁸

Employed adults with disability

Forty percent of adults aged 15 and over with disability, an estimated 248,200 people, were employed in 2001.²⁹ This section looks more closely at features of this group.

Of the adults with disability aged 15 years and over who were employed in 2001, 17 percent were self-employed or had their own business, 54 percent worked as paid employees, and 2 percent worked without pay in a family business or farm. For adults without disability who were employed, the corresponding figures were 17 percent, 68 percent and 2 percent respectively.³⁰

²⁷ The labour force status of 1 percent of adults with disability aged 65 and over was not specified.

²⁸ The labour force status of 7 percent of adults without disability aged 65 and over was not specified.

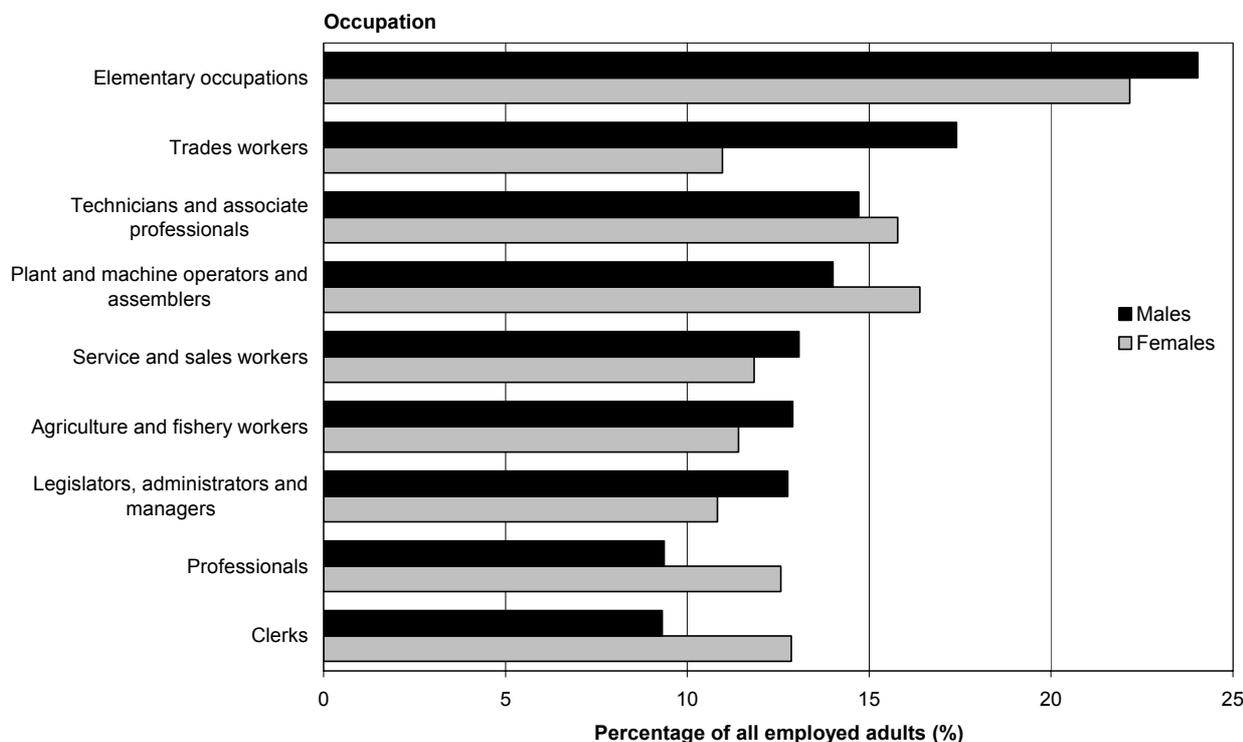
²⁹ Almost half (46 percent) of the 248,200 employed people with disability were aged 45–64, while a further 41 percent were aged 25–44, 8 percent were aged 15–24, and 5 percent were aged 65 and over.

³⁰ However, there was a relatively large proportion of adults with disability (27 percent) for whom status in employment information was not available (compared with 12 percent of adults without disability).

Occupation

Certain occupational groups contained a relatively high percentage of people with disability; for example, 24 percent of male workers in elementary occupations and 17 percent of male trades workers had some kind of disability (Figure 5.2).³¹

Figure 5.2: Percentage of employed adults living in households experiencing disability, by sex and occupation, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 5.8.

Industry

Rates of disability were highest among people employed in government administration and defence (17 percent), the transport and storage industry, the construction industry, manufacturing and health and community services (each 16 percent).

Rates of disability were comparatively low among people employed in the property and business services sector (10 percent), cultural and recreational services (10 percent), the retail sector (11 percent) and the personal and other services sector (11 percent).³²

³¹ Elementary occupations include cleaning commercial and private buildings and vehicles, delivering messages and packages, collecting refuse, packing and moving goods and other general labouring work.

³² The number of adults working in communication services who had disability was too small to report.

Sheltered employment

Sheltered workshops provide a variety of services to people with disability, one of which is employment. An estimated 5400 adults, 2 percent of employed adults with disability, worked in sheltered workshops or in jobs specifically set up to provide work for people with disability.

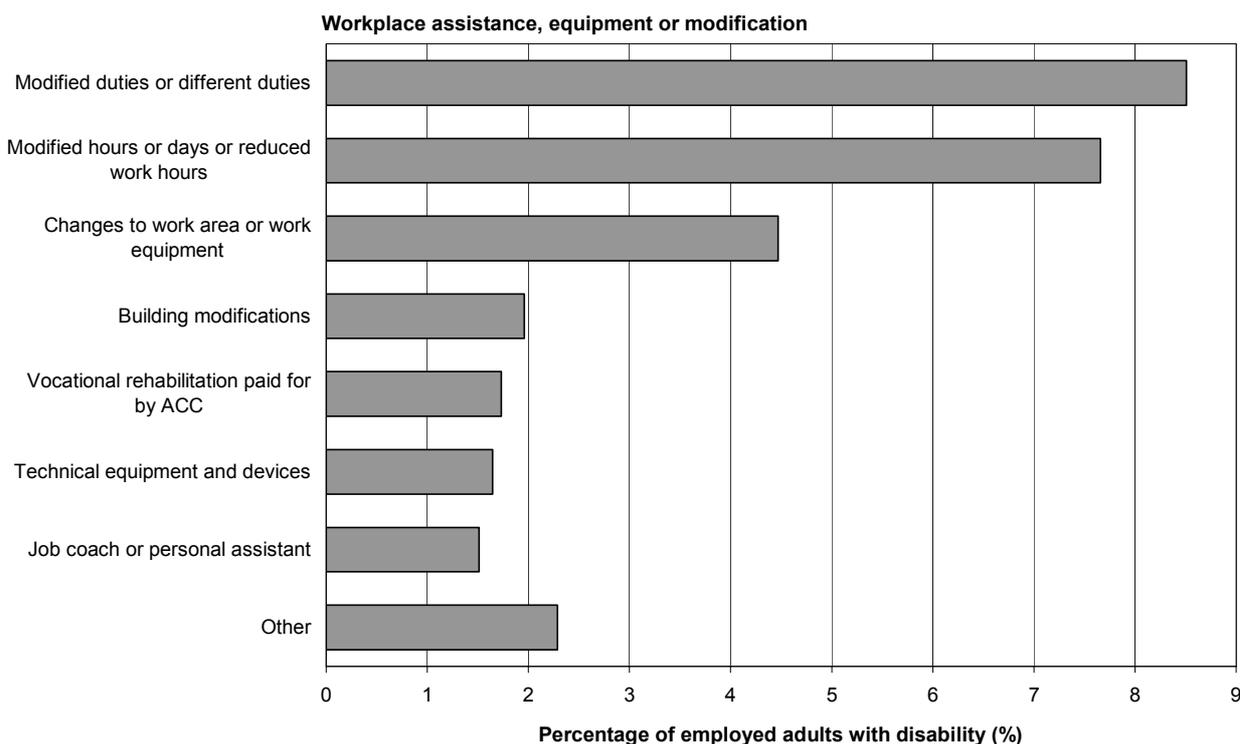
Two-thirds (68 percent) of adults working in sheltered employment were men. Most were in the 25–64 age group.

Special workplace requirements

Nineteen percent of employed adults with disability, an estimated 47,900 people, indicated they needed some form of personal assistance, technical equipment or other workplace modifications to enable them to work in their present job. The most common requirement was modified or different duties, needed by 9 percent of adults with disability in employment (Figure 5.3).

People requiring modified or different duties were asked if their employer had met this requirement. The majority (79 percent) reported that they had.

Figure 5.3: Percentage of employed adults with disability living in households needing different types of workplace assistance, equipment or modifications, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 5.11.
- If individuals reported more than one requirement, they were counted in each applicable category.
- The numbers of employed adults with disability needing a person to help (such as a reader or sign language interpreter) or communication services were too small to report.

An estimated 5400 employed adults with disability (2 percent) indicated they needed building modifications to their workplace to enable them to work.

Unemployed adults with disability

Twenty-two percent of the estimated 24,500 unemployed adults aged 15–64 with disability had been looking for work for over a year. A further 25 percent had been looking for work for 6–12 months. Eighteen percent had been looking for less than four weeks.

When unemployed adults aged 15–64 with disability were asked what they needed to be able to work, 21 percent indicated they needed modified work hours. Sixty-one percent indicated they had no special requirements.³³

Adults with disability not in the labour force

Fifty-six percent of adults aged 15 and over with disability, an estimated 348,200 adults, were not in the labour force in 2001. This included an estimated 148,400 adults aged 15–64 and an estimated 199,900 adults aged 65 and over.

Capacity to work

Adults aged 15–64 with disability not in the labour force and not retired (an estimated 115,700 adults), were asked if their condition or health problem stopped them from working at a job or business. Just over half (56 percent) said it did, while 42 percent said it did not.³⁴

Seventy-five percent of adults aged 15–24 not in the labour force and not retired said disability did not stop them from working, compared with 45 percent of adults aged 25–44 and 35 percent of adults aged 45–64.

A higher proportion of women (47 percent) than men (36 percent) aged 15–64 with disability not in the labour force and not retired reported that disability did not stop them working.

As might be expected, adults not in the labour force who had severe disability were most likely to say disability stopped them working (81 percent). Fifty-eight percent of adults not in the labour force with moderate disability and 40 percent of adults not in the labour force with mild disability said disability stopped them working.

Reasons for not seeking work

Adults aged 15–64 with disability who were able and willing to do some paid work were asked to indicate the main reason they had not been looking for work in the previous four weeks. The most common reason given was temporary illness or injury (13 percent – an estimated 2900 adults).³⁵

³³ The percentages of adults with other requirements were too small to report.

³⁴ Other factors stopped some of these people with disability from working – see later section of this chapter 'Reasons for not seeking work'.

³⁵ The number of adults giving other reasons was too small to report.

Special workplace requirements

Modified work hours was the special workplace requirement that adults with disability who were able and willing to work most commonly indicated they needed (required by an estimated 6800 adults).³⁶

Income sources and subsidies

Adults aged 15–24

Nearly half (48 percent) of adults aged 15–24 with disability obtained some or all of their income from wages or salaries.

As might be expected, adults aged 15–24 with disability were more likely than adults aged 15–24 without disability to obtain some or all of their income from the Community Wage – Job Seeker and the Invalids Benefit. They were less likely than adults aged 15–24 without disability to obtain some or all of their income from wages or salaries or from student allowances.

Adults aged 25–64

Like adults aged 15–24, nearly half of adults aged 25–64 with disability (48 percent) obtained some or all of their income from wages and salaries. Eighteen percent derived some or all of their income from self-employment or their own business. Eleven percent obtained some or all of their income from the Invalids Benefit.

Compared with adults aged 25–64 without disability, adults aged 25–64 with disability were less likely to obtain some or all of their income from wages or salaries, self-employment and interest, dividends, rent or other investments. They were more likely to obtain some or all of their income from the ACC or a private work accident insurer, the Community Wage – Job Seeker and the Community Wage – Sickness Benefit.

Adults aged 65 and over

Eighty-seven percent of adults aged 65 and over with disability derived some or all of their income from New Zealand Superannuation (including the Veterans Pension), while 13 percent obtained some or all of their income from other superannuation pensions or annuities. Over one-third (37 percent) obtained some or all of their income from interest, dividends, rent or other investments.

In general, the income source profile for people aged 65 and over with disability was similar to the profile for people aged 65 and over without disability. However, a slightly smaller percentage of people with disability in this age group obtained some or all of their income from wages and salaries, self-employment and interest, dividends, rent or other investments.

³⁶ The number of adults with other special workplace requirements was too small to report.

Government financial assistance

The 2001 Household Disability Survey found that just over a third (34 percent) of adults with disability received at least one of the following government allowances, benefits or grants at some time in the previous 12 months:

- Disability Allowance
- Child Disability Allowance
- Invalids Benefit
- War Disablement Pension
- Community Wage – Sickness Benefit
- Special Needs Grant.

In 2001, the Disability Allowance was provided to 13 percent of adults with disability, an estimated 84,000 adults. Seven percent of adults with disability received the Community Wage – Sickness Benefit, 7 percent received the Invalids Benefit, 2 percent received the War Disablement Pension and 2 percent received a Special Needs Grant.

Eighteen percent of children with disability, an estimated 16,500 children, received the Child Disability Allowance, while 6 percent, an estimated 5400 children, received the Disability Allowance.

Health care cards

The Pharmaceutical Subsidy Card, High Use Health Card and Community Services Card are health care subsidy cards provided by the government.

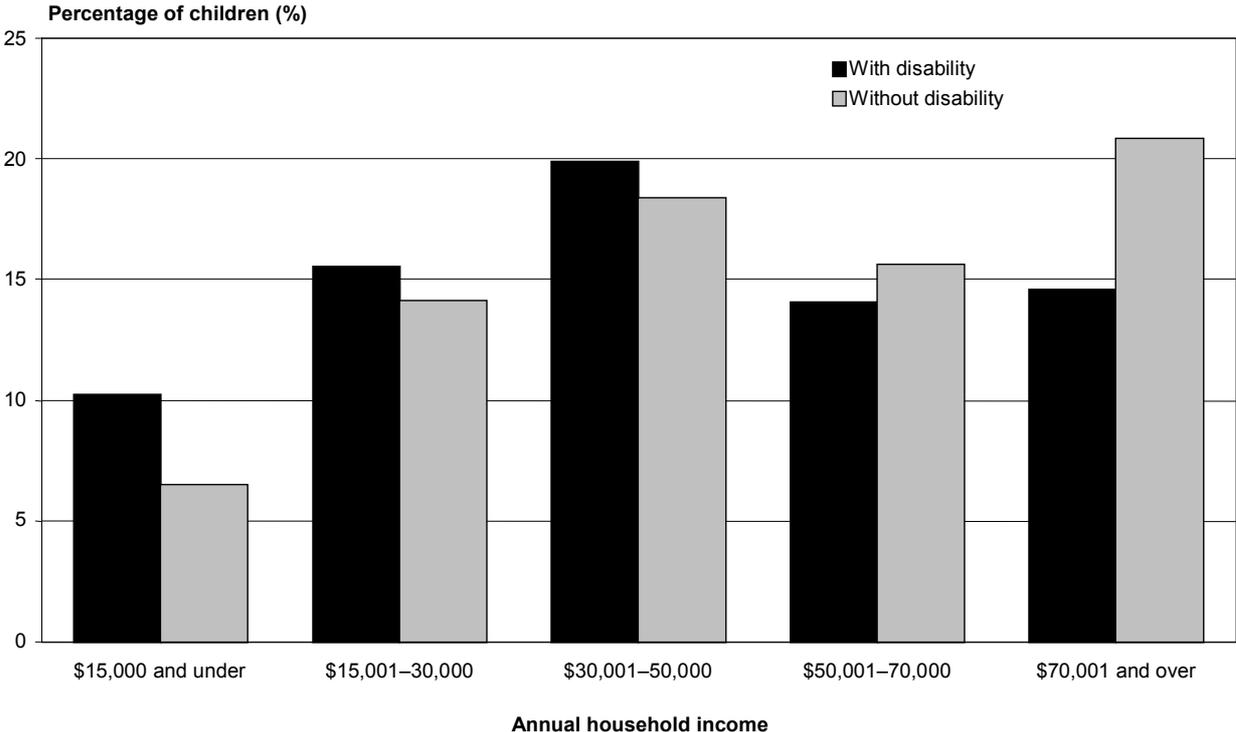
The 2001 Household Disability Survey showed that 54 percent of adults with disability (an estimated 340,100 adults) and 63 percent of children with disability (an estimated 57,100 children) had a Community Services Card in the previous 12 months.

Over this same time, 9 percent of adults with disability and 4 percent of children with disability had a Pharmaceutical Subsidy Card. Eight percent of adults with disability and 4 percent of children with disability had a High Use Health Card.

Household income

In 2001, children with disability were more likely than children without disability to live in households with relatively low annual incomes. Illustrating this, 10 percent of children with disability lived in households with incomes of \$15,000 and under per year, compared with 7 percent of children without disability. At the other end of the scale, 15 percent of children with disability lived in households with incomes of \$70,001 and over per year, compared with 21 percent of children without disability (Figure 5.4).

Figure 5.4: Percentage of children aged 0–14 with and without disability living in households, by household income, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey and 2001 Census of Population and Dwellings

Note: Data in Appendix Table 5.23.

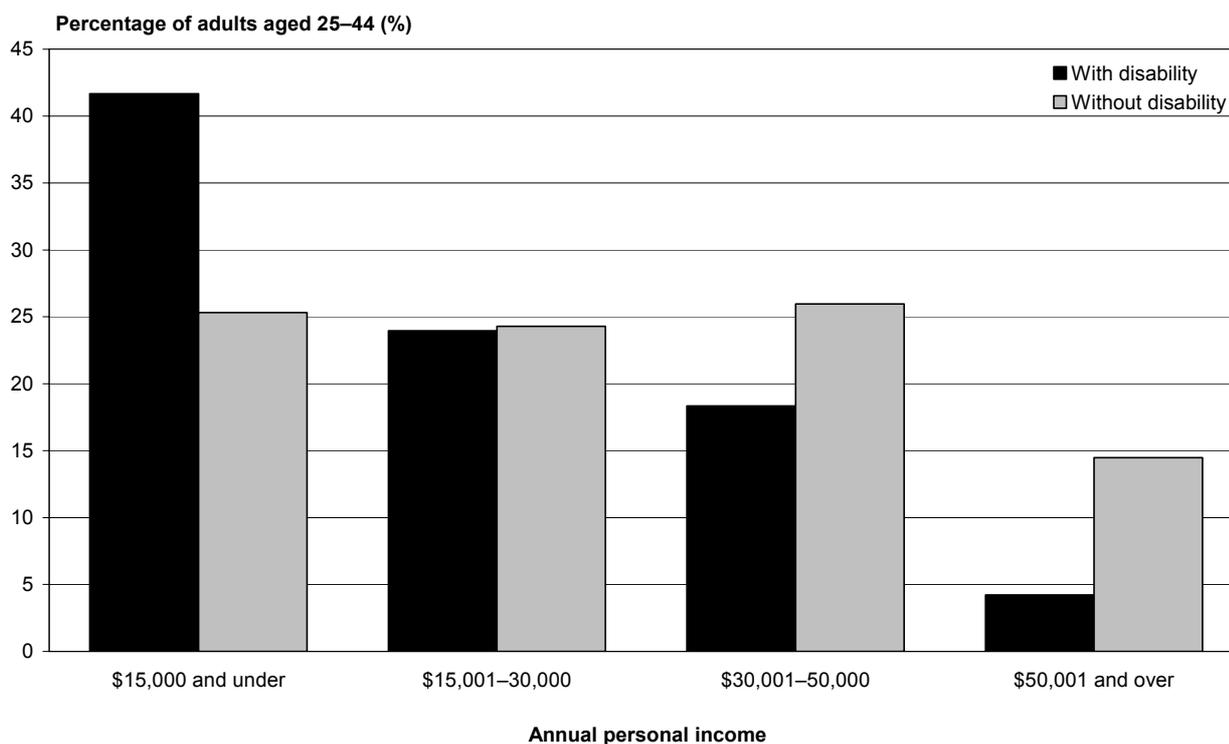
Similarly, across all the adult age groups, people with disability were less likely than people without disability to be in the higher household income categories. This was especially so in the 25–44 age group, where 15 percent of adults with disability lived in households with incomes of \$70,001 and over per year, compared with 27 percent of adults without disability.³⁷

³⁷ The direction of the relationship (that is, the cause and effect) between household income and disability cannot be determined from these results. Adults in lower income households may be more likely to become disabled for certain reasons (for example, they may work in more risky occupations). On the other hand, households may have lower incomes because they include an adult with disability whose earning capacity is restricted.

Personal income

Adults with disability in the 25–44, 45–64 and 65 and over age groups were more likely than their non-disabled counterparts to have low personal incomes. For example, 42 percent of adults aged 25–44 with disability had personal incomes of \$15,000 and under per annum in 2001, compared with 25 percent of adults aged 25–44 without disability (Figure 5.5).

Figure 5.5: Percentage of adults aged 25–44 with and without disability living in households, by personal income, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey, 2001 Census of Population and Dwellings

Note: Data in Appendix Table 5.25.

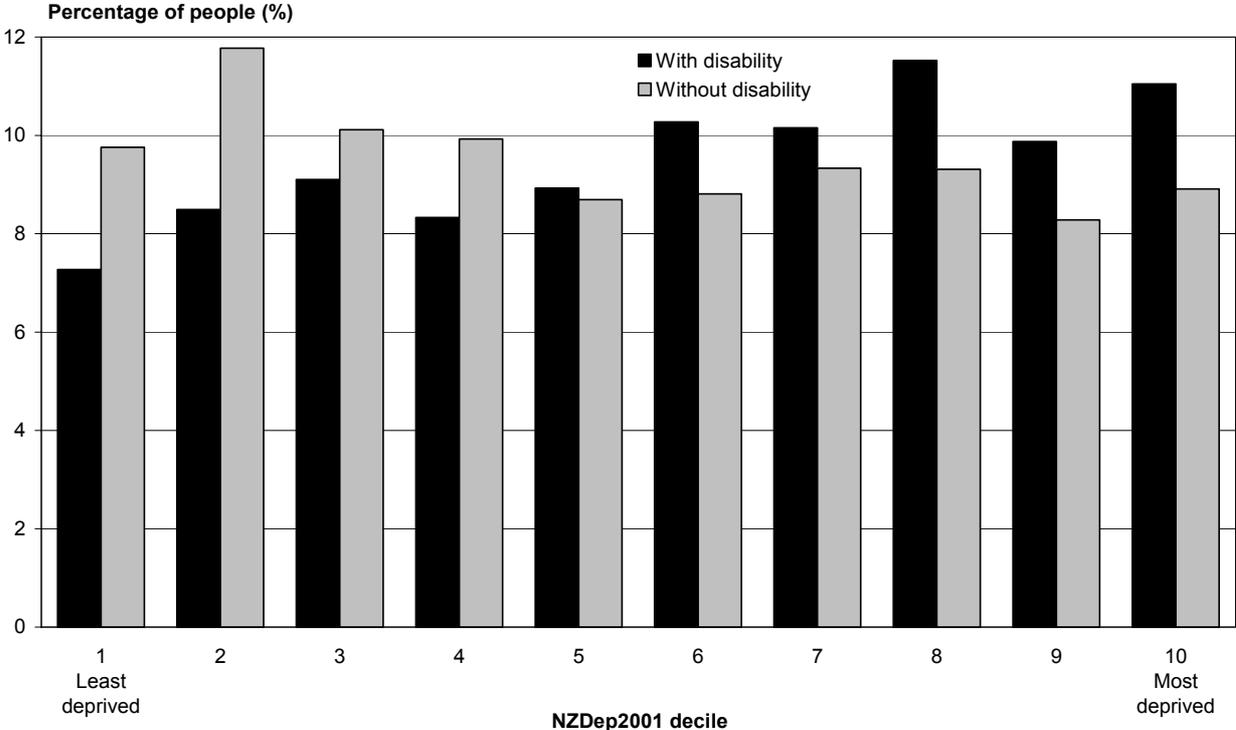
In the 65 and over age group, 60 percent of adults with disability had personal incomes of \$15,000 and under per year, compared with 51 percent of adults without disability. Five percent of adults aged 65 and over with disability had personal incomes of \$30,001 and over per year. The corresponding figure for adults in that age group without disability was 11 percent.

Socioeconomic areas (NZDep2001)

NZDep2001 describes the level of socioeconomic deprivation in specific geographic areas of New Zealand, based on car and telephone access, receipt of means-tested benefits, unemployment, household income, sole parenting, educational qualifications, home ownership and home living space (Salmond and Crampton 2002). An NZDep2001 score of 1 indicates that people are living in the least deprived 10 percent of New Zealand's geographic areas, while a score of 10 indicates that people are living in the most deprived 10 percent of New Zealand's geographic areas.

In 2001, people with disability were more likely than people without disability to live in households in the more socioeconomically deprived areas of New Zealand (NZDep2001 areas 6–10) (Figure 5.6).³⁸

Figure 5.6: Percentage of people (adults and children) with and without disability living in households, by NZDep2001 area, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey, 2001 Census of Population and Dwellings

Note: Data in Appendix Table 5.27.

In 2001, children with disability were more likely than children without disability to live in households in the most deprived NZDep2001 areas. Altogether, 57 percent of children with disability lived in NZDep2001 areas 6–10, compared with 49 percent of children without disability.

The situation was similar for adults. Fifty-three percent of adults aged 15–64 with disability lived in NZDep2001 areas 6–10 in 2001, compared with 43 percent of adults aged 15–64 without disability. Fifty-two percent of people aged 65 and over with disability lived in NZDep2001 areas 6–10, compared with 42 percent of people aged 65 and over without disability.

³⁸ Note that the direction (that is, cause and effect) of the relationship between NZDep2001 and disability cannot be determined from these results. People living in the more deprived areas of New Zealand may be at higher risk of becoming disabled for certain reasons (for example, aspects of the physical environment may be less safe). On the other hand, people with disability may be more likely to move to the more deprived areas of New Zealand (for example, because they have lower incomes and it is cheaper to live in these areas).

6 House and Home

This chapter examines features of the home life and home environment of people with disability living in households. Topics covered include household composition (with whom people live), housing tenure and use of building modifications.

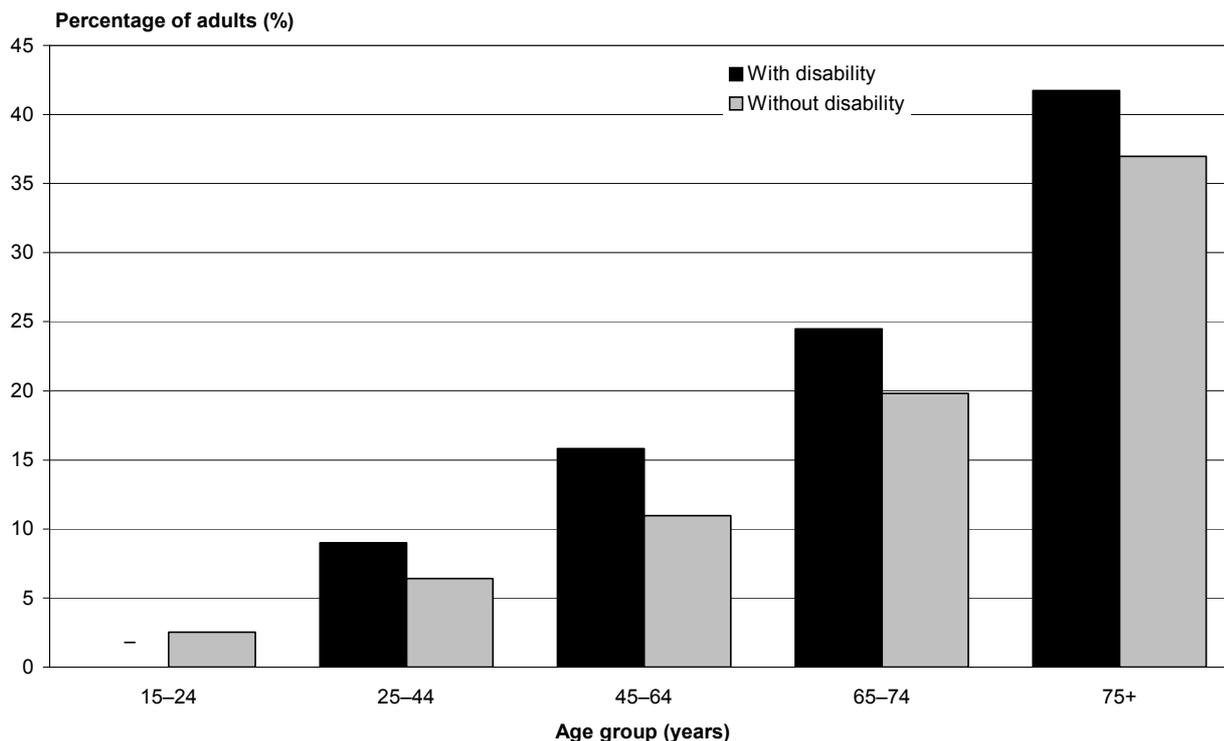
Household composition

Adults

In 2001, an estimated 413,000 adults with disability (66 percent) lived in one-family households.

Nineteen percent of adults with disability, an estimated 120,700 adults, lived by themselves. Older adults with disability (24 percent of adults aged 65–74 and 42 percent of adults 75 and over) were more likely than younger adults with disability to live alone. In every adult age group, except the 15–24 age group, adults with disability were more likely than adults without disability to live alone (Figure 6.1).

Figure 6.1: Percentage of adults with and without disability living alone in households, by age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey, 2001 Census of Population and Dwellings

– Number too small to report (estimated frequency outside the 50 percent RSE cut-off point).

Note: Data in Appendix Table 6.1.

Only 4 percent of adults with disability, an estimated 24,200 adults, lived in two-family households. This was similar to the situation for adults without disability, 3 percent of whom lived in two-family households.³⁹

Four percent of adults with disability lived in other (non-family) multi-person households, such as multi-person flats and group homes, compared with 6 percent of adults without disability. Adults with intellectual disability (16 percent) and psychiatric/psychological disability (11 percent) were more likely than adults with other types of disability to live in multi-person households.

Children

Ninety percent of children aged 0–14 with disability lived in one-family households. This was similar to the percentage of children without disability living in one-family households (89 percent).

A further 4 percent of children with disability, an estimated 3300 children, lived in two-family households. Again, this was similar to children without disability (5 percent).

Partner or spouse

In 2001, just over half (54 percent) of all adults with disability, an estimated 340,000 adults, had a partner or spouse.⁴⁰ Adults with disability in the 45–64 age group (67 percent) were more likely to have a partner or spouse than adults with disability in the 65–74 (63 percent) and the 75 and over (41 percent) age groups.

Thirty-seven percent of adults with disability, an estimated 234,900 adults, did not have a partner or spouse.

Information on whether people had a partner or spouse was not available for the remaining 8 percent of adults with disability.

Men with disability (62 percent) were more likely than women with disability (48 percent) to have a partner or spouse. This difference probably relates at least in part to women with disability being generally older than men with disability so more likely to have lost a partner or spouse through death.

Adults with disability were generally less likely than adults without disability to have a partner or spouse. In every adult age group, apart from the 15–24 age group, a smaller percentage of adults with disability had a partner or spouse than adults without disability. This difference was most marked in the 25–44 age group where 54 percent of people with disability had a partner or spouse, compared with 67 percent of people without disability.

³⁹ Data for adults living in three or more family households could not be reported due to small numbers. The household composition of 6 percent of adults both with and without disability could not be identified.

⁴⁰ 'Social marital status' is the term used by Statistics New Zealand with reference to this type of Census data.

Home ownership

The 2001 Census of Population and Dwellings asked adult New Zealanders if they personally owned or partly owned the dwelling in which they usually lived.

Half (52 percent) of adults with disability, an estimated 327,600 adults, owned or partly owned the house, apartment or other kind of dwelling in which they usually lived. Thirty percent did not own or partly own their home, while the home ownership status of the remaining 18 percent was unknown.

Almost two-thirds (62 percent) of adults with hearing disability owned their home, but rates of home ownership were lower for adults with mobility (54 percent), agility (52 percent) and seeing (47 percent) disability and even lower for adults with psychiatric/psychological (35 percent) and intellectual (23 percent) disability.

In every adult age group from 25–44 to 75 and over, adults with disability were less likely than adults without disability to own or partly own their home.

Housing tenure

Fifty-eight percent of adults with disability and 49 percent of children with disability were living in a home owned or partly owned by the usual residents in 2001. A further 23 percent of adults and 34 percent of children with disability were living in a home not owned by the usual residents and where the usual residents either paid rent or paid no rent.

The ownership and rental status of the homes of the remaining 19 percent of adults and 17 percent of children with disability could not be identified.

Children with disability (34 percent) were more likely than children without disability (28 percent) to be living in a house not owned by the usual residents.

Financial help for accommodation costs

Accommodation Supplement

Thirteen percent of adults with disability, an estimated 84,400 adults, were receiving the Accommodation Supplement to help with their accommodation costs.

Thirty-seven percent of adults with disability had not heard of the Accommodation Supplement.

Other financial help

Other kinds of financial help for accommodation costs, such as Special Benefits, Special Needs Grants or assistance from ACC to help meet costs such as moving house or paying bonds to landlords, were each being used by only small proportions of adults with disability – no more than 1–2 percent in each case.

Access to telephone, fax and Internet

Eighty percent of adults with disability had a working telephone or cellphone available in their home. Asian/Other (60 percent), Pacific (71 percent) and Māori (74 percent) adults with disability had lower rates of access to a telephone or cellphone at home than Europeans (83 percent).

Twenty-six percent of adults with disability, an estimated 162,200 adults, had access to the Internet at home. This was substantially lower than for adults without disability (39 percent).

Children with disability (77 percent) were slightly less likely than children without disability (81 percent) to have a telephone or cellphone in their home. They were also less likely than children without disability to have access to the Internet (34 percent compared with 40 percent).

Modifications in and around the home

Sixteen percent of adults and 3 percent of children with disability, an estimated 97,500 adults and 2600 children, had certain kinds of built-in modifications inside or around their home because of disability.

Modifications inside the home

Twelve percent of adults with disability, an estimated 74,200 adults, had some kind of built-in modification inside their home because of disability, including:

- grab or hand rails (used by an estimated 61,900 adults)
- easy-to-get-at toilets (14,800)
- wet-area showers (14,600)
- lever door handles (6100)
- emergency call systems (6000)
- widened doorways or hallways (5500)
- automatic or easy-to-open doors or windows (3300).

Of the 90,000 children with disability, 2 percent, or an estimated 2000, had one or more kinds of built-in modifications inside their home because of disability.⁴¹

Unmet need for modifications inside the home

Four percent of adults with disability indicated there were certain modifications they did not have inside their home that they needed. The most common modifications needed, required by an estimated 15,600 adults with disability, were grab or hand rails. As well, an estimated 6700 adults indicated they needed wet-area showers.

Parents or caregivers of 2 percent of children with disability (an estimated 2200 children) indicated their child had unmet needs for disability-related modifications inside their home.⁴²

⁴¹ The numbers of children with different types of this kind of modification were too small to report.

⁴² The numbers of children needing different types of this kind of modification were too small to report.

Modifications for entering or leaving the home

Nine percent of adults with disability, an estimated 55,700 adults, used one or more built-in modifications to assist them to enter or leave their home, including:

- hand rails at steps or doorways (used by an estimated 43,400 adults)
- easy-to-get-at driveways, ramps and street-level entrances (19,200)
- easy-to-get-at driveways or passenger drop-off or pick-up areas outside their house (3900)
- automatic or easy-to-open doors (3800).

Approximately 1 percent of children with disability, an estimated 1200 children, used built-in modifications in and around their home to assist them with entering or leaving the house.⁴³

Unmet need for modifications for entering or leaving the home

Three percent of adults with disability, an estimated 19,000 adults, indicated their home did not have certain built-in modifications they needed for entering or exiting. Of this group, an estimated 12,000 said they needed hand rails at steps or doorways and 5900 needed easy-to-get-at driveways, ramps and street-level entrances.

Parents or caregivers of 1 percent of children with disability, an estimated 1300 children, indicated their home did not have the built-in modifications their child needed for getting in and out of the house.⁴⁴

⁴³ The numbers of children with different types of this kind of modification were too small to report.

⁴⁴ The numbers of children needing different types of this kind of modification were too small to report.

7 Travel and Transport

This chapter looks at the travel patterns of people with disability living in households. It examines their access to private motor vehicles, taxis and public transport, as well as their use of transport subsidies and grants.⁴⁵

Long-distance travel

In 2001, most adults and children with disability living in households had made long trips. Twenty-three percent of adults and 14 percent of children with disability had not made any long trips in the previous 12 months.

Adults and children who had not been on a long trip in the previous 12 months were asked whether their 'condition or health problem completely stopped them from travelling long distances'.⁴⁶ An estimated 38,700 adults (7 percent of all adults with disability) said they had experienced this type of barrier when making long trips.^{47, 48}

Older adults with disability were more likely than younger adults with disability to state that their 'condition or health problem' completely stopped any long-distance travel. For example, 17 percent of adults aged 75 and over indicated that disability completely ruled out long-distance travel, compared with 3 percent of adults aged 15–44.

Of the adults with disability able to travel long distances, an estimated 12,300 (2 percent) could make long trips only if they travelled in special transport, such as taxis or modified cars. An estimated 66,800 (12 percent) needed someone to help them on long trips.

⁴⁵ In this chapter, people answering none of the survey questions about travel and transport have been excluded. This means the denominator for adults with disability living in households was 581,000, and the denominator for children with disability living in households was 83,500.

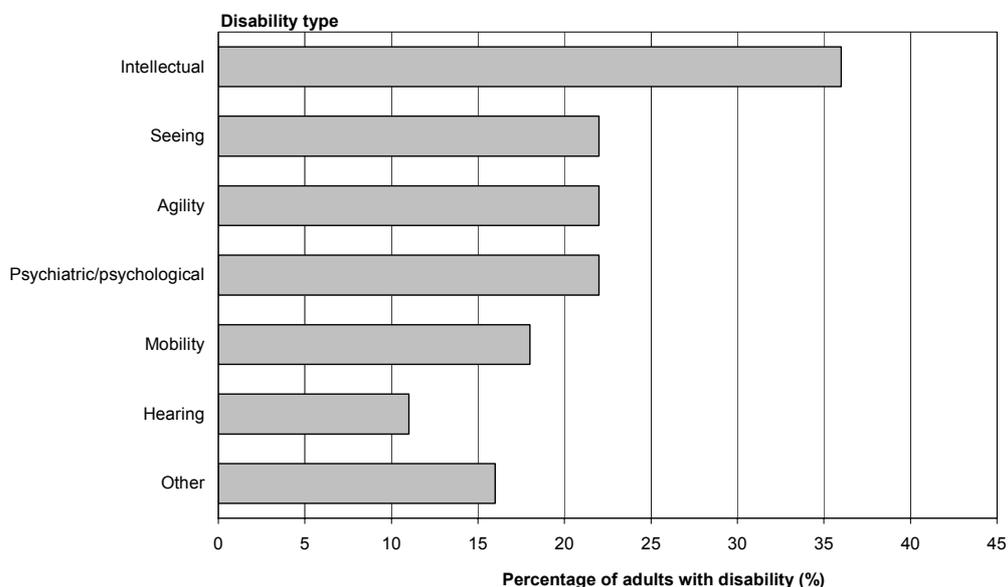
⁴⁶ Note that difficulties with travelling (and other everyday activities) experienced by people with disability may be due to the lack of appropriate services as much as the nature of the disability or impairment (see Minister for Disability Issues 2001: 1).

⁴⁷ This was 29 percent of all adults with disability who had not travelled long distances in the previous 12 months.

⁴⁸ The number of children unable to travel long distances because of disability was too small to report.

Of the adults with intellectual disability who were able to travel long distances, 36 percent needed help with long trips. In comparison, 11 percent of adults with hearing disability were able to travel long distances needed help (Figure 7.1).

Figure 7.1: Percentage of adults with disability living in households able to travel long distances who needed assistance on long trips, by disability type, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 7.6.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

Nearly half (45 percent) of adults with severe disability able to travel long distances required help on long trips, compared with 12 percent of adults with moderate disability and 4 percent of adults with mild disability.

Short-distance travel

Recent short-distance travel

It was common for adults and children with disability living in households to make short trips, that is, trips of less than 80 kilometres. Only 3 percent of adults with disability and 2 percent of children with disability had not made any short trips in the previous 12 months.

Of the small group who had not made any short trips, most (adults – 91 percent, children – 75 percent) indicated their condition or health problem was not a factor preventing them from making short trips.

One percent of all adults with disability could make short trips only if they travelled in special transport such as taxis or modified cars. This was an estimated 4800 adults.⁴⁹

Need for assistance on short trips

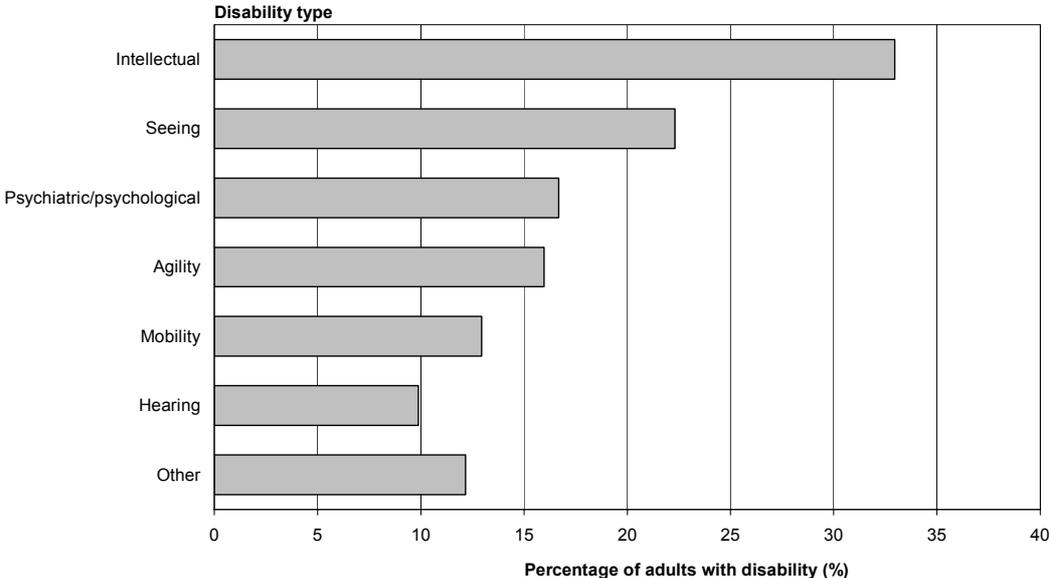
Of the adults with disability able to make short trips, an estimated 49,500 (9 percent) needed someone to help them on these trips. Similarly, of the children with disability able to make short trips, an estimated 9500 (11 percent) needed someone to help them on these trips.

Amongst adults, the need for help on short trips increased with age, with 16 percent of adults aged 75 and over able to travel short distances needing help on these trips, compared with 8 percent of adults aged 15–24 able to travel short distances.

Of the adults with severe disability able to make short trips, 37 percent required help from other people during these trips. This compared with 7 percent of adults with moderate disability and 2 percent of adults with mild disability.

Of the adults with intellectual disability able to travel short distances, 33 percent needed help on these short trips. This compared with 10 percent of adults with hearing disability able to travel short distances who needed help (Figure 7.2).

Figure 7.2: Percentage of adults with disability living in households able to travel short distances who needed assistance on short trips, by disability type, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 7.11.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

⁴⁹ The number of children with disability who could make short trips only if they travelled in special transport was too small to report.

Children's need for assistance also related to the type of disability they had. Of the children using technical aids able to make short trips, 49 percent needed someone to help them on these trips, as did 27 percent of children with intellectual disability able to make short trips. By contrast, of the children with hearing disability able to make short trips, just 8 percent needed someone to help them on these trips.⁵⁰

Travel to school

Of the 74,100 children aged 5–14 with disability living in households, an estimated 6000 (8 percent) needed special transport or help to get to school because of disability. This included an estimated 3100 children who used specially modified private motor vehicles to get to school and 2100 children who used subsidised special transport services or taxis.

Private motor vehicles

Access to a private motor vehicle

Eleven percent of adults with disability (an estimated 63,400 adults) and 7 percent of children with disability (an estimated 5500 children) lived in households with no private motor vehicle available for use.⁵¹ This compared with 4 percent of adults and 5 percent of children *without* disability.

Older adults with disability were more likely than younger adults with disability to live in households without a motor vehicle. For example, 25 percent of adults aged 75 and over with disability had no access to a motor vehicle, compared with 9 percent of adults aged 15–24 with disability.

Need to buy a motor vehicle

Five percent of adults with disability, an estimated 27,400 adults, indicated they had needed to buy a motor vehicle in the previous 12 months specifically because of their condition or health problem. Most of these adults (78 percent) had gone on to purchase the vehicle they needed, although 22 percent (an estimated 6000 adults) had not been able to do so, usually because of the cost.

Similarly, parents or caregivers of 5 percent of children with disability (an estimated 4000 children) reported needing to buy a motor vehicle in the previous 12 months specifically because of their child's condition or health problem. The parents or caregivers of 69 percent of these children had gone on to purchase the vehicle they needed, but the parents or caregivers of 31 percent (an estimated 1200 children) had not.

Motor vehicle drivers

Seventy percent of adults with disability (an estimated 404,200 adults) were motor vehicle drivers.

⁵⁰ The percentages of children with other types of disability who needed assistance were in between these figures – seeing (19 percent), chronic condition/health problem (19 percent), psychiatric/psychological (17 percent) and use of special education (16 percent).

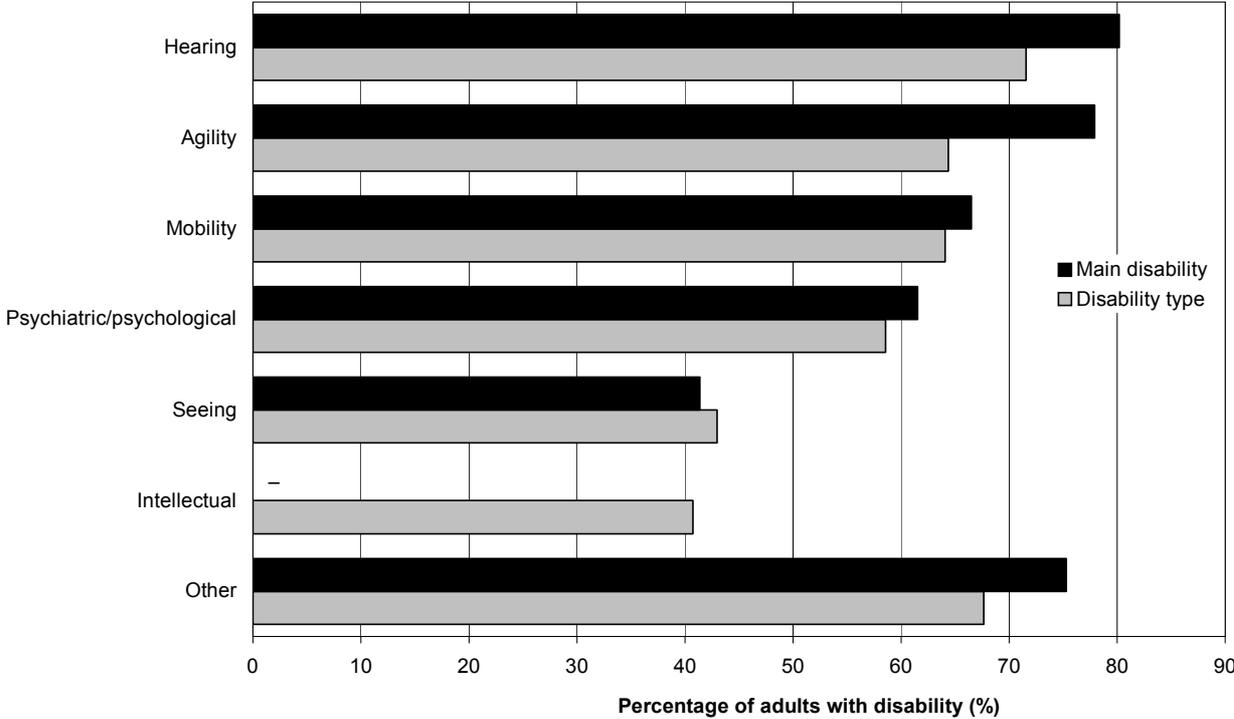
⁵¹ 'Motor vehicles' excluded motorbikes and scooters, visitors' vehicles and vehicles that could be used only for work.

The percentage driving a private motor vehicle was highest in the group aged 45–64 (80 percent) and lowest in the groups aged 15–24 and 75 and over (both 47 percent). Men with disability were more likely than women with disability to drive a private motor vehicle (77 percent compared with 63 percent). Asian/Other (36 percent) and Pacific (45 percent) adults with disability were less likely to be drivers than Māori (65 percent) or European (73 percent) adults with disability.

Adults with severe disability (38 percent) were much less likely to be drivers than adults with moderate (70 percent) or mild (78 percent) disability.

Adults with intellectual disability or seeing disability as one of their disabilities or their main disability were least likely to be drivers. Adults with hearing disability were the most likely to be drivers (Figure 7.3).

Figure 7.3: Percentage of adults with disability living in households who drove private motor vehicles, by disability type and main disability, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

– Number too small to report (estimated frequency outside the 50 percent RSE cut-off point).

Notes:

- Data in Appendix Table 7.19. If individuals reported more than one disability type, they were counted in each applicable disability type group.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

Changes to private motor vehicles to enable driving

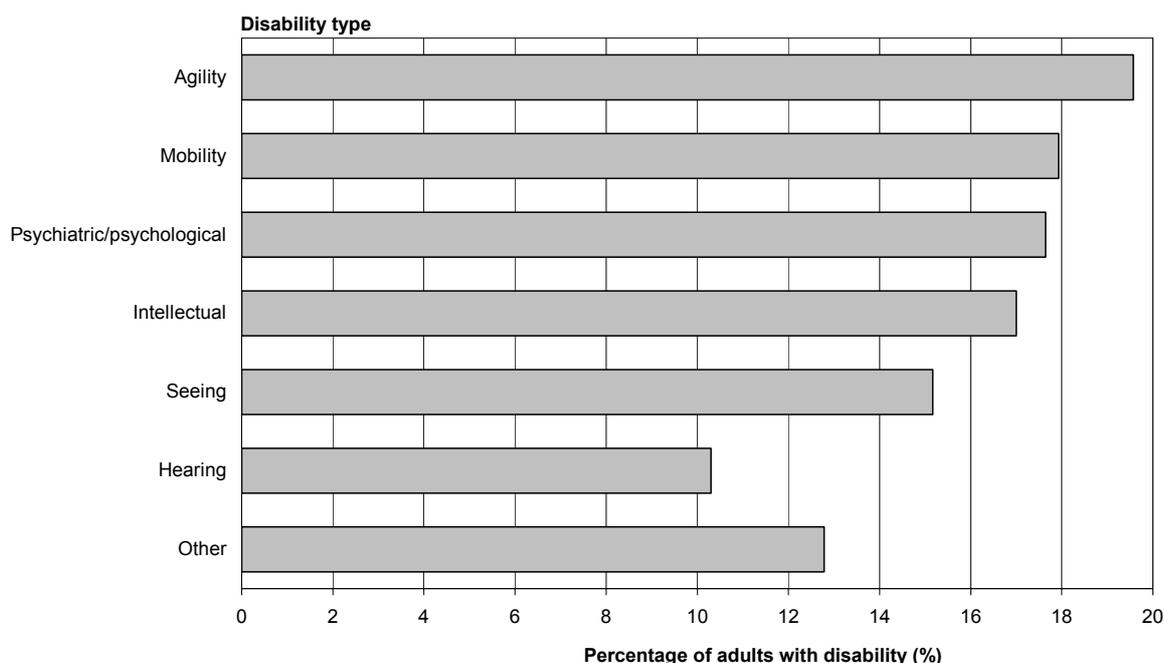
Of the adults with disability who were drivers, 2 percent (an estimated 7000) had modified their motor vehicle so they could drive it. Three percent (an estimated 11,800) still needed to have modifications made to their motor vehicle to make it possible or easier to drive.

Travelling as a passenger in private motor vehicles

Eighty-six percent of adults with disability travelled as passengers in private motor vehicles. Of this group, 12 percent (an estimated 60,100 adults) said they had difficulty travelling as a passenger in a motor vehicle.

Adults with agility or mobility disability were most likely to say they had difficulty travelling as a passenger in a motor vehicle. Adults with hearing disability were the least likely to indicate they had any difficulty travelling as a passenger (Figure 7.4).

Figure 7.4: Percentage of adults with disability living in households who experienced difficulty travelling as passengers in private motor vehicles, by disability type, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Data in Appendix Table 7.22.
- If individual adults reported more than one disability type, they were counted in each applicable disability type group.
- Excludes adults who did not travel as passengers.

Nearly all children with disability (94 percent) travelled as passengers at least some of the time in private motor vehicles. Seven percent of these children (an estimated 5700) had difficulty doing this.

Changes needed to private motor vehicles to enable travel as a passenger

One percent of adults with disability who travelled as passengers in private motor vehicles had made changes to these vehicles so they could travel in them (an estimated 2900 adults).⁵²

Of the adults with disability able to travel as passengers in a private motor vehicle, 5 percent (an estimated 6700 adults) indicated they still needed to make modifications to their household motor vehicle so they could travel in it.⁵³

Parking private motor vehicles

An estimated 155,800 adults and 10,500 children who drove or travelled as passengers in private motor vehicles needed to park close to their destination because of disability.

The need to park close to their destination was comparatively high (21 percent) for children aged 0–4 with disability but lower for children aged 10–14 (10 percent). In the adult age groups, the need to park close increased with age, with 13 percent of adults aged 15–24 and 50 percent of adults aged 75 and over with disability indicating they needed to park close to their destination.

Adults with mobility disability as their main disability were most likely to say they needed to park close to their destination (43 percent), whereas adults with hearing disability as their main disability were the least likely to say they needed to park close (11 percent).

Similarly, children with disability who used technical aids (60 percent) were the most likely to need to park close to their destination. Children with hearing disability were the least likely to need to park close (12 percent).

Forty-nine percent of the adults and the parents or caregivers of 63 percent of the children with disability who needed to park close to their destination indicated they had difficulty finding parking in the previous six months.

The most common problem was being unable to find parking close enough to their destination, identified by an estimated 62,100 adults and the parents and caregivers of 5700 children with disability. Other common problems were the parking close to a destination being too awkward to use and people without disability using parking spaces set aside for people with disability.

Taxis

Thirty-eight percent of adults with disability living in households had used taxis in the previous 12 months. Of those who used taxis in that time, more than half used taxis less than once a month.

Twenty percent of children with disability living in households had used taxis in the previous 12 months, and almost half of those had done so less than once a month.

⁵² The number of children whose household vehicles had been modified so they could travel in them was too small to report.

⁵³ The number of children who had unmet needs for changes to their household motor vehicle was too small to report.

Public transport

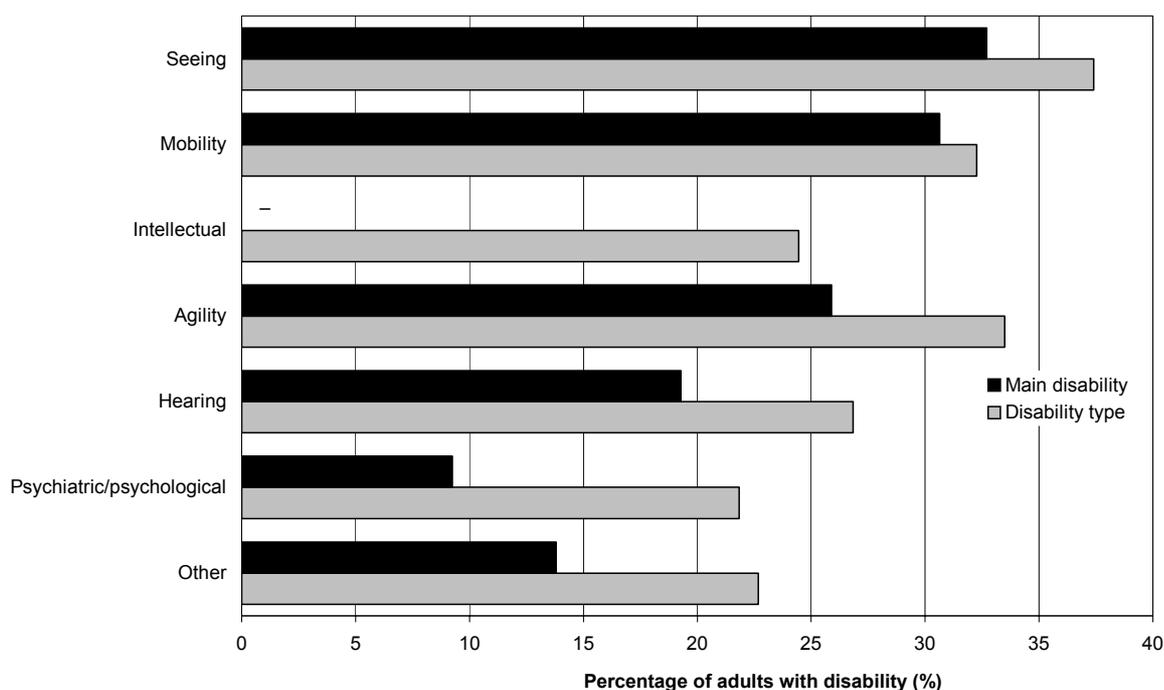
Access to a bus stop or railway station

Seventy-six percent of adults with disability indicated they could easily get to a bus stop or railway station from where they lived. The remaining 24 percent (an estimated 139,300 adults) indicated they could not.^{54, 55}

Ease of access to bus stops or railway stations decreased with age, with 36 percent of adults aged 75 and over saying they did not have easy access, compared with 9 percent of adults aged 15–24.

Adults with seeing disability as one of their disabilities or their main disability were most likely to state that they could not easily get to a bus stop or railway station from where they lived. Adults with psychiatric/psychological disability as one of their disabilities or their main disability were least likely to have difficulty getting to a bus stop or railway station (Figure 7.5).

Figure 7.5: Percentage of adults with disability living in households who could not easily get to a bus stop or railway station from where they lived, by disability type and main disability, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

– Number too small to report (estimated frequency outside the 50 percent RSE cut-off point).

Notes:

- Data in Appendix Table 7.36.
- If individuals reported more than one disability type, they were counted in each applicable disability group.

⁵⁴ The question did not ask about the reasons for it being easy (or not) for people to get to a bus stop or railway station.

⁵⁵ Parents or caregivers of children with disability were not asked this question.

Difficulty travelling long distances on public transport

Thirty-five percent of adults with disability, an estimated 203,000 adults, had travelled long distances on aeroplanes, trains or buses in the previous 12 months. Of this group, 13 percent, an estimated 26,800 adults, had experienced at least one type of difficulty during this travel.

An estimated 22,500 adults identified getting on and off aeroplanes, trains or buses as an actual or potential difficulty in travelling long distances on public transport.⁵⁶ The next most common problem was the seating on board these types of transportation, mentioned by an estimated 20,200 adults.

Other difficulties included moving around the station or terminal (an estimated 8600 adults), hearing announcements (6500), transporting wheelchairs or other equipment (5000), lack of accessible toilets on board (5800), lack of accessible transport to and from the station or terminal (4300), lack of accessible toilets in the station or terminal (3900), hard-to-see signs and notices (3800) and unsupportive staff (2900).

Ten percent of children with disability (an estimated 8100 children) were considered by their parents or caregivers to have a disability that made it difficult for them to travel long distances on aeroplanes. Ten percent (8000) were considered to have difficulty travelling long distances on buses, 7 percent (5500) on trains and 7 percent (5500) on ferries.⁵⁷

Difficulty travelling short distances on public transport

Twelve percent of adults and 7 percent of children with disability who were able to make short trips indicated they would have difficulty travelling short distances on public transport such as buses, trains, trams and ferries because of disability.

The difficulty most frequently mentioned by adults with disability was getting on or off public transport vehicles (an estimated 47,100 adults). This was followed by difficulty getting to or finding the stop (26,600), having to stand in the vehicle while it was moving (24,600) or having to wait at the stop (20,800). Less common problems were lack of space to sit or stand (12,600), identifying the right bus, train, tram or ferry (11,700), identifying the right stop to get off at (10,500), getting information about timetables or routes (9300), transporting wheelchairs or other equipment (6300) and unsupportive or unhelpful staff (5800).

The difficulties identified by parents or caregivers of children with disability were, in order of frequency, getting on or off the vehicle (an estimated 2800 children), identifying the right stop to get off (2200), difficulty getting to or finding the stop (2100), standing in the vehicle while it was moving (2000), waiting at the stop (1800), identifying the right bus, train, tram or ferry (1800), hearing announcements (1300) and unsupportive or unhelpful staff (1200).

⁵⁶ This information includes adults who had travelled long distances by aeroplanes, trains or buses in the previous 12 months and adults who had not travelled but whose disability had not stopped them from doing so.

⁵⁷ Parents or caregivers of children with disability were not asked about the types of difficulty their children had or would have.

Use of buses

Adults

In the previous 12 months, 68 percent of adults with disability had lived in a place with a bus service. Thirty-four percent of these adults had used a bus at least once for a short trip in the previous 12 months.

Fifty percent of Pacific and 46 percent of Asian/Other adults with disability who lived in a place with a bus service had used a bus for a short trip at least once in the previous 12 months. This compared with 39 percent of Māori and 32 percent of European adults with disability who lived in a place with a bus service.

Adults with psychiatric/psychological disability living in a place with a bus service were most likely to have used buses for short trips (40 percent). Adults with agility disability living in a place with a bus service were the least likely to have used buses for short trips (29 percent).

Children

Eighty percent of children with disability able to make short trips without special transport had used buses for short trips. This was an estimated 34,700 children (42 percent of all children with disability).

Would buses be used if they were easier to use?

Of those adults with disability who had access to a bus service but had not made any short trips by bus in the previous 12 months, 18 percent (an estimated 46,200) said they would travel on buses if the buses were easier to use.

Parents or caregivers of 22 percent of children with disability who had access to a bus service but had not made any short trips by bus in the previous 12 months (an estimated 1500 children) indicated their child would travel on buses if the buses were easier to use.

Of the employed adults with disability who had not used a bus to travel to work the previous day, 9 percent (an estimated 19,100) said they would travel to work more often in buses if the buses were made easier to use.

Transport subsidies and grants

Grants or loans for vehicle modifications

Of the estimated 3600 people (adults and children) who had modifications made to a vehicle in the previous 12 months because of disability, 77 percent did so without obtaining a loan or grant from a government agency.

Total Mobility Scheme

Four percent of adults with disability had used Total Mobility Scheme vouchers in the previous 12 months (an estimated 26,100 adults).⁵⁸

Older adults with disability were more likely than younger adults with disability to have used the vouchers, with 13 percent of adults aged 75 and over using the vouchers, compared with just 2 percent of adults aged 15–44.

Adults with seeing disability (15 percent) were the most likely to have used the vouchers.

Seventy percent of adults with disability and the parents or caregivers of 78 percent of children with disability had not heard of the Total Mobility Scheme. Younger adults with disability were less likely to have heard of the scheme than older adults with disability or the parents or caregivers of children with disability.

Other government financial help

Five percent of adults (an estimated 30,800 adults) and 7 percent of children with disability (an estimated 5800 children) obtained some form of government financial help for transport costs in the previous 12 months, excluding subsidised taxi fares from the Total Mobility Scheme.

Seven percent of adults with disability (an estimated 38,900 adults) and parents or caregivers of 11 percent of children with disability (an estimated 9300 children) indicated they had needed financial assistance with disability-related transport costs in the previous 12 months but had not been able to get this assistance.

⁵⁸ The number of children using Total Mobility Scheme vouchers was too small to report.

8 Māori and Disability

This chapter looks at the nature and extent of disability experienced by Māori living in households and how the lives of Māori are affected by disability.⁵⁹

There is no distinction between health and disability from a Māori perspective, and the definition of disability in this report has been determined using the parameters applied to non-Māori with disability. Indicators of 'wellness' for Māori are broader than health and disability status as they include factors that encompass ethnic dimensions such as language, tikanga and involvement in Māori institutions. Wellness for Māori is defined by an individual's ability to contribute to the iwi and whānau so is based on personal performance within an iwi and whānau setting.

When considering the survey results for Māori, it should be remembered that the Māori population is considerably younger than the non-Māori population. At the 2001 Census, the median age for Māori was 22 years, compared with 35 years for the total New Zealand population. Māori are also generally more economically disadvantaged than non-Māori, as the sections on 'Personal income' and 'Socioeconomic areas (NZDep2001)' later in this chapter indicate.

Prevalence of disability

In 2001, there were an estimated 106,500 Māori adults and children with disability living in households. This was 21 percent of all Māori. By comparison, 19 percent of non-Māori adults and children living in households had disability.

Adjusting for age differences, Māori had higher age-standardised rates of disability overall (24 percent) than non-Māori (17 percent).

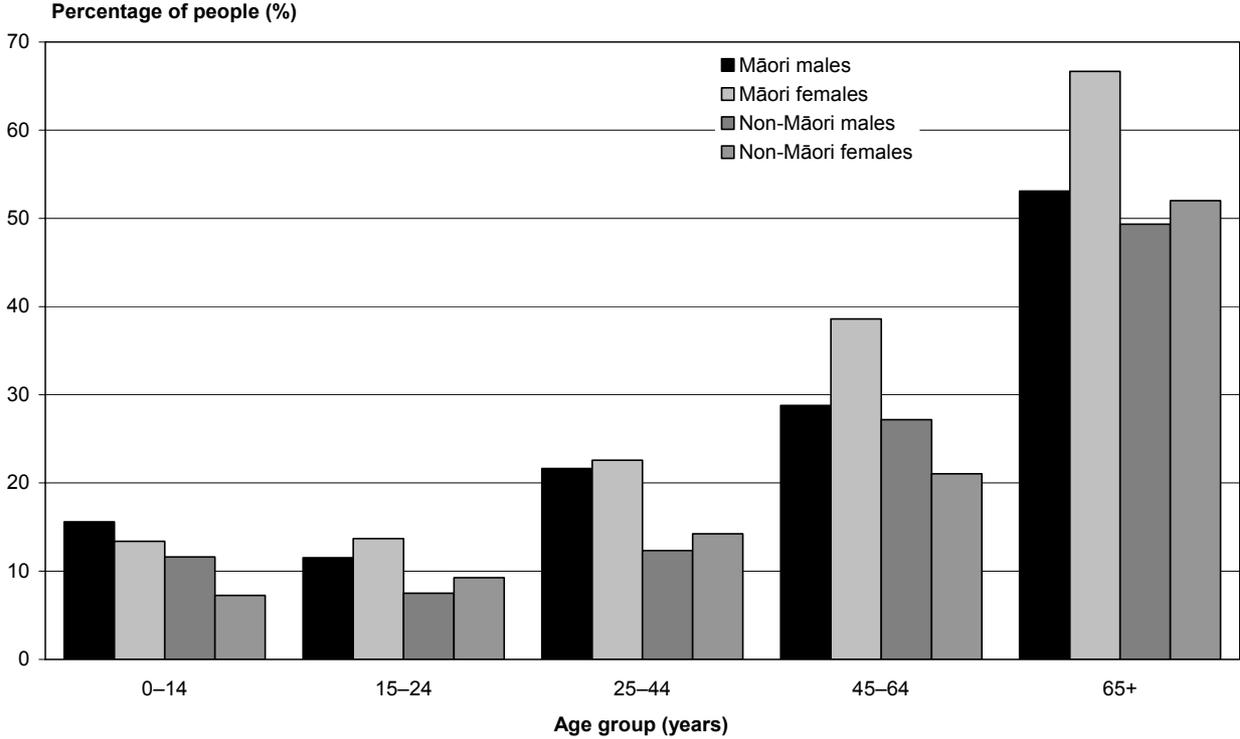
Looking at age-specific rates of disability, 15 percent of Māori children aged 0–14 living in households had disability, compared with 10 percent of non-Māori children aged 0–14. Māori boys were more likely to have a disability than Māori girls (16 percent compared with 13 percent).

The prevalence of disability among Māori and non-Māori adults increased with age. Thirteen percent of Māori aged 15–24 had disability compared with 22 percent of Māori aged 25–44, 34 percent of Māori aged 45–64 and 66 percent of Māori aged 65 and over.

Rates of disability were higher for Māori women than Māori men in all the adult age groups. For instance, 39 percent of Māori women aged 45–64 reported at least one disability, compared with 29 percent of Māori men in the same age group (Figure 8.1).

⁵⁹ This chapter does not include Māori with disability living in residential facilities such as rest homes, private hospitals and long-stay residential units. In 2001, an estimated 700 or 1 percent of Māori adults with disability were living in residential facilities.

Figure 8.1: Percentage of Māori and non-Māori people (adults and children) living in households experiencing disability, by age and sex, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Calculated from data in Appendix Table 8.1B.

Severity of disability

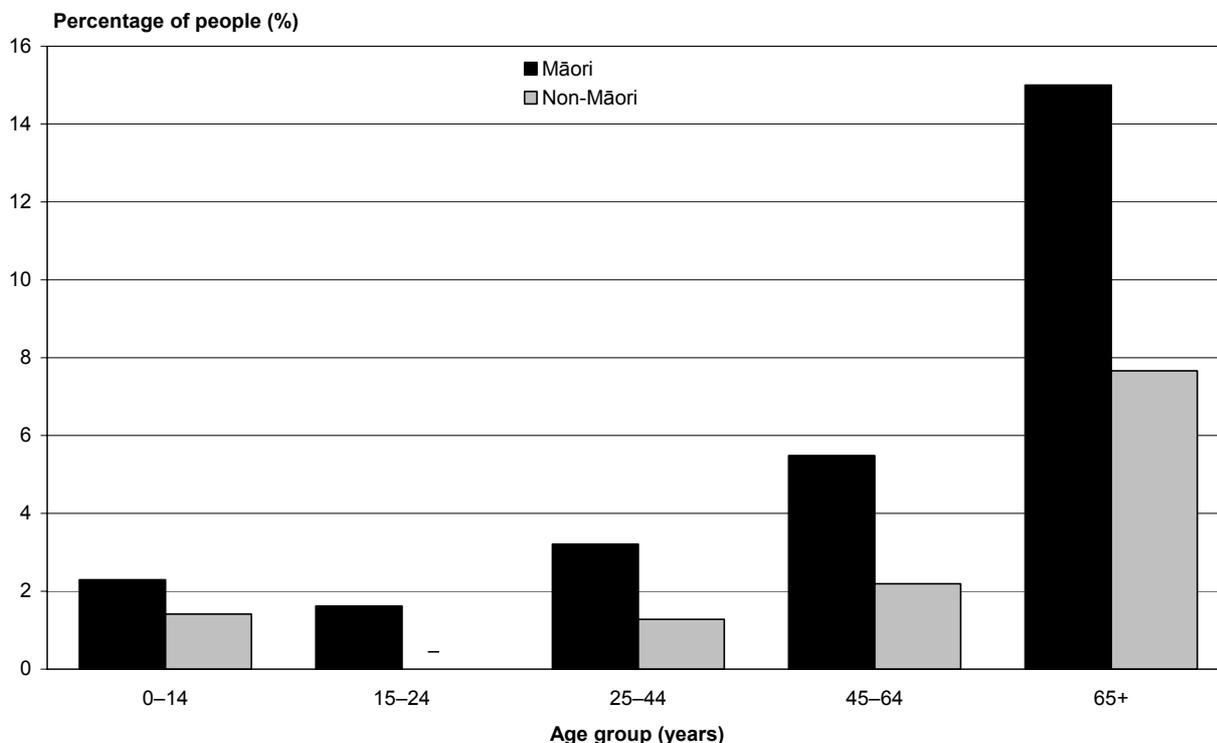
Forty-four percent of Māori with disability living in households had mild disability, 40 percent had moderate disability and 16 percent had severe disability in 2001. These figures were similar to those for non-Māori people with disability (mild 43 percent, moderate 45 percent and severe 12 percent).

However, for all three severity levels the age-standardised disability rates for Māori were higher than for non-Māori. In particular, the age-standardised rate of severe disability for Māori was more than twice the rate for non-Māori (4 percent of all Māori compared with 2 percent of all non-Māori).

Māori children aged 0–14 had higher rates of severe disability than non-Māori children (2 percent compared with 1 percent respectively).

For adults, rates of severe disability increased with age for both Māori and non-Māori (Figure 8.2). Māori adult females had higher rates of severe disability than Māori males in the older age groups 45–64 and 65 and over.

Figure 8.2: Percentage of Māori and non-Māori living in households experiencing severe disability, by age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

– Number too small to report (estimated frequency outside the 50 percent RSE cut-off point).

Note: Calculated from data in Appendix Table 8.1B.

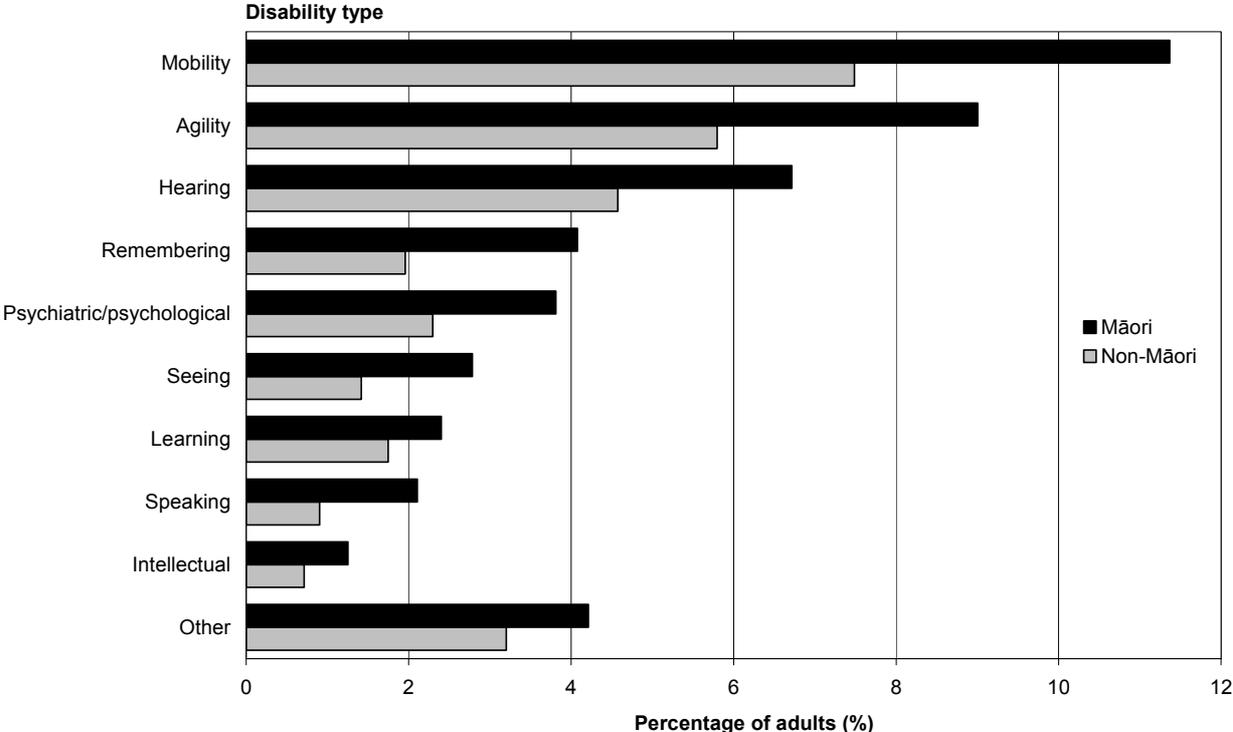
Disability type – adults

The types of disability most commonly reported by Māori adults living in households were:

- mobility disability (an age-standardised rate of 11 percent of all Māori adults living in households)
- agility disability (9 percent)
- hearing disability (7 percent)
- remembering disability (4 percent)
- psychiatric/psychological (4 percent).

Māori adults had higher age-standardised rates than non-Māori adults for all disability types (Figure 8.3).

Figure 8.3: Percentage of Māori and non-Māori adults living in households experiencing different types of disability (age-standardised rates), 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Calculated from data in Appendix Table 8.3B.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

Main disability – adults

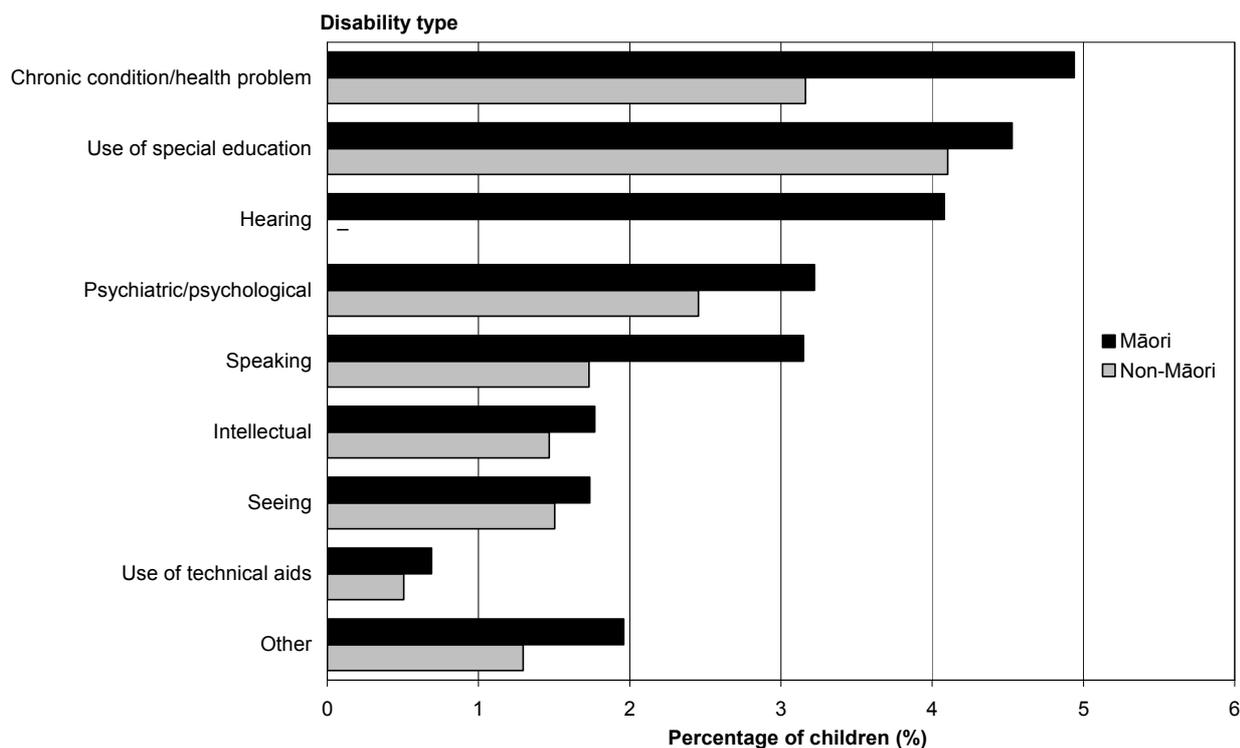
For all types of main disability, except learning disability, age-standardised rates were higher for Māori adults living in households than non-Māori.

Mobility disability was the type of main disability with the largest Māori/non-Māori difference. The age-standardised rate of mobility disability for Māori adults was 7 percent, compared with 5 percent for non-Māori adults.

Disability type – children

The most common types of disability experienced by Māori children were chronic conditions/health problems. The next most common were use of special education and hearing disability. Māori children had markedly higher rates of hearing disability, chronic conditions/health problems and speaking disability than non-Māori children (Figure 8.4).

Figure 8.4: Percentage of Māori and non-Māori children living in households experiencing different types of disability, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

– Number too small to report (estimated frequency outside the 50 percent RSE cut-off point).

Notes:

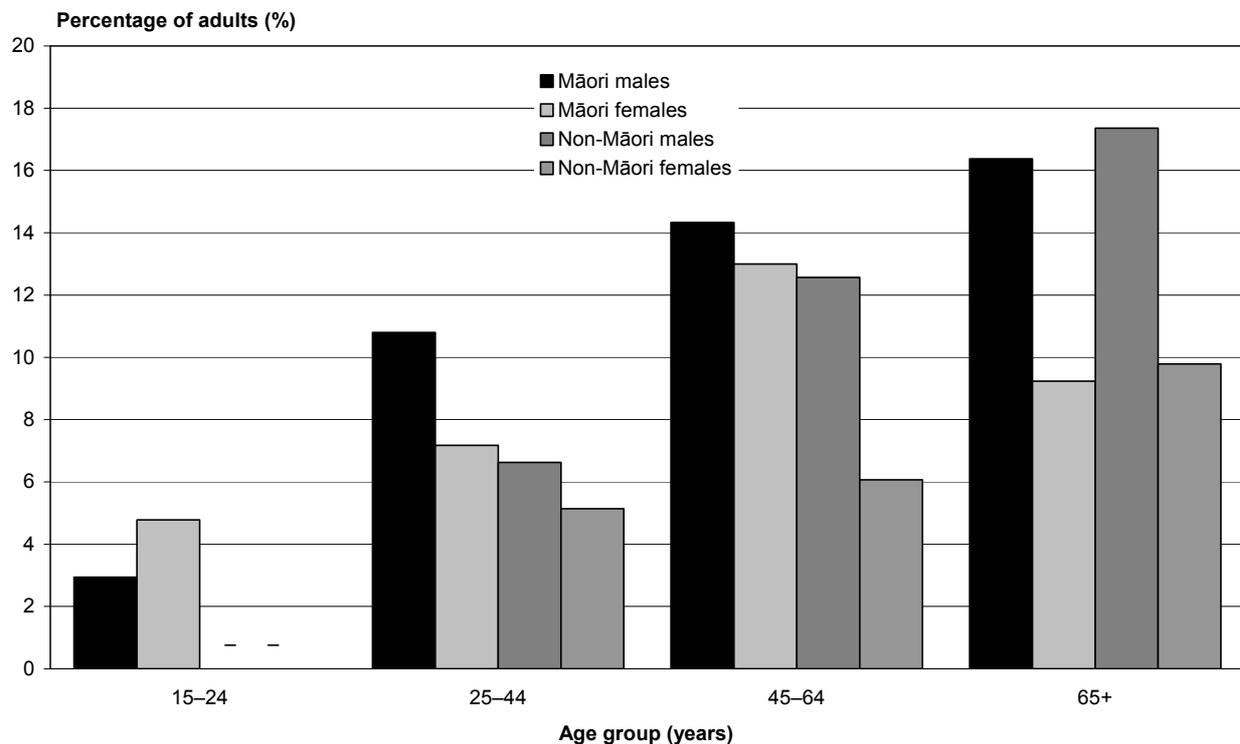
- Calculated from data in Appendix Table 8.4B.
- If individuals reported more than one disability type, they were counted in each applicable disability type group.

Disability cause

In 2001, the most common cause of disability for Māori adults was disease/illness. The age-standardised rate was 8 percent, which was higher than the age-standardised rate for non-Māori adults (6 percent).

The next most common cause of disability among Māori adults was accident/injury (an age-standardised rate of 7 percent), which was also higher than non-Māori (5 percent). This difference was most marked for men in the 25–44 age group (11 percent for Māori men compared with 7 percent for non-Māori men) (Figure 8.5).

Figure 8.5: Percentage of Māori and non-Māori adults living in households experiencing disability caused by accident/injury, by age and sex, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

– Number too small to report (estimated frequency outside the 50 percent RSE cut-off point).

Note: Calculated from data in Appendix Table 8.6B.

Disease/illness was also the most common cause of disability among Māori children (5 percent). This was almost double the rate of non-Māori children (3 percent).

Māori children also had a slightly higher rate of disability caused by conditions present at birth than non-Māori children (5 percent compared with 4 percent).

Support, services and equipment

Help for everyday activities

Thirty-seven percent of Māori adults with disability received at least one kind of help for everyday activities in 2001, compared with 39 percent of non-Māori adults.

The activities for which Māori adults with disability received most help were heavy household work (28 percent), shopping (19 percent) and everyday housework (19 percent).

Eleven percent of Māori adults with disability had an unmet need for at least one type of help for everyday activities in 2001. The rate of unmet need in this area for non-Māori was 7 percent.

Fourteen percent of parents or caregivers of Māori children with disability needed help in the previous 12 months with the personal care of a child or housework because of the child's disability. The non-Māori rate was 13 percent.

The parents or caregivers of 12 percent of Māori children with disability indicated they had an unmet need for personal care of their child or housework because of the child's disability. This applied to 8 percent of non-Māori children.

Unmet need for at least one type of health service

An estimated 24,200 Māori with disability living in households, 23 percent of all Māori with disability, reported an unmet need for some type of health service in the previous 12 months. This compared with 14 percent of non-Māori with disability living in households.

In particular, younger Māori with disability were more likely than their non-Māori counterparts to report an unmet need for health services. Thirty-two percent of Māori aged 15–24 with disability reported an unmet need, compared with 18 percent of non-Māori with disability in this age group.

Similarly, the parents or caregivers of 22 percent of Māori children aged 0–14 with disability reported an unmet need for health services, compared with 15 percent of non-Māori children.

Enrolment in formal education

Thirty-five percent of Māori aged 15–24 were enrolled in formal education or training in 2001, compared with only 19 percent aged 25–44. In comparison, 38 percent of non-Māori adults with disability aged 15–24 and 13 percent of non-Māori adults with disability aged 25–44 were enrolled in formal education or training in 2001.

Educational qualifications

In 2001, an estimated 30,200 or 39 percent of Māori adults with disability living in households had no educational qualifications, compared with 30 percent of non-Māori adults with disability.

An estimated 17,900 or 23 percent of Māori adults with disability had a school qualification, compared with 28 percent of non-Māori adults with disability. An estimated 11,400 or 15 percent of Māori adults with disability had a post-school qualification, compared with 22 percent of non-Māori adults with disability.

Labour force status

In 2001, Māori with disability were more likely to be employed than non-Māori with disability (44 percent compared with 39 percent respectively). At the same time, 48 percent of Māori with disability were not in the labour force, compared with 57 percent of non-Māori with disability.⁶⁰

Personal income

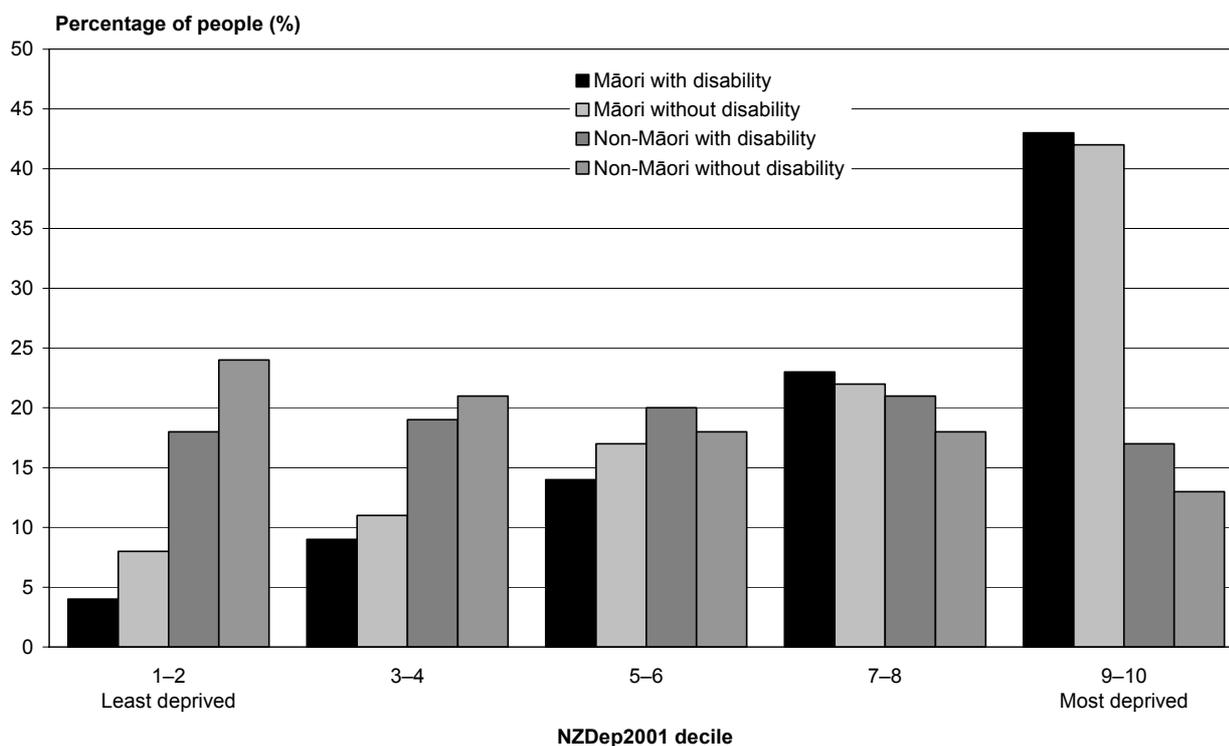
Forty-nine percent of Māori adults with disability living in households had a personal income of \$15,000 and under per year. This compared with 39 percent of Māori adults without disability.

⁶⁰ The differences in labour force status between Māori and non-Māori, at least in part, may be related to the different age structures of the two populations as participation in the labour force is associated with age and stage in the life cycle.

Socioeconomic areas (NZDep2001)

The difference in the proportion of Māori and non-Māori people with disability living in the most deprived areas of New Zealand was significant. For instance, 43 percent of Māori with disability lived in NZDep2001 areas 9–10, while only 17 percent of non-Māori with disability lived in these areas (Figure 8.6).

Figure 8.6: Percentage of Māori and non-Māori with and without disability living in households, by NZDep2001 area



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Tables 8.18 and 8.19.

Home situation

Household composition

Six percent of Māori children with disability lived in two-family households.

Housing tenure

Māori both with and without disability were less likely to own their homes than non-Māori and were more likely to pay rent.

In 2001, only 43,600 or 41 percent of Māori with disability lived in dwellings owned or partly owned by the usual residents, compared with 59 percent of non-Māori with disability.⁶¹ In comparison, 38 percent of Māori with disability lived in dwellings that were rented, compared with 18 percent of non-Māori with disability.

Transport

In the previous 12 months, 79 percent of Māori with disability made a long trip. In contrast, 71 percent of non-Māori with disability made a long trip.

Sixty-eight percent of Māori with disability had access to a private vehicle, compared with 77 percent of Māori without disability.

Māori with disability were more likely than non-Māori with disability to report an unmet need for transport costs (17 percent compared with 7 percent).

⁶¹ The differences in tenure between Māori and non-Māori, at least in part, may be related to the different age structures of the two populations as owning a home is associated with age and stage in the life cycle.

9 Pacific Peoples and Disability

This chapter reports on the nature and extent of disability experienced by Pacific peoples living in New Zealand households and the socioeconomic circumstances of Pacific peoples with disability.⁶²

Pacific peoples tend to be much younger than the general population. At the 2001 Census, the median age for Pacific peoples was 21 years, compared with 35 years for all New Zealanders.

Prevalence of disability

In 2001, an estimated 27,700 Pacific peoples (adults plus children) living in households reported having a disability. This was 14 percent of all Pacific peoples living in households (15 percent of adults and 8 percent of children).

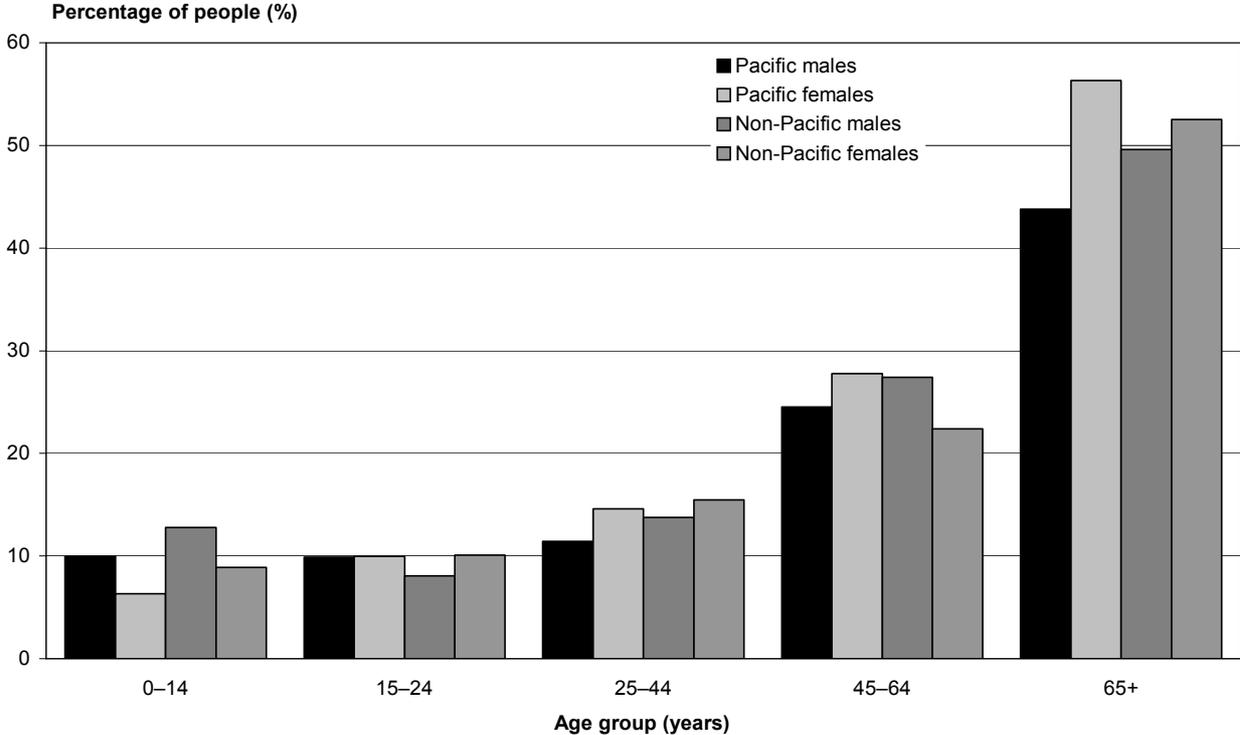
An estimated 22,000 or 79 percent of these Pacific people with disability were adults (aged 15 and over), and 5700 (21 percent) were children (aged 0–14). By contrast, in the non-Pacific population with disability, 88 percent were adults, and 12 percent were children. These differences reflect the younger age structure of New Zealand's Pacific population.

Age-standardised rates of disability for Pacific peoples and non-Pacific peoples were similar, with 17 percent of all Pacific peoples living in households having disability, compared with 18 percent of all non-Pacific peoples.

⁶² This chapter does not include Pacific peoples with disability living in residential facilities. In 2001, the number of Pacific adults living in residential facilities with disability was too small to report.

Rates of disability among Pacific peoples increased with age. Among children (aged 0–14), Pacific boys had a higher rate of disability than Pacific girls. However, among adults aged 25–44, 45–64 and 65 and over, Pacific females had higher rates of disability than Pacific males (Figure 9.1).

Figure 9.1: Percentage of Pacific and non-Pacific peoples (adults and children) living in households experiencing disability, by age and sex, 2001



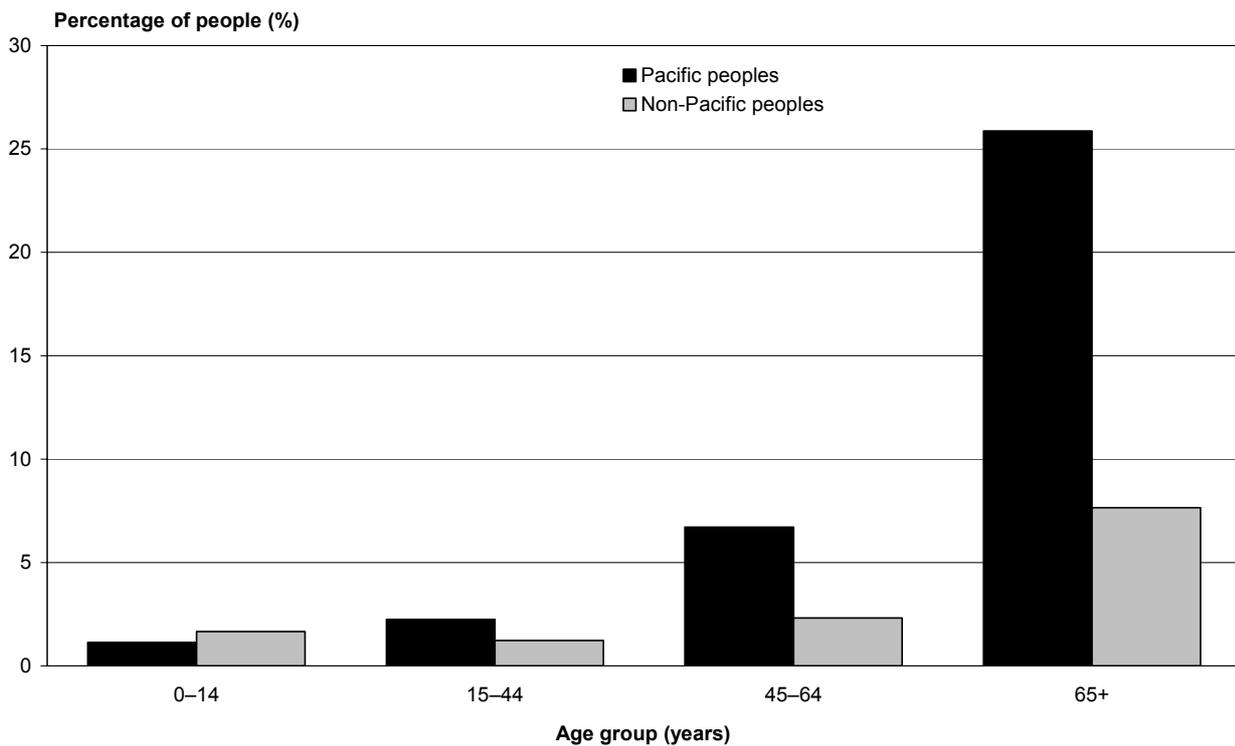
Source: Statistics New Zealand, 2001 Household Disability Survey
 Note: Calculated from data in Appendix Table 9.1B.

Severity of disability

Compared with non-Pacific peoples with disability (12 percent), a much greater proportion of Pacific peoples with disability living in households had severe disability (24 percent).

This difference was especially marked in the 65 and over age group. In this group, Pacific adults had over three times the rate of severe disability of non-Pacific adults (26 percent compared with 8 percent of the population respectively) (Figure 9.2).

Figure 9.2: Percentage of Pacific and non-Pacific peoples (adults and children) living in households experiencing severe disability, by age, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

– Note: Calculated from data in Appendix Table 9.1B.

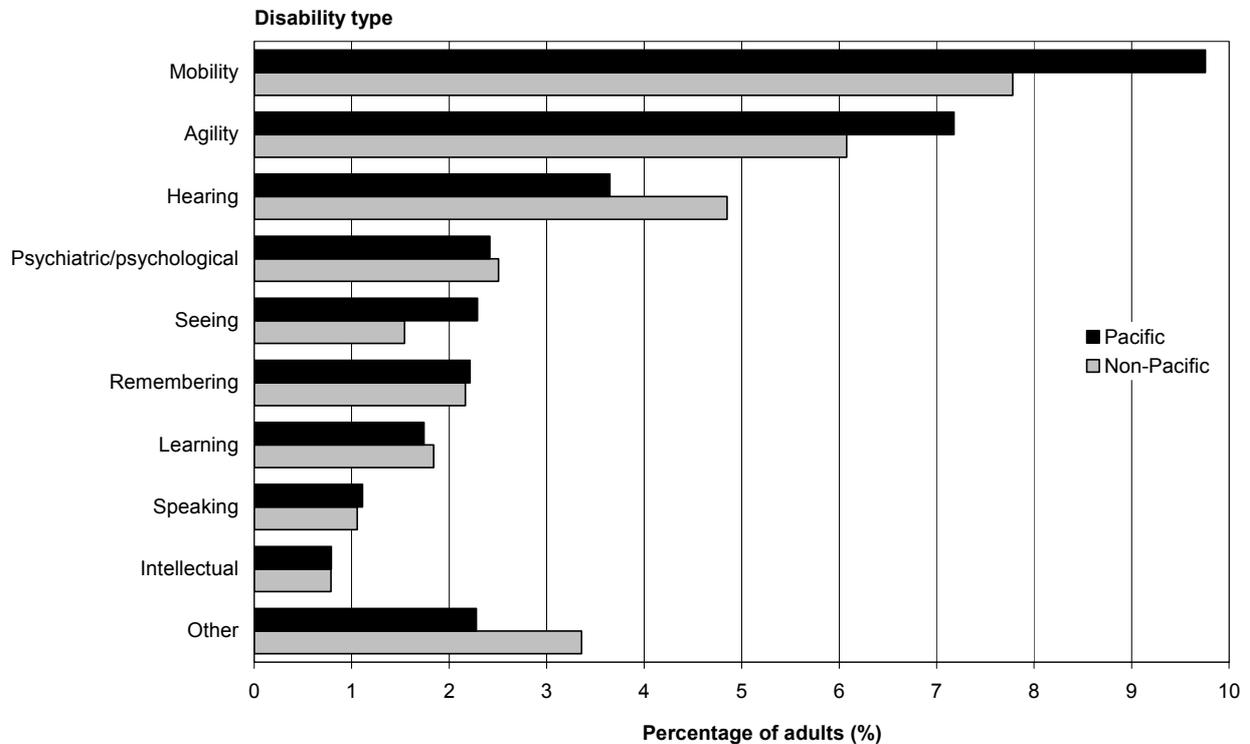
Thirty-two percent of Pacific peoples with disability living in households had moderate disability. This was lower than the rate for non-Pacific peoples (45 percent).

Forty-four percent of Pacific peoples with disability living in households reported having mild disability. This was similar to the proportion of non-Pacific peoples (43 percent).

Disability type – adults

The most common types of disability reported by Pacific adults living in households were mobility, agility and hearing disability (Figure 9.3).

Figure 9.3: Percentage of Pacific and non-Pacific adults living in households experiencing different types of disability (age-standardised rates), 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Notes:

- Calculated from data in Appendix Table 9.3B.
- If individuals reported more than one disability type, they were counted in each applicable disability type category.

Pacific adults living in households had a higher age-standardised rate of mobility disability (10 percent) than non-Pacific adults living in households (8 percent). They also had a higher age-standardised rate of agility disability (7 percent) than non-Pacific adults living in households (6 percent).

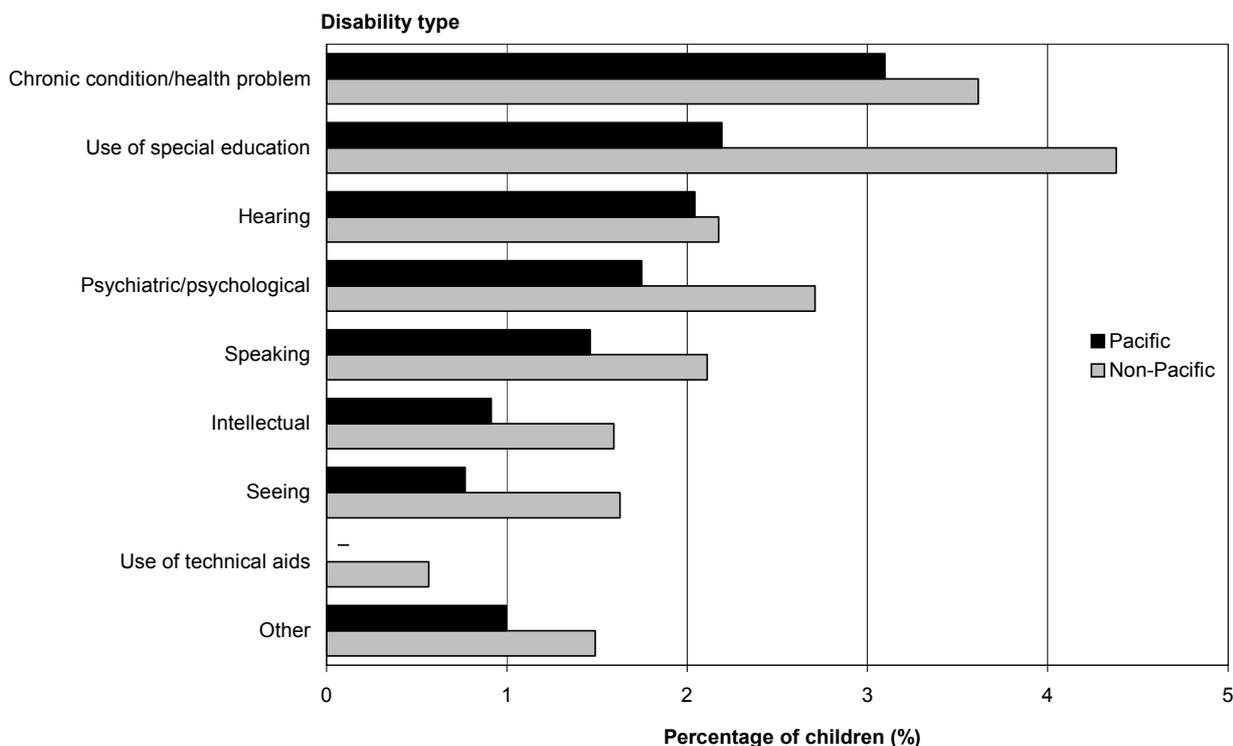
Main disability – adults

Mobility disability was also the most common *main* disability reported by Pacific adults that most limited their everyday activities. Forty-three percent of Pacific adults with disability had mobility disability as their main disability. The next most common main disabilities were hearing disability (11 percent of Pacific adults with disability) and agility disability (10 percent of Pacific adults with disability).

Disability type – children

Chronic conditions/health problems, use of special education and hearing disability were the types of disability most commonly reported by Pacific children (Figure 9.4).

Figure 9.4: Percentage of Pacific and non-Pacific children living in households experiencing different types of disability, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

– Number too small to report (estimated frequency outside the 50 percent RSE cut-off point).

Notes:

- Calculated from data in Appendix Table 9.4B.
- If individuals reported more than one disability type, they were counted in each applicable disability type category.

Compared with non-Pacific children living in households, Pacific children living in households had lower rates of each type of disability.

Disability cause

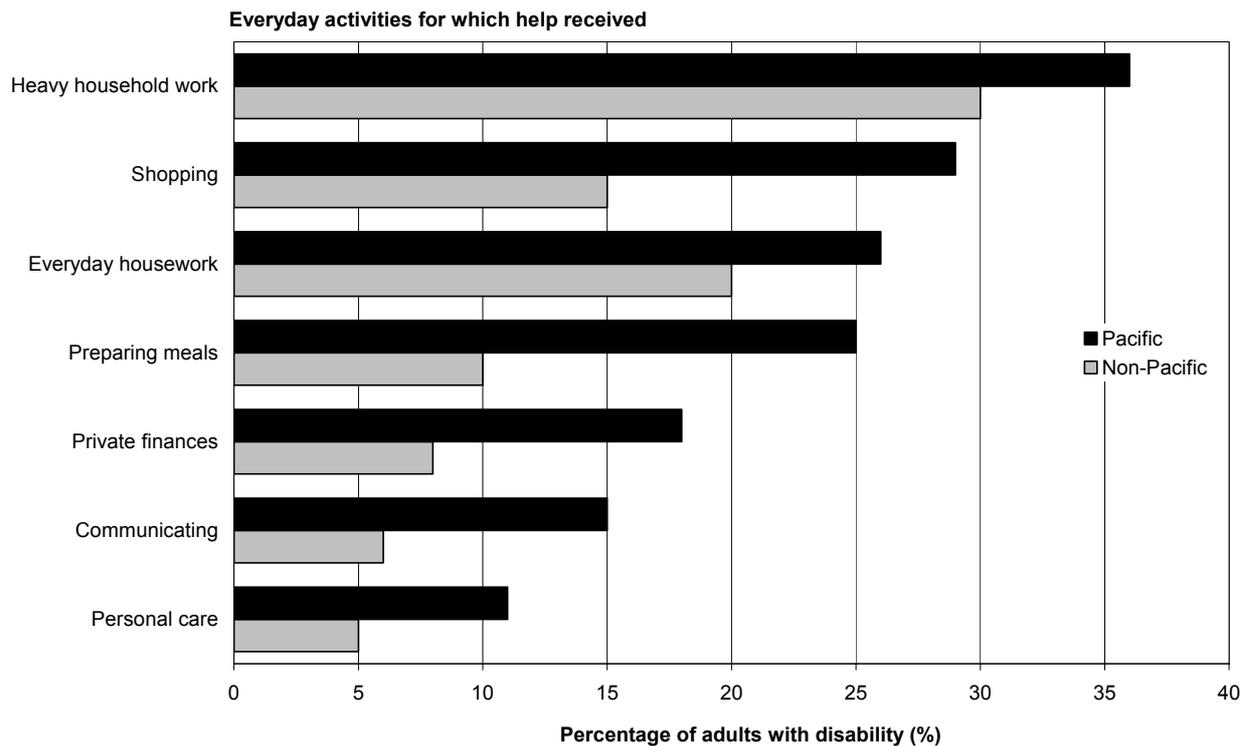
The most common cause of disability among Pacific adults was disease/illness, with an age-standardised rate of 6 percent of all adults living in households having disability caused by disease/illness. The next most common disability causes were accident/injury (4 percent) and ageing (3 percent). The least common disability cause was disability present at birth (1 percent).

Three percent of all Pacific children living in households had disability caused by disease/illness, and 2 percent had disability caused by conditions present at birth.

Help with everyday activities

In 2001, nearly half (48 percent) of Pacific adults with disability received some kind of help from other people with everyday activities, compared with 39 percent of non-Pacific adults with disability. Pacific adults with disability were more likely than non-Pacific adults with disability to receive help with each of the seven types of everyday activity covered by the survey questions (Figure 9.5).

Figure 9.5: Percentage of Pacific and non-Pacific adults with disability living in households who received help for different everyday activities, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Table 9.34.

Equipment and technology

Pacific adults with disability were less likely to use disability-related equipment and technology than non-Pacific adults with disability (21 percent compared with 30 percent).

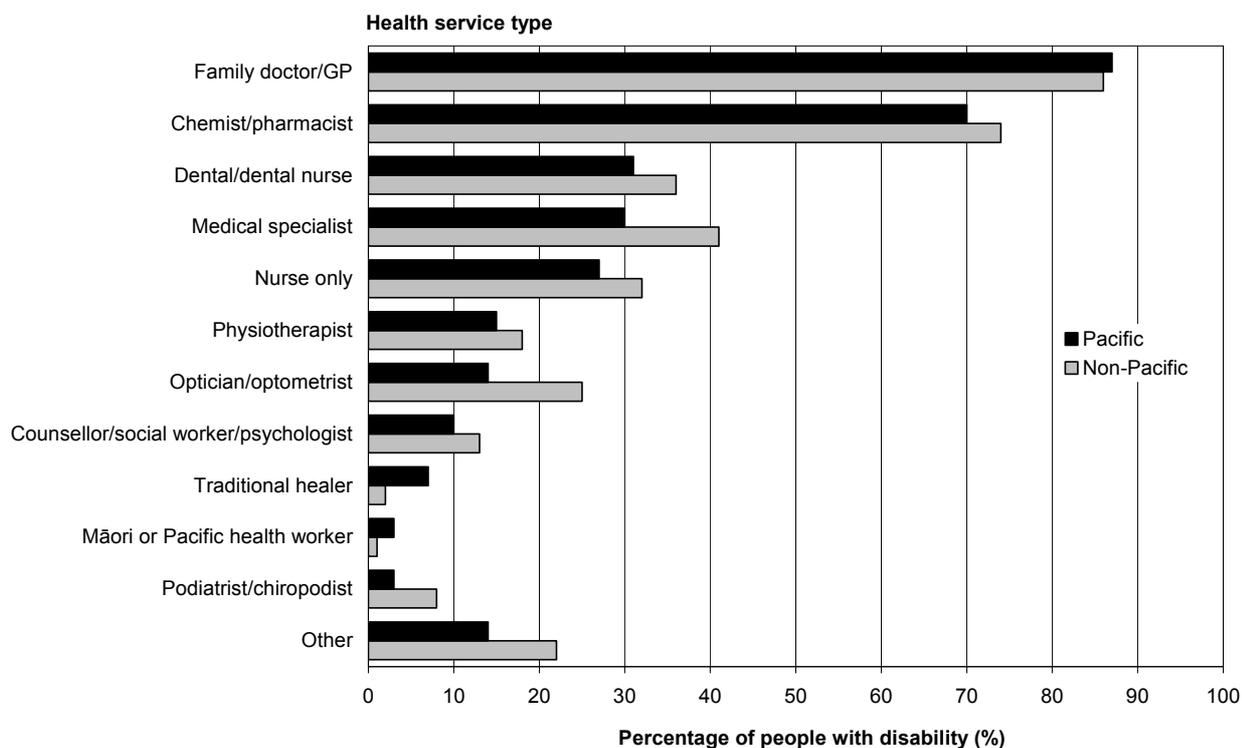
Needs assessments

Pacific peoples with disability were also less likely to have received a needs assessment than non-Pacific peoples with disability. Eight percent of Pacific adults with disability had received a needs assessment, compared with 15 percent of non-Pacific adults. Eleven percent of Pacific children and 15 percent of non-Pacific children with disability had received needs assessments.

Use of health services

Figure 9.6 shows the percentages of Pacific and non-Pacific peoples who had consulted various types of health professionals in the previous 12 months.

Figure 9.6: Percentage of Pacific and non-Pacific peoples (adults and children) with disability living in households who had used different types of health service in the previous 12 months, 2001



Source: Statistics New Zealand, 2001 Household Disability Survey

Note: Data in Appendix Table 9.28.

Seventeen percent of Pacific peoples with disability reported an unmet need for at least one type of health service in the previous 12 months, compared with 15 percent of non-Pacific peoples with disability.

Education

Enrolment in formal education

In 2001, levels of enrolment in formal education and training (for example, secondary school, polytechnic or university) were similar for Pacific and non-Pacific adults with disability. Ten percent of Pacific adults with disability were enrolled in education and training, compared with 9 percent of non-Pacific adults with disability.

Educational qualifications

Thirty-four percent of Pacific adults with disability (an estimated 7500 people) had no school or post-school qualifications in 2001. This was similar to the proportion of non-Pacific adults with disability who had no school or post-school qualifications (31 percent).⁶³

Twenty-nine percent of Pacific adults with disability (an estimated 6300 adults) had a school qualification. Again, this was similar to the proportion of non-Pacific adults with disability who had a school qualification (27 percent).

Seven percent of Pacific adults with disability (an estimated 1600 people) had a post-school qualification. This was much lower than the proportion of non-Pacific adults with disability who had a post-school qualification (22 percent), reflecting the general trend for Pacific peoples to be less likely than non-Pacific peoples to have post-school qualifications.

Labour force status

Employed

Forty-three percent of Pacific men and 27 percent of Pacific women with disability were employed in 2001. Pacific adults with disability were slightly less likely to be employed than non-Pacific adults with disability (34 percent compared with 40 percent).

Unemployed

In 2001, unemployment rates were comparatively high among Pacific peoples with disability in certain age and gender groups. In particular, 37 percent of Pacific women aged 15–24 with disability were unemployed.

Not in the labour force

In 2001, more than half (55 percent) the Pacific adults with disability living in households reported not being in the labour force. This was similar to the proportion of non-Pacific adults with disability not in the labour force (56 percent).

Pacific men aged 25–44 with disability had a higher rate of non-participation in the labour force than non-Pacific men with disability in the same age group (37 percent compared with 18 percent). The same was the case for Pacific men aged 45–64 with disability compared with non-Pacific men with disability in the same age group (52 percent compared with 33 percent).

Personal income

In 2001, almost half (46 percent) of the Pacific adults with disability had personal incomes of \$15,000 and under per year. This was similar to the proportion of non-Pacific adults with disability who had personal incomes of \$15,000 and under per year (49 percent).

⁶³ Educational qualifications data were not available for 6500 or 30 percent of Pacific adults.

Socioeconomic areas (NZDep2001)

Nearly three-quarters (72 percent) of Pacific peoples with disability were living in the most socioeconomically deprived areas of New Zealand (NZDep2001 7–10). This compared with just 42 percent of non-Pacific peoples with disability, reflecting the general trend for Pacific peoples to be more likely than non-Pacific peoples to live in the most socioeconomically deprived areas.

Housing tenure

Pacific peoples with disability (48 percent) were much more likely than non-Pacific peoples with disability (23 percent) to live in dwellings that they rented or did not own. Pacific peoples with disability (32 percent) were less likely than non-Pacific peoples with disability (58 percent) to live in dwellings owned or partly owned by the usual residents.

Access to telephone

Seventy-one percent of Pacific adults with disability had access to a telephone at home. This was less than the proportion of non-Pacific adults with disability (81 percent).

Transport

Long-distance travel

Nearly half the Pacific peoples with disability (48 percent) had made a long-distance trip in the previous year. This was much smaller than the proportion of non-Pacific peoples with disability (73 percent) who had made a long trip during this time.

Motor vehicles in households

Sixty-four percent of Pacific peoples with disability lived in households with access to at least one motor vehicle, compared with 72 percent of non-Pacific peoples with disability and 76 percent of Pacific peoples without disability.

Driver of motor vehicle

Pacific adults with disability (41 percent) were less likely to be drivers of private motor vehicles than non-Pacific adults with disability (65 percent).

Use of taxis

Pacific peoples with disability (40 percent) were more likely to have used taxis for short trips at least once in the previous 12 months compared with non-Pacific peoples with disability (32 percent).

Use of buses

Pacific adults with disability living in a place with a bus service were more likely to have used a bus to travel short distances at least once in the previous 12 months than non-Pacific adults with disability (50 percent compared with 33 percent respectively).

Financial help for transport

Seventy-five percent of Pacific peoples with disability had not heard of the Total Mobility Scheme, compared with 66 percent of non-Pacific peoples with disability.

Seventeen percent of Pacific peoples with disability said they needed financial help for other transport costs in the previous 12 months but were unable to get this help. This compared with just 8 percent of non-Pacific peoples with disability.

10 Adults with Disability Living in Residential Facilities

The 2001 Disability Survey of Residential Facilities examined the nature and extent of disability and the disability-related needs of people aged 15 years and over:

- living in rest homes and homes for older people
- occupying long-stay beds in public and private hospitals
- living in long-stay residential units (with 10 or more residents) for people with intellectual, psychiatric or physical disability, or multiple disabilities.

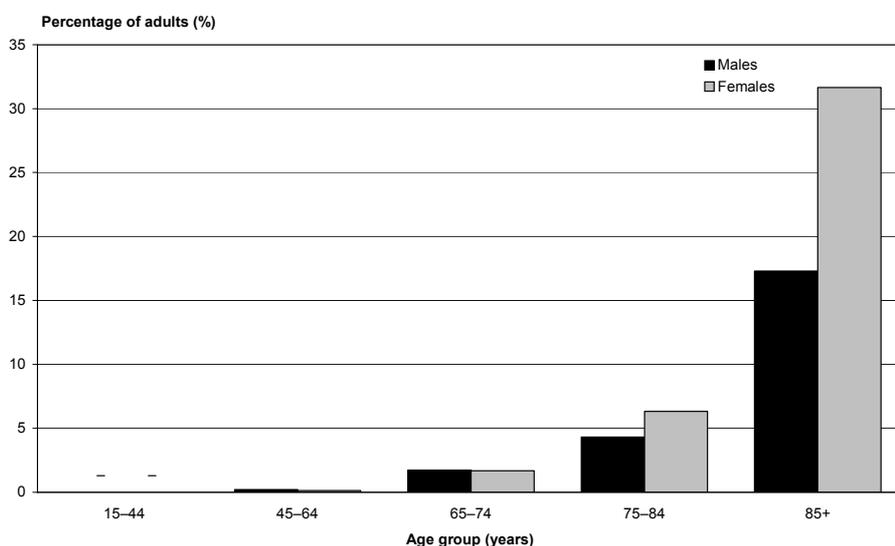
These facilities provide support services to individuals who, for a variety of reasons, are unable to be supported in their own homes.

Proportion of adults living in residential facilities

In 2001, an estimated 27,300 adults, 1 percent of the total adult population of New Zealand, had disability and were living in residential facilities.⁶⁴

The likelihood of having a disability and living in residential care increased with age. Nearly one in three New Zealand women aged 85 and over (32 percent) and one in six New Zealand men aged 85 and over (17 percent) lived in residential facilities and had a disability (Figure 10.1).

Figure 10.1: Percentage of adult population who were living in residential facilities and were experiencing disability, by age and sex, 2001



Source: Statistics New Zealand, 2001 Disability Survey of Residential Facilities

– Number too small to report (estimated frequency outside the 50 percent RSE cut-off point).

Note: Data in Appendix Table 10.1.

⁶⁴ A further 800 adults *without* disability were estimated to be living in residential facilities, making a total of 28,100 adults with and without disability living in residential facilities in 2001. Ninety-seven percent of adults living in residential facilities had disability.

Features of adults with disability living in residential facilities

Four percent of New Zealand’s estimated 653,800 adults with disability (27,300 adults) were living in residential facilities in 2001.

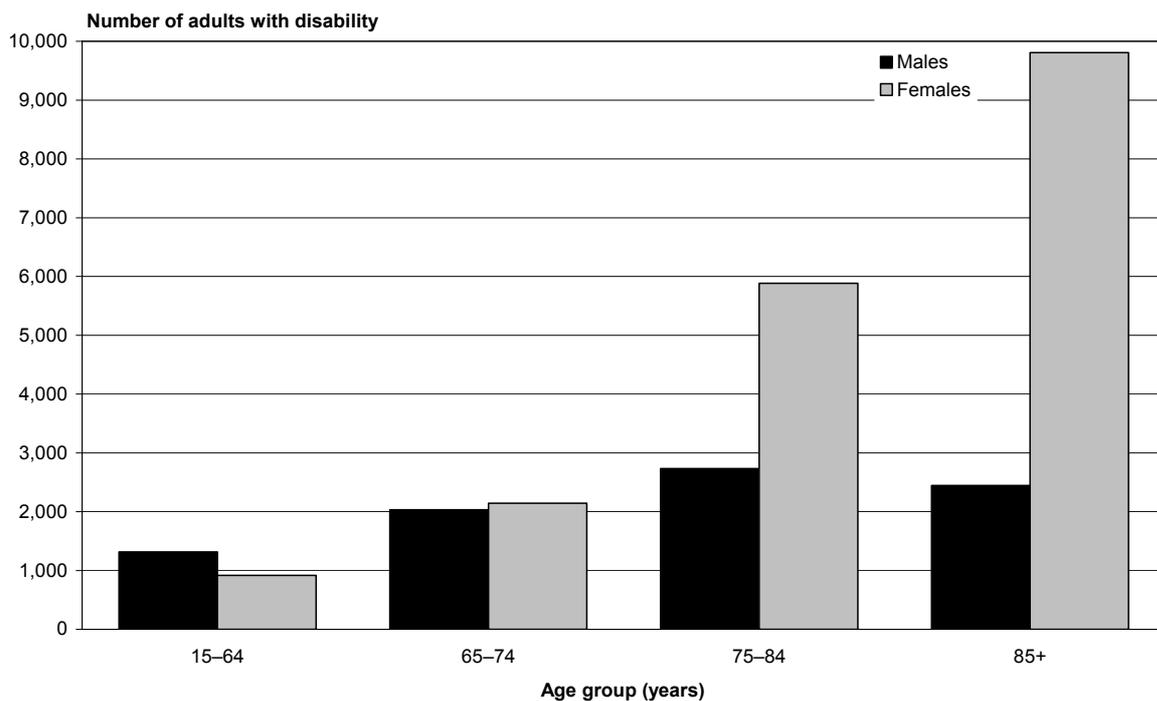
Types of residential facilities

Of these adults with disability living in residential facilities, 69 percent, an estimated 18,900 adults, lived in rest homes or homes for older people. The next largest group resided in private hospitals (25 percent or an estimated 6900 adults with disability).⁶⁵

Age, sex and ethnicity

Most adults with disability living in residential facilities (92 percent) were aged 65 and over, including 45 percent aged 85 and over. Eight percent were aged 15–64. Over two-thirds (69 percent) were women (Figure 10.2).

Figure 10.2: Number of adults with disability living in residential facilities, by age and sex, 2001



Source: Statistics New Zealand, 2001 Disability Survey of Residential Facilities

Note: Data in Appendix Table 10.3.

The majority of adults with disability living in residential facilities were European (86 percent or an estimated 23,500 adults). Ten percent (an estimated 2700 adults) were Asian/Other adults. Only a small proportion comprised Māori adults (2 percent or an estimated 700 adults).⁶⁶

⁶⁵ The numbers of adults living in other types of residential facility were too small to report.

⁶⁶ The number of Pacific adults living in residential facilities was too small to report.

Length of stay

More than three-quarters of adults with disability living in residential facilities (79 percent) had lived in these facilities for five years or less. Only a small proportion, 8 percent, had lived in residential facilities for 11 years or more.

Thirty-eight percent of adults aged 45–64 had lived in residential facilities for 11 years or more, compared with just 17 percent of adults aged 65–74 and 3 percent of adults aged 75 and over.⁶⁷

People with intellectual disability were most likely to have lived for long periods in residential facilities. Twenty-nine percent of the estimated 3500 adults with intellectual disability had lived in residential facilities for 11 years or more. By contrast, only 7 percent of adults with mobility, agility, hearing or seeing disability had lived in residential facilities for this length of time.

Patterns of disability

Severity of disability

More than four out of five adults with disability in residential facilities (83 percent or an estimated 22,600 adults) had severe disability.⁶⁸ Another 16 percent of adults with disability living in residential facilities, an estimated 4400 adults, had moderate disability.^{69, 70}

Multiple disabilities

Ninety-six percent of adults with disability living in residential facilities had multiple disabilities.⁷¹

Disability type

Mobility disability was the most common type of disability experienced by adults in residential facilities. Ninety-five percent of women and 86 percent of men with disability living in residential facilities had mobility disability; this was a total of 25,100 adults (Figure 10.3).⁷²

Second most common was agility disability. Eighty-nine percent of adults with a disability in residential facilities, an estimated 24,300 people, had agility disability.⁷³

⁶⁷ The numbers of adults aged 15–24 and 25–44 living in residential facilities for 11 years or more were too small to report.

⁶⁸ By comparison, only 12 percent of adults with disability living in households had severe disability. However, approximately four out of five New Zealanders with severe disability were living in households rather than in residential facilities.

⁶⁹ By comparison, 44 percent of adults with disability living in households had moderate disability.

⁷⁰ The number of adults living in residential facilities with mild disability was too small to report.

⁷¹ By comparison, 59 percent of adults with disability living in households had multiple disabilities.

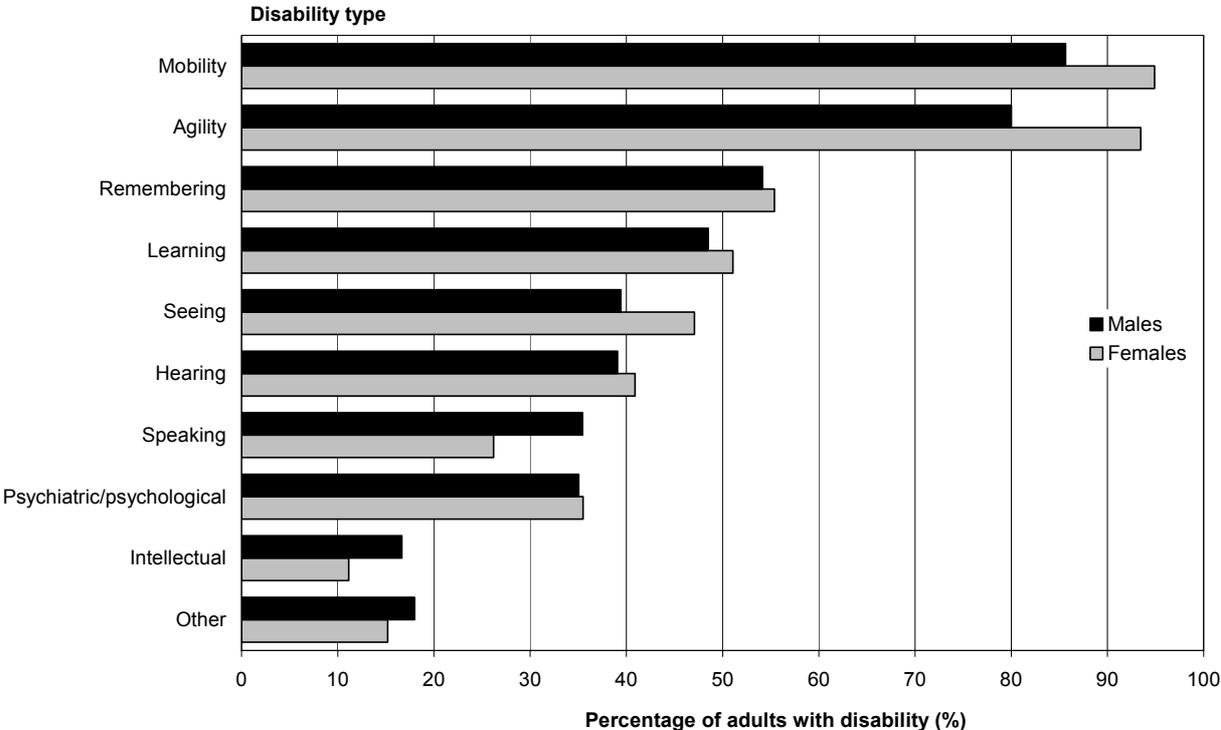
⁷² By comparison, 63 percent of women and 46 percent of men with disability living in households had mobility disability.

⁷³ By comparison, 43 percent of adults with disability living in households had agility disability.

Adults living in residential facilities also experienced the following types of disability:

- remembering – experienced by an estimated 15,000 adults (55 percent of adults with disability living in residential facilities)
- learning – 13,700 (50 percent)
- seeing – 12,200 (45 percent)
- hearing – 11,000 (40 percent)
- psychiatric/psychological – (35 percent)
- speaking – 7900 (29 percent)
- intellectual – 3500 (13 percent).

Figure 10.3: Percentage of adults with disability living in residential facilities, by disability type and sex, 2001



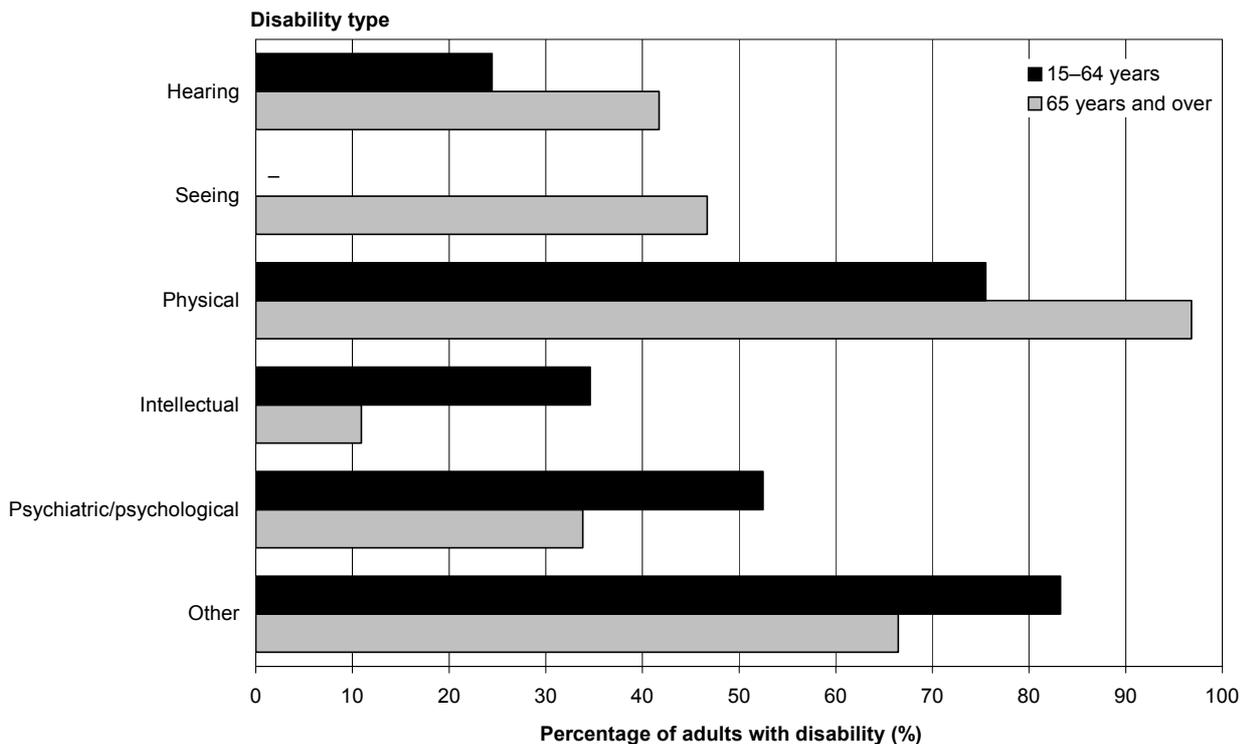
Source: Statistics New Zealand, 2001 Disability Survey of Residential Facilities

Notes:

- Data in Appendix Table 10.6.
- If individuals reported more than one disability type, they were counted in each applicable disability group.
- The ‘Other’ category includes other types of long-term condition or health problem that cause people ongoing difficulty with, or stops them from doing, everyday activities that people their age can usually do.

As shown in Figure 10.4, adults aged 15–64 with disability living in residential facilities had a somewhat different disability profile compared with adults aged 65 and over with disability living in residential facilities. In the 15–64 age group, there was a greater prevalence of intellectual and psychiatric/psychological disability and a lower prevalence of hearing and physical (mobility and agility) disability.

Figure 10.4: Percentage of adults with disability living in residential facilities, by disability type and age, 2001



Source: Statistics New Zealand, 2001 Disability Survey of Residential Facilities

– Number too small to report (estimated frequency outside the 50 percent relative sampling error cut-off point).

Notes:

- Calculated from data in Appendix Table 10.7.
- If individuals reported more than one disability type, they were counted in each applicable disability group.
- The 'Physical' category includes mobility disability and agility disability.
- The 'Other' category includes speaking, learning and remembering disabilities and other types of long-term condition or health problems that cause people ongoing difficulty with, or stops them from doing, everyday activities that people their age can usually do.

Main disability

Main disability was defined as the one disability that limited a person's everyday activities the most.

Mobility disability was the most common type of main disability among adults in residential facilities. Thirty-eight percent of residents with disability, an estimated 10,200 people, had mobility disability as their main disability.⁷⁴ Next most common were psychiatric/psychological disability (10 percent), hearing disability (7 percent) and seeing disability (7 percent). Least common were agility disability (5 percent) and intellectual disability (3 percent).

A high proportion of adults living in residential facilities who had intellectual disability as their main disability were severely disabled (98 percent). This contrasts, for example, with adults who had hearing disability as their main disability, only 55 percent of whom were severely disabled.

Disability cause

Disease/illness was the most common cause of disability. Sixty-eight percent of adults with disability living in residential facilities had disability caused by disease/illness. The next most common cause of disability was ageing (affecting 37 percent) followed by accident/injury (affecting 23 percent).

Help with everyday activities

Of the estimated 27,300 adults with disability living in residential facilities, an estimated:

- 22,600 (83 percent) were getting help from someone with personal care such as bathing, dressing or taking medication⁷⁵
- 24,300 (89 percent) were getting help with shopping for things they needed⁷⁶
- 24,800 (91 percent) were getting help with looking after their personal finances, such as doing tax returns or banking⁷⁷
- 16,300 (60 percent) were getting help when communicating with others, for example, when they consulted a doctor.⁷⁸

⁷⁴ A similar proportion of adults with disability living in households (34 percent) had a mobility disability as their main disability.

⁷⁵ By comparison, only 6 percent of adults with disability living in households got help with personal care.

⁷⁶ By comparison, 16 percent of adults with disability living in households got help with shopping for things they needed.

⁷⁷ By comparison, 8 percent of adults with disability living in households got help with personal finances.

⁷⁸ By comparison, 6 percent of adults with disability living in households got help with communication.

Equipment and technology

Equipment for hearing

In the 2001 Disability Survey of Residential Facilities, if an adult had a hearing disability but could hear easily because the hearing disability had been corrected with a hearing aid or some other device, they were not defined as having a hearing disability. Therefore, they were not asked about the types of equipment or services they used for people who were deaf or hard of hearing. This means the information in this section covers equipment and services used only by adults with *uncorrected* hearing disability.

An estimated 11,000 adults in residential facilities had an uncorrected hearing disability. Approximately one-third of these adults used hearing aids.⁷⁹

Sixty-four percent, an estimated 7000 adults with hearing disability, were not using any equipment, technology or services for people who were deaf or hard of hearing. Men with hearing disability (71 percent) were more likely than women with hearing disability (61 percent) not to be using any equipment, technology or services for people who were deaf or hard of hearing.

Equipment for seeing

In the 2001 Disability Survey of Residential Facilities, if an adult had a seeing disability but could see easily because the seeing disability had been corrected with glasses, contact lenses or some other device, they were not defined as having a seeing disability. Therefore, they were not asked about the types of equipment, technology or services they used for people who were blind or visually impaired. This means the information in this section covers equipment and services used only by people with *uncorrected* seeing disability.

Of the estimated 12,200 adults in residential facilities with uncorrected seeing disability, an estimated 5500 or 45 percent used glasses or contact lenses. In addition:

- 16 percent (an estimated 1900 adults) used large-print reading material
- 13 percent (1600) used handheld or desk-mounted magnifiers
- 8 percent (1000) used audio reading materials such as talking books
- 8 percent (1000) used readers.⁸⁰

An estimated 5400 or 44 percent of adults in residential facilities with seeing disability did not use any kind of equipment, technology or services for blind or vision impaired people.

Other equipment and technology

An estimated 24,700 or 91 percent of adults with disability in residential facilities used equipment to help them move about, equipment to help them use their hands or arms or ‘other’ types of equipment.⁸¹ The rate of use of this type of equipment was higher among women (94 percent) than men (84 percent). It was also higher among adults in the 65–74 (86 percent),

⁷⁹ The numbers of adults using other types of hearing equipment or technology were too small to report.

⁸⁰ The numbers of adults using other types of equipment or technology for seeing were too small to report.

⁸¹ This excluded equipment used for hearing, seeing and communicating.

75–84 (91 percent) and 85 and over (97 percent) age groups, compared with adults in the 45–64 (64 percent) age group.⁸²

Equipment for moving about

An estimated 21,600 or 79 percent of adults with disability living in residential facilities used some kind of equipment to help them move about, such as a walking stick or wheelchair.⁸³ The following types of equipment were being used:

- walking frames were used by an estimated 11,600 adults (43 percent of adults with disability living in residential facilities)
- manual wheelchairs were used by an estimated 10,600 adults (39 percent)
- walking sticks were used by an estimated 5300 adults (20 percent)
- back or leg braces were used by an estimated 600 adults (2 percent).⁸⁴

Equipment to support, help or replace hands or arms

An estimated 1200 or 4 percent of adults with disability living in residential facilities used some kind of equipment to support, replace or help them use their hands or arms.⁸⁵

Other equipment

An estimated 21,600 or 79 percent of adults with disability living in residential facilities used other kinds of equipment, including:

- shower stools, used by an estimated 19,100 adults (70 percent of adults with disability living in residential facilities)
- incontinence products, used by an estimated 11,600 adults (43 percent)
- commode chairs, used by an estimated 9900 adults (36 percent)
- raised toilet seats, used by an estimated 5900 adults (22 percent)
- specialised cushions, used by an estimated 4200 adults (16 percent)
- lifting equipment, such as belts or hoists, used by an estimated 4200 adults (15 percent)
- helping hands or grabbing sticks, used by an estimated 2500 adults (9 percent)
- ventilators, used by an estimated 700 adults (3 percent).⁸⁶

⁸² The numbers of adults aged 15–24 and 25–44 using equipment or technology were too small to report.

⁸³ By comparison, 16 percent of adults with disability living in households used or needed some kind of equipment to help them move about (see chapter 3).

⁸⁴ The numbers of adults using other types of equipment for moving about were too small to report.

⁸⁵ The numbers of adults using specific types of equipment for helping hands or arms (such as artificial limbs) were too small to report.

⁸⁶ The numbers of adults using other types of equipment in this category were too small to report.

Glossary

Note: Terms printed in bold are defined separately.

2001 Disability Survey of Residential Facilities	Survey of the disability status of New Zealand adults living in residential facilities carried out in 2001. A similar survey was carried out in 1997.
2001 Household Disability Survey	Survey of the disability status of adults and children in the New Zealand household population carried out between June and September 2001. A similar survey was carried out in 1996.
ACC	Accident Compensation Corporation. ACC is a Crown entity administering New Zealand's accident compensation scheme. This scheme provides insurance cover to New Zealand citizens, residents and temporary visitors for work- and non-work-related personal injuries. The scheme includes weekly earnings compensation, case management, health and disability support services and injury prevention programmes.
Accident/injury	Injury as a cause of disability . Examples include burns, near drowning, poisoning, motor vehicle crashes and falls. Note that the preferred term for 'accidents' is now 'unintentional injury'.
Accident/injury location	The location or situation where an accident/injury occurred. In the case of adults: at home, in a motor vehicle, at work, participating in sports or at another location. In the case of children: at home or school, in a motor vehicle, participating in sports or at another location.
Accommodation Supplement	A means-tested, non-taxable, government-funded allowance that provides assistance with accommodation costs to people who rent or own their own home. Eligibility does not depend on receipt of other benefits (Work and Income New Zealand 2003).
Adult	A person aged 15 years and over (at the time of the 1996 or 2001 Household Disability Survey or at the time of the 1997 or 2001 Disability Survey of Residential Facilities). Different survey screening questionnaires and content questionnaires were used for adults and children.
Age-specific rate	The proportion of people in a specific age group with a particular characteristic. In this report, age-specific rates have been expressed as percentages (that is, rates per 100 people). To convert these percentages to rates per 100,000, multiply by 1000.
Age standardisation, age-standardised rates	Age standardisation involves calculating age-standardised rates that enable populations with different age profiles to be compared in a summarised way. Age standardisation adjusts for age by applying age-specific rates to a standard population to produce a single, age-adjusted rate for each population. This report uses the World Health Organization's world standard population to calculate age-standardised rates (Ahmad et al nd).

Ageing	Natural ageing as a cause of disability for adults. This option was recorded as a cause of disability only if other disability causes were not specified. It was not read out by interviewers.
Agility disability	A disability type applying only to adults that consists of difficulty with, or complete inability to do, one of more of the following activities: bending down, dressing, cutting own toenails, grasping or handling objects, reaching in any direction, cutting own food, getting into and out of bed. Along with mobility disability , agility disability is a subcategory of physical disability .
Appendix tables	These present all the data reported in this summary document and the full version of <i>Living with Disability in New Zealand</i> (Ministry of Health 2004). The appendix tables are available free from the Ministry of Health's website http://www.moh.govt.nz/moh.nsf/238fd5fb4fd051844c256669006aed57/8fd2a69286cd6715cc256f33007aade4?OpenDocument
Asian/Other	People who identify as belonging to Asian ethnic groups such as Indian, Japanese and Chinese or other ethnic groups not classified as Māori, Pacific, European or Asian. See Ethnic group, ethnicity for a description of how people were allocated to an ethnic group where more than one was specified.
Birth, existed at birth, present at birth	A cause of disability referring to a disability that was already present at the time of birth or that occurred during the birth process (includes congenital and prenatal conditions).
Carer support	See respite care .
Cause of disability	See disability cause .
Cause of main disability	The main underlying reason for, or process leading to, an adult's main disability , categorised in the same way as disability cause .
Census	New Zealand Census of Population and Dwellings. Statistics New Zealand was able to link data from the 1996 and 2001 Household Disability Surveys to data from the individual and dwelling questionnaires of the 1996 Census and 2001 Census. This type of linking was not possible for the 1997 and 2001 Disability Surveys of Residential Facilities .
Child	A person aged 0–14 years (at the time of the 1996 or 2001 Household Disability Survey). Different survey screening questionnaires and content questionnaires were used for children and adults. Parents or caregivers usually answered survey questions on their children's behalf.
Child Disability Allowance	A government-funded allowance paid to the parents or guardians of children and young people requiring 'constant care and attention' because of severe disability. The allowance is a regular, fixed-amount payment that is not means tested (Work and Income New Zealand 2003).

Chronic condition/ health problem	<p>A disability type applying only to children that consists of long-term physical conditions or health problems limiting activities. These conditions or health problems include: severe asthma, a lung condition or disease, diabetes, a heart condition or disease, a kidney condition or disease, cancer, epilepsy, cerebral palsy, muscular dystrophy, spina bifida, a gastro-intestinal condition, growth failure or failure to thrive.</p> <p>This category of disability type relates to particular medical diagnoses assigned to children, rather than functional limitations.</p>
Communication board	<p>A communication system consisting of a board (e.g., electronic or wooden) with key words, letters of the alphabet, symbols and/or pictures to which a person with a speaking disability can point.</p>
Community Services Card	<p>Subsidises (through government funding) the costs of visits to family doctors. The card is given automatically to people who receive certain types of government financial assistance (including the Community Wage – Job Seeker, Community Wage – Sickness Benefit, Invalids Benefit and Child Disability Allowance). It is also available to other people assessed as having low to middle incomes (Work and Income New Zealand 2003).</p>
Community Wage – Job Seeker	<p>Also referred to as the Unemployment Benefit. Government-funded, income support for people who: are not working full time and are actively seeking a full-time job and able to start work immediately; or are a full-time trainee on an approved work-related course. People who are aged 18 years and over, or are aged 16–17 years and living with a partner and dependent children, are eligible for this benefit (Work and Income New Zealand 2003).</p>
Community Wage – Sickness Benefit	<p>Also known as the Sickness Benefit. An income-tested, government-funded payment to adults who are temporarily unable to work because of disability, sickness, injury or pregnancy (Work and Income New Zealand 2003).</p>
Content questionnaire	<p>One of the two survey questionnaires used in the 1996 and 2001 Household Disability Surveys. The main purpose of the content questionnaire was to gain further information about various aspects of the lives of people with disability, covering areas such as use of support services and special technical equipment, education, employment, income, accommodation, living situation and travel.</p> <p>Different content questionnaires were used for adults and children. Content questionnaires were only administered to people identified as having a disability by the screening questionnaire.</p> <p>A few of the questions used in the adult content questionnaire of the 1996 and 2001 Household Disability Surveys were also used in Section B of the questionnaire for the 1997 and 2001 Disability Surveys of Residential Facilities.</p>

Disability	<p>In the case of adults: for most disability types, a self-reported, long-term limitation in the ability to carry out one or more activities specified by the 2001 Household Disability Survey screening questionnaire. For intellectual disability, the need for support from other people or organisations, or previous use of SES.</p> <p>In the case of children: a long-term limitation in the ability to carry out one or more activities specified by the 2001 Household Disability Survey screening questionnaire; use of SES; use of specific types of equipment; or having certain types of chronic condition/health problem.</p>
Disability Allowance	An income-tested, government-funded allowance that reimburses people for regular costs they have because of disability (Work and Income New Zealand 2003).
Disability cause, cause of disability	<p>The main underlying reason for, or process leading to, a disability, based on the respondent's perception of the cause of disability. Only one cause was recorded for each disability type reported by a respondent.</p> <p>In the case of adults: a disability could be classified as being caused by disease/illness, accident/injury, birth, ageing or other cause of disability.</p> <p>In the case of children: a disability could be classified as being caused by disease/illness, accident/injury, birth or other cause of disability.</p>
Disability support services	<p>Mainly community-based support services for people with disability of all ages to increase their independence and participation. Families of people with disability may also receive these services. Examples of these services include needs assessment, service co-ordination, personal care, housework, respite care, day and vocational services, residential care, equipment and technology, housing and transport modifications, vehicle purchase and habilitation and rehabilitation (Ministry of Health 2002).</p> <p>In New Zealand, disability support services are funded by several government agencies, including the Ministry of Health, the Ministry of Education and Work and Income New Zealand. A wide range of other government agencies, as well as private and not-for-profit organisations, provide disability support services.</p>
Disability type	<p>In the case of adults: a particular type of functional limitation (for example, hearing, seeing, mobility, agility, psychiatric/psychological) or use of services (intellectual).</p> <p>In the case of children: a particular type of functional limitation (for example, hearing, seeing, intellectual, psychiatric/psychological); use of equipment (use of technical aids); use of services (use of special education); or a long-term condition or health problem (chronic condition/health problem).</p> <p>See Appendix 1 for further details on classifying disability type.</p>
Disease/illness	A cause of disability where the disability is due to a disease or an illness process, such as heart disease, cancer or asthma.
Disposable items	Special disposable items required because of a long-term condition or health problem, including: batteries for special equipment, needles, dressings, incontinence pads, colostomy bags and catheters.

Dwelling	Any building or structure, or part thereof, used, or intended to be used, for the purpose of human habitation. The building or structure can be permanent, temporary or mobile.
Early childhood education services	Education services for children aged 0–4 years, including kindergartens, playcentres, childcare centres or crèches, the Early Childhood Correspondence School, playgroups, Te Kohanga Reo and Pacific Island language groups.
Employed	Working for at least 1 hour per week for financial gain or carrying out unpaid work in a family business.
Employment rate	The proportion of people in a particular population who are employed.
Equipment and technology	<p>Equipment and other technology designed to assist people with disability to carry out certain activities. Examples are: wheelchairs, hearing aids, communication devices, artificial limbs, computers, ventilators, shower stools, lifting equipment, commode chairs and blood glucose meters.</p> <p>The disability survey questionnaires referred to this equipment and technology as ‘special equipment’. In other contexts it is also referred to as technical equipment, technical aids, assistive technology or assistive equipment.</p>
Ethnic group, ethnicity	<p>The ethnic group (or groups) that people identify with, as recorded in the Census. Ethnicity is a self-defined concept that encompasses the sense of belonging to a particular cultural group. In this report, data are provided for four main ethnic groups: Māori, Pacific, European and Asian/Other.</p> <p>When an individual identified with more than one ethnic group, Statistics New Zealand used its standard system of prioritisation to allocate the individual to one ethnic group in the order of Māori, Pacific, Asian/Other, European.</p>
European	People who identify as being New Zealand European (New Zealander, Pākehā, Kiwi), Australian, Dutch, Greek, English, Scottish, Irish, Eurasian, Caucasian, or any other European group. See Ethnic group, ethnicity for how people were allocated to an ethnic group when more than one was specified.
Everyday housework	Examples include tidying up, cleaning and laundry. The other category of housework used by the survey was heavy household work .
Health care cards	Cards that provide government-funded subsidies for health services. They include the Pharmaceutical Subsidy Card , High Use Health Card and Community Services Card .
FM system	A communication system comprising a microphone that wirelessly transmits a speaker’s voice to a receiver which can be listened to directly, or is attached to a hearing aid or cochlear implant.

Health services	Services provided by health professionals, other health workers, therapists or healers, including general practitioners or family doctors, nurses, chemists or pharmacists, dentists or dental nurses, physiotherapists, occupational therapists, speech therapists, medical specialists, counsellors, social workers or psychologists, opticians or optometrists, chiropractors, podiatrists or chiropodists, alternative therapists (for example, naturopaths, homeopaths and iridologists), traditional healers (for example, tohunga, rongoa Māori specialists or fofo) and Māori and Pacific health workers.
Hearing disability	<p>In the case of adults: A disability type consisting of a difficulty, or an inability, to hear what is said in conversation with one other person and/or with three other people in an environment with no background noise. If the difficulty or inability to hear was corrected, for example, with a hearing aid, an adult was <i>not</i> defined as having a hearing disability.</p> <p>In the case of children: A disability type consisting of being deaf or having trouble hearing that was not corrected. Children wearing hearing aids were assumed to have an uncorrected hearing problem (that is, they were defined as having a hearing disability). Children with grommets could have a corrected or an uncorrected hearing problem.</p> <p>The hearing disability category includes people who might, in other contexts, be referred to as ‘deaf’ or ‘hearing impaired’.</p>
Heavy household work	Examples include spring cleaning, gardening and mowing lawns.
High Use Health Card	Subsidises (through government funding) medical and prescription services for people who visit the doctor 12 times or more in a year (Work and Income New Zealand 2003).
Highest qualification	The most advanced, formally recognised educational attainment by adults. In this report, the categories used are: no school qualification, school qualification and post-school qualification (where ‘school’ means secondary school).
Home ownership	Whether an individual personally owned, or partly owned, the dwelling in which they usually lived. Ownership includes owning a home with a mortgage.
Home support	Help with the personal care of a person with disability and/or help with housework. ⁸⁷
Household	One person who usually resides alone or two or more people who usually reside together and share facilities such as eating, cooking or bathroom facilities or a living area.
Household composition	The nature of a household based on who lives there and their relationship to one another. In this report, the categories used are: one-family household , two-family household, another kind of multi-person household and a one-person household.

⁸⁷ The survey questionnaire did not specify what type of housework this was (everyday housework or heavy household work).

Household income	The sum of the annual personal incomes , from all sources, of all adults aged 15 years and over living in one household for the year ending 31 March 2001.
Household population	<p>The usually-resident population of New Zealand staying in private dwellings and group homes (for example, IHC houses) on Census night. This was the population included in the 2001 Household Disability Surveys.</p> <p>The 2001 Household Disability Survey excluded: non-New Zealand diplomats and non-New Zealand members of their staff and households; members of non-New Zealand armed forces and their dependants; overseas visitors who had been resident in New Zealand for less than 12 months and who did not intend to stay in New Zealand for more than 12 months; long-term residents of non-private dwellings, such as homes for older people, retirement homes, hospitals, psychiatric and psychopaedic institutions and penal institutions and people living in boarding houses with six or more boarders or lodgers.</p> <p>(See residential facility for the types of non-private dwelling that were included in the 2001 Disability Survey of Residential Facilities.)</p>
Housing tenure	Whether the dwelling in which an individual lived was owned with or without a mortgage or was rented by the usual residents.
IDP, Individual Development Programme	Similar to an IEP (Individual Education Programme) but for preschool children with special needs.
IEP, Individual Education Programme	<p>Programmes for primary and secondary school students who have special educational needs due to disability, learning difficulties or behavioural difficulties.</p> <p>The term 'IEP' is used to describe several concepts, including: the complete cycle of IEP assessment, planning, provision and evaluation; the meeting at which a student's individual needs are discussed; a plan for an individual student; a documented programme for an individual student.</p> <p>Written plans for IEPs are prepared in consultation with teachers, parents, special educational professionals and students. Plans are regularly updated as students progress.</p> <p>IEPs outline a programme for special education services, including extra assistance and adapted programmes or learning environments as well as special equipment or materials to support students in special or regular education settings.</p>

Income source	The source or sources of personal income obtained by adults in the year ending March 2001. Categories include: wages, salary, commissions and bonuses paid by employers; self-employment; interest, dividends, rent and other investments; regular payments from ACC or a private work accident insurer; New Zealand Superannuation or Veterans Pension ; other superannuation, pensions and annuities; Community Wage – Job Seeker ; Community Wage – Sickness Benefit ; Domestic Purposes Benefit; Invalids Benefit ; Student Allowance; other government benefits, government income support payments and war pensions; other sources of income, including support payments from people not living in the household; or no source of income. Excluded are: income in kind and imputed, unrealised and contingent income; money received by borrowing, making withdrawals for savings and receiving payments of loan principal; tax credits; and reimbursements of expenses.
Individual Development Programme	See IDP .
Individual Education Programme	See IEP .
Industry	The type of activity undertaken by the organisation, enterprise, business or unit of economic activity within which people are employed. Categories include: government administration and defence; transport and storage; construction; manufacturing, health and community services; accommodation, cafés and restaurants; finance and insurance; agriculture, forestry and fishing; education; wholesale trade; personal and other services; retail trade; communication services; cultural and recreational services; property and business services.
Intellectual disability	<p>A disability type.</p> <p>In the case of adults: Needing help or support from organisations like IHC or People First, or other people, because of an intellectual disability or a ‘handicap’; or previous attendance at a special school or receipt of special education because of an intellectual disability or a ‘handicap’.</p> <p>In the case of children: Any kind of intellectual disability, intellectual handicap or intellectual developmental delay.</p> <p>The term ‘handicap’ was used in the relevant survey questions, but usually this term is no longer used.</p>
Invalids Benefit	A government-funded benefit paid to adults who are unable to work 15 hours or more per week because of permanent disability, sickness or injury (Work and Income New Zealand 2003).
Labour force, in the labour force	All people aged 15 years and over who worked in the reference period for 1 hour or more per week for financial gain, were unpaid workers in a family business or were unemployed but were actively seeking full-time or part-time work.
Labour force status	Defines an adult as employed , unemployed or not in the labour force . Employed and unemployed people are categorised as being in the labour force .

Learning disability	<p>In the case of adults: a disability type consisting of a long-lasting condition or health problem that affects a person’s mental capacity, making it hard in general for them to learn.</p> <p>In the case of children: a disability type subcategory (of ‘use of special education’ disability), consisting of learning disabilities such as dyslexia, attention deficit disorder, attention deficit hyperactivity disorder and other conditions that interfere with typical learning processes.</p>
Long-distance travel	Trips of 80 kilometres (50 miles) or more or that take 1 hour or more travelling on the open road.
Long-term	Six months or more (in the context of having a disability).
Macaw	A communication system comprising a board with symbols on it, each representing a different message. When a symbol is pressed, a pre-recorded message is played.
Main disability	<p>The disability type people rated as the one that most limited their everyday activities. For people with only one disability type, this was counted as their main disability.</p> <p>Only adults in the 2001 Household Disability Survey and the 2001 Disability Survey of Residential Facilities were asked to specify their main disability.</p> <p>Children in the 2001 Household Disability Survey were not asked this question. No information on main disability was collected in the 1996 Household Disability Survey or the 1997 Disability Survey of Residential Facilities.</p> <p>The categories of main disability are the same as for disability type (for example, seeing or hearing).</p>
Māori	People who identified as being New Zealand Māori as their sole ethnic group or as one of their ethnic groups. See Ethnic group, ethnicity for how people were allocated to an ethnic group when more than one was specified.
Medical specialists	Doctors who specialise in a particular area of medicine. Their patients are usually referred to them by other doctors, such as general practitioners or family doctors. Examples of medical specialists are cardiologists, general surgeons, obstetricians, psychiatrists and paediatricians.
Mobility disability	<p>A disability type applying only to adults that consists of difficulty with, or complete inability to do, one or more of the following activities: walking 350 metres, walking up and down a flight of stairs, carrying a 5-kilogram weight for 10 metres, moving from one room to another, standing for 20 minutes.</p> <p>Along with agility disability, mobility disability is a subcategory of physical disability.</p>

Multiple disabilities	<p>In the case of adults: having two or more of the following disability types: hearing, seeing, mobility, agility, speaking, intellectual, psychiatric/psychological or other.</p> <p>In the case of children: having two or more of the following disability types: hearing, seeing, speaking, use of technical aids, chronic condition/health problem, intellectual, psychiatric/psychological, use of special education or other.</p>
Needs assessment	<p>A needs assessment is a process in which all of a person's care and support needs for everyday living are identified and prioritised with a needs assessor. Care and support needs include home help, personal care, respite care, equipment, technology and building modifications .</p> <p>At the time of the 2001 Household Disability Survey, needs assessments could be carried out by needs assessors from agencies funded by the Ministry of Health (for example, community-based needs assessment and service co-ordination agencies, SES and Child, Youth and Family).⁸⁸</p> <p>Note that needs assessments provided by the ACC were excluded from questions in the 2001 Household Disability Survey.</p> <p>Based on the needs assessment, a subsequent process – service co-ordination – identifies the most appropriate services and support options for a person, subject to the availability of services and funding.</p>
Non-partnered	Adults who are not partnered . See also social marital status .
Non-private dwellings	Dwellings that are available to the public, including hotels; motels; hospitals; prisons; educational, welfare, religious and charitable institutions; homes for the elderly; and boarding houses with six or more boarders or lodgers. Non-private dwellings usually have shared cooking and dining facilities.
Not in the labour force	Not currently employed for financial gain for 1 or more hours per week, not working in an unpaid position in a family business, or unemployed but not actively seeking work. The category includes people who are retired, students, parents or carers of young children, people doing unpaid housework, and people with disability who are unable to work (Statistics New Zealand 2002).

⁸⁸ Note that the 2001 Household Disability Survey field manual, used by interviewers, stated that Health Funding Authority (HFA) providers carried out needs assessments. However, by the time the survey was conducted, these HFA functions had been taken over by the Ministry of Health.

NZDep2001	<p>An index or measure of the level of socioeconomic deprivation in different geographic areas of New Zealand. It is calculated using 2001 Census data on car and telephone access, receipt of means-tested benefits, unemployment, household income, sole parenting, educational qualifications, home ownership and home living space (Salmond and Crampton 2002).</p> <p>The index ranges from 1 to 10. A score of 1 indicates that people are living in the least deprived 10 percent of New Zealand, while a score of 10 indicates that people are living in the most deprived 10 percent of New Zealand.</p> <p>Because the index is derived from data referring to the <i>whole</i> population of an area (and not individuals), the socioeconomic circumstances of <i>individuals</i> with disability can vary from the average situation in an area. For example, while someone with disability may live in an area assigned to NZDep2001 decile 1 (least deprived), he or she may still have a lower socioeconomic status than most other people living in that area. Therefore, caution is needed when interpreting NZDep2001 data.</p>
Occupation	<p>The job, trade, profession or type of work in which a person is employed for financial reward or as an unpaid worker in a family business. In this report, the major group level of the New Zealand Standard Classification of Occupations 1999 (NZSCO99) is used to classify people's occupations. The groups are: elementary occupations; trades workers; technicians and associated professionals; plant and machine operators and assemblers; service and sales workers; agriculture and fishery workers; legislators, administrators and managers; professionals; and clerks.</p>
One-family household	<p>A household containing a single family, with a family defined as a single parent or caregiver plus one or more children, a couple plus one or more children or a couple without children. Couples may be of the same sex or opposite sexes.</p>
Other cause of disability	<p>The category used when the main, underlying reasons for, or processes leading to, a disability, were unable to be classified as:</p> <p>in the case of adults: disease/illness, accident/injury, birth or ageing.</p> <p>in the case of children: disease/illness, accident/injury or birth.</p> <p>Examples of other causes of disability include effects of childbirth, effects of alcohol or illegal drugs, medical side effects, working conditions and environmental factors such as noise and weather.</p>
Other disability type	<p>See Appendix 1.</p>
Pacific peoples	<p>People identifying as being Samoan, Cook Island Māori, Tongan, Niuean or from another Pacific Island ethnic group. This definition includes Pacific peoples born in New Zealand as well as overseas. See Ethnic group, ethnicity for information on how people were allocated to an ethnic group where more than one was specified.</p>

Partnered	<p>A category of social marital status applying only to adults.</p> <p>Adults who are partnered live with their:</p> <ul style="list-style-type: none"> • legal husband or wife; or • de facto partner, girlfriend or boyfriend (this includes same-sex or opposite-sex partners). <p>All other people are classified as ‘non-partnered’.</p>
Personal care	Assistance with activities such as bathing, dressing and taking medication.
Personal income	An individual’s annual income from all income sources for the year ending 31 March (1996 or 2001). To overcome collection difficulties, Census information about personal income is collected as an income range, rather than an actual dollar income.
Pharmaceutical Subsidy Card	Available to families who have paid for 20 or more government prescription charges in a year, excluding prescription charges for children under the age of 6. After the twentieth prescription item, families pay \$2 per item for the rest of the year, along with any other non-government charges that apply. This is a government-funded subsidy (Work and Income New Zealand 2003).
Physical disability	A broad disability type category that comprises agility disability and mobility disability .
Population estimate	An estimate of the number of people in the New Zealand population who have a particular characteristic (for example, a mobility disability) derived from data obtained from the 2001 Household Disability Survey and the 2001 Disability Survey of Residential Facilities .
Prevalence	The proportion of people with a particular characteristic measured at one point in time. In this report, prevalence is expressed as a percentage (rate per 100). To convert these percentages to rates per 100,000, multiply by 1000.
Primary and secondary education services	Schools for children aged 5 years and older, including: primary schools, intermediate schools, area or composite schools, kura kaupapa Māori, secondary schools, special schools, home-schooling and the Correspondence School.
Private dwelling	Any permanent or temporary dwelling occupied by one or more people that is not available to the general public, including: houses; flats; apartments; residences attached to a business or an institution; baches, cribs and holiday homes; and individual flats or units in a retirement village. Excludes dwellings with six or more boarders or lodgers (that is, boarding houses).
Psychiatric/ psychological disability	<p>A disability type.</p> <p>In the case of adults: any long-term emotional, psychological or psychiatric condition resulting in difficulty with, or prevention of, communicating, socialising or doing everyday activities that people the same age can usually do.</p> <p>In the case of children: any long-term emotional, behavioural, psychological, nervous or mental health condition limiting the kind, or amount, of children’s activities at home, school or play.</p>

Public transport	Aeroplanes, trains, ferries, buses and trams.
Readers	The disability surveys' manuals for survey interviewers defined 'readers' as people who read out loud for people with seeing disability. There are also 'screen readers', which assist people with seeing disability to use computers through a speech synthesiser or through an image magnification and enhancement process.
Receive(d) special education services, receiving special education services	A subcategory of the disability type 'use of special education' . Children currently attending special schools, special units or special classes were defined by the 2001 Household Disability Survey as receiving special education services.
Relative sampling error	See RSE .
RSE, relative sampling error	<p>A measure of the statistical reliability of the Disability Survey results. Because results come from a sample of people, rather than the entire population, variability from the true situation occurs because of chance. This is called the sampling error.</p> <p>All results presented in the current report are within the 50 percent relative sampling error cut-off points. This means there is a 95 percent chance that the true value lies between plus or minus 50 percent of the calculated population estimate.</p> <p>See Appendix 2 for a table RSE cut-off points used in this report and the Appendix tables.</p> <p>For further details about RSE calculations for the 2001 Household Disability Survey and the 2001 Disability Survey of Residential Facilities, see <i>Disability Counts 2001</i> (Statistics New Zealand 2002: 19–23).</p>
Remembering disability	A disability type , applying only to adults, that is defined as an ongoing difficulty with remembering things (that is, a problem with long-term memory and/or short-term memory). The difficulty may be due to a long-lasting condition or health problem such as Alzheimer's disease, a head injury or epilepsy.
Residential facility	A non-private dwelling included in the sample for the 2001 Disability Survey of Residential Facilities . Residential facilities included: rest homes/homes for older people; long-stay beds in public hospitals; long-stay beds in private hospitals; long-stay residential units (with 10 or more people), including intellectual disability units, psychiatric disability units, physical disability units and multiple disability units. The 2001 Disability Survey of Residential Facilities did not include people with disability living in hospices, acute psychiatric wards, forensic psychiatric wards or hospitals, nurses homes, night shelters, residential units run by (the former) Department of Social Welfare, orphanages, welfare facilities, penal and correction facilities, educational facilities, religious facilities, drug and alcohol recovery centres, boarding houses, supported housing or group homes, work camps, construction camps, training camps, seasonal group quarters, defence areas, vessels, police lock-ups, hotels, motels, guest houses, motor camps, communes or marae (Statistics New Zealand 2002).

Respite care	Also known as carer support . A period of alternative care that enables a usual caregiver to have a break from looking after a person with disability. It may involve a replacement caregiver staying at, or visiting, a person's home. Alternatively, the person with disability may stay in a hospital, a rest home or another service providing out-of-home care.
Screening questionnaire	A questionnaire used in the 2001 Household Disability Survey to determine if people met the criteria for having a disability. Questions covered the types and causes of disability. Different screening questionnaires were used for adults and children.
Seeing disability	<p>In the case of adults: A disability type consisting of a difficulty, or an inability, to read ordinary newspaper print and/or to see the face of someone across a room.</p> <p>In the case of children: A disability type consisting of being blind or having trouble with eyesight.</p> <p>For adults and children, if the difficulty or inability to see was corrected, for example, by glasses or contact lenses, people were <i>not</i> defined as having a seeing disability.</p> <p>The seeing disability category includes people who might in other contexts be referred to as 'blind' or 'vision impaired'.</p> <p>Along with hearing disability, seeing disability is a subcategory of sensory disability.</p>
SES, Special Education Services	Services that provide extra assistance, adapted programmes or learning environments and specialised equipment or materials to support children and young people with special needs to access the education curriculum in a range of settings. Also see received special education services .
Severity of disability	<p>A three-level classification of how severely people were affected by disability. According to this definition people with:</p> <ul style="list-style-type: none"> • <i>severe</i> disability receive, or need, daily help with activities such as preparing meals, shopping, everyday housework, bathing or dressing • <i>moderate</i> disability use, or need, 'some type of assistive device, aid or equipment' and/or help with certain heavier or more difficult household tasks • <i>mild</i> disability have a disability but do not require regular help from other people or technical aids. <p>The classification of severity was derived from a slightly different set of questions for adults and children because adults and children were not asked identical questions about the assistance they received or the equipment they used.</p>
Sex	Male or female.
Sheltered employment	Employment in sheltered workshops or in jobs specifically set up to provide work for people with disability.
Sheltered workshops	Places that provide a variety of services to people with disability, one of which is employment.

Short-distance travel	Trips of less than 80 kilometres (50 miles) or that take less than 1 hour travelling on the open road.
Single disability	<p>Adults were classified as having a single disability if they had one of the following disability types: hearing, seeing, mobility, agility, speaking, intellectual, psychiatric/psychological or other.</p> <p>Children were classified as having a single disability if they had one of the following disability types: hearing, seeing, speaking, use of technical aids, chronic condition/health problem, intellectual, psychiatric/psychological, special education or other.</p>
Social marital status	Whether an adult has a legal or de facto partner or spouse (husband or wife). The categories of social marital status used in this report are partnered and non-partnered .
Speaking disability	<p>A disability type consisting of difficulty speaking and being understood because of a long-term condition or health problem.</p> <p>Speaking disability is usually included within the category ‘other disability type’ in this report.</p>
Special Education Services, SES	See SES, Special Education Services .
Special Needs Grants	One-off, government-funded payments to people on low incomes who have limited cash assets. The payments are for urgent necessities such as food, bedding or dental or medical treatment (Work and Income New Zealand 2003).
Special school	A school catering only for children with special needs.
Special workplace requirements	Personal assistance, technical equipment or other workplace modifications that enable or assist people with disability to work.
Spouse	Husband or wife.
Technical aids	See Use of technical aids .
Total Mobility Scheme	A scheme funded by local government agencies and Transfund (a stand-alone government agency/a crown entity) offering subsidised taxi fares to people with all types of disability who find it difficult to use public transport.
Type of disability	See disability type .
Unemployed	People aged 15 years and over were categorised as unemployed if they: were not working for 1 hour or more per week for financial gain, or were not working in an unpaid position in a family business, <i>and</i> had been actively seeking full-time or part-time employment in the previous 4 weeks. Note that this category excludes adults who are students enrolled in secondary and tertiary education as they are not in the labour force .
Unemployment rate	The proportion of people in the labour force who are unemployed .

Unmet need	A particular support service that people with disability reported they needed but had been unable to get (for example, financial assistance, special equipment, modifications to a building or vehicle, health services or personal assistance). The identification of need was based on survey participants' perceptions of their situation and memory of experiences rather than measurements or assessments conducted by other people, such as needs assessors. Survey participants were asked to identify the reasons for their unmet need from a list of options such as: not knowing there was such a service, lack of local availability of the service, lack of eligibility for the service, not liking the service that was available, feeling uncomfortable with the service for cultural reasons, lack of transport and lack of appointment availability.
Use of special education	A disability type applying only to children and defined as current attendance at a special school, or a special unit or class at a regular school, or a regular class where special education services are provided, because of a long-term condition or health problem (receiving special education services). The category also includes children who have individual plans or programmes at school or preschool because of learning or developmental difficulties (IEP or IDP), as well as children who have a learning disability caused by conditions such as dyslexia, attention deficit disorder or attention deficit hyperactivity disorder. This disability type category is based on the use of certain types of service or clinical diagnoses rather than the limitation of a specific type of function.
Use of technical aids	A disability type applying only to children where a long-term condition or health problem necessitates the use of equipment or technology. Includes use of: wheelchairs, special buggies or trolleys, crutches, walking sticks, walking or standing frames, braces (but not dental braces), artificial limbs or other equipment like modified beds or eating utensils (but excluding asthma inhalers, grommets, spectacles and other types of equipment that eliminate functional limitation). Note that only a minority of children with disability using equipment for seeing, hearing or communicating were included in this category. This disability type category is based on the use of certain types of equipment rather than being a limitation in a specific type of function.
Veterans Pension	Income support for ex-service people aged 65 years and over who are receiving a War Disablement Pension for a disability that has been assessed as at least 70 percent or ex-service people aged under 65 years who cannot work because of a disability from any cause (including a non-service related cause) (Work and Income New Zealand 2003).
War Disablement Pension	Available to people who have a disability as a result of military service. The pension is non-taxable and non-income-tested and is assessed according to the degree of disability (Work and Income New Zealand 2003).
Whānau	Māori term for 'family' commonly used in New Zealand. The term has many meanings, depending on context, but often refers to an extended family group comprising several generations and parent-child families related by descent from a recent ancestor (Metge 1995).

With disability	Met the criteria for having a disability, as determined by the screening questionnaires of the 2001 Household Disability Survey and the screening section of the 2001 Disability Survey of Residential Facilities .
Without disability	Did not meet the criteria for having a disability, as determined by the screening questionnaires of the 2001 Household Disability Survey and the screening section of the 2001 Disability Survey of Residential Facilities .

Appendix 1: Classification of Disability Type

Higher level classification used in <i>Disability Counts 2001</i>	Standard classification used in the current report	More detailed classification used in current report
Adults (aged 15 years and over)		
Sensory	Hearing Seeing	Hearing Seeing
Physical	Mobility Agility	Mobility Agility
Intellectual	Intellectual	Intellectual
Psychiatric/psychological	Psychiatric/psychological	Psychiatric/psychological
Other	Other	Learning Remembering Speaking Other
Children (aged 0–14 years)		
Sensory	Hearing Seeing	Hearing Seeing
Use of technical aids	Use of technical aids	Use of technical aids
Chronic condition/health problem	Chronic condition/health problem	Chronic condition/health problem
Intellectual	Intellectual	Intellectual
Psychiatric/psychological	Psychiatric/psychological	Psychiatric/psychological
Other	Use of special education	Learning Had an IEP or IDP Attended special school, special unit or class at a regular school (received special education services)
	Other	Speaking Other

Source: Statistics New Zealand 2002: 128–9

Appendix 2: Relative Sampling Error (RSE) Cut-off Points Used for this Report and Appendix Tables

	50% RSE cut-off point	70% RSE cut-off point
2001 Household Disability Survey data		
Chapters 2–7		
Adults	2860	1380
Children	1140	540
Total (adults and children)	2860	1380
Chapter 8		
Māori adults	750	350
Māori children	730	350
Total Māori (adults and children)	750	350
Non-Māori adults	4700	2330
Non-Māori children	1710	840
Total Non-Māori (adults and children)	4700	2330
Chapter 9		
Pacific adults	640	310
Pacific children	430	180
Total Pacific (adults and children)	640	310
Non-Pacific adults	4700	2330
Non-Pacific children	1710	840
Total Non-Pacific (adults and children)	4700	2330
2001 Disability Survey of Residential Facilities, Chapter 10		
Adults (= total)	520	200

Source: Statistics New Zealand (2002: 128–9); personal communication, Mike Doherty, Statistics New Zealand, 6 November 2003.

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