|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Report | |  | | |
|  |  | | | |
| Date: | 30 September 2016 | |  |  |

### Key issues for disabled people in New Zealand

1. This information assignment provides a brief overview of key issues for disabled people in New Zealand.[[1]](#footnote-1) The focus of the assignment is on:

* key areas of inequality between disabled and non-disabled people, drawing on published data from Statistics New Zealand’s 2013 Disability Survey (the Disability Survey)[[2]](#footnote-2)
* fundamental concerns expressed by disabled people in the research on their lived experience of disability, drawing on the New Zealand Convention Coalition Monitoring Group (Convention Coalition) reports.[[3]](#footnote-3)

### Summary: Keys issues for disabled people in New Zealand

*2013 Disability Survey[[4]](#footnote-4)*

* Disabled people are less likely to be employed compared to non-disabled people.
* Although disabled people are concerned about various issues in the workplace, employed disabled people express a good level of job satisfaction.
* Disabled people are less likely to have educational qualifications compared to non-disabled people.
* Disabled people are less likely to be employed in managerial and professional occupations compared to non-disabled people.
* Disabled people are more likely to be represented in low income groups compared to non-disabled people.
* Disabled people are less likely to feel healthy compared to non-disabled people.
* Disabled and non-disabled people feel equally safe at home and in their neighbourhood during the day. However, disabled people are less likely than non-disabled people to feel safe when out alone in their neighbourhood after dark.

*New Zealand Convention Coalition Monitoring Group reports[[5]](#footnote-5)*

* Disabled youth report being excluded and subjected to intimidation and bullying at school.
* Poverty has an impact on the daily lives of disabled people.
* Disabled people are concerned about barriers in accessing health services and the negative attitudes of health professionals.
* Inability to be fully involved in social activities is a barrier to disabled people’s full participation in society.
* Physical and environmental barriers impede disabled people from fully accessing their communities.
* There is lack of consistency, choice, funding and respect for consumers in disability support services.
* There is a lack of disability awareness and responsiveness in society.

### The diversity of the disabled population

1. Twenty-four percent of the New Zealand population is identified as disabled, a total of 1.1 million people. Disability increases with age. Twenty-one percent of adults under 65 are disabled, compared to 59 percent for adults aged 65 or over. Eleven percent of children (0-14 years) are disabled.
2. There is little difference in disability rates for men and women (aged 15 years and over). However, the likelihood of boys being disabled is higher than for girls, that is, 13 percent and 8 percent respectively.
3. Disability rates vary by ethnic group. The disability rates for the four main ethnic groups are:

* Māori (26 percent)
* European (25 percent)
* Pacific (19 percent)
* Asian (13 percent).

1. Māori have higher-than-average disability rates, despite having a smaller older age population. Māori are more likely to be disabled (26 percent) than non-Māori (24 percent). Māori children have a disability rate of 15 percent, whereas the equivalent figure for non-Māori children is 9 percent.

### Key areas of inequality between disabled and non-disabled people and disabled people’s expressed concerns

1. The Disability Survey[[6]](#footnote-6) shows that, on average, disabled people experience poorer economic and social outcomes than non-disabled people.[[7]](#footnote-7) The Convention Coalition’s research reports on disabled people’s lived experience of disability substantiate most of the data derived from the 2013 Disability Survey.[[8]](#footnote-8)

#### Disabled people are less likely to be employed compared to non-disabled people[[9]](#footnote-9)

1. Summary

* Less than half of disabled people are employed compared to almost three-quarters of non-disabled people. Disabled people are, therefore, more likely to experience economic and social disadvantages.
* Among Māori, a disability reduces the likelihood of being employed.
* Disabled women are less likely than disabled men to be employed full-time.

1. For the employed population aged 15+ (2,232,000), 19 percent are disabled. Forty-five percent of disabled adults are employed, compared to 72 percent of non-disabled adults.[[10]](#footnote-10) The older age profile of the disabled population has a significant effect on their employment rate. Among those under 65, disabled adults have an employment rate of 61 percent, compared to 76 percent for their non-disabled peers.
2. Employment rates vary considerably within the disabled population ranging from 30 percent for those with agility impairments to 45 percent for those with psychiatric/psychological or hearing impairments.
3. The data points to disability as a factor influencing the likelihood of Māori being employed. For example, 44 percent of disabled Māori are employed compared to 68 percent of their non-disabled peers.[[11]](#footnote-11)
4. The employment data, as the table below indicates, also points to the intersection of disability and gender.

**Table 1: Employment status of disabled and non-disabled women and disabled and non-disabled men**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employment | Disabled women | Disabled men | Non-disabled women | Non-disabled men |
| Full-time employed | 24% | 40% | 44% | 68% |
| Part-time employed | 17% | 9% | 22% | 9% |

1. The percentage of disabled women in full-time employment is 20 percentage points and 16 percentage points less than for non-disabled women and disabled men respectively.

#### Although disabled people are concerned about various issues in the workplace, employed disabled people express a good level of job satisfaction

1. Issues raised by employed disabled people in the Disability Survey include: the difficulties and limitations encountered in the workplace, workplace modifications and the need to change jobs. For example:

* Disabled workers with agility impairments are more than twice as likely to experience difficulties with tasks or duties (51 percent) as those with hearing or vision impairments (24 percent).
* Limitations in the ability to carry out tasks and duties and in the number of hours they could work are more common among disabled workers aged 45 to 64 than younger adults.

1. The Disability Survey identified some issues faced by unemployed disabled people including: an unmet desire to work, the limitations of a condition or health problem on the kind and amount of work people can do, and a need for workplace modifications. For example:

* Three-quarters of unemployed disabled people aged 15-64 state that they would like to work, if a job was available.
* Of disabled people aged 15-64, who were not working but had looked for work in the previous four weeks, 13 percent said they would require a work area with modifications.

1. Views about employment expressed by the disabled participants in the Convention Coalition research (2010, 2012) are consistent with the Disability Survey data. Lack of accommodation for the daily reality of living with an impairment and rigid workplace policies feature in many of the interviews. Many of the disabled people interviewed want to work part-time.
2. One participant declared: ‘When I was appointed to the job I was expected to be regularly in the office. This was something I hadn’t been expecting … But because I find regular hours very difficult to keep to now, it was very difficult to be “on song” for the same 8 hours every day, that became quite stressful.’ (2010:55-56)
3. The Disability Survey estimated that almost one-third of disabled adults in employment work part-time (less than 30 hours per week).
4. Given the issues raised by disabled people about employment, the table below demonstrates a good level of job satisfaction among employed disabled workers.

**Table 2: Job satisfaction among employed disabled workers**

|  |  |  |  |
| --- | --- | --- | --- |
| Job satisfaction on a scale of 0 to 10 (where 0 is very dissatisfied and 10 is very satisfied) | 8 or higher | 5 – 7.9 | Below 5 |
| Employed disabled people | 55% | 36% | 9% |
| Employed non-disabled people | 64% | 33% | 3% |

#### Disabled people are less likely to have educational qualifications compared to non-disabled people

1. Summary

* Disabled people tend to be less well-educated than non-disabled people.
* Among Māori, disability is a factor in lower educational achievement.
* Disabled women’s and men’s low participation in education suggests that their skills and talents are not being fully utilised.

1. As the table below shows, disabled people have a lower level of educational achievement compared to non-disabled people.

**Table 3: Level of educational achievement among disabled and non-disabled people living in private households**

|  |  |  |
| --- | --- | --- |
| Level of educational achievement | Disabled people | Non-disabled people |
| No educational qualification | 33% | 15% |
| Bachelor’s degree | 12% | 25% |

1. Educational qualifications make a considerable difference to labour force participation for disabled adults. Participation rates increase from 36 percent among disabled adults with no qualifications to 71 percent for those with university degrees.
2. The educational data indicates that disability is a factor influencing the likelihood of Māori having educational qualifications. Forty-one percent of disabled Māori have no formal educational qualifications, compared to 24 percent of their non-disabled peers. Similarly, 7 percent of disabled Māori have degrees, compared to 15 percent for non-disabled Māori.
3. The intersection of disability and gender is minor in the educational data. The data in the table below shows that about one-third of disabled women and men have no educational qualification, compared to 15 percent of non-disabled women and men.

**Table 4: Educational qualifications of disabled and non-disabled women and disabled and non-disabled men**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Educational qualifications | Disabled women | Disabled men | Non-disabled women | Non-disabled men |
| No educational qualification | 33% | 32% | 15% | 15% |
| Bachelor’s degree or higher | 13% | 11% | 25% | 23% |

#### Disabled people report being excluded and subjected to intimidation and bullying at school

1. As to disabled people’s lived experience in the educational system, disabled young people (aged 16-25) interviewed for the Convention Coalition research (2013a) reported being isolated and excluded within the school system.
2. One participant stated: ‘I spent more time out of class than in class – especially at primary school. The teachers used to send me to the Comfy Room and I used to sit in there. The only thing I had to look forward to was the morning tea and lunch times because people used to come in and because I was special used to chat to me and all that.’ (2013a:21)
3. The disabled young people interviewed had also experienced intimidation and bullying at school.
4. Of the young people still in school, many mentioned the role of teacher aides. Several participants in the Convention Coalition’s 2012 research report also spoke of teacher aides being used to assist non-disabled children in the class, ‘while the disabled child languishes at the back of the room’.

#### Disabled people are less likely to be employed in managerial and professional occupations compared to non-disabled people

1. Given that disabled adults are less likely to have tertiary educational qualifications, it is not surprising that, as the table below shows, they are less concentrated in professional and managerial roles, compared to non-disabled people. It is also interesting to note the higher proportion of disabled people in the manual occupation of labourer.

**Table 5: Selected occupations of disabled and non-disabled people**

|  |  |  |
| --- | --- | --- |
| Occupation | Disabled people | Non-disabled people |
| Professional and managerial | 35% | 44% |
| Clerical and administrative | 13% | 12% |
| Community and personal services | 9% | 9% |
| Labourer | 14% | 10% |

#### Disabled people are more likely to be in low income groups compared to non-disabled people

1. Summary

* Almost two-thirds of disabled people live on a low income below $30,000. Consequently, they are more likely to experience poorer economic and social outcomes.
* Among Māori, those with a disability are more likely to experience significant material hardship because of a lack of income.
* Reflecting gender inequality in the wider society, almost three-quarters of disabled women live on $30,000 or less, compared to just over half of their disabled male peers.

1. Given disabled people’s lower level of educational attainment, greater representation in part-time employment and lesser representation in professional and managerial occupations, it is not surprising that they are concentrated, as the table below indicates, in lower income groups.

**Table 6: Total personal income of disabled and non-disabled people living in private households**

|  |  |  |
| --- | --- | --- |
| Income range | Disabled people | Non-disabled people |
| Total personal income in the last 12 months of $30,000 or less | 64% | 45% |
| Total personal income in the last 12 months of $70,000+ | 8% | 17% |

1. The data shows that disability is a factor in income differentials for Māori. For example, 25 percent of disabled Māori adults said that they do not have sufficient money for everyday things, compared to only 8 percent of their non-disabled peers. Furthermore, around four in ten disabled Māori live in areas defined as the most deprived in New Zealand.[[12]](#footnote-12)
2. As demonstrated in the table below, the intersection of disability and gender is also evident in income differentials.

**Table 7: Total personal income of disabled and non-disabled women and disabled and non-disabled men living in private households**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Income range | Disabled women | Disabled men | Non-disabled women | Non-disabled men |
| Total personal income in the last 12 months of $30,000 or less | 71% | 55% | 54% | 35% |
| Total personal income in the last 12 months of $70,000+ | 5% | 10% | 11% | 24% |

1. Almost three-quarters of disabled women had a total personal income of $30,000 or less in the last 12 months, whereas over half of disabled men had this income. Only 5% of disabled women earned over $70,000, compared to 10% of their disabled male peers.

#### Poverty has an impact on the daily lives of disabled people

1. Given that almost two-thirds of disabled people, as previously mentioned, have a total personal income below $30,000, it is not surprising that a number of interviewees in the Convention Coalition report, Participation and Poverty (2015a), discussed the issue of inequality between the ‘rich’ and ‘poor’ and the potential impact of this situation on disabled people.
2. One interviewee commented: ‘… the cost of living … you know, that’s a huge issue in our community right now, … the rich are getting richer and the poor are getting poorer, and it’s getting wider and I think that – I think that’s really starting to kick in for disabled people.’ (2015a:29)
3. The relationship between poverty and disability was highlighted when interviewees spoke about their access to resources and services.
4. As one research participant observed: ‘Well it can be tough to get the resources you might need. Tough to get housing close enough to areas which have transport. Tough to get the equipment that you might need and also potentially the education that you might need as well so it can be quite cumulative.’ (2015a:30-31)
5. Research participants also pointed out that having a disability is seen as often creating extra costs which financially disadvantage some disabled people. Higher travel and transport costs are a significant issue.

#### Disabled people are less likely to feel healthy compared to non-disabled people

1. When asked to report on their health status in the Disability Survey, disabled people are less likely to feel healthy.

**Table 8: Self-reported health status of disabled and non-disabled people**

|  |  |  |
| --- | --- | --- |
| Health status | Disabled people | Non-disabled people |
| Health is very good | 26% | 40% |
| Health is poor | 8% | 1% |

1. Regarding the health status of Māori, almost 33 percent of disabled Māori rate their health as fair or poor, whereas the equivalent figure for their non-disabled peers is only 6 percent.
2. There is no real difference by gender in self-assessed health status for disabled adults. For example, 21 percent of both disabled women and disabled men report their health as fair. The equivalent figures for non-disabled women is 4 percent.

#### Disabled people are concerned about barriers in accessing health services and the negative attitudes of health professionals

1. References to negative experiences regarding health services emerged as a significant issue in the Convention Coalition’s 2010 and 2012 research reports. Issues raised include:

* disabled people’s experience of:
* negative dignity
* disrespect for difference
* lack of autonomy
* discrimination and inequality
* segregation and isolation
* lack of access to information in alternative formats, including Easy Read
* mobile breast screening vans being inaccessible
* disabled people not being informed of side-effects of prescribed medications
* advanced directives being overruled by clinicians
* lack of a comprehensive rehabilitation system in New Zealand, given fragmentation between the Ministry of Health, ACC and District Health Boards
* lack of statistics about disabled people using health services.

1. The issue of negative attitudes on the part of health professionals arose frequently in the Convention Coalition’s research (2012). Three issues, in particular, were mentioned by the research participants:

* disabled people being denied access to mainstream health services, such as breast and cervical screening and flu vaccinations
* disabled people being unable to access treatment for a range of illnesses
* health practitioners engaging in diagnostic overshadowing, that is, attributing disabled people’s health problems to their impairment, when this was not the case.

#### Disabled and non-disabled people feel equally safe at home and in their neighbourhood during the day. However, disabled people are less likely than non-disabled people to feel safe when out alone in their neighbourhood after dark

1. Summary

* Among both disabled and non-disabled people, gender is a factor in women feeling significantly less safe and secure than men.
* As in the case of the total population, gender is a factor in disabled Māori women feeling significantly less safe and secure than their male peers.
* The available research suggests that the abuse of disabled people in various social situations is an issue.

1. The table below shows the percentage of people who feel safe or very safe when out in their neighbourhood alone after dark. Disabled women are less likely to feel safe than disabled men reflecting the gender difference in the total population.

**Table 9: Feelings of safety among disabled and non-disabled people when in their neighbourhood alone after dark**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Disabled people | Non-disabled people | Disabled women | Disabled men | Non-disabled women |
| Feel very safe/safe when in the neighbourhood alone after dark | 78% | 86% | 67% | 87% | 78% |

1. For disabled Māori 75 percent of adults who go out alone after dark feel safe or very safe doing so, compared to 83 percent of non-disabled Maori adults.
2. Eighty-nine percent of disabled Māori men feel very safe/safe alone in the neighbourhood after dark, compared with 64 percent of disabled Māori women. This also reflects the gender difference in the total population.
3. There is a lack of qualitative research in New Zealand reporting on disabled people’s lived experience of safety or lack of it. The fact that, as stated earlier, disabled youth interviewed for the Convention Coalition research (2013a) reported experiencing intimidation and bullying at school, may raise issues about the level of safety in the school environment.
4. A qualitative study carried out by Roguski (2013), *The hidden abuse of disabled people residing in the community*, described experiences of physical, psychological/emotional, sexual and financial abuse. The abuse of disabled people was reported as taking place in residential services, institutional settings, home-based environments and community settings.
5. Abuse was not a major focus in another piece of qualitative research undertaken by Mirfin-Veitch and others (2014), *Developing a more responsive legal system for people with intellectual disability in New Zealand.* However, both women and men participating in the research disclosed that they had been physically or sexually abused.

#### Inability to be fully involved in social activities as a barrier to disabled people’s full participation in society is strongly conveyed in the Convention Coalition reports, whereas the Disability Survey data is more nuanced

1. Summary

* Non-disabled people’s negative attitudes marginalise and exclude disabled people from participating fully in society.
* Lack of opportunities to participate in recreational activities and access social networks is a significant barrier to disabled people’s participation in society.
* The stigma attached to disability among some cultural minorities may lead to disabled people experiencing social isolation in the community.
* The stigma attached to disability in online communities may lead to disabled young people being intimidated and socially isolated.

1. The Disability Survey gathered data on disabled people’s participation in social activities by measuring indicators of both social contact and participation in leisure activities.
2. One of the social contact indicators in the table below suggests that disabled and non-disabled people experienced the same level of satisfaction in relation to the amount of contact with non-resident friends in the last four weeks. However, feelings of loneliness in the last month were more likely to be felt by disabled people than non-disabled people. When gender is brought into the equation, 57 percent of disabled women did not feel lonely in the last four weeks, compared with 66 percent of disabled men. This reflects similar gender differences in the total population, and may suggest that women have more robust social networks.

**Table 10: Social contact among disabled and non-disabled people**

|  |  |  |
| --- | --- | --- |
| Social connections | Disabled people | Non-disabled people |
| Amount of contact with non-resident friends in the last four weeks was about right | 75% | 75% |
| Did not experience feelings of loneliness in the last four weeks | 62% | 71% |

1. Regarding social connections among Māori, the vast majority of disabled Māori adults had contact with family and friends in the last four weeks, and most were happy with the amount of contact. They were only slightly less likely to have had such contact, compared to non-disabled Māori adults.
2. One indicator of participation in leisure activities for adults and children measured in the Disability Survey was taking a holiday in the last 12 months. Just over half of disabled adults had been on holiday, compared to 72 percent of their non-disabled peers. Seventy-six percent and 85 percent of disabled and non-disabled children respectively had taken a holiday.
3. Social participation emerged as a significant issue for disabled people in the Convention Coalition’s research reports (2010, 2012, 2015b). The intangible barriers to social participation in the social and cultural world such as opportunities to develop friendships, join in recreational activities and gain access to social networks - were highlighted by the disabled participants in the interviews. The interviewees observed that non-disabled people’s negative attitudes towards difference and lack of understanding of impairments marginalise disabled people and lead to social isolation. It was reported that people with impairments are ‘being made to feel disabled’.
4. One participant commented: ‘… more recently I’ve taken to judging restaurants, not by the quality of their food or the variety of their menu, but on how blind they make me feel, because *I don’t like being made to feel blind* and some people are just brainless, and I think a huge amount more could and should be done in training of staff in how to deal with people with all forms of disability …’ (2010:42, emphasis in original)
5. Research participants from cultural minorities spoke more about not always feeling accepted by their communities.
6. An interviewee from a Pacific Island culture explained: ‘… like in all Island cultures there is a stigma around disability that the reason why your son or your daughter has a disability is your family did something like a sin … and so that was the curse to be brought upon your family … I didn’t have much of a social life, couldn’t have friends sleep over … I was just really closed off from the rest of the world.’ (2015b:23)
7. Being able to participate in online communities such as social media and gaming sites was particularly important for younger disabled research participants (2015b). However, examples were given of these younger disabled people being subject to labelling and discriminatory language.

### Additional issues raised by disabled people in the Convention Coalition’s research reports

#### Physical and environmental barriers impede disabled people from fully accessing their communities

1. Summary

* The interviewees emphasised that disabled people cannot become fully part of their communities without being able to physically access places, buildings and transport services and access events and information.

1. Concerns about access to many public places such as lifts, footpaths, roads, pedestrian crossings, car parks and toilets were raised by interviewees, especially those with mobility or sensory impairments, in the Convention Coalition (2015a) project. One interviewee explained: ’It made me think, well, OK, what’s the point in going out anywhere if you can’t even do something basic like going to the loo.’ (2015a:17).
2. Access to safe, accessible housing was a concern for the Convention Coalition research participants (2015a). Some disabled people commented on being offered state housing that was far away from their family, work and disability services. This made it difficult for them to participate in family and social networks. A lack of affordable, accessible housing in the private sector was also an issue for the research participants.
3. Young disabled people (Convention Coalition 2013a) also commented on a lack of accessible and age-appropriate housing as a barrier to living ‘an ordinary life’.
4. Access to public transport (for example, buses) and taxis was an area of concern. The research participants reported that discriminatory attitudes and a lack of acceptance by service providers is a source of stress in their daily lives.
5. Interviewees stated that advances in technology were assisting disabled people to communicate and participate in all areas of life (for example, video relay services, giving feedback online, online shopping, access to information online).

#### There is lack of consistency, choice, funding and respect for consumers in disability support services

1. An issue highlighted by research participants in the Convention Coalition’s 2012 report was the need for well qualified and well paid support staff in all services working with disabled people. It was observed that inadequate funding led to the employment of poorly or completely unqualified disability support staff which, in turn, sometimes leads to bullying and coercion of consumers.
2. One interviewee said: ‘You know you are not valued by society when you are cared for by someone who is paid just $13 an hour to provide personal support. No wonder that these roles often attract people who commit offences against the people they are meant to be caring for.’ (2012:55)
3. Issues with needs assessments for support services were raised by interviewees (Convention Coalition 2015a).

#### There is a lack of disability awareness and responsiveness in society

1. The participants in the Convention Coalition’s research agreed that: ‘awareness is not enough; we need responsiveness, empowerment and respect’ (2012:58). It was emphasised that attitudes to disability and stereotypes of disabled people need to change in organisations, services and among the general public (Convention Coalition 2013b, 2015b).
2. What the interviews with disabled research participants suggest is that the more distant the general public is from disabled people, the higher the probability of disabled people being subjected to discrimination (Convention Coalition 2015b). This being the case, interviewees stated that increasing exposure to disability and the development of more positive relationships with disabled people was of paramount importance.
3. One way of increasing exposure to disabled people suggested by interviewees was education/awareness programmes for the general public. It was emphasised that these programmes should be delivered by disabled people with experience in this area.

## References

Convention Coalition Monitoring Group (2010). *A report on the human rights of disabled people in Aotearoa New Zealand.*

Convention Coalition Monitoring Group (2012). *Disability rights in Aotearoa New Zealand.*

Convention Coalition Monitoring Group (2013a). *Disability rights in Aotearoa New Zealand: Youth.*

Convention Coalition Monitoring Group (2013b). *Disability rights in Aotearoa New Zealand: Media.*

Convention Coalition Monitoring Group (2015a). *Disability rights in Aotearoa New Zealand: Participation and poverty.*

Convention Coalition Monitoring Group (2015b). *Disability rights in Aotearoa New Zealand: Acceptance in Society.*

Mirfin-Veitch, B., Gates, S., Diesfeld, K., & Henaghan (2014). *Developing a more responsive legal system for people with intellectual disability in New Zealand.* Dunedin: Donald Beasley Institute.

Roguski, M. (2013). *The hidden abuse of disabled people residing in the community: An exploratory study.* Gisborne: Tairawhiti Community Voice.

Statistics New Zealand. *Disabilities.* Retrieved from <http://www.stats.govt.nz/browse_for_stats/health/disabilities.aspx>.

Statistics New Zealand (2014). *Social and economic outcomes for disabled people: Findings from the 2013 Disability Survey.* Retrieved from <http://www.stats.govt.nz/browse_for_stats/health/disabilities/disability-survey-2013-additional-tables.aspx>.

Statistics New Zealand (2014). *Disability and the labour market: Findings from the 2013 Disability Survey.* Retrieved from <http://www.stats.govt.nz/browse_for_stats/health/disabilities/disability-and-labour-market.aspx>.

Statistics New Zealand (2015). *He Hauā Māori: Findings from the 2013 Disability Survey.* Retrieved from <http://www.stats.govt.nz/browse_for_stats/health/disabilities/He-haua-maori-findings-from-2013-disability-survey.aspx>.

## Appendix

## Definition of terms (Statistics New Zealand)

|  |  |
| --- | --- |
| **Term** | **Definition** |
| Adult | A person who is usually resident in New Zealand and is aged 15 years or over. |
| Agility impairments (in adults) | Adults with an agility impairment have difficulty with or cannot do one or more of the following:   * dress or undress independently * cut their own toe- or fingernails * use fingers to grasp or handle things like scissors or pliers * use arms to reach in any direction * cut their own food. |
| Mobility impairments (in adults) | Adults with a mobility impairment have difficulty with or could not do one or more of the following:   * walk about 350 meters without resting * walk up or down a flight of stairs * carry an object as heavy as five kilograms over a distance * move from room to room within the home * stand for period of 20 minutes * bend down without support * get in and out of bed independently. |
| Psychological/psychiatric impairments (in adults) | Adults with a psychological/psychiatric impairment have a long-term emotional, psychological or psychiatric condition that causes:   * difficulty with everyday activities, or * difficulty communicating, mixing with others, or socialising. |
| Hearing impairment (in adults) | Adults with a hearing impairment   * cannot hear, or have difficulty hearing, what is said in a conversation   with one other person, and/or   * what is said in a group conversation with three or more people, even when using an assistive hearing device such as a hearing aid. |
| Vision impairment (in adults) | Adults with a vision impairment have difficulty seeing, or cannot see:   * ordinary newsprint, and/or * the face of someone from across a room, even when wearing corrective lenses. |
| Labour force | The working-age population of the usually resident, non-institutionalised, civilian population of New Zealand aged 15 years and over, who are either employed or unemployed |
| Labour force participation rate | The number of people in the labour force (either employed or unemployed) as a percentage of the number of people in the working-age population (aged 15 years and over) |
| Not in the labour force | People of working-age who are neither employed nor unemployed (for example, retired people, people who have personal or family responsibilities like childcare, permanently unable to work) |
| Employed | People in the working-age population (aged 15 years and over) who:   * work for pay, profit or income for an hour or more * work without pay in a family business or on a family farm. |
| Employed full-time | Usually working 30 or more hours per week |

Ref: A8823512

Author: Dr Catherine Brennan, Advisor, Office for Disability Issues

Responsible manager: Megan McCoy

1. Given this brief overview of major issues for disabled people in New Zealand, only a small number of indicators for each issue (for example, employment, income, social participation) can be considered. [↑](#footnote-ref-1)
2. See <http://www.stats.govt.nz/browse_for_stats/health/disabilities.aspx>. [↑](#footnote-ref-2)
3. A few other sources will also be referenced. [↑](#footnote-ref-3)
4. The following statements are statistically valid, that is, based on quantitative estimates from the 2013 Disability Survey [↑](#footnote-ref-4)
5. The following statements are drawn from qualitative data in the Convention Coalition reports and, hence, are not statistically valid. [↑](#footnote-ref-5)
6. See <http://www.stats.govt.nz/browse_for_stats/health/disabilities/social-economic-outcomes-13.aspx>. [↑](#footnote-ref-6)
7. See Appendix for definitions of the terms used by Statistics New Zealand. [↑](#footnote-ref-7)
8. See the references for the list of Convention Coalition reports and the abbreviations used. [↑](#footnote-ref-8)
9. See <http://www.stats.govt.nz/browse_for_stats/health/disabilities/disability-and-labour-market.aspx>. [↑](#footnote-ref-9)
10. All the figures quoted in this information assignment are rounded. [↑](#footnote-ref-10)
11. <http://www.stats.govt.nz/browse_for_stats/health/disabilities/He-haua-maori-findings-from-2013-disability-survey.aspx>. [↑](#footnote-ref-11)
12. Areas in the lowest 20 percent on the New Zealand Deprivation Index 2013 (NZDep2013). See <http://www.otago.ac.nz/wellington/otago069936.pdf>. [↑](#footnote-ref-12)