

19 DISABILITY SUPPORT SERVICES

SUMMARY OF FINDINGS

Some of the key findings from the New Zealand 2006 Household Disability Survey and Disability Survey of Residential Facilities survey were:

- In 2006, 82% of people with disability were adults living in households, 5% were adults living in residential facilities and 14% were children (under 15 years) living in households.
- The percentage of people with disability increased with age, from 10% for children aged less than 15 years to 45% for adults aged 65 years and over.
- An estimated 5% of children had special education needs and this was the most common disability type for children. Chronic conditions or health problems and psychiatric or psychological disabilities were the next most common disability types.
- Conditions or health problems that existed at birth and disease or illness were the most common causes of disability for children.
- The most common disability types for adults were physical and sensory disabilities.
- Disease or illness, and accidents or injuries were the most common causes of disability for adults. The most common type of accident or injury causing disability was one that occurred at work.
- Nearly all adults living in residential care facilities reported having a disability (99.7%) and most had multiple disabilities (94%) and high support needs (82%).

19.1 Introduction

The New Zealand Disability Strategy (Minister for Disability Issues 2001) distinguishes between disability and impairments. The strategy (Minister for Disability Issues 2001, p3) defines disability as the “process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have”. People, irrespective of ethnicity are impacted by disability, however wide spread disparities exist for certain ethnic groups.

Disability Services is a part of the Health and Disability National Services Directorate, one of a number of agencies providing support and services for disabled people.

The following Ministry funded services are listed on the Ministry of Health website (www.moh.govt.nz). Services funded by the Ministry are:

Needs Assessment and Service Coordination Services (NASC): NASCs are organizations contracted to the Ministry of Health to work with disabled people to help identify their needs and to outline what disability support services are available. They allocate Ministry-funded support services and assist with accessing other supports.

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Disability Information Advisory Service (DIAS): The Ministry funds a number of organisations throughout the country to provide disability information and advice. Some of these services are regional organisations while others provide information throughout a national network.

Environment Support Services (ESS): These include a range of services funded by the Ministry, such as:

- **Equipment and Modifications Services (EMS)** that focuses on equipment such as wheelchairs, hoists, hearing aids, cochlear implants, spectacles, housing modifications such as door widening, ramp access and level access showers, vehicle purchase and modifications.
- **Hearing Services:** Focuses on children's hearing aids, cochlear implants, hearing aid subsidy
- **Vision Services:** Focus on children's spectacle subsidy, contact lens subsidy
- **Specialised Assessment Services:** Focus on wheelchair and seating, assistive technology / specialist communications
- **Other Supports:** Wigs, breast prostheses, artificial eyes.

Home-based Support Services (HBSS): One of a range of services funded by the Ministry to help disabled people to live at home, it includes household management and personal care.

Respite and Carer Support: Respite service is available to disabled people and to carers, family and whanau whose primary role involves the care and support of a disabled family member. Carer support assists the unpaid, full-time carer of a disabled person to take a break from caring for that person.

Child Development Services: These are non-medical, multidisciplinary, allied health and community based services focusing on early intervention for pre-school children who have disabilities or who are not achieving developmental milestones. They work closely with other services to children to ensure that the Child Development Service is integrated and easily accessible with defined links and boundaries. The service includes specialist assessment, intervention and management services to ensure effective rehabilitation results for children with intellectual, sensory or physical disability.

Community Residential Support Services: These services assist disabled people to live in a supported community environment.

The Ministry does not fund some disability support services for problems such as:

- Personal health conditions such as diabetes or asthma
- Mental health and addiction conditions such as schizophrenia, severe depression or long term addiction to alcohol and drugs
- Conditions commonly associated with ageing such as Alzheimer's disease.
- Impairments such as paraplegia and brain injury caused by accident or injury, as these are funded by ACC since 1974

The District Health Boards fund disability support services for older people, including people with disability aged 65 and over assessed as requiring aged residential care and people under 65 assessed as having early onset of a disability usually associated with aging and those with mental health needs.

19.2 Data Issues

At present there is no single national dataset for storing disability information. There are definitional and data collection problems that undermine disability support service planning, purchasing, development and delivery, across all ethnic groups. In 2006, Statistics New Zealand undertook two surveys: The New Zealand 2006 Household Disability Survey and Disability Survey of Residential Facilities at a national level. However, the responses from these surveys are not regionalised due to data limitations.

Hence, this document will present the disability information at a national level.

19.3 New Zealand Disability Survey 2006

The 2006 Disability Survey collected information on the prevalence, nature, duration and cause of disability and on the barriers that people with disability encountered in everyday life, including current and unmet needs for services and assistances, employment, transport, education, accommodation and special equipment. There were two surveys:

- 2006 Household Disability Survey
- 2006 Disability Survey of Residential Facilities

The Disability Survey 2006 report contains the findings from the above two surveys and the report is available from the website: <http://www.stats.govt.nz/people/health/disabilities.htm>

2006 Household Disability Survey

The target population for the 2006 Household Disability Survey was the usually resident population of New Zealand, staying in private dwellings and group homes (with fewer than 10 people staying) on the night of the 2006 Census of Population and Dwellings. People staying in group homes at the 2006 Census were included in the target population for this survey for comparability with the 1996 and 2001 Household Disability Survey.

The following people were excluded from the target population:

- non-New Zealand diplomats and non-New Zealand members of their staff and households
- members of non-New Zealand armed forces stationed in New Zealand 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 a total period of more than 12 months
- long-term residents of non-private dwellings, such as homes for the elderly, retirement homes, hospitals and psychiatric institutions, and penal institutions.

Statistics New Zealand selected 40,665 people for the 2006 Household Disability Survey. The achieved response rate was 81%. The total number of respondents with disabilities was 7,059. These were: 1,988 children, 3,180 adults aged 15 to 64 years, and 1,891 older adults aged 65 years and over. The survey included oversamples of Māori and Pacific peoples to improve the quality of estimates for these ethnic groups.

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2006 Disability Survey of Residential Facilities

The primary objective of the 2006 Disability Survey of Residential Facilities was to collect data on the prevalence of disability amongst the population aged 15 years and over living in residential care facilities. This data, when combined with the results from the 2006 Household Disability Survey, provides an estimate of the total adult population of New Zealand with a disability, their characteristics and demographic profile; information on major types of disability; and the severity and duration of impairment. Additionally, the survey sought to provide information on types of residential facilities, length of stay in residential care, and on assistance required with day-to-day activities.

The survey population for the 2006 Disability Survey of Residential Facilities is defined as all people aged 15 years and over who, at the time of the 2006 survey, were living in rest homes; occupying long-stay beds in continuing care hospitals; or living in long-stay residential units (with 10 or more people) for people with an intellectual or physical disability, or with multiple disabilities.

Specifically, the residential facilities that were included in the 2006 Disability Survey of Residential Facilities are:

- rest home (standard level care)
- rest home (dementia care)
- continuing care hospital (geriatric)
- continuing care hospital (psychogeriatric)
- intellectual disability unit
- physical disability unit
- multi-disability unit.

Some specific types of non-private dwellings were excluded from the 2006 survey population. These included:

- public and private hospital short-stay beds
- hospices and acute psychiatric wards
- forensic psychiatric wards/hospitals
- boarding houses
- community-based facilities (with less than 10 persons)
- welfare institutions
- prison, penal institution, police lock-ups
- educational and religious institutions
- defence establishments
- hotels, motels, guest houses, motor camps
- night shelters
- work camps, construction camps, training camps
- staff quarters, nurse's homes
- vessels (except navy vessels)
- marae
- communes
- psychiatric facilities.

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Apart from psychiatric facilities which were not covered by the sampling frame, these non-private dwellings were excluded from the survey population for one or more of the following reasons:

- they contained a small proportion of disabled people
- they contained people staying only for a short time
- it would be difficult to construct a suitable frame (that is, a list of all eligible facilities to select the sample from)
- there are ethical issues associated with attempting to interview patients in stressful situations
- special interview procedures would be required for some facilities such as penal and correction facilities.

This section of the HNA 2008, presents the findings from the Statistics New Zealand media release “2006 Disability Survey” published on 10 October 2007. The survey findings are at the national level and no regional information is available due to the limited size of the survey data. The tables presented below are from the survey report.

19.4 Who has a Disability

In 2006, an estimated 660,300 New Zealanders reported a disability, representing 17% of the total population. This figure is significantly lower than the rates reported in the two previous surveys in 1996 and 2001 (20%). The decline is evident across all age groups, but more marked in the older age groups. Statistics New Zealand considers that the results of the 2006 survey provide a suitable description of disability patterns for the current period, but cautions users about making strong inferences from apparent trends between 2001 and 2006, and to exercise care in focusing on specific disability levels.

In 2006, more than eight out of ten people with disability (539,200 people, 82%) were adults living in households. 5% of disabled were adults living in residential facilities (31,100 adults) while 14% were children aged under 15 years living in households (90,000 children). The percentage of disability increased with age as shown below:

Table 292: Percentage of people with disability by age groups

Years	00-14 Olds	Year	15-44 Olds	Year	45-64 Olds	Year	65+ Group	Age	Total
1996	11%		12%		25%		52%		20%
2001	11%		13%		25%		54%		20%
2006	10%		9%		20%		45%		17%

Source: Hot off the Press, Statistics New Zealand, 2006 Disability Survey

An estimated 332,600 females and 327,700 males had some disability. Overall, 16% of females and 17% of males had a disability. Males had a slightly higher rate of disability in the age groups under 65 years, while females had a higher rate in the age group 65 years and over.

19.4.1 Nature of Disability in Children 00-14 Years - 2006

An estimated 5% of children had special education needs (41,000 children or 46% of children with disability) and this was the most common disability type for children. This category includes:

- Children who received special education support because of long-term conditions or health problems;
- Children who had an Individual Education Programme (IEP) or Individual Programme (IP) because of learning or developmental difficulties;
- Children with learning difficulties such as dyslexia, attention deficit disorder or attention deficit hyperactivity disorder.

Around 4% of children (35,000 children or 39% of children with disability) had chronic conditions or health problems such as severe asthma, cerebral palsy, diabetes or other chronic conditions. 2% of children (19,300 children or 21% of disabled children) had psychiatric or psychological disabilities and this was the third most common disability type for children.

Note: The disability types for children shown in this report represent the detailed “disability type” classification while the adult disability types represent the “higher level” classification. Statistics New Zealand used more detailed classification for children as many children fall into the “other” category of the higher level classification.

19.4.2 Causes of Disability for Children - 2006

The following table presents the causes of disability for children in 2006.

Table 293: Causes of disability for Children - 2006

Disability Cause	Number of Children	Percentage of Disabled Children	Percentage of Total Children
Diseases or Illness	23,500	26%	3%
Existed at Birth	46,600	52%	5%
Other Cause	17,100	19%	2%
Accident or Injury	2,500	3%	0.3%
Not specified	10,600	12%	1%

More than half of disabled children had a disability caused by a condition that existed at birth. Approximately one-quarter of disabled children had a disability caused by disease or illness. For 12% of children with disability, the cause of disability was not specified or unknown. Around 52% of children had a single disability and the remaining 48% had multiple disabilities.

19.4.3 Support level for Children with Disability - 2006

The majority of children with disability had low (41% support) or medium (45% support) support needs, with 14% of the children requiring high support needs as shown below.

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Support Level is a measure of the level of support required for people with disability, based on the need for assistance and/or special equipment relating to the disability. In 2001, "support level" was called "severity" and had the categories "mild", "moderate" and "severe".

Table 294: Levels of support for children with disability - 2006

Support Levels	Number of Children	Percentage of Disabled Children	Percentage of Total Children
Low support needs	36,600	41%	4%
Medium support needs	40,600	45%	5%
High support needs	12,800	14%	1%
Total with disability	90,000	100%	10%

19.4.4 Nature of Adult with Disability - 15 Years and Over - 2006

Around 12% of adults aged 15 years and over had a physical disability (an estimated 383,500 adults), which is the most common type of disability for adults, affecting two-thirds of adults with disability.

Sensory disability (hearing and/or seeing disabilities) were the second most common disability types for adults, affecting 8% of adults (42% of adults with disability, or 239,000 adults). Around 7% of adults (39% of adults with disability, 224,500 adults) reported having other types of disability such as difficulty with speech, learning, remembering or doing everyday activities.

19.4.5 Causes of Disability in Adults - 15 Years and Over - 2006

Diseases or illnesses were the most common cause of disability with adults, followed by accidents or injuries and ageing (an estimated 166,300 adults). Accidents or injuries were the common cause of disability for adults aged 15 to 44 years (31% of people with disability), closely followed by "other" causes (30%). The most common type was one that occurred at work. Similarly, accidents or injuries were the most common cause among 45 to 64 year olds (34% of people with disability), followed by diseases or illness (32%). Ageing was the common cause of disability among 65+ year olds, affecting more than half of adults with disability, followed by diseases or illness (47% of adults with disability), as shown below:

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Table 295: Number and percentage of adults by types of disability

Cause of Disability	Number of Adults	Percentage of Disabled Adults	Percentage of Total Adults
Disease or Illness	211,100	37%	7%
Existed at Birth	57,900	10%	2%
Natural Ageing	153,200	27%	5%
Accident or Injury	166,300	29%	5%
Other Causes	142,100	25%	5%
Not Specified	53,500	9%	2%

40% of adults with disability had a single disability and 60% had multiple disabilities. The percentage of people with multiple disabilities increased with age. 50% of people with disabilities aged 15 to 44 years had multiple disabilities compared with 53% of those aged 45 to 64 years old and 73% of those aged 65 years and over. 63% of females and 54% of males with disability reported having multiple disabilities.

19.4.6 Support level for Adults with Disability - 2006

The support levels for adults with disability are shown below.

Table 296: Number and percentage of adults with disability by levels of disability support services

Support Levels	Number of Adults	Percentage of Disabled Adults	Percentage of Total Adults
Low support needs	209,500	37%	7%
Medium support needs	268,000	47%	9%
High support needs	92,700	16%	3%
Total with disability	570,300	100%	18%

Around 16% of adult population in New Zealand had low or medium support needs while 3% had high support needs.

19.4.7 Adults Living in Residential Care Facilities

Nearly 99.7% of adults living in residential care facilities reported having a disability compared with 17.4% of adults living in households. Of the total adults in the residential facilities, only 5% of disabled adults were aged <65 years. Around 82% of adults with disability living in residential care facilities required high support needs and 94% had multiple disabilities. In contrast only 12% of adults with disability living in households had high support needs and 58% had multiple disabilities.

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Two-thirds of adults with disability in residential facilities lived in rest homes and one-third in continuing care hospitals. Note that the survey excluded some types of residential facilities.

The types of disability among adults living in residential facilities were:

- 97% of adults had physical disabilities
- 70% of adults had other disabilities
- 60% of adults had sensory disabilities.

The causes of disability were:

- Disease or illness (70%)
- Natural ageing (56%)

In comparison, 35% of disabled adults living in households reported disease or illness as a cause of disability and 25% reported natural ageing as a cause. Accidents or injuries were a more common cause of disability for adults living in households (30% of disabled adults) than adults living in residential care facilities (20% of disabled adults).

19.4.8 2006 Disability Survey Findings - Maori

Ethnic group figures were based on prioritised data. Prioritisation is the method of categorising the ethnicity of a respondent who belongs to more than one ethnic group to a single group.

In 2006, there were an estimated 96,000 Maori with disability in New Zealand. Almost all Maori with disability (99%) lived in households and less than 1% lived in residential facilities.

The number of people with disability by ethnic group is shown below:

Table 297: Number of people with disability by ethnicity and age group

Ethnic Group	00-14 Years	15-44 Years	45-64 Years	65+ Years	Total
European	42,500	80,100	142,600	183,700	448,900
Maori	28,200	33,000	24,300	11,000	96,600
Pacific People	6,100	8,100	6,600	4,000	24,800
Asian	4,300	3,300	4,600	5,000	17,200
Other	8,900	17,000	30,400	16,500	72,700
Total	90,000	141,500	208,500	220,300	660,300

Note: The Asian estimate for 15-44 years should be used with caution as the relative sampling error is >50%.

The total disability rate for Maori (17%) was higher than the disability rate for Pacific People (11%), but lower than the disability rate for European at 18%.

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Maori and Pacific People have a different age-structure to Europeans, with a higher proportion of people aged less than 45 years. 80% of Maori were aged less than 45 years, compared with 54% of European population. (*Note: these figures were based on survey estimates and may differ from some population counts from the 2006 Census*). Maori had a higher disability rate than other ethnic groups in every age group. Around 63% of Maori with disability was less than 45 years old. Nearly one-third of children with disability (31%) and nearly one-quarter of adults aged 15 to 44 years with disability (23%) were Maori.

An estimated 28,200 Maori children (14% of Maori children) had a disability. 5% of Maori children (10,800) had special education needs and this was the most common type of disability for Maori children. Other disability types among Maori children were chronic conditions or health problems at 5% of Maori children (10,400) and psychiatric or psychological disabilities at 3% of Maori children (6,800).

Around 19% of Maori adults had disability (estimated 68,300 adults). 12% of Maori adults had physical disabilities, and 45% had "other" disability types such as difficulty speaking, learning, remembering or doing everyday activities. 37% had sensory (hearing and/or seeing) disabilities and 26% had psychiatric or psychological disabilities.

The most common causes were disease or illness at 34% of Maori adults with disability, followed by accidents or injuries at 32%. The most common type of accidents or injuries occurred in the workplace or at home, or involved motor vehicle accidents. Around 38% of Maori adults with disability had a single disability and 62% had multiple disabilities.

19.4.9 2006 Disability Survey Findings - Pacific People

In 2006, an estimated 24,800 Pacific People in New Zealand had some disability. Like Maori, nearly all lived in households (98%) and only 2% lived in residential facilities.

The rate of disability among Pacific People was 11%, which was lower than the rates for Maori and Europeans.

Pacific People had a lower disability rate than Maori and a slightly lower rate than European in all age groups. 57% of Pacific People with disability were less than 45 years old.

An estimated 6,100 Pacific children had a disability. Around 3% of children had special education needs and 3% had chronic conditions or health problems.

There were 18,700 Pacific adults with a disability. 80% of adult population had physical disabilities, which was the most common type of disability for Pacific people. Next most common types of disability were difficulty with speech, learning, remembering or doing everyday activities (around 41% of disabled Pacific adults) followed by sensory (hearing and/or seeing) disabilities (35% of disabled Pacific adults).

Diseases and illnesses were by far the most common causes of disability for Pacific adults (estimated 8,100 adults) at 43% and around 24% of Pacific adults with disability had high support needs, compared with 16% of adults of all ethnicities.

19.5 Maori Experience of Disability - Hauora IV

The following information is extracted and summarised from the report “Hauora, Maori Standards of Health IV¹¹⁸”. This report is available on the website: <http://www.hauora.maori.nz>

Key findings from the study were:

- Maori experience of disability is characterised by quantitative and qualitative inequalities relative to non-Maori.
- The disparities that exist in the rates of hearing and speaking impairment between Maori and non-Maori children, are significant given that these impairments are strongly linked to learning, education and employment opportunities.
- As Maori experience an early onset of age related disease and impairment and have a shorter life expectancy, disability support service funding criteria based on age (eligibility restricted to those aged 65 years and over) discriminate against Maori and advantage non-Maori due their longer life expectancy.
- Older Maori report poor access to disability support services and costs as a barrier to access to medical services.
- In 2001, disabled Maori living in households were approximately two and a half times more likely (43% compared to 17%) to live in the areas of greatest deprivation (decile 10) than disabled non-Maori. Consequently, where the burden of providing care and support to disabled Maori falls on whanau, the capacity of whanau to fulfil this role is compromised.

19.5.1 Recommendations from Hauora

The recommendations from the study, specific to Maori were:

- Immediate steps need to be taken to enable accurate ethnicity data collection to provide a clear picture of the state of Maori impairment and disability. This information is vital for future strategic planning around the needs of Maori.
- Actions are required at the structural level to reduce socioeconomic inequalities that cause and replicate disparities.
- Quality Maori specific and mainstream disability support services that meet high professional and cultural standards are required if equity is to be a central goal.
- Culturally appropriate needs assessment and service co-ordinations are necessary to facilitate maximum functioning and wellness as Maori.
- Strengthening the Maori disability workforce, funding of research focused on disabled Maori and their whanau are essential. Levels of service funding should reflect the additional resources required to meet cultural needs.
- An intensive effort is required to ensure that all disabled Maori receive their entitlements to disability support services and related income support.
- In addition to increasing the capacity of Maori specific providers, equally significant is the strengthening of mainstream service providers to meet their responsibilities to provide services that are accessible and deliver equitable benefits to Maori.

¹¹⁸ A Study of the Years 2000-2005, Te Ropu Rangahau Hauora A Eru Pomare, November 2007.

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- Greater partnerships between Maori and mainstream services, and increased participation in a decision-making capacity and continual strengthening of the Maori disability workforce are essential.
- Services will be required to address the varied needs of different age groups and the implications of the Maori impairment profile and changing population patterns.