



# He hauā Māori

Findings from the 2013 Disability Survey



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Statistics New Zealand  
Tatauranga Aotearoa  
Wellington, New Zealand

### **Contact**

Statistics New Zealand Information Centre: [info@stats.govt.nz](mailto:info@stats.govt.nz)

Phone toll-free 0508 525 525

Phone international +64 4 931 4600

[www.stats.govt.nz](http://www.stats.govt.nz)



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# 1 Purpose and summary

## **Iti rearea kahikatea ka taea**

### **The rearea bird scales the tallest tree**

## **Purpose**

Disability is an important issue for Māori, who have a relatively high disability rate for a population with a relatively young age structure. Improving the well-being of disabled Māori depends on policymakers and service providers having good information about how they are currently faring. *He hauā Māori: Findings from the 2013 Disability Survey* contributes to this by providing a picture of well-being among disabled Māori.

The report looks at the prevalence of disability in the Māori population. It also describes how disabled Māori compare with other Māori across social and economic outcomes including employment, income, housing, education, personal security, social connections, health, and overall life satisfaction.

For many disabled Māori, the limitations and barriers associated with disability constrain opportunities to pursue their goals and achieve economic well-being and a satisfying quality of life. Consequently, on most measures, disabled Māori tend to experience poorer economic and social outcomes than other Māori.

## **Summary of key points**

The 2013 Disability Survey identified one in four Māori as disabled, with the most common types of impairment being those related to mobility.

Many disabled Māori experience good social and economic outcomes, and most have a good level of overall life satisfaction: on a scale of 0–10, almost half rated their overall life satisfaction as 8 or higher, while fewer than one in ten rated it below 5.

However, comparison across a range of indicators shows that disabled Māori tend to have poorer outcomes than non-disabled Māori in terms of both material well-being and quality of life, with the material disparities being the most marked.

### **Material well-being**

- In 2013, just over half of disabled Māori adults were participating in the labour force, but they had a relatively high unemployment rate of 17 percent.
- Disabled Māori adults tended to have lower incomes than other Māori, with over two-thirds having personal annual incomes of \$30,000 or less.
- A quarter of disabled Māori adults said their household income was not sufficient to meet their everyday needs.
- Perceived problems with housing were more common for disabled than non-disabled Māori, particularly issues with cold and/or damp houses.

## Quality of life

- Four in ten disabled Māori adults had no formal educational qualifications – almost double the proportion of non-disabled Māori.
- Over a third of disabled Māori said their health was excellent or very good, while just under a third rated their health as fair or poor.
- While almost all disabled Māori adults felt safe in their neighbourhood during the day, they were less likely than other Māori to go out in their neighbourhood alone after dark, and less likely to feel safe doing so.
- Experiences of discrimination were more common and more frequent among disabled Māori adults than other Māori adults.
- The vast majority of disabled Māori adults had contact with family and friends in the previous four weeks, and most were satisfied with the amount of contact.
- Disabled Māori adults and children were less likely to participate in many popular leisure activities than their non-disabled peers.



## 2 Introduction to He hauā Māori: Findings from the 2013 Disability Survey

### Disability an important issue for Māori

The 2013 New Zealand Disability Survey shows that one in four Māori are disabled. It also shows that, overall, disabled Māori tend to fare worse than other Māori in many aspects of material well-being and quality of life. Given that Māori in general also tend to fare worse than non-Māori in these respects, the intersection of disability and ethnicity can leave disabled Māori particularly vulnerable to poor economic and social outcomes.

### Strategies to address Māori disability issues

The vulnerability of disabled Māori has been recognised in official strategies designed to address disability issues. One of the objectives of the New Zealand Disability Strategy is to “promote opportunities for disabled Māori to participate in their communities and access disability services” (Minister for Disability Issues, 2001, p25).

The strategy also acknowledges the special relationship between the Crown and Māori under the Treaty of Waitangi, which in the disability sector has been based on three key principles: participation at all levels; partnership in service delivery; and protection and improvement of Māori well-being (Minister for Disability Issues, 2001, p v–vi).

These principles also underpin the Māori Disability Action Plan, *Whāia Te Ao Mārama*, which outlines “a pathway towards supporting Māori with disabilities to achieve overall wellbeing, and bringing both them and our communities into a place of shared understanding and action” (Ministry of Health, 2012, p iii). The plan’s vision for disabled Māori and their whānau is:

- to achieve a good quality of life and wellbeing
- to participate and contribute to te ao Māori
- to participate in their communities as other New Zealanders do (Ministry of Health, 2012, p8).

### Role of the New Zealand Disability Survey

To enhance the well-being of disabled Māori it is important to be able to monitor progress towards these goals. The New Zealand Disability Survey plays a key role in this, as one of its objectives is to measure the extent that the social and economic outcomes of disabled people differ from those of non-disabled people, and how outcomes vary between different groups within the disabled population. To this end, the Disability Survey, in combination with the census of population and dwellings, collects a range of information on respondents’ economic and social well-being, along with demographic information which enables comparisons across different population groups.

The outcomes captured by the Disability Survey and the census fit broadly within the Organisation for Economic Co-operation and Development’s well-being framework (OECD, 2011). This consists of a set of indicators organised into key topics which have been identified as essential to well-being in terms of material living conditions (jobs, income, and housing) and quality of life (health, work-life balance, education and skills, social connections, civic engagement and governance, environmental quality, personal security, and subjective well-being).



Not all these topics or the indicators within them are covered by the Disability Survey and the census, but we do have sufficient information on most of the topics to build up a fairly comprehensive picture of the well-being of disabled people.

## About this report

*He hauā Māori: Findings from the 2013 Disability Survey* begins by examining disability rates among Māori, and the types and causes of impairments. This chapter differs from the others because it covers all disabled people including those in residential facilities, and makes comparisons with the total New Zealand population, in order to provide a contextual overview of disability among Māori.

In the remaining chapters we compare social and economic outcomes for disabled and non-disabled Māori living in private households (as this information was not collected for people living in residential facilities). Two chapters describe outcomes related to material well-being (employment and income, and housing and neighbourhood deprivation). Subsequent chapters describe outcomes related to quality of life (education, personal security, social connections, health and life satisfaction).

We focus on comparisons between disabled and non-disabled Māori, rather than between disabled Māori and non-Māori, in order to highlight the significance of disability rather than ethnicity.

[See He hauā Māori: Findings from the 2013 Disability Survey – tables](#) in the 'Available files' box for more detailed data.

[See Social and economic outcomes for disabled people: Findings from the 2013 Disability Survey](#) to compare the situation of disabled Māori with the total disabled population.

### 3 Disability among Māori

This chapter provides an overview of disability within the Māori population and how it compares with the total New Zealand population. It describes rates of disability by age and sex, the prevalence of different types of impairment, and the causes of impairment.

- [Disability rates](#)
- [Type of impairment](#)
- [Cause of impairment](#)

#### Disability rates

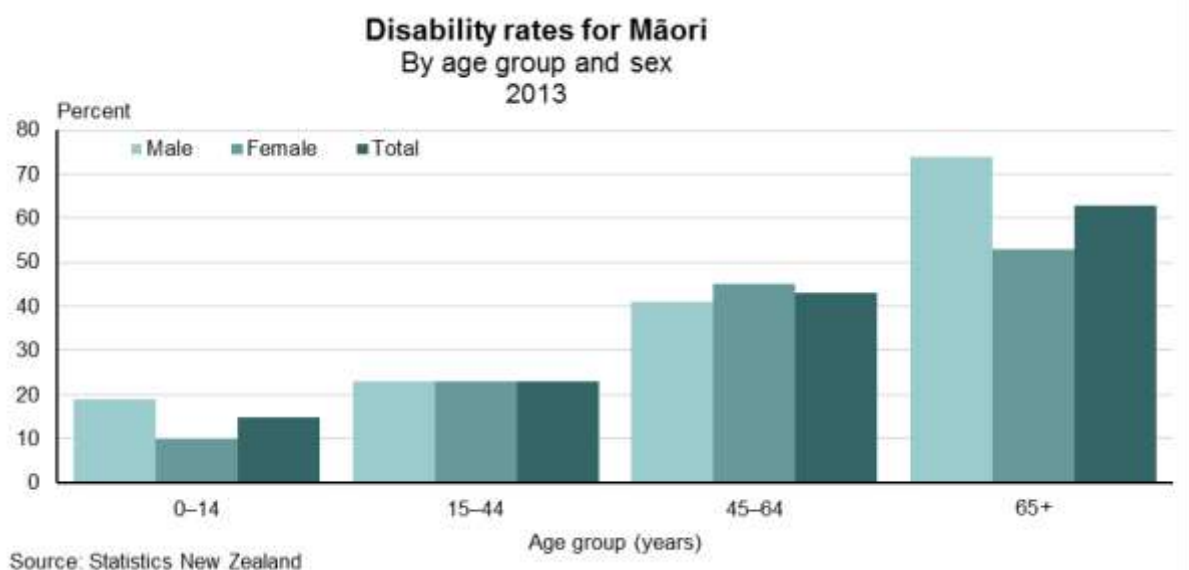
In 2013, 26 percent of the Māori population (176,000 people) were identified as disabled. This was an increase from 20 percent in 2001. The increase mirrored a rise in the disability rate among the total population, from 20 percent in 2001 to 24 percent in 2013.

The Māori disability rate in 2013 was slightly higher than that of the total population, despite the fact that the Māori population had a younger age profile, and therefore were less likely to be in the older age groups where disability is more common. If the Māori population age profile was the same as that of the total population, they would have had a much higher disability rate of 32 percent.

The relationship between age and disability is shown in Figure 1. In 2013 the Māori disability rate rose from 15 percent of those under the age of 15, to 63 percent of those aged 65 and over.

While the overall disability rate among Māori was similar for males (27 percent) and females (25 percent), males had higher rates than females in the youngest and oldest age groups. Among children under the age of 15, the rate was almost twice as high for males as females (19 percent compared with 10 percent). Among those aged 65 and over, Māori men had a disability rate of 74 percent compared with 53 percent for Māori women – possibly because men are more likely to work in manual occupations which may lead to physical impairments.

**Figure 1**

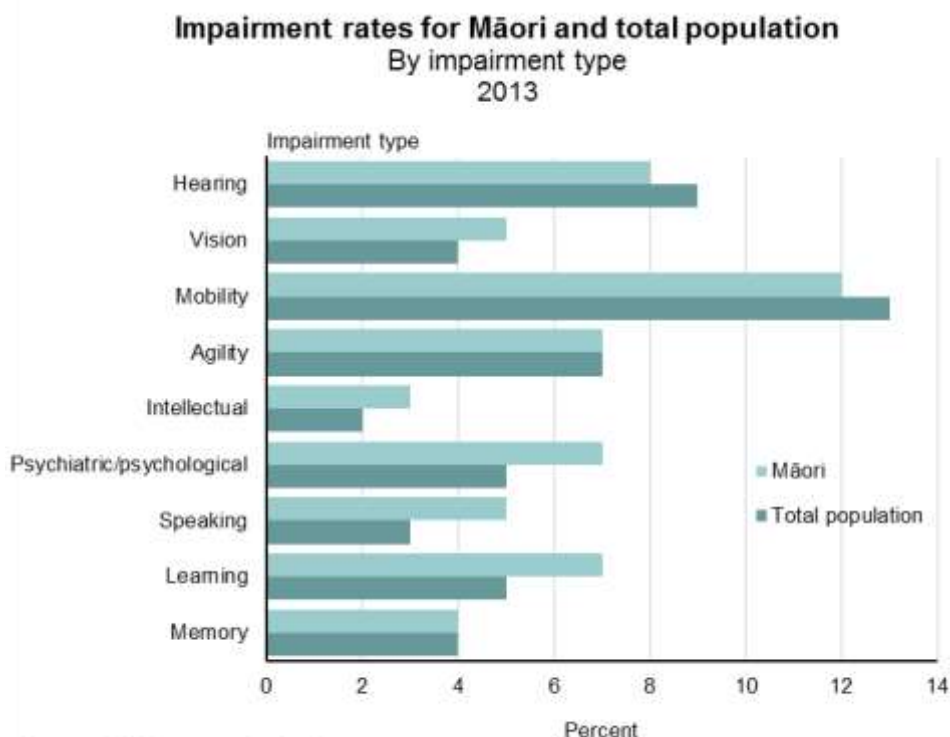


## Type of impairment

The most common types of impairment among the Māori population are the same as those in the total population. In 2013 an estimated 12 percent of all Māori had mobility impairments, while 8 percent had hearing impairments, and similar proportions had impairments relating to agility, learning, and psychiatric or psychological conditions (7 percent each).

Of these, psychiatric or psychological impairments and learning impairments were more common in the Māori population than in the total population. Speaking, vision, and intellectual impairments were also more common among Māori.

**Figure 2**



Source: Statistics New Zealand

The prevalence of physical and sensory impairments tends to increase with age. Among Māori aged 65 and over, 52 percent had mobility impairments, 32 percent had hearing impairments, and 31 percent had agility impairments. Rates for intellectual, psychiatric/psychological, speaking, and learning impairments showed relatively little variation by age.

## Cause of impairment

Disease or illness was the most common cause of impairment among disabled Māori, with 40 percent having impairments caused by disease or illness. This was followed by accident or injury (28 percent), conditions existing since birth (24 percent), and ageing (18 percent). Individuals may have more than one impairment, so causes add to more than 100 percent.

Causes of impairment vary markedly by age. Among children, impairments were most commonly caused by conditions existing since birth (51 percent). But this cause became progressively less common with age, while disease or illness became a more common

cause. Among Māori aged 65 and over, 63 percent of impairments were caused by disease or illness, and 46 percent were due to ageing.

Causes of impairment also varied by sex. Females were more likely than males to have impairments caused by disease or illness, or ageing. This reflects the longer life expectancy of women. On the other hand, males were more likely than females to have impairments existing since birth or caused by accident or injury.



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## 4 Employment and income

This chapter describes labour force participation among disabled Māori, along with their levels of personal income and the adequacy of their household income, and how these compare with non-disabled Māori.

- [About employment, income, and well-being](#)
- [Labour force status](#)
- [Personal income](#)
- [Income adequacy](#)

### About employment, income, and well-being

Employment and income are fundamental to people's material well-being and overall quality of life. Participation in the labour market allows people the opportunity to contribute productively and to develop and utilise their skills and abilities. It also provides the opportunity to earn sufficient income to live independently, enjoy a good standard of living, and pursue their goals (OECD, 2011, p58). Providing disabled people with opportunities in employment and economic development is one of the objectives of the New Zealand Disability Strategy (Minister for Disability Issues, 2001, p17).

### Labour force status

In the Māori population, as in the total New Zealand population, disabled people are less likely than non-disabled people to be in the labour force, while those who are in the labour force have higher rates of unemployment.

A number of factors contribute to these disparities, including the limitations and barriers some disabled people face in finding employment, and the older age profile of the disabled population. Lower levels of educational attainment among disabled people is also a factor (see Chapter 6: Education).

[See Disability in the labour market: Findings from the 2013 Disability Survey](#) for more information about disabled people in the labour market.

In the Māori population in 2013, 53 percent of disabled adults were in the labour force compared with 76 percent of non-disabled adults. Lower labour force participation was partly due to the older age profile of the disabled population, but even among those aged under 65, participation was much lower for disabled than for non-disabled Māori.

Of those in the labour force, disabled Māori were much more likely than non-disabled Māori to be unemployed (17 percent compared with 11 percent).

The combination of lower labour force participation and higher unemployment meant that the proportion of working age people who were employed was much lower for disabled Māori (44 percent) than non-disabled Māori (68 percent).

**Table 1**

**Labour force rates for Māori adults, by disability status, 2013**

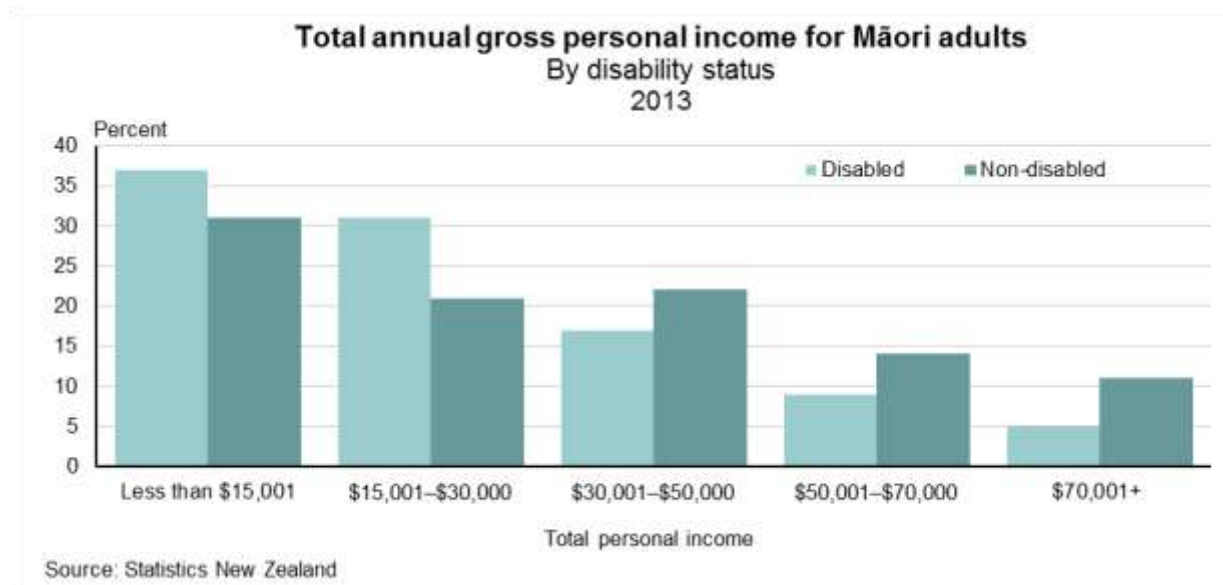
Labour force rates	Disabled	Non-disabled
Employment rate	44%	68%
Unemployment rate	17%	11%
Labour force participation rate	53%	76%
Source: Statistics New Zealand		

Of those who were employed, 74 percent of disabled Māori worked full-time (30 hours or more per week), compared with 79 percent of non-disabled Māori. Within the disabled Māori population, women were twice as likely as men to work part-time (35 percent compared with 18 percent).

## Personal income

The patterns of labour force participation described above result in lower incomes among disabled Māori – many of whom may be reliant on New Zealand Superannuation, government benefits, or income from part-time employment. In 2013, 68 percent of disabled Māori adults had incomes of \$30,000 or less, while just 14 percent had incomes over \$50,000. As Figure 3 shows, disabled Māori were more likely than non-disabled Māori to have incomes of \$30,000 or less, and less likely to be in the middle or higher income brackets.

**Figure 3**

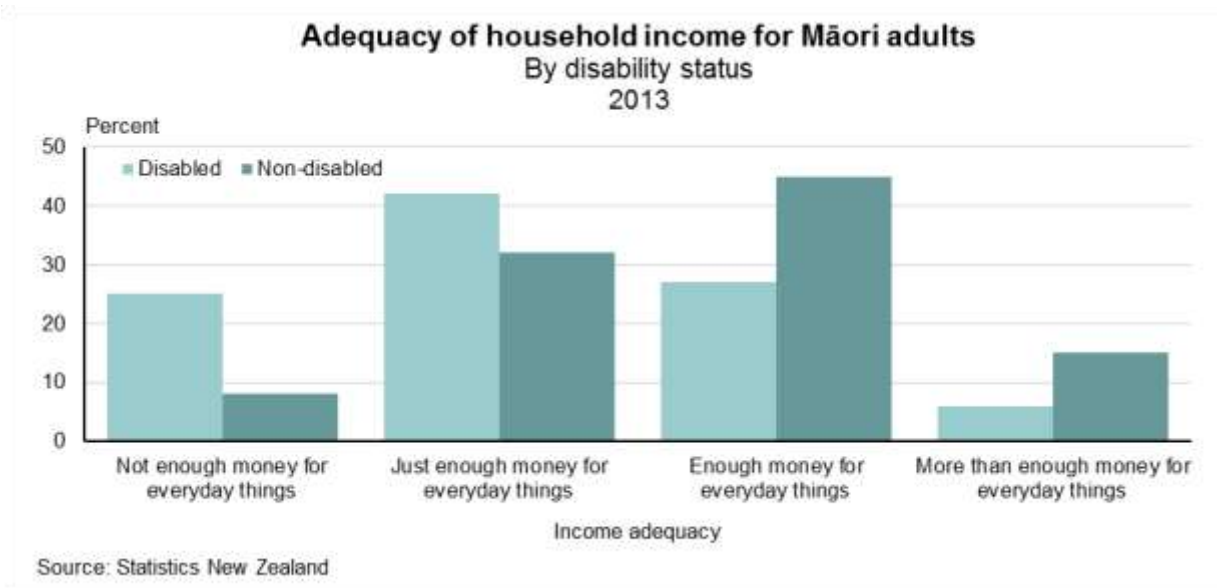


## Income adequacy

Low income can have a major effect on people’s well-being if the income is not sufficient to meet their needs. The 2013 Disability Survey asked people how well their household income met their everyday needs for accommodation, food, clothing and other necessities. Twenty-five percent of disabled Māori adults said they did not have enough money for everyday things, compared with just 8 percent of those who were not disabled.

Another 42 percent of those who were disabled said they had just enough money for everyday things, compared with 32 percent of those who were non-disabled.

**Figure 4**



## 5 Housing and neighbourhood deprivation

This chapter compares levels of home ownership among disabled and non-disabled Māori, along with issues relating to housing conditions, and levels of material deprivation in the neighbourhoods where they live.

- [About housing and well-being](#)
- [Housing tenure](#)
- [Housing issues](#)
- [Neighbourhood deprivation](#)

### About housing and well-being

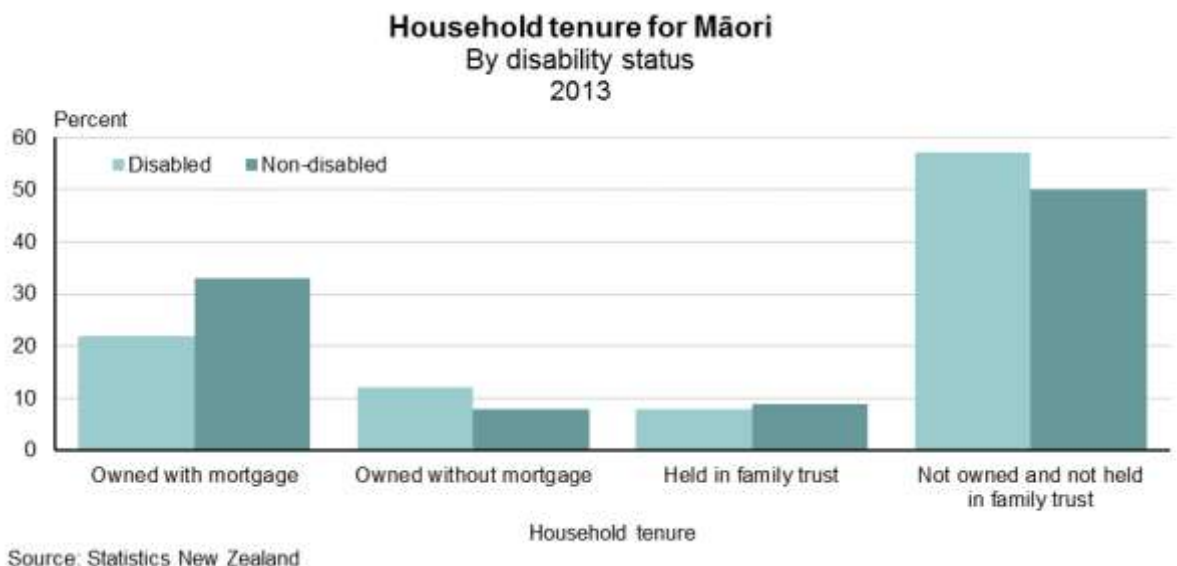
Among the most important benefits of being able to work and earn a reasonable income is the ability to afford decent housing. Good housing is crucial to well-being because it provides shelter, security, and comfort. Owning a home can also provide people with a valuable financial asset which contributes to their material well-being. The standard of housing is also important because it affects other outcomes such as health and overall life satisfaction (OECD, 2011, p82).

### Housing tenure

Levels of home ownership are slightly lower for disabled than non-disabled Māori. In 2013, just over four in ten disabled Māori lived in homes owned by the occupants or held in a family trust (with or without mortgages), compared with half of all non-disabled Māori. Although disabled Māori were less likely to own their own homes, if they did own them they were more likely to do so without a mortgage. This reflects the fact that disabled people tend to be older, and have therefore had more time to pay off mortgages.

Age is a significant factor in home ownership for all population groups. Among disabled Māori, 56 percent of those aged 45 and over lived in homes owned by the occupants or held in a family trust, compared with 34 percent of those under the age of 45.

**Figure 5**

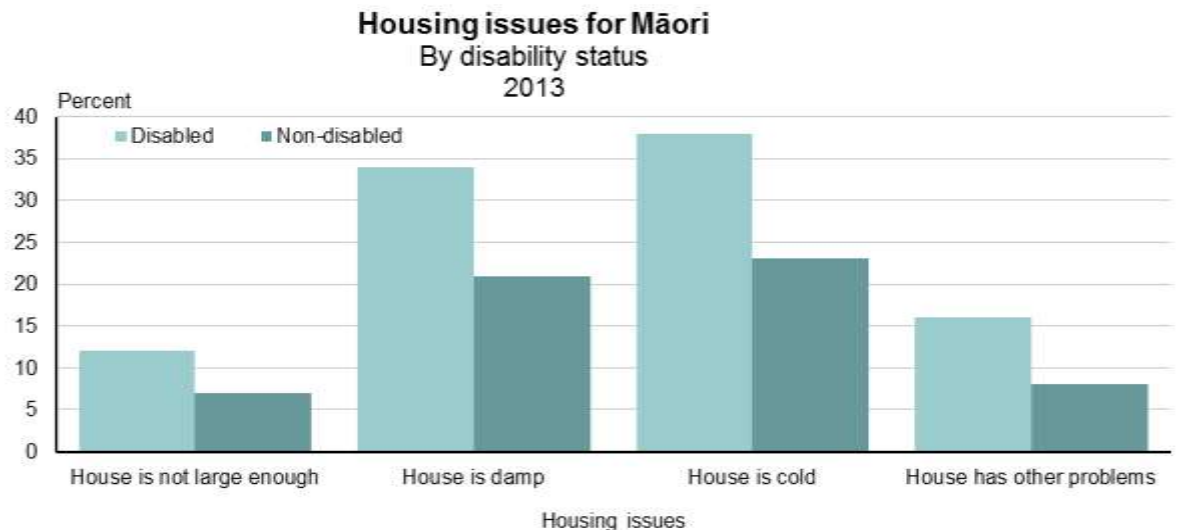




## Housing issues

The Survey found that many disabled Māori felt there were problems with the houses they lived in. Four in ten reported that they lived in cold houses, and a third in damp houses. Additionally, 12 percent said their house was not large enough, and 16 percent said there were other problems. All these problems were much more common for disabled than non-disabled Māori.

**Figure 6**



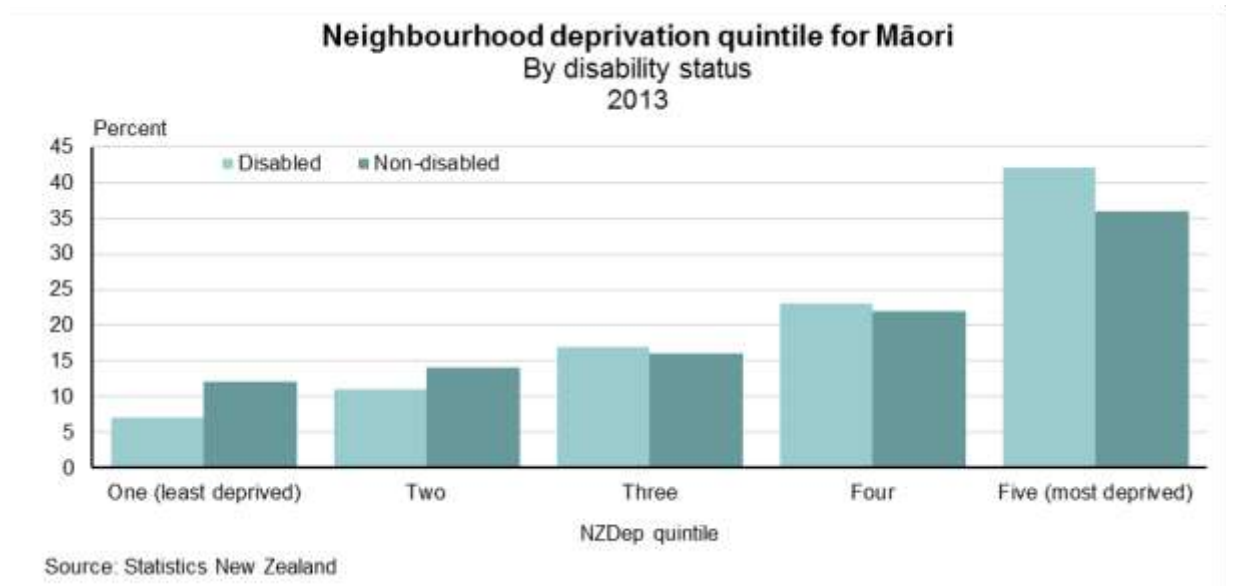
Among disabled Māori, children were more likely than adults to live in houses which the occupants felt had problems: 45 percent of children lived in houses that were considered cold, 39 percent in houses regarded as damp, and 16 percent in houses that were considered not large enough.

## Neighbourhood deprivation

The NZDep2013 index uses a range of information from the census to score neighbourhoods or small areas according to their level of socio-economic deprivation (Atkinson, Salmond, and Crampton, 2014). These deprivation scores can be used to rank areas from high to low and divide them into quintiles, each representing a fifth of all areas in the country, from quintile 1 (the least deprived 20 percent of all areas) to quintile 5 (the most deprived 20 percent).

Māori in general tend to be over-represented in the higher or most deprived areas and under-represented in the lower or least deprived areas. Figure 7 shows that this was true for both disabled and non-disabled Māori in 2013. Within the Māori population, disabled people were more likely than others to live in the most deprived areas and less likely to live in the least deprived areas. Around four in ten disabled Māori lived in quintile five – the most deprived 20 percent of areas in New Zealand.

Figure 7



## 6 Education

This chapter provides data on educational qualifications among disabled Māori and how they compare with non-disabled Māori.

- [About education and well-being](#)
- [Highest qualification](#)

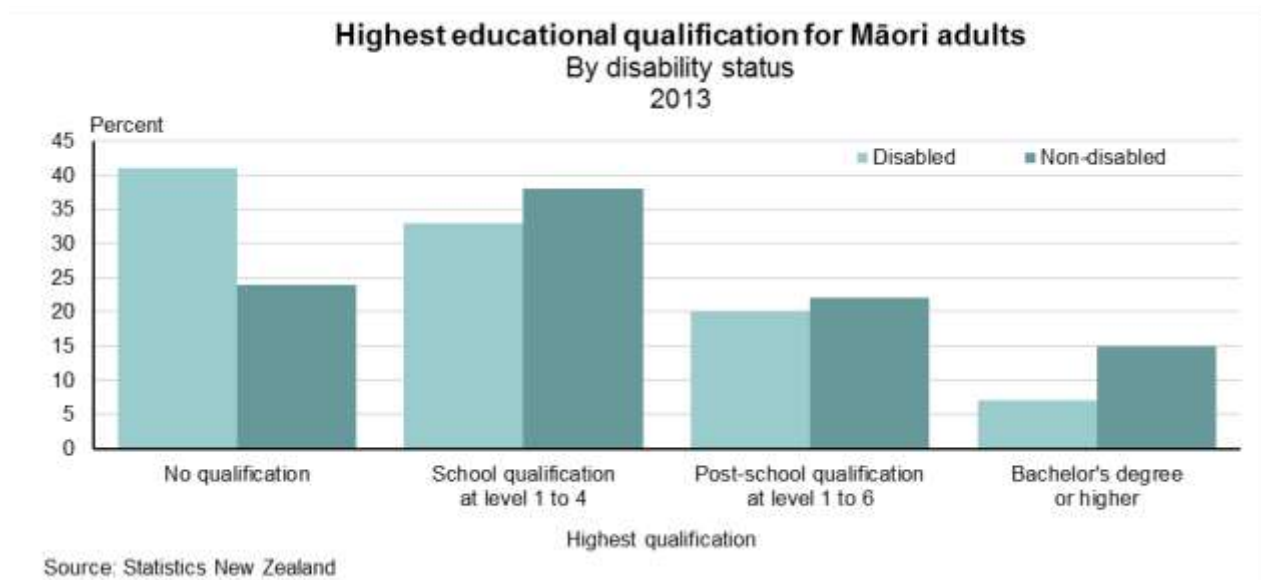
### About education and well-being

Education is a critical factor in people's material well-being as it affects their opportunities in the labour market, and therefore their income, and access to housing and other material resources. Education also has intrinsic benefits which can improve people's quality of life by enhancing their life skills, their understanding of the world, and their participation in social and cultural activities (OECD, 2011, p146). Providing the best education for disabled people is one of the objectives of the New Zealand Disability Strategy (Minister for Disability Issues, 2001, p16).

### Highest qualification

In general, disabled people tend to have lower levels of educational attainment than non-disabled people. Within the Māori population, this is reflected in fewer formal educational qualifications, particularly at university level. Figure 8 shows that in 2013, 41 percent of disabled Māori had no formal educational qualifications, compared with 24 percent of non-disabled Māori. Just 7 percent of disabled Māori had degrees, compared with 15 percent of non-disabled Māori.

**Figure 8**



The educational disparities between disabled and non-disabled Māori partly reflect the older age profile of the disabled population, as older people in general are less likely to have educational qualifications. Among disabled Māori, 35 percent of 15–44 year-olds had no formal qualifications, compared with 44 percent of 45–64 year-olds, and 52 percent of those aged 65 and over. However, even among younger Māori, disabled people were less likely than non-disabled Māori to have qualifications.



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## 7 Personal security

This chapter describes issues of personal security for disabled Māori, specifically their feelings of safety, experiences of crime, and experiences of discrimination.

- [About personal security and well-being](#)
- [Feelings of safety](#)
- [Experience of crime](#)
- [Experience of discrimination](#)

### About personal security and well-being

Personal security depends on living and working in safe environments and feeling free from threats of physical, emotional, and economic harm. Feelings of personal security are important to people's sense of well-being, while threats to that security can cause stress and anxiety which is detrimental to their quality of life (OECD, 2011, p240).

### Feelings of safety

Almost all Māori adults, whether disabled or not, said they felt safe when alone at home during the day or night, and also when out in their neighbourhood by themselves during the day. However, disabled Māori were less likely than non-disabled Māori to have been out in their neighbourhood alone after dark, and those who had were less likely to feel safe doing so (75 percent of disabled adults compared with 83 percent of non-disabled).

Among disabled Māori, women were less likely than men to feel safe alone after dark, particularly when out in their neighbourhood: 62 percent of disabled Māori women felt safe alone in the neighbourhood after dark, compared with 88 percent of disabled Māori men.

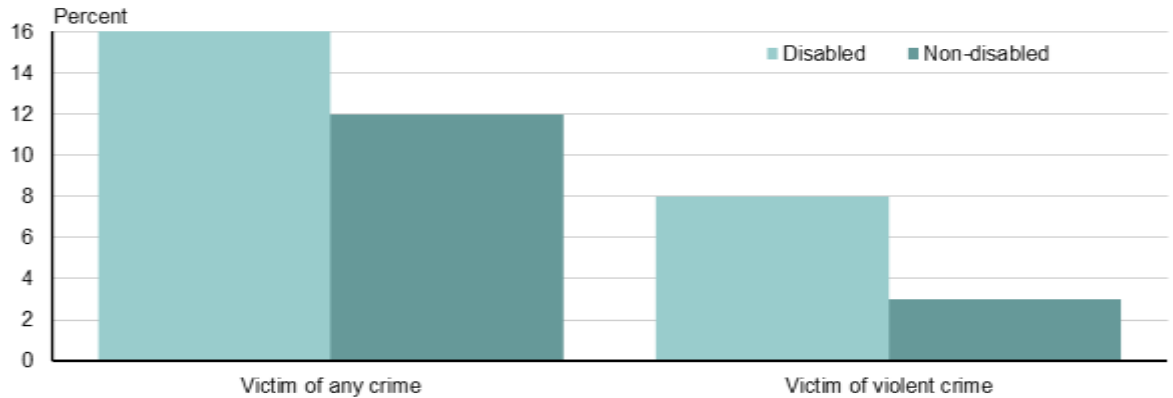
### Experience of crime

Sixteen percent of disabled Māori adults said they had been victims of crime in the previous 12 months, including 8 percent who were victims of violent crime. Although few disabled Māori had experienced violent crime, they were significantly more likely to have done so than non-disabled Māori (3 percent).

Among disabled Māori, age and sex made little difference in the proportions of people who had experienced crime.

Figure 9

Percentage of Māori adults who were victims of crime in last 12 months  
By disability status  
2013



Source: Statistics New Zealand

## Experience of discrimination

The Disability Survey asked adults whether they felt they had experienced discrimination in the last 12 months. The question did not refer specifically to discrimination related to disability, so responses may have included discrimination on grounds such as ethnicity, sex, or age. But the experience of discrimination was more common among disabled than non-disabled Māori, suggesting that disability is a factor in discrimination.

Although less than a quarter (23 percent) of disabled Māori adults said they had experienced discrimination in the last 12 months, this was much higher than the figure of 13 percent among non-disabled Māori. Thirteen percent of all disabled Māori adults said they had experienced discrimination more than three times during that period, compared with six percent of non-disabled Māori.

Among disabled Māori, there was little difference in the proportions of men and women who said they had experienced discrimination. However, there was some difference by age, with those aged under 45 being more likely than older people to say they had experienced discrimination.



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## 8 Social connections

This chapter describes social connections for disabled Māori in terms of their contact with family and friends, feelings of loneliness, and participation in leisure activities.

- [About social connections and well-being](#)
- [Contact with family and friends](#)
- [Feelings of loneliness](#)
- [Leisure activities](#)

### About social connections and well-being

Social connections contribute to well-being in a variety of ways. Regular contact with others and good relationships with family and friends can provide intrinsic satisfaction, while social networks can be a source of practical and emotional support, and conducive to participation in leisure and other activities (OECD, 2011, p170).

These social networks can be especially important for disabled people, who may have distinctive needs for various forms of support. This is recognised in the New Zealand Disability Strategy, which has an objective to “value families, whānau and people providing ongoing support” to disabled people, as well as supporting their participation in recreation and cultural activities (Minister for Disability Issues, 2001, p23, 29).

### Contact with family and friends

The 2013 Disability Survey found that the vast majority of disabled Māori adults had contact with family and friends in the last four weeks:

- 84 percent had face-to-face contact with family
- 90 percent had non face-to-face contact with family
- 87 percent had face-to-face contact with friends
- 85 percent had non face-to-face contact with friends

Most were satisfied with the amount of contact: 63 percent felt that the amount of contact with their family was about right, while 72 percent felt that the amount of contact with friends was about right.

By comparison with non-disabled Māori, those who were disabled were slightly less likely to have had contact with family and friends in the last four weeks. Satisfaction with the amount of contact with friends was similar among disabled and non-disabled Māori, but those who were disabled were less likely to feel that the amount of contact with family was about right (63 percent compared with 71 percent of non-disabled Māori).

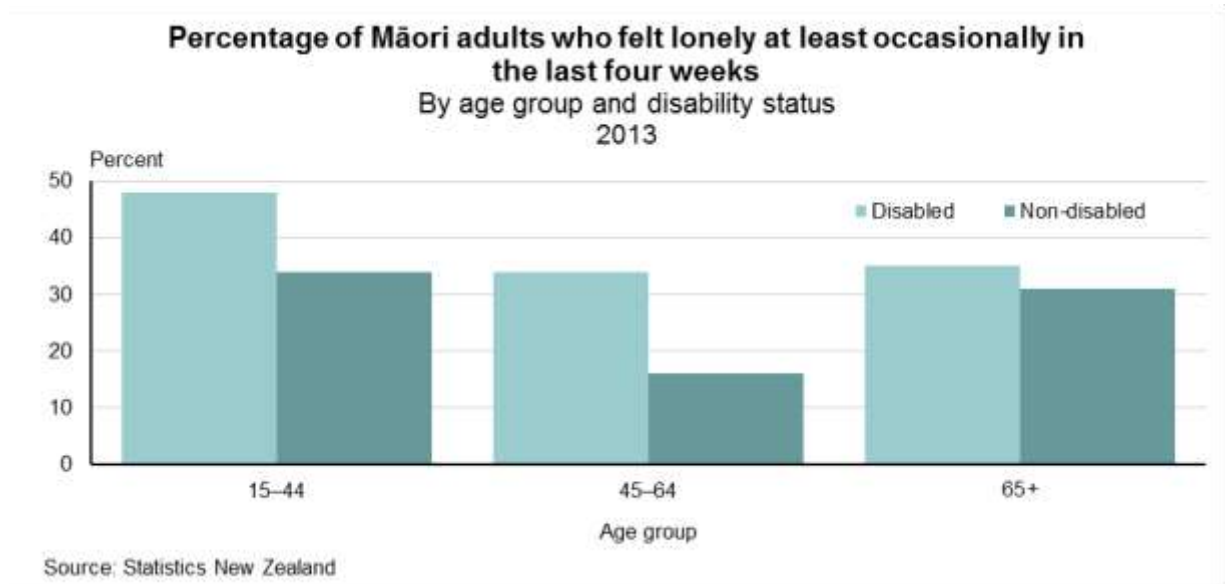
### Feelings of loneliness

Feelings of loneliness were more common among disabled than non-disabled Māori. Four in ten disabled Māori adults said they had felt lonely at least occasionally in the last four weeks, compared with three in ten non-disabled Māori. It was rare for people to say they often felt lonely, but more common among disabled people (8 percent) than non-disabled people (2 percent).

The response varied by age, with almost half of disabled Māori adults under the age of 45 saying they had felt lonely over the last four weeks, compared with around a third of

those in older age groups. Under the age of 65 it was much more common for disabled than non-disabled Māori to have felt lonely, but in the 65-plus age group there was little difference between disabled and non-disabled.

**Figure 10**



## Leisure activities

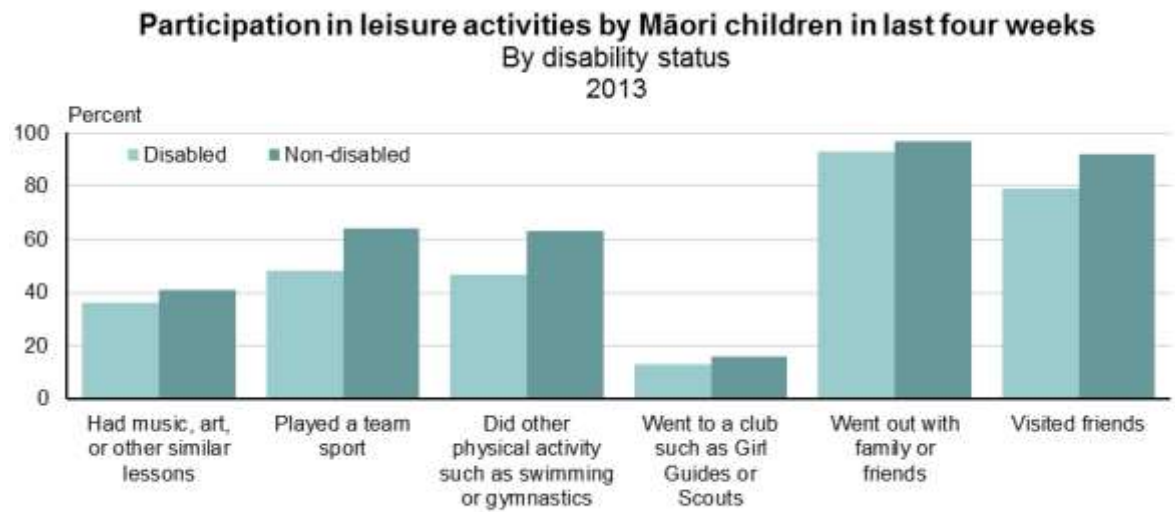
The Disability Survey asked people about their participation in a range of leisure activities, most of which involved social contact. Disabled Māori were less likely than non-disabled Māori to have participated in most of these activities, although in some cases the differences were relatively small. The largest differences tended to be participation in physical activities.

### Children

Among disabled Māori children, the most common activities in the last four weeks were going out with family or friends (93 percent), and visiting friends (79 percent). Most had also been away on holiday in the last 12 months (69 percent).

The biggest differences between disabled and non-disabled Māori children were participation in physical activities: playing a team sport (48 percent of disabled children compared with 64 percent of non-disabled children), and other physical activity such as swimming or gymnastics (47 percent of disabled children compared with 63 percent of non-disabled children).

**Figure 11**



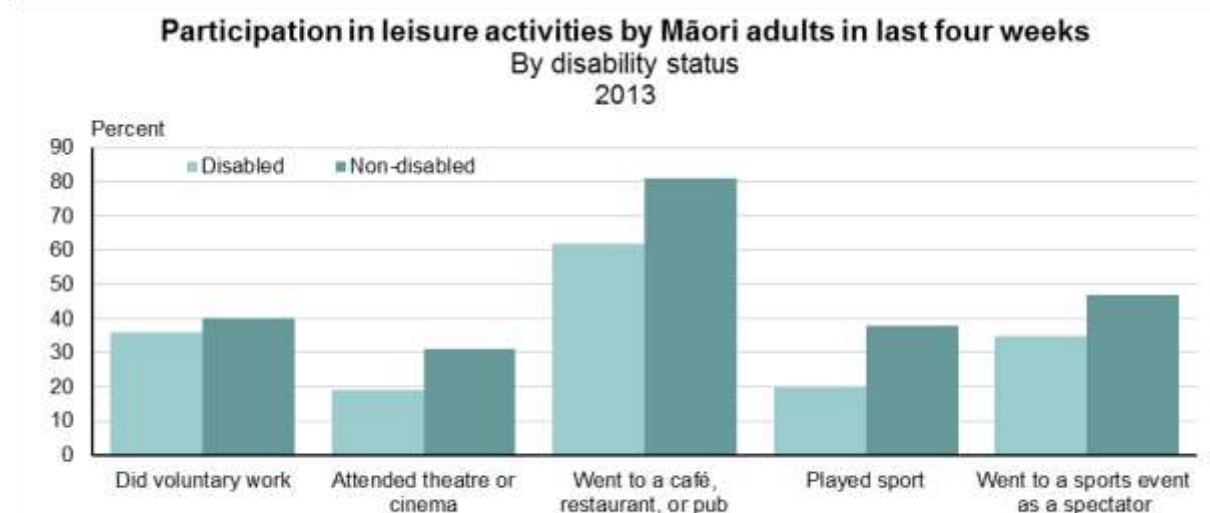
Source: Statistics New Zealand

### Adults

Among disabled Māori adults, by far the most common activity in the previous four weeks was going to a café, restaurant, or pub (62 percent), followed by voluntary work (36 percent), and spectating at a sports event (35 percent). Almost half (44 percent) had also been away on holiday in the last 12 months.

Disabled Māori were less likely than non-disabled Māori to have participated in most of the activities we asked them about, with the exception of voluntary work where the proportions were similar for disabled and non-disabled. Proportionally, the biggest difference was in playing sport, with non-disabled Māori being almost twice as likely as disabled Māori to have participated.

**Figure 12**



Source: Statistics New Zealand





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## 9 Health and life satisfaction

This chapter describes how disabled Māori rate their health and overall life satisfaction, and compares the results with non-disabled Māori.

- [About health, life satisfaction, and well-being](#)
- [Self-assessed health status](#)
- [Overall life satisfaction](#)

### About health, life satisfaction, and well-being

People's subjective assessments of their own lives provide important indicators of well-being that complement the more objective outcome measures. Subjective measures in the Disability Survey include people's assessment of their own health status and their overall life satisfaction.

Health is one of the most important factors in people's lives, affecting not only their physical and mental well-being, but also their opportunities to participate in education, work, and social activities, and to secure a good material standard of living. Health can therefore have a major effect on overall life satisfaction (OECD, 2011, p104).

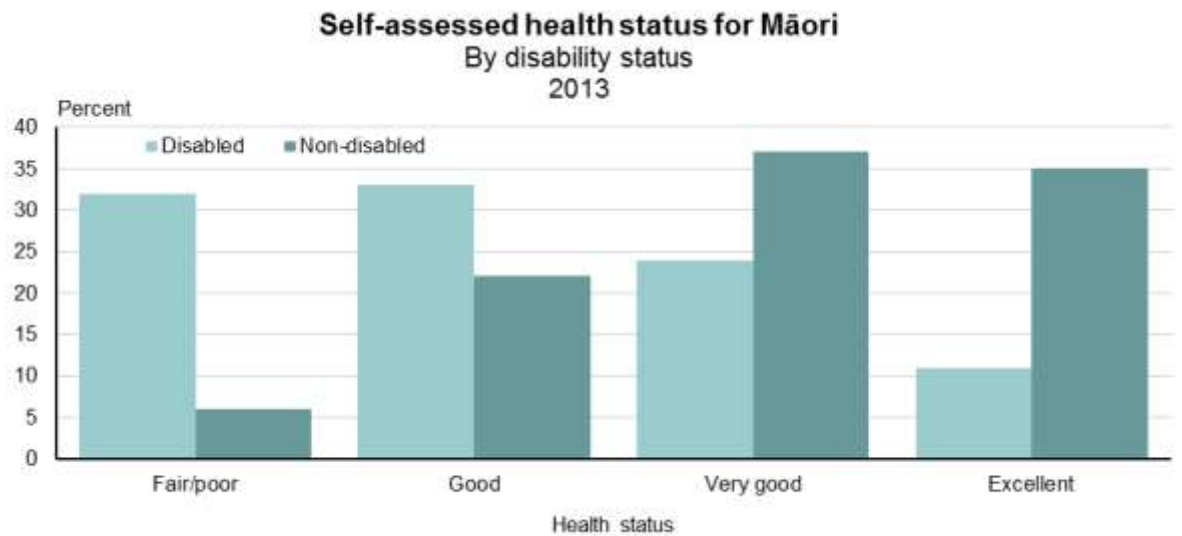
Overall life satisfaction is a subjective assessment of how satisfied people are with their lives in general. As such, it can be seen as an over-arching indicator which reflects the outcomes of all the other dimensions of well-being covered in this report (OECD, 2011, p266).

### Self-assessed health status

The Disability Survey asked people how they rated their own health. Disabled people were much less likely than non-disabled people to say their health was very good or excellent. In the Māori population, just 11 percent of disabled people said their health was excellent (compared with 35 percent for non-disabled), and 24 percent said it was very good (37 percent for non-disabled). Almost a third (32 percent) of disabled Māori rated their health as fair or poor, compared with just 6 percent of non-disabled Māori.

Among disabled Māori, males and females rated their health similarly. However, there were differences by age, particularly between adults and children (aged under 15). While 24 percent of children had excellent health status, the figure was just 8 percent for adults. Conversely, just 14 percent of children had fair or poor health, compared with 36 percent of adults.

Figure 13

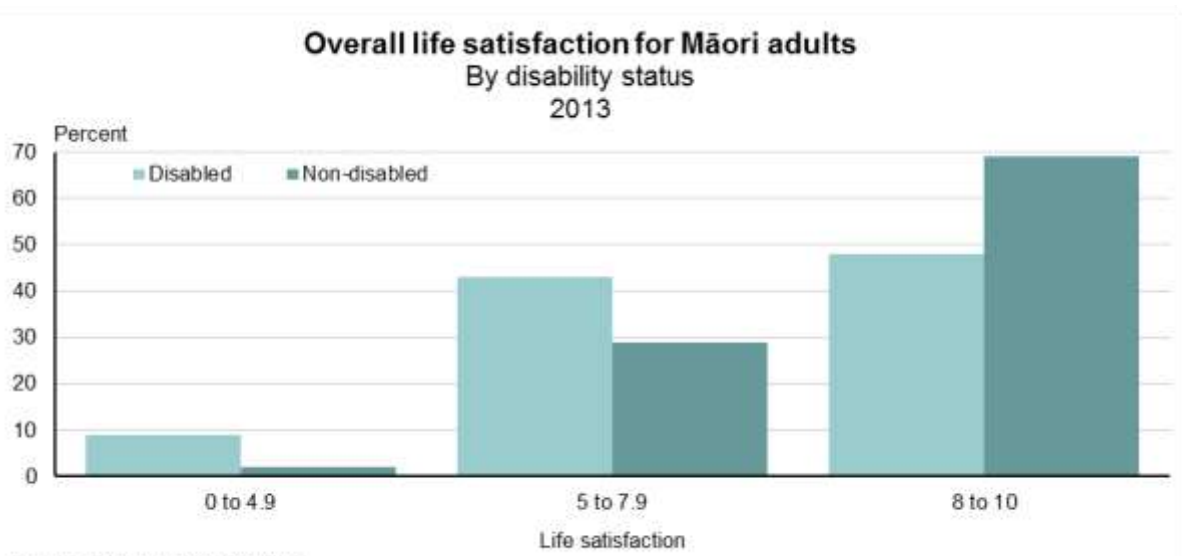


Source: Statistics New Zealand

## Overall life satisfaction

We asked adult respondents to rate their overall life satisfaction, on a scale of 0 to 10, where 0 is the lowest and 10 is the highest level of satisfaction. Almost half of all disabled Māori adults (48 percent) rated their life satisfaction as 8 or higher, and just 9 percent rated their satisfaction below five. However, disabled Māori were less likely than non-disabled to report high levels of satisfaction – 69 percent of non-disabled Māori adults rated their life satisfaction at eight or higher.

Figure 14



Source: Statistics New Zealand

Within the disabled Māori population there was little difference in life satisfaction between males and females, but older people tended to report a higher level of satisfaction – 62 percent of disabled Māori aged 65 and over reported satisfaction levels of 8 or higher, compared with 45 percent of those aged between 15 and 64.



## 10 Conclusion

The 2013 New Zealand Disability Survey shows that Māori have a relatively high rate of disability for a population with a young age structure.

It also shows that disabled Māori tend to fare more poorly than other Māori across a range of outcomes related to material well-being and quality of life. Given that Māori in general tend to fare worse than non-Māori on most of these measures, disabled Māori are particularly vulnerable to poor outcomes.

The picture for disabled Māori is not an entirely negative one, with many experiencing good social and economic outcomes. The Disability Survey found that almost half were employed; most had an income that was adequate for their everyday needs; almost half owned their own homes; most felt safe in their neighbourhoods and had no recent experiences of crime or discrimination; most had sufficient contact with family and friends; most reported their health as good or better; and most reported a high level of satisfaction with their lives.

However, the clear disparities in well-being outcomes between disabled and non-disabled Māori show that considerable progress is still required to meet the objectives of the New Zealand Disability Strategy and the Māori Disability Action Plan, *Whāia Te Ao Mārama*. Monitoring the well-being of disabled Māori is a vitally important part of this process, and one in which information from the Disability Survey plays a key role.



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## Appendix 1: About the New Zealand Disability Survey

The New Zealand Disability Survey is currently the most comprehensive source of information about disabled people living in New Zealand. We have conducted a disability survey after every census of population and dwellings since 1996.

We conducted the 2013 Disability Survey from July to October 2013, with a sample of 23,000 children and adults living in private households or group homes (of fewer than five people), and approximately 1,000 adults living in residential care facilities. We did not include information about adults living in residential care facilities in this report, except in chapter 3 which provides an overview of disability among Māori.

The objective of the 2013 Disability Survey was to answer the following research questions.

1. What is the prevalence of disability in New Zealand, and how does it vary across key subgroups in the population, defined on the basis of age group, sex, and ethnic group?
2. To what extent do the social and economic outcomes of disabled people differ from those of non-disabled people? How do outcomes vary between different groups within the disabled population?
3. To what extent are the needs of disabled people currently met? What level and type of support do they need to perform daily activities?
4. What factors facilitate or hinder the participation of disabled people in important life areas (learning opportunities, paid work, civic society)?
5. Who are the main carers of disabled people and what types of support do they provide?

This report uses data from the 2013 Disability Survey and the 2013 Census of Population and Dwellings.

To shorten the length of interviews, some of a respondent's census data was added to their responses from the Disability Survey. This information includes labour force participation, income, educational qualifications, and occupation.

Information collected in the survey is self-reported or reported on behalf of a disabled person by their parent or main caregiver.

We have also used some data from the 2001 Disability Survey in this report. Note that we have reweighted the data for 2001 using population estimates based on the 2006 Census. We did this to increase comparability with 2013, which we also weighted using population estimates based on the 2006 Census.

[See Disability Survey: 2013 for more information.](#)



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## Appendix 2: Definitions of terms used in this report

**Adult:** a person who is usually resident in New Zealand and is aged 15 years or over.

**Child:** a person who is usually resident in New Zealand and is aged under 15 years.

**Disabled person:** someone with an impairment that has a long-term, limiting effect on their ability to carry out day-to-day activities. 'Long-term' is defined as six months or longer. 'Limiting effect' means a restriction or lack of ability to perform day-to-day activities. People were not considered to have a disability if an assistive device (such as glasses or crutches) eliminated their impairment.

**Discrimination:** to be discriminated against means to be treated unfairly or differently from other people.

**Employed:** people in the working-age population who, during the week ended 3 March 2013, did at least one of the following:

- worked for pay, profit, or income for an hour or more
- worked without pay in a family business or family farm
- usually worked in a job, business, or farm, but were not working during the week ended 3 March 2013 for some reason.

**Employed full-time:** usually working 30 or more hours per week.

**Employed part-time:** usually working fewer than 30 hours per week.

**Employment rate:** the number of employed people as a percentage of the number of people in the working-age population.

**Household:** either one person who usually resides alone, or two or more people who usually reside together and share facilities (eg an eating, cooking, or living area, bathroom, and toilet) in a private dwelling.

**Household income:** the combined total personal income of each member of the household aged 15 years and over.

**Labour force:** people in the working-age population who, during the week ended 3 March 2013, were either 'employed' or 'unemployed'.

**Labour force participation rate:** the number of people in the labour force as a percentage of the number of people in the working-age population.

**Māori:** the Māori ethnic group population comprises those people who specified 'Māori' as either their sole ethnic group, or as one of several ethnic groups, in the 2013 Census.

**Not in the labour force:** people of working age who were neither employed nor unemployed. This includes those who: were retired; had personal or family responsibilities, such as unpaid housework and childcare; attended at least one educational institution; were permanently unable to work; were temporarily unavailable for work in the week ended 3 March 2013; were not actively seeking work.

**NZDep quintiles:** the NZDep2013 index uses a range of information from the census to score neighbourhoods or small areas according to their level of socio-economic deprivation. These deprivation scores are used to rank areas from high to low and divide them into quintiles, each representing a fifth of all areas in the country, from quintile 1 (the least deprived 20 percent of all areas) to quintile 5 (the most deprived 20 percent).

**Personal income:** the before-tax income of a person in the 12 months ended 31 March 2013.

**Qualification:** a formally recognised award for educational or training attainment. In general, a qualification is defined as requiring full-time equivalent study of three months or more.

**Statistical significance:** the difference between estimates for two groups is described as 'statistically significant' if the probability that it occurred by chance alone is low. Statistical significance is usually expressed in terms of a p-value. The smaller the p-value, the less likely it is the results are due to chance (and more likely the results are true). We used a p-value of 0.05 to identify statistically significant findings in this report. Differences discussed in the report are statistically significant unless otherwise stated. However, some differences between categories shown on graphs may not be statistically significant.

**Tenure of household:** indicates whether a household in a private dwelling rents, owns, or holds that dwelling in a family trust, and whether payment is made by the household for the right to reside in that dwelling. A dwelling held in a family trust is owned by the family trust, so the household does not directly own the dwelling.

**Unemployed:** people in the working-age population who, during the week ended 3 March 2013, were without a paid job and:

- were available for work and had actively sought work in the four weeks ended 3 March 2013
- had a new job to start within the next four weeks.

If a person's only job-search method was to read job advertisements then they are not considered to be actively seeking work.

**Unemployment rate:** the number of unemployed people as a percentage of the number of people in the labour force.

**Working-age population:** the usually resident, non-institutionalised, civilian population of New Zealand aged 15 years and over on census night.