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2006 Disability Survey

Highlights

- In 2006, 82 percent of people with disability were adults living in households, 5 percent were adults living in residential facilities and 14 percent were children (under 15 years) living in households.
- The percentage of people with disability increased with age, from 10 percent for children aged less than 15 years to 45 percent for adults aged 65 years and over.
- An estimated 5 percent 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 percent) and most had multiple disabilities (94 percent) and high support needs (82 percent).

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Commentary

Background

This report presents the key results from the 2006 Disability Survey. The survey provides information on children and adults living in households and adults living in residential facilities.

The information in this Hot Off The Press and the Table Builder tables focus mainly on the prevalence and nature of disability. The 2006 Disability Survey also collected information on barriers that people with disability encountered in their everyday life, including current and unmet needs for services and assistance, employment, transport, education, accommodation and special equipment. Information is also available on the characteristics of people with and without disability including their educational qualifications, labour force status, income and household and family circumstances. Further information about the survey is available on the Statistics New Zealand website, www.stats.govt.nz.

All figures given in the commentary and tables have been rounded and discrepancies may occur between sums of component items and totals. All percentages have been calculated from unrounded figures.

Note that there is no separate Tables section in this Hot Off The Press.

Who has a disability?

In 2006, an estimated 660,300 New Zealanders reported a disability, representing 17 percent of the total population. This figure is significantly lower than the rates reported in the two previous surveys in 1996 and 2001 (20 percent). The apparent decline is evident across all age groups, but is more marked in the older age groups. Statistics NZ has conducted a thorough quality assurance process and the results have been determined as meeting adequate quality standards. No specific contributing factors to the change in the disability rate could be isolated.

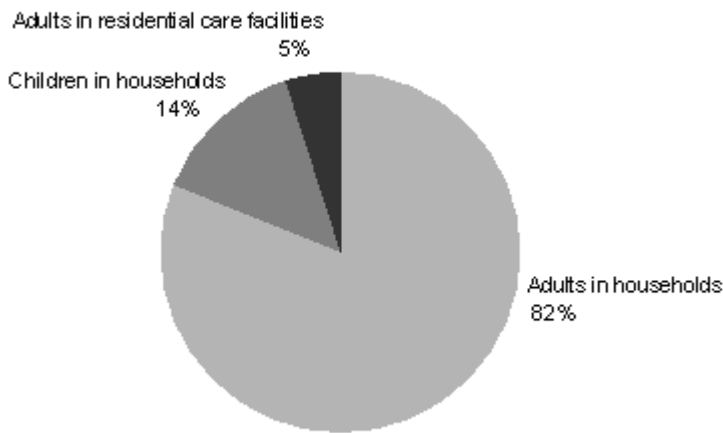
The apparent decline in the disability rate is likely to be due to a combination of factors relating to the way the 2006 survey was conducted, people's perceptions of disability, as well as possible real world change. Apart from the apparent decline in the disability rate, general patterns in the results of the 2006 survey are largely consistent with the previous surveys. Statistics NZ 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. More information about the apparent disparity is contained in the Technical notes.

Percentage of people with disability, 1996, 2001 and 2006

Age group (years)					
	0-14	15-44	45-64	65+	Total
1996	11%	12%	25%	52%	20%
2001	11%	13%	25%	54%	20%
2006	10%	9%	20%	45%	17%

In 2006, more than eight out of 10 people with disability (539,200 people) were adults living in households. Five percent of disabled were adults living in residential facilities (31,100 adults) while 14 percent were children aged under 15 years living in households (90,000 children).

Type of Residence for People With Disability
2006



Note: Figures add to more than 100 percent due to rounding.

The percentage of people with disability increased with age and 45 percent of adults aged 65 years and over had a disability. One-third of people with disability were in this age group

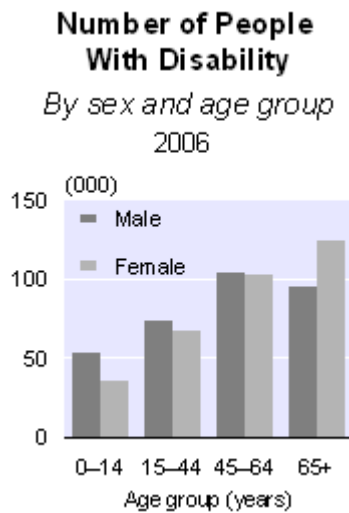
Disability status by age group, 2006

Age group (years)					
	0-14	15-44	45-64	65+	Total
Disabled	90,000	141,500	285,500	220,300	660,300
Not disabled	775,100	1,448,100	831,300	273,900	3,328,400
Total	865,100	1,589,600	1,039,800	494,200	3,988,600

Note: Figures have been rounded and discrepancies may occur between sums of component items and totals.

An estimated 332,600 females and 327,700 males had disability. There were more males than females under 65 years with disability, with the biggest difference being for

children, where boys accounted for 59 percent in this age group. There were more women aged 65 years and over and women with disability accounted for 57 percent of disabled in this age group. This is partly due to the greater number of women in this age group, especially in the older ages where the rate of disability is very high.



Overall, 16 percent of females and 17 percent 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.

Nature of disability

Children (0–14 years)

Disability types for children in 2006 are shown in the following graph. An estimated 5 percent of children had special education needs (41,000 children or 46 percent 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; and children with learning difficulties such as dyslexia, attention deficit disorder or attention deficit hyperactivity disorder.

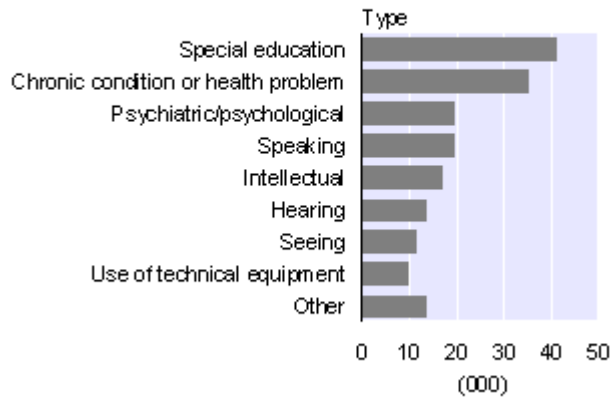
Four percent of children (35,000 children, or 39 percent of children with disability) had chronic conditions or health problems such as severe asthma, cerebral palsy, diabetes or other chronic conditions. Two percent of children (19,300 children or 21 percent of disabled children) had psychiatric or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

Note: The disability types for children that are shown in this report represent the detailed 'disability type' classification while the adult disability types represent the 'higher level' classification (see the Technical notes for more details). The more detailed classification has been used for children as many children fall into the 'other' category of the higher level classification.

Type of Disability for Children

Aged 0–14 years

2006



Note: People may have more than one type of disability.

The following table shows the causes of disability for children in 2006. 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 percent of children with disability, the cause of disability was not specified or unknown.

Cause of disability for children (0–14 years), 2006

Disability Cause	Number of children	Percentage of disabled children	Percentage of total children
Disease 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

Note: people may have more than one cause of disability.

Figures have been rounded and discrepancies may occur between sums of component items and totals.

Just over half of all children with disability (52 percent) had a single disability and the remaining 48 percent had multiple disabilities. The majority of children with disability had low or medium support needs.

Note: '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'.

Support level for children (0–14 years) with disability, 2006

	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

Note: Figures have been rounded and discrepancies may occur between sums of component items and totals.

Adults (15 years and over)

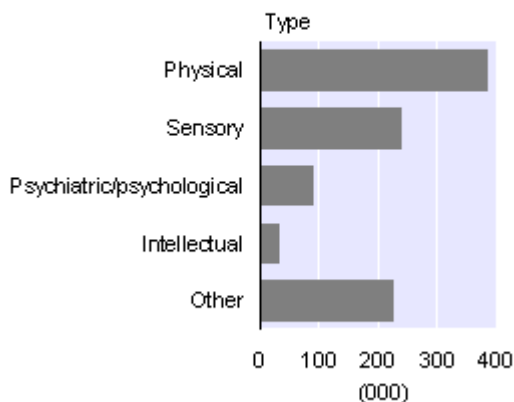
Twelve percent of adults aged 15 years and over had a physical disability (an estimated 383,500 adults). This was the most common disability type for adults, affecting two-thirds of adults with disability.

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

Type of Disability for Adults

Aged 15 years and over

2006



Note: People may have more than one type of disability.

Diseases or illnesses were the most common cause of disability for adults, followed by accidents or injuries and ageing. Accidents or injuries were given as a cause of disability for an estimated 166,300 adults and the most common type of accident or injury causing disability was one that occurred at work.

The most common causes of disability for adults differed by age group. Accidents or injuries were the most common cause of disability for adults aged 15 to 44 years (31 percent of people with disability), closely followed by 'other' causes (30 percent). Accidents or injuries were also the most common cause for adults aged 45 to 64 years (34 percent of people with disability), followed by disease or illness (32 percent). Ageing was the most common cause of disability for adults aged 65 years and over, affecting more than half of adults with disability. Disease or illness was the second most common cause for this age group (47 percent of adults with disability).

Cause of disability for adults (15 years and over), 2006

	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 cause	142,100	25	5
Not specified	53,500	9	2

Note: People may have more than one cause of disability.

Figures have been rounded and discrepancies may occur between sums of component items and totals.

Forty percent of adults with disability had a single disability and 60 percent had multiple disabilities. The percentage of people with multiple disabilities increased with age. Fifty percent of people aged 15 to 44 years had multiple disabilities compared with 53 percent of adults aged 45 to 64 years old and 73 percent of adults aged 65 years and over.

Sixty-three percent of females and 54 percent of males with disability reported having multiple disabilities.

The support level for adults with disability is shown in table 6. Fifteen percent of the adult population in New Zealand had low or medium support needs while three percent had high support needs.

Support level for adults (15 years and over) with disability, 2006

	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

Note: Figures have been rounded and discrepancies may occur between sums of component items and totals

Adults living in residential care facilities

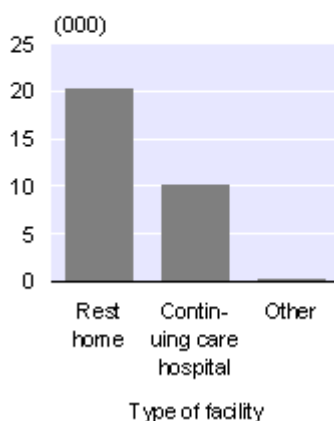
Nearly all adults living in residential care facilities reported having a disability (99.7 percent), compared with 17.4 percent of adults living in households. Only 5 percent of disabled adults living in residential facilities were aged less than 65 years. Most adults with disability living in residential facilities had high support needs (82 percent of disabled) and multiple disabilities (94 percent). In contrast only 12 percent of adults with disability living in households had high support needs and 58 percent had multiple disabilities.

Two-thirds of adults with disability in residential facilities lived in rest homes and one-third lived in continuing care hospitals. However, the survey excluded some types of residential facilities (see the Technical notes for further information on facility types included in the survey).

Adults With Disability Living in Residential Facilities

By facility type

2006



Ninety-seven percent of adults living in residential facilities had physical disabilities. Other types of disabilities (70 percent) and sensory disabilities (60 percent) were also

common. Common causes of disability for adults living in residential facilities were disease or illness (70 percent of disabled adults) and natural ageing (56 percent of disabled adults). In comparison, 35 percent of disabled adults living in households reported disease or illness as a cause of disability and 25 percent reported natural ageing as a cause. Accidents or injuries were a more common cause of disability for adults living in households (30 percent of disabled adults) than adults living in residential facilities (20 percent of disabled adults).

Māori

Note: Ethnic group figures are 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. While this is no longer a standard classification, it has been used in the 2006 Disability Survey to maintain comparability with the previous surveys. See the Technical notes for more information.

In 2006 there were an estimated 96,600 Māori with disability in New Zealand. Nearly all Māori with disability (99 percent) lived in households and less than one percent lived in residential facilities. The number of people with disability by ethnic group is shown in the following table, while the following graph shows disability rates by ethnic group. The total disability rate for Māori (17 percent) was higher than the disability rate for Pacific peoples (11 percent) but lower than the disability rate for European (18 percent).

Māori and Pacific peoples have a different age-structure to European, with a higher proportion of people aged less than 45 years. Eighty percent of Māori were aged less than 45 years, compared with 54 percent of the European population. (These figures are based on survey estimates and may differ from some population counts from the 2006 Census. See the Technical notes for more information.) For this reason, disability rates should be compared by age group.

Number of people with disability, by ethnic group and age group, 2006

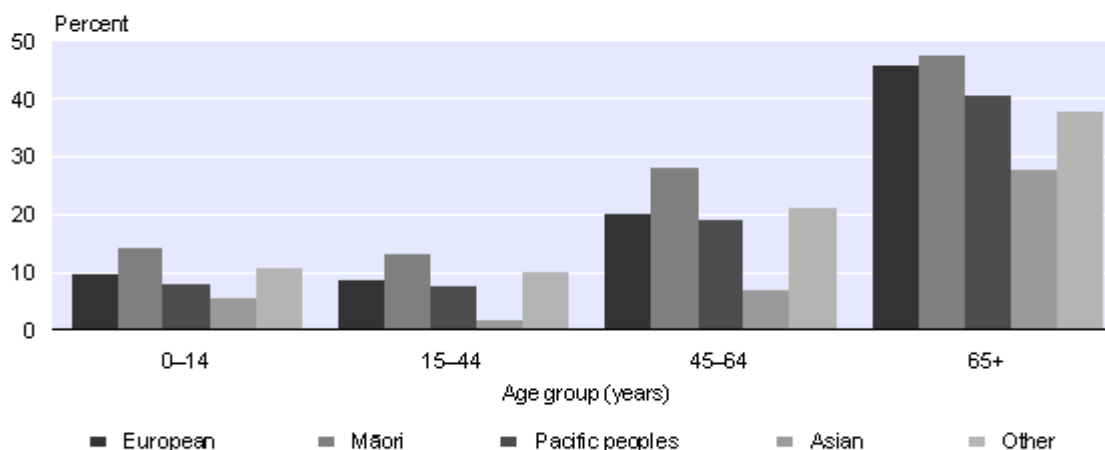
Ethnic group	Age group (years)				Total
	0–14	15–44	45–64	65+	
European	42,500	80,100	142,600	183,700	448,900
Māori	28,200	33,000	24,300	11,000	96,600
Pacific peoples	6,100	8,100	6,600	4,000	24,800
Asian	4,300	3,300	4,600	5,000	17,200
Other	8,900	17,000	30,400	16,500	72,700
Total	90,000	141,500	208,500	220,300	660,300

Note: The Asian estimate for 15-44 years should be used with caution as the relative sampling error is greater than 50 percent. See the technical notes for more information.

Figures have been rounded and discrepancies may occur between sums of component items and totals.

Māori had a higher disability rate than other ethnic groups in every age group. The higher proportion of young people in the Māori population meant that the majority of Māori with disability (63 percent) were aged less than 45 years. Nearly one-third of children with disability (31 percent) and nearly one-quarter of adults aged 15 to 44 years with disability (23 percent) were Māori.

Disability Rate
By age and ethnic group
2006



Note: The Asian estimate for 15-44 years should be used with caution as the relative sampling error is greater than 50 percent. See the Technical Notes for more information.

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

Nineteen percent of Māori adults had disability (an estimated 68,300 adults). Two-thirds of Māori adults with disability (12 percent of all Māori aged 15 years and over) had physical disabilities. Forty-five percent of Māori adults with disability had 'other' disability types such as difficulty speaking, learning, remembering or doing everyday activities. Other common disability types included sensory (hearing and/or seeing) disabilities (37 percent of disabled) and psychiatric or psychological disabilities (26 percent of disabled). The most common causes of disability for Māori adults were disease or illness (34 percent of Māori adults with disability) followed by accidents or injuries (32 percent). The most common types of accidents or injuries occurred in the workplace or at home, or involved motor vehicle accidents. Thirty-eight percent of Māori adults with disability had a single disability and 62 percent had multiple disabilities.

Pacific peoples

In 2006, an estimated 24,800 Pacific peoples in New Zealand had a disability. Nearly all lived in households (98 percent) and only 2 percent lived in residential facilities.

The previous table and graph showed the numbers and rates of disability by ethnic group. The total disability rate for Pacific peoples (11 percent) was lower than the Māori rate (17 percent) and European rate (18 percent).

As mentioned previously, Pacific peoples had a higher proportion of young people in its population than the European population and disability rates should be compared by age group. Pacific peoples had a lower disability rate than Māori and a slightly lower rate than European in all age groups. Fifty-seven percent of Pacific peoples with disability were aged less than 45 years.

An estimated 6,100 Pacific children had disability. Three percent of Pacific children (2,500 children, 40 percent of disabled) had special education needs and 3 percent (2,400 children, 39 percent of disabled) had chronic conditions or health problems.

There were an estimated 18,700 Pacific adults with disability. Eight percent of the Pacific adult population (an estimated 11,900 or 64 percent of disabled Pacific adults) had physical disabilities. This was the most common disability type for this group. Other disability types, such as difficulty speaking, learning, remembering or doing everyday activities, were the next most common disability types (41 percent of disabled Pacific adults), followed by sensory (hearing and/or seeing) disabilities (35 percent of disabled Pacific adults).

Diseases and illnesses were by far the most common causes of disability for Pacific adults, accounting for disability for an estimated 8,100 adults (43 percent of disabled Pacific adults).

Twenty-four percent of Pacific adults with disability had high support needs, compared with 16 percent of total adults.

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Technical notes

2006 Household Disability Survey – Background

Objectives

The key objective of the 2006 Household Disability Survey was to measure the prevalence of disability among the resident New Zealand population living in households. Focus was placed on measuring disability among children, adults, older people and for Māori and Pacific peoples.

The survey aimed to provide information on the nature, duration, severity and cause of disabilities amongst New Zealanders. It also allowed for comparisons of the socio-demographic characteristics of those with and without a disability. Secondary objectives of this survey were to examine disability-related expenses incurred by individuals and families, and to examine current and unmet needs for services and assistance.

The survey aimed to provide information that could be compared with the results from the 1996 and 2001 Household Disability Surveys.

Survey design

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.

The sample for the 2006 Household Disability Survey excluded residents living on off-shore islands because of the high cost of sending interviewers to these places. For practical reasons, people living at dwellings in very remote locations inaccessible by private cars were also excluded from the survey, though they were part of the defined survey population. The majority of Statistics New Zealand household surveys exclude these remote dwellings and this exclusion will have a negligible impact on the results. In addition, it was not possible to select people who did not fill in a census form.

The compilation of the sample frame for this survey was aided greatly by the inclusion of two general questions on disability in the 2006 Census. These questions were included in the census to identify a large portion of the population with disabilities, in order to improve the efficiency of the sample selection for this survey. Merging the survey data of respondents with selected census data enhanced the analytical capacity of the survey database by providing a range of demographic and socio-economic variables. It also reduced respondent burden because it was not necessary to collect some information that could be gained through linking Disability Survey respondents to their census data.

Statistics New Zealand selected 40,665 people for the 2006 Household Disability Survey. The achieved response rate was 81 percent. 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.

The 2006 Household Disability Survey used four questionnaires. Each adult and child completed a screening module to establish whether or not they had a disability according to the definition applied. Adults who were identified as having a disability then completed a series of content modules with questions relating to services and assistance, employment, education, transport, accommodation, special equipment and economic characteristics. Children who were identified as having a disability completed a series of content modules with questions relating to services and assistance, education, transport, accommodation and economic characteristics.

2006 Disability Survey of Residential Facilities – Background

Objectives

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 aimed to provide information that could be compared with the results from the 2001 and 1997 surveys.

Survey design

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.

This definition is mostly consistent with the 1997 and 2001 surveys. In 2006, psychiatric-type facilities were excluded from the survey population, as this population was not covered by the sampling frame. There was a change in terminology for public and private hospitals, which were combined under the continuing care hospitals (geriatric and psychogeriatric) in 2006.

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.

Apart from psychiatric facilities which were not covered by the sampling frame, these non-private dwellings were excluded from the survey population, mainly due to 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.

These exclusions are consistent with the 1997 and 2001 surveys, except for the new exclusion of psychiatric facilities. The exclusions are not expected to have a significant impact on estimates of the total prevalence of disability, as most of the target population with disabilities is covered in the survey population.

A sample of 121 residential care facilities was selected to take part in the survey, from a frame of approximately 1,100 facilities throughout New Zealand. Of the 121 facilities selected, 106 agreed to take part (the remainder had either closed, refused, or were ineligible to take part). This gave a facility response rate of 93.0 percent. Within the participating facilities, 736 residents were selected to participate in the survey. The achieved weighted response rate within the selected facilities was 89.1 percent.

The total number of respondents in residential care facilities with disabilities was 653. These were: 88 adults aged 15 to 64 years and 565 older adults aged 65 years and over.

The 2006 Disability Survey of Residential Facilities used two questionnaires. All adults completed a screening module to establish whether or not they had a disability according to the definition applied. This questionnaire was largely the same as the questionnaire for adults in the Household Disability Survey. Residential adults who were identified as having a disability then completed a short content module which contained questions about assistance and equipment used.

Explanatory notes

Weights

Each responding adult and child has been assigned a unique survey weight to be used in the calculation of survey estimates. The two most important functions of the allocated weights are:

1. to produce unbiased survey estimates by taking account of the varying probabilities of selection among members of the sample population.
2. to 'rate up' the sample data to the size of the total population living in households and residential facilities, enabling simple calculation of estimates of population counts.

Classifications

Statistics New Zealand standard classifications are used for the age, sex, industry and occupation variables.

In 2006, ethnic group data is based on a prioritised ethnicity classification. This is no longer a standard classification but it has been used to ensure consistency with the 1996-1997 and 2001 surveys.

Definitions are provided below for the classifications of disability type.

Definition of disability

A functional concept of disability was used in these surveys:

“ ... any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.” (World Health Organisation)

This is the World Health Organisation (WHO) definition that was used in the 1996–1997 and 2001 disability surveys. It was used again in 2006 so the data would be comparable. Using this concept, a disability was defined as any limitation in activity resulting from a long-term condition or health problem. The focus was, therefore, not on identifying the nature of the disorder or disabling condition, but rather the limitation resulting from it.

People were not considered to have a disability if an assistive device (such as glasses) completely eliminated their limitation. A concept of time was included as an additional filter; the disability must have lasted or be expected to last for six months or more.

Disability was determined by responses to a series of questions that assessed difficulties performing certain day-to-day activities. Answers reflected respondents' own perception of their situation and were, therefore, subjective.

Disability type for adults

Hearing – includes people who have difficulty hearing or cannot hear what is said in a conversation with one other person and/or a conversation with at least three other people.

Seeing – includes people who have difficulty seeing or cannot see ordinary newspaper and/or the face of someone from across a room, even when wearing corrective lenses.

Mobility – includes people who have difficulty with or cannot walk about 350 metres without resting; walk up or down a flight of stairs; carry an object as heavy as five kilograms for a 10 metre distance; move from room to room; or stand for periods longer than 20 minutes.

Agility – includes people who have difficulty with or cannot bend over to pick something up off the floor; dress or undress themselves; cut their own toe-nails; grasp or handle small objects like scissors; reach in any direction; cut their own food; or get themselves in or out of bed.

Speaking – includes people who have difficulty speaking or being understood.

Intellectual – includes people who need support or help from people or organisations, or who have been to a special school or received special education because of an intellectual disability or handicap.

Psychiatric/Psychological – includes people who, because of a long-term emotional, psychological or psychiatric condition, have difficulty with or are stopped from doing

everyday activities that people their age can usually do, including communicating, mixing with others or socialising.

Other – includes people who have a long-term condition or health problem that causes them ongoing difficulty with their ability to learn or remember, or causes them difficulty with or stops them from doing everyday activities which people their age can usually do.

Higher level classification of disability type for adults

The disability types defined above have been combined to form higher level categories. The higher level classification of disability type is:

Sensory – includes people with hearing and/or seeing disabilities.

Physical – includes people with mobility and/or agility disabilities.

Intellectual – includes people previously defined as having intellectual disability.

Psychiatric/Psychological – includes people previously defined as having psychiatric or psychological disability.

Other – includes people with speaking disabilities and/or disabilities classified above as other.

Disability type for children

Hearing – includes children who are deaf or have difficulty hearing that is not corrected by hearing aids or grommets.

Seeing – includes children who are blind or have difficulty with seeing that is not corrected by glasses or contact lenses.

Speaking – includes children who have difficulty speaking or being understood because of a long-term condition or health problem.

Use of technical aids – includes children who use specialised or technical aids, such as splints or limb supports, a wheelchair, special buggy, crutches, walking sticks, a walking frame or any other kind of walking aid, a standing frame, an artificial limb, or any other type of equipment used because of a long-term condition or health problem (not including asthma inhalers, braces for teeth or grommets).

Chronic condition or health problem – includes children who have a chronic long-term chronic condition such as severe asthma, lung condition or disease, heart condition or disease, kidney condition or disease, cancer, diabetes, epilepsy, cerebral palsy, muscular dystrophy, spina bifida, long-term chronic gastro-intestinal condition, growth failure or failure to thrive, or Autistic Spectrum Disorder or Asperger's Syndrome.

Intellectual – includes children with an intellectual disability.

Psychiatric / Psychological – includes children who, because of a long-term emotional, behavioural, psychological, nervous or mental health problem, are limited in the kind or amount of activity that they can do at home, school or play.

Special education – includes children who receive special education support because of long-term conditions or health problems, children who have an Individual Education Programme (IEP) or Individual Programme (IP) because of learning or developmental difficulties, and children with learning difficulties such as dyslexia, attention deficit disorder or attention deficit hyperactivity disorder.

Other – includes children who are limited, because of a long-term condition or health problem, in their participation at school, play, or any other activities considered normal for children of their age which is not previously mentioned in the above categories.

Higher level classification of disability type for children

Sensory – includes children with hearing and/or seeing disabilities.

Use of technical equipment – includes children who use specialised or technical equipment.

Intellectual – includes children with an intellectual disability.

Psychiatric / Psychological – includes children with a psychiatric or psychological disability.

Chronic health problem – includes children who have a chronic condition.

Other – includes children with speaking disabilities and/or disabilities classified above as other or special education.

Sampling errors

The estimates in this report are based on a sample of individuals. Somewhat different figures might have been obtained if a complete census of the entire population had been taken using the same questionnaire, interviewers, supervisors, processing methods etc. Because the estimates are based on a sample of individuals, all estimates have a sampling error associated with them. The variability of a survey estimate, due to the random nature of the sample selection process, is measured by its sample error.

Sample error is a measure of the variability that occurs by chance because a sample, rather than the entire population, is surveyed. The size of the sample errors in the 1996–1997, 2001 and 2006 Disability Surveys has been controlled by the size of the sample and the use of random selection, stratification, sample allocation and estimation techniques. More details about sampling error can be found in the 'Definitions' section of this report.

Generalised tables of relative sampling errors (RSEs) have been provided below. These should be used as a guide for judging the reliability of figures contained in the tables.

Note that these sampling error tables are for count estimates only, not for percentages. This does not mean there is no sampling error present for percentage estimates.

There are five generalised sampling error tables. Details of when each table should be used are provided below:

- Table 1 should be used for all 2006 estimates for people living in households. Separate RSEs are provided in this table for children, adults and total estimates. Total estimates are for children and adults combined.
- Table 2 should be used for all 2006 estimates for people living in residential care facilities.
- Table 3 should be used for 2006 adult only estimates for the whole of New Zealand, that is, the adult estimates created using data from both of the 2006 Disability Surveys (household and residential facilities) combined.
- Table 4 should be used for 2006 total estimates for the whole of New Zealand, that is, the total estimates created using data from both of the 2006 Disability Surveys (household and residential facilities) combined. Total estimates are for children and adults combined. For adult only estimates for the whole of New Zealand, use table 3.
- Table 5 should be used for comparing 2006 estimates for Māori, Pacific peoples and non-Māori, non-Pacific peoples, for people living in households only, or for the whole of New Zealand. The whole of New Zealand estimates were created using data from both of the 2006 Disability Surveys (household and residential facilities) combined. Separate RSEs are provided in this table for all Māori, all Pacific peoples, non-Māori, non-Pacific children, and non-Māori, non-Pacific adults or totals. Note that non-Māori, non-Pacific peoples are those who do not belong to either the Māori or the Pacific ethnic groups. However, the non-Māori, non-Pacific peoples RSEs should also be used for non-Māori estimates and for non-Pacific peoples estimates.

How to use the sampling errors

For example, the estimated number of disabled children living in households is 90,000. This estimate is subject to a relative sampling error of approximately plus or minus 6.4 percent. This means roughly that there is a 95 percent likelihood that the true value lies between: $90,000 - (6.4\% \times 90,000)$ and $90,000 + (6.4\% \times 90,000)$, that is, between 84,240 and 95,760.

The (absolute) sampling error of an estimate can be calculated by multiplying the estimate by its relative sampling error. For example the (absolute) sampling error for the estimate above is $6.4\% \times 90,000 = 5,760$.

The difference between two estimates is said to be statistically significant if it is bigger than the larger of the two associated (absolute) sampling errors. For example, an estimated 36,500 girls aged less than 15 years had a disability. The relative sampling error for this estimate is 10.3 percent. This equates to an (absolute) sampling error of 3,800. An estimated 53,500 boys aged under 15 years had a disability and the relative sampling error for this estimate is 7.9 percent, which is an (absolute) sampling error of 4,200. The sampling errors used in this instance were not obtained by using the generalised sampling error tables, but instead calculated specifically for these estimates.

The difference between the two estimates is 17,000 and this is greater than the larger of the two (absolute) sampling errors (4,200), so the difference is statistically significant.

Note that all sampling errors are measured at the 95 percent confidence level. In general, the sampling errors associated with sub-national estimates (such as an estimate of the total number of disabled, male Māori) are larger than those associated with national estimates

Generalised sampling error tables

Table 1: For all estimates from the 2006 Household Disability Survey

Estimate	Relative Sampling Error (RSE) (%)		
	Children	Adults	Total
500	76	87	87
1,000	54	65	65
2,000	39	48	48
3,000	32	41	41
4,000	28	36	36
5,000	25	33	33
10,000	18	24	24
30,000	11	15	15
50,000	8	12	12
100,000	6	9	9
300,000	3	6	6
500,000	3	5	5
Estimate cut-off point			
for RSE = 50%	1179	1842	1842
for RSE = 70%	587	832	832
for RSE = 100%	280	358	358

Table 2: For all estimates from the 2006 Disability Survey of Residential Facilities

Estimate	Relative Sampling Error (RSE) (%)
500	67
1,000	47
2,000	34
3,000	28
4,000	24
5,000	22
10,000	15
30,000	9
50,000	...
100,000	...
300,000	...
500,000	...
Estimate cut-off point	
for RSE = 50%	897
for RSE = 70%	451
for RSE = 100%	217

Symbol: ... not applicable

Table 3: For adult estimates from both 2006 Disability Surveys combined

Note: 'Both 2006 Disability Surveys combined' is the 2006 Household Disability Survey and the 2006 Disability Survey of Residential Facilities combined.

Estimate	Relative Sampling Error (RSE) (%)
500	142
1,000	99
2,000	70
3,000	57
4,000	49
5,000	44
10,000	31
30,000	17
50,000	13
100,000	9
300,000	5
500,000	4

Estimate cut-off point	
for RSE = 50%	3818
for RSE = 70%	1980
for RSE = 100%	987

Table 4: For total estimates (all age groups combined) from both 2006 Disability Surveys combined

Note: 'Both 2006 Disability Surveys combined' is the 2006 Household Disability Survey and the 2006 Disability Survey of Residential Facilities combined.

Estimate	Relative Sampling Error (RSE) (%)
500	56
1,000	44
2,000	34
3,000	30
4,000	27
5,000	25
10,000	19
30,000	13
50,000	11
100,000	8
300,000	6
500,000	5
Estimate cut-off point	
for RSE = 50%	701
for RSE = 70%	275
for RSE = 100%	102

Table 5: For comparing Māori, Pacific peoples and non-Māori, non-Pacific peoples estimates, from the 2006 Household Disability Survey OR from both 2006 Disability Surveys combined

Note: 'Both 2006 Disability Surveys combined' is the 2006 Household Disability Survey and the 2006 Disability Survey of Residential Facilities combined.

Estimate	Relative Sampling Error (RSE) (%)			
	Māori	Pacific people	Non-Māori/non-Pacific children	Non-Māori/non-Pacific adults and totals (all age groups combined)
500	71	55	80	132
1,000	50	41	58	95

2,000	35	30	42	68
3,000	29	25	35	56
4,000	25	22	31	49
5,000	22	20	28	44
10,000	16	15	20	32
30,000	9	9	12	19
50,000	7	8	10	15
100,000	5	6	7	11
300,000	3	3	4	6
500,000	2	3	3	5
Estimate cut-off point				
for RSE = 50%	999	623	1395	3868
for RSE = 70%	510	286	663	1905
for RSE = 100%	250	125	302	899

Comment on the apparent decline in the disability rate

The disability rate reported in the 2006 survey, at 17 percent, appears to represent a significant decline over the levels reported in the previous two surveys, at around 20 percent. The reason for the apparent change is likely to be due to a combination of minor and statistical and non-statistical factors which are outlined below in more detail.

Statistics New Zealand has conducted a thorough review of the design of the survey and the manner in which it was conducted and has found no evidence of any major factors that might explain the apparent difference. The review was evaluated by an independent expert. While there has been an overall decrease in disability rates, it is possible that some of the factors discussed below increased the estimated number of people with disability rate while others decreased the rate. It is not possible to measure the exact effect that each of the factors might have had on the disability rate.

Statistical factors

Statistical changes that may affect the disability rate include changes to the design of the survey (eg questionnaire, sample design, processing system), sampling error resulting from natural variation of samples, non-sampling error from differences in the implementation of the survey design, or errors in the previous or current surveys.

1. Changes to the design of the survey (eg questionnaire, sample design, processing system)

The questionnaires used in the 2006 survey were largely the same as 2001. Minor changes were made to the questionnaires in order to reflect real world changes such as new types of equipment. There were some changes to the ordering and routing of questions in the child questionnaire in order to improve the flow of the questionnaire and

reduce respondent burden. All questionnaires were electronic in 2006 whereas in 2001 face-to-face interviews were carried out using a paper questionnaire.

The methodology used in 2006 was also largely the same as the previous survey. It is possible that minor changes in the way the survey was carried out have affected the results but this is unlikely to account for much of the difference.

2. Sampling error resulting from natural variation of samples.

A sample error is the measure of the variability that occurs because a sample rather than the entire population is surveyed. As this is a sample survey there will be sample error associated with the disability rate. While this could account for a small amount of difference between 2006 and the earlier surveys, the difference is larger than the estimated sample error, which is less than 1 percent.

3. Non-sampling error from possible shortcomings in the implementation of the survey design

The Disability Survey sample is drawn from the census and so any undercount or overcount in the census will also affect the Disability Survey. According to the Census Post-enumeration Survey, the net census undercount was estimated to be 2.0 percent (81,000 people) in 2006 compared with 2.2 percent in 2001 and 1.6 percent in 1996. Therefore, this is unlikely to be a major factor.

There were no major changes to the way the sample was selected but there may have been changes in participation in the survey. For example people may be more reluctant to participate in telephone surveys. The household survey response rate increased from 73 percent in 2001 to 81 percent in 2006.

In 2006 there were more adult household interviews conducted by proxy (8 percent in 2006 compared with 2 percent in 2001). A proxy is a person in the household who provides information on behalf of the selected respondent. This may have had an effect on the disability rate as proxies may underestimate or overestimate another person's level of disability. However, there is no information available to suggest a possible magnitude or direction of an effect.

Older people have a higher rate of disability than younger people and changes to the proportion of older people living in private households, rest homes and retirement villages could influence the disability rate for the household and residential surveys. Older people living in private households fall within the scope of the Household Disability Survey while rest homes are covered by the Disability Survey of Residential Facilities. Retirement villages may come under the scope of the household or residential survey depending on the level of care provided.

4. Errors in the current or previous surveys

The 2006 Disability Survey methodology has been independently reviewed and was judged to be methodologically sound.

The 2001 survey methodology was reviewed and no significant errors or differences from the current survey were found. However, it is possible that there were minor

inconsistencies between the 2001 and 2006 surveys that are not evident due to the elapsed time.

Non-statistical factors

Non-statistical factors that may affect the disability rate include the ageing population, changes to health and life expectancy, access to healthcare (including maternal and paediatric care), access to medication, the introduction of new technical equipment that reduces limitations.

The Disability Survey questions that determine disability status are self-reported and based on the respondents' perception. People's perception of whether they have activity limitations may be affected by many things such as increased participation in employment.

Changes to the criteria for admission to residential facilities could influence the Residential Survey disability rate.

Comparisons with previous data

The decrease in the disability rate from 2001 to 2006 was observed primarily in the adult household group (15 years and over). Little or no decrease was observed for children (0–14 years) or for adults living in residential care.

The decrease in disability rate was most pronounced for adults with low support needs rather than those with medium or high support needs, except for adults aged 65 years and over. This could be due to changes in people's perception of whether they are limited by a condition. It may also be partly due to the increase in proxy responses.

Strong caution should be exercised when comparing the 2006 disability rate with disability rates from previous surveys, particularly for the adult household rate. The apparent decrease in disability rates does not appear to be caused by a reduction in any one type or cause of disability but occurs across disability types and causes. The decrease is also evident by sex and ethnic group.

While the rate of disability has decreased in 2006, the overall patterns of disability are similar to 1996 and 2001. Comparison of 2006 data with data from previous surveys should be done with strong caution but comparisons within the 2006 data are valid.

Standards

Rounding procedures

All estimates in this Hot Off the Press and Table Builder tables are rounded to the nearest hundred. This has been done to improve the readability of the data and to provide a more appropriate level of precision to this sample survey. This may result in a total disagreeing slightly with the total of the individual items as shown in tables.

Percentages

All percentages in the Hot Off The Press have been calculated from unrounded data.

Total population estimates

Estimates of the total New Zealand population living in households (those with disabilities plus those without) from this survey are based on the usually resident population of New Zealand staying in private dwellings and group homes on census night. This differs from some population counts from the 2006 Census of Population and Dwellings which include all those usual residents in private dwellings as well as absentees (those who were usually resident in private dwellings but were absent on census night).

Total disabled population estimates

Estimates from the 2006 Household Disability Survey and the 2006 Disability Survey of Residential Facilities have been combined to give total disability estimates for New Zealand. However, it is important to note that these disability estimates are not strictly for the total New Zealand population, as some types of non-private dwellings were excluded from the scope of this survey. A full list of non-private dwellings excluded can be found under 'residential facilities' in the 'Definitions' section of this report. The overall effect of excluding these types of non-private dwellings is not known and, although not expected to have a significant impact on estimates of the overall disability rates, there is potential for some underestimation.

Suppression of estimates

Some estimates in the Table Builder tables with a cell size of less than 1000 have been suppressed for quality reasons because they are too unreliable for most practical purposes. In tables containing 1996–1997 data, all estimates with a sample size of less than 10 were suppressed. Different suppression rules have been applied to the 2006 data due to a change in Statistics NZ suppression practices in recent years.

This is a sample survey, so no data has been suppressed for reasons of confidentiality.

Source

All data is compiled by Statistics NZ, except where otherwise stated.

Definitions

Adult

An adult is a usual resident of New Zealand aged 15 years or over.

Agility disability

People with an agility disability have difficulty with or cannot bend, dress, grasp, cut their own toe-nails, reach, cut their own food or get themselves in or out of bed.

Child

A child is a usual resident of New Zealand aged less than 15 years.

Chronic health problem

Children with a chronic health problem have severe asthma, lung condition or disease, heart condition or disease, kidney condition or disease, cancer, diabetes, epilepsy, cerebral palsy, muscular dystrophy, spina bifida, long-term chronic gastro-intestinal condition, growth failure or failure to thrive, or Autistic Spectrum Disorder or Asperger's Syndrome.

Disability

A disability is any self-perceived limitation in activity resulting from a long-term condition or health problem; lasting or expected to last six months or more and not completely eliminated by an assistive device.

More details:

A functional concept of disability was used in these surveys:

“... any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.” (WHO)

This is the World Health Organisation (WHO) definition that was used in the 1996–1997 disability surveys. It was used again in 2001 so the data would be comparable. Using this concept, a disability was defined as any limitation in activity resulting from a long-term condition or health problem. The focus was, therefore, not on identifying the nature of the disorder or disabling condition, but rather the limitation resulting from it.

People were not considered as having a disability if an assistive device (such as glasses) completely eliminated their limitation. A concept of time was included as an additional filter; the disability must have lasted or be expected to last for six months or more.

Disability was determined by responses to a series of questions that assessed difficulties performing certain day-to-day activities. Answers reflected respondents' own perception of their situation and were, therefore, subjective.

Disability rate

The disability rate is the proportion of people reporting a disability. This is the estimate of the number of people with a disability divided by the estimate of the total number of people with and without a disability.

Disability type for adults

The following disability types are provided under the detailed classification of disability type for adults: hearing, seeing, mobility, agility, speaking, intellectual, psychiatric/psychological, other.

In the detailed disability type classification for adults, 'Other' includes adults who have a long-term condition or health problem that causes them ongoing difficulty with their ability to learn or remember, or causes them difficulty with or stops them from doing everyday activities which people their age can usually do.

The disability types above were combined to form a higher order classification of disability type for adults with five categories: sensory, physical, intellectual, psychiatric/psychological, other.

Disability type for children

The following disability types are provided under the detailed classification of disability type for children: hearing, seeing, speaking, use of technical equipment, chronic health problem, intellectual, psychiatric/psychological, special education, other.

In the detailed disability type classification for children, 'Other' includes children who have any long-term condition or health problem, not classified into one of the categories above, that limits what they can do at school, at play, or in any other activity that children their age can usually do.

The disability types above were combined to form a higher order classification of disability type for children with six categories: sensory, use of technical equipment, intellectual, psychiatric/psychological, chronic health problem, other.

Dwelling

A dwelling is any building or structure, or part thereof, that is used (or intended to be used) for the purpose of human habitation. It can be of a permanent or temporary nature and includes structures such as motels, hotels, hospitals, prisons, motor homes, huts and tents.

Employed

People who work for one or more hours per week for financial gain, or who perform unpaid work in a family business, are employed.

People in the working-age population who during the reference period:

(a) worked for one hour or more for pay or profit in the context of an employee/employer relationship or self-employment.

(b) worked without pay for one hour or more in work which contributed directly to the operation of a farm, business or professional practice owned or operated by a relative.

(c) had a job but were not at work due to:

- own illness or injury
- personal or family responsibilities
- bad weather or mechanical breakdown
- direct involvement in industrial dispute
- leave or holiday

Ethnicity (see also Prioritised ethnicity)

Ethnicity is the ethnic group or groups that people identify with or feel they belong to. Ethnicity is a measure of cultural affiliation, as opposed to race, ancestry, nationality or citizenship. Ethnicity is self perceived and people can belong to more than one ethnic group.

An ethnic group is made up of people who have some or all of the following characteristics:

- a common proper name
- one or more elements of common culture which need not be specified, but may include religion, customs, or language
- unique community of interests, feelings and actions
- a shared sense of common origins or ancestry, and
- a common geographic origin.

In the cases where respondents stated that they belonged to more than one ethnic group, then a single ethnic category was assigned to that person using a system of priority recording of ethnicity.

The categories used in the tables in this release are:

- European
- Māori
- Pacific peoples
- Asian
- Other
- Not specified

European

This refers to people who specified their ethnic group to be one of:

- New Zealand European (Pākehā)
- Australian
- Dutch
- Greek
- English
- Scottish
- Irish
- Caucasian or any other European group as their sole ethnic group

Highest qualification

This qualification is the most advanced formally recognised educational attainment by people aged 15 years and over.

Hearing disability

People with a hearing disability have difficulty hearing or cannot hear what is said in a conversation with one other person and/or a conversation with at least three other people.

Household

A household consists of either one person who usually lives alone or two or more people who usually live together and share facilities (such as eating, cooking, or bathroom facilities, a living area).

Usual household composition

The nature of a household based upon its usual occupants and organisation according to the relationships between the occupants. Persons temporarily absent from the dwelling on census night are assigned by Statistics New Zealand back to their appropriate household to ensure all usually present members of a household are accounted for. A household may consist of one or more families, may be a non-family household or a one-person household.

Intellectual disability

People with an intellectual disability need support or help from people or organisations, or have been to a special school or receive special education because of an intellectual disability or handicap.

Labour force

The New Zealand labour force includes all people aged 15 years and over who regularly work for one or more hours per week for financial gain, or as an unpaid worker in a family business. Also included are those who are unemployed and actively seeking either full-time or part-time work.

Longest duration of disability

The longest length of time an individual has identified as having a disability.

Main disability

The disability that the respondent considered limited their everyday activities most. In 2006 and 2001 all adults were asked what their main disability was. This was not asked in 1996–1997

Māori

This term refers to those persons who specified New Zealand Māori in 1996–1997, or Māori in 2001 and 2006, as one of the ethnic groups they identified with.

Meshblock

The smallest geographical statistical unit for which data is collected and processed by Statistics New Zealand. Meshblocks provide the basis for aggregation into larger statistical units such as area units, territorial authorities and regions.

Mobility disability

People with a mobility disability have difficulty with or cannot walk about 350 metres without resting, walk up or down a flight of stairs, carry an object as heavy as five kilograms for a 10 metre distance, move from room to room or stand for periods longer than 20 minutes.

Non-private dwelling

A non-private dwelling is generally available to the public by virtue of occupation or study, special needs, or legal requirements. Such dwellings may have facilities (such as a dining room) that are for shared use.

Non-sampling error

Non-sampling error is one of the two types of error possible in estimates based on a sample survey. Non-sampling errors include errors arising from biases in the patterns of response and non-response, inaccuracies in reporting by respondents, and errors in the recording and coding of data. The other type of error is sampling error.

Not in the labour force

Any person who is neither 'employed' nor 'unemployed and actively seeking work' is deemed to be not in the labour force. This category includes retired people; people with personal or family responsibilities such as unpaid housework and childcare; people attending educational institutions; people permanently unable to work due to disability; people who were temporarily unavailable for work; and people who were not actively seeking work.

Occupation

Refers to the job, trade, profession or type of work in which a person is employed for financial reward or as an unpaid worker in a family business. The classifications used are the NZSCO99 (New Zealand Standard Classification of Occupations 1999) and the ANZSCO (Australian and New Zealand Standard Classification of Occupations).

Other disability

People with an 'other' disability have a long-term condition or health problem that causes them ongoing difficulty speaking or being understood, or with their ability to learn or remember. Also included are people who have a disability that causes them difficulty with or stops them from doing everyday activities which people their age can usually do, and children requiring special education because of a long-term condition or health problem. This is when the disability is not classified as physical, sensory, intellectual, a

chronic health problem (children only), requiring the use of technical equipment (children only), or psychiatric/psychological.

Physical disability

People with a physical disability have mobility and/or agility disabilities.

Prioritised ethnicity (See also Ethnicity)

Prioritisation is the method of categorising the ethnicity of a respondent who belongs to more than one ethnic group to a single group. The prioritisation schedule used in the 2006 Disability Survey is as follows:

- If Māori is one of the ethnic groups reported, the respondent is assigned to the 'Māori' ethnic group.
- If any Pacific group is reported, the respondent is assigned to 'Pacific'
- If an Asian ethnic group is reported, the assignment is to 'Asian'.
- If none of the above are reported, the assignment is to 'European/Other'.

For example, a respondent who is Māori and Samoan would be categorised as Māori. A respondent who is New Zealand European and Samoan would be categorised as Pacific.

Private dwelling

A private dwelling accommodates a person or a group of people, but is not available to the public. A private dwelling may be permanent or temporary. Permanent private dwellings include houses and flats, residences attached to a business or institution; baches, cribs and huts. Caravans, cabins, tents and other makeshift dwellings that are the principal or usual residence of households are classified as temporary private dwellings.

Psychiatric/psychological disability

This includes people who, because of a long-term emotional, psychological or psychiatric condition, have difficulty with or are prevented from communicating, socialising or doing everyday activities that people their age can usually do.

Residential facility

A non-private dwelling being one of:

- Rest home (standard level care)
- Rest home (dementia)
- Continuing care hospital (geriatric)
- Continuing care hospital (psychogeriatric)
- Intellectual disability unit
- Physical disability unit
- Multi-disability unit.

In 2006, psychiatric-type facilities were excluded from the survey population, as this population was not covered by the sampling frame. There was a change in terminology for public and private hospitals, which were combined under the continuing care hospitals (geriatric and psychogeriatric) in 2006.

Rural

Any areas of New Zealand not specifically designated as urban. They include towns of fewer than 1,000 population plus administrative district territory where this is not included in an urban area. Rural areas include offshore islands.

Sampling error

Sampling error is one of the two types of error possible in estimates based on a sample survey. Sampling error is a measure of the variability that occurs by chance because a sample rather than an entire population is surveyed. The other type of error is non-sampling error.

Seeing disability

People with a seeing disability have difficulty seeing or cannot see ordinary newsprint and/or the face of someone from across a room, even when wearing corrective lenses.

Sensory disability

People with a sensory disability have hearing and/or seeing disabilities.

Support level

Support level is a measure of the level of support required for people with disability. Respondents have been assigned a rating of either 'low', 'medium' or 'high' support needs based on their need for assistance and/or special equipment relating to their disability. Those with a 'medium' support needs use, or have an unmet need for, some type of assistive device, aid or equipment. Those with a 'high' support needs receive daily assistance with tasks such as bathing, preparing meals etc. In the 2001 Disability Survey this was called 'severity' with the categories 'mild', 'moderate' or 'severe'.

Social marital status

A person's reported status with respect to partnership, rather than in regard to registered marriages only. A person's social marital status can be partnered or non-partnered.

Speaking disability

People with a speaking disability have difficulty speaking or being understood.

Total household income

The total gross income received by all people aged 15 years or over in a household for the financial year ending 31 March. This includes income from all sources, such as

wages, salaries, commission, bonuses paid by employer, self-employment, interest, dividends, rent, other investments, ACC, regular payments, NZ Superannuation, pensions, annuities, unemployment benefit, sickness benefit, invalids benefit, student allowance, other government income support payments or war pensions. Excluded are capital gains, gambling winnings and inheritances.

Total personal income

The total gross income that a person aged 15 years or over received from all sources for the financial year ended 31 March.

Unemployed

This refers to those people who are not working in a paid job, business, farm or profession at the census date, but have actively looked for either full-time or part-time work in the preceding four weeks and would have started work in the week preceding the census had a job been available.

Urban

Non-administrative areas which consists of part of a city or parts of cities and/or part of a district or parts of districts and have populations of 1,000 people or more.

Use of technical equipment

This includes children who use specialised or technical aids, such as splints or limb supports, a wheelchair, special buggy, crutches, walking sticks, a walking frame or any other kind of walking aid, a standing frame, an artificial limb, or any other type of equipment used because of a long-term condition or health problem (not including asthma inhalers, braces for teeth or grommets).

Usual residence

The address of the dwelling where a person considers himself or herself to usually reside.

More information

For more information, see the Disability statistics page on the Statistics NZ website (<http://www.stats.govt.nz/datasets/health/disability-statistics.htm>).

Erratum

Figures shown in two tables were inaccurately transcribed during a recent website update. The incorrect figures were available between 31 July and 29 October 2009 and have been updated. They are:

- The figure for disabled people aged 45-64, as shown in the Disability by age group, 2006 table, is 208,500.
- The figure for the percentage of total adults with disease or illness as cause, as shown in the Cause of disability for adults (15 years and over) 2006 table, is 7 percent.

Statistics New Zealand apologises for any inconvenience caused.