



Whānau Hauā Disabled Peoples Health and Wellbeing Profile

Waikato District Health Board

2021



Ngā whakamihi

Acknowledgements

He tohu aroha ki a Renae Trow. Me mihi ka tika ki a ia

This profile is dedicated to the life lived and memory of Renae Trow

Public Health, Waikato District Health Board (DHB) would like to extend thanks to all who contributed to the development of this Whānau Hauā Disabled Peoples Health and Wellbeing Profile. This profile was developed through a co-design process with members of the community. Special thanks go to Paul Burroughs, Judy Small, Hiria Anderson, Gerri Pomeroy (Waikato DHB Consumer Council Co-Chair), Isaac Rakena, Joy Ho, Louise Were (Waikato DHB Consumer Council Co-Chair) and Kate Cosgriff who were part of the co-design rōpū. We also thank Disability Support Link for their support in developing this profile. Thank you for your views and support in researching key health data, information and document design and review. The time and effort you gave to the Whānau Hauā Disabled Peoples Health and Wellbeing Profile is acknowledged and much appreciated. Similarly we thank those who gave their time and shared their story for this profile. Furthermore, we appreciate the work of Dr. Elaine Bliss in facilitating the co-design rōpū and developing the stories with our contributors.

We also acknowledge the following organisations for providing data: ACC, Disability Support Link, Enabling Good Lives, Ministry of Education, Ministry of Housing and Urban Development, Ministry of Justice, Ministry of Social Development and Hauraki PHO.

This document is fully accessible with audio and Etext versions available under the Health Profile section at www.waikatodhb.health.nz/about-us/key-publications-and-policies/. The He Whakarāpototanga / Executive Summary is also available in NZSL.

Ngā rārangi kōrero

Contents

He Whakarāpopototanga Executive summary	Page 1
Whakatahi Introduction	Page 3
Te takoto o ngā whakaritenga Layout of the profile	Page 9
Ētehi kupu āpiti hei pānui i ngā whakaritenga Notes in reading the profile	Page 10
Ko wai te hunga hauā i Waikato? Who are the disabled people of the Waikato?	Page 12
Mātauranga Education	Page 17
Te whai mahi me te tiaki pūtea Employment and economic security	Page 22
Hauora Health and wellbeing	Page 30
Ngā tika taumaruru me te ture Rights protection and justice	Page 38
Te whai wāhitanga Accessibility	Page 42
Ngā waiaro Attitudes	Page 48
Te kōwhiri me te mana whakahaere Choice and control	Page 53
Ārahitanga Leadership	Page 63
Ngā tūtohi me ngā kohinga āwhina Tables and references	Page 67

He Whakarāpopotanga

Executive Summary

Whānau Hauā Disabled Peoples Health and Wellbeing Profile has been co-designed as a tool for driving conversations toward equitable outcomes for disabled peoples in the Waikato. The profile is a starting point and provides an overview of the health and wellbeing status of people with disabilities of all ages, using infographics and personal stories for ease of accessibility and understanding. Overall, Whānau Hauā Disabled Peoples Health and Wellbeing Profile aims to present health and social determinants of health holistically, where health is the driver and wellbeing is the outcome, for disabled peoples in the Waikato. Disability is something that happens when people with impairments face barriers in society; it is society that disables people, not their impairments, this is the thing all disabled people have in common.

Disabled peoples should have equity, regardless of ethnicity, gender, age or type of disability. Equity is important because a higher proportion of the Māori and Pacific disabled population are in the younger age groups compared to the European age distribution. Equity also is important because, on average, disabled people earn 41% less than non-disabled people. And, equity is important because up to a third of all unlawful discrimination complaints are on the grounds of disability.

The Profile also acknowledges inequity in accessibility to the types and quality of data available for planning and providing services for disabled peoples' health and wellbeing. For example, there is a particular lack of data on disabled peoples under the age of 65 years and no central source for such data. Key figures on the disabled peoples of the Waikato follow in the remainder of this executive summary.



Disability is not rare,
118,900
people estimated to
have an impairment in
the Waikato (2021).

Estimated number of people with an impairment by ethnicity (2021).
(Respondents could choose more than one ethnicity)



31,600
Māori



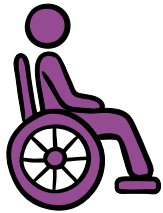
5900
Pacific
people



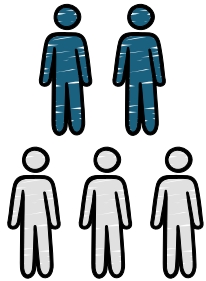
14,200
Asian



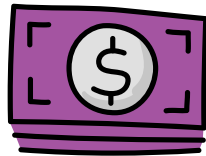
87,700
European/
Other



Mobility impairments are the most common.



2 in 5 (42%) of disabled people are employed compared to 4 in 5 for non-disabled people.



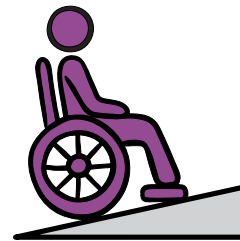
On average disabled people earn 41% less than non-disabled people.



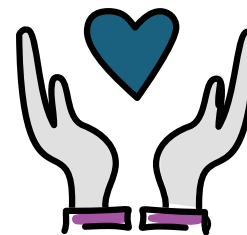
1 in 3 (33%) of disabled Māori find their house damp compared to 1 in 7 (14%) of disabled European/Other.



Unlawful discrimination on the grounds of disability is the highest in number along with race grounds.



17% of disabled people with a physical impairment **have a need for modifications** to their home to improve accessibility.



11% of the estimated population with an impairment in the Waikato **receive support from Disability Support Link.**

Whakataki

Introduction

Whānau Hauā Disabled Peoples Health and Wellbeing Profile has been co-designed as a tool for driving conversations toward equitable outcomes for disabled peoples in the Waikato. The profile is a starting point and provides an overview of the health and wellbeing status of people with disabilities of all ages, using infographics and personal stories for ease of accessibility and understanding. Overall, Whānau Hauā Disabled Peoples Health and Wellbeing Profile aims to present health and social determinants of health holistically, where health is the driver and wellbeing is the outcome, for disabled peoples in the Waikato. A consultative rōpū working group that includes disabled health consumers and service users was established early in the development of the profile to ensure a closer alignment of service delivery with what will work best for service users.

The radical improvement of health and wellbeing outcomes for people living with disabilities is a key strategic intention of the Public Health unit and the wider Waikato DHB. Whānau Hauā Disabled Peoples Health and Wellbeing Profile for the Waikato is a key initial step toward understanding the needs and aspirations of our region's disabled communities.

“Disability is sometimes separate from health, sometimes disability is caused by health, sometimes health impacts on disability, and sometimes disability impacts on health.” - Judy Small, co-design rōpū member and Waikato DHB Consumer Council member

Disability has traditionally been thought of as a personal problem for individuals to overcome. More recently, however, a social model of disability has become established, based upon principles of empowerment and reciprocity. Disability, therefore, is seen not as a medical problem, but a human rights issue. Unlike dominant medical models, a social model of disability promotes the view that disability is located within societal processes (Ellis, 2008).

Whānau Hauā Disabled Peoples Health and Wellbeing Profile demonstrates the disparities and inequities in access to health and wellbeing and their wider determinants in society for disabled peoples. It is intended for use as a

planning and engagement tool by the Public Health unit, the Waikato DHB, disabled people organisations, iwi, whānau, family networks, disability service providers, and other stakeholders throughout the region.

Equity in access

Equity for disabled peoples is about removing unjust barriers. Disabled peoples should have equity, regardless of ethnicity, gender, age or type of impairment. Equity is also important because a higher proportion of the Māori and Pacific disabled population are in the younger age groups compared to the European age distribution. Equity is important because, on average, disabled people earn 41% less than non-disabled people. And, equity is important because up to a third of all unlawful discrimination complaints are on the grounds of disability.

The COVID-19 pandemic has further exposed and exacerbated these existing inequities. A report by the Chief Ombudsman highlighted seven areas for urgent action including real involvement in the decision-making process in times of humanitarian emergencies as well as being involved practically on the frontline. Other areas included access to essential goods, services and spaces, access to information and communications, education, work and employment and health as well as access to justice (Independent Monitoring Mechanism, 2021).

Equity is also important because Māori and Pacific students are over-represented in learning support statistics. Barriers to inclusive education in New Zealand are evident and there is a lack of understanding of what inclusion really is (as distinct from integration or mainstreaming). The current system is financially deficient and lacks an appreciation of the benefits of a system that welcomes diversity and difference (IHC, 2019). Every day, barriers to inclusive education in New Zealand are evident – lack of understanding of what inclusion really is (as distinct from integration or mainstreaming), lack of appreciation of the benefits of a system that welcomes diversity and difference and, of course, a lack of resources.

Accessibility¹ is a key focus of Whānau Hauā Disabled Peoples Health and Wellbeing Profile and one of the eight outcome areas identified in the New Zealand Disability Strategy. Whānau Hauā Disabled Peoples Health and

¹ The United Nations Convention on the Rights of People with Disabilities states that improving accessibility options will support more disabled people to participate in the economy and in their communities thus improving their lives and reducing total reliance on government assistance (Joint submission Parliamentary Inquiry into Mobility CCS Disability Action, 2015).

Wellbeing Profile presents accessibility holistically, emphasising equity, rather than equality, in order to achieve inclusiveness for disabled peoples in their access to health and wellbeing.

Equity and access are important principles of social justice. Equity is achieved when obstacles to health are removed and everyone has a reasonable opportunity to be as healthy as possible (Braveman, Arkin, Orleans, Proctor & Plough, 2017). An equity approach to access for disabled peoples recognises that some people are more disadvantaged than others in accessing services and facilities for health and wellbeing.

“It’s important to remember that disabled people’s lives are very different from people without impairments, we have real expertise in the way our bodies function. It’s important for health services to recognise this and work in partnership with us so we can work together to maintain our best health and well-being.” - Gerri Pomeroy, co-design rōpū member and Waikato DHB Consumer Council Co-Chair

Equity is giving everyone what they need to be successful; equality is treating everyone the same. Equity in access to health and wellbeing for disabled peoples in the Waikato acknowledges that ‘one size does not fit all’. Whānau Hauā Disabled Peoples Health and Wellbeing Profile advocates for this lack of equity in access to health and wellbeing by disabled peoples to be addressed.

Whānau Hauā Disabled Peoples Health and Wellbeing Profile also acknowledges inequity in accessibility to the types and quality of data available for planning and providing services for disabled people’s health and wellbeing. For example, there is a particular lack of data on disabled peoples under the age of 65 years and no central source for such data. This is particularly acute at the regional level (e.g. Waikato).

“Children with disability are doubly vulnerable to income inadequacy: both as children, and as people with disability. According to the 2013 New Zealand Disability Survey, parents of children with disability are 1.5 times more likely to report not having enough income than all parents (of both disabled and non-disabled children). There are various direct and indirect costs associated with raising a disabled child, including medical and therapy bills, and difficulty engaging in paid work”.

(Child Poverty Action Group Inc., 2020)

The population of the Waikato is also aging and this will increase the number of people with impairments. The over 65 age group is projected to make up nearly a quarter (24%) of Waikato's population from late 2038, compared with 16% in 2018 (Statistics New Zealand, 2018). The effects of an aging population will be particularly high on provincial and rural areas presenting a growing demand for affordable and accessible services (e.g. housing and transport) which central and local government will need to deliver upon (Bascand, 2012). The New Zealand Disability Strategy requires the government to ensure disabled people have access to safe, warm and affordable housing. The 2013 Disability Survey revealed that 107,440 people with a physical impairment in New Zealand had an unmet need for a house modification (Statistics New Zealand 2014). A lack of accessible housing, and appropriate housing modifications, are key factors holding back disabled people from being involved in and contributing to society.

Disabled peoples face additional vulnerabilities when it comes to power and control over their own lives. When negotiating the health system disabled peoples can be denied their autonomy and ability to make decisions independently if they lack supportive whānau/family or are in a financially and/or emotionally controlling relationship. All too often, medical practitioners avoid direct communication with the disabled patient and only interact with parents or spouses/partners. Major decisions, such as enduring powers of attorney, are often made, that can have devastating short and long-term consequences for disabled people.

“Ki te kotahi te kākaho ka whati, ki te kāpuia, e kore e whati.” If there is but one toetoe stem it will break, but if they are together in a bundle they will never break.” – Ike Rakena, co-design rōpū member

The following strategies provide further context on the access perspective taken in the profile. Recognising that Māori are more likely to be disabled than the general population, and the importance of Te Ao Māori (the Māori world), *Whāia Te Ao Mārama* provides a culturally anchored approach to supporting Māori with disabilities (whānau hauā) and their whānau (Ministry of Health, 2018). *Faiva Ora* addresses the under-representation of disabled Pacific people in disability support services and access impediments such as limited choice of culturally responsive disability services and negative traditional Pacific views of disability (Ministry of Health, 2017). *The New Zealand Disability Strategy* includes an accessibility outcome to ensure that disabled people are consulted and actively involved in decision-making about all areas of their lives. *The Waikato DHB Strategic Imperative on Disability* is committed to removing barriers for people experiencing disabilities as outlined in the 2016 DHB Health Strategy, *Healthy People Excellent Care* (Waikato DHB, 2016). A *Disability Responsiveness Plan* has been developed by the Waikato DHB to address the barriers and inequities facing Whānau hauā who use DHB services.

Aspirations

Whānau Hauā Disabled Peoples Health and Wellbeing Profile for the Waikato aims to demonstrate inequities within a strengths-based, enabling approach to health and wellbeing for disabled peoples. The aim of the 'Aspirations' graphic overleaf is to reflect a holistic, future-focused worldview for disabled peoples in the Waikato. The graphic was co-created with the co-design rōpū for inclusion in this profile, to initiate conversations, and as a guide for this and future profiles.



Te takoto o ngā whakaritenga

Layout of the profile

Whānau Hauā Disabled Peoples Health and Wellbeing Profile for the Waikato is organised around the eight outcome areas of the New Zealand Disability Strategy (Office for Disability Issues, 2019). Access and inclusion for disabled people in decision-making and development of all eight outcome areas is essential to the success of the New Zealand Disability Strategy, its vision of New Zealand being a non-disabling society and to achieving a barrier free New Zealand.



Outcome 1 - Education

We get an excellent education and achieve our potential throughout our lives.



Outcome 2 - Employment and economic security

We have security in our economic situation and can achieve our potential.



Outcome 3- Health and wellbeing

We have the highest attainable standards of health and wellbeing.



Outcome 4 - Rights protection and justice

Our rights are protected; we feel safe, understood and are treated fairly and equitably by the justice system.



Outcome 5 - Accessibility

We access all places, services and information with ease and dignity.



Outcome 6 - Attitudes

We are treated with dignity and respect.



Outcome 7 - Choice and control

We have choice and control over our lives.



Outcome 8 - Leadership

We have great opportunities to demonstrate our leadership.

Ētehi kupu āpiti hei pānui i ngā whakaritenga

Notes in reading the profile

Where possible, local or regional data sources are used to inform the statistics provided in this profile. National data and information is provided when local or regional data is not available and this is identified throughout the profile. Detailed information about data sources, tables, and references are provided at the end of the document. Estimates may not add up to or exceed the total in some cases, which can be due to the error in estimation of sub-groups. For some ethnicity based data, respondents can choose more than one ethnicity. Therefore the sum of each ethnicity can exceed the total number of people.

Due to small numbers there are limitations to the impairment classification used. There is also a lack of clarity in the scope of classifications, for example, is autism within the intellectual, learning or psychological classification? Also classification varies depending on the purpose of the data collection by an organisation. For some topic areas there are additional data in the tables section that is not displayed in infographic format.

Definitions of disability

“The term ‘disability’ has been contentious among some Māori as it is a word that can be traced back to European colonial understandings of ‘abnormality’, terminology that was mobilised to justify the subordination of indigenous peoples. Colonisation led to a loss of Māori understandings of disability; advocates in the Māori disability sector are seeking to reclaim what it is to be Māori and disabled, under the rubric “whānau hauā”, “a uniquely Indigenous Māori perspective on disability that is holistic and based on spiritual, collective and relational values.”
(Hickey & Wilson, 2017)

The way we look at disability in New Zealand has changed. Since the first New Zealand Disability Strategy was developed in 2001 there has been real progress in the lives of many disabled people and their families and whānau. Disability is something that happens when people with impairments face barriers in society; it is society that disables people, not their impairments, this is the thing all disabled people have in common (Office for Disability Issues 2019). Because disability is about the way other people treat disabled peoples, it is a dynamic concept that will continue to evolve as our society changes over time and for this reason this profile does not choose a definition.

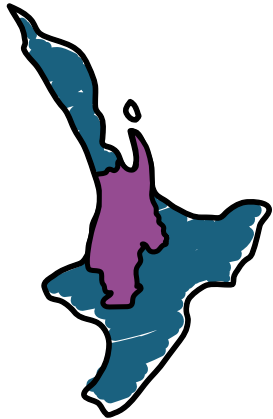
However, depending on the source, there are many different definitions outlined by different governmental and non-governmental organisations in relation to data and its recording. For example, data in the “Ko wai te hunga hauā i Waikato? / Who are the disabled peoples of the Waikato?” section, disability was defined as: ‘an impairment which has a long-term limiting effect on a person’s ability to carry out day-to-day activities. Long-term means six months or longer and limiting effect means a restriction or lack of ability to perform (Statistics New Zealand, 2014). This data comes from the 2013 Disability Survey and used the Washington Group Short Set of Questions on Disability.

**Ko wai te hunga hauā
i Waikato?**

Who are the disabled peoples
of the Waikato?

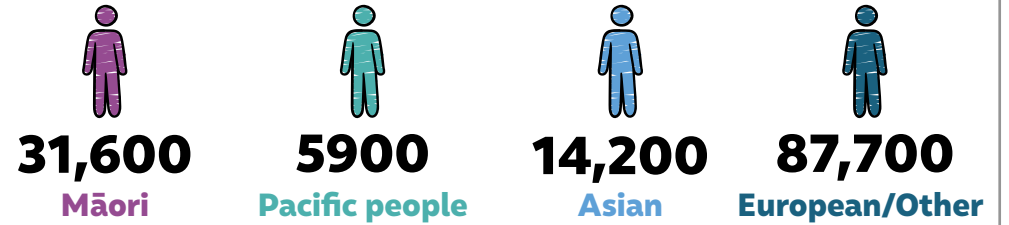


Ko wai te hunga hauā i Waikato? | Who are the disabled peoples of the Waikato?

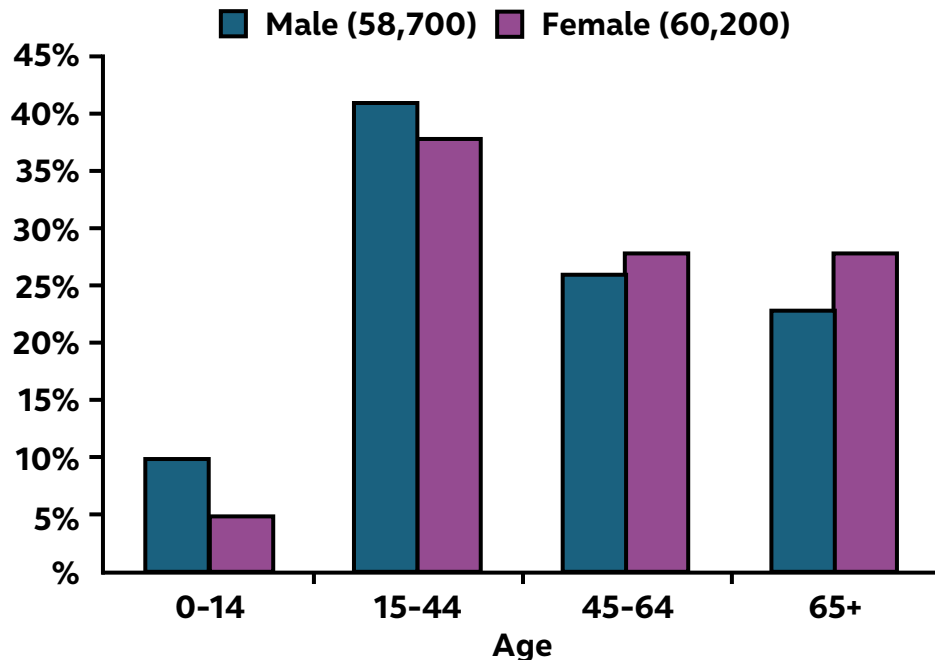


Disability is not rare,
118,900
 people estimated to have
 an impairment in the
 Waikato (2021).

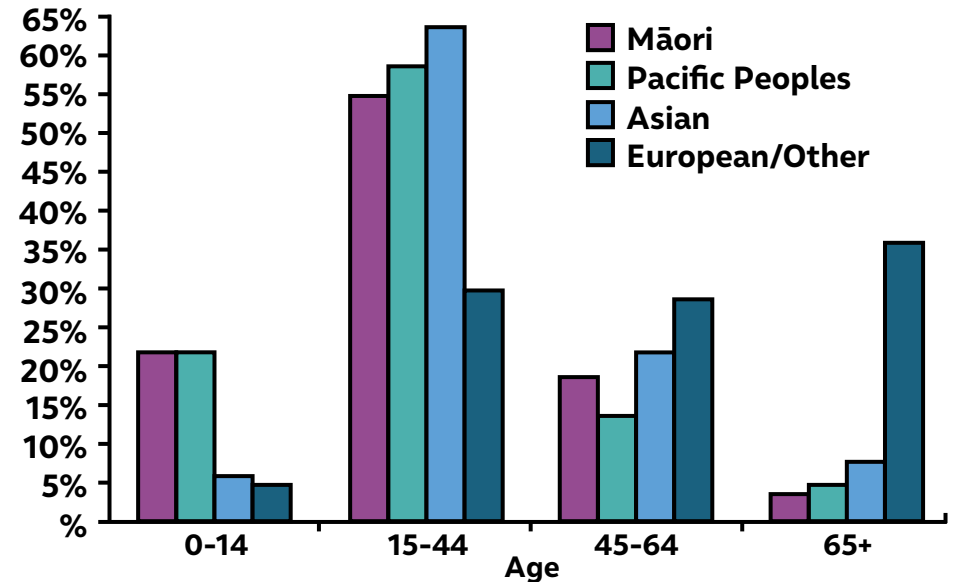
**Estimated number of people with
 an impairment by ethnicity (2021)**
 (More than one ethnicity could be chosen).



**Percentage of people with impairments
 by age group and gender**



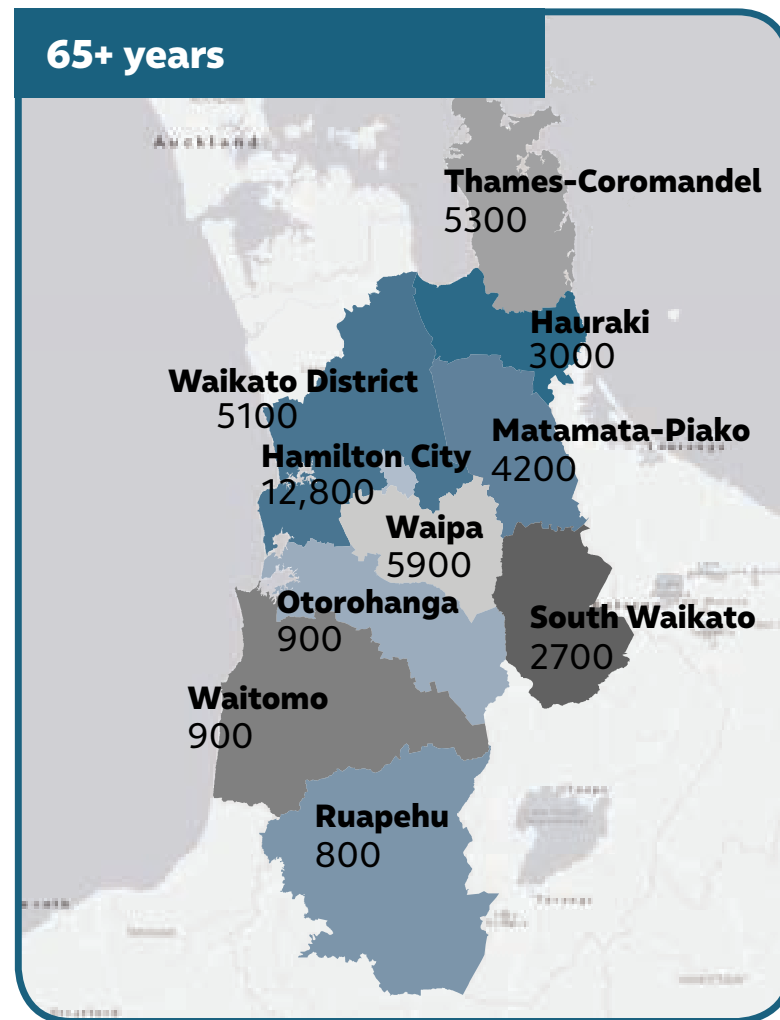
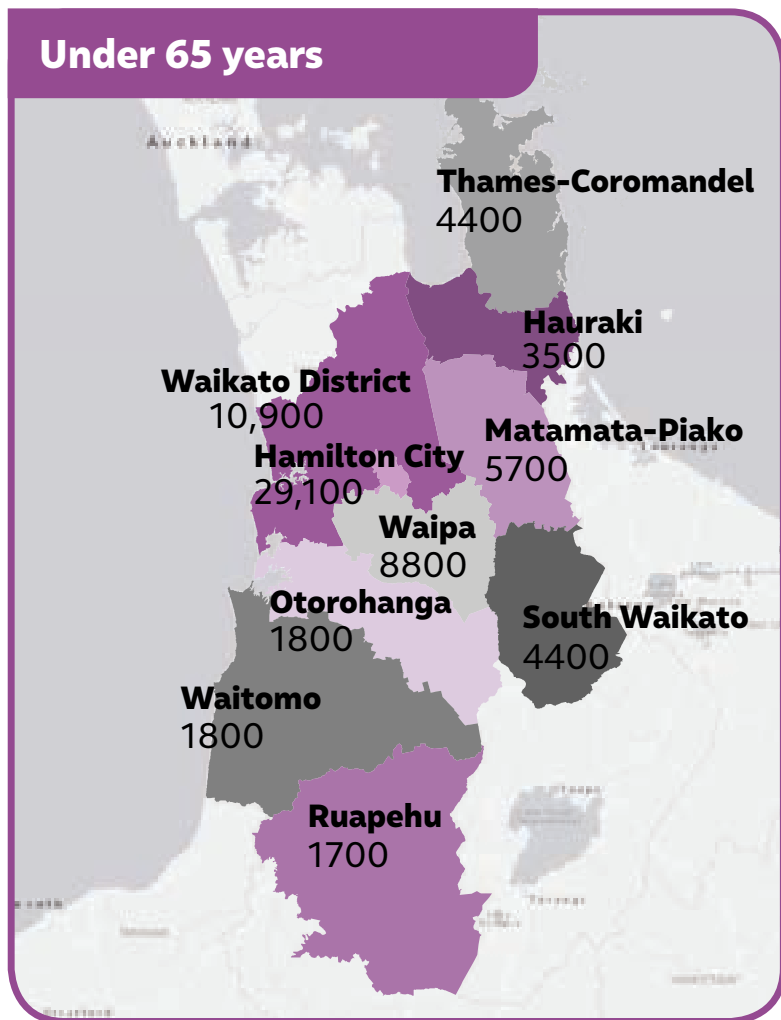
**People with impairments
 presented by age and ethnicity**



A higher proportion of the Māori and Pacific disabled population are in the younger age groups compared to the European age distribution.

Ko wai te hunga hauā i Waikato? | Who are the disabled peoples of the Waikato?

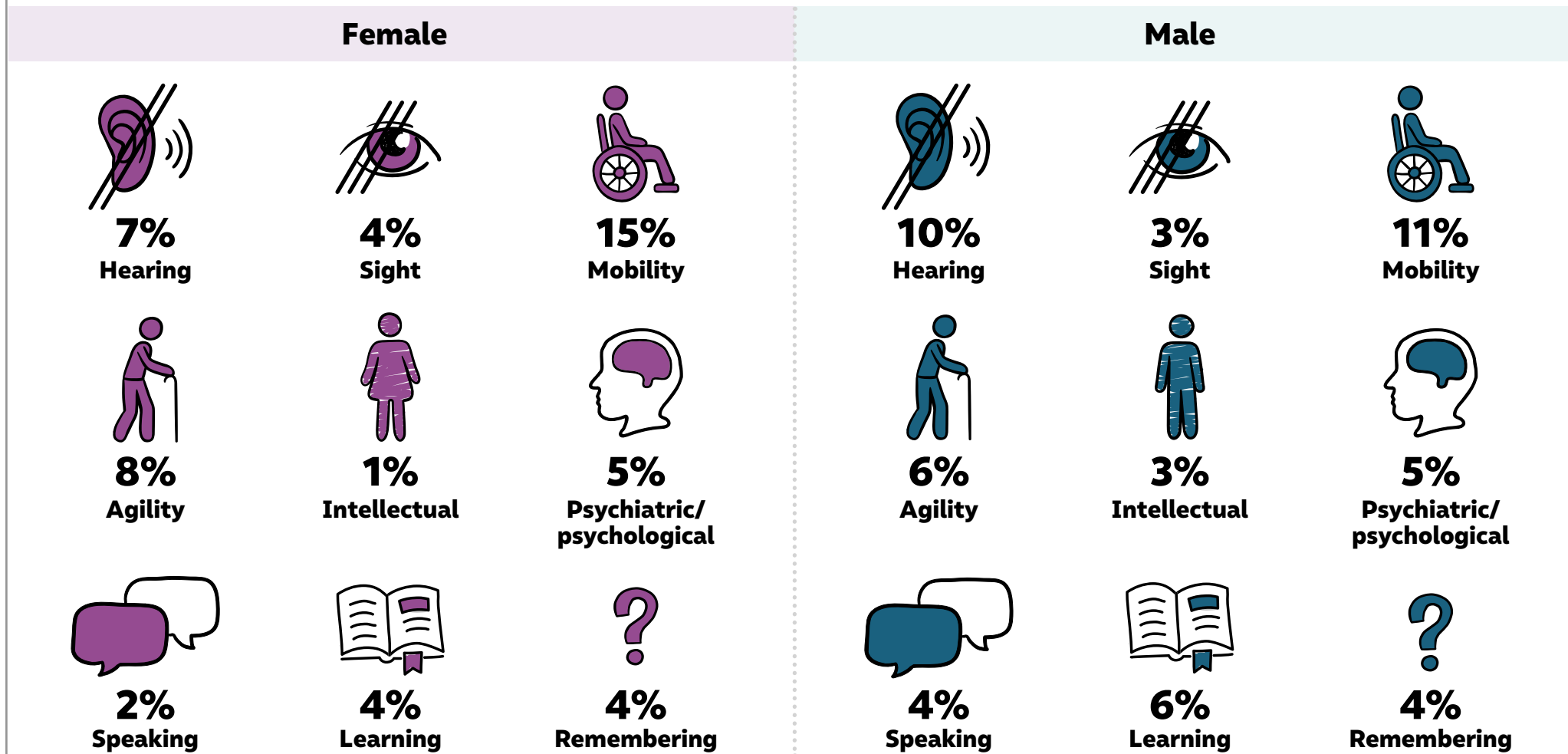
Estimated number of people with an impairment by Territorial Authority across the Waikato DHB area*



* Parts of Ruapehu and Waikato District not within Waikato DHB area are omitted.

Ko wai te hunga hauā i Waikato? | Who are the disabled peoples of the Waikato?

Impairment type by gender (all ages)*

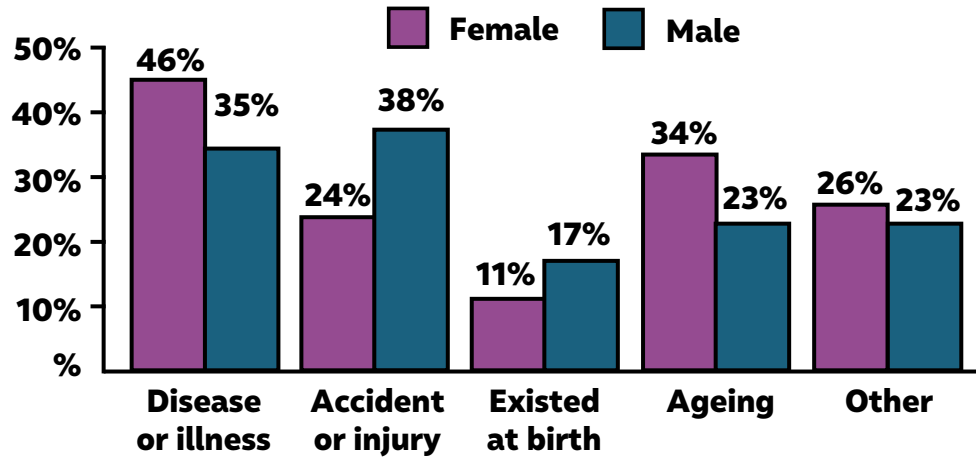


* As a proportion of general population. Data and classification identified through the Washington Group Short Set of Questions on Disability. Data for under 65 years and 65+ years are available in the Tables section.

(National data)

Ko wai te hunga hauā i Waikato? | Who are the disabled peoples of the Waikato?

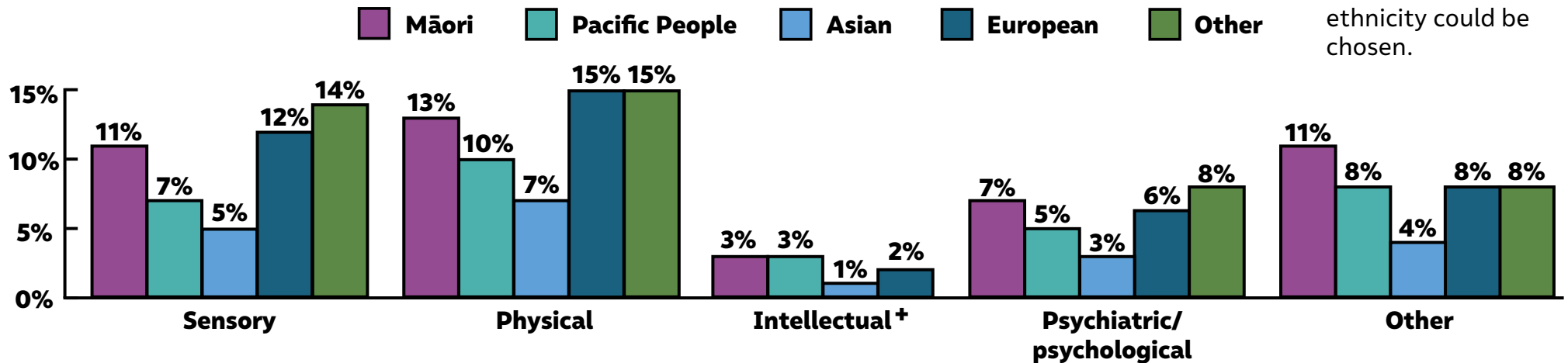
Cause of impairment for people



3% of the adult (15+ years) population use a visible mobility aid*.

* Mobility aids include back or leg brace, splint or support, walking frame, walking stick, crutches, mobility scooter, manual wheelchair and motorised wheelchair.

Impairment type by ethnicity (all ages)*



* More than one ethnicity could be chosen.

+ The data was reported using this term, however this is not the preferred term of many people with learning disabilities.

(National data)



Mātauranga

Education



Renae Trow

Renae recently completed a SPACE (Self Paced Applied Computer Education) course through WINTEC. With the assistance of a volunteer at Interactionz Renae gained knowledge and skills in keyboarding, Microsoft Word, Excel, Publisher, Powerpoint and emailing. Renae was very proud of herself and all the hard work and study that she had put in every week to complete her course. She also acknowledged the important role of her volunteer in supporting her to achieve her educational goals by explaining content when she did not understand.

It was awesome. I learned how to use a computer, websites, and how to type on a keyboard and use a mouse. I had never used a computer before. I use a computer at Interactionz now with my volunteer. She helps me use the computer and puts her hand where I should click. We play games that help me achieve my maths and literacy goals.

Following this Renae helped her peers to use technology like ipads and laptops, teaching them what she had learnt through her course. She also worked with photos on the computer that she had taken with her phone or a digital camera. She enjoyed bringing photos home that she had printed off and used them to make books at home with pictures of her goals. It gave her good visual aids to use when she was talking with her whānau. She would tell whānau what she wanted to do in the future, and they supported her.

People with disabilities get stuck into groups of certain areas in town where it's only specifically for disability. WINTEC is an everyday place for everybody. A variety of people go to WINTEC, not just people with disabilities. It has been a really positive, inclusive place, where Renae got to meet different kinds of people.

Mātauranga | Education: Support available for students at school

 **934**
ONGOING
RESOURCE
SUPPORT

934 (9% of ORS students nationally)
students receive support from the ongoing resourcing scheme (ORS) (2019).

Other Learning Support (2019):



71%
are male
(991)



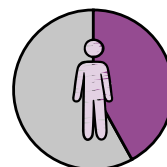
29%
are female
(412)

Children and young people receiving individualised Ministry of Education services represent only a small proportion of those with additional needs. The majority receive support directly within their school or early learning service, or from a Ministry contracted provider.

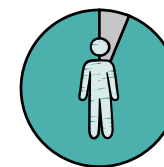


1403 (9% of OLS students nationally)
students receive support from other learning support (OLS) services*.

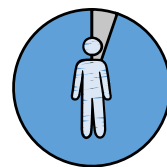
Percentage by ethnicity of children receiving OLS support in the Waikato (2019)*.



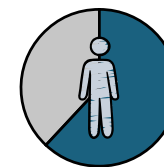
42%
Māori



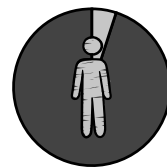
7%
Pacific Peoples



6%
Asian



62%
European



3%
Other

* More than one ethnicity could be chosen.

 **176**
ASSISTIVE
TECHNOLOGY

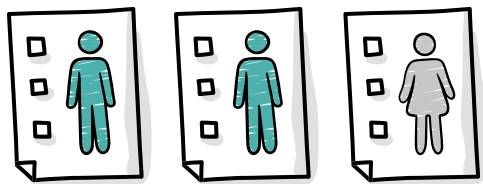
176 (9% of all students that are approved for assistive technology nationally)
students have been approved for assistive technology.

* Includes High Health, Behaviour, Communication, Physical Disability, Deaf and Hard of Hearing Moderate Needs services.

Assistive technology data is available in the Tables section

Mātauranga | Education: Support available for students at school

Ongoing Resourcing Scheme (2019):

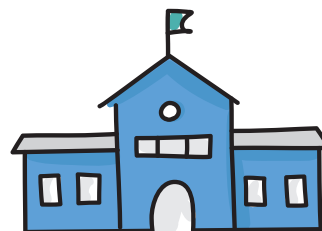


Two-thirds are male (628)



One-third are female (306)

Students receiving support from the ORS (2019):

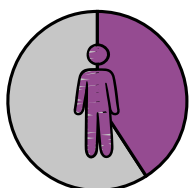


43% attend special schools

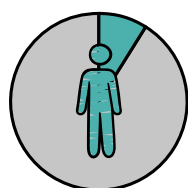


57% attend other schools

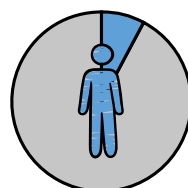
Percentage by ethnicity of children receiving ORS support in the Waikato (2019)*



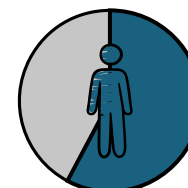
41% Māori



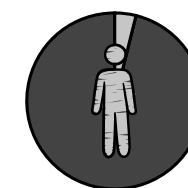
9% Pacific Peoples



8% Asian



58% European

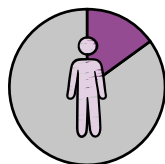


3% Other

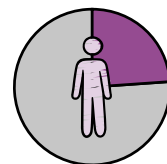
* More than one ethnicity could be chosen and percentages are similar between special and other school type.

Mātauranga | Education: Educational attainment for school leavers

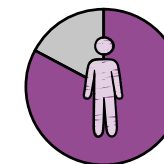
NCEA level 1 or above (2019)*



15%
Waikato Ongoing Resource Scheme (ORS) pupils

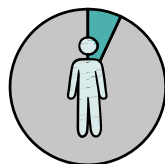


24%
National ORS pupils

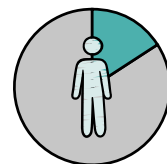


88%
All Waikato pupils

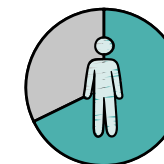
NCEA level 2 or above



7%
Waikato ORS pupils

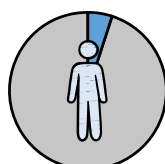


16%
National ORS pupils

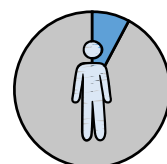


78%
All Waikato pupils

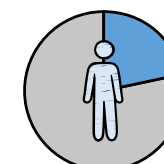
NCEA level 3 or above



5%
Waikato ORS pupils



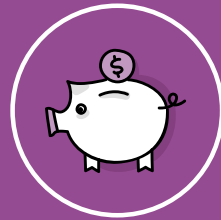
9%
National ORS pupils



46%
All Waikato pupils

* Educational attainment data available for ORS pupils only.

Highest qualification attained (2013)	15-44 years	45-64 years	65 years or above
Bachelor's Degree or higher	14% (28% non disabled)	13% (23% non disabled)	8% (13% non disabled)
No qualification	24% (12% non disabled)	31% (15% non disabled)	42% (34% non disabled)



Te whai mahi me te tiaki pūtea

Employment and economic security





Catherine Bang

Aphasia is a loss or disruption of language. Catherine had a legal background prior to her stroke, a profession that requires the reading of and engagement with lengthy, complex documents.

I [now] have difficulty speaking, reading and writing. I have trouble understanding people who talk too fast. I can't read long documents, I have trouble processing the words. If someone interrupts me while I am trying to speak, then I lose my train of thought or the thought leaves my head. I felt that when I went home from the hospital people controlled everything I did. But I didn't need it. I just needed time to get the point across, without interruption. Everyone's in too much of a hurry nowadays they don't give people like me time to get the words out of my mouth in time.

Aphasia is not a loss of intelligence.

People need to slow down because I am not thick, no way, I just can't get words out of my mouth properly. I have to explain, 'I've had a stroke and I have difficulty communicating with you.' If I don't say something, they start talking really loudly because [they think] I'm clearly deaf, or they think I am thick!



Glen Terry

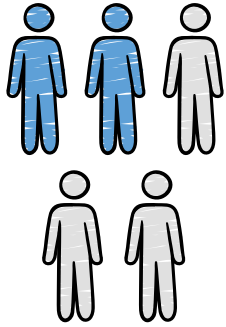
Glen engages in volunteer work which provides him with valuable learning experiences and allows him to achieve goals toward getting a job that he wants.

One of my volunteering jobs is packing vegetables from the community gardens at the Hamilton East Community Centre. People who can't go grocery shopping buy the boxes. We don't pick the vegetables, we just work with whatever vegetables are there. I chose this programme because it really helped my volunteering experience toward getting a job.

For many years Glen has been doing volunteer gardening on Te Aroha Street as part of a gully restoration.

Volunteering allows me to get to learn experience and achieve goals towards getting a job that I actually want. We plant plants, trees, clean up rubbish, different things every week. It started when I was looking for a job. I had to go to the Hamilton City Council to have a proper interview for the gully restoration volunteer position. I had to learn new skills, like how to carry tools properly. I've also met some good friends there.

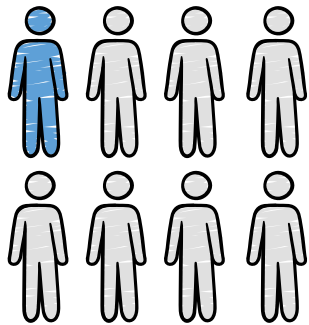
Te whai mahi me te tiaki pūtea | Employment and economic security: Labour Force 15-64 years (2020)



**2 in 5 (42%)
of disabled people are
employed.**

4 in 5 (81%) of non-disabled
people are employed.

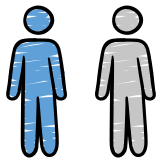
(National data)



**1 in 12 (8%)
of disabled people are
unemployed.**

1 in 25 (4%) of non-disabled
people are unemployed.

(National data)

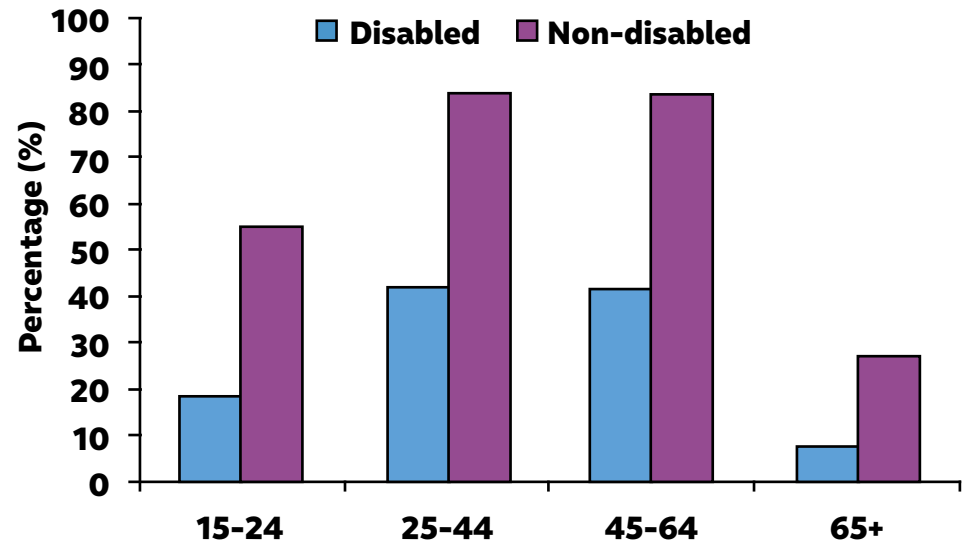


**Over half (58%)
of disabled people are
not in the labour force.**

1 in 6 (19%) of non-disabled
people are not in the labour
force. (Does not include
unemployed).

(National data)

Employment rate by age (2020)



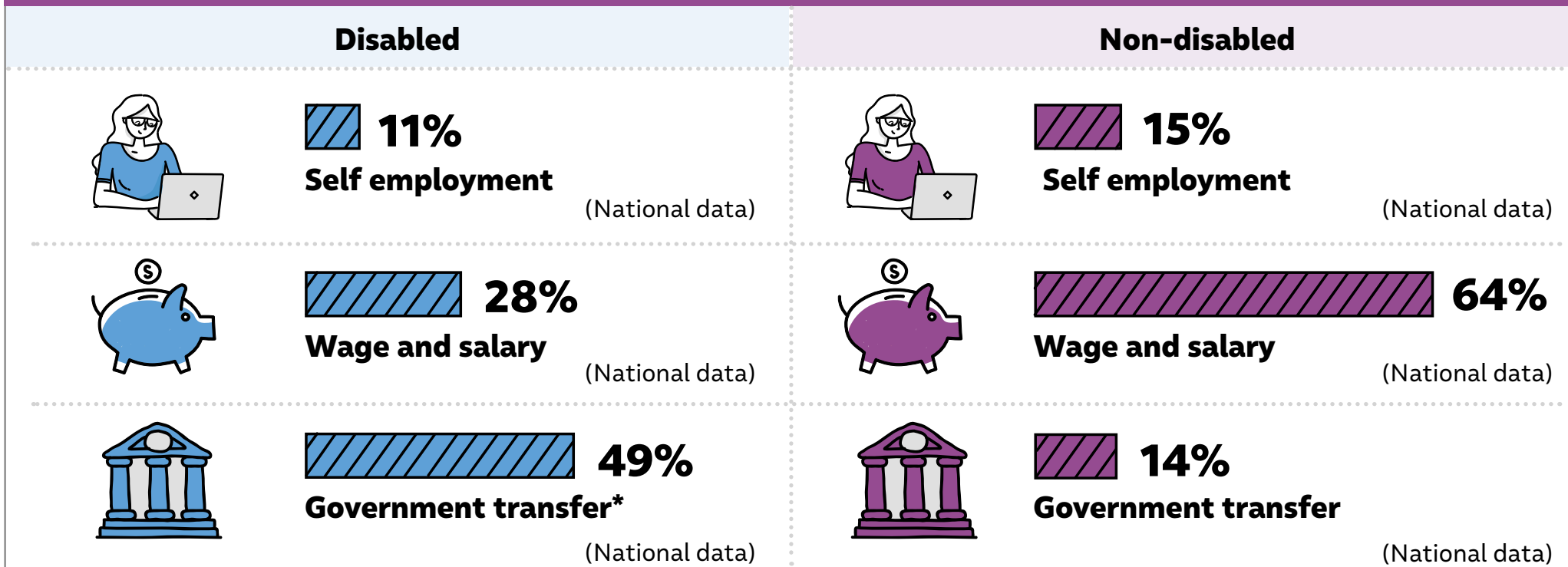
(National data)



**A disabled person is
2 times less likely
to be employed
than a non-disabled person.**



(National data)

Te whai mahi me te tiaki pūtea | Employment and economic security: Sources of income 15-64 years (2020)



*Government transfers are income benefits, working for families tax credits, paid parental leave, student allowances, New Zealand (National) Super annuation, and veteran's and war pensions.

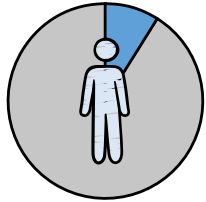
Average weekly income

15-64 years (2020)	Disabled	Non-disabled	65 years and over (2020)	Disabled	Non-disabled
	\$596	\$941		\$460	\$614

On average disabled people earn 41% less than non-disabled people

Te whai mahi me te tiaki pūtea | Employment and economic security: Jobseeker Support 18-64 years

Jobseeker support is a weekly payment that helps people until they find work. The data presented are for people that have a health condition or disability which affects their ability to work. This means that they have had to reduce their hours or stop work for a while.



5%
of the estimated
disabled population
receive support (2020).



**JOBSEEKER
SUPPORT**

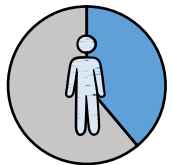
**6119 people
receiving support
in 2020.**



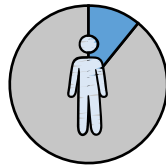
52% male



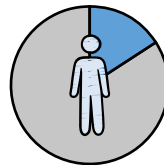
48% female



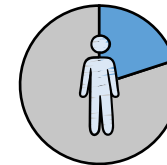
39%
50-64
years



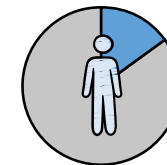
11%
45-49
years



16%
35-44
years



20%
25-34
years



15%
18-24
years

Ethnicity of disabled people receiving Jobseeker Support

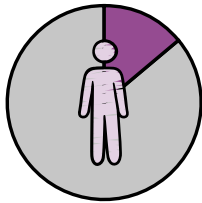
37% are
Māori

2% are Pacific
Peoples

46% are NZ
European

Te whai mahi me te tiaki pūtea | Employment and economic security: Supported Living Payment 18-64 years

Supported living payment (SLP) is a weekly payment to help you if you have, or are caring for someone with, a health condition, injury or disability. Other government support data is available in the Tables section, such as Special Needs Grant.



6%
of the estimated disabled population receive SLP under health conditions and disabilities (2020).



7043

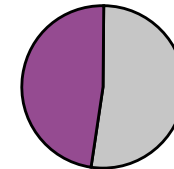
7043 people
were receiving support in 2020.



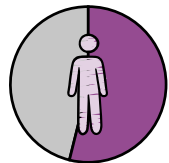
1031 are receiving support as a carer.



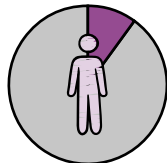
48%
female



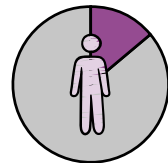
52%
male



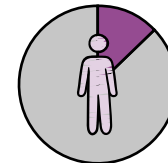
53%
50-64 years



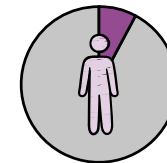
10%
45-49 years



14%
35-44 years



13%
25-34 years



8%
18-24 years

Ethnicity of disabled people receiving Supported Living Payment

31% are Māori

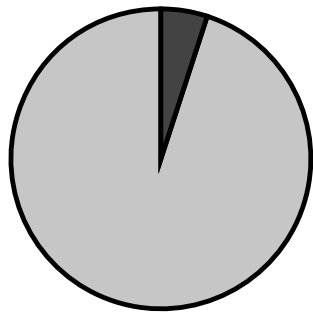


1% are Pacific Peoples

50% are NZ European

Te whai mahi me te tiaki pūtea | Employment and economic security: Disability Allowance 18-64 years

Disability allowance is a weekly payment for people who have regular, ongoing costs because of a disability, such as visits to the doctor or hospital, medicines, extra clothing or travel. Data presented here are for people who receive Jobseeker support (Health conditions and Disabilities) or the Supported Living Payment and the Disability Allowance.

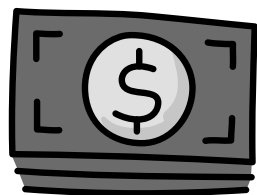


5%
of the estimated disabled population receive the **disability allowance (2020).**

6164



6164 people were receiving a **disability allowance in 2020.**



30%
of people receiving **Jobseeker Support (Health conditions and Disabilities)** receive the **disability allowance.**

SUPPORTED LIVING PAYMENT

DISABILITY ALLOWANCE

70%
of people receiving the **Supported Living Payment** receive the **disability allowance.**

Disability allowance is means tested on the household rather than on the individual who has the impairment.



Hauora

Health and Wellbeing





Renae Trow

31 October 1984 – 23 October 2020

(transcribed interview with mum, Renalda and Bernie, Interactionz Community Mentor)

The beauty of 2020 was that Renae grew, in so many areas, from her previous year [at WINTEC]. Her skills increased. Her korero. Her wairua. And then Bernie [Community Mentor, Interactionz] contacted me and we talked about Renae going up a level to see if she could cope with the Foundations Course. We had a look at all the information and decided it would be good. I thought Renae would do really well. She had a lovely volunteer, Catherine, that would come and support her, all the time - her #1 supporter.

However, Covid hit, and that changed a lot. It was okay at first. I think we coped okay. We got in touch with WINTEC and got Renae's mahi and do on-line. That was a bit of a struggle for me, to awahi her, to do the mahi, it really was. We struggled. I struggled to help her with her mahi on-line. It was not easy for her in the course, it really wasn't, but she loved the technology, and she was very good at it. Routine was so important for her - with the bus, and what time to get up, all those things. I thought it would be okay, that I'd be a good teacher. Renae and I had to work out a new timetable to try and keep us in a routine. Everyone - whānau, friends - came to the table to help Renae succeed.

Covid changed a lot, not just for Renae, but for a lot of our people with special needs. Even after moving out of lockdown and into the lower alert levels, I felt that Renae was still scared to go out, afraid that the virus could affect her. When she knew that she couldn't go see her friends, or she had to wear a mask, it actually frightened her. I didn't realise how much it affected her. She'd get out to sit in the sunshine, or to



read a book, but she wasn't really active. Trying to do activities was hard for her. She enjoyed it if other people were around, but I think she missed having contact with others. Everything got cut off. She missed her friends. She couldn't go to see them, and they couldn't come to see her.

Although Renae's course changed after lockdown and, although she couldn't continue, she kept up her learning with Catherine. They continued to connect and help each other. Catherine needed to move out of her home but she didn't know how to cook, but cooking was a great strength of Renae's. Renae also wanted to eat healthier so she taught Catherine how to cook and be more confident in the kitchen. Together, they created and nurtured a brilliant friendship, in the hardest of times.

We [at Interactionz] were really grateful for the opportunity to say goodbye to Renae. She was still laughing and giggling in the ICU. The nurse let all of us in, despite the rules, and Renae was responsive to us. It was good learning for other people with disabilities. A lot of families and residential services hesitated [to let Renae's friends visit her in hospital] so we had to prepare. But death is a constant thing in our lives. And they were grateful. Renae's friends said they would regret if they didn't go be with her. They got to see her in ICU, and we actually had to be 'real'. I think we try hard to protect people with disabilities, but this is a real thing. We gave Renae's friends the choice, and we supported them in that experience. We were all laughing and giggling with Renae. It was real life stuff.

In the end, her beautiful heart couldn't cope.

Renae touched everybody. She humbled us all.



Frances Foote and Catherine Bang

Catherine and Frances met through Stroke Club Hamilton. Frances' stroke affected a different part of her brain than Catherine's and she can no longer see properly. Half the world does not exist for Frances, she cannot drive, and maths, and words, although not to the same extent, can be a problem for her. At first [Frances] wasn't interested [in attending Stroke Club].

I went from working in a busy office and interacting continuously. I had been at home for long enough and bored out of my tree and just really missing human company during the day. Eventually it had kind of dawned on me that my father-in-law, who is 40 years older than me and has had previous strokes, and I could go together. I wasn't up to doing it on my own and thought at least one of us would have a nice day! This was a watershed moment for me. It was a huge room of people. There was about 60 people there and a lot of them were elderly, but there were a few younger people and that was the first time that I didn't feel like quite such a freak. A few months later Catherine came along.

Catherine and Frances have developed a close and supportive friendship. They spend a day together each week and it has helped both of them. "Catherine and I joke that, between the two of us, we make one whole person."

Lots of friends fade out. Some people don't adjust well to the changes in people after stroke and that can be hard to deal with. Some people can cope with changes like that, some people can't.

Their respective experience with stroke, and everyday experience with the health system, has highlighted for Catherine and Frances the importance of strong and trusting relationships.



Connor Bell

When I came to my home [through Oranga Tamariki] I was autistic, had ADHD, severe asthma, so all I basically did was just run around, being a pain. I had no emotions. I couldn't smile, I couldn't laugh, I couldn't cry. I had fixations and was frightened of things. I used to play alone and not like hugs.

But my family saw something in me that no one else could. You know how kids say, "when I grow up I want to be a fireman, or something like that"? For me, I wanted to grow up to be a 'normal' person.

When I was five I went to Crawshaw School and was placed in a Special Needs Unit for two years. I got smarter and was at the top of the class. They moved me into a mainstream classroom and put me with a teacher aid. I had ORRS funding for about 20 hours a week. Being in a 'normal' classroom was hard because that classroom sees you as the guy that used to go to the Special Needs class. I just wanted them to see me as a normal person. I used to think it was just funny, but as I got older I realised that it wasn't funny, and that it could hurt me, and I just got really annoyed.

From Crawshaw I went to Peachgrove Intermediate. I didn't want to stay at Crawshaw anymore. I wanted to go to Hamilton Boys' High and I needed to prepare for that in a different school. I needed to be in a bigger school, with more students, to be ready for Boys' High. That worked out well. I ended up being around the middle level classes. If I would have stayed at Crawshaw until Boys' High I may have been in the lower level classes. Tamar and Sam, my sister and brother, went to Peachgrove, so I wanted to go there. I didn't feel different. I just felt like everybody else there.



My brother went to Boys' High so that's where I wanted to go. That's the only high school I wanted to go to. I struggled at first but over the years I got more confident. High school was a whole other level. There was homework every day. I had to go to a lot of different classrooms every day. There were different subjects.

I had a teacher aid at Peachgrove, just to make sure I stayed on task. Once at Boys' High I had no extra help at all, or Special Consideration for exams. I had some catching up to do, having been in a Special Needs school, but I did it. I now have Level 1 and 2 NCEA and enough credits for Level 3. My favourite subjects are IT, music, electronics, physics and maths. In December I am going to Wellington to collect a Oranga Tamariki scholarship to help me attend tertiary school next year.

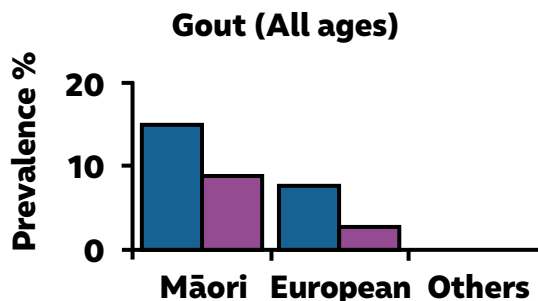
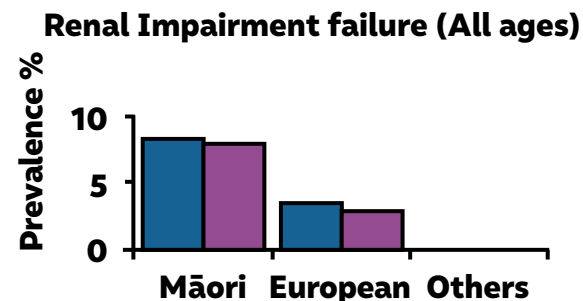
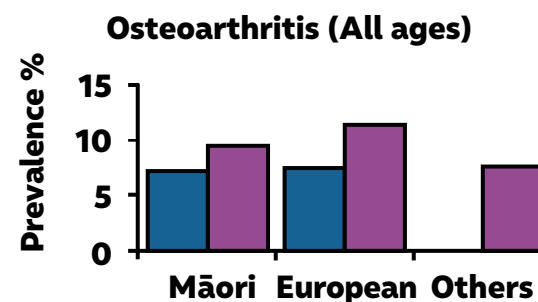
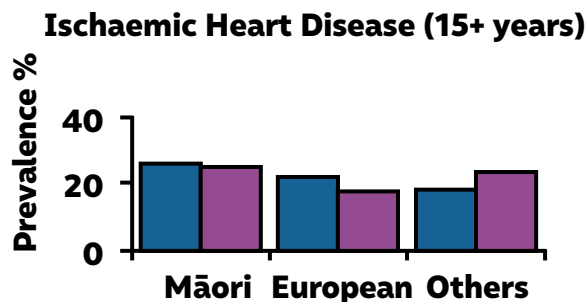
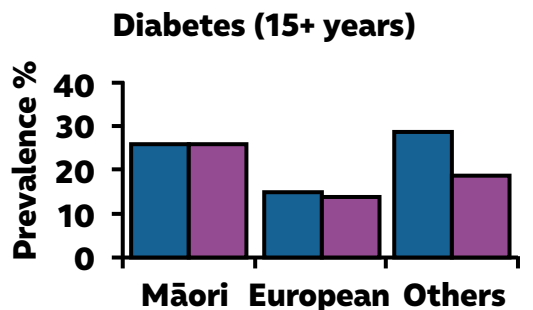
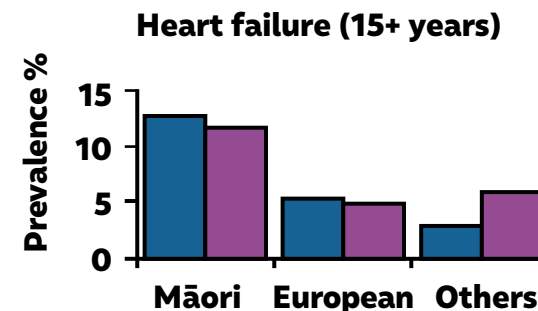
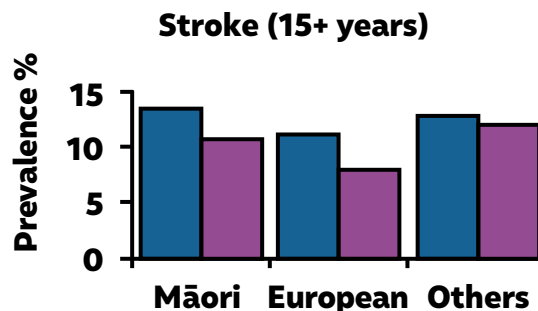
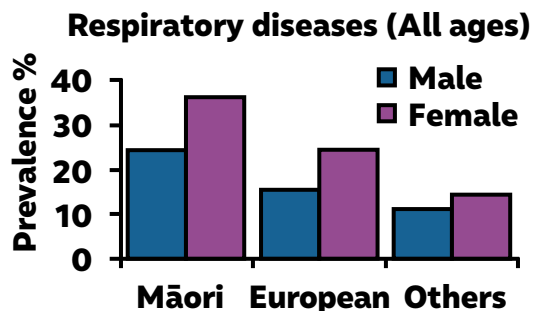
I have overcome a lot since I came into my home at three years old. My parents have really helped me, and my brother and sister have been a real inspiration. When I was younger I wanted to be normal, like them. I have felt part of this family since the first day I walked in. And there is church. I feel safe there and everyone is just really nice. I play music in a worship band and I am a church helper. I have good friends.

After receiving the Prime Minister award I was offered a job at Team Cabling. I have been there since January the 15th and love working there. Although 2020 was a little unusual, it ended up being a great year for me. I have completed my first year as an apprentice and am looking forward to 2021.

All things are possible if you do not give up.

Hauora | Health and wellbeing: Recorded disease prevalence

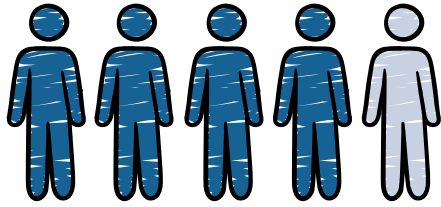
Recorded disease prevalence in primary health care from a sample of Disability Support Link clients (2018).



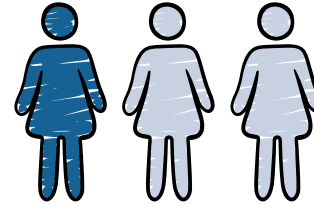
* Age differences between ethnicities have been accounted for (age standardisation).

This data is based on a sample of disabled peoples' health records

Hauora | Health and wellbeing: Recorded primary health care quality measures and hospital ED attendances



4 in 5 (80%)
current smokers given smoking brief advice in the last 15 months
 (similar to Waikato average).

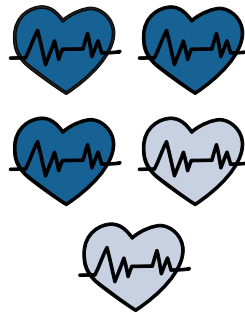


1 in 3 (34%)
females (25-29 years) have had a cervical screen in last 3 years
 (compared to 3 in 4 (77%) for the Waikato average).

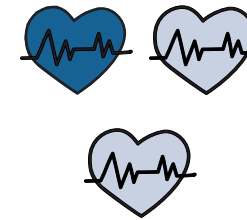
This data is based on a sample of disabled peoples health records



2 in 3 (68%)
received a diabetes annual review in last 12 months
 (similar to the Waikato average).

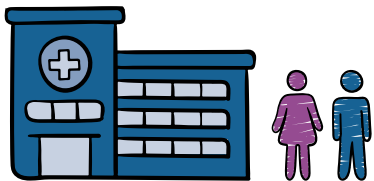


3 in 5 (56%)
of males aged 45+ years without known risks had a cardiovascular risk assessment (CVRA) done in last 5 years.



1 in 3 (36%)
of females aged 55+ years without known risks had CVRA done in last 5 years.

On average over 5 years (2014-18) for every ten Disability Support Link clients there were:*



Male	ED Attendances
Māori	48
Pacific Peoples	25
Asian	27
Other	35

Female	ED Attendances
Māori	55
Pacific Peoples	30
Asian	56
Other	40

* Age differences between ethnicities have been accounted for (age standardisation). ED = Emergency Department.



Ngā tika taumaruru me te ture

Rights protection and justice



Isaac Rakena

The early years following my accident were about me and trying to get myself right physically, mentally and spiritually; whakatika te taha tinana, te taha hinengaro me te taha wairua. It was now time to concentrate on strengthening myself as a family man, te taha whaanau, and asserting my rights for self-determination.

Over the years my care support hours were being taken from me because I had a wife, two young children (an 8-year-old and 5-year-old respectively) and our eldest daughter living next door who had just given birth to a daughter. According to ACC, I had a family who could share the responsibility of looking after me. I knew that what was happening wasn't right so I sought a ACC review for 24/7 support care. My request for internal review was declined, which led me to seek an independent review. When my request for independent review was approved, I sought the support of an advocate.

After a thorough review of my file my advocate found multiple discrepancies. ACC had failed to provide a proper care assessment, unfairly decreased my hours of support care, failed to inform me of my entitlements, and was ordered to back-pay all the hours of support I had been denied. A mediator determined that ACC showed intentional negligence in trying to decrease my hours of support and ruled in my favour to receive 24/7 support care.

Now that I had 24/7 full-time support care hours, I found a caregiving agency that could provide me with caregivers other than my whaanau. Deb was able to get a part-time job which gave her a sense of freedom and a break from her caregiving and stay-at-home mum duties.



Renae Trow

Renae was on a benefit, and her mum works full time. Their budget was limited at times. For Renae to get a computer they needed to put money away and save before she could have got one. Finance can be hard. If she wanted to carry on learning and maintaining her education she only had limited ongoing support from a service. There needs to be more services available and service providers need more funding. There are a lot of rangatahi like Renae who need that support. They can't get a job, they struggle. Renae had had about three jobs. The last one a few years ago was at a care centre but because she was last on, she had to be first off. From then on it had been a real struggle to find just a part-time job that would suit Renae's needs. There are some good employers but then there are some who just don't want to take the time to teach.

People's awareness needs to be heightened. People just judge persons with disabilities. They don't take the time to get to know them. Having an awareness of disability, that, 'we are just like everybody else'. [People with disabilities] should have the same chances, the same choices in life. There needs to be more awareness in the health system of what is going on for people with disabilities.

Ngā tika taumaruru me te ture | Rights protection and justice: Discrimination



37% (highest) of applications for free legal representation (2019/20)

in Human Rights Review Tribunal made on Disability grounds.



17% of all unlawful discrimination complainants.

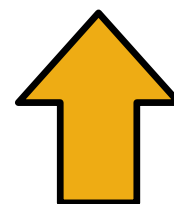


249

UNLAWFUL DISCRIMINATION COMPLAINANTS

249 unlawful discrimination complainants (under Human Rights Act)

were on the grounds of disability across New Zealand (2019/20).



UNLAWFUL DISCRIMINATION

Unlawful discrimination on the grounds of disability is the highest in number (along with race grounds).



Te whai wāhitanga

Accessibility





Kylee Black

It would be good to have better access to the hospital.

I can't push the lift buttons, I can't open the door from the carparks to get into the hospital. There are no buttons on the outside, no buttons on the inside. It's just a manual open door and so how do I do that from a wheelchair. A number of the lift buttons are quite high up and I can't lift my hands up that high.

Parking is also an issue. As a disabled person, I might be at the hospital three times a week or more. It would be good if there was a card for frequent users that is connected to appointments to be used for the duration of your time at the hospital. Disabled people don't have a lot of money and parking is horrendously expensive. We spend a lot of time there compared to the general public.

It would be cool to have patient education days for doctors and nurses where patients come in the hospital and share their diagnosis history or some things about their condition and how it affects them. I've started an organisation called Spirit Sparkplugs which is to 'spark the spirit'. We're working with three wards at Waikato Hospital now to bring colour and vibrancy to their interiors.

The other thing I'd like to see more of is something like Friends of the Hospital. How cool would it be to have friends of a ward who commit to go



and visit people on the ward once or twice a week and just say hi to people and encourage them because there are a lot of people who don't have visitors. It would be great to have younger people who were encouraged to become Friends of the Hospital and go around and say hi to people, whether it's once month or once a week.

I think that making sure that people know about health advocates is important so that when you need help to resolve a situation you know where to go and who to talk to – because they're amazing! It would be good if a booklet could be made up that listed resources and supports that are available, like the health shuttle, or the parking cards, how people get support, where to find easy read documents, or an App that had all this information. Kind of like, 'when I come to hospital, what I can expect?'



Isaac Rakena

Over the years I learned to tackle the issues of disability as a husband and parent and have become an active member of my community. In 2010 I became a Maaori representative of the CCS National Board. I have had the privilege of providing input into the strategic direction and transformation of the organisation. CCS Disability Action and ACC have supported me by funding my support care, organising my rental equipment (hoist and commode), and paying for travel, accommodation and meal costs for me and my support person.

I am now at the stage of my life where I have returned to the Waikato region to live out the rest of my days. Although not returning to Ngaruawahia, finding a home in nearby Huntly has been a good compromise. Despite some initial problems with ACC in organising my temporary and permanent housing needs, my ACC Case Manager and Occupational Therapist have been very supportive around the cultural issues that are important to me. My caregiving agency also understands my personal values within their Te Whare Tapawha Maaori well-being model and know me as a strong-minded tangata hauaa Maaori who values my culture and heritage.

My support workers are part of my whaanau. They support me in living a quality of life and should be afforded reciprocity.

Now that I am settled and my basic needs have been met, I have been able to focus on building my life-coaching and consultancy business. Through the support of ACC and Healthcare Rehabilitation Ltd, I know that I'll be able to achieve my goal and share my knowledge and experience of the many taonga we value as Maaori.

Te whai wāhitanga | Accessibility: Housing

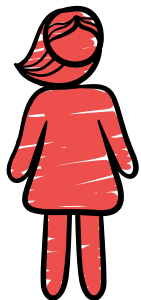


284 (6% of all HNZ)
Housing New Zealand
properties in the
Waikato region with
modifications for people
with impairments.

(Excludes Rotorua district).



Disabled people are more
likely than non-disabled
people to live in
rental
accommodation.

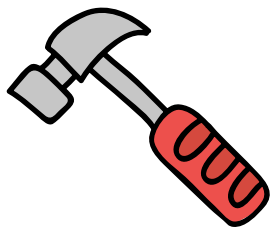


Disabled peoples
are more likely to live in
a one-person household
compared to non-
disabled peoples.

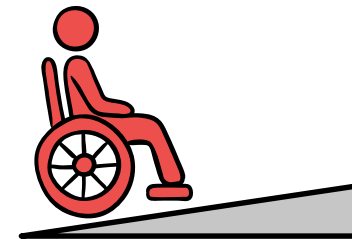


29%
of disabled people
reported having difficulty
keeping their
home warm,

compared with 16% of non-
disabled people.



35%
of disabled people with a
physical impairment used
building
modifications
to improve accessibility
to, or within, their home.



17%
of disabled people with a
physical impairment have
an unmet need for
modifications
to their home to improve
accessibility.

Te whai wāhitanga | Accessibility: Housing quality



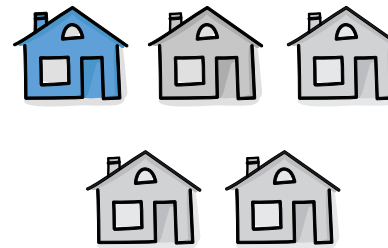
Disabled peoples, particularly children, are more likely than non-disabled people to live in a house where it is **too small for the number of people.**



1 in 3 (33%) of disabled Māori find their house damp.



1 in 4 (23%) of disabled Pacific Peoples find their house damp.



1 in 5 (21%) of disabled Asian Peoples find their house damp.



1 in 7 (14%) of disabled European/Other peoples find their house damp.



One third of Māori (36%), Pacific (37%) and Asian (33%) disabled groups are living in a house they find **difficult to keep warm**

compared to 22% of disabled European/Other peoples.



Ngā waiaro

Attitudes





Sarah Burrell

It's very important for a Deaf person to choose their own voice. It's part of our rights, our human rights, but the DHB sets up a lot of barriers to us being able to choose the interpreters we want. Many Deaf people don't even realise that they can speak up, they can say that they want a different interpreter. If they're not comfortable with the interpreter offered by the DHB they can ask for another interpreter. Sometimes they'll ask, and the hospital will say 'no', and so they'll say 'ok'. But I'm saying, you don't have to accept it. Don't give up! Just explain to the hospital why you would like to have a particular interpreter. The hospital should be, like, 'fair enough, I get where you're coming from, that's how it should be'. I inform the Deaf community that they don't need to be aggressive, or fight in an aggressive way, just be firm, have a positive attitude, and hopefully the DHB will respond in the same way. It's just helping to settle the frustrations. I won't give up until the DHB decides that we should be able to access interpreters from any agency.



Renae Trow

Renae used public transport to access her classes at WINTEC which had given her independence and a sense of pride. She knew all the bus drivers and felt safe and supported by people at the depot.

It had also helped her to develop daily routines to support her success. Renee knew what time she had to be up, dressed and organised.

I set my alarm to wake myself up at 7:00am, have a shower, get ready, get changed, make my lunch, then I'm out the door at 8:00am. I meet my friend at the transport centre. I finish at 12:00pm and get the bus back home. Sometimes I go to the library or stay in town to have lunch with friends.

Renae's mum feels that more people like Renae need to know what WINTEC can do. It needs to be put out there. The small steps that Renae had taken to help her education were brilliant, she says.

The difference at home was so noticeable. Renae was really eager, really keen to talk, talked a lot about what she did, what she was achieving. We believed that one day she would have got that good job, she would have been employed, she would have had her own flat. She would have been an independent young lady who would have supported the community. She would have given back.



Tegan Morris

I'm 32, nearly 33. I've lived in Hamilton for nearly 15 years. I moved here to attend university. I've had a lot to do with the Waikato DHB both up to that point and throughout the years that I've been in Hamilton because I grew up in the northern King Country.

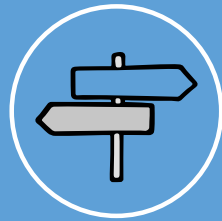
One of my physicians asked me to come in as a case study for medical examinations when I was younger. It was fun for me because I liked to test their abilities, and it was also a good opportunity for me to see what their patient focus was, whether they would address me, or address my mum, or whether they would talk past me, in their 'ticking the boxes' kind of approach. So, throughout my life I generally have felt quite empowered, in terms of owning my own health journey. There are situations I've been in where I have had serious illnesses but I've always been able to be the one who has spoken up, and I've been supported by my family to do so. I've been able to have ownership of my own story and have not been shy about speaking to clinicians.

I think everyone has the capacity to feel empowered, which varies somewhat depending on their disability, and how their lived experience has empowered or disempowered them. I'm advantaged because I am of European descent, I'm from a middle-class family, and I have had the advantage of coming from a family who have empowered me to become confident to speak for myself. From a young age I can remember, if I had an appointment to see a doctor, and they asked my mum about my health history, what operations I had had, or what therapy did I do, mum would say "Ask Tegan". So, I learned from a young, pre-teen age to assert myself and I remember feeling



empowered in my relationships. I think there are a lot of families that, from a well-being perspective, don't give their kids an opportunity to do that. Because I have been able to communicate for myself, the clinicians give me more respect and talk to me like an adult, rather than like a child who doesn't have the power and authority to speak for myself.





Te kōwhiri me te mana whakahaere

Choice and control





Catherine Bang and Frances Foote

Due to her aphasia, Catherine was unable to communicate effectively while in hospital, but she could still see, hear and understand. She felt frustrated and angry, however, when this was not respected by the health professionals caring for her.

Fellow aphasia patients told Catherine that their doctors rarely talked directly with them, but rather interacted only with their parents or spouses/partners. These are important considerations when major decisions, such as powers of attorney, are being made, and can have devastating and lasting effects on patients' lives.

You have to be really, really, careful about who you choose, how well you know people, to make decisions on your behalf. The social workers, they talked to parents/spouses/partners, in a different room. I think more people need to know what aphasia is. Some doctors and nurses and OTs at the hospital don't know what it is! It feels like not many people know exactly what to do and what help is required so they just assume that everybody else will be fine and there is nothing there, there is nothing to check that people who are going to be making decisions and helping run someone's life are actually any good at it and are going to do it in a caring and inclusive way.

Frances: I tend to tell people I've had a head injury rather than I've had a stroke because I find there's less judgement. "you're too young to have a stroke". And the number of people that will follow that with a question, "Did you have high blood pressure"? Why do we have to blame the victim? It happens to two year olds! No one checked their blood pressure! The FAST thing, I passed all that and the ambulance didn't think I was sick enough to go to hospital, so it's not broad enough. There are so many variances.



Kylee Black

Right from 8 or 9 years old I was told, 'Your body's not like other people's bodies. You can't do things other people can do. Your body doesn't behave the way other people's bodies behave, and I never understood why.'

Before being diagnosed at age 22 with Ehlers-Danlos Syndrome Kylee had been through 10 years of often being dismissed, misunderstood, or labelled clumsy and had often been relegated to the 'too hard basket'. She was told by a specialist that it was utterly impossible to have so many different things wrong in so many different body systems.

Ehlers-Danlos Syndrome is a multifactorial connective tissue disease that affects every part of the body. It is a complex condition that requires complex care.

I've recently come out of Waikato Hospital. My surgeon came in one day and asked, "So who is the person overseeing your care? Who is the one who is in the hospital pulling it all together? Who's pulling it together? Who's making sure that everyone's on the same page? I said 'me'."

I would rather not have to find my own way through the hospital and to my own specialists. We've got some amazing specialists at Waikato Hospital with connective tissue disease understanding. I've had amazing experiences working directly with my nurse specialists who are often the drivers more so than the doctors at times. They have made things so easy and so streamlined and actually hold so much power in themselves.

Health advocates are very important too to make connections so it's not all on me as the patient, or my GP, because my GP can't have those internal conversations with the hospital either. The most important thing is to have early conversations about quality of life care rather than waiting until you are in palliative care. This



must be supported by a complex care team. We need a hub, or identifiable group of connected specialists and teams within Waikato Hospital in order to pull the right people together.

Having a diagnosis has changed everything for Kylee. She was no longer a set of medical conditions that didn't make sense. All of a sudden, her condition made sense. The diagnosis provided validation for Kylee and enabled her to receive the care she needed.

For people with disabilities and complex health conditions there needs to be an early focus on quality of life. Disability affects the whole person, physically and psychologically. We need to look at the whole person, and the whole picture.

There is psychology support if you have cancer. There is psychology support for pain management. There is psychology support for older person's rehabilitation, and that's great, but what happens if you're a young person with a complex health condition who is struggling with being told you are going to face deterioration after deterioration after deterioration and are constantly going to face losses? I was told, 'Well we can try older person's rehab and see if they can take you but it depends on, first, how many older persons they've got because that's their priority.' I've had seven surgeries in the last year. I've got a multifactorial, multisystemic condition, that affects every single part of my body. And you're telling me there is no access to psychological support for me?

Despite continuing challenges, Kylee believes that things have gotten better in terms of disabled people knowing their rights as patients.

I now understand that it is my right, it is my body, it is my choice. Today I have nothing but incredible respect from all my teams. I say to everyone that comes into my room that I've got a life to live and I'll do whatever I have to do here to continue living my best life out there. Your job is to help me, and I'll partner with you in that because I have a life to live, that I want to live, that's out there.



Sarah Burrell

I moved to NZ 13 years ago. The New Zealand health system is really good, for the general public. For the Deaf community, however, there are so many barriers. We can't just turn up and meet the doctor and discuss things. We have to first of all book an interpreter. It takes time to find the right interpreter for the specific job. So, we don't have the freedom to just turn up. That causes a lot of frustration because sometimes you want a specific interpreter but they can't come so you've got to get someone else, who may not be quite right for the job. There is lots of sorting and thinking to do before we even go to our appointment.

About 4 years ago I went to a specialist appointment with a physio, a referral from the DHB, after I gave birth to my daughter. It was a terrible experience. They booked an interpreter for me with the DHB. I told them the specific person I wanted. I didn't want anyone else. I just felt comfortable with this one interpreter, the interpreter knew my history, all my background information, so the appointment would go smoothly. They booked someone completely different, a different interpreter, a younger interpreter.

When I arrived for my appointment I saw a different interpreter. I approached the reception and I said, 'I'm pretty sure that I've asked for these specific people to be booked, one or the other.' And they said, 'Well we booked an interpreter.' I asked, 'Do you realise that this is a personal experience. I've got my legs apart in some situations. It's who I want to feel comfortable with. This person hasn't been a mother, hasn't been to other appointments with me. You can't just book anybody.'

I told the interpreter, 'Look. I'm really sorry, this is not personal, but you need to leave. I would prefer somebody else.' The interpreter was a bit



shocked. I said, 'I'm really sorry, this is not about you, personally, but this appointment is personal to me and I feel it's not appropriate to have you here. You will be paid and I'll ensure that that happens but I would like to go ahead with someone else.'

As it happened, I decided not to have an interpreter there at all. I decided to just go ahead with the appointment by myself. I felt that it was really important for me to feel comfortable. I was frustrated, of course, but that's what I have to deal with all the time. It's an occurrence that happens often. I feel like sometimes we're either drowning or, most of the time I just have to try to swim as best I can.

It's my choice. I can't choose the doctor, but I can choose my interpreter. I do have that right. We should all have the right to be able to do that. I felt that that right was taken away from me.

Te kōwhiri me te mana whakahaere | Choice and control: Enabling Good Lives

Enabling Good Lives (EGL) is a partnership between the disability community and Government. EGL Waikato seeks to build local leadership, momentum and capacity and also demonstrate changes to the way disabled people and whānau get disability support to enable self-determination, choice and control.

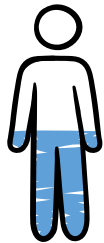
EGL 426 participants in EGL Waikato

252 Male 252 (59%)

174 Female 174 (41%)*

* 2% of data had an unspecified gender

EGL participants by age



39% aged 0-14 years



26% aged 15-24 years

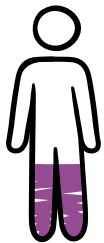


26% aged 25-39 years



9% aged 40 years and over

EGL participation by ethnicity



35% are Māori



5% are Pacific Peoples



8% are Asian



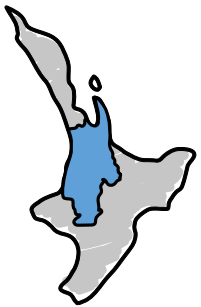
50% are European

Te kōwhiri me te mana whakahaere | Choice and control: Disability Support Link clients

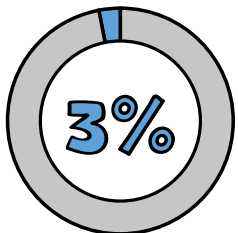
Disability Support Link is a needs assessment and coordination (NASC) service for people with disabilities such as intellectual, physical, age related or psychiatric for any age. Short term illnesses or ACC related conditions are excluded. DSL's clients get to make independent choices on the services they receive and who delivers them. Individualised Funding, Choices in Community Living and Supported Independent Living are all options available to clients. A Service Co-ordinator will arrange for support services to be provided such as personal care, household assistance, carer support, medication oversight, day programmes, shopping assistance or residential care and support.



12,613
disabled people are supported by Disability Support Link (DSL) in the Waikato (October 2020).



11%
of the estimated population with an impairment in the Waikato are DSL clients.

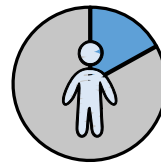


3%
of the total population of the Waikato.

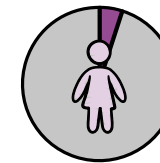
Number and percentage across age groups within gender (2020):

Male

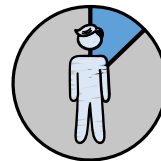
Female



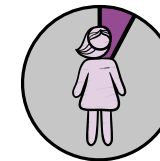
1020 (19%)
0-14 years



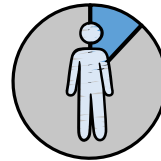
363 (5%)
0-14 years



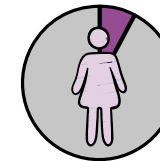
772 (15%)
15-44 years



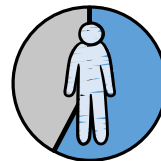
543 (7%)
15-44 years



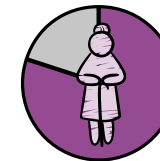
560 (11%)
45-64 years



612 (8%)
45-64 years

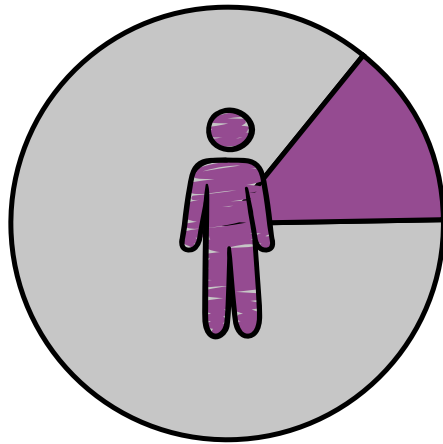


2934 (56%)
65+ years

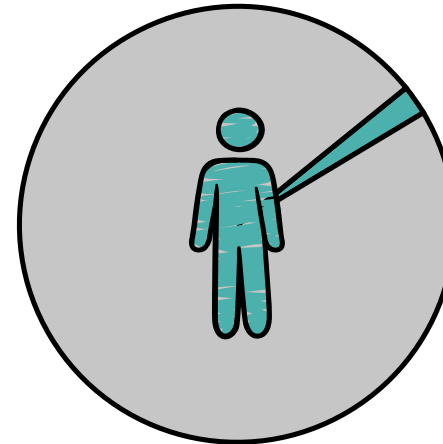


5809 (79%)
65+ years

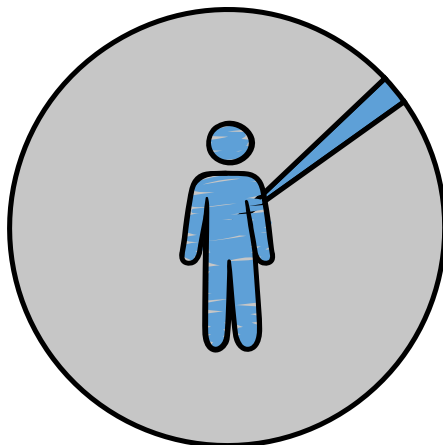
Te kōwhiri me te mana whakahaere | Choice and control: Disability Support Link clients by ethnic group



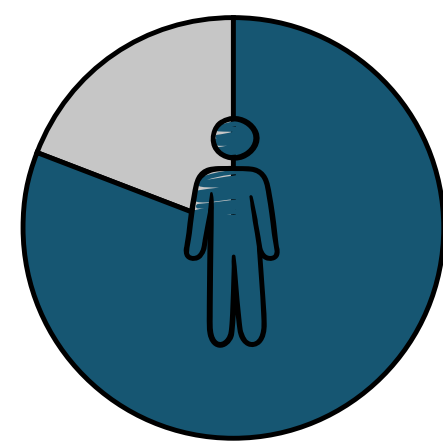
**15% Māori
(1856)**



**2% Pacific
Peoples (216)**



**3% Asian
(352)**



**80% European
(10,055)**

Te kōwhiri me te mana whakahaere | Choice and control: Te Kapore Āwhina Hunga Whara/Accident Compensation Corporation (ACC) clients



49 disability related ACC clients* in 2019/20



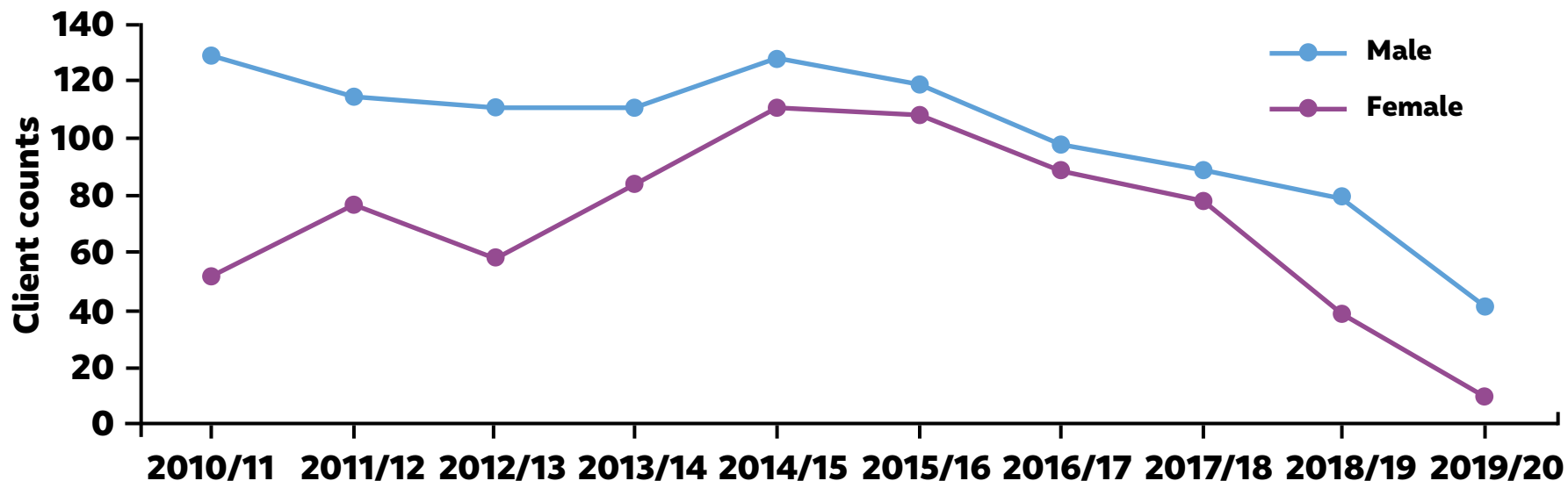
40 (82%) male



9 (18%) female

* Clients who have long term incapacity / disabilities as a result of an accident they have suffered, for which a claim was lodged with ACC.

Number of ACC disabled related clients over the last 10 years





Ārahitanga

Leadership





Isaac Rakena

During the four years I was involved in wheelchair rugby, I got to travel across the country and even took a team to a wheelchair rugby tournament in Montréal, Canada in 1998, which was a personal highlight. I gained administration skills which came in good stead when I organised the NZ National Wheelchair Rugby Championships in 2000, which was another personal highlight. I learned a lot about my new life in a wheelchair and how to look after my body when I was playing wheelchair rugby. Deb and I made a lot of friends within our new community, who were a great source of tips and information; a few of whom are still close friends some 20 years later. Although I tried to seek ACC approval to fund my rugby wheelchair, I was declined under some sort of funding criteria, instead of considering how it could have benefitted in my rehabilitation. Therefore, I had to make do with other people's rugby wheelchairs which were either too big or too small, because I couldn't afford one.



Tegan Morris

I was 21 when I was asked to come onto the Board of Interactionz. I enjoy public speaking, I've gone to conferences, I've been to forums and done various types of advocacy, and I do regular voluntary education work with AUT students. I've written publications for disability organisations, I've written a novel, I have a YouTube channel, I have Instagram. I have a life coaching business that fits with my interest in trying to help others.

I think one of the challenges in my leadership experience, and not just my own, but in general for people with disabilities, is being given the same voice as others, and not just, "hey we've given you a space" but actually tuning everybody in to the same time and the space for that person to be valued. And, having people actually adjust their ears and their eyes and their hearts to be open to want people with difference, whether it comes from a person with a disability, or someone who comes from a different culture, or sexual orientation. If all people who are trying to lead together, trying to make change, who are part of that shared experience, are not there whole heartedly, then all they're going to be doing is having their ears going, but there will be no buy in, which means that nothing will change. If there is a way to activate people to feel secure, even if there is conflict and unease, there is space for disabled people to grow.

I have felt successful in my leadership when people are able to put aside strongly held beliefs or bias to think, "Yea, ok, well, this is another perspective, or another way of looking at something that might look to some people one way, but actually there are other perspectives that we can build on to move forward together". It's not just one person on a stage, or on a soapbox. All voices need to be heard.



Glen Terry

Glen is recognised for his leadership abilities. He is a member of the Leadership Group at Enabling Good Lives and a Consumer Advisor on the Health and Disability Commission.

I was nominated by People First to be on the Health and Disability Commission Advisory Group. I was interviewed for the position and I got in and have served two terms already. I am sent and review all the papers and travel to Wellington for meetings several times a year. We talk about patient complaints and policy, and how the medical profession can support people like me, people living with a disability, who are going into hospitals, or going to the doctor, so that doctors learn to explain medical issues in easy to understand ways.

The people that support Glen in his work with the Disability Commission Advisory greatly appreciate the valuable contribution that Glen makes. He brings the conversation to the issues facing disabled people and makes it real. His voice is an important voice to the Disability Commission Advisory Group.



Ngā tūtohi me ngā kohinga āwhina

Tables and references



Ko wai te hunga hauā i Waikato? | Who are the disabled peoples of the Waikato?

Number of people with an impairment in the Waikato by ethnicity (2021)

Age (years)	Waikato estimate and proportional split (2021) ¹				New Zealand prevalence (2021) ²			
	Māori	Pacific Peoples	Asian	European/Other ³	Māori	Pacific Peoples	Asian	European/Other ³
Under 15	7,000 (22%)	1,300 (22%)	900 (6%)	4,700 (5%)	38,300 (15%)	12,200 (9%)	6,600 (4%)	73,100 (11%)
15-44	17,500 (55%)	3,500 (59%)	9,100 (64%)	26,500 (30%)	78,100 (23%)	31,600 (17%)	41,100 (10%)	205,300 (16%)
45-64	6,000 (19%)	800 (14%)	3,100 (22%)	25,400 (29%)	64,200 (43%)	17,500 (26%)	35,300 (20%)	260,400 (28%)
65 or older	1,100 (4%)	300 (5%)	1,100 (8%)	31,100 (36%)	35,500 (63%)	17,900 (74%)	37,900 (50%)	398,700 (58%)

Numbers denote population counts and were rounded to the nearest 100. For Waikato figures the numbers in parentheses are proportions of the total disabled population, in each ethnic group, by age. Percentages were calculated on unrounded numbers. ¹Estimated from 2021 population (medium) projection. Ethnicities were grouped by total response method i.e., where a person reported more than one ethnic group, they were counted in each applicable group. Projections for the 'European/Other' group include people who belong to the 'European' or 'Other (including New Zealander)' ethnic groups defined in Level One of the ethnicity classification. If a person belongs to both 'European' and 'Other' ethnic groups, they have only been counted once. Almost all people in the 'Other' ethnic group belong to the 'New Zealander' subgroup. Source: Statistics New Zealand. (2018). *Subnational ethnic population projections, by age and sex, 2013(base)-2038 update*. Disability prevalence rates (right sided table) from Disability Survey 2013 were then applied onto the estimated count of the Waikato population to derive the estimated disabled population count. Source: Statistics New Zealand. (2014). *Disability Survey: 2013*. ²Data from Disability Survey 2013. Ethnic grouping was by total response (rather than prioritised approach). ³Includes Middle Eastern/Latin American African and Other. Relative sampling error is 30% or more, and less than 50%. Source: Statistics New Zealand. (2014). *Disability Survey: 2013*.

Population of disabled peoples of the Waikato by gender (2021)

Age (years)	Waikato estimate (2021) ¹						New Zealand (2021) ²					
	Number ¹			Percentage ²			Number ¹			Percentage ²		
	Female	Male	Total	Female	Male	Total	Female	Male	Total	Female	Male	Total
Under 15	3,300	5,900	9,200	5%	10%	8%	37,228	63,889	101,117	6%	10%	8%
15-44	22,700	23,800	46,500	38%	41%	39%	159,240	162,744	321,984	27%	27%	26%
45-64	17,100	15,500	32,600	28%	26%	27%	178,178	164,878	343,056	30%	27%	27%
65 or older	17,100	13,500	30,600	28%	23%	26%	261,570	220,864	482,434	44%	36%	39%
Population	60,200	58,700	118,900	100%	100%	100%	-	-	-	-	-	-

Numbers denote population counts and were rounded to the nearest 100. Percentages are proportions of the total disabled population for each gender, by age. Percentages were calculated on unrounded numbers. ¹Estimated from 2018 population (medium) projection. Ethnicities were grouped by total response method. Source: Statistics New Zealand. (2018). *Subnational ethnic population projections, by age and sex, 2013(base)-2038 update*. Disability rates from Disability Survey 2013 were then applied onto the estimated count of the Waikato population to derive the estimated disabled population count. Source: Statistics New Zealand. (2014). *Disability Survey: 2013*. ²Data from Disability Survey 2013. Count data was weighted using population projection for 2021. Due to rounding, numbers may not sum to stated totals. Percentage is calculated as proportion of the total population, in each age and sex group, that was disabled. Source: Statistics New Zealand. (2014). *Disability Survey: 2013*.

Ko wai te hunga hauā i Waikato? | Who are the disabled peoples of the Waikato?

Number^{1,2} of people with an impairment across the Waikato DHB area (2021)*

Territorial authority	Under 65 years	65 years or above
Waikato DHB ³	75,400	43,300
Hamilton City	29,100	12,800
Waikato	10,900	5,100
Waipa	8,800	5,900
Matamata-Piako	5,700	4,200
Thames-Coromandel	4,400	5,300
South Waikato	4,400	2,700
Hauraki	3,500	3,000
Otorohanga	1,800	900
Waitomo	1,800	900
Ruapehu	1,700	800

Numbers denote population counts and were rounded to the nearest 100.

*Parts of Ruapehu and Waikato District not within Waikato DHB area are omitted. ¹Estimated from 2018 population projection. Ethnicities were grouped by total response method. Source: Statistics New Zealand. *Subnational ethnic population projection, by age and sex, 2013(base)-2038 update*. ²Disability rates from Disability survey 2013 were then applied onto the count of estimated Waikato population. ³ There is 5,000 population estimate undercount when estimating by territorial authority when added up and compared to the Waikato level population estimate. Source: Statistics New Zealand (2014). *Disability Survey: 2013*.

Impairment rate by gender (all ages)¹

Impairment type ²	Female	Male
Mobility	15%	11%
Agility	8%	6%
Hearing	7%	10%
Psychiatric/psychological	5%	5%
Sight	4%	3%
Learning	4%	6%
Remembering ³	4%	4%
Speaking	2%	4%
Intellectual	1%	3%

¹As proportion of general population; ² individual may appear in more than one impairment type; ³Only asked of adults aged 15 years or above. Source: Statistics New Zealand. (2014). *Disability Survey: 2013*.

Ko wai te hunga hauā i Waikato? | Who are the disabled peoples of the Waikato?

Cause of impairment (all ages)¹

Cause of Impairment ²	Total population		Māori	
	Female	Male	Female	Male
Disease or illness	46%	35%	44%	36%
Accident or injury	24%	38%	23%	33%
Existed at birth	11%	17%	20%	27%
Ageing ³	34%	23%	27%	11%
Other	26%	23%	29%	27%

¹An individual may appear in more than one cause of impairment group. ²As percentage of disabled total, or Māori, population, in each gender group, who had the specified cause of impairment. ³Only asked of adults aged 15 years or above. Percentages may not sum to the stated totals because: a) individuals were counted in each applicable higher level impairment type and ethnic group, and b) percentages are rounded. Source: Statistics New Zealand. (2014). *Disability Survey: 2013*.

Impairment rate by ethnicity (all ages)¹

Impairment type ²	Māori	Pacific	Asian	European	Other ³	Total population
		Peoples				
Sensory ⁴	11%	7%	5%	12%	14%	11%
Physical ⁵	13%	10%	7%	15%	15%	14%
Intellectual	3%	*3%	*1%	2%	S	2%
Psychiatric/psychological	7%	5%	3%	6%	*8%	5%
Other ⁶	11%	8%	4%	8%	*8%	8%
Total	26%	19%	13%	25%	28%	24%

¹As proportion of general population. Ethnicities were grouped by total response method i.e., where a person reported more than one ethnic group, they were counted in each applicable group. ²An individual may appear in more than one impairment type. ³Includes Middle Easter/Latin American/African and Other ethnicities. ⁴Includes hearing and vision impairments. ⁵Includes mobility and agility impairments. ⁶Includes impaired speaking, learning, and developmental delay for children aged 0-14 years, and impaired speaking, learning, and remembering for adults aged 15 years or above. *Relative sampling error is 30% or more, and less than 50%; S: Suppressed. Source: Statistics New Zealand. (2014). *Disability Survey: 2013*.

Mātauranga | Education

Number of students receiving learning support or services, by school year level (as at 1 July 2019)

Gender	ORS			OLS			AT		
	Waikato	% ¹	% ²	Waikato	% ¹	% ²	Waikato	% ¹	% ²
Female	306	9%	0.8%	412	10%	1.1%	61	9%	0.2%
Male	628	9%	1.7%	991	9%	2.6%	115	8%	0.3%
Total	934	9%	1.3%	1,403	9%	1.9%	176	9%	0.2%

ORS: Ongoing Resource Scheme; OLS: Other Learning Support; AT: Assistive Technology.

¹As proportion of national numbers for the corresponding support type, for each gender.

²As proportion of Waikato's student number, for each gender. Source: Ministry of Education, 2020.

Number of students receiving learning support or services in the Waikato region, by school year level (as at 1 July 2019)

School Yr Level	ORS		OLS*		AT		ORS school type			
	Waikato	% ¹	Waikato	% ¹	Waikato	% ¹	Special	% ²	Other	% ²
Yr 1-8	563	9%	1,312	9%	138	8%	233	12%	330	9%
Yr 9-13	371	9%	91	8%	38	9%	170	10%	201	8%
All Levels	934	9%	1,403	9%	176	9%	403	11%	531	8%

ORS: Ongoing Resource Scheme; OLS: Other Learning Support; AT: Assistive Technology. ¹As proportion of national numbers, in each level, for each support type. ²As proportion of national numbers, in each level, for each school type. Data breakdown by school type is unavailable for OLS and AT due to small numbers.

*Please note that children and young people receiving individualised Ministry services represent only a small proportion of those with additional needs. The majority receive support directly within their school or early learning service, or from a Ministry contracted provider. Source: Ministry of Education, 2020.

Mātauranga | Education

Number of students receiving learning support or services, by ethnicity (as at 1 July 2019)

Ethnicity ¹	ORS			OLS			AT ³		
	Waikato	% ^{2,4}	% ^{3,4}	Waikato	% ^{2,4}	% ^{3,4}	Waikato	% ^{2,4}	% ^{3,4}
Māori	379	41%	29%	586	42%	35%	54	31%	27%
Pacific Peoples	81	9%	14%	92	7%	13%	9	5%	11%
Asian	79	8%	12%	83	6%	8%	10	6%	7%
European	546	58%	57%	875	62%	59%	127	72%	67%
Other	29	3%	4%	39	3%	3%	2	2%	4%
Total⁴	934	-	-	1,403	-	-	176	-	-

¹More than one ethnicity could be chosen. ²As proportion of students receiving each support type, by ethnicity, in Waikato. ³National rates of students receiving each support type, by ethnicity. ⁴Students who identified with more than one ethnicity were counted in each ethnic group, but only once in 'Total' ethnic group. Thus, proportions by ethnicity do not sum up to 100%. Source: Ministry of Education, 2020.

Students receiving ORS support, by student age and school type (as at 1 July 2019)¹

Age (years)	Waikato		National	
	Special schools	Other schools	Special schools	Other schools
0-5	32 (47%)	36 (53%)	198 (36%)	358 (64%)
6	23 (33%)	47 (67%)	282 (36%)	507 (64%)
7	44 (48%)	47 (52%)	243 (32%)	517 (68%)
8	25 (45%)	30 (55%)	229 (32%)	480 (68%)
9	28 (35%)	52 (65%)	220 (30%)	503 (70%)
10	31 (42%)	42 (58%)	243 (31%)	537 (69%)
11	32 (43%)	42 (57%)	232 (33%)	477 (67%)
12	18 (35%)	34 (65%)	220 (32%)	475 (68%)
13	25 (40%)	37 (60%)	217 (31%)	481 (69%)
14	24 (37%)	41 (63%)	230 (35%)	424 (65%)
15	20 (45%)	24 (55%)	222 (35%)	405 (65%)
16	31 (51%)	30 (49%)	220 (38%)	366 (62%)
17 or above	70 (50%)	69 (50%)	772 (45%)	956 (55%)
All ages	403 (43%)	531 (57%)	3,528 (35%)	6,486 (65%)

¹Numbers indicate student counts; Numbers in parentheses indicate proportion of student in each age band, by school type. Source: Ministry of Education, 2020.

Mātauranga | Education

NCEA level attained by ORS school leavers in the Waikato (as at 1 July 2017)

NCEA Level Attained ¹	Region	Per 100 ORS school leavers	Per 100 General school leavers
1 or above	Waikato	15	88
	National	24	90
2 or above	Waikato	7	78
	National	16	81
3 or above	Waikato	5	46
	National	9	54

¹Includes University Entrance Qualification. Note that the proportions for Waikato ORS school leavers are based on small numbers and should be interpreted with caution. Source: Education Counts, Ministry of Education, 2019.

Highest educational qualification attained for the national working age population, by age and disability status

Highest Qualification attained	15-44 years		45-64 years		65 years or above	
	Disabled	Non-disabled	Disabled	Non-disabled	Disabled	Non-disabled
No qualification	24%	12%	31%	15%	42%	34%
School qualification at Level 1-4 ¹	41%	41%	30%	33%	27%	31%
Post-school qualification at Level 1-6 ²	21%	20%	25%	29%	22%	23%
Bachelor's degree or higher	14%	28%	13%	23%	8%	13%
Total³	100%	100%	100%	100%	100%	100%

Percentages are calculated as proportion of the total working age population in each age group and by disability status. Working age population is defined as the usually resident, non-institutionalised, civilian population of New Zealand aged 15 years and over on census night. ¹Include Level 1–4 certificates gained at school and overseas school qualifications. ² Include Level 1–4 certificates, and Level 5–6 diplomas completed post school. ³Total number of people who answered the survey question with a useable response. Source: Statistics New Zealand. (2014). *Disability and the labour market: Findings from the 2013 Disability Survey*.

Te whai mahi me te tiaki pūtea | Employment and economic security

National employment rate for 15-64 year-olds (2020)

Labour status	Disabled	Non-disabled
In labour force	42%	81%
• Employed	38%	78%
• Unemployed	8%	4%
Not in labour force	58%	19%
Working age population	100%	100%

Source: Statistics New Zealand (2020). *Labour market statistics (disability): June 2020 quarter*. Table 2.

National employment rate (2020), by age

Age group (year)	Employment rate ¹	
	Disabled	Non-disabled
15–24	18.7%	55.1%
25–44	42.2%	83.9%
45–64	41.8%	83.6%
65+	8.0%	27.3%

¹As proportion of labour force. Source: Statistics New Zealand (2020). *Labour market statistics (disability): June 2020 quarter*. Table 5.

National average weekly income, in each age group and population, by income source (2020)

Income source:		Self-employment			Wage and Salary			Government Transfer ¹			Total		
Age group (years)	Population group	Average weekly income ²	Number ³	% ⁴	Average weekly income ²	Number ³	% ⁴	Average weekly income ²	Number ³	% ⁴	Average weekly income ²	Number ³	% ⁴
15-64	Disabled	\$956	11,500	11%	\$1,057	30,000	28%	\$342	53,500	49%	\$596	108,400	100%
	Non-disabled	\$1,042	468,000	15%	\$1,218	2,005,600	64%	\$293	434,600	14%	\$941	3,115,000	100%
65 or above	Disabled	\$724	4,200	4%	\$830	4,800	4%	\$418	114,400	96%	\$460	119,000	100%
	Non-disabled	\$879	73,000	12%	\$1,033	98,900	16%	\$391	595,200	94%	\$614	633,600	100%
All ages	Disabled	\$894	15,600	7%	\$1,025	34,700	15%	\$393	167,900	74%	\$525	227,400	100%
	Non-disabled	\$1,020	541,000	14%	\$1,210	2,104,500	56%	\$349	1,029,900	27%	\$886	3,748,600	100%

¹Government transfers are income from benefits, working for families tax credits, paid parental leave, student allowances, New Zealand (National) Superannuation, and veteran's and war pensions. ²Calculated as the total weekly income from that source divided by the number of people who receive income from this source. ³The number of people receiving income from a particular source. ⁴As proportion of the total population, in each age and disability status group. The total population is the total number of people in 'all sources collected' group. Source: Statistics New Zealand (2020). *Incomes. Income by disability status, age groups and income source. Household Labour Force Survey: June 2020 quarter*.

Te whai mahi me te tiaki pūtea | Employment and economic security

People receiving government transfer (18-64 year-olds), by transfer type and region (September 2020)

Support	Support subtype	Waikato			National	
		Number	% ¹	% ²	Number	% ¹
Jobseeker	Health Condition or Disability	6,119	30%	5%	71,280	35%
	Work Ready	14,471	70%		132,836	65%
	Total	20,590	100%		204,116	100%
Supported Living	Health Condition or Disability	7,043	87%	6%	85,075	90%
	Caring (carer support)	1,031	13%		9,071	10%
	Total	8,074	100%		94,146	100%

¹As proportion of people receiving Jobseeker, or Supported Living Payment, benefit type. Data is for year ending 30 September 2020. Source: Te Hiranga Tangata - Work and income, 2020. ²As proportion of the estimated disabled population in the Waikato. The estimate was based on 2018 population projection, and then disability rates from Disability Survey 2013 were applied onto the count of estimated Waikato population. Source: Statistics New Zealand. (2018). *National ethnic population projections, by age and sex, 2013(base)-2038 update*. Statistics New Zealand. (2014). *Disability Survey: 2013*.

People receiving selected supplementary assistance in the Waikato (18-64 year-olds), by transfer subtype (September 2020)

Support subtype:	JS HC&D		SLP HC&D		JS & SLP HC&D	
	Number	% ¹	Number	% ¹	Total	% ²
Accommodation Supplement	4,602	75%	3,789	53%	8,391	7%
Disability Allowance	1,966	32%	4,198	59%	6,164	5%
Temporary Additional Support	1,829	30%	1,246	17%	3,075	3%
Total	6,119	100%	7,161	100%		

¹As proportion of people receiving Jobseeker, or Supported Living Payment, benefit type. ²As proportion of the estimated disabled population in the Waikato (118,900). Data is for year ending 30 September 2020. JS HC&D: Jobseeker Support under Health Condition or Disability. SLP HC&D: Supported Living Payment under Health Condition or Disability. Source: Te Hiranga - Work and income, 2020. Data received through OIA via email from Ministry of Social Development Insights and Strategy Group.

Selected hardship assistance that were approved (16 year-olds or older) in the Waikato, by transfer subtype (2019/20)¹

Support subtype:	JS HC&D		SLP HC&D	
	Number ²	% ³	Number ²	% ³
Special Needs Grant	7,098	116%	5,365	76%
• Emergency Housing Grant	1,909	27%	1,346	19%
Advance Payment of a Benefit	7,377	121%	6,390	91%

¹For year ending 30 September 2020. JS HC&D: Jobseeker Support under Health Condition or Disability. SLP HC&D: Supported Living Payment under Health Condition or Disability. ²Counts of grants approved for clients. ³Special Needs Grant as a proportion of Jobseekers or Supported Living Payment. Emergency Housing Grant as a proportion of Special Needs Grant, for each benefit subtype. A client may receive more than one grant so, the proportion may sum up to be more than 100%. Source: Te Hiranga Tangata - work and income, 2020. Data received through OIA via email from Ministry of Social Development Insights and Strategy Group.

Te whai mahi me te tiaki pūtea | Employment and economic security

People receiving Jobseeker Support under Health Condition or Disability in the Waikato (September 2020), by age, gender, ethnicity or incapacity group

(Source: Te Hiranga Tangata - Work and income, 2020)

Gender			Age			Ethnicity			Incapacity group		
Gender	Number	%	(years)	Number	%	Ethnicity	Number	%	Waikato	Number	%
Female	2,948	48%	18-24	907	15%	Māori	2,262	37%	Psychological or psychiatric conditions	3,159	52%
Male	3,171	52%	25-34	1,211	20%	Pacific Peoples	114	2%	Musculoskeletal system disorder	851	14%
Total	6,119	100%	35-44	960	16%	European	2,799	46%	Accident	370	6%
			45-49	665	11%	Other	761	12%	Cardiovascular disorders	277	5%
			50-64	2,376	39%	Unspecified	183	3%	Metabolic & endocrine disorders	222	4%
			Total	6,119	100%	Total	6,119	100%	Other disorders & conditions	1,240	20%
									Total	6,119	100%

People receiving Supported Living Payment under Health Condition or Disability in the Waikato (September 2020), by age, gender, ethnicity or incapacity group

(Source: Te Hiranga Tangata - Work and income, 2020)

Gender			Age			Ethnicity			Incapacity group		
Gender	Number	%	(years)	Number	%	Ethnicity	Number	%	Waikato	Number	%
Female	3,369	48%	18-24	576	8%	Māori	2,202	31%	Psychological or psychiatric conditions	2,505	36%
Male	3,674	52%	25-34	962	13%	Pacific Peoples	87	1%	Intellectual disability	814	12%
Total	7,043	100%	35-44	987	14%	European	3,516	50%	Musculo-skeletal sys. Disorder	678	10%
			45-49	741	10%	Other	926	13%	Nervous system disorders	574	8%
			50-64	3,777	53%	Unspecified	312	4%	Congenital conditions	476	7%
			Total	7,161	100%	Total	7,043	100%	Other disorders & conditions	1,996	28%
									Total	7,043	100%

Te whai mahi me te tiaki pūtea | Employment and economic security

People receiving selected supplementary assistance in the Waikato (September 2020), by age

Age Group (years)	Accommodation Supplement				Disability Allowance				Temporary Additional Support			
	JS HC&D		SLP HC&D		JS HC&D		SLP HC&D		JS HC&D		SLP HC&D	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
18-24	734	16%	296	8%	196	10%	211	5%	215	12%	27	2%
25-34	983	21%	543	14%	294	15%	457	11%	327	18%	113	9%
35-44	774	17%	563	15%	272	14%	547	13%	321	18%	146	12%
45-49	491	11%	428	11%	228	12%	467	11%	218	12%	163	13%
50-64	1,620	35%	1,959	52%	976	50%	2,516	60%	748	41%	797	64%
Total	4,602	100%	3,789	100%	1,966	100%	4,198	100%	1,829	100%	1,246	100%

People receiving selected supplementary assistance in the Waikato (September 2020), by gender

Gender	Accommodation Supplement				Disability Allowance				Temporary Additional Support			
	JS HC&D		SLP HC&D		JS HC&D		SLP HC&D		JS HC&D		SLP HC&D	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Female	2,197	48%	1,827	48%	1,126	57%	2,293	55%	976	53%	727	58%
Male	2,405	52%	1,962	52%	840	43%	1,905	45%	853	47%	519	42%
Total	4,602	100%	3,789	100%	1,966	100%	4,198	100%	1,829	100%	1,246	100%

People receiving selected supplementary assistance in the Waikato (September 2020), by ethnicity

Ethnicity	Accommodation Supplement				Disability Allowance				Temporary Additional Support			
	JS HC&D		SLP HC&D		JS HC&D		SLP HC&D		JS HC&D		SLP HC&D	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Māori	1,650	36%	1,116	29%	654	33%	1,288	31%	642	35%	363	29%
Pacific Peoples	91	2%	50	1%	24	1%	52	1%	40	2%	14	1%
European	2,162	47%	1,994	53%	950	48%	2,177	52%	884	48%	695	56%
Other	560	12%	479	13%	288	15%	550	13%	231	13%	145	12%
Unspecified	139	3%	150	4%	50	3%	131	3%	32	2%	29	2%
Total	4,602	100%	3,789	100%	1,966	100%	4,198	100%	1,829	100%	1,246	100%

JS HC&D: Jobseeker Support under Health Condition or Disability. SLP HC&D: Supported Living Payment under Health Condition or Disability. Source: Te Hiranga Tangata - Work and income, 2020. Data received through OIA via email from Ministry of Social Development Insights and Strategy Group.

Hauora | Health and Wellbeing

Disease prevalence in primary health care from a sample of Disability Support Link clients (2018/19)

Disease	Ethnicity	Number ¹			Prevalence ²		
		Male	Female	Total	Male	Female	Total
Respiratory diseases ³ (All ages)	Māori	139	219	358	25%	37%	32%
	European	289	591	880	16%	25%	21%
	Others	18	31	49	11%	15%	13%
	Total	446	841	1,287	18%	27%	23%
Stroke ⁴ (15 years or older)	Māori	51	74	125	13%	11%	12%
	European	309	421	730	11%	8%	9%
	Others	19	27	46	13%	12%	13%
	Total	379	522	901	12%	9%	10%
Heart failure ⁴ (15 years or older)	Māori	57	81	138	13%	12%	12%
	European	196	307	503	5%	5%	5%
	Others	8	13	21	3%	6%	5%
	Total	261	401	662	7%	7%	7%
Diabetes ⁴ (15 years or older)	Māori	108	153	261	26%	26%	26%
	European	324	455	779	15%	14%	14%
	Others	30	39	69	29%	19%	23%
	Total	462	647	1,109	19%	18%	18%
Ischaemic heart disease ⁴ (15 years or older)	Māori	116	180	296	27%	26%	26%
	European	678	1,014	1,692	22%	18%	20%
	Others	34	54	88	19%	24%	22%
	Total	828	1,248	2,076	24%	21%	22%
Osteoarthritis ³ (All ages)	Māori	36	82	118	7%	10%	9%
	European	206	500	706	8%	12%	10%
	Others	S	22	29	S	8%	6%
	Total	249	604	853	7%	10%	9%
Renal impairment/ failure ³ (All ages)	Māori	35	65	100	8%	8%	8%
	European	120	183	303	4%	3%	3%
	Others	S	S	9	S	S	2%
	Total	159	253	412	5%	4%	4%
Gout ³ (All ages)	Māori	63	67	130	15%	9%	12%
	European	181	136	317	8%	3%	5%
	Others	S	S	16	S	S	3%
	Total	252	211	463	10%	4%	6%

¹Source: Hauraki PHO, 2019. Data are for all ages unless otherwise stated. ²Age-standardised rates. The standard population used for age standardisation was the estimated number of disabled people in Waikato which was derived from the sum of territorial authority level estimates using data from Household Disability Survey 2013 and 2013 Census. Source: Statistics New Zealand. (2017). *Disability estimates for small areas: 2013*. ³For period ending 31 December 2018. ⁴For period ending 31 March 2019. 'S' denotes suppressed data due to small numbers.

Hauora | Health and Wellbeing

Current smokers aged 15 years or above¹, by ethnicity (as at 31 March 2019)

Ethnicity	Smokers	Total	%
Māori	133	830	16%
European	256	3,927	7%
Others	14	243	6%

¹For period ending 31 March 2019. Source: Hauraki PHO, 2019.

Primary health care quality measures

National Health Screen	Female		Male	
	Number ¹	% ²	Number ¹	% ²
³ Smoking Brief Advice	185 (225)	82%	138 (178)	78%
⁴ Cervical Screening	220 (641)	34%	-	-
⁵ Diabetes Annual Review	402 (604)	67%	287 (418)	69%
⁶ Cardiovascular Risk Assessment	258 (715)	36%	202 (361)	56%

¹These are a sample of Disability Support Link clients (aged 15 years or above) who enrolled with Hauraki PHO, for period ending 31 March 2019. Number indicates count of eligible clients who received a health screen. Number in parentheses indicates total count of eligible clients, by health screen. ²As proportion of total eligible clients, by gender, for each health screen. ³Current smokers who received brief advice in the last 15 months. ⁴Females aged 25-69 years who were screened in the last 3 years. Waikato's screening rate is 77% (Waikato DHB Coverage Report - period ending 31 March 2019). ⁵Diabetics who enrolled with the PHO within the last 12 months, and had a Diabetes Annual Review conducted. ⁶Eligible females (aged 55 years or above) or males (aged 45 years or above) without known risk factors who were screened in the last 3 years. Source: Hauraki PHO, 2019.

Hauora | Health and Wellbeing

Emergency department attendances between 2014 and 2018, by ethnicity¹

Ethnicity	Female		Male		Total	
	Number of attendances	Attendances per 10 persons ²	Number of attendances	Attendances per 10 persons ²	Number of attendances	Attendances per 10 persons ²
Maori	3,999	55	3,425	48	7,424	50
Pacific Peoples	233	30	188	25	421	27
Asian	398	56	376	27	774	29
Other	19,574	40	13,774	35	33,348	37
Total	24,204	43	17,763	37	41,967	40

¹Data is of the average number of emergency department attendances made by clients of Disability Support Link, Waikato, over the last 5 years (1 January 2014 to 31 December 2018). ²Age-standardised rates (across all ages). Source: Waikato Hospital register CostPro, 2019.

Emergency department admissions between 2014 and 2018, by ethnicity¹

Ethnicity	Female		Male		Total	
	Number of admissions	Admissions per 10 persons ²	Number of admissions	Admissions per 10 persons ²	Number of admissions	Admissions per 10 persons ²
Maori	1,668	21	1,340	20	3,008	20
Pacific Peoples	80	11	77	12	157	11
Asian	181	21	178	15	359	14
Other	9,605	16	6,407	14	16,012	15
Total	11,534	17	8,002	15	19,536	16

¹Data is of the average number of emergency department admissions made by clients of Disability Support Link, Waikato, over the last 5 years (1 January 2014 to 31 December 2018). ²Age-standardised rates (across all ages). Source: Waikato Hospital register CostPro, 2019.

Ngā tika taumaruru me te ture | Rights protection and justice

Five most cited grounds of alleged unlawful discrimination along with total number of alleged discrimination (2017-18 to 2019-20)

Ground ²	2017-18		2018-19		2019-20	
	Number	% ¹	Number	% ¹	Number	% ¹
Race-related	426	31%	369	29%	383	27%
Disability	425	31%	411	32%	249	17%
Sex	244	18%	183	14%	110	8%
Age	150	11%	135	11%	93	6%
Sexual harassment	123	9%	106	8%	69	5%
Total alleged unlawful discrimination	1,381		1,282		1,445	-

¹As proportion of the total enquiries and complaints (which includes unlawful discrimination) received for the year ending 30 June 2020. ²Relates to unlawful discrimination under Part 1A or Part 2 of the Human Rights Act 1993. Source: Te Kāhui Tika Tangata - Human Rights Commission. (2020). *Annual Report - Pūrongo ā Tau 2019/20 NZ Human Rights*.

Applications for free legal representation in the Human Rights Review Tribunal (2019-20)

Ground	Number	% ¹
Disability	24	37%
Race	8	12%
Sexual harassment	6	11%
Age	5	8%
Ethnic / National origin	5	8%
Sex	5	8%
Racial harassment	2	3%
Religious belief	2	3%
Sexual orientation	2	3%
Employment status	1	1%
Family Status	1	1%
Political opinion	1	1%
Victimisation	1	1%
Total	65	-

¹As proportion of all applications for the year ending 30 June 2020. Source: Te Kāhui Tika Tangata - Human Rights Commission. (2020). *Annual Report - Pūrongo ā Tau 2019/20 NZ Human Rights*.

Te whai wāhitanga | Accessibility

Use and unmet need of housing modifications¹, by impairment and modification type (2013)²

Impairment type	Modification type	Use	Need
Physical limitations	Entrance	17%	8%
	Kitchen	3%	2%
	Bathroom	25%	10%
	Moving about	3%	3%
	Other modifications	3%	4%
	Total any modification ³	35%	17%
Vision limitations	Entrance	13%	8%
	Kitchen	2% ⁴	S
	Bathroom	19%	9%
	Moving about	3% ⁴	3%
	Other modifications	3%	4% ³
	Total any modification ³	26%	16%

¹It is estimated that about 284 Housing NZ (HNZ) properties in the Waikato region (excluding Rotorua District) have modifications for people with impairments. The total number of properties in the Waikato region (excluding Rotorua District) owned and leased by HNZ was 4,496, as of 30 Jun 2018. This means that only about 6% of HNZ properties have modifications for people with impairments. Source: The Waikato Plan. (2018). *The Waikato Plan - Regional Housing Initiative 2018 Housing Stocktake*. Nifa Limited. ²As proportion, in each impairment type, based on national data. Source: Statistics New Zealand. (2016). *Disability and housing conditions: 2013*. ³People were able to select more than one modification, therefore percentages add to more than the total. ⁴Relative sampling error between 30% and 40%. S: suppressed.

Access to good housing conditions

Accessibility indicator	Household measure ¹	Disabled	Non-disabled	Total
Household tenure	Owner occupied	48%	53%	52%
	Rented	38%	30%	32%
	In a family trust	13%	17%	16%
Household composition for adults (15 years and over)	One-family household			
	• Couple only	33%	23%	26%
	• Couple with other people or child(ren) and others	30%	49%	43%
	• One parent with child(ren)	8%	7%	7%
	• One parent with child(ren) and others	3%	2%	2%
	Two-family household	5%	6%	6%
	Three- or more-family household	1%	1%	1%
	Other multi-person household	5%	5%	5%
	One-person household	17%	7%	10%
	Household crowding measure	Need more bedrooms	19%	14%
Enough bedrooms		32%	30%	30%
Spare bedrooms		50%	56%	55%
House problems	Difficulty keeping house warm	29%	16%	19%
	• Māori ²	36%	21%	26%
	• Pacific Peoples ²	37%	28%	30%
	• Asian ²	33%	12%	15%
	• European/Other ²	22%	15%	17%
	Experiences damp	23%	12%	14%
	• Māori ²	33%	19%	23%
	• Pacific Peoples ²	23%	22%	23%
	• Asian ²	21%	9%	10%
	• European/Other ²	14%	11%	12%

¹Age-adjusted household measures. As proportion based on national data. Source: Statistics New Zealand. (2016). *Disability and housing conditions: 2013*. ²Source: McIntosh, J., and Leah, A. (2017). *Mapping housing for the disabled in New Zealand*. *New Zealand Medical Journal*, 69-78.

Te kōwhiri me te mana whakahaere | Choice and control

Participants of Enabling Good Lives, by demographics gender, age, ethnicity and location (as at 14 October 2020)

Source: Cosgriff, K. (2020). Correspondence with Director, Enabling Good Lives Waikato, Kate Cosgriff dated 14 October 2020.

Gender	Number	%
Male	252	59%
Female	174	41%
Total	426	100%

Age (years)	Number	%
0-14	165	39%
15-24	110	26%
25-39	111	26%
40-64	36	8%
65 or above*	4	1%
Total	426	100%

*Aggregated due to small numbers.

Ethnicity	Number	%
Māori	148	35%
Pacific Peoples	23	5%
Asian	33	8%
European	215	50%
Others	7	2%
Total	426	100%

Location	Number	%
Hamilton	234	55%
Te Awamutu	30	7%
Cambridge	21	5%
Huntly	17	4%
Ngaruawahia	15	4%
Raglan	13	3%
Taumarunui	13	3%
Paeroa	8	2%
Kihikihi	6	1%
Te Kauwhata	5	1%
Tokoroa	5	1%
Whangamata	5	1%
Other*	54	13%
Total	426	100%

*Includes Gordonton, Taupiri, Te Aroha Thames, Te Kuiti, Putaruru, Waitoa, and others. Aggregated due to small numbers

Te kōwhiri me te mana whakahaere | Choice and control

Disability Support Link clients: an overview (2020)

12,613 total disabled people supported by Disability Support Link, Waikato¹

- 11% of the total population of the Waikato²
- 3% of the estimated population with an impairment in Waikato³

¹Source: Disability Support Link, Waikato (as at 19 October 2020). ²Estimated from 2020 population estimates. Source: Statistics New Zealand (2020). *Subnational population estimates (RC, constituency), by age and sex, at 30 June 2018-20 (2020 boundaries)*. ³Disability rates from Disability Survey 2013 were applied to the count of estimated Waikato population. Source: Statistics New Zealand. (2014). *Disability Survey, 2013*.

Disability Support Link clients by gender and age (2020)¹

Age group (year)	Number			Proportion (Age group) ²			Proportion (Gender) ³		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
0-14	363	1,020	1,383	5%	19%	11%	26%	74%	100%
15-24	234	398	632	3%	8%	5%	37%	63%	100%
25-44	309	374	683	4%	7%	5%	45%	55%	100%
45-64	612	560	1,172	8%	11%	9%	52%	48%	100%
65 years or above	5,809	2,934	8,743	79%	56%	69%	66%	34%	100%
Total	7,327	5,286	12,613	100%	100%	100%	-	-	

¹Source: Disability Support Link, Waikato - as at 19 October 2020. ²As proportion of total clients in each gender, by age group. ³As proportion of total clients in each age group, by gender.

Te kōwhiri me te mana whakahaere | Choice and control

Disability Support Link clients by ethnicity and age (2020)¹

Age group (year)	Number						Proportion (Age group) ²					Proportion (Ethnicity) ³					
	Māori	Pacific Peoples	Asian	European	Other ⁴	Total	Māori	Pacific Peoples	Asian	European	Other ⁴	Māori	Pacific Peoples	Asian	European	Other ⁴	Total
0-14	432	39	107	788	17	1,383	23%	18%	30%	8%	13%	31%	3%	8%	57%	1%	100%
15-44	357	34	50	854	20	1,315	19%	16%	14%	8%	15%	27%	3%	4%	65%	2%	100%
45-64	319	27	25	756	45	1,172	17%	13%	7%	8%	34%	27%	2%	2%	65%	4%	100%
65 years or above	748	116	170	7,657	52	8,743	40%	54%	48%	76%	39%	9%	1%	2%	88%	1%	100%
Total	1,856	216	352	10,055	134	12,613	100%	100%	100%	100%	100%	15%	2%	3%	80%	1%	100%

¹Disability Support Link, Waikato - as at 19 October 2020. ²As proportion of total clients in each ethnic group, by age. ³As proportion of total clients in each age group (or all ages), by ethnicity. ⁴Includes Middle Eastern/Latin American/African and Other.

Disability Support Link clients by age and primary impairment type (2020)¹

Primary impairment type	0-14 years		15-44 years		45-64 years		65 years or above	
	Number	% ²	Number	% ²	Number	% ²	Number	% ²
Physical	15	1%	34	3%	168	14%	4,082	34%
Dementia	<5		<5		45	4%	1,175	10%
Medical	88	6%	54	4%	240	20%	902	10%
Frailty	<5		<5		<5		1,039	8%
Cognitive	<5		<5		13	1%	622	5%
Neurological	65	5%	100	8%	180	15%	468	6%
Age-related	<5		<5		<5		118	1%
Sensory	10	1%	19	1%	23	2%	128	1%
Other	<5		<5		<5		58	1%
Psychiatric	142	10%	31	2%	12	1%	18	2%
Intellectual ³	1,061	77%	1,073	82%	484	41%	133	22%
Total	1,383	100%	1,315	100%	1,172	100%	8,743	100%

¹Disability Support Link, Waikato - as at 19 October 2020. Data is of DSL clients who received DHB-funded assistance. '<5' denotes small client numbers (fewer than 5). Number of clients aged under 65 years are generally small, by primary impairment type, so these results should be interpreted with caution. ²As proportion of total clients in each age group, by primary impairment type. so these results should be interpreted with caution. ³Aspergers, autism spectrum disorder (ASD), attention deficit disorder (ADD), attention deficit/hyperactivity disorder (ADHD), speech delay, and developmental delay are all categorised as intellectual disability (ID).

Te kōwhiri me te mana whakahaere | Choice and control

Clients of Te Kapore Āwhina Hunga Whara / Accident Compensation Corporation by demographics gender, ethnicity and weekly compensation terms (2019/20)¹

Demographic		2014/15 ²		2019/20 ³	
		Number	%	Number	%
Gender	Male	127	54%	40	82%
	Female	110	46%	9	18%
	Total	237	100%	49	100%
Ethnicity	Maori	54	23%	13	27%
	non-Maori	183	77%	36	73%
	Total	237	100%	49	100%
Weekly compensation	Long Term	67	28%	6	12%
	Short Term	32	14%	17	35%
	Undefined	138	58%	26	53%
	Total	237	100%	49	100%

¹Source: Te Kapore Āwhina Hunga Whara / Accident Compensation Corporation, 2020. Data is of clients who have incapacity as a result of an accident they have suffered, for which a claim was lodged with ACC. Long term claims are for clients who are in receipt of Weekly Compensation entitlements for 365 days or more (note this does not include clients considered to be Serious Injury claims). Claims that receive less than 365 days of Weekly Compensation entitlement would be short term claims. ²For period 1 July 2014 - 30 June 2015. ³For period 1 July 2019 - 30 June 2020.

Number of disability-related Te Kapore Āwhina Hunga Whara / Accident Compensation Corporation clients over the last 10 years¹, by gender

	Year:	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Number	Male	128	114	109	110	127	118	97	87	78	40
	Female	51	76	58	83	110	107	87	77	38	9
	Total	179	190	167	193	237	225	184	164	116	49
Proportion	Male	72%	60%	65%	57%	54%	52%	53%	53%	67%	82%
	Female	28%	40%	35%	43%	46%	48%	47%	47%	33%	18%
	Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

¹Source: Te kapore Āwhina Hunga Whara / Accident Compensation Corporation, 2020 - for the period 1 July 2010 - 30 June 2020.

Ngā kohinga āwhina

References

Bascand, G. (2012). Planning for the future: Structural change in New Zealand's population, labour force, and productivity. Affording Our Future Conference, (pp. 15-16). Wellington.

Braveman, P., Arkin, E., Orleans, T., Proctor, D., & Plough, A. (2017). What is health equity? And what differences does a definition make? Princeton: Robert Wood Johnson Foundation.

Burdett, B. (2014). Measuring accessible journeys: a tool to enable participation. Proceedings of the Institution of Civil Engineers, <http://dx.doi.org/10.1680/muen.14.00004>.

Cosgriff, K. (2019). Correspondence with Director, Enabling Good Lives Waikato, Kate Cosgriff dated 26th July 2019. Hamilton.

Ellis, K. (2008). Disabling Diversity: The Social Construction of Disability in 1990s National Cinema. VDM Verlag.

Hickey, H., & Wilson, D. L. (2017). Whānau hauā: Reframing disability from an Indigenous perspective. Mai Journal, 6(1), 82-94. <http://www.journal.mai.ac.nz/content/wh%C4%81nau-hau%C4%81-reframingdisability-indigenous-perspective>

IHC 2019. Are We There Yet: IHC's Submission on Tomorrow's Schools Review. Wellington.

Independent Monitoring Mechanism. (2021). Te Whakatinana i ngā Tika Hauātanga i te wā o te Urutā - Making Disability Rights Real in a Pandemic. The Independent Monitoring Mechanism's report on the New Zealand Government's response to the COVID-19 emergency. January 2020. <https://www.ombudsman.parliament.nz/sites/default/files/2021-01/Making%20disability%20rights%20real%20in%20a%20pandemic%202020.pdf>

McIntosh, J., & Leah, A. (2017). Mapping housing for the disabled in New Zealand. New Zealand Medical Journal, 69-78.

Ministry of Health. (2017, August 8). Faiva Ora 2016–2021 National Pasifika Disability Plan. Retrieved from Ministry of Health: <https://www.health.govt.nz/publication/faiva-ora-2016-2021-national-pasifika-disability-plan>

Ministry of Health. (2018, April 8). Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan. Retrieved from <https://www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-maori-disability-action-plan>

Ministry of Justice. (2019). New Zealand Crime and Victims Survey Cycle 1: 2018. Retrieved from Research and Data: . <https://www.justice.govt.nz/justice-sector-policy/research-data/nzcvs/resources-and-results/>

Ministry of Social Development. (2019, March 6). Email correspondence with Lewanna Pentecost, Senior Ministerial & Executive Services Advisor, Official & Parliamentary Information. Wellington.

Neuwelt-Kearns, C., Murray, S., Russell, J., Lee, J. (2020). 'Living well'? Children with disability need far greater income support in Aotearoa. Child Poverty Action Group, September 2020

Office for Disability Issues. (2019, July 17.07.19). New Zealand Disability Strategy. Retrieved from New Zealand Disability Strategy: <https://www.odi.govt.nz/nz-disability-strategy/>

Statistics New Zealand. (2014). Disability Survey: 2013. Retrieved from http://archive.stats.govt.nz/browse_for_stats/health/disabilities/DisabilitySurvey_HOTP2013/Definitions.aspx

Statistics New Zealand. (2018). National ethnic population projections, by age and sex, 2013(base)-2038 update. Retrieved from NZ.Stat: <http://nzdotstat.stats.govt.nz/wbos/index.aspx#>

Te Hiranga Tangata - Work and income. (2019). A-Z benefits and payments. Retrieved from Te Hiranga Tangata - Work and income: <https://www.workandincome.govt.nz/products/a-z-benefits/index.html#j>

Te Kāhui Tika Tangata - Human Rights Commission. (2020). Annual Report - Pūrongo ā Tau 2019/20 NZ Human Rights. Wellington: Te Kāhui Tika Tangata - Human Rights Commission.

The Waikato Plan. (2018). The Waikato Plan - Regional Housing Initiative 2018 Housing Stocktake. Hamilton: Nifa Limited.

Waikato DHB. (2016). Healthy People Excellent Care Waikato District Health Board Strategy. Hamilton: Waikato DHB.

