



# Health Needs Assessment

## for the Central Region's District Health Boards

Disability

October 2008



Central Region's Technical Advisory Services Limited (TAS)

***Health Needs Assessment - Disability chapter only***

***for the Central Region's District Health Boards***

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This chapter is one of several contributing to the Central Region's Health Needs Assessment (HNA). The chapters included in this HNA are:

- Introduction
- Key Findings for Regional Action
- Demographic Profile of the Central Region
- Health Status of the Central Region
- Access to Services and the Utilisation of Services
- Risk and Protective Factors
- Chronic Conditions including Circulatory System Diseases, Diabetes, Renal Failure and Kidney Disease, and Respiratory Conditions
- Cancer
- Mental Health
- Child, Youth and Maternal Health
- Health of Older People
- **Disability**
- Injuries and Accidents
- Violence
- Data Quality

This chapter may be read in isolation but in order to gain a context of the Central Region, readers should in particular refer to the chapters 'Demographic Profile of the Central Region' and 'Health Status of the Central Region'.

For a summary of the findings for the region, their implications and some key areas for strategies readers should refer to the 'Key Findings for Regional Action' chapter.

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## Disability

Disability can be defined as a physical or mental impairment which substantially limits one or more major life activities. In the past people with disabilities have often been excluded from society because of their disabilities, however the New Zealand Disability Strategy was developed in 2001 as a long-term plan for changing New Zealand from a disabling to an inclusive society. Its aim is to eliminate barriers that New Zealanders with impairments face in their daily lives, wherever these barriers exist, and hence promote a more inclusive society. The strategy includes 15 government objectives covering a diverse range of issues such as education, employment, families and support services.<sup>1</sup>

Disability Services, part of the Health and Disability National Services Directorate at the Ministry of Health (MoH), is responsible for the planning and funding of disability support services. Many of these services are accessed through a Needs Assessment and Service Coordination (NASC) service. These organisations are contracted to the MoH to work with disabled people to help identify their needs and outline what disability support services are available.

<sup>1</sup> Living with Disability in New Zealand, Ministry of Health, 2001

## Key themes

The 2006 Disability Survey established that in New Zealand approximately 17% of the total population have some form of disability. This figure is substantially lower than previously reported rates of 20% in 1996 and 2001. Eighty-two percent of people with disabilities were adults living in households, 5% were adults living in residential facilities and 14% were children (<15 years) living in households. In the Central Region 15% of the total population have some form of disability with 10% being children (<15years).

In New Zealand the percentage of people with disabilities increases with age: 10% of children less than 15 years and 45% of adults aged 65 years and over have a disability – Central Region figures are similar.

An estimated 5% of children in New Zealand have special education needs (46% of children with a disability) and this is the most common disability type for children. Chronic conditions or health problems and psychiatric or psychological disabilities are the next most common disability types. Conditions or health problems that existed at birth and disease or illness are the most common causes of disability for children.

The most common types of disability in New Zealand for adults are physical and sensory disabilities. Disease or illness, and accidents or injuries are the most common causes of disability for adults. The most common type of accident or injury causing disability is one that occurred at work.

Nationally, nearly all adults living in residential care facilities report having a disability and most have multiple disabilities and high support needs.

Māori have a higher disability rate than other ethnic groups in every age group. In New Zealand nearly one third of children with disability and nearly one quarter of adults aged 15-44 years with disability are Māori - these percentages will be larger in regions with a higher proportion of Māori. Less than one percent of Māori with disability and 2% of Pacific People live in residential homes compared to 5% of all adults with disability.

In the Central Region disability support services expenditure increased from 2004 – 2006 and was stable between 2006 and 2007. The key driver behind the increase is the increase in expenditure on age related residential care (80% of total expenditure) and increases in home support (15% of total expenditure). The most commonly used support service is home support.

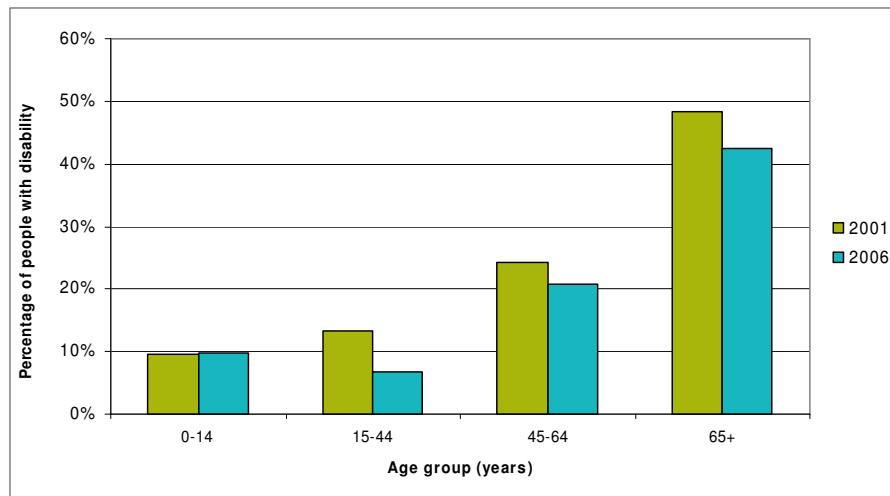
## Prevalence

The 2006 Disability Survey established that in New Zealand approximately 17% of the total population have some form of disability. This figure is substantially lower than previously reported rates of 20% in 1996 and 2001. The apparent decline is noted across all ages. This decline is thought to be due to a combination of factors relating to the way the survey was conducted, people's perceptions of disability as well as possible real changes in disability prevalence. This decline is also noted in the Central Region where approximately 15% of the total population in 2006 had some form of disability (compared with 21% in 2001).

In New Zealand 82% of people with disabilities were adults living in households, 5% were adults living in residential facilities and 14% were children (<15 years) living in households.

Data for the Central Region is only available for adults and children living in households – not residential facilities. 15% of people (128,000) living in private households in the Central Region have a disability - this is similar to the national figure of 15%.

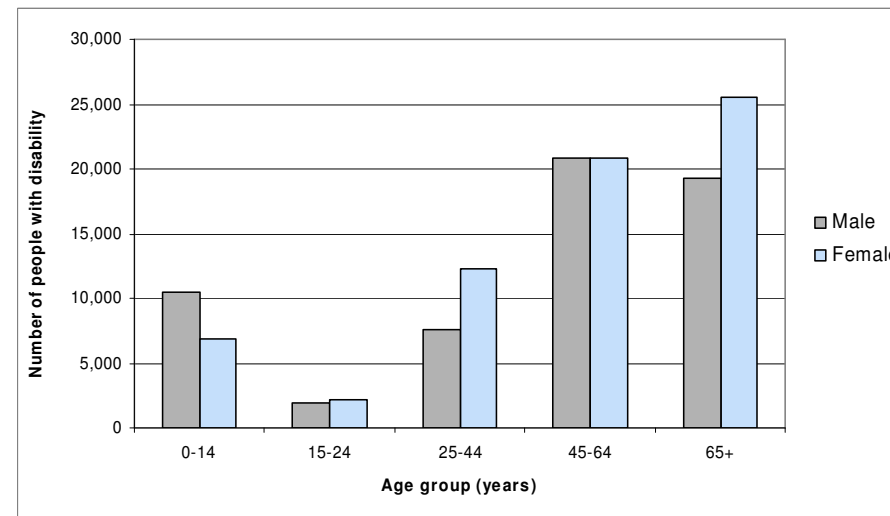
**Figure 1: Percentage of People with Disability Living in Households in Central Region, by Age Group and Year, 2001 and 2006**



Source: Statistics New Zealand, 2006 New Zealand Disability Survey. Percentage expressed as percentage of total age group population.

The percentage of people with disabilities increases with age: in New Zealand 10% of children less than 15 years and 45% of adults aged 65 years and over had a disability – Central Region figures are similar.

**Figure 2: Number of People with Disability Living in Households in Central Region, by Age and Sex, 2006**



Source: Statistics New Zealand, 2006 New Zealand Disability Survey.

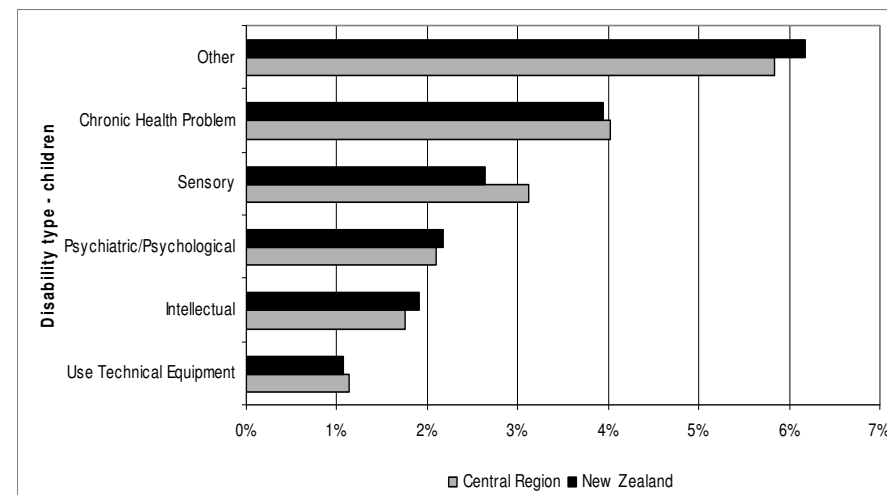
## Disability in children

The 2006 survey estimated that 17,400 children in the Central Region have a disability, giving a prevalence rate of 10%.

In the Central Region 5.8% of children (10,300) had a disability reported as ‘Other’ – this includes children with speaking disabilities or children requiring special education. In New Zealand an estimated 5% of children had special education needs (46% of children with a disability) and this was the most common disability type for children.

4% of children in the Central Region (and 4% in New Zealand) had chronic conditions or health problems such as severe asthma, cerebral palsy, diabetes or other chronic conditions. The biggest difference of 0.5% between New Zealand and the Central Region is for sensory. The Central Region has a higher prevalence (3.1%) while New Zealand has a prevalence of 2.7%. Two percent of children in the Central Region (similar to New Zealand) had psychiatric or psychological disabilities. Approximately 61% of children with disability in the Central Region reported a disability that existed since birth.

Figure 3: Disability Types for Children in the Central Region and NZ, 2006



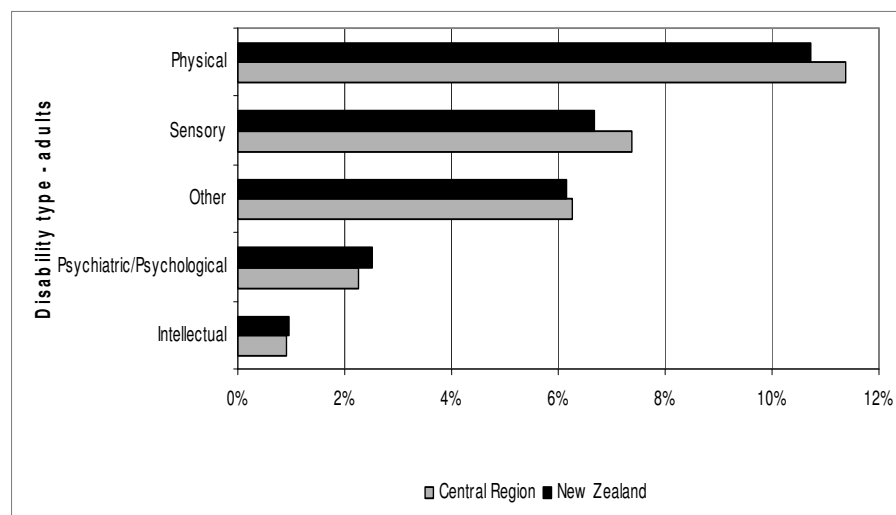
Source: Statistics New Zealand, 2006 New Zealand Disability Survey. It is important to note that one person can report more than one type of disability. Percentage expressed as percentage of total child population – 2006 census “resident population”.

Nationally just over half of children with a disability (52%) had a single disability - the remaining 48% had multiple disabilities. The majority of children with disabilities had low or medium support needs.

## Disability in adults

Nationally 12% of adults aged over 15 years had a physical disability - 11% in the Central Region - this is the most common disability type for adults, affecting two-thirds of adults with disabilities. Physical disability includes people with mobility and/or agility disabilities. The next common disability reported was sensory (7% Central Region, 7% New Zealand) and 'Other' (6% Central Region, 7% New Zealand).

Figure 4: Disability Types for Adults in the Central Region and NZ, 2006

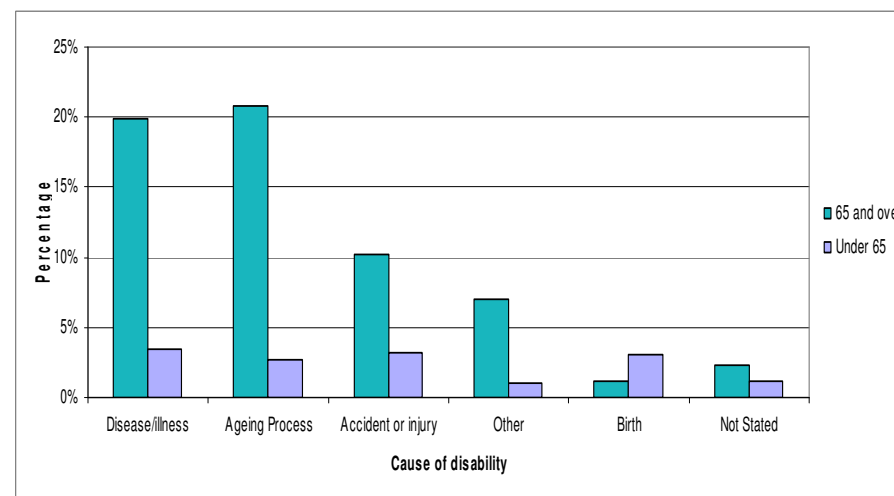


Source: Statistics New Zealand, 2006 New Zealand Disability Survey. It is important to note that one person can report more than one type of disability. Percentage expressed as percentage of total adult population – 2006 census “resident population”.

In the Central Region diseases or illnesses were the most common cause of disability for all adults, followed by accidents or injuries, and ageing (Figure 5).

The most common type of accident or injury causing disability was one that occurred at work. The most common cause of disability for adults differs by age group. Accidents or injuries are the most common cause of disability for adults aged 15-46 years. Ageing is the most common cause of disability for adults aged over 65 years.

Figure 5: Causes of Disability in Central Region, Aged under or over 65+, 2006



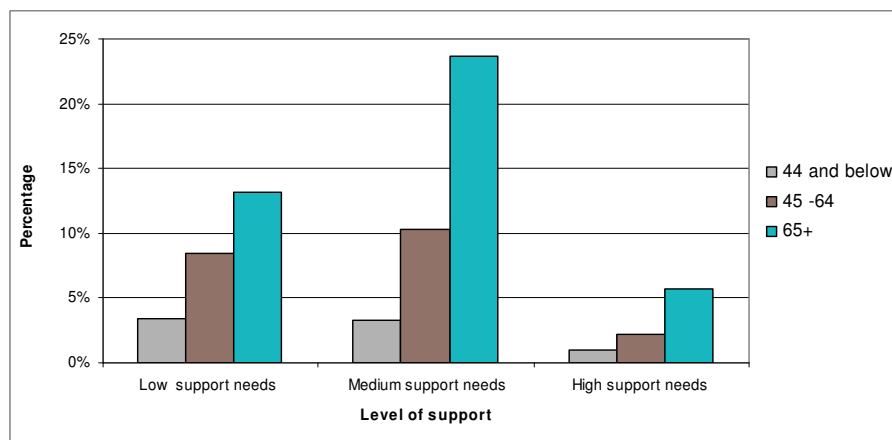
Source: Statistics New Zealand, 2006 New Zealand Disability Survey. It is important to note that one person can report more than one cause of disability. Percentage expressed as percentage of total population for age group– 2006 census “resident population”.

60% of adults in New Zealand with disabilities had multiple disabilities and 40% had a single disability, but the percentages of people with multiple disabilities increases with age e.g. 73% of adults aged 65 years and over had multiple disabilities.

## Severity of disability

In the 2006 Disability Survey severity was referred to as 'support level' – a measure of the level of support required for people with disability, based on the need for assistance and/or special equipment relating to the disability. In 2001, 'support level' was called 'severity' and had the categories 'mild', 'moderate' and 'severe'. Low support refers to people with mild limitations, medium support refers to people with moderate limitations, high support refers to people with severe limitations. Almost 8% of adults in the Central Region have mild limitations, almost the same as New Zealand which was 7%. Two percent of adults (3% in New Zealand) have a severe limitation (high support). Severity of disability increases with age.

**Figure 6: Disability Severity for All People in Private Households 2006, Central Region**



Source: Statistics New Zealand, 2006 New Zealand Disability Survey. Percentage expressed as percentage of total population for age group – 2006 census “resident population”.

## Residential care facilities

The New Zealand disability survey estimates that 99.7% of adults in residential care facilities (RCF) have a disability compared to 17.4% of adults living in households. Only 5% of disabled adults in residential care facilities were under 65 years. Most adults in RCF have high support needs and multiple disabilities. Two thirds of adults with disability in RCF lived in rest homes – the remainder were living in continuing care hospitals. 97% of adults in RCF have physical disabilities but other types of disability and sensory disabilities are common.

## Disability Support Services

Disability Support Services (DSS) are predominantly community based and delivered by private and not-for-profit providers<sup>2</sup>. The Ministry of Health funds a range of services for people with disabilities to increase their independence and participation. However it should be noted that while the figures for people with disabilities are high in New Zealand not all people are eligible to receive DSS funded by MoH, for example some people may be eligible to get support from ACC.

Data from Healthpac’s CCPS data set was used to analyse the following expenditure and service utilisation trends. CCPS holds claims data for services paid by DHBs and MoH for Disability Support Services. Coding differs among DHBs and regions hence a direct comparison cannot always be made.

<sup>2</sup> Disability Support Services report, Ministry of Health, August 2002

## Disability by ethnicity

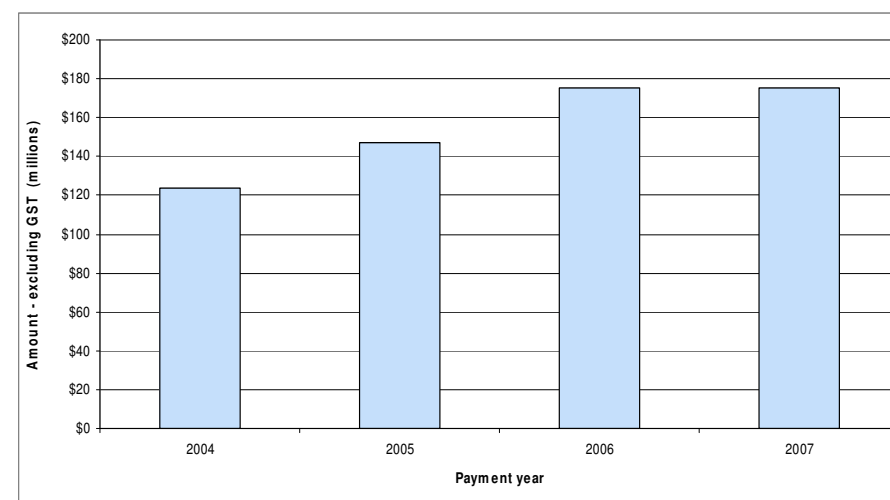
In New Zealand nearly all Māori with disability lived in households (99%) and less than 1% of Māori with disabilities lived in residential facilities. The total disability rate for Māori (17%) was higher than the disability rate for Pacific People (11%) but lower than the disability rate for Other ethnicity (18%). Māori and Pacific People have a different age structure to Other ethnicity with higher proportions of people aged less than 45 years. For this reason disability rates should be compared by age group. Māori have a higher disability rate than other ethnic groups in every age group. The higher population of young people in the Māori population means that most Māori with disability are aged less than 45 years (63%). Thirty-one percent of all children with disability are Māori. An estimated 14% of Māori children have a disability, of which the most common type is special education needs (5% of Māori children). Nineteen percent of Māori adults have a disability, two thirds of which are physical disabilities. The most common causes of disability for Māori adults were disease or illnesses followed by injury or accidents. The most common type of accidents or injuries occurred in the workplace or home, or involved motor vehicle accidents.

Nearly all Pacific People with disabilities lived in households and only 2% lived in residential facilities. Pacific People have a lower disability rate than Māori and a slightly lower rate than Other ethnicities in all age groups. 3% of Pacific children had special education needs and 3% had chronic conditions or health problems.

## DSS expenditure

Trends in the DSS expenditure for the Central Region show an increasing pattern from 2004 to 2006. Services included in this analysis are age related residential, carer support, home support, intellectual disability, other services, physical disability and respite care.

**Figure 7: Trends in DSS Expenditure in the Central Region, 2004- 2007**

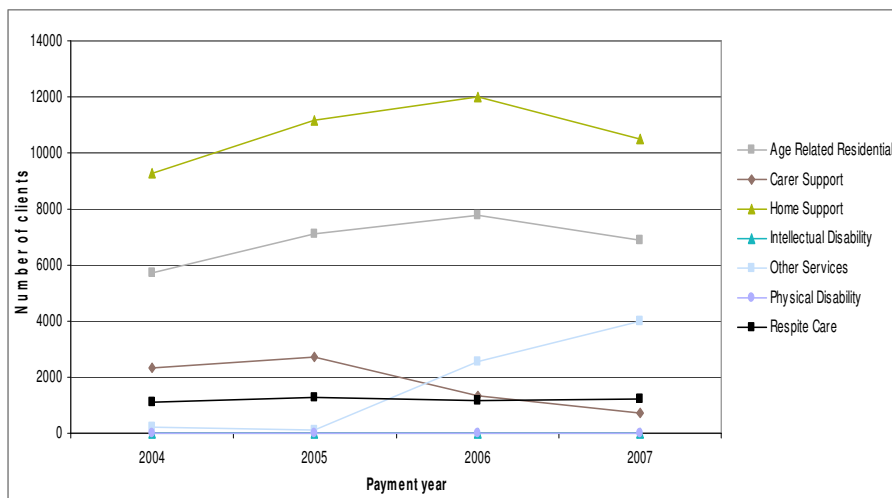


Source: CCPS data from Ministry of Health (TAS Health of Older People data cube).

The key drivers behind this increase in DSS expenditure is age related residential (approximately 80% of the expenditure each year) followed by home support (approximately 15% of the expenditure each year). This reflects a change in the demographics, for example an increasing proportion of older age groups in the population meaning older people who need more support to live

independently. Other explanations for this trend could be change in service prices and technology – improved technology means more people with complex disabilities are surviving and requiring high levels of support.

**Figure 8: Disability Support Services Clients by Service Provided for Central Region 2004 - 2007**



Source: CCPS data from Ministry of Health (TAS Health of Older People data cube).

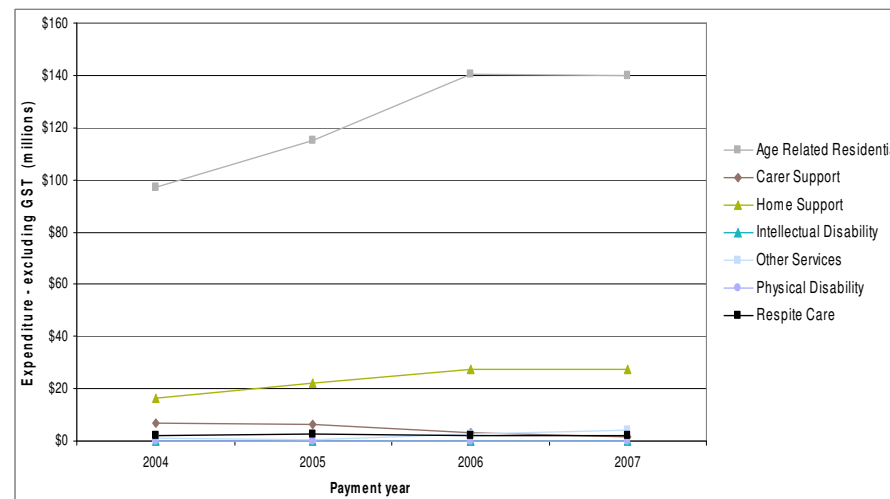
## DSS service use patterns

Home support is the most commonly used disability support service but age related residential expenditure is high and has increased substantially from 2004-2006.

Note: Other services include the following purchase units:

- AT&R Outpatient - domiciliary assessments & education sessions
- Community Support
- Supported Independent Living for Older People
- Supported Independent Living Physical Disability
- Unknown.

**Figure 9: Trends in DSS Expenditure in Central Region, 2004-2007 by Service Provided**



Source: CCPS data from Ministry of Health (TAS Health of Older People data cube).

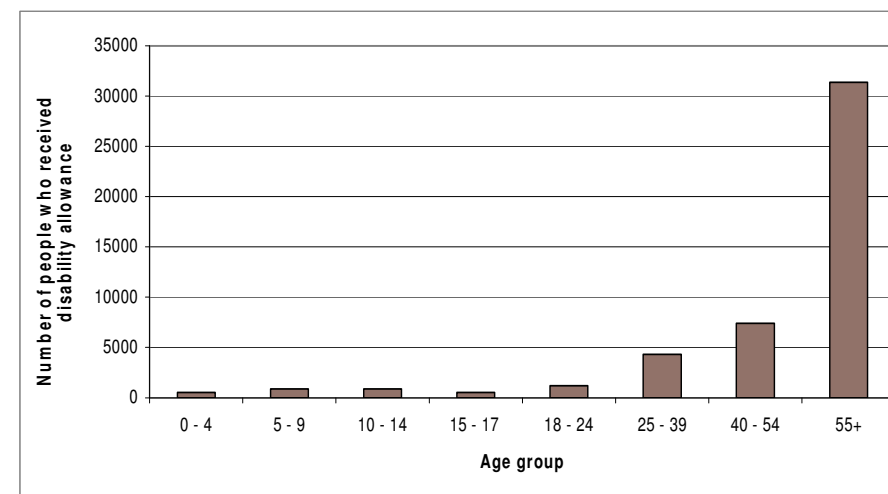
## Disability allowance and workforce

In addition to getting informal help from friends and family, people with disability can get assistance from a wide range of disability related support and health services some of which are government funded or subsidised e.g. disability allowance. The disability allowance is a Work and Income allowance that provides non taxable assistance to people who have ongoing, additional costs because of a disability. The disability allowance can cover a wide range of costs, ranging from medical and other health professional fees, through to disability transport and additional power use costs. The Government announced, in Budget 2006, that it is investing \$60 million over five years in disability allowances. This means people with physical, sensory, intellectual and psychiatric disabilities living in community residential services and receiving a residential support subsidy can now apply to Work and Income for a disability allowance. Since 1995, people living in a community residential service have generally not been seen as eligible for the disability allowance from Work and Income<sup>3</sup>.

At the end of December 2007, 47,010 people (or 5.6% of the population) received a disability allowance in the Central Region. A large proportion of these were older people age 55 and above (67%).

<sup>3</sup> Ministry of health website , <http://www.moh.govt.nz/moh.nsf/indexmh/disability-news-latest-disabilityallowance>

Figure 10: Number of Adults and Children Receiving Disability Allowance at the End of December 2007, Central Region



Source: Ministry of Social Development.

People with disabilities were less likely to be employed compared to those with no disabilities. In the Central Region the 2006 survey revealed that a large proportion of people with disabilities were not in the labour force (52%), compared to 19% of those with no disabilities. Being in the labour force means one is 'employed' or 'unemployed and actively looking for work'. Thirty percent of people with disabilities were employed in contrast to 73% of those with no disabilities for the Central Region.

**Notes for disability allowance data:**

- The Capital & Coast District Health Board region is defined as covering the catchment of the following Work and Income service centres: Johnsonville, Kapiti, Kilbirnie, Newtown, Porirua, Wellington, Wellington City, Wellington East, Wellington North and Wellington Super.
- The Hawke's Bay District Health Board region is defined as covering the catchment of the following Work and Income service centres: Flaxmere, Hastings East, Hastings West, Napier, Napier South, Taradale, Waipukurau and Wairoa.
- The Hutt Valley District Health Board region is defined as covering the catchment of the following Work and Income service centres: Lower Hutt, Naenae, Upper Hutt and Wainuiomata.
- The MidCentral District Health Board region is defined as covering the catchment of the following Work and Income service centres: Dannevirke, Feilding, Foxton, Horowhenua, Otaki, Palmerston North, Palmerston North Terrace End.
- The Wairarapa District Health Board region is defined as covering the catchment of the following Work and Income service centres: Masterton.
- The Whanganui District Health Board region is defined as covering the catchment of the following Work and Income service centres: Marton, Taihape and Wanganui.