From Data to Dignity 2026

Health and wellbeing indicators for New Zealanders with intellectual disability

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Cover image:
Lachlan Thomson
Tropical Garden
Art Awards Entrant 2025

Above:
Michelle Brown
Happy Flowers
Art Awards Entrant 2025

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Disclaimer

Access to the data used in this study was provided by Stats NZ under conditions designed to give effect to the security and confidentiality provisions of the Data and Statistics Act 2022. The results presented in this study are the work of the author, not Stats NZ or individual data suppliers.

These results are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure (IDI) which is carefully managed by Stats NZ. For more information about the IDI please visit https://www.stats.govt.nz/integrated-data/.

The results are based in part on tax data supplied by Inland Revenue to Stats NZ under the Tax Administration Act 1994 for statistical purposes. Any discussion of data limitations or weaknesses is in the context of using the IDI for statistical purposes, and is not related to the data's ability to support Inland Revenue's core operational requirements.

Acknowledgements

This report was commissioned and funded by IHC New Zealand. IHC advocates for the rights, inclusion and welfare of all people with intellectual disabilities and supports them to live satisfying lives in the community.

The authors are also thankful for the valuable input of Shara Turner, Tania Thomas, David Corner and others from IHC New Zealand, as well as the thoughtful reviews from Dr Nic McKenzie and Anita Nicholls, committee members of the Aotearoa-New Zealand division of the Australasian Society for Intellectual Disability (ASID) and Craig Wright, Data Scientist at the Social Investment Agency and author of the 2011 Ministry of Health report for Health Indicators for New Zealanders with Intellectual Disability.

All the art in this report was created by intellectually disabled artists. The art was selected by the authors from over 500 entries into the IHC Art Awards in 2025. The authors were inspired by the complexity and diversity of the art created by the talented artists and thought it was critical to show what intellectually disabled people are capable of when they are well supported and included. The authors are very grateful to the artists for their contribution to the report.

Foreword

Andrew Crisp, Chief Executive, IHC New Zealand

It is a privilege to introduce my first *From Data to Dignity* report as Chief Executive of IHC. When this work began, our purpose was clear: Aotearoa New Zealand has world-leading statistical tools, and we believed these tools could shine a light on the experiences of a population far too often overlooked: New Zealanders with intellectual disability. The original report revealed both the scale of unmet need and the possibilities for achieving a good life when people receive the support they deserve.

Drawing on data from the 2023 Census and Disability Survey, alongside a range of administrative data sources in the Integrated Data Infrastructure, the report provides one of the clearest and most comprehensive pictures to date of the lives of people with intellectual disability in Aotearoa New Zealand.

The findings show that since 2018, change has been uneven and often negative. Life expectancy has fallen for Māori women with an intellectual disability, and there is little evidence that the life-expectancy gap for New Zealanders with intellectual disability is closing. Students with intellectual disability remain less engaged in the education system. While housing quality has improved, people with intellectual disability are still significantly over-represented on social housing waitlists.

What is clear from this update is that progress is far too slow. Yet I am still optimistic about what can be achieved when we focus our collective energy on change. This report is a reminder and a prompt to ensure that people with intellectual disability are included in our national conversation. By doing so, we can build a kinder, fairer Aotearoa New Zealand where everyone has the chance to live a meaningful and connected life.

I hope this update offers clear insight into what life is really like for people with intellectual disability in New Zealand today and leads to informed change. These findings point to where progress is most urgently needed. I look forward to our collective efforts to deliver meaningful, lasting improvement.

Executive summary

This report provides an updated and comprehensive picture of the lives of New Zealanders with intellectual disabilities, building on the foundational work of *From Data to Dignity* (Beltran-Castillon & McLeod, 2023). Using updated data from Stats NZ's Integrated Data Infrastructure (IDI), it presents 38 outcome indicators across key domains of wellbeing, comparing outcomes between people with and without intellectual disabilities and tracking changes over time from 2018 to 2023.

The indicators span health, education, employment, income, housing, social connectedness, and safety, and are structured around the Treasury's Living Standards Framework. This update was developed in partnership with IHC and guided by principles of inclusion, accessibility, and benefit to the intellectually disabled community. Wherever possible, findings are broken down by gender, age, and ethnicity to reveal disparities within the population.

Key Findings

Health

The life expectancy for people with intellectual disability is considerably lower than for the population without intellectual disability. The intellectually disabled life expectancy figures for 2022 to 2024 are slightly higher than those for 2017 to 2019, consistent with trends of increasing life expectancy over time. Overall, there is little evidence that the gap in life expectancy between people with and without intellectual disability is closing.

Health system use

People with intellectual disability continue to have higher rates of being enrolled in a primary health organisation than the general population. However, fewer people with intellectual disability had a recent visit to the GP in 2023 than in 2018, following the general population trend.

The average number of different pharmaceuticals dispensed per person per year has increased at a similar rate for both people with and without intellectual disability. As a result, the gap between the two groups remains consistent.

Chronic health

In the general population there has been an increase in prevalence of some common chronic health conditions like Chronic Obstructive Pulmonary Disease (COPD) and diabetes from 2018 to 2023, a trend that is also present within the intellectually disabled population. People with intellectual disability are still considerably more likely to receive COPD or diabetes care or treatment than people without intellectual disability.

Mental health

People with intellectual disability are still much more likely to be treated for mood disorders or psychotic disorders than people without intellectual disability in 2023. In 2023, even though the relative difference has slightly reduced from 2018, people with intellectual disability are more than 13 times more likely to receive care for a psychotic disorder.

In New Zealand, dementia rates are rising in the general population, with an even faster increase among people with intellectual disabilities. This has widened the dementia rate gap in both absolute and relative terms. Adults with intellectual disabilities are now nearly four times more likely to be diagnosed with dementia.

Oral health

From 2018 to 2023, hospital dental treatment rates remained stable for people without intellectual disability but rose among those with intellectual disability, particularly among females and individuals identifying as Māori or Pacific. This growing disparity may reflect poorer oral health, reduced access to preventative care, or barriers to community services; alternatively, it could signal improved referral pathways and access to hospital-based dental care.

Emergencies, injuries and avoidable hospitalisations

People with intellectual disabilities continue to be more than two and a half times as likely to visit the emergency department and more than twice as likely to receive public hospital treatment for injuries than the general population.

In the general population, gender differences in emergency department use are minimal, and females without intellectual disability tend to have lower injury rates than males. However, among people with intellectual disabilities, females have notably higher rates than males for both emergency visits and injury-related hospital treatment. This pattern highlights potential gaps in preventive care and suggests a specific unmet health need among women with intellectual disability.

Despite the higher rates of emergency department visits and hospital treatment for injury, people with intellectual disability have fewer ACC claims than people without intellectual disability, possibly indicating the existence of barriers to entitlement or system navigation.

The 2018 and 2023 age-adjusted rates show that there has been a slight increase in potentially avoidable hospitalisations overall but the patterns are mostly unchanged, with people with intellectual disability experiencing higher rates for all gender and ethnic groups. The largest relative difference between rates of people with and without intellectual disability are observed in females.

Smoking

From 2018 to 2023, cigarette smoking prevalence in Aotearoa declined among people both with and without intellectual disabilities. However, the rate of decline was not equal.

People with intellectual disability were more likely to smoke in 2018, and their rate of cessation has been lower than that of the general population. As a result, both absolute and relative differences in smoking prevalence between the two groups have widened.

Knowledge and skills

School engagement

School non-enrolment and chronic absenteeism have increased for students both with and without intellectual disabilities, with rates remaining higher among those with intellectual disability. This concerning trend may reflect barriers to education, including health challenges, lack of support, or systemic inequities.

Students with intellectual disabilities are almost twice as likely to be stood down from school and three times as likely to be suspended compared to their non-disabled peers. Regardless of disability status, male students' stand-down and suspension rates are consistently higher than for females. Male intellectually disabled students are more likely to move schools frequently compared to female intellectually disabled students.

Attainment

People with intellectual disability are more than 5 time as likely to not hold any qualifications as people without an intellectual disability. From 2018 to 2023, the percentage of adults who do not hold any qualifications has decreased slightly but unfortunately it has increased for 18- to 24-year-old intellectually disabled people. It is pleasing to see that the percentage of adults with at least a NCEA level 2 qualification or equivalent has increased from 2018 to 2023 for people with and without intellectual disability and the difference in rates between the two populations, although still considerable, shows a slight decrease.

In terms of life skills, the percentage of people with intellectual disability holding a driver licence has increased which has resulted in a decrease in the relative difference in rates between people with and without intellectual disability. The data shows a significant gender disparity in driver licence rates, with intellectually disabled females being much less likely to hold a licence than intellectually disabled males.

Work, care and volunteering

Intellectually disabled children are much more likely to have at least one parent who is not in full-time employment and much less likely to have all parents in employment. This illustrates the different choices parents of intellectually disabled children must make to fulfil their caregiving responsibilities.

Employment participation has increased slightly from 2018 to 2023 for the general adult population, and it is positive to see that the increase is mirrored in the intellectually disabled adult population. However, the increase was smaller for people with intellectual disability, and the employment gap between the two populations remains substantial.

Young people with intellectual disabilities are more than three times as likely to be NEET (not in employment, education, or training) compared to those without intellectual disabilities. NEET rates are higher for females than males in both populations.

Mirroring the rise in paid employment, volunteering and caring rates have declined in both groups over this period. However, adults with intellectual disability remain significantly less likely to engage in unpaid work. While volunteering offers meaningful opportunities for connection and contribution, people with intellectual disability, despite lower rates of paid employment, also volunteer less than their non-disabled peers. This suggests additional barriers to participation, such as inaccessible opportunities or limiting societal attitudes.

Income, consumption and wealth

Although average personal income for adults and average household equivalised disposable income for children increased between 2018 and 2023, the gap in income between people with and without intellectual disability persists. However, living costs have also increased in this period and the lived experience may not be one where families feel wealthier in any way. Intellectually disabled people access income support subsidies at a higher rate than non-intellectually disabled and both children and adults with intellectual disability continue to be more likely to live in the most deprived areas in New Zealand and not have access to internet.

Housing

People with intellectual disability move houses more often, are more likely to live in a mouldy and damp home, and are more likely to live in crowded homes than those without intellectual disability. But from 2018 to 2023 the quality of housing has improved in New Zealand overall and this improvement was more pronounced for people with intellectual disability, narrowing the disparity between those with and without intellectual disability. Despite the improvement, children with intellectual disability have particularly high rates living in of mouldy or damp homes, and disparities between intellectually disabled and non-intellectually disabled are especially wide for older age groups, albeit to a lesser degree than in 2018.

Family and Friends

New Zealand, as a signatory to the UN Convention, must ensure that people with disabilities have equal rights to marry, start a family, live independently, and make personal decisions about their relationships and living arrangements without discrimination. However, among adults aged 18 to 34, those with intellectual disability are significantly more likely to live with their birth parents compared to those without, to never get married or have children. Nevertheless, the percentage of intellectually disabled who are married or in a civil union and those with children have had a slight increase from 2018 to 2023.

Safety

As of 2023, a significant disparity in crime victimisation rates between people with and without intellectual disability remains. While convictions and imprisonment rates declined for both groups between 2018 and 2023, the relative gap between them has moderately widened.

The percentage of children who had been placed in care by Oranga Tamariki dropped between 2018 and 2023 for children with and without intellectual disability, but children with intellectual disability are still more than seven times more likely to have been placed in care by Oranga Tamariki than children without intellectual disability.

Parents with intellectual disability were over 16 times more likely to have had a child placed in care than those without an intellectual disability – this is the same as in 2018.

Living arrangements

Many adults with intellectual disabilities live in residential care or supported living environments. They tend to be older and are more likely to be of European ethnicity compared to those living independently or with family. On average, people with intellectual disability living in residential care experience better living conditions. They are less likely to reside in highly deprived areas, live in damp or overcrowded homes, and are more likely to have internet access. Rates of chronic illness are slightly lower in residential settings, and smoking rates are significantly reduced. However, mental health outcomes are generally poorer, with higher rates of treatment and pharmaceutical use, suggesting greater mental health needs or more intensive management.

Variation of results

For most measures, differences in outcomes between gender and ethnic groups among the intellectually disabled reflect those seen in the general population. However, individuals with intellectual disabilities within some groups face compounded disadvantage. In some cases, specific intellectually disabled subpopulation groups exhibit distinct outcome patterns, highlighting either a particular vulnerability or a form of resilience.

Gender

Females are dispensed a greater number of different pharmaceutical types each year than males. Polypharmacy can be an indication of the presence of complex health conditions, and can be beneficial or harmful depending on the appropriateness or otherwise of the prescribing.

While gender differences in emergency department use are minimal in the general population, females with intellectual disabilities have notably higher rates than males highlighting potential gaps in preventive care for this population.

Females without intellectual disability had lower injury rates than males, while the opposite was true for women with intellectual disability. This continues to highlight a specific and unmet preventative health need among women with intellectual disability.

The data shows a significant gender disparity in driver licence rates, with females with intellectual disabilities being much less likely to drive.

Intellectually disabled males are less likely than females to visit the GP and having an intellectual disability increased the likelihood of having a consultation for both genders.

Stand-down and suspension rates are consistently higher for male students than for females, regardless of intellectual disability status. While students with intellectual disability have higher rates overall compared to those without, the gap is largest among male students, indicating that boys with intellectual disability face particularly elevated rates of disciplinary action.

Male intellectually disabled students are more likely to move schools frequently compared to female intellectually disabled students.

Males with intellectual disability are more likely than females to have criminal convictions, and they also have a higher rate of imprisonment.

Ethnicity

Māori with intellectual disability have the highest chronic obstructive pulmonary disease rates among all ethnic groups, a common lung disease causing restricted airflow and breathing problems.

In contrast with care for mood disorders, intellectually disabled people of European ethnicity had the lowest age-adjusted rate of psychotic disorder treatment of all ethnic groups. This is consistent with national and international research suggesting overuse of antipsychotic medication among ethnic minority groups, although there is not much research looking specifically at how ethnicity changes the use of antipsychotic medication for the intellectually disabled population.

School engagement statistics are lower for Māori than other ethnic groups and intellectually disabled Māori learners experience particular vulnerability, but Māori adults (alongside Asian adults) with intellectual disabilities have the highest rates of NCEA Level 2 qualification attainment of all ethnic groups.

Māori children and adults with intellectual disability remain among the most disadvantaged, experiencing the lowest average household equivalised disposable incomes across all subgroups, while intellectually disabled of Pacific ethnicity are the most

likely to live in the most deprived areas of New Zealand and to experience household crowding.

The Pacific subpopulation shows the highest prevalence of diabetes with almost no difference between people with and without intellectual disability.

The highest relative difference between people with and without intellectual disability in mood disorders is seen in people of Asian ethnicity.

The highest relative difference between children with and without intellectual disability in placement in care is seen in people of Asian ethnicity.

The possibilities

While the findings overwhelmingly show disadvantage, they also offer evidence of what is possible. The data includes individuals with intellectual disability who:

- Complete school and attain qualifications
- Are employed and contributing to their communities
- Live in stable housing and supportive family environments
- Have strong social connections and low involvement with justice or care systems

These outcomes are not rare anomalies—they reflect what can be achieved when individuals have access to the right supports, environments, and opportunities.

The variation in outcomes across individuals and population groups highlights that intellectual disability does not inherently determine poor wellbeing. Rather, the disparities reflect how society is structured, how services are delivered, and whether people are included, valued, and supported.

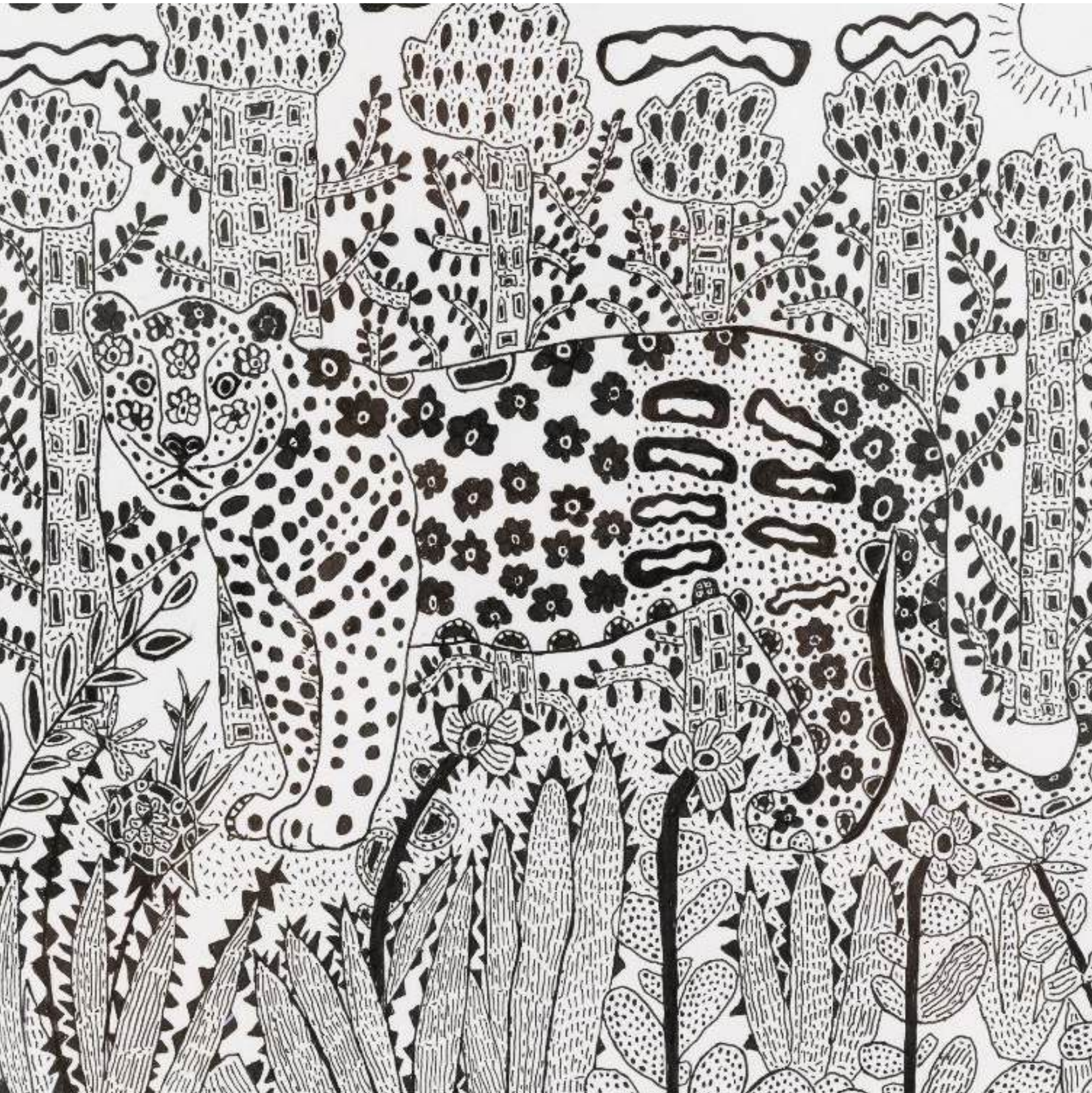
Conclusion

The report presents a complex picture of structural inequity and unmet potential. It is clear that the systems and supports in place are not working equally for all people. A whole-of-society effort is needed, one that recognises intersecting disadvantages, centres the voices of people with intellectual disabilities, and focuses on removing systemic barriers to participation and wellbeing.

By using data to illuminate both the challenges and the possibilities, this report aims to contribute to a more inclusive Aotearoa where intellectually disabled people can thrive.

For more detailed interactive results visit the web application that accompanies this report at - https://ihcnewzealand.shinyapps.io/IDI_report/

Julian Godfery
The Jaguar
IHC Art Awards Entrant 2025



Introduction

In December 2023, IHC published *From Data to Dignity: Health and Wellbeing Indicators for New Zealanders with Intellectual Disability* (Beltran-Castillon & McLeod, 2023), a comprehensive report on the wellbeing of intellectually disabled people in New Zealand.

The outcome indicators in *From Data to Dignity* were generated using data from Stats NZ's Integrated Data Infrastructure (IDI). The ongoing collection of data in the IDI opened up the opportunity for the indicators to be updated periodically, allowing us to monitor changes through time. Since the analysis uses data from the New Zealand Census of Population and Dwellings for some of the indicators, the five-yearly Census cycle provides a natural update timeframe. While *From Data to Dignity* reported 2018 findings, this report updates the indicators to 2023.

1.1 Aim of this report

This report provides an up-to-date picture of the lives of people with intellectual disabilities in Aotearoa by presenting a range of outcome indicators for both disabled and non-disabled populations. It brings together key information to help build a clearer understanding of the wellbeing of people with intellectual disabilities. While this type of monitoring report does not offer definitive answers, it highlights many of the challenges faced by this community and serves as a foundation for further research.

The indicators offer current evidence to support advocacy and policy development. Whereas the previous report established a baseline, this report allows for tracking changes over time. The overall aim is to support improved outcomes and greater inclusion for people with intellectual disabilities in the future.

The report broadly uses the same methods and follows the same structure as the 2018 report to aid comparability. Any differences in methods or data are explained throughout the report. The current report has updated almost all indicators in the previous report and added a few new ones. The new indicators were identified as the current set was being used for advocacy.

In this report, we use both identity-first language ("intellectually disabled people") and person-first language ("people with intellectual disability") interchangeably. This decision was made following discussion with IHC and reflects the diversity of preferences within the intellectually disabled community in New Zealand and internationally. People First New Zealand, the national Disabled People's Organisation (DPO) representing people with intellectual disability under the UNCRPD, uses person-first language itself, consistent with the position taken by the global People First movement since its first conference in Oregon in 1974 (Wehmeyer, Bersani, & Gagne, 2000). However, research and community perspectives show that language preferences vary, with some people favouring identity-first language as an expression of disability identity, and others preferring person-first

language. Factors influencing this choice include the strength of disability identity (Gernsbacher, 2017) and the social context of intellectual disability, which historically has been among the most stigmatised disabilities (Tringo, 1970) (Thomas, 2000). By using both forms, we acknowledge and respect this range of preferences, while maintaining consistency in describing other groups - for example, using terms such as "other adult New Zealanders" or "other children" when making comparisons. We are explicit about these choices so that readers understand our approach and the reasoning behind the words we use.

Project Kaupapa

This project was guided by key principles:

- **Inclusion** – The project was developed with IHC's guidance, ensuring strong input from people with intellectual disabilities from the start. It was reviewed by technical experts, subject experts, and members of the intellectually disabled community. The analytical team are also carers within the disabled community.
- **Benefit** – The project aims to help track and improve outcomes for people with intellectual disabilities. Every indicator was chosen with the benefit to this community in mind.
- **Minimising burden** – No new data was collected, so the project placed no extra burden on the intellectually disabled community.
- **Privacy and confidentiality** – The project used IDI data under Stats NZ's 'Five Safes' framework:
    - *Safe people* – Only trained, approved researchers can access data.
    - *Safe projects* – Projects must be in the public interest.
    - *Safe settings* – Data is stored and accessed securely.
    - *Safe data* – All identifying details are removed.
    - *Safe outputs* – Results are checked to ensure no one can be identified.
- **Accessibility** – The report includes a non-technical summary and an easy-read version to make findings accessible. An interactive online tool lets users explore the data. Code and datasets are available in the IDI for approved researchers.
- **Recognition of tangata whenua** – Previous research showed Māori have higher rates of intellectual disability, so this study includes Māori-specific indicators when data allows. IHC's Māori Director of Advocacy guided the project.
- **Efficiency and value** – The team worked collaboratively, using existing tools and knowledge to save time and resources. The work is designed to be easily updated in future, with code and documentation shared for reuse.

1.2 Summary of Research Methodology

This study looks at the lives of people with intellectual disabilities in Aotearoa New Zealand, using data from Integrated Data Infrastructure (IDI) as at June 2023. This section describes how we did it. A detailed outline of the methodology report can be found in Appendix 1.

1.2.1 Who was included in the study?

We based the study on the Administrative Population Census (APC) as at June 2018 and 2023. The APC is a dataset in the IDI that contains census-type information derived from different government agencies to represent the New Zealand population. These years were chosen because they line up with the national Census, allowing us to use a combination of Census and other government data. Most people are in both the APC and the Census, but not everyone. We chose to use the APC as the basis for our population because it gives the best coverage for the majority of indicators which come from administrative sources.

1.2.2 How were people with intellectual disabilities identified?

There is no single record that tells us who has an intellectual disability, so we used many different data sources. These include hospital records, disability support services, education, social services, and more. A person was counted as having an intellectual disability if a diagnosis was recorded by a health professional in any of these sources.

This method works best for identifying people with more serious needs, who are more likely to have contact with health, education, or support services. People with mild intellectual disabilities who are in good health may be undercounted because they don't always show up in these records.

1.2.3 How was the true number of people with intellectual disabilities estimated?

We know that some people with intellectual disabilities do not appear in any of the data sources. To estimate the total size of the intellectually disabled population, including those we can't identify in our report, we used a method called capture-recapture. It works a bit like wildlife tracking, by looking at how many people appear in multiple sources, we can estimate how many are likely missing altogether.

Despite the large number of data sources we use, it is still likely that we have missed people, especially those with mild intellectual disability, so our results may underestimate the true number.

1.2.4 What outcomes were measured?

We looked at 38 different indicators to understand different areas of life for people with intellectual disabilities – such as health, education, work, income, housing, safety, and social connections. These indicators were grouped under broad wellbeing categories based on the 2021 Treasury's Living Standards Framework[1] as it provides a clear and evidence-based structure for assessing wellbeing across multiple domains.

While this framework helps capture what matters to people in general, some areas that are especially important to people with intellectual disabilities, like accessibility, choice, and self-determination, are harder to measure with the available data.

1.2.5 Why are the 2018 results a bit different?

In this report, we've updated the 2018 results from *From Data to Dignity* using the most recent data available in the IDI. Some of the current 2018 figures differ slightly from those published in the earlier report. This is because the group of people identified as having an intellectual disability has changed: some individuals have been excluded, while others have been added.

The previous report, published several years after 2018, included people diagnosed with an intellectual disability up to 2022. Now, we can identify even more individuals, as we have diagnostic data up to the end of 2024, six and a half years after our focus point of June 2018.

However, for 2023 data, we only have diagnostic data up to about 18 months after June 2023. That means the 2023 group isn't directly comparable to the more complete 2018 group. To make a fair comparison over time, we adjusted the 2018 population to only include people diagnosed by the end of 2019, 18 months after June 2018.

One downside of this approach is that it leaves out many children who were diagnosed later, as intellectual disabilities are often not identified until school age.

[1] https://www.treasury.govt.nz/information-and-services/nz-economy/higher-living-standards/our-living-standards-framework

How to read the results

In this report, we show results in two ways:

- Unadjusted percentages and rates – These show the actual numbers in the population.
- Age-standardised rates (ASRs) – These adjust the numbers so we can fairly compare groups with different age makeups. This is important because people with intellectual disabilities often have a different age profile than the general population.

What do ASRs mean?

ASRs are used to compare groups fairly by removing the effects of age. For this report, ASRs are based on New Zealand's estimated population on 30 June 2023, broken into five-year age bands.

Understanding Rate Ratios

We also show rate ratios to highlight differences between people with and without intellectual disabilities. A rate ratio is calculated by dividing the ASR of people with intellectual disability by the ASR of people without intellectual disability.

How to read it:

- More than 1 = higher rate for people with intellectual disability
- Less than 1 = lower rate for people with intellectual disability
- Example: A rate ratio of 2 means the outcome is twice as common for people with intellectual disability. A ratio of 0.5 means it's half as common.

Breakdowns by population group

We focus mainly on four large ethnic groups (European, Māori, Pacific, and Asian) because these groups are big enough to give reliable results. Results for MELAA (Middle Eastern, Latin American, and African) and 'Other' ethnicities are also included, but should be treated with caution due to smaller numbers.

Rounding and confidentiality

- Most percentages and rates are rounded to one decimal place.
- Small numbers may be rounded to two decimal places.
- Counts are rounded to the nearest multiple of 3 to protect privacy, following Stats NZ rules. Because of this, numbers might not always add up exactly to totals shown.
- If a count is less than 6, we don't report it at all.

Confidence intervals

In the appendix, we include confidence intervals for ASRs, which show how reliable the

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Afternoon Delight
IHC Art Awards Entrant 2025

2 Prevalence and demographic profile of intellectual disability

This section shows how common intellectual disability is in the population. It also compares the characteristics of people who were identified as having an intellectual disability with those who were not. We contrast figures from 2023 and 2018 and compare them to findings from other published reports. This helps give context for understanding the results in the next sections.

2.1 Prevalence of intellectual disability

Global estimates of the prevalence of intellectual disability typically range from 1 percent to 3 percent, depending on the definitions and diagnostic criteria used. A 2011 meta-analysis (Maulik, Mascarenhas, Mathers, Dua, & Shekhar, 2011) estimated a pooled global prevalence of around 1%, though individual studies reported rates across the 1–3 percent spectrum. A 2016 systematic review (McKenzie, Milton, Smith, & Ouellette-Kuntz, 2016) highlighted similar variability and emphasized challenges in data consistency. The 2019 Global Burden of Disease study (Nair, et al., 2022) estimates the global prevalence of intellectual disability at approximately 0.5 percent to 1 percent depending on region and severity.

Estimates of intellectual disability prevalence can differ significantly depending on the data source. International literature consistently finds that administrative data, such as health or disability service records, tends to underrepresent true prevalence, particularly among individuals with mild intellectual disability or those not engaged with formal services (Emerson E. , et al., 2012) (McKenzie, Milton, Smith, & Ouellette-Kuntz, 2016). In contrast, population-based surveys often yield higher estimates, though their accuracy depends on question wording and respondent understanding.

In New Zealand, the official disability estimates come from the Stats NZ Disability Survey. The 2023 survey reported an intellectual disability prevalence of 0.7 percent[2]. Stats NZ (Stats NZ, 2025) notes that the 2023 estimates are not comparable to previous surveys due to major changes in how disabled people were identified. The 2023 survey used a

[2] The estimated prevalence for the 2023 Disability Survey was only reported to zero decimal places and was published to be 1%. The authors calculations from published figures estimates the prevalence to be 0.7 at one decimal place.

higher threshold, excluding people with lower levels of difficulty, which led to lower prevalence estimates compared to previous surveys.

This study worked with a total population of 5,086,062 people. Using administrative data sources, we identified that 39,276 people (0.8 percent) are intellectually disabled.

As discussed before, this number is likely an underestimate, because people are only identified as having an intellectual disability if they've had contact with a government service (like health, education, or support services) and received a diagnosis.

To estimate how many people might have been missed, we used a method called capture-recapture analysis. This suggests there are about 10,686 additional people with an intellectual disability who were not identified in the data. This brings the total estimated number to 49,962 people (1.0%). For further explanation of the capture-recapture method see Appendix 1.

Table 1 compares prevalence estimates from different sources and for different cohorts.

Table 1 – Estimates of the prevalence of intellectual disability in New Zealand by source

Source	Population cohort	Follow-up period (*)	Estimated prevalence (n)	Estimated prevalence (%)
Disability survey, 2006	2006	N/A	50,600	1.3
NZ Household Disability survey, 2013	2013	N/A	89,000	2.0 (**)
NZ Household Disability survey, 2023	2023	N/A	35,000	0.7 (**)
Health Indicators for New Zealanders with Intellectual Disability (2011) – adjusted using capture-recapture estimation	2008	3 years	46,664	1.1
From Data to Dignity – adjusted using capture-recapture estimation (2023)	2018	4 ½ years	47,055	1.0
Current study – 2018 update rate and adjusted using capture-recapture	2018	6 ½ years	51,100	1.1
Current study – 2018 update rate and adjusted using capture-recapture	2018	18 months	47,055	1.0
Current study – adjusted using capture-recapture estimation (2023)	2023	18 months	49,962	1.0

(*) Number of years from the cohort year that the administrative data was analysed. It shows the number of years that the youngest in the population have had to get an intellectual disability diagnosis, or the minimum number of years that everybody in the population has had to get a diagnosis.
(**) Based on authors calculations from Stats NZ published figures.

2.1.1 Interpreting trends

The intellectual disability prevalence estimates from the different years of the NZ Disability Survey differ because the way disabled people were identified in the survey changed between survey years (Stats NZ, 2025). Therefore, the difference in results from 2006 to 2023 cannot be interpreted as representing the actual trend in the prevalence of intellectual disability.

Intellectual disability prevalence from administrative data has been estimated using the same definition across time, but to make meaningful comparisons it is also important to ensure that the individuals in different cohorts have had the same opportunity to receive a

diagnosis. Using administrative data from 2025 for both cohorts (2018 and 2023) introduces bias, as all individuals from the 2018 cohort would have had at least six and a half years to be diagnosed, while some from 2023 would have had only 18 months. This unequal follow-up period could make it appear that prevalence was higher in 2018 simply because there was more time for diagnoses to be recorded. To ensure comparability, administrative data should be censored at the same relative point (for example, using data up to 2020 for the 2018 cohort and up to 2025 for the 2023 cohort) so that both groups are observed over a consistent time window. This is illustrated in Table 1. We include 2018 results for both identification periods in the tables in Appendix 5.

The comparable intellectual disability prevalence estimates for 2023 and 2010 are both 1%, so there is no evidence to suggest there has been a change in the prevalence of intellectual disability in these 5 years.

For the rest of the report:

- We report only on the people identified in the data as having an intellectual disability without adding the undercount. This is because we don't know enough about the people who are missed.
- When comparing 2018 to 2023 findings, we use 2018 outcome results with the same follow-up period as the 2023 data so we can draw meaningful conclusions.

2.2 Demographic profile of intellectual disability

2.2.1 Age profile

Understanding the age distribution of people with intellectual disability in New Zealand is important for effective planning and delivery of services across the life course. Internationally, prevalence is typically higher among children and young adults (Nair, et al., 2022). This decline in prevalence with age is thought to result from a combination of factors, including shorter life expectancy among people with intellectual disability and the under-diagnosis or misclassification of the condition in older adults.

Figure 1 shows the age distribution of the population with and without intellectual disability in New Zealand in 2023, using diagnostic data up to the end of December 2024, a follow-up period of 18 months. As is seen internationally, the New Zealand population identified with an intellectual disability is younger than the rest of the population. The very low number of children under 5, and relatively low under 10 shows that it takes time for diagnosis to occur and to be visible in the administrative data.

Figure 1 - Percentage of people with and without intellectual disability, 2023 (data up to Dec 2024)

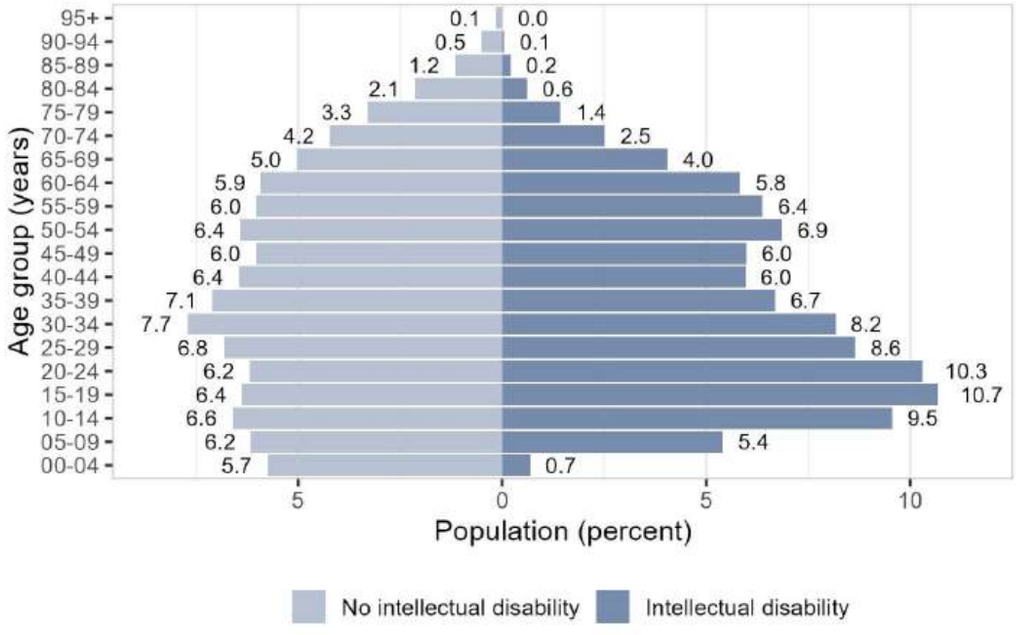


Figure 2 shows the age distribution of the 2018 cohort with diagnostic data up to December 2019, a similar follow-up period as the 2023 data above. There is little difference between the 2023 and the 2018 distribution.

Figure 2 - Percentage of people with and without intellectual disability, 2018 (data up to Dec 2019)

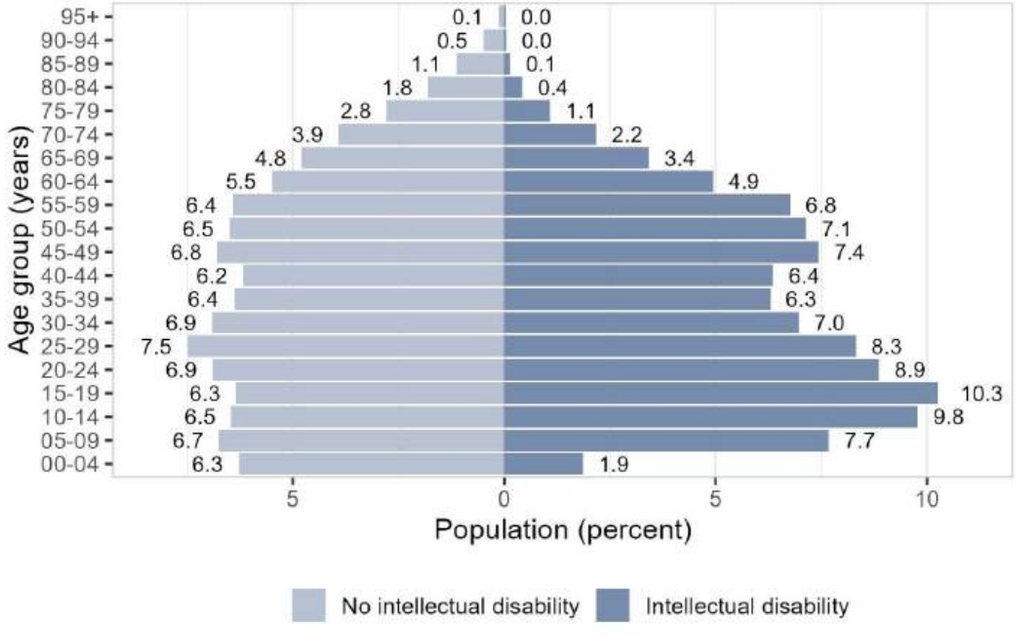
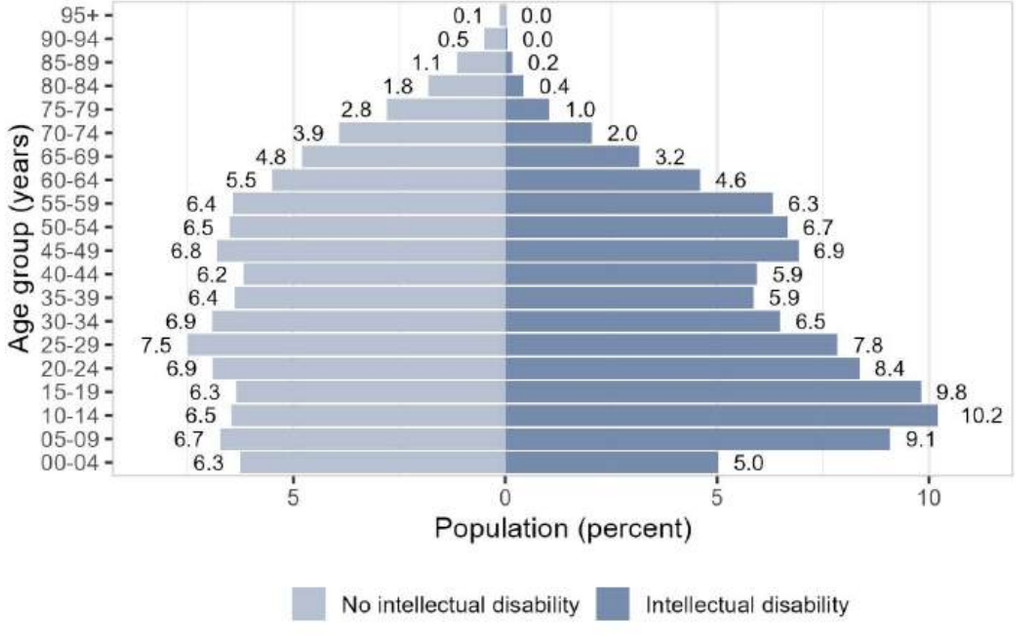


Figure 3 shows the 2018 distribution with a six and a half-year follow-up period. That is, using all diagnostic data available up to December 2024. This figure gives a more complete view of the 2018 intellectually disabled population, and it gives some information on the time it takes for children to get an intellectual disability diagnosis or at least for the diagnosis to become visible in the administrative data. We can see that with an extra 5 years of data the proportion of children under 5 with intellectual disability increases from 1.9 percent to 5 percent, and the proportion of 5- to 9-year-olds from 7.7 to 9.1 percent. However, we can only include these children as part of the intellectually disabled population at a later date as they were not identified as intellectually disabled when they were the age shown in the graph.

Figure 3 - Percentage of people with and without intellectual disability, 2018 (data up to Dec 2024)



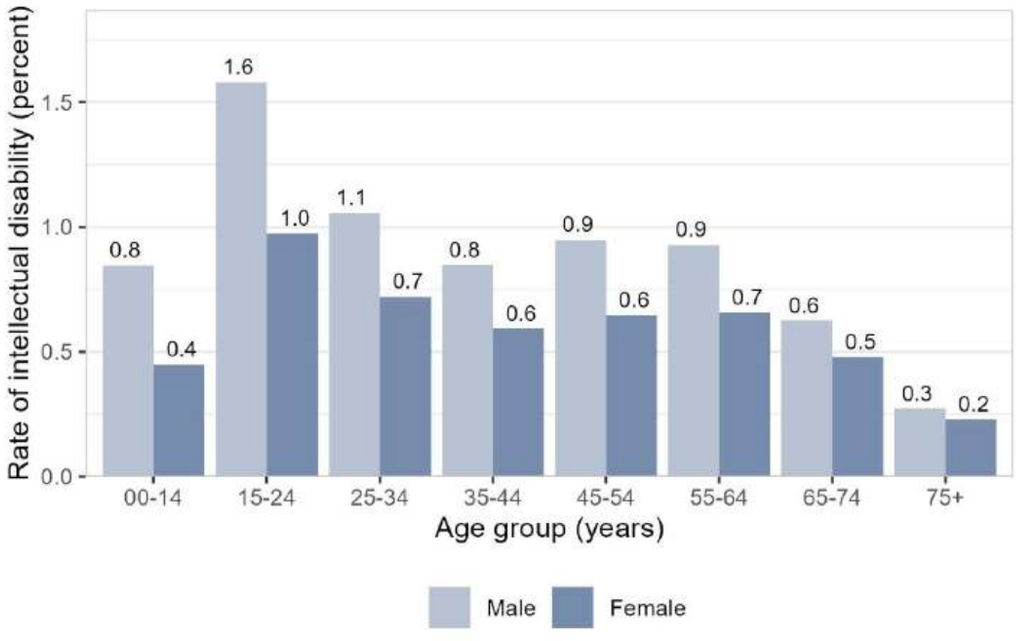
The differences in the age profiles of different populations highlight the importance of accounting for age in any comparative analysis of outcomes. In this report, when comparing outcomes of different populations, the results are always adjusted by age.

2.2.2 Gender

Globally, intellectual disability occurs more frequently in males than in females (Lee, Cascella, & Marwaha, 2023). Prominent theories that try to explain this pattern include, genetic, biological and sociological factors, but many aspects of gender related differences remain poorly understood (Nowak & Jacquemont, 2020).

Figure 4 shows the 2023 estimated prevalence of intellectual disability by age for males and females. Consistent with international evidence, the estimated prevalence of intellectual disability is higher in males for all age groups, and for both genders it is highest in the 15-to-24-year age band. Adjusted by age, the estimated prevalence or rate of intellectual disability for males is 0.93 percent compared with 0.61 percent for females. This prevalence figures are very similar to the comparable 2018 figures which are 0.95 for males and 0.63 for females.

Figure 4 - Prevalence of intellectual disability by age and gender, 2023



The Stats NZ data standard for gender, sex, and variations of sex characteristics recommends prioritising the collection and reporting of gender data over sex data. Gender refers to a person's social and personal identity, which may be male, female, non-binary, or another gender. The APC uses values for 'sex and gender' derived from the IDI, which sources information from various datasets, including the Census.

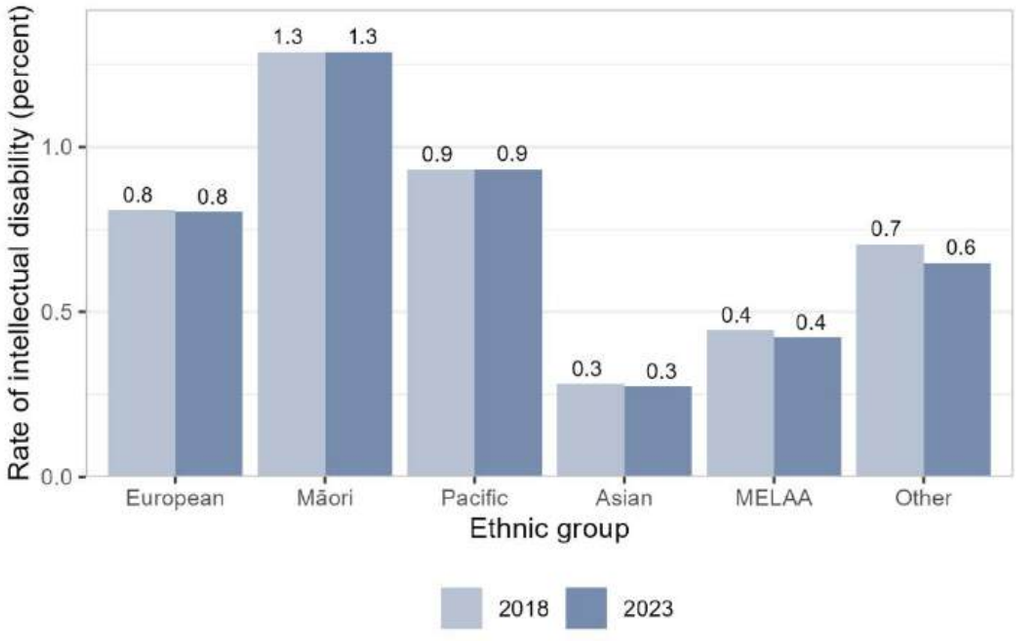
Currently, the IDI treats sex and gender data interchangeably when generating the 'sex and gender' variable. This is because most data sources implicitly collect gender information but label it as sex, while only a few, such as birth registrations from the Department of Internal Affairs (DIA), explicitly record sex assigned at birth. The 2023 census was the first census to explicitly collect gender data.

Although the IDI recognises three gender categories, male, female, and gender diverse, the number of intellectually disabled individuals identified as gender diverse in both the 2018 and 2023 datasets was too small to report due to confidentiality constraints. As a result, when data is disaggregated by gender, only male and female categories are included.

2.2.3 Ethnic group

Figure 6 shows the rates of intellectual disability by ethnic group for 2018 and 2023. As for the 2018 cohort, Māori in 2023 had the highest rates of intellectual disability (1.3 percent), followed by Pacific peoples (0.9 percent) and Europeans (0.8 percent).

Figure 5 - Prevalence of intellectual disability by ethnic group, 2018 and 2023



2.2.4 Family and living situation

Figure 6 and Figure 7 show how people with and without intellectual disabilities are distributed across different family types, for both adults and children. We compare results for the 2018 and 2023 cohorts.

The data shows that adults with an intellectual disability are about twice as likely as those without intellectual disability to not live in a family nucleus. According to Stats NZ, a "family nucleus" includes couples (with or without dependent children) or sole parents with dependent children. So, adults who don't have a partner or children are not considered part of a family nucleus—even if they live with their parents or other relatives. This definition doesn't fully reflect the living situations of many people with intellectual disabilities.

The data also shows that people with intellectual disabilities are more likely to live in sole-parent families, especially children. Children with intellectual disabilities are less likely than other children to live in two-parent households.

When comparing the 2018 and 2023 cohorts the results are very similar.

Figure 6 – Proportion of adults living in different family types, 2018 and 2023

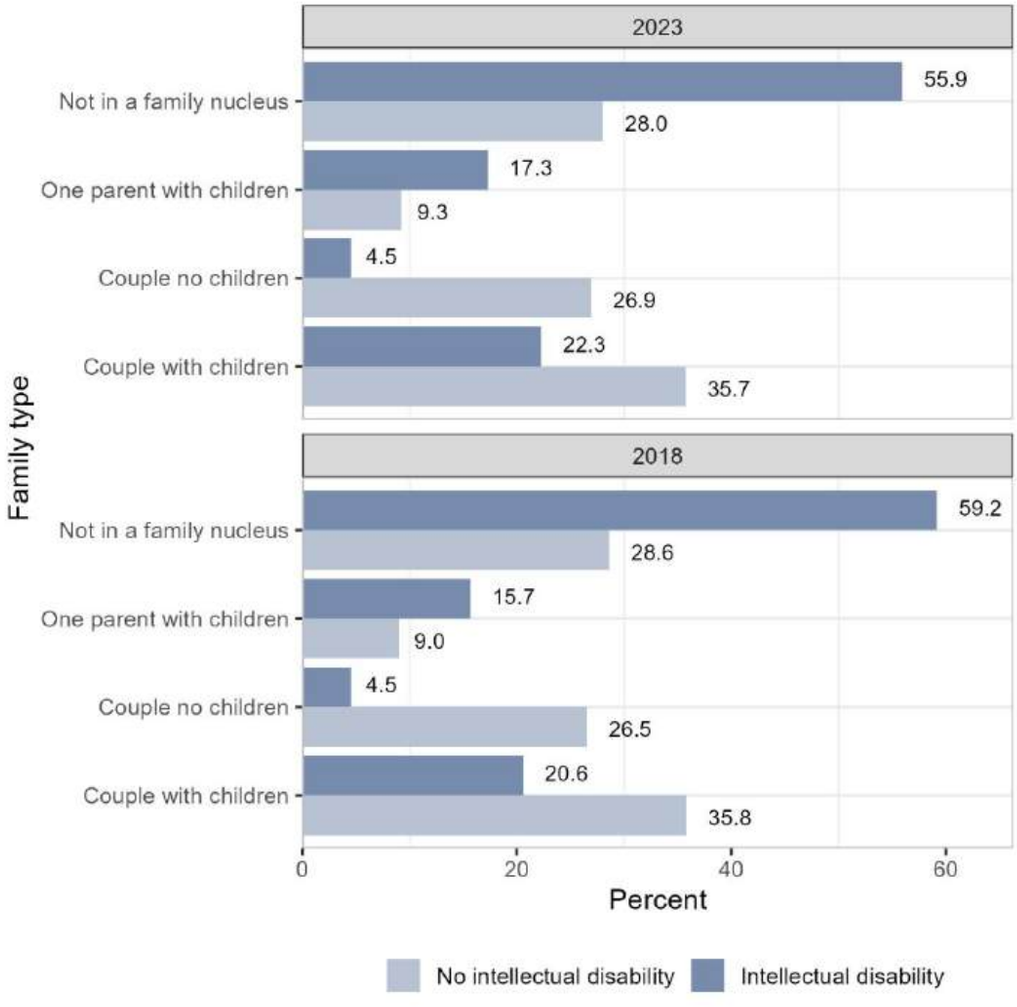
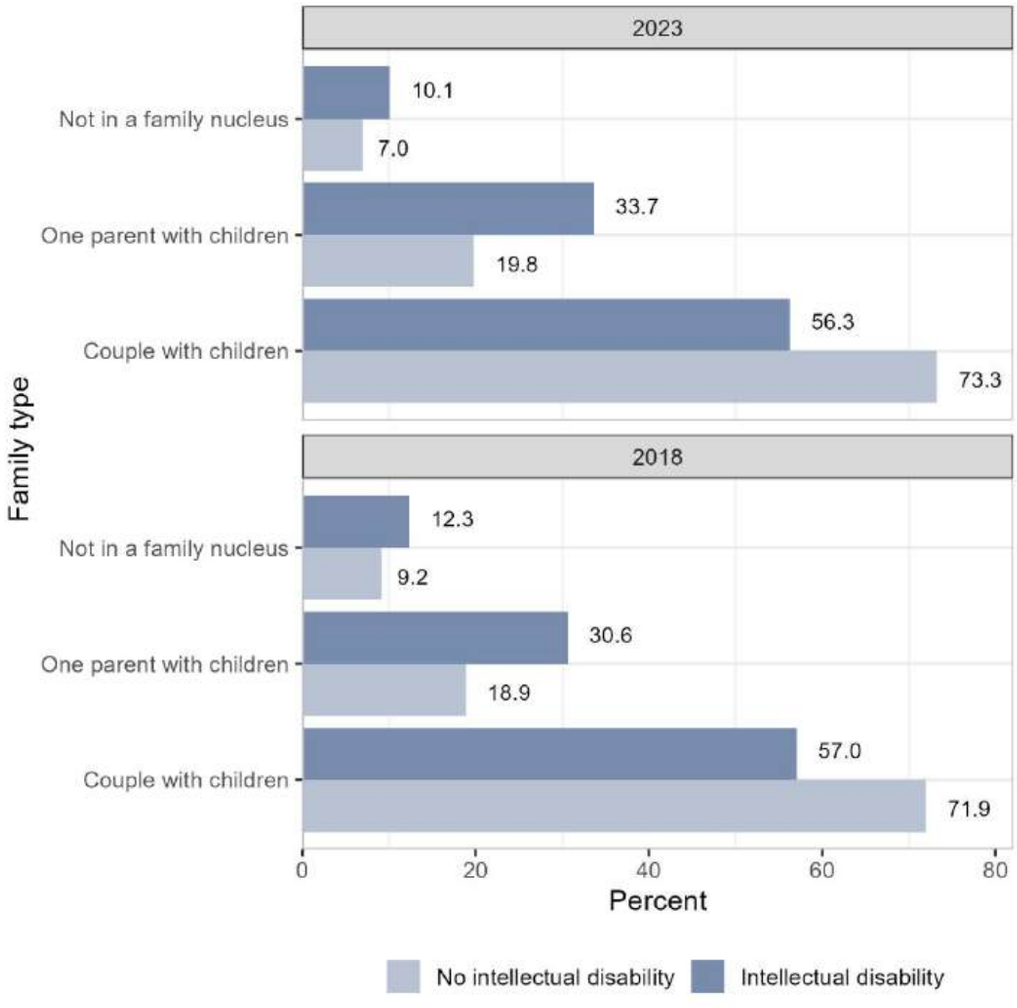


Figure 7 – Proportion of children living in different family types, 2018 and 2023



Many adults with intellectual disability live in a residential care or supported living environment. Almost all of these are identified as having a family type of 'Not in a family nucleus' in Figure 6. We can identify whether people are living in residential care by whether they are receiving a residential support subsidy (RSS) or residential care subsidy (RCS). These subsidies are paid to residential service providers by Te Whatu Ora - Health New Zealand, to help with the cost of residential care. The residential support subsidy is paid where a person needs residential care due to drug and alcohol rehabilitation, disability, or long-term chronic health conditions, while the residential care subsidy pays for care for older New Zealanders who need long-term residential care.

Around one in five adults aged 15 and over with intellectual disability receive either RSS or RCS (20.8 percent in 2018 and 19.4 percent in 2023), with most of those receiving RSS (18.0 percent of adults with intellectual disability received RSS in 2023). Few adults without intellectual disability receive RSS or RCS (0.47 percent in 2023) with almost all of those (0.40 percent of adults) receiving RCS. Only 0.07 percent of adults without intellectual disability receive RSS.

2.3 Geography

Understanding the geographical distribution of the intellectually disabled population is important as it reveals where support needs are most concentrated and where service gaps may exist. Spatial patterns can highlight regions with higher prevalence due to underlying factors like poverty, limited healthcare access, or environmental risks, as well as areas where individuals and families have migrated in search of better support. In this section we look at where intellectually disabled people are more or less likely to live within Aotearoa.

2.3.1 Territorial authority

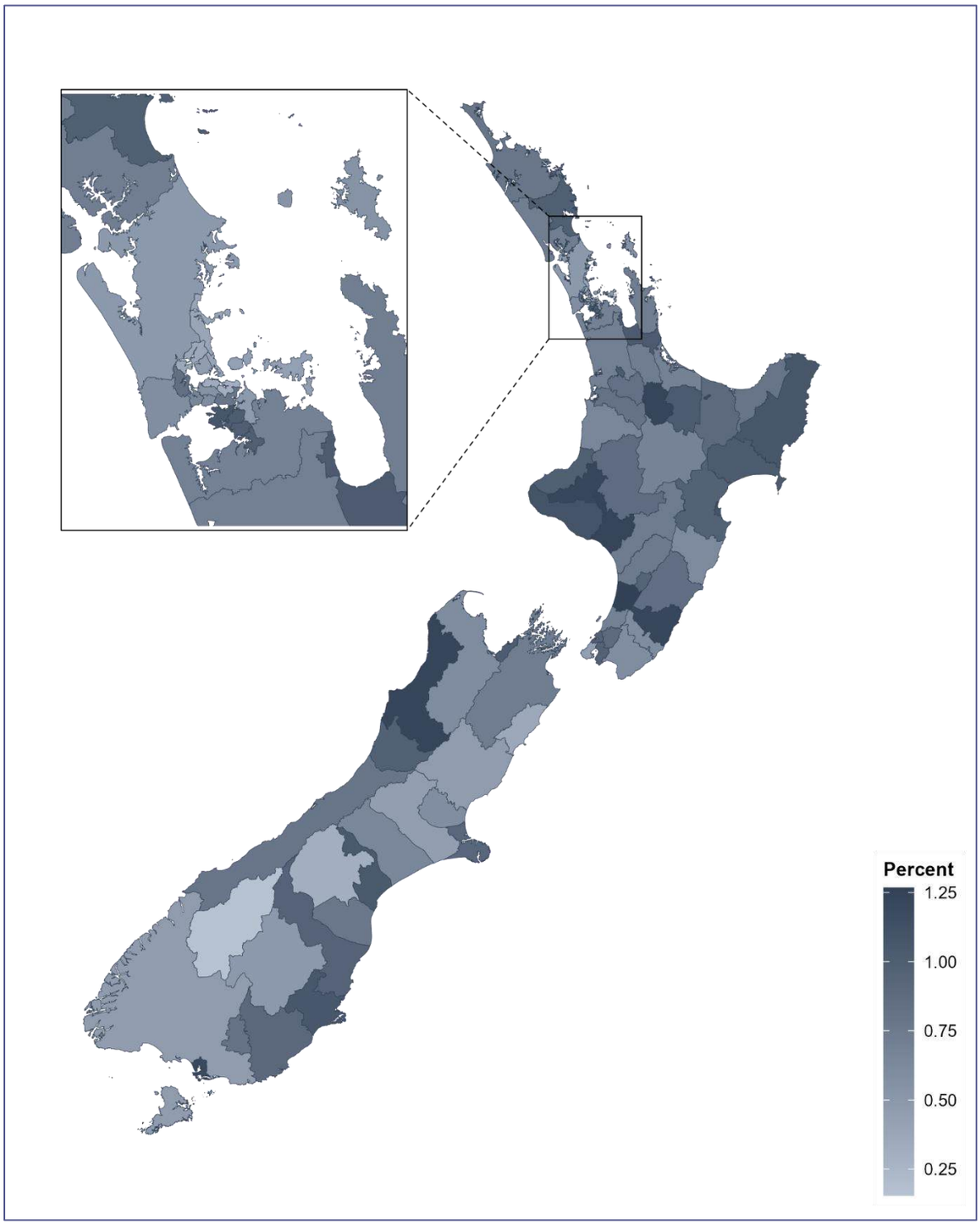
People with intellectual disability live across all areas of Aotearoa, but there are some areas where they are more likely to live than others.

Figure 8 shows the rate of identified intellectual disability by territorial authority area in 2023. The Auckland territorial authority is shown broken down to local board areas. Appendix 2 shows maps at region and district health board level.

Looking at prevalence of intellectual disability by territorial authorities show that areas with the highest prevalence in 2023, like Horowhenua, South Waikato, Whanganui, Buller, Masterton and Stratford Districts have a prevalence higher than 1.2 percent, while in the other end, Queenstown-Lakes District has less than 0.2 percent prevalence.

The WebApp that accompanies this report allows the user to interact with the intellectual disability prevalence maps at territorial authority, region and district health boards levels and therefore explore the geographical findings further. The WebApp can be found here - https://ihcnewzealand.shinyapps.io/IDI_report/

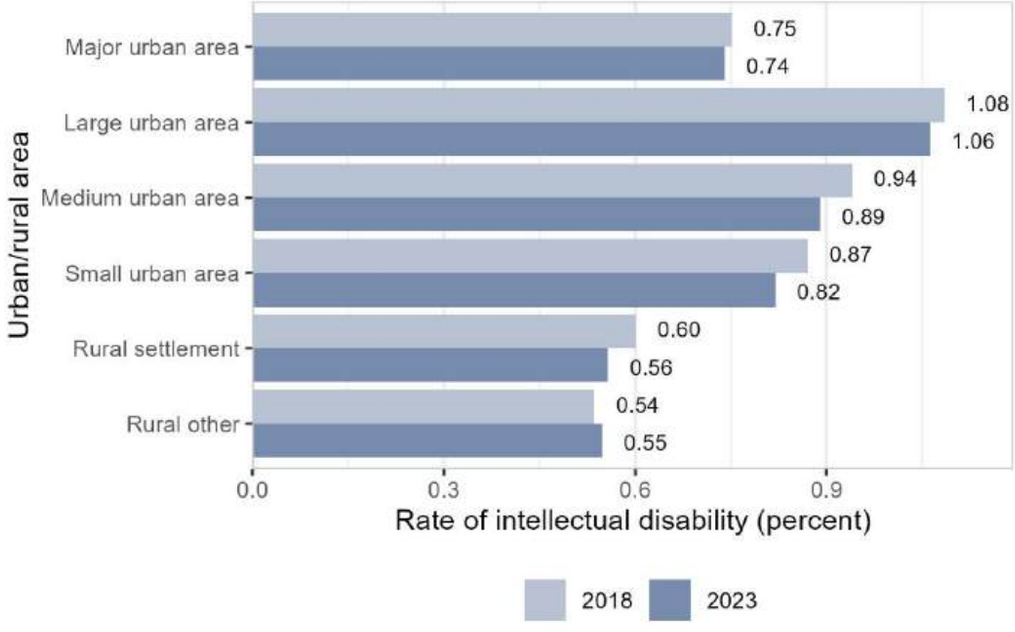
Figure 8 – Prevalence of intellectual disability by Territorial Authority (TA) and local boards for Auckland, 2023



2.3.2 Rural/urban geographic classification

Figure 9 shows the percentage of people with intellectual disability living in the different types of urban or rural areas using the Stats NZ definition.[3] It shows that people with intellectual disability are more likely to live in urban areas which have high population density (urban areas) but not in major urban areas of 100,000 or more residents, and are less likely to live in rural areas.

Figure 9 – Prevalence of intellectual disability by rural/urban geographic classification, 2018



2.3.3 Deprivation

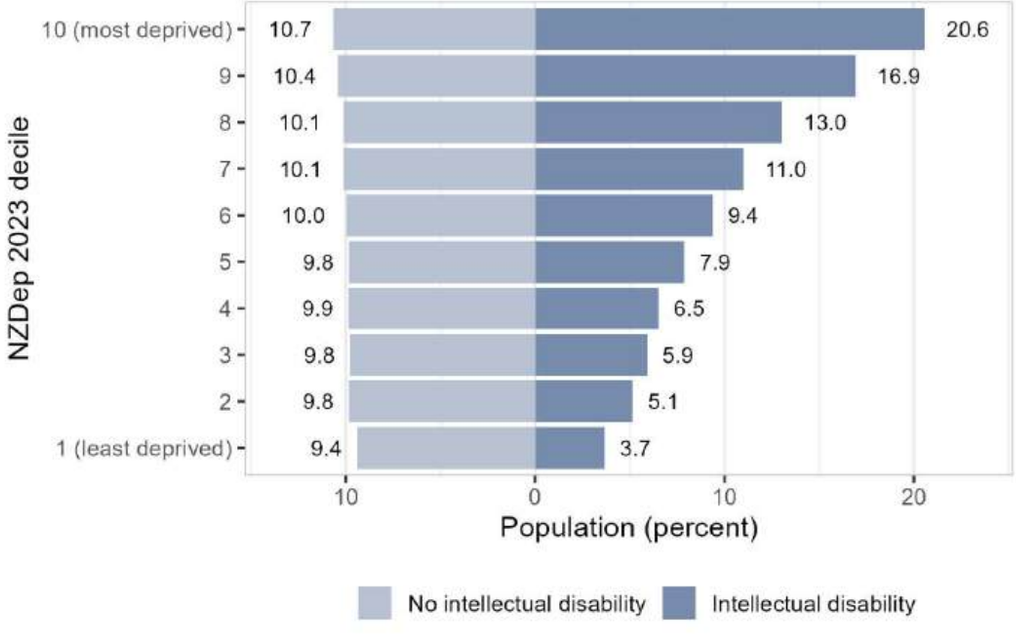
To understand the link between socioeconomic deprivation and intellectual disability, we examined where people with and without intellectual disability live in relation to levels of deprivation (Figure 10). Using the NZDep2023[4] index, which ranks areas from least to most deprived (deciles 1 to 10), we clearly see that people with intellectual disability are

[3] https://www.stats.govt.nz/methods/statistical-standard-for-geographic-areas-2023/

[4] NZDep2023 is a small area measure of socioeconomic deprivation. It is created by the University of Otago from census variables across eight dimensions: communication, income, employment, qualifications, home ownership, support, living space and dwelling condition. For more information: https://www.otago.ac.nz/wellington/research/groups/research-groups-in-the-department-of-public-health/hirp/socioeconomic-deprivation-indexes-nzdep-and-nzidep-department-of-public-health

more likely to live in highly deprived areas. They are twice as likely as people without intellectual disability to live in the most deprived 10 percent of areas in New Zealand in 2023. In contrast, only 3.7 percent of people with intellectual disability live in the least deprived areas, compared to 9.4% of those without disability. This pattern is similar to that seen in the 2018 cohort, with no notable change.

Figure 10 – Deprivation decile (NZDep) distribution for people with and without intellectual disability, 2023



Chelsea Maria Donna Williams
Tree of Life
IHC Art Awards Entrant 2025

3 Health

Good health is an integral aspect of wellbeing, is interconnected with other domains of wellbeing, and its presence or absence significantly impacts overall quality of life. This study has updated most of the indicators available in the previous report and has added 4 more indicators.

There are two indicators that could not be updated because the necessary data is not currently available in the IDI:

- Enrolled for Care Plus primary health services and
- Secondary health care costs.

We have included the following new indicators:

- Any type of mental disorder in parents
- Substance use
- Accident Compensation Corporation (ACC) claims
- Assessment for Disability Support Services (DSS).

Between 2018 to 2023, changes in health outcomes for the intellectually disabled population have generally followed the trends in the general population whether, whether improving or worsening. In 2023, the intellectually disabled population continues to experience poorer health outcomes on average than other New Zealanders across most measures.

3.1 Life expectancy at birth

Life expectancy at birth represents the average length of life for a specific population and is used internationally as an overall indicator of health for a population. Life expectancy at birth estimates the total number of years a person could expect to live, based on the mortality rates of the population at each age in a given year.

The life expectancy for people with intellectual disability is considerably lower than for the population without intellectual disability. The life expectancy for males with intellectual disability for 2022 to 2024 is estimated at 64.1 years compared to 80.6 years for males without intellectual disability (see Figure 11). The life expectancy for females with intellectual disability for years 2022 to 2024 is 64.1 years compared to 83.9 for females without intellectual disability. These figures are slightly higher than those for 2017 to 2019, consistent with trends of increasing life expectancy over time. Overall, there is little evidence that the gap in life expectancy between people with and without intellectual disability is closing.

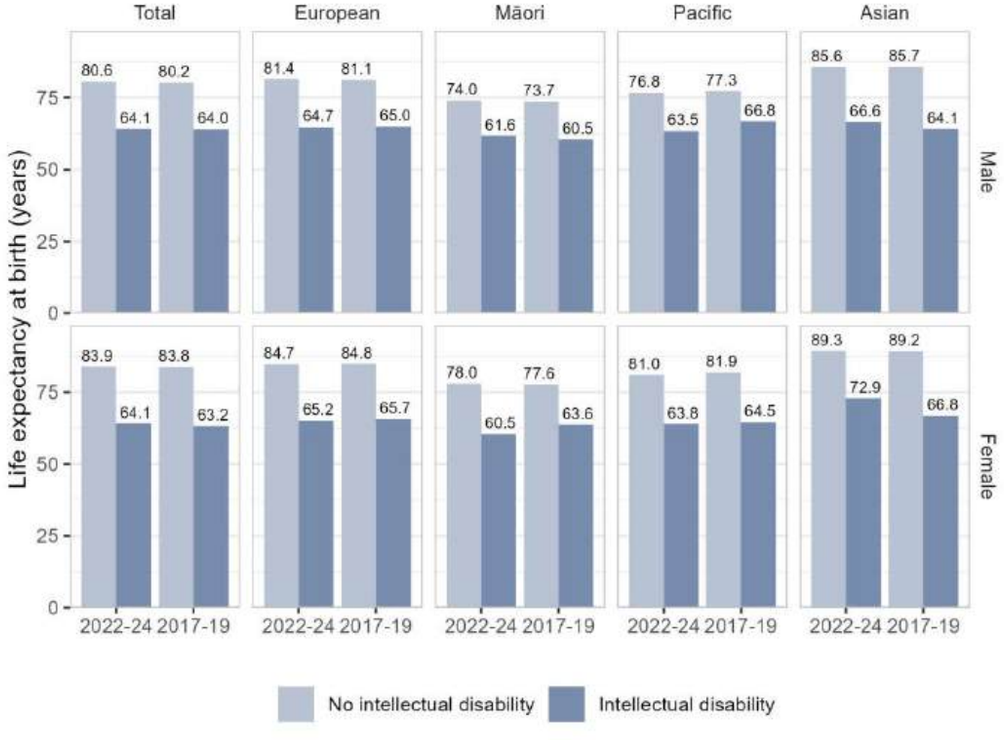
As in 2017-2019, in 2022-2024 females in the general population have higher life expectancy than males, but for people with intellectual disabilities there is no difference

by gender. In both periods the pattern across ethnic groups was similar for people with and without intellectual disabilities.

While both females and males with intellectual disability showed increasing life expectancy overall (by 0.9 and 0.1 years respectively), this pattern was not consistent across all ethnic groups. For example, while Asian females with intellectual disability experienced a large increase in life expectancy, from 66.8 years to 72.9 years, Māori females with intellectual disability experienced a decrease from 63.6 years to 60.5 years. The female intellectually disabled population is small however, and changes in these estimates over time should be treated with some caution. In particular, they are likely to be susceptible to compositional effects, whereby changes in life expectancy could be responding to changes in the underlying population composition. For example, the female Asian intellectually disabled population grew by almost 20 percent over this period, and this could have affected our results.

While Māori and Asian males with intellectual disability also had estimated increases in life expectancy, and European and Pacific intellectually disabled males had corresponding decreases. These changes should be treated with some caution also, as they may also represent changes in the composition of the populations.

Figure 11 – Life expectancy at birth by ethnicity, gender and intellectual disability, 2017-2019 and 2022-2024



Sources: Ministry of Health mortality data in the IDI.
Notes: Life expectancy estimates have been calculated using the abridged Chiang II life table method (Chiang 1978, 1984) using data from 2017 to 2019.

Other health indicators in this report show different health outcomes and risks that may help to explain this differential life expectancy between people with and without intellectual disability. An Australian study that compared mortality data for people with and without intellectual disability concluded that adults with intellectual disability experience premature mortality and over-representation of potentially avoidable deaths (Trollor, Srasuebkul, Xu, & Howlett, 2017).

Cameron Viles
The Friendly Kakapo
IHC Art Awards Entrant 2025

Understanding disparities and trends

In this report, we compare outcomes between people with and without intellectual disability. We do this by presenting both absolute and relative differences. We also compare results from 2018 and 2023, showing how outcomes for the population with intellectual disability have changed over time, again using both absolute and relative measures.

Absolute and Relative Differences

- **Absolute difference** is the straightforward subtraction of outcome rates between two groups. It tells us how many more or fewer people are affected.
  Good for understanding the real-world impact—how many people are affected.
- **Relative difference** (or rate ratio) shows how much more or less likely the outcome is in one group compared to the other, expressed as a ratio.
  Good for understanding how much risk changes between groups.

Be Careful With:

- Very small base values in relative calculations - It may sound huge, but the absolute difference could be small.
- Large numbers in absolute terms where an outcome is very common - These may seem dramatic even if differences are relatively minor.

Understanding Trends in Disparities Over Time

We also show how these values change over time to help assess whether disparities are narrowing, widening, or remaining stable.

- Trends in absolute differences tell us how the actual number of affected individuals is changing.
- Trends in rate ratios tell us about changes in proportional risk.

*To get a complete picture of disparities, both types of measures must be considered together***.**

Be Careful With:

- An increase in rates for both groups - Equity may improve proportionally, but the population is still suffering more.
- A decrease in rate ratio, but no change in absolute difference - Relative improvements may mask worsening outcomes overall.

Final Thought:

A smaller rate ratio in 2023 doesn't always mean the disparity is smaller.
Look at both how likely and how many people are affected to fully understand the trend.

Deshan Walallavita
Still Life with Autumn Leaves
IHC Art Awards 2025 Entrant

3.2 Chronic health conditions

This section presents indicators for a selection of chronic health conditions.

3.2.1 Coronary heart disease

Coronary heart disease (CHD) is a condition where the major blood vessels supplying the heart, called the coronary arteries, become narrowed or blocked, restricting blood flow to the heart muscle. Risk factors for CHD include smoking, high blood pressure, high cholesterol, and lack of exercise.	
Indicator definition	Percentage of people receiving public or private hospital care for CHD between 1 January 1998 and 30 June of the cohort year.
Data source	Ministry of Health Publicly funded and privately funded hospital discharges (NMDS).
Technical note	The number of people with intellectual disability reported as having been treated for CHD has reduced significantly from that reported in *From Data to Dignity*. This is the result of the exclusion of outpatient data from the National Non-Admitted Patient collection (NNPAC) from the identification of intellectual disability (as outlined in Appendix 1). NNPAC may have been misclassifying people receiving outpatient care for CHD as having intellectual disability when they did not.

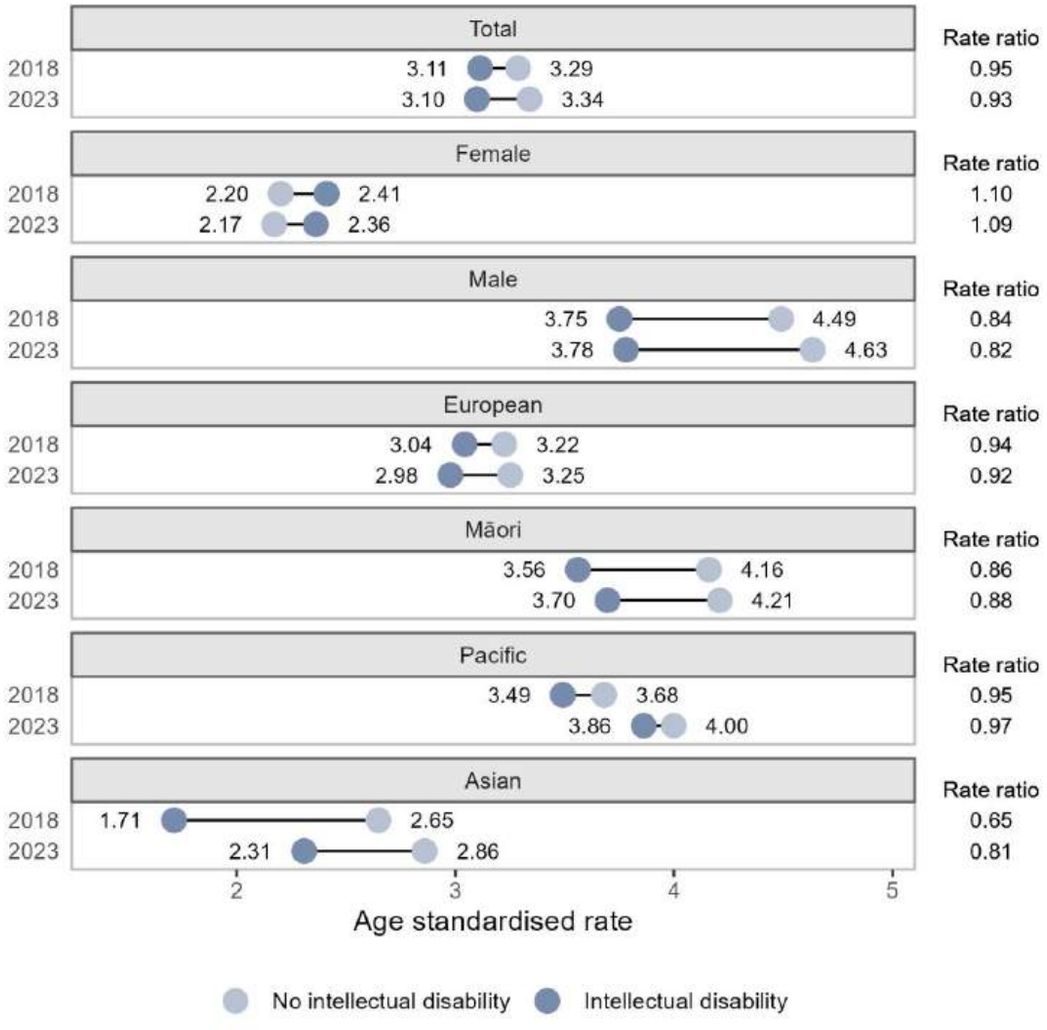
This indicator reports on the prevalence of care or treatment for coronary heart disease (CHD) in New Zealand public and private hospitals for people with and without intellectual disability. We know that CHD risk increases with age. While *From Data to Dignity* showed that CHD treatment was higher for people with intellectual disability than those without intellectual disability across all ages, this may have been a spurious result derived from the inclusion of NNPAC as a source of intellectual disability diagnosis (see technical note above, and Appendix 1).

Adjusting for age, the prevalence of CHD treatment in the population with intellectual disability is slightly higher than that of the population without intellectual disability for females, but considerably lower for males (see Figure 12). Across all ethnic groups, CHD age standardised rates of CHD treatment were lower for people with intellectual disability than for people without intellectual disability.

When we look at age-specific rates, however (Figure 13), we see that rates of CHD are higher for people with intellectual disability at every age up to age 64. Lower rates of CHD in older ages could relate to difficulties in identifying older people with intellectual disability or to compositional 'survivor effects', whereby people with intellectual disability who are aged over 65 are systematically different in other ways from people without

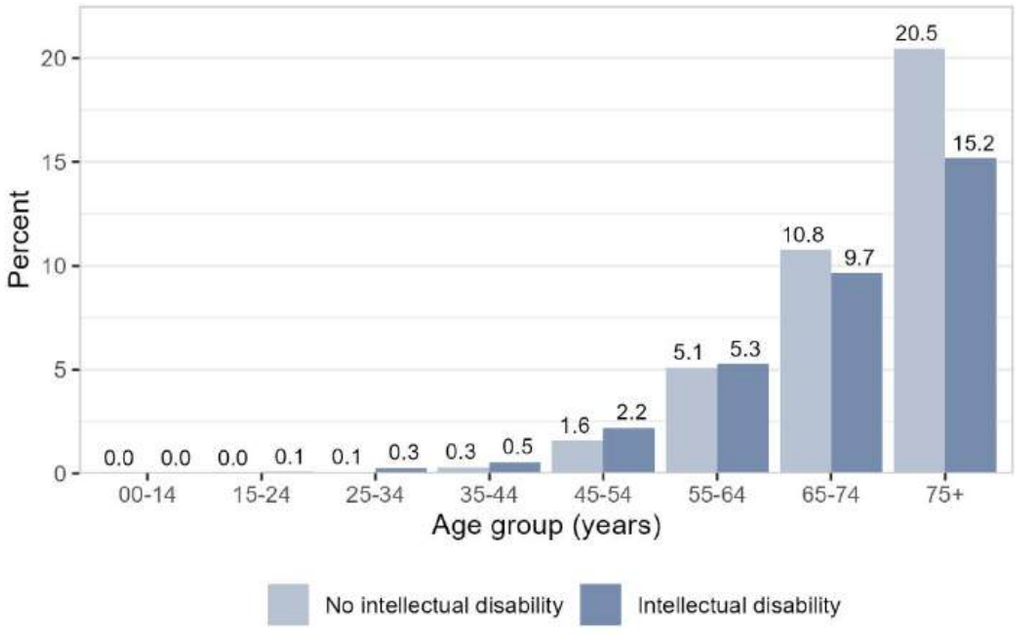
intellectual disability in the same age groups. As such, these results should be treated with some caution.

Figure 12 – Coronary heart disease (CHD) care or treatment, age standardised rates for the total population, by gender, and by ethnicity, Jan 1998 – June 2018 and June 2023.



Source: Ministry of Health publicly funded and privately funded hospital discharges (NMDS) in the IDI.
Definition: Percentage of people receiving public hospital treatment for CHD between 1 January 1998 and 30 June 2018/2023.

Figure 13 - Coronary heart disease (CHD) care or treatment by age group and intellectual disability, Jan 1998 – June 2023.



Source: Ministry of Health publicly funded and privately funded hospital discharges (NMDS) in the IDI.
Definition: Percentage of people receiving public hospital treatment for CHD between 1 January 1998 and 30 June 2018/2023.

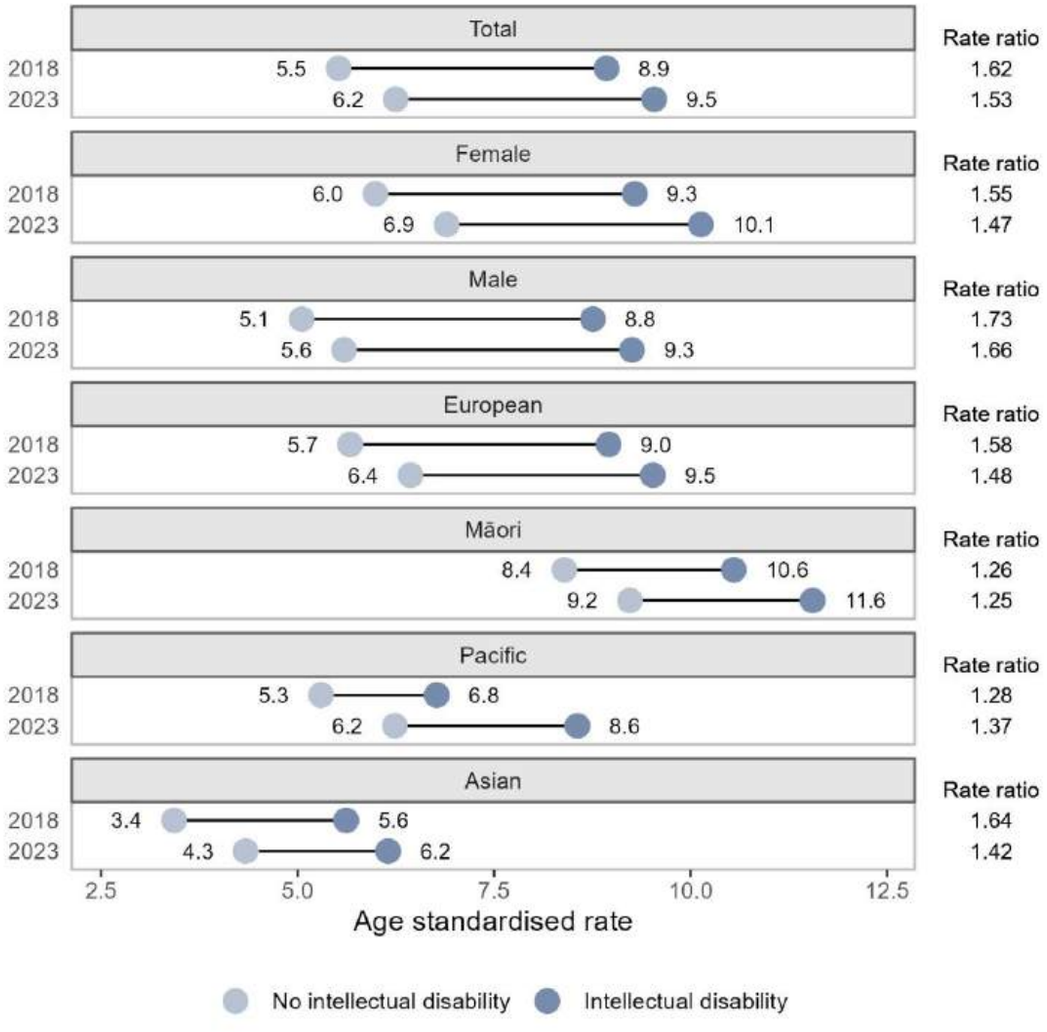
3.2.2 Chronic obstructive pulmonary disease

Chronic obstructive pulmonary disease (COPD) is a common lung disease causing restricted airflow and breathing problems. Smoking and air pollution are the most common causes of COPD.	
Indicator definition	Percentage of people receiving public or private hospital care for COPD between 1 January 1998 and 30 June of the cohort year.
Data source	Ministry of Health Publicly funded and privately funded hospital discharges (NMDS).

Previous reports showed that COPD rates increase with age, and that people with intellectual disability are more likely to receive hospital care for COPD than those without, across all age groups. Figure 14 presents age-adjusted COPD rates for people with and without intellectual disability in 2018 and 2023. The data shows that COPD is more common in 2023 than in 2018 and remains more prevalent among people with intellectual disability. Although the disparity between the two groups has narrowed slightly, this is likely due to rising rates overall, which is not a positive trend. The patterns by gender and ethnicity remain unchanged; females have higher standardised rates than

males in both groups, and Māori with intellectual disability have the highest COPD rates among all ethnic groups.

Figure 14 – Chronic obstructive pulmonary disease (COPD) care or treatment, age standardised rates for the total population, by gender, and by ethnicity, 1 January 1998 to 30 June 2018 and June 2023



Source: Ministry of Health Publicly funded and privately funded hospital discharges (NMDS).
Definition: Percentage of people receiving public or private hospital care for COPD between 1 January 1998 and 30 June 2018/2023.

3.2.3 Diabetes

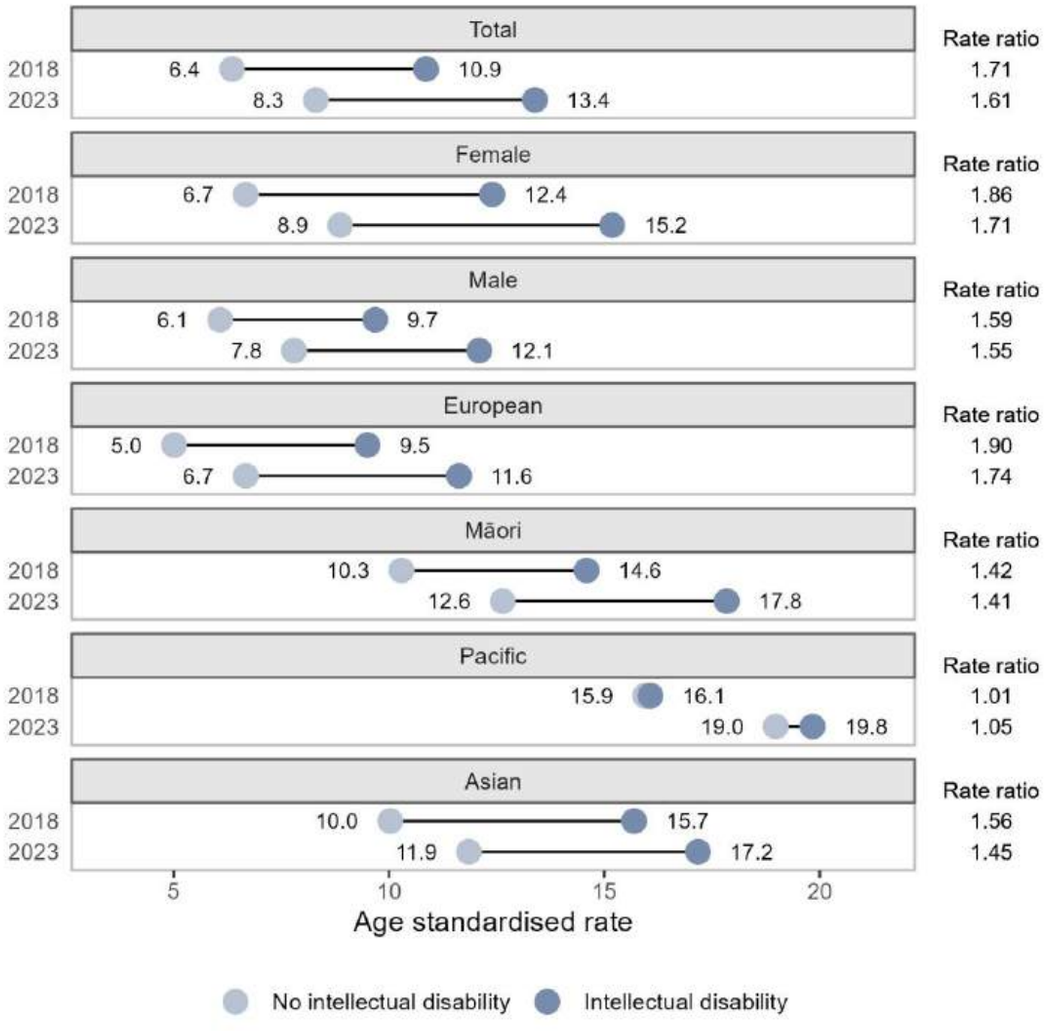
Diabetes is a chronic disease that requires life-long management and is a major risk factor for other serious conditions.	
Indicator definition	Percentage of people receiving public hospital treatment for diabetes; two or more diabetes-related prescribed medicines; services at a diabetes clinic; or four or more blood glucose tests
Data source	National Minimum Dataset, Pharmaceutical Collection, National Non-Admitted Patient Collection, Laboratory Claims data in the IDI.

One of the key findings from the 2023 Virtual Diabetes Register shows that over the past ten years, there has been an increase in the prevalence of diabetes in Aotearoa[5]. Consistent with this finding, the updated age-adjusted rates for this indicator (Figure 15) show that diabetes rates have increased for people with and without intellectual disabilities from 2018 to 2023. They also show that the disparity between them remains, as people with intellectual disability are still considerably more likely to receive diabetes care or treatment than people without intellectual disability. Although the relative difference in diabetes rates between people with and without intellectual disability has decreased a little (a rate ratio of 1.60 in 2023 compared to 1.71 in 2018), the absolute difference has increased (4.96 in 2023 compared to 4.49 in 2018) as well as the rates overall.

Figure 15 also shows that, as for the 2018 cohort, the Pacific subpopulation shows the highest prevalence of diabetes with almost no difference between people with and without intellectual disability.

[5] The Virtual Diabetes Register and web tool presents estimated numbers of people who have suspected diabetes, as well as the estimated prevalence of diabetes in New Zealand. For more details follow https://www.tewhatuora.govt.nz/for-health-professionals/data-and-statistics/diabetes/virtual-diabetes-register-web-tool#key-findings-from-the-2023-virtual-diabetes-register

Figure 15 – Diabetes care or treatment, age standardised rates for the total population, by gender, and by ethnicity, to 30 June 2018



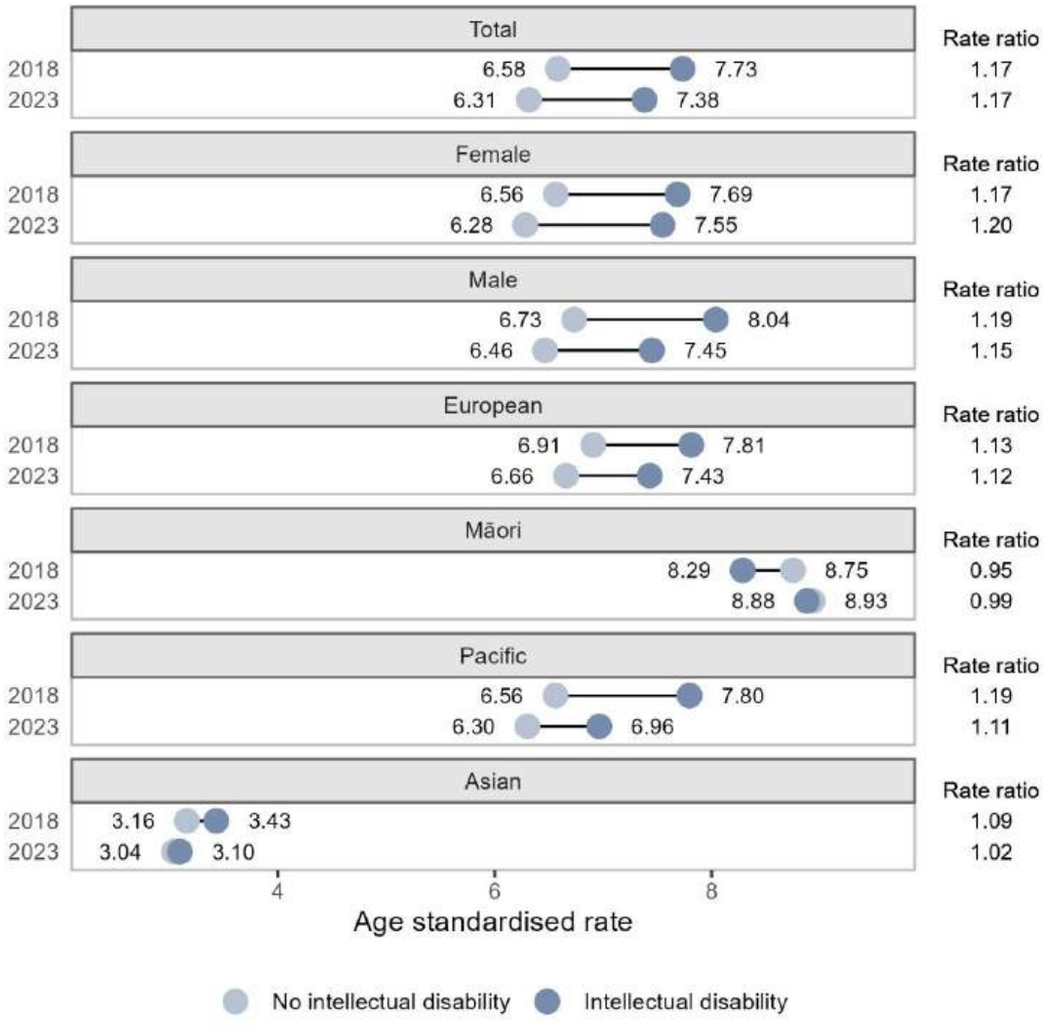
Sources: National Minimum Dataset, Pharmaceutical Collection, National Non-Admitted Patient Collection, Laboratory Claims data in the IDI.
Definition: Percentage of people receiving public hospital treatment for diabetes; two or more diabetes-related prescribed medicines; services at a diabetes clinic; or four or more blood glucose tests.

3.2.4 Cancer

Cancer is one of the leading causes of death in New Zealand. In Aotearoa, approximately 25,000 people are diagnosed with cancer each year. Monitoring cancer outcomes helps identify disparities and supports efforts to improve equitable access to prevention, diagnosis, and treatment.	
Indicator definition	Percentage of people treated for cancer in the two years to 30 June 2023. Cancer care or treatment is defined as having been added to the cancer registry or had treatment for cancer in a public hospital inpatient or outpatient setting.
Data source	National Minimum Dataset, Ministry of Health Cancer registrations, National Non-Admitted Patient Collection.
Technical note	The definition of this indicator has changed from last report to exclude pharmaceuticals since many are used for other conditions.

Cancer rates are higher in people with intellectual disability than in people without intellectual disability. This can be seen in the adjusted rates shown in Figure 16. The adjusted rates by subpopulations show that this gap is present across gender and ethnicity, with the exception of the Māori population. However, the Māori population presents significantly higher rates of cancer compared to other ethnic groups for people with and without intellectual disabilities.

Figure 16 - Cancer care and treatment, two years to 30 June 2023, age standardised rates for the total population, by gender, and by ethnicity



Sources: National Minimum Dataset, Ministry of Health Cancer registrations and National Non-Admitted Patient Collection.
Definition: Percentage of people treated for cancer in the two years to 30 June 2023. Cancer care or treatment is defined as having been added to the cancer registry or had treatment for cancer in a public hospital inpatient or outpatient setting.

3.3 Mental health

The New Zealand Health Survey shows that, between 2016/17 and 2021/23, there was an increase in the number of adults experiencing mild or more severe symptoms of anxiety and/or depression. During the same period, more children were also reported to have emotional symptoms. Additionally, the survey found that the unmet need for mental health and addiction services grew over these years (Ministry of Health, 2024).

In this context, this section presents indicators of the prevalence of mental disorder treatment in people with and without intellectual disability. Variation may reflect differences in unmet need for services as well as differences in prevalence.

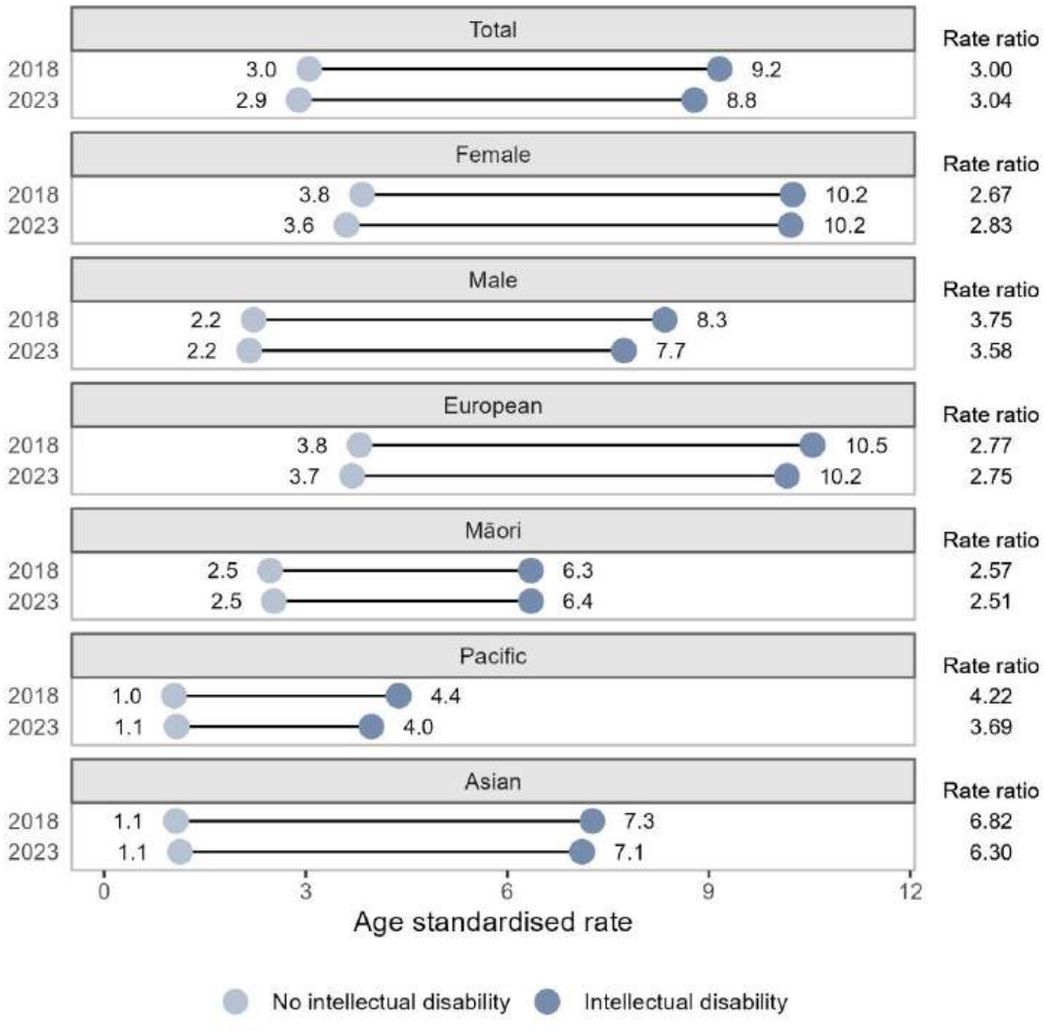
3.3.1 Mood disorders

Mood disorders encompass a range of conditions characterised by disturbances in mood, including depression and bipolar disorder.	
Indicator definition	Percentage of people having a public inpatient hospitalisation with a mood disorder diagnosis; secondary mental health and addiction service with a mood disorder diagnosis; prescription medicines for treating a mood disorder; or three or more laboratory tests for lithium.
Data source	Ministry of Health National Minimum Dataset, Mental Health Information National Collection, Pharmaceutical Collection, Programme for the Integration of Mental Health Data (PRIMHD), and Laboratory Claims data in the IDI.

The previous report showed higher rates of mood disorder treatment for people with intellectual disability compared to the rates of people without intellectual disability. When looking at the age-adjusted rates in 2023 compared to 2018 (Figure 17) we see little change. People with intellectual disability are still 3 times more likely to be treated for mood disorders than people without intellectual disability, women still have higher prevalence than men of mood disorders, people of European ethnicity still show the highest rates of treatment for mood disorders and the highest relative difference between people with and without intellectual disability is seen in people of Asian ethnicity.

The data from 2018 showed that mood disorder prevalence through the life course had a different pattern for people with intellectual disability, who showed a much steeper increase from childhood to older ages, while rates for people without disability show a gradual increase across the life course. This different pattern can still be observed in 2023 (Figure 18).

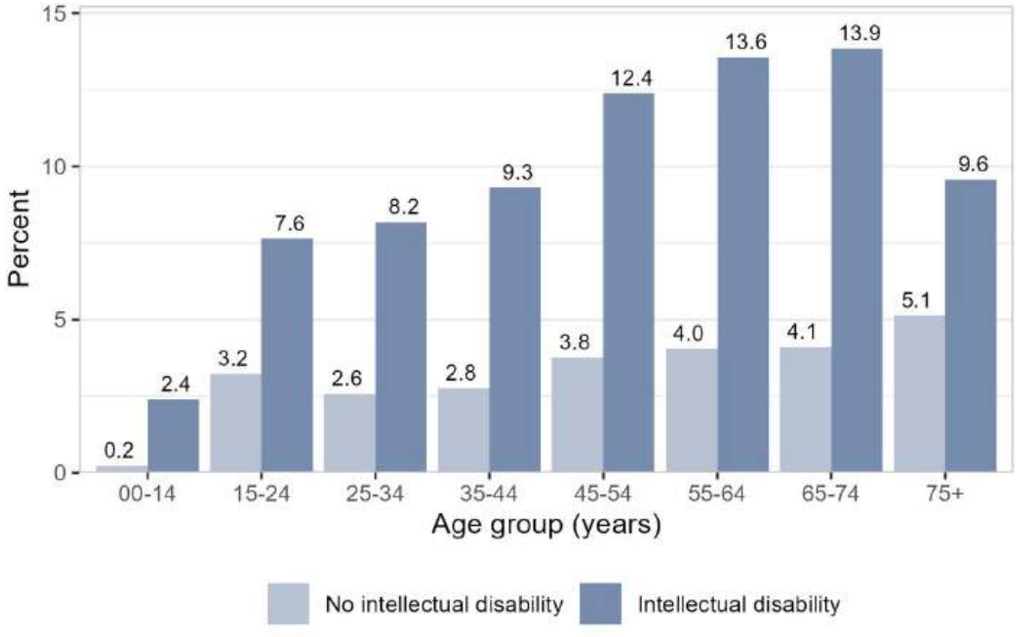
Figure 17 – Mood disorders, age standardised rates for the total population, by gender, and by ethnicity



Sources: Ministry of Health National Minimum Dataset, Mental Health Information National Collection, Pharmaceutical Collection, Programme for the Integration of Mental Health Data (PRIMHD), and Laboratory Claims data in the IDI.

Definition: Percentage of people having a public inpatient hospitalisation with a mood disorder diagnosis; secondary mental health and addiction service with a mood disorder diagnosis; prescription medicines for treating a mood disorder; or three or more laboratory tests for lithium.

Figure 18 – Mood disorder care or treatment by age group, year to 30 June 2023



Sources: Ministry of Health National Minimum Dataset, Mental Health Information National Collection, Pharmaceutical Collection, Programme for the Integration of Mental Health Data (PRIMHD), and Laboratory Claims data in the IDI.

Definition: Percentage of people having a public inpatient hospitalisation with a mood disorder diagnosis; secondary mental health and addiction service with a mood disorder diagnosis; prescription medicines for treating a mood disorder; or three or more laboratory tests for lithium.

3.3.2 Psychotic disorders

Psychotic disorders include schizophrenia, paranoid states and other psychoses not related to substance use or physical health conditions.	
Indicator definition	Percentage of people having a public inpatient hospitalisation with a psychotic disorder diagnosis; secondary mental health service with a psychotic disorder diagnosis; or prescription medicines for treating a psychotic disorder. Some antipsychotics commonly prescribed for behaviour management, and also used to treat non-psychotic conditions, are excluded from this measure[6].
Data source	Ministry of Health National Minimum Dataset, Mental Health Information National Collection, Pharmaceutical Collection, Programme for the Integration of Mental Health Data (PRIMHD), and Laboratory Claims data in the IDI.

As we noted in the last report, the literature, including research from New Zealand (Skipper, 2013) and current reviews (Pascucci, Gerber, Besson, & Kosel, 2025), show that antipsychotic medications are widely used to manage behavioural challenges in with intellectual disability. Therefore, their use is not a reliable indicator of psychotic disorders in this population. Some antipsychotics commonly prescribed for behaviour management, and also used to treat non-psychotic conditions, are excluded from this report, reducing the risk of misclassifying individuals as having a psychotic disorder based on medication use alone.

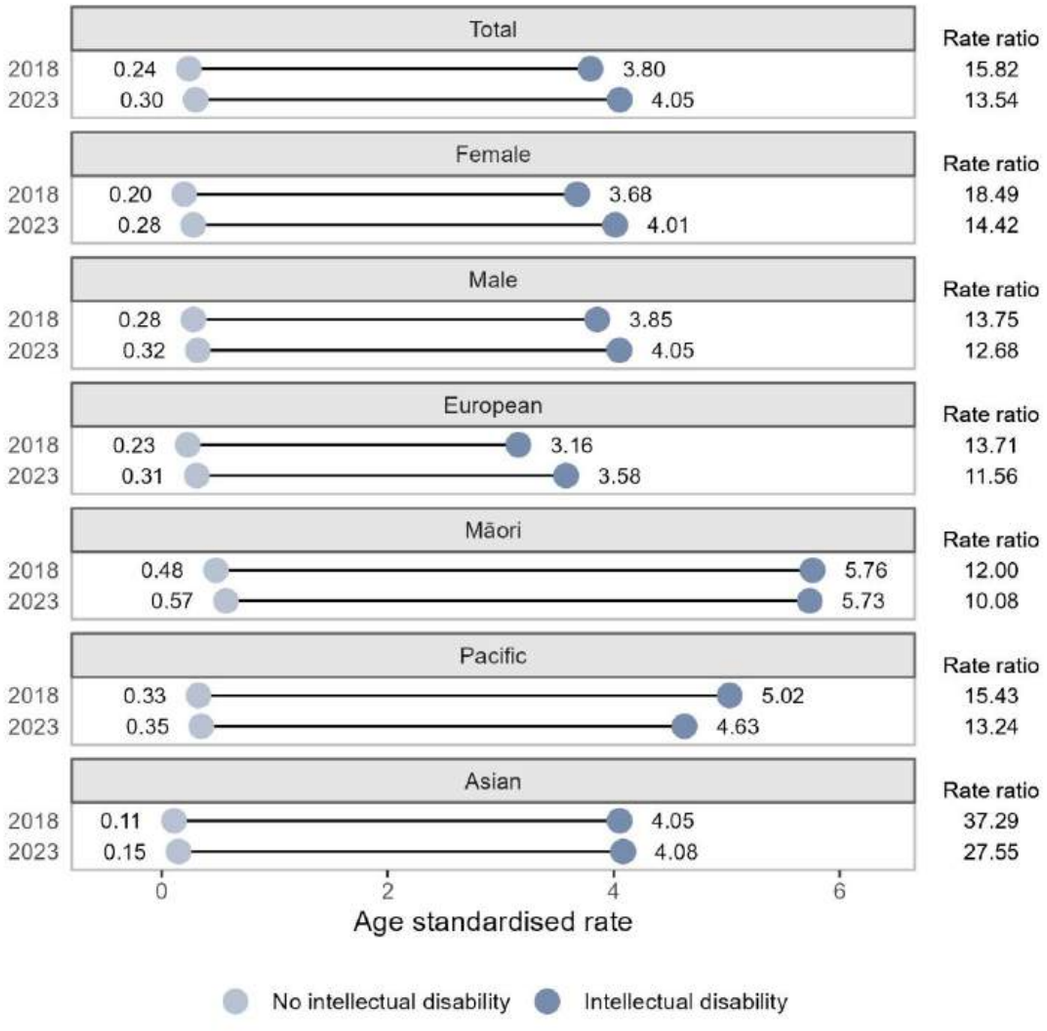
Even restricting the antipsychotics used in the definition of this indicator, the age-adjusted rates (see Figure 19), show that the rates of psychotic disorder care are much higher in people with intellectual disability compared with people without intellectual disability. In 2023, even though the relative difference has slightly reduced from 2018, people with intellectual disability are more than 13 times more likely to receive care for psychotic disorder.

Males and females have very similar age-adjusted rates of psychotic disorder care. In contrast with care for mood disorders, people of European ethnicity had the lowest age-adjusted rate of all ethnic groups. This is consistent with national and international research suggesting overuse of antipsychotic medication among ethnic minority groups

[6] Examples of such excluded medications include Risperidone, Olanzapine, Chlorpromazine, and Quetiapine. Other pharmaceuticals which are documented as having been used for behaviour management purposes, such as thioridazine or thioxanthene are included, however.

although there is not much research looking at this specifically for the intellectually disabled population.

Figure 19 – Psychotic disorder care or treatment, year to June 2018 and June 2023, age standardised rates for the total population, by gender, and by ethnicity

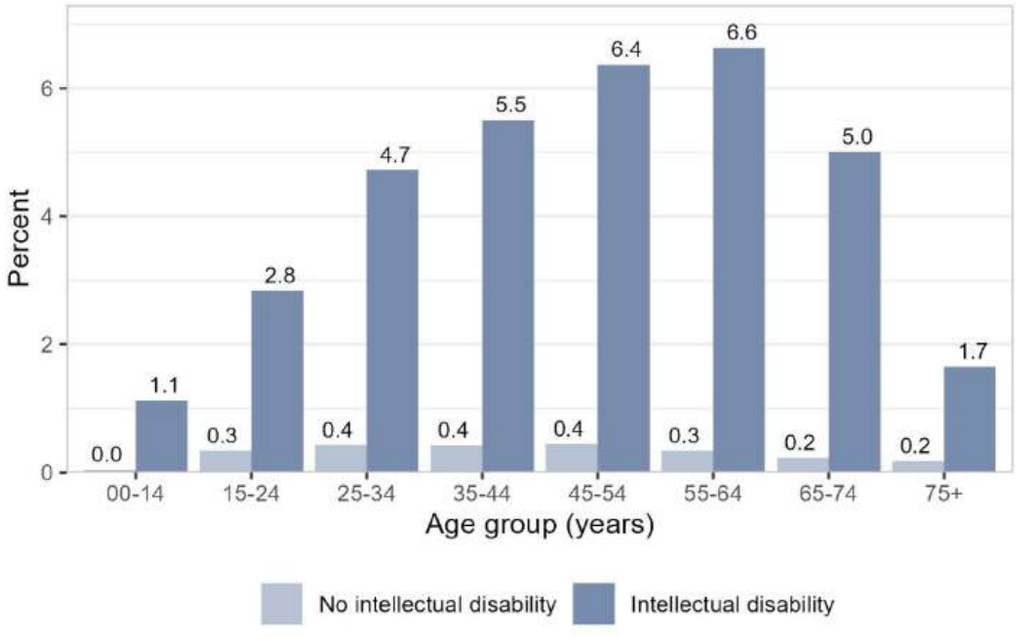


Sources: Ministry of Health National Minimum Dataset, Mental Health Information National Collection, Pharmaceutical Collection, Programme for the Integration of Mental Health Data (PRIMHD), and Laboratory Claims data in the IDI.
Definition: Percentage of people having a public inpatient hospitalisation with a psychotic disorder diagnosis; secondary mental health service with a psychotic disorder diagnosis; or prescription medicines for treating a psychotic disorder.

Figure 20 highlights the stark contrast in psychotic disorder care rates between individuals with and without intellectual disability across all age groups. It also shows the difference in pattern through the life course. While rates decline after age 55 in the non-

intellectually disabled population, they continue to rise among those with intellectual disability, peaking between ages 55 and 64—where rates are 22 times higher. Despite the exclusion of some antipsychotics used for behaviour management and non-psychotic conditions, these figures suggest significant over-prescription in the intellectually disabled community.

Figure 20 – Psychotic disorder care or treatment by age group, year to June 2023



Sources: Ministry of Health National Minimum Dataset, Mental Health Information National Collection, Pharmaceutical Collection, Programme for the Integration of Mental Health Data (PRIMHD), and Laboratory Claims data in the IDI.
Definition: Percentage of people having a public inpatient hospitalisation with a psychotic disorder diagnosis; secondary mental health service with a psychotic disorder diagnosis; or prescription medicines for treating a psychotic disorder.

3.3.3 Dementia

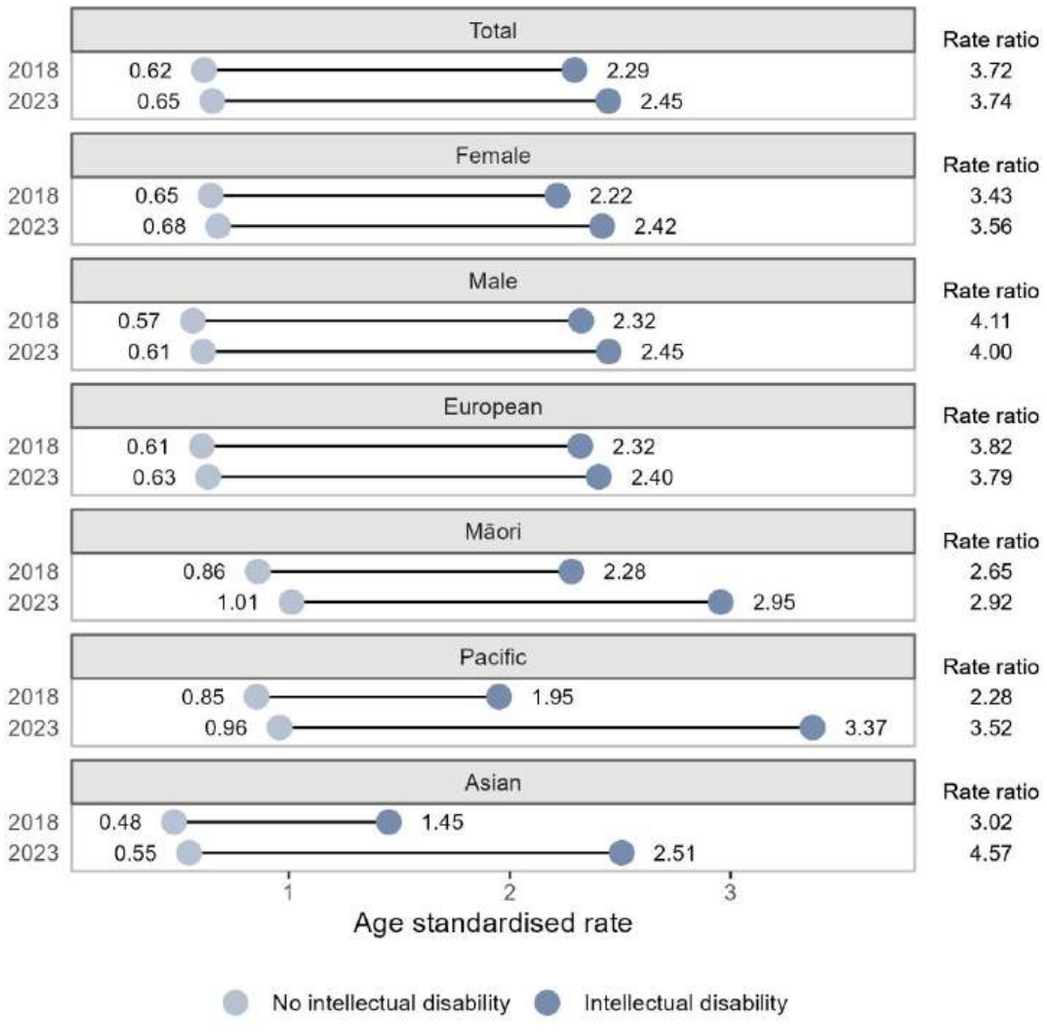
Dementia is an umbrella term used for when a person experiences gradual loss of brain function. It includes changes in memory, thinking, behaviour, personality, and emotions. The most common form of dementia is Alzheimer's disease.	
Indicator definition	Percentage of people having a public inpatient hospitalisation with a dementia diagnosis; secondary mental health and addiction service with a dementia diagnosis; or prescription medicine for treating dementia.
Data source	Ministry of Health National Minimum Dataset, Mental Health Information National Collection, PRIMHD, Pharmaceutical Collection data in the IDI.

There is strong evidence that adults with Down syndrome face a higher risk of dementia and experience earlier onset compared to the general population (Rubenstein, Hartley, & Bishop, 2019). Although estimating dementia prevalence in people with intellectual disabilities presents methodological challenges, studies show that elevated risk also exists among the intellectually disabled population without Down syndrome (Strydom, Hassiotis, King, & Livingston, 2009) (Takenoshita, et al., 2020). These challenges include difficulties diagnosing dementia in individuals with pre-existing cognitive impairments and the complexity of assembling representative samples.

In New Zealand, dementia rates are rising in the general population, with an even faster increase among people with intellectual disabilities. As shown in Figure 21, from 2018 to 2023, standardised dementia rates rose from 0.62 percent to 0.65 percent for adults without intellectual disability, and from 2.29% to 2.45% for those with intellectual disability. This has widened the dementia rate gap in both absolute and relative terms, adults with intellectual disabilities are now nearly four times more likely to be diagnosed with dementia. The increase appears especially pronounced among Māori, Pacific, and Asian populations, though small sample sizes mean these trends should be interpreted with caution until further data is available.

Matthew Tucker
Alphabetical Numbers and Numerical Letters
IHC Art Awards Entrant 2025

Figure 21 – Dementia care or treatment, age standardised rates for the total population, by gender, and by ethnicity



Sources: Ministry of Health National Minimum Dataset, Mental Health Information National Collection, PRIMHD, Pharmaceutical Collection data in the IDI.
Definition: Percentage of people having a public inpatient hospitalisation with a diagnosis of dementia; secondary mental health and addiction service with dementia; or prescription medicine for treating dementia.

3.3.4 Any type of mental disorder

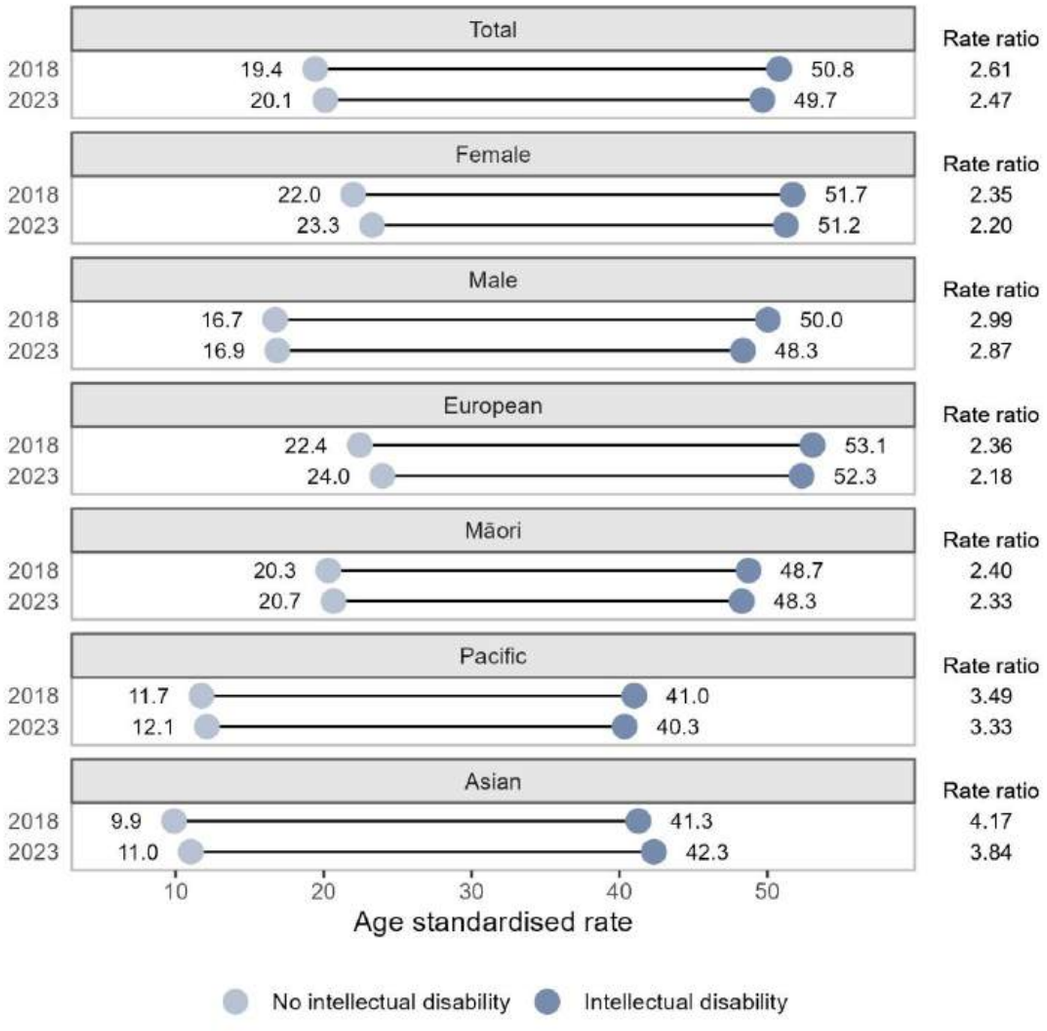
This indicator covers care or treatment for any mental health condition, including neurological conditions.	
Indicator definition	Percentage of people with treatment for any mental health condition, including mood disorders, psychotic disorders, dementia, eating disorders, substance use disorders, ADHD, anxiety disorders, personality disorders and autism.
Data source	Ministry National Minimum Dataset, Mental Health Information National Collection, PRIMHD, Pharmaceutical Collection data in the IDI.

Last updated in 2022 the Royal Australian and New Zealand College of Psychiatrists (RANZCP) published a position statement (RANZCP, 2022) to address the significant challenges and unmet mental health needs for people with intellectual disability. It reports the higher rates of mental health conditions experienced by people with intellectual disabilities often associated with complex needs and unique obstacles to accessing care, requiring services to be delivered using a person-centred approach.

Figure 22 shows that while mental health disorders have increased in the general population since 2018, rates among people with intellectual disabilities have slightly declined, from 50.8 percent in 2018 to 49.7 percent in 2023. Despite this, a significant disparity remains, nearly half of individuals with intellectual disabilities receive care or treatment for mental health disorders, making them 2.5 times more likely to do so than those without intellectual disabilities.

Adjusted by age (Figure 22) the rate of mental disorder is higher for females than males, but the difference is much less noticeable in the intellectually disabled population. Looking at ethnicity, people of Asian and Pacific ethnicities have the lowest rates of mental health care or treatment but the highest relative increase between people without and with intellectual disability (rate ratio of 3.33 for Pacific and 3.84 for Asian).

Figure 22 – Any mental health condition, age standardised rates for the total population, by gender, and by ethnicity



Sources: Ministry National Minimum Dataset, Mental Health Information National Collection, PRIMHD, Pharmaceutical Collection data in the IDI.
Definition: Percentage of people with treatment for any mental health condition, including mood disorders, psychotic disorders, dementia, eating disorders, substance use disorders, ADHD, anxiety disorders, personality disorders and autism.

3.3.5 Any type of mental health condition in parents

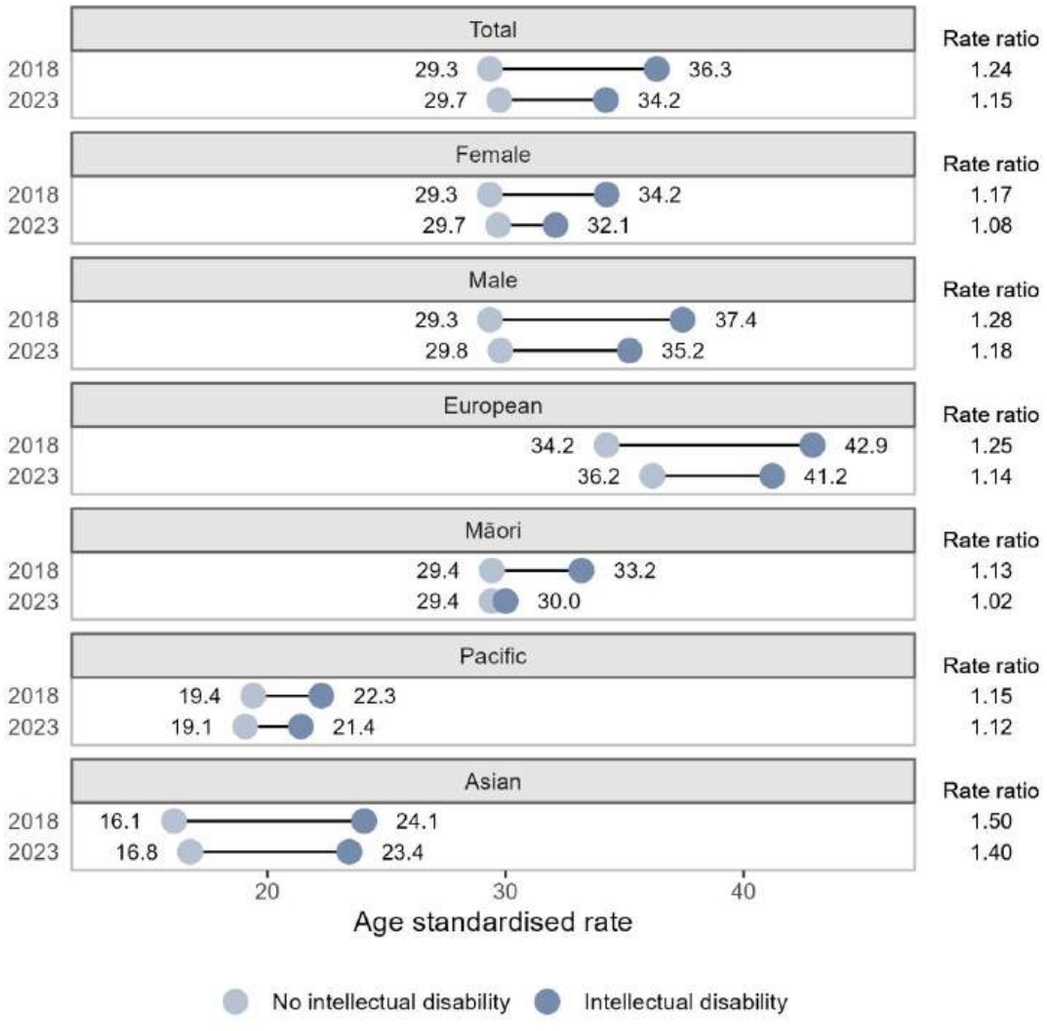
New Indicator - This indicator covers care or treatment for any mental health condition, including neurological conditions for parents of children under 15 years of age.	
Indicator definition	Percentage of children under 15 years of age who have a parent who has been treated for any mental health condition, including mood disorders, psychotic disorders, dementia, eating disorders, substance use disorders, ADHD, anxiety disorders, personality disorders and autism.
Data source	Ministry National Minimum Dataset, Mental Health Information National Collection, PRIMHD, Pharmaceutical Collection data in the IDI.

This new indicator highlights the importance of health within the family context by focusing on interconnections within whānau. It compares parental mental health service use for children under 15 years of age without intellectual disability with children with intellectual disability.

A recent systematic review found that parents of children with intellectual disabilities often experience reduced quality of life and increased physical and mental health issues due to caregiving demands (Barrat, et al., 2025). Similarly, recent New Zealand IHC research shows that inadequate support for these families can further impact parents' health (McLeod, Stone, & Beltran-Castillon, 2025).

Figure 23 shows the percentage of children with parents who have been treated for any mental health condition. The figure suggests that the rates have decreased for intellectually disabled children from 2018 to 2023 and have slightly increased for children without intellectual disability. Since research consistently shows that having a child with a disability can significantly affect the mental health of parents, this finding could indicate that parents with intellectually disabled children find it harder to access mental health support, highlighting a potential unmet need.

Figure 23 - Any mental health condition in parents of children under 15 years of age, age standardised rates for the total population, by gender, and by ethnicity



Sources: Ministry National Minimum Dataset, Mental Health Information National Collection, PRIMHD, Pharmaceutical Collection data in the IDI.
Definition: Percentage of people with treatment for any mental health condition, including mood disorders, psychotic disorders, dementia, eating disorders, substance use disorders, ADHD, anxiety disorders, personality disorders and autism.

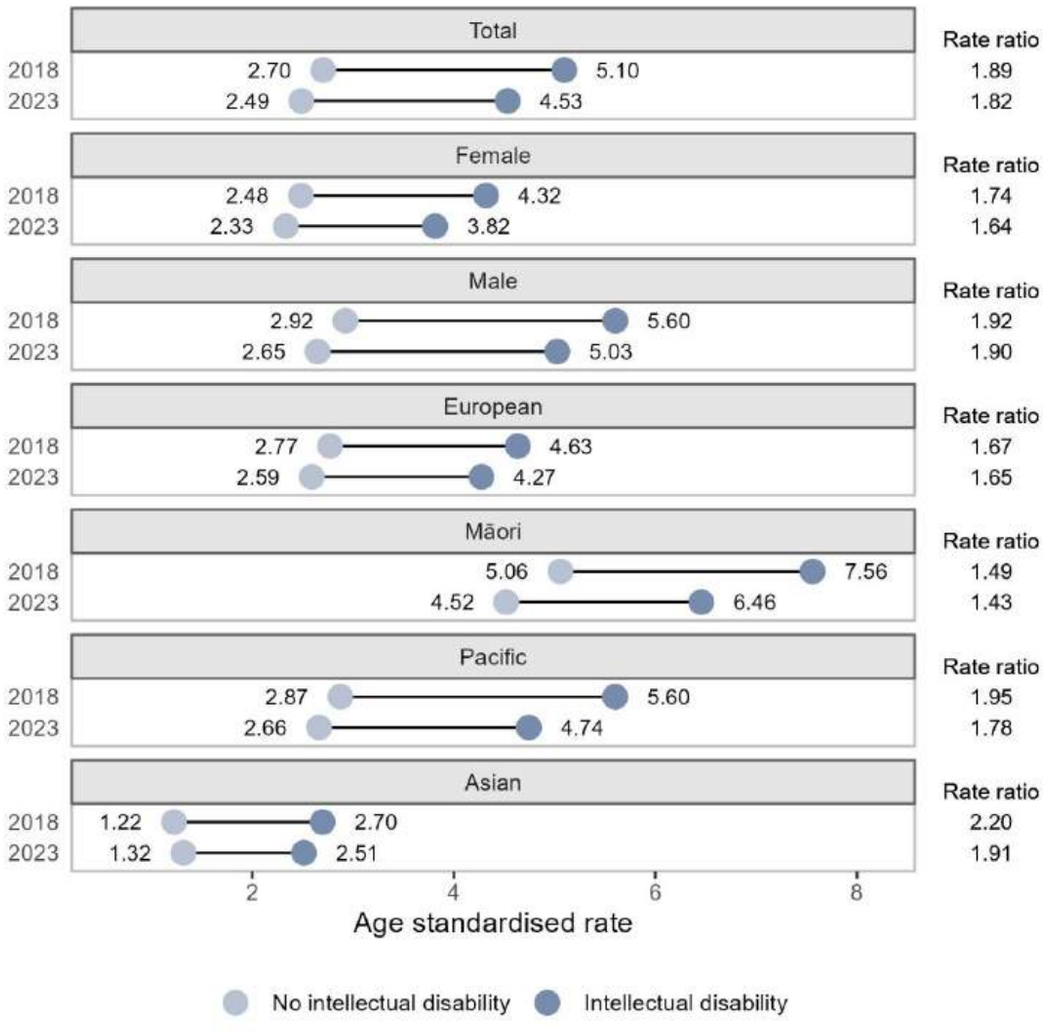
3.3.6 Substance use

New Indicator - Substance use is a critical social indicator that reflects patterns of behaviour with profound implications for public health, social stability, and economic productivity. Substance use disorder can be due to legal or illegal substances.	
Indicator definition	Percentage of people having a public inpatient hospitalisation with a substance use disorder diagnosis; secondary mental health and addiction service with a substance use disorder diagnosis; prescription medicines for treating a substance use disorder in the year to June of the cohort year.
Data source	Ministry National Minimum Dataset, Mental Health Information National Collection, PRIMHD, Pharmaceutical Collection data in the IDI.

Age standardised treatment rates for substance use disorders were considerably higher for people with intellectual disability in both 2018 and 2023 (see Figure 24). While there were decreases in treatment over time for both people with and without intellectual disability of both genders and in most ethnic groups, it is unclear whether this reflects true decreases in prevalence, or reduced access to services.[7]

[7] While prevalence of problematic use of tobacco and alcohol was estimated to have decreased over a similar period in the New Zealand Health Survey, problematic use of illicit substances was estimated to have increased over the same period (Ministry of Health, 2024b).

Figure 24 -Substance use care of treatment, age standardised rates for the total population, by gender, and by ethnicity, 2018 and 2023.



Sources: Ministry National Minimum Dataset, Mental Health Information National Collection, PRIMHD, Pharmaceutical Collection data in the IDI.
Definition: Percentage of people having a public inpatient hospitalisation with a diagnosis of substance use disorder; secondary mental health and addiction service with dementia; or prescription medicine for treating dementia.

3.4 Primary Health Care

Primary health care is the first point of contact to the health system for most people. Primary health care is based in the community, and includes GP clinics. People can access primary care services without a referral. This section reports on enrolment in, and use of, primary health care services. We have not been able to provide an update on how many

people are enrolled in Care Plus, a primary health care funding initiative to support people with high health needs, as this data is no longer available in the IDI.

3.4.1 Enrolled in a primary health organisation (PHO)

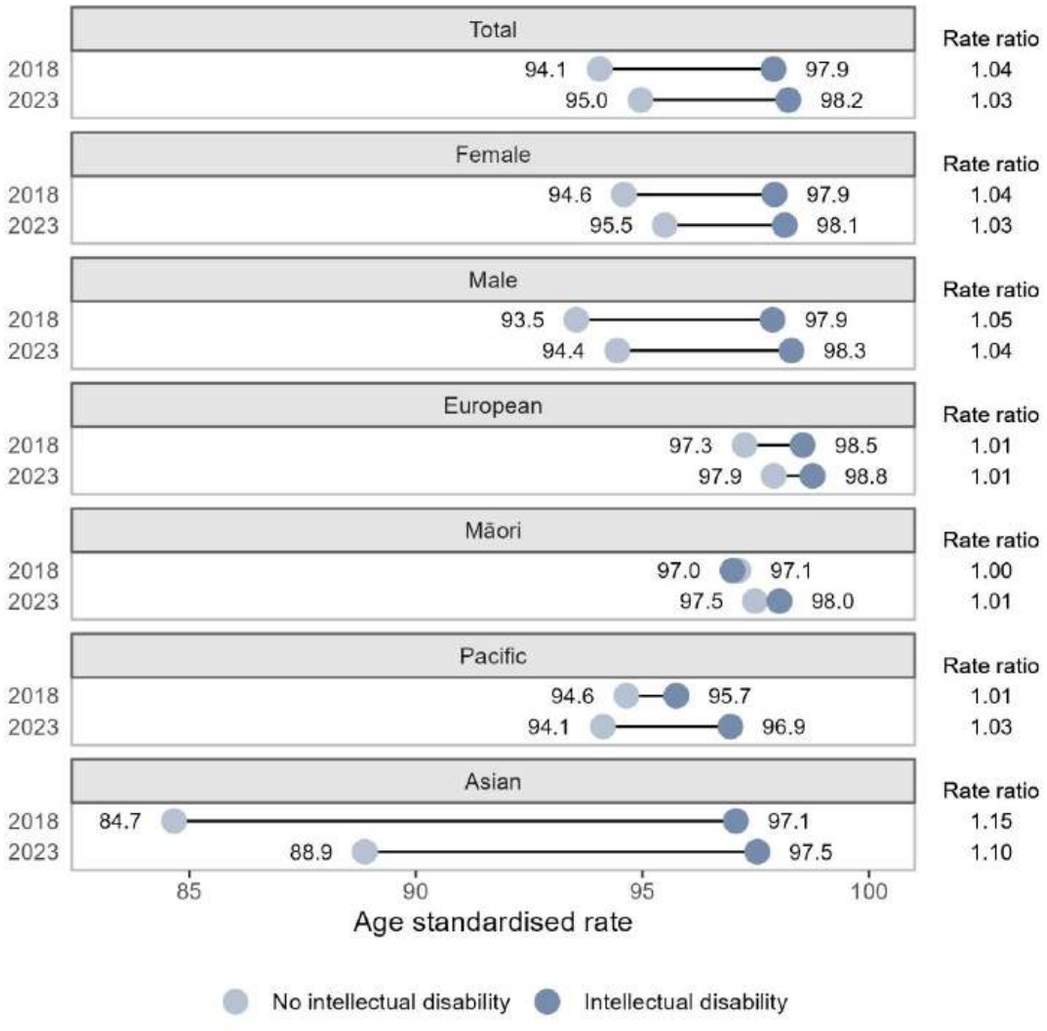
Primary Health Organisations (PHOs) are government-funded organisations that provide primary healthcare services to people enrolled under their care. Enrolment in a PHO entitles people to receive government-subsidised general practice services and other care.	
Indicator definition	Percentage of people enrolled in a primary health organisation (PHO) as at 30 June of reporting year.
Data source	Primary Health Organisation (PHO) Enrolment Register and National Enrolment Service (NES) Register data in the IDI.

The previous monitoring reports show high PHO enrolment rates across all age groups for people with and without intellectual disability. However, those with intellectual disability were more likely to be enrolled at younger ages and slightly less likely at older ages compared to those without.

Figure 25 shows PHO enrolment increased overall from 2013 to 2018. People with intellectual disability had a higher age-standardised enrolment rate (98.2%) than those without (95.0%). Among ethnic groups, Asians without intellectual disability had the lowest enrolment rates, likely due to a higher proportion being recent migrants, many of whom may be ineligible for PHO enrolment due to temporary visa status.

Yas Cunningham
Matti
IHC Art Awards Entrant 2025

Figure 25 – Enrolled in a primary health organisation (PHO), age standardised rates for the total population, by gender, and by ethnicity, as at June 2018



Sources: Primary Health Organisation (PHO) Enrolment Register data and Enrolment Service (NES) Register data in the IDI.
Definition: Percentage of people enrolled in a primary health organisation (PHO) as at 30 June 2018.

3.4.2 General practice consultations

General Practice clinics or medical centres are the primary point of contact for healthcare outside of hospitals. They provide comprehensive, community-based, and ongoing care for individuals and families. General practice consultations include visits to PHO general practice clinics to see a doctor or a nurse, as well as after-hours services and non-PHO primary health services.	
Indicator definition	Percentage of people who consulted a general practice in the three months to 30 June of the reporting year.
Data source	Primary Health Organisation (PHO) Enrolment Register data, National Enrolment Service (NES) Register, and General Medical Service (GMS) data in the IDI.

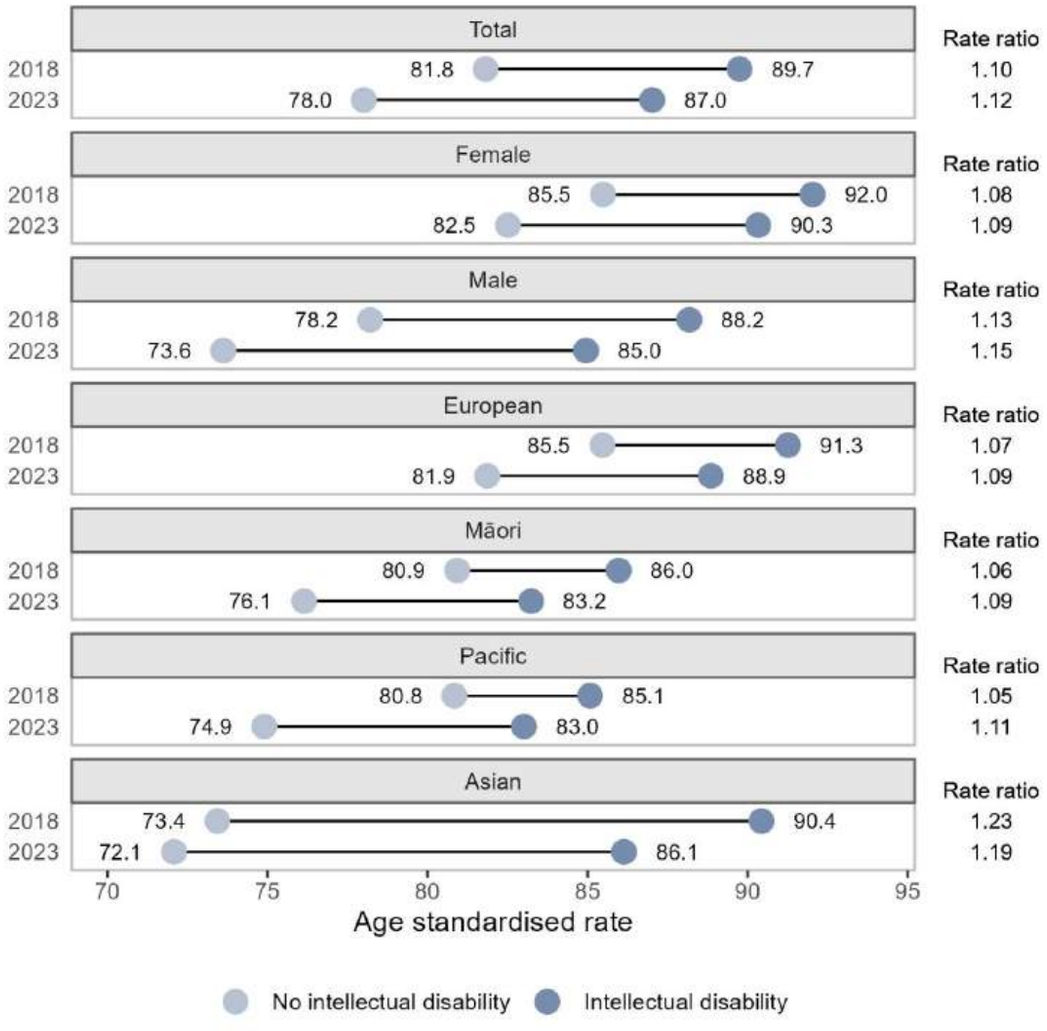
Recent New Zealand Health Survey results (Ministry of Health, 2024) that visits to the GP have decreased over the last five years, while emergency department visits have increased. This trend highlights the relationship between primary and secondary health care, where reduced access to primary care may lead to more people seeking treatment in hospital emergency departments.

Figure 26 shows the age adjusted rates of GP consultations have gone down from 2018 to 2023 for both people with and without intellectual disability, although the decrease is slightly less pronounced in the intellectually disabled population.

The patterns across subpopulation remain from 2018 with females still more likely to visit the GP and having an intellectual disability increased the likelihood of having a consultation for both genders.

Ben Stokes
Moon Art
IHC Art Awards 2025 Entrant

Figure 26 – Consulted general practice in the 3 months to 30 June 2018, age standardised rates for the total population, by gender, and by ethnicity



Sources: Primary Health Organisation (PHO) Enrolment Register data, General Medical Service (GMS) data and National Enrolment Service (NES) Register in the IDI.
Definition: Percentage of people who consulted a general practice in the three months to 30 June 2018.

3.4.3 Dispensed pharmaceuticals

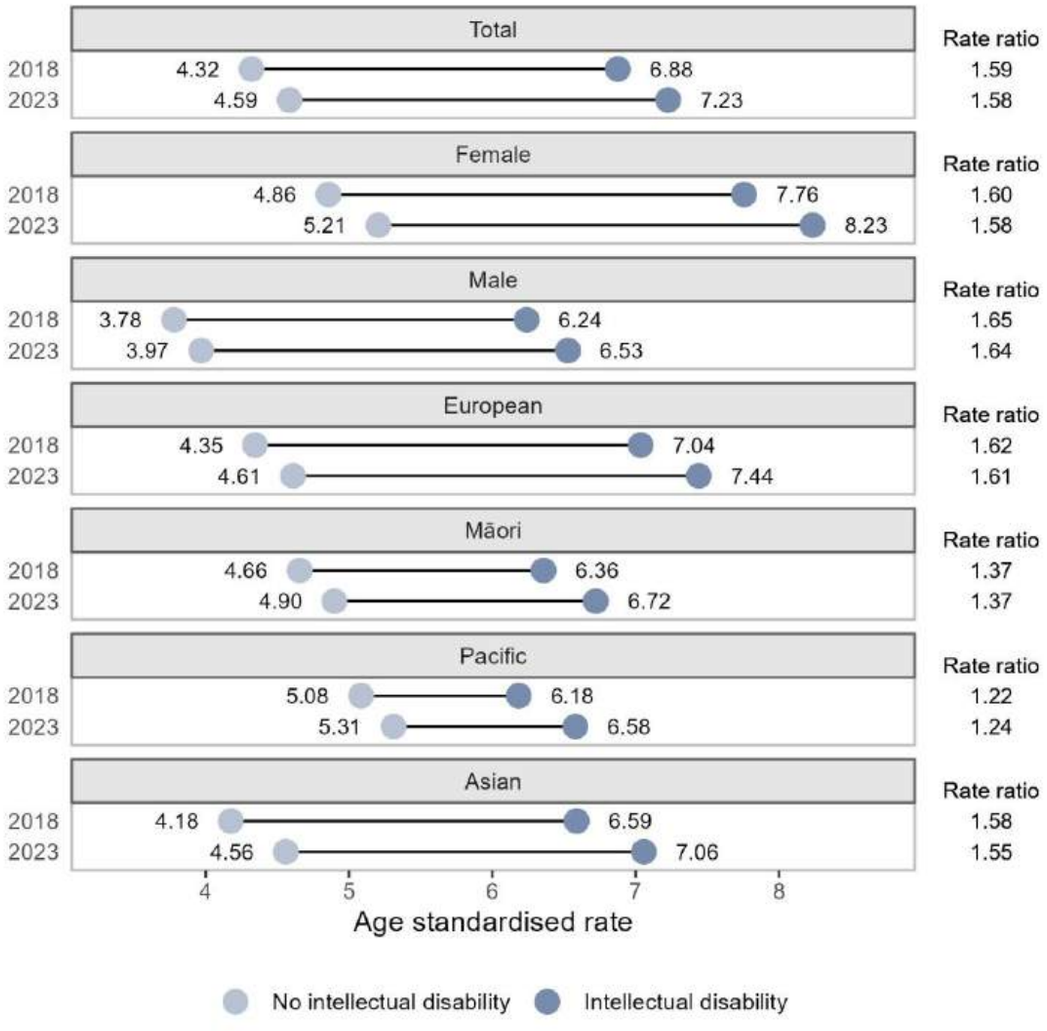
The number of pharmaceutical types dispensed is a useful indicator in public health to monitor among other things, the concurrent use of multiple medications by a person (polypharmacy) and health system utilisation. Polypharmacy can be an indication of the presence of complex health conditions, and can be beneficial or harmful depending on the appropriateness or otherwise of the prescribing.	
Indicator definition	Mean number of different pharmaceutical types per person, year to 30 June of the reporting year.
Data source	Pharmaceutical Collection data in the IDI.

Comparing the number and types of pharmaceuticals dispensed to people with and without intellectual disability helps to identify potential disparities in healthcare access, quality, and safety. Individuals with intellectual disability often have complex health needs and may be more vulnerable to inappropriate or excessive prescribing, particularly of psychotropic medications (Song, et al., 2023).

Figure 27 shows that, after adjusting for age, the average number of different pharmaceuticals dispensed per person per year has increased at a similar rate for both people with and without intellectual disability. As a result, the gap between the two groups remains consistent. In 2023, people with intellectual disability received an adjusted average of 7.23 different types of pharmaceuticals per person per year, more than one and a half times the 4.59 average for those without intellectual disability.

On average, females are dispensed a greater number of different pharmaceutical types each year than males. When examining the data by ethnicity, among people without intellectual disability, those in the European ethnic group had lower age-adjusted rates of dispensed pharmaceuticals compared to Māori and Pacific people. However, among people with intellectual disability, Europeans had the highest age-adjusted rate of all ethnic groups, receiving an average of 7.44 different pharmaceutical types per year.

Figure 27 – Dispensed pharmaceutical types per person, age standardised rates for the total population, by gender, and by ethnicity



Sources: Pharmaceutical Collection data in the IDI.
Definition: Mean number of different pharmaceutical types per person, year to 30 June 2018 and 2023.

3.5 Public hospital services

This section reports on indicators related to care in public hospitals: dental treatment, treatment for injuries, emergency department visits, and potentially avoidable hospitalisations.

3.5.1 Public hospital dental treatment

Dental care is critical as pain and extractions have multiple profound and compounding effects. Not only does the person experience pain and resistance to eating/drinking with associated nutritional outcomes, but also with multiple extractions, people can face difficulties with chewing and swallowing.	
Indicator definition	Mean number of public hospitalisations for dental treatment between 1 July of the year before reporting and 30 June of the reporting year. Includes dental extractions, dental restorations, and other oral and dental disorders.
Data source	Ministry of Health Publicly funded hospital discharges, National Minimum Dataset (NMDS) data in the IDI.

In New Zealand, the Community Oral Health Service provides free dental education, preventive care, and basic treatment for pre-school and primary school children. Adolescents are also eligible for a range of free basic dental services until they turn 18. In addition, free hospital dental care is available for children and adults with special medical needs (such as cleft palate), disabilities that prevent them from using standard dental services, or conditions requiring dental treatment as part of other medical care (such as treatment for head or neck cancer)[8].

International evidence, including systematic reviews show that people with intellectual disability have poorer oral health, less preventative dentistry and poorer access to services compared to the general population (Wilson, Zhen, Villarosa, & Ajesh, 2019) (Anders & Davis, 2010). These disparities are reflected in hospital admission patterns, where intellectual disability has been found to be one of four conditions associated with hospital dental admissions (Whyman, Mahoney, Stanley, & Morrison, 2021).

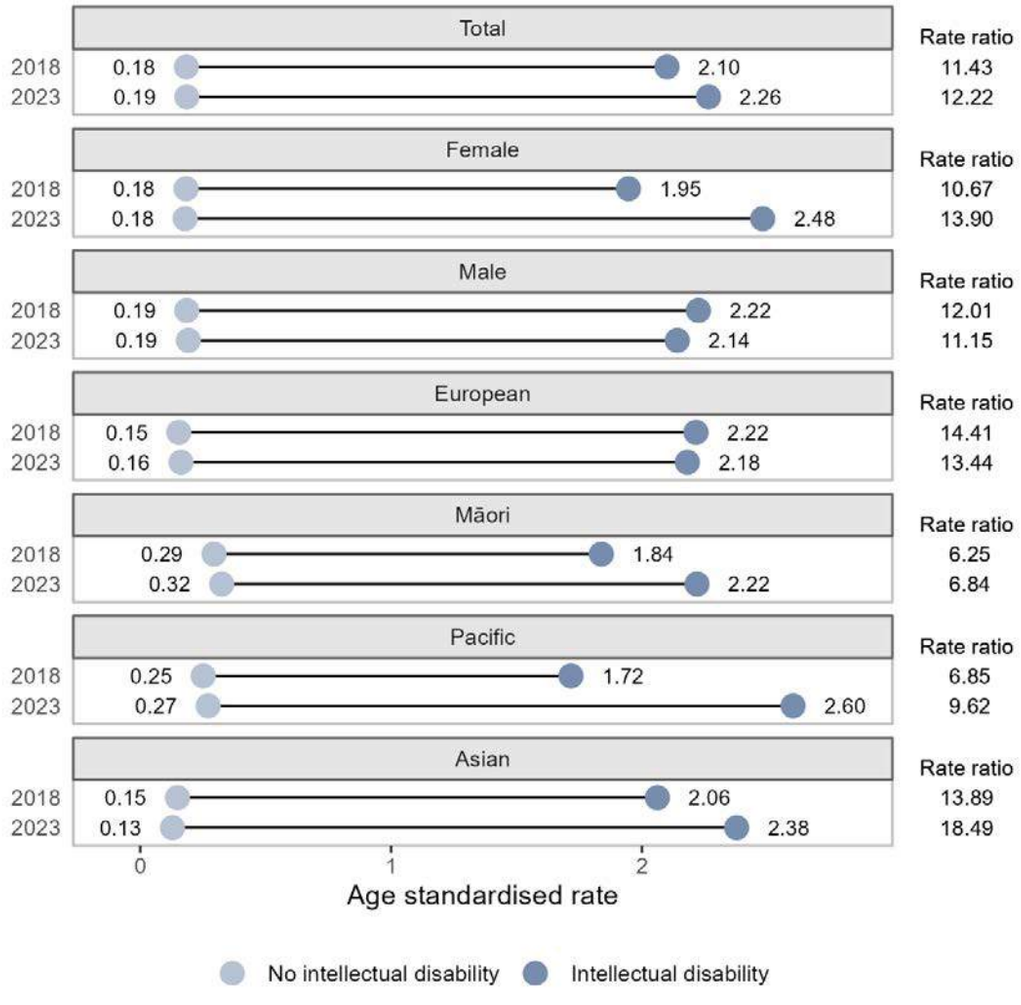
Overall, the rates of people who are hospitalised for dental treatment at a public hospital is low. In 2023, the age-adjusted rate of public hospital dental treatment was 0.19 discharges per 100 people without intellectual disability, compared to 2.26 discharges per 100 people with intellectual disability—over twelve times higher (Figure 28). From 2018 to 2023, hospital dental treatment rates remained stable for those without intellectual disability but increased among those with intellectual disability. This rise was

[8] https://www.tewhatuora.govt.nz/for-health-providers/publicly-funded-health-and-disability-services/visiting-a-dentist

especially pronounced among females and individuals identifying as Māori or Pacific within the intellectually disabled population.

As a result, the disparity in hospitalisations for dental treatment between the two populations has widened. It is unclear from this data whether the increase reflects poorer oral health, reduced access to preventative dentistry, and barriers to community-based services, or alternatively, whether it indicates improved referral pathways and access to hospital-based dental care for people with intellectual disabilities.

Figure 28 – Dental treatment in public hospital discharges, discharges per 100 people in the year to 30 June of the study cohort, age standardised rates for the total population, by gender, and by ethnicity



Sources: Ministry of Health Publicly funded hospital discharges, National Minimum Dataset (NMDS) data in the IDI.
Definition: Mean number of public hospitalisations for dental treatment between 1 July 2017 and 30 June 2018 and 2023. Includes dental extractions, dental restorations, and other oral and dental disorders.

3.5.2 Emergency department visits

Emergency departments provide urgent care for serious illnesses and injuries. Increases in emergency department visits may reflect emerging public health issues or signal limited access to primary care. Disproportionately high emergency department use points to inequities in care.	
Indicator definition	Percentage of people discharged from a public hospital emergency department, year to 30 June of the cohort year.
Data source	National Non-Admitted Patient Collection data in the IDI.

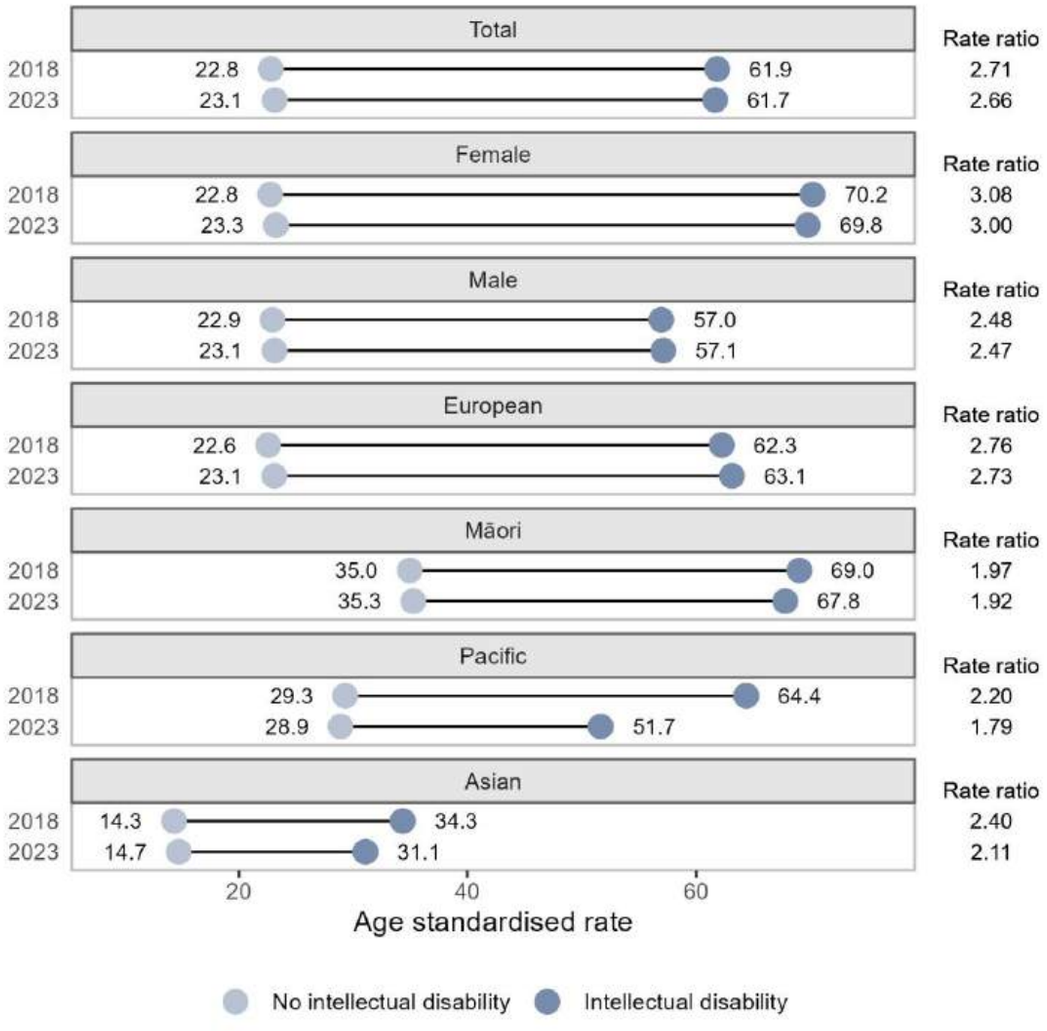
Figure 29 shows that age-standardised emergency department attendance rates remained largely unchanged between 2018 and 2023. People with intellectual disabilities continue to be more than two and a half times as likely to visit the emergency department compared to those without intellectual disability.

While gender differences in emergency department use are minimal in the general population, females with intellectual disabilities have notably higher rates than males. In 2023, the age-adjusted ED discharge rate was 69.8 per 100 people for females, compared to 57.1 for males, highlighting potential gaps in preventive care for this population.

Māori continue to have the highest emergency department attendance rates across all ethnic groups, regardless of intellectual disability status. Although rates for Pacific people with intellectual disabilities declined in 2023, this finding should be interpreted with caution due to the small population size and the lack of a similar trend in the non-disabled Pacific population.

Linda Clark
Nature's Leaf
IHC Art Awards Entrant 2025

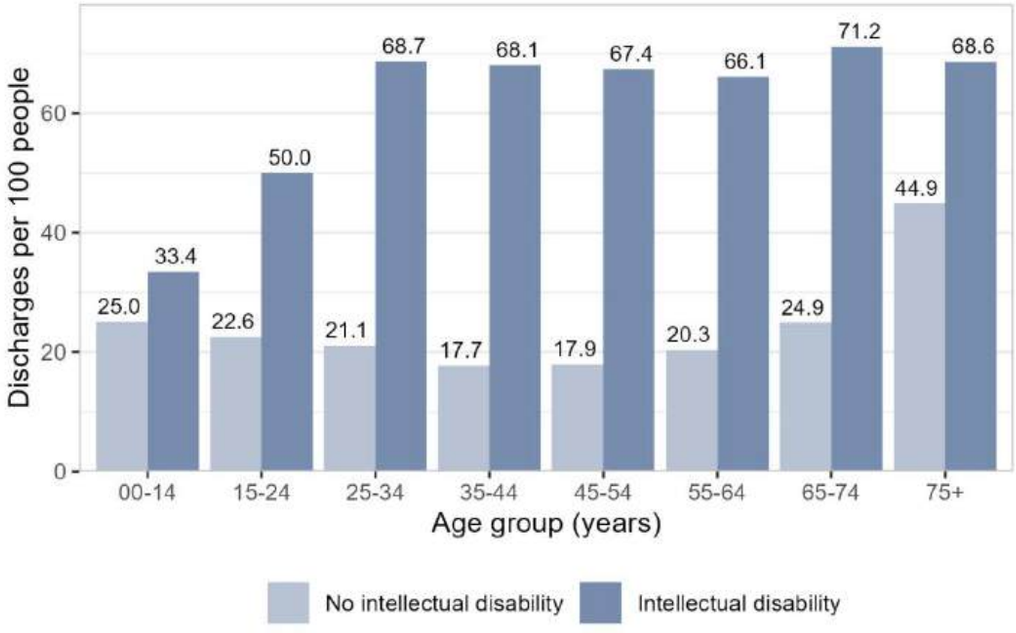
Figure 29 – Public hospital emergency department attendance, year to 30 June 2018 and 2023, age standardised rates for the total population, by gender, and by ethnicity



Sources: National Non-Admitted Patient Collection data in the IDI.
Definition: Percentage of people discharged from a public hospital emergency department, year to 30 June 2018 and 2023.

In 2023 emergency department visits remain consistently higher among individuals with intellectual disabilities across all age groups (see Figure 30) with a different pattern of use compared to the non-intellectually disabled population. While the latter is more likely to use emergency services at younger and older ages, individuals with intellectual disabilities commonly visited the emergency department across all age groups over the age of 25 years.

Figure 30 – Public hospital emergency department attendance by age group, year to 30 June 2023



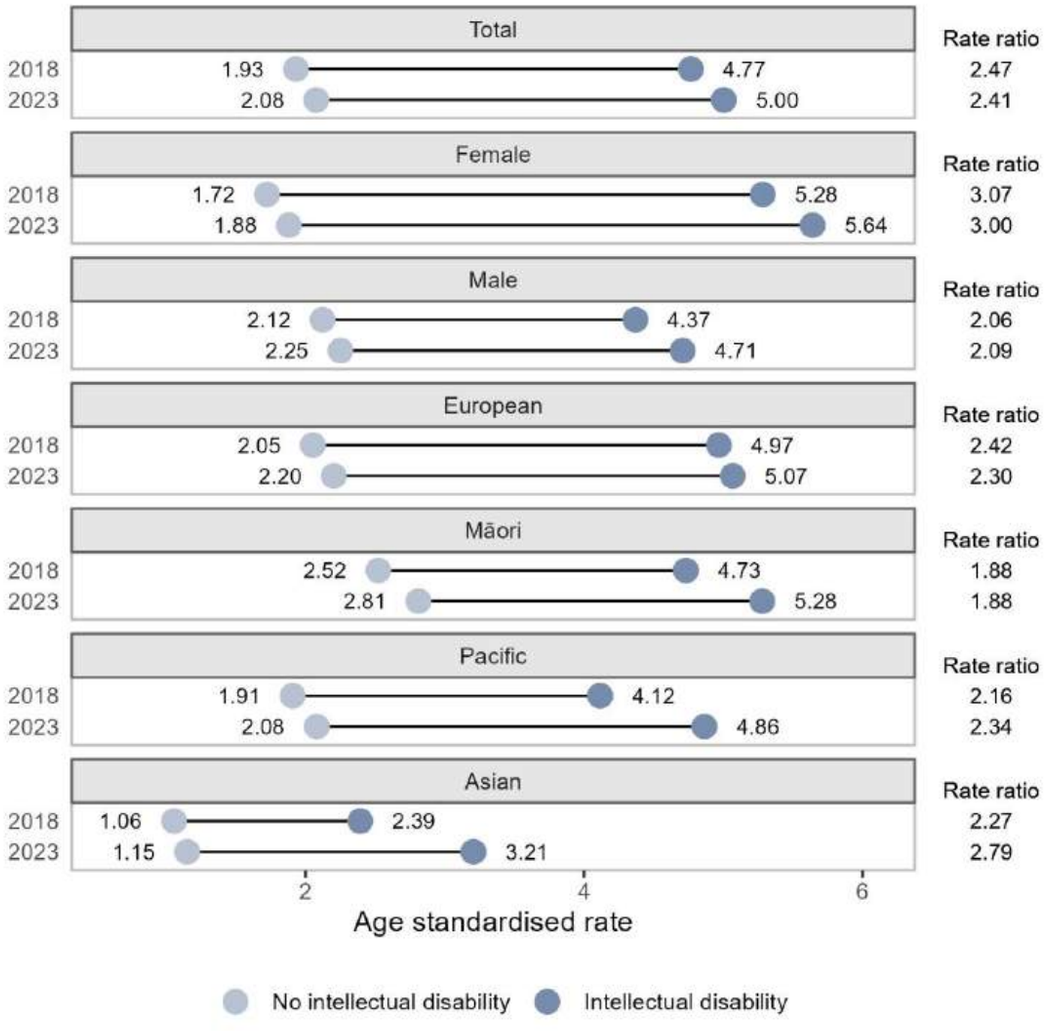
Sources: National Non-Admitted Patient Collection data in the IDI.
Definition: Percentage of people discharged from a public hospital emergency department, year to 30 June 2023.

3.5.3 Public hospital care for injury

An injury is damage to the body, typically resulting from an external force or event. Injuries can have a big impact on individuals, families, friends, workmates and communities.	
Indicator definition	Mean number of public hospitalisations for injury. Public hospital care for injury is defined as medical or surgical treatment for intentional and unintentional injury (excluding the complications of hospital treatment) between 1 July of the previous year and 30 June of the cohort year.
Data source	National Minimum Dataset data in the IDI.

After adjusting for age, Figure 31 show that shows that injury treatment rates increased across the board from 2018 to 2023. People with intellectual disability remain more than twice as likely to receive public hospital treatment for injuries compared to those without (rate ratio of 2.41 in 2023). Although the relative gap has narrowed slightly, the absolute gap and overall injury rates have increased; an overall negative trend.

Figure 31 – Public hospital care for injury, discharges per 100 people in the year to 30 June 2018, age standardised rates for the total population, by gender, and by ethnicity



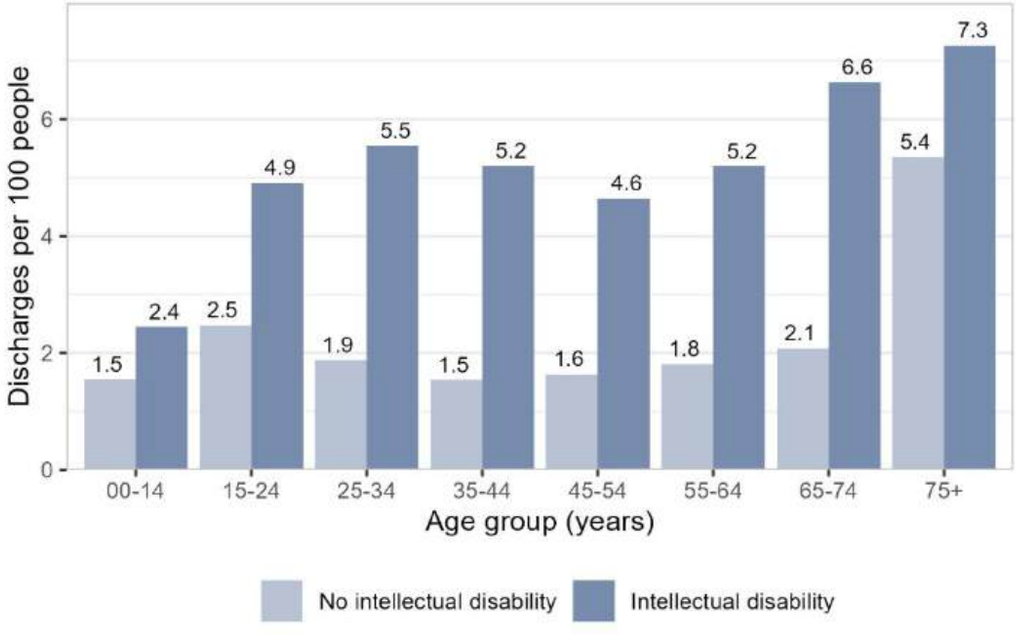
Sources: National Minimum Dataset data in the IDI.
Definition: Mean number of public hospitalisations for injury. Public hospital care for injury is defined as medical or surgical treatment for intentional and unintentional injury (excluding the complications of hospital treatment) between 1 July 2007 and 30 June 2018.

As in previous reports, females without intellectual disability had lower injury rates than males, while the opposite was true for those with intellectual disability. This continues to highlight a specific and unmet health need among women with intellectual disability.

Across all groups, people of Asian ethnicity were less likely to receive injury-related treatment than those of other ethnic backgrounds, regardless of intellectual disability status.

Figure 32 presents injury-related hospital discharge rates by age for individuals with and without intellectual disability, revealing distinct patterns across the life course. Among those without intellectual disability, rates peak at ages 15–24, then decline before rising first slowly and then sharply after age 75. In contrast, for individuals with intellectual disability, rates increase faster, showing the first peak later at ages 25–34, where the average injury hospitalisation rate is 5.5 per 100 people, compared to 1.9 in those without intellectual disability. Rates remain elevated across older age groups, with the largest disparity seen at ages 65–74.

Figure 32 – Public hospital care for injury by age group, year to 30 June 2023



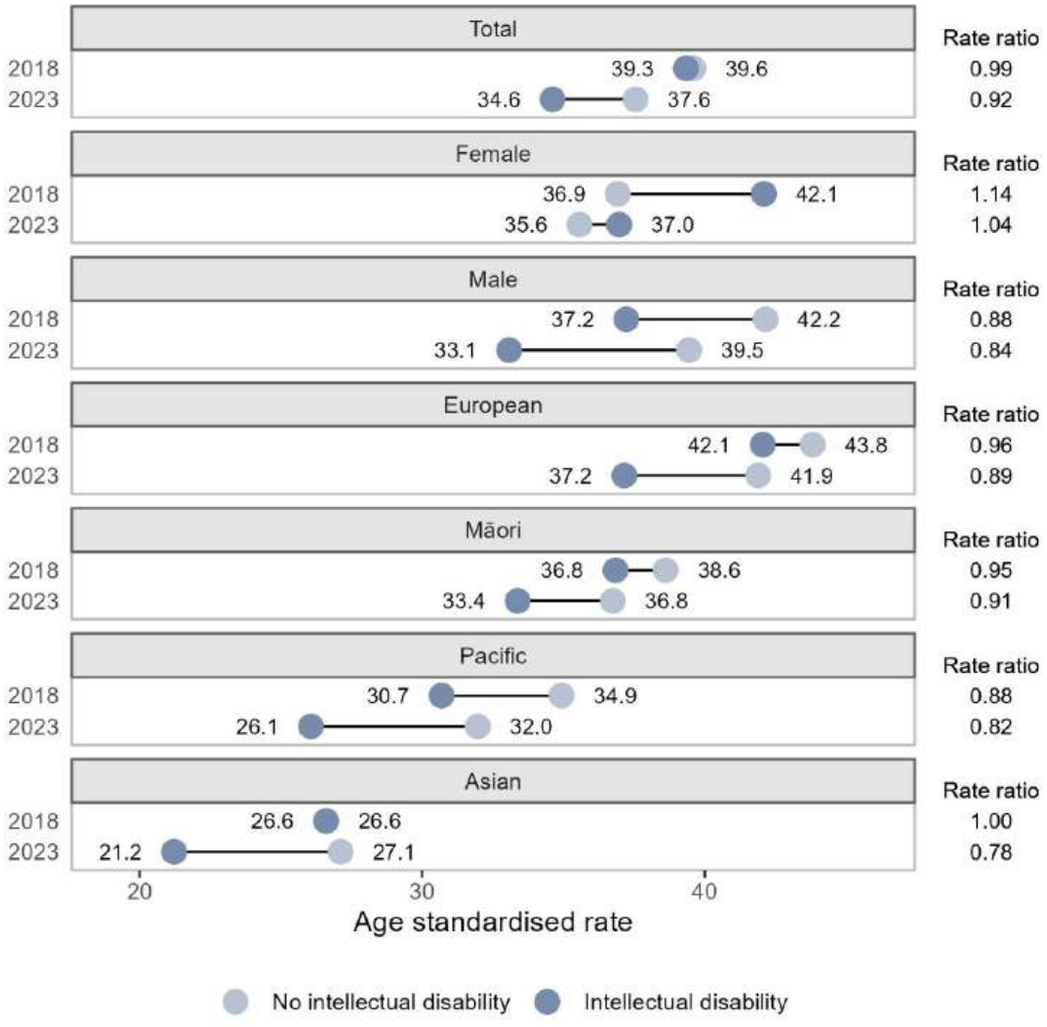
Sources: National Minimum Dataset data in the IDI.
Definition: Mean number of public hospitalisations for injury. Public hospital care for injury is defined as medical or surgical treatment for intentional and unintentional injury (excluding the complications of hospital treatment) between 1 July 2017 and 30 June 2018.

3.5.4 Accident Compensation Corporation (ACC) claims

New indicator - Everyone in New Zealand is covered by ACC's no-fault scheme if they're injured in an accident. The cover provided helps pay for the costs of your recovery. This includes payment towards treatment, help at home and work, and help with your income.	
Indicator definition	Percentage of people who made at least one ACC claim in the year to 30 June of the cohort year.
Data source	ACC data in the IDI.

In the last two indicators we have seen that people with intellectual disability have a higher likelihood of presenting at the emergency department and to suffer from injuries than people without intellectual disability. However, this indicator shows that people with intellectual disability have fewer ACC claims than people without intellectual disability. This could indicate the existence of barriers to ACC entitlement or system navigation for people with intellectual disability. The only population subgroup for which is not the case is females, which is consistent with the elevated rates of injuries and emergency department presentation observed in the last two indicators.

Figure 33 - Percentage of people who made at least one ACC claim in the year to 30 June of the cohort year.



Sources: ACC data in the IDI.
Definition: Percentage of people who made at least one ACC claim for accident-related care in the year to 30 June 2018 and 2023.

Amanda Wrench
Flower Blossoms
IHC Art Awards 2025

3.5.5 Potentially avoidable hospitalisations (PAH)

This indicator measures the prevalence of hospital visits that, in theory, could have been avoided with health prevention measures, primary care treatment or by avoiding a preventable injury. The measure is based on the Ministry of Health official definition (Ministry of Health, 2020) **and includes respiratory conditions, gastroenteritis, skin infections, vaccine preventable illnesses and injuries.**	
Indicator definition	Mean number of potentially avoidable public hospitalisations between 1 July of the previous year and 30 June of the cohort year.
Data source	National Minimum Dataset data in the IDI.

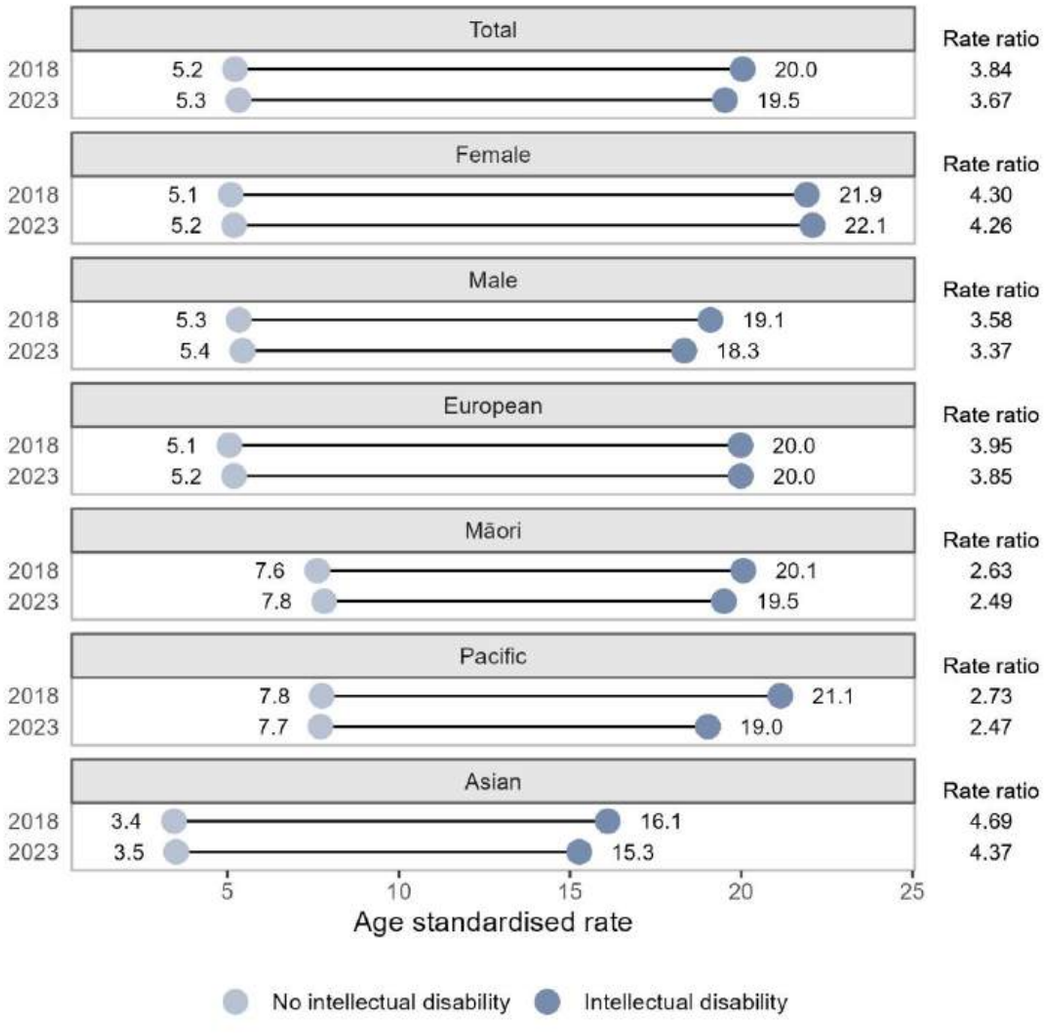
Previous reports show that people with intellectual disability experienced four times more potentially avoidable hospitalisations than people without intellectual disability across all ages, genders and ethnich groups.

The 2018 and 2023 age-adjusted rates show that there has been a slight decrease in potentially avoidable hospitalisations for people with intellectual disabilities overall but the patterns are mostly unchanged, with people with intellectual disability experiencing higher rates for all genders and ethnic groups. The largest relative difference between rates of people with and without intellectual disability are observed in females (rate ratio 4.26) and asians (rate ration 4.37).

The rates for females with intellectual disability reflect the same unmet needs shown in the previous two indicators.

Michael Pere
Danger Squad Bedroom
IHC Art Awards Entrant 2025

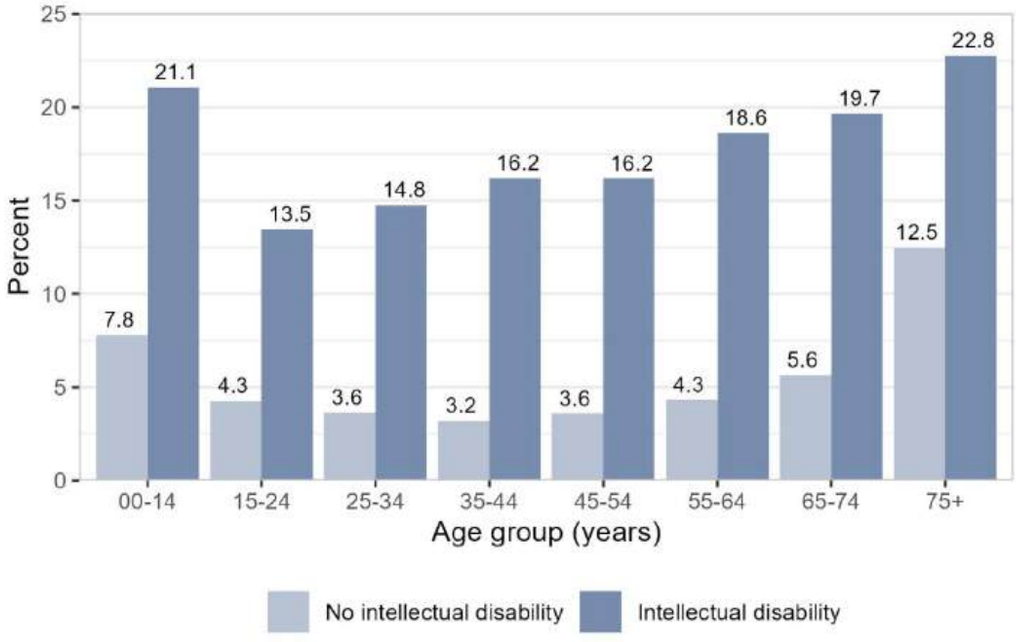
Figure 34 – Potentially avoidable hospitalisations (public hospital), discharges per 100 people in the year to 30 June of the cohort year, age standardised rates for the total population, by gender, and by ethnicity



Sources: Ministry of Health Publicly funded hospital discharges (National Minimum Dataset) data in the IDI.
Definition: Mean number of potentially avoidable hospitalisations per 100 people in the year to 30 June 2018, including respiratory conditions, gastroenteritis, skin infections, vaccine preventable illnesses and injuries.

People with and without intellectual disability experience different patterns of potentially avoidable hospitalisations throughout their lives (Figure 35). In the population without intellectual disability, these hospitalisation rates follow a U-shaped pattern; they are high in childhood, decrease during adulthood, and rise again after middle age. In contrast, for people with intellectual disability, the rates decline sharply after childhood but then increase steadily at a much earlier age. The largest difference in rates between the two groups occurs in the 55–64 age group.

Figure 35 - Potentially avoidable hospitalisations (public hospital), discharges per 100 people in the year to 30 June 2023, rates by age group.



3.6 Tobacco smoking habits

3.6.1 Tobacco smoking

Tobacco smoking is the leading modifiable non-dietary cause of death in New Zealand (Health, 2016)**. The Ministry of Health estimates that half of all long-term tobacco smokers will die from a smoking-related disease.**[9]	
Indicator definition	Percentage of adults 15 years or over who smoke cigarettes regularly (that is, one or more a day).
Data source	Census of Population and Dwellings, Administrative Population Census (APC) data in the IDI.

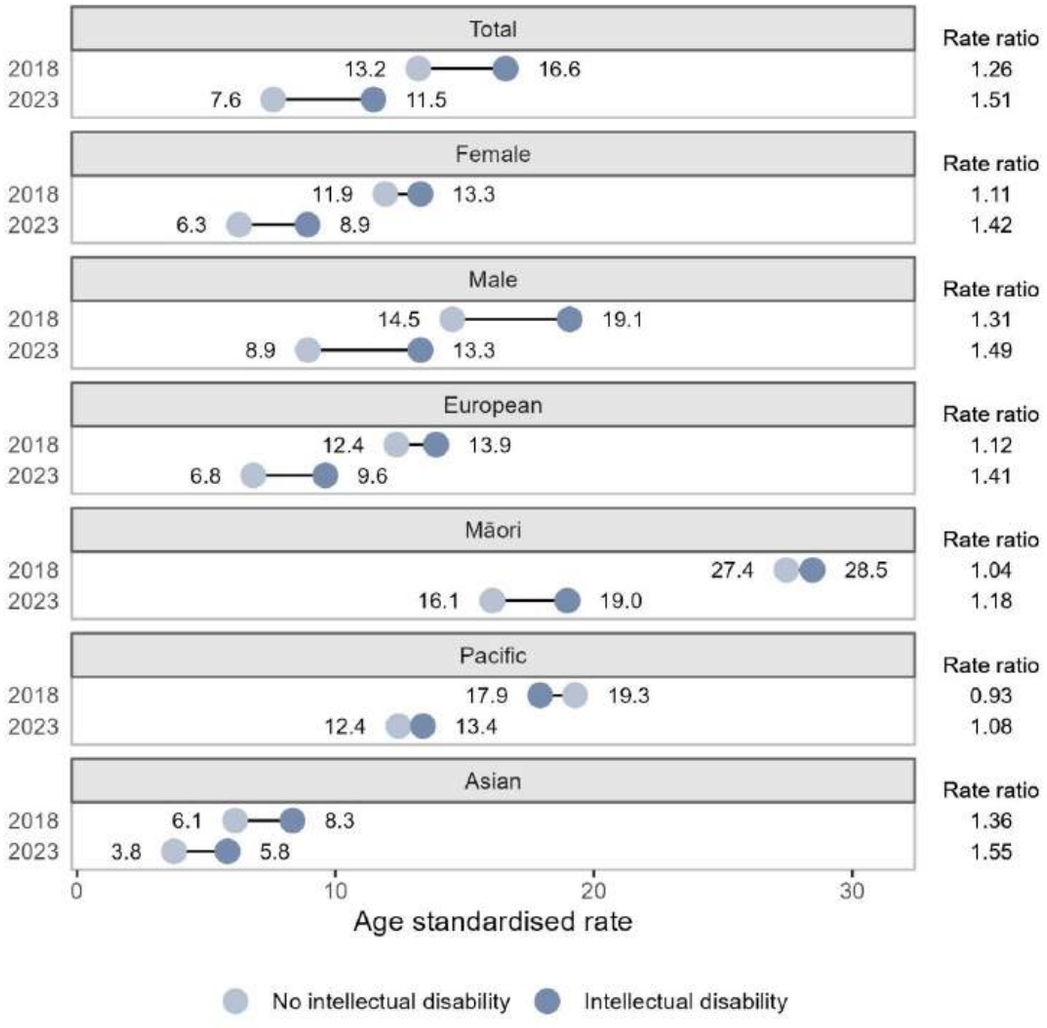
Smoking prevalence in Aotearoa have declined steadily since 2011[10]. Figure 36 shows this decline from 2018 to 2023 for people with and without intellectual disabilities.

[9] https://www.health.govt.nz/your-health/healthy-living/addictions/quitting-smoking/health-effects-smoking
[10] https://www.smokefree.org.nz/facts/law-policy-and-research/smoking-rates-and-figures

However, the rate of decline has not been equal, and both absolute and relative differences in smoking prevalence have widened between these groups.

The previous report showed that in 2018, smoking rates were similar for Māori and European adults regardless of intellectual disability. However, cessation rates differed significantly. Adults with intellectual disabilities were about half as likely to have quit smoking compared to their non-intellectually disabled peers. By 2023, age-adjusted rates reflect the impact of this disparity, with a growing gap in smoking prevalence between Māori and European adults with and without intellectual disabilities.

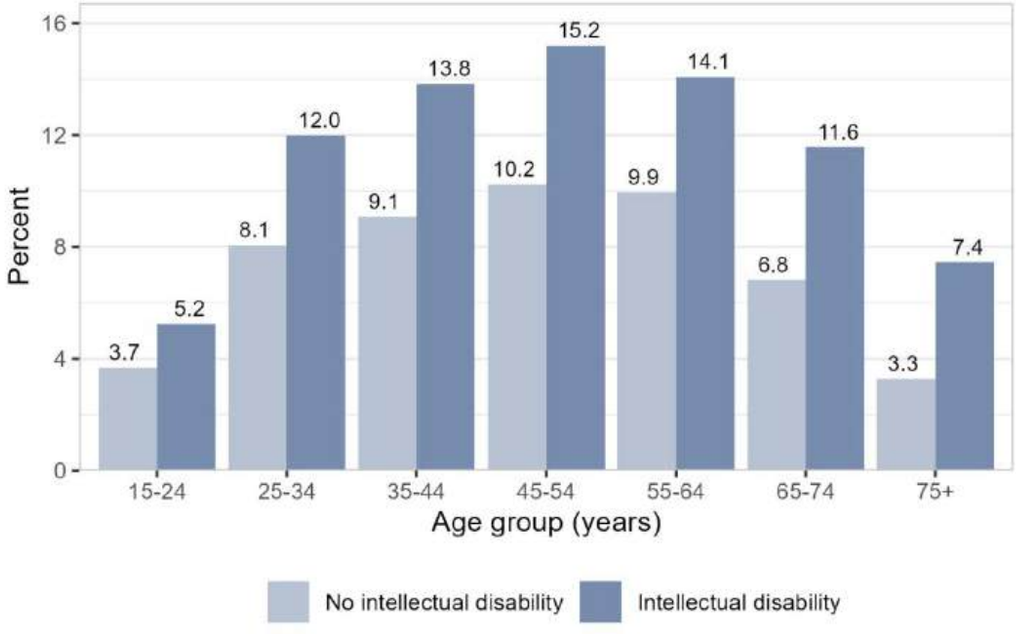
Figure 36 – Cigarette smoking rate, 2018 and 2023, age standardised rates for the total population, by ethnicity and by gender



Sources: 2018 and 2023 Census of Population and Dwellings, Administrative Population Census (APC) data in the IDI.
Definition: Percentage of adults 15 years or over who smoke regularly (that is, one or more a day).

While smoking rates for intellectually disabled young adults aged 15 to 24 years of age were lower in 2018 than for people without intellectual disability of the same age, this is no longer the case in 2023. In 2023 intellectually disabled adults were more likely to smoke than non-intellectually disabled adults regardless of age (see Figure 37).

Figure 37 – Cigarette smoking rate by age group, 2023



Sources: 2018 Census of Population and Dwellings, Administrative Population Census (APC) data in the IDI.
Definition: Percentage of adults 15 years or over who smoke regularly (that is, one or more a day).

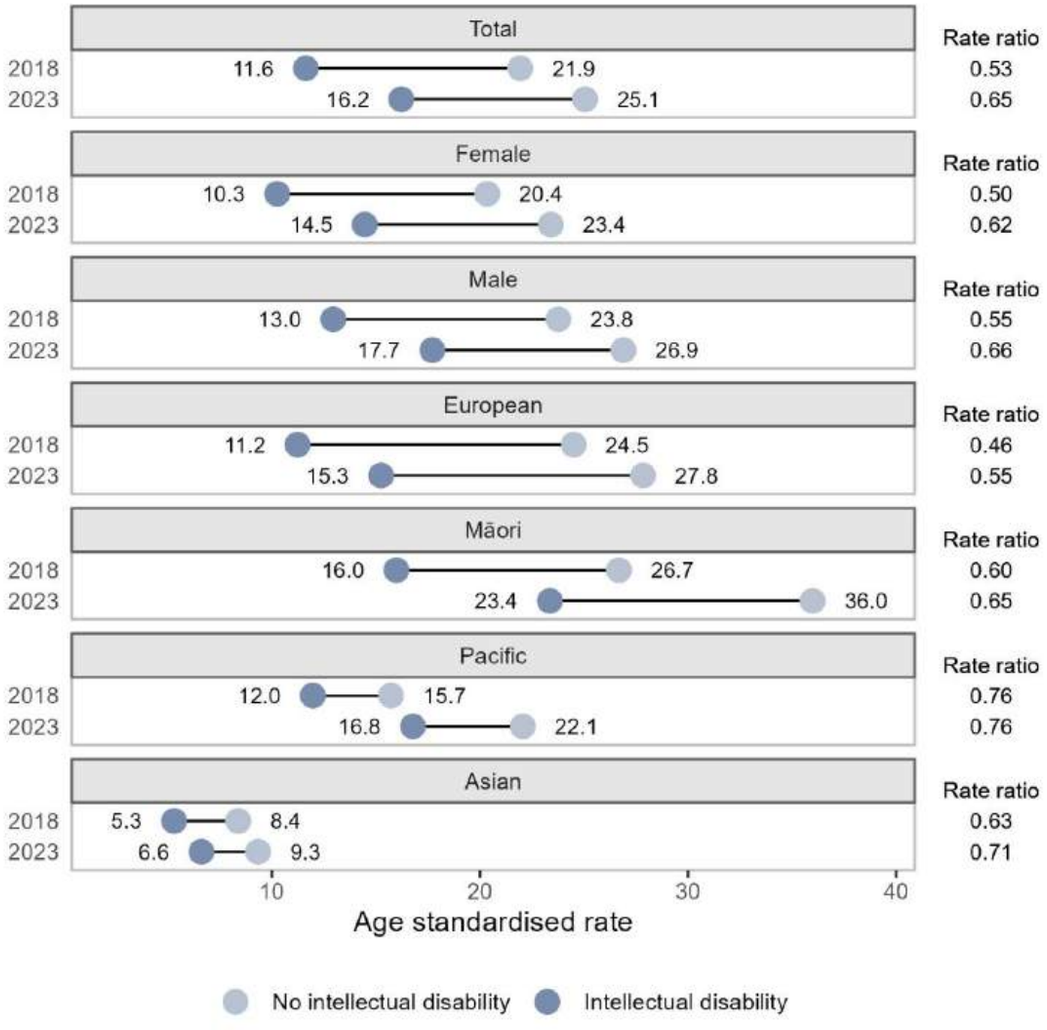
3.6.2 Smoking cessation

The New Zealand health system supports individuals to quit smoking. Quitting is considered to be one of the best decisions individuals can make for their health, and that of their friends and whānau.	
Indicator definition	Percentage of adults 15 years or over who have ever been a regular smoker of one or more cigarettes a day but do not smoke regularly now.
Data source	Census of Population and Dwellings, Administrative Population Census (APC) data in the IDI.

Adjusted by age, people with intellectual disability were around half as likely to have quit smoking as those without intellectual disability, with a rate ratio of 0.55 (ASR of 12.1 percent compared to 22.0 percent).

Looking at subpopulations, smoking rates among intellectually disabled and non-intellectually disabled adults within the Māori and European populations are relatively similar (see Figure 36). However, the rates of smoking cessation differ significantly (Figure 38). Among Māori and European adults, smokers with intellectual disabilities are about half as likely to have quit smoking compared to their non-intellectually disabled counterparts, with rate ratios of 0.60 percent and 0.48 percent respectively. This disparity contributes to the widening gap in smoking rates between people with and without intellectual disabilities observed in these two populations from 2018 to 2023, as discussed in the previous section.

Figure 38 – Cigarette smoking cessation rate, 2018, age standardised rates for the total population, by ethnicity and by gender



Sources: 2018 and 2023 Census of Population and Dwellings, Administrative Population Census (APC) data in the IDI.
Definition: Percentage of adults 15 years or over who have ever been a regular smoker of one or more cigarettes a day but do not smoke regularly now

3.7 Assessed as eligible for Disability Support Services (DSS)

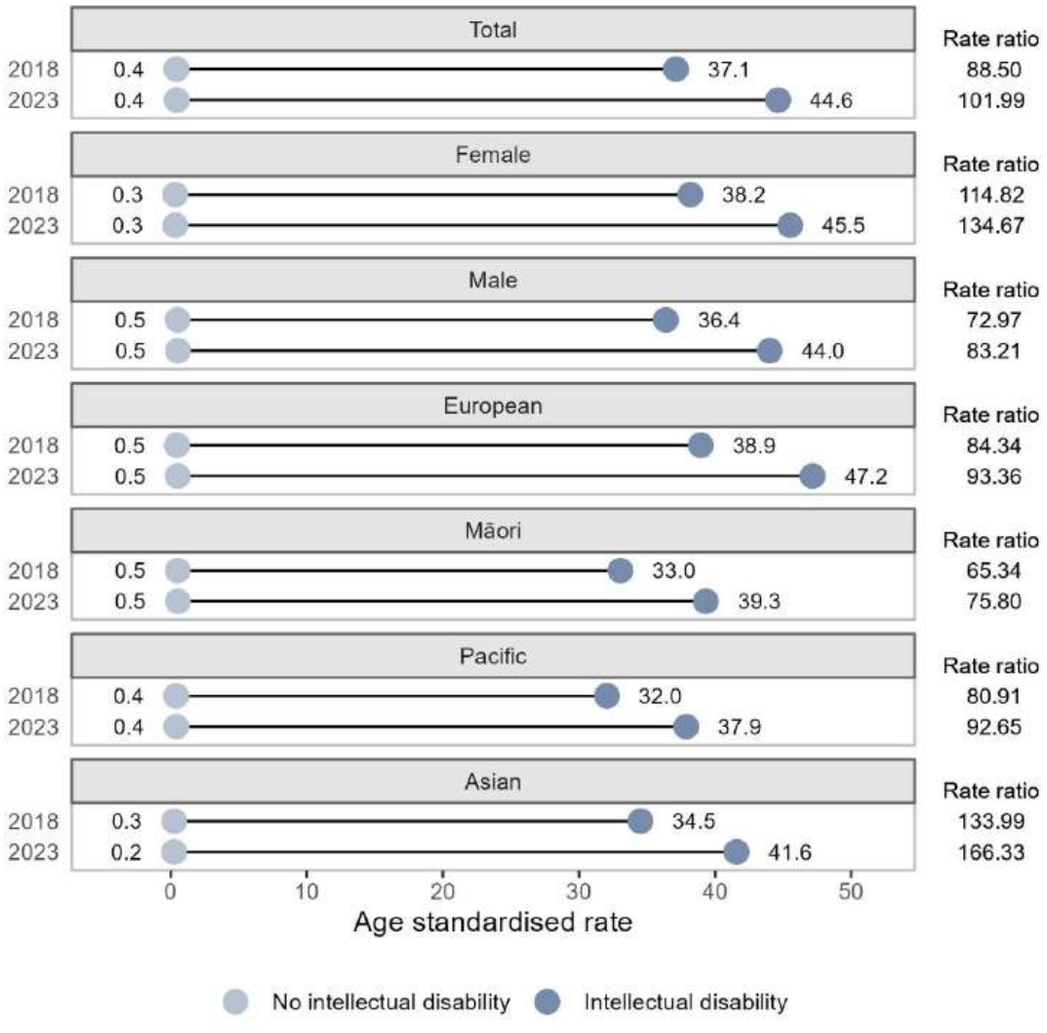
New indicator - Disability Support Services (DSS) provide essential support to disabled people and their whānau, as well as equipment and modification services for disabled New Zealanders.	
Indicator definition	Percentage of people ever assessed as being eligible for Disability Support Services.
Data source	Disability Support Services database (SOCRATES).
Technical note	SOCRATES data has not been updated in the IDI since late 2022, when responsibility for DSS was moved from the Ministry of Health to Whaikaha. As a result, we may be missing eligibility data for some of the 2023 cohort. This data is expected to be updated in the IDI later in October 2025.

Less than half of people with intellectual disability have been assessed as being eligible for Disability Support Services at some point before 30 June 2023. Intellectually disabled people of European ethnicity were more likely to have been assessed as being eligible for DSS than intellectually disabled people of other ethnic groups. There was little difference between rates for intellectually disabled males and females.

The percentage of people with intellectual disability who have been assessed as eligible in 2023 was higher than in 2018. This could reflect increased access to these supports. However, it could also reflect the fact that earlier assessment data may be missing in the IDI and this would affect more the results in 2018 than in 2023.

Te Rangimarie Rongonui
Happy Butterflies
IHC Art Awards Entrant 2025

Figure 39 – Percentage of people with intellectual disability who have been assessed as eligible for disability support services, 2018 and 2023, age standardised rates for the total population, by ethnicity and by gender



Sources: Disability Support Services database (SOCRATES) data in the IDI.
Definition: Percentage of adults 15 years or over who have ever been assessed as being eligible for Disability Support Services.

Rebecca Gibbs
Yuck!
IHC Art Awards Entrant 2025

4 Knowledge and skills

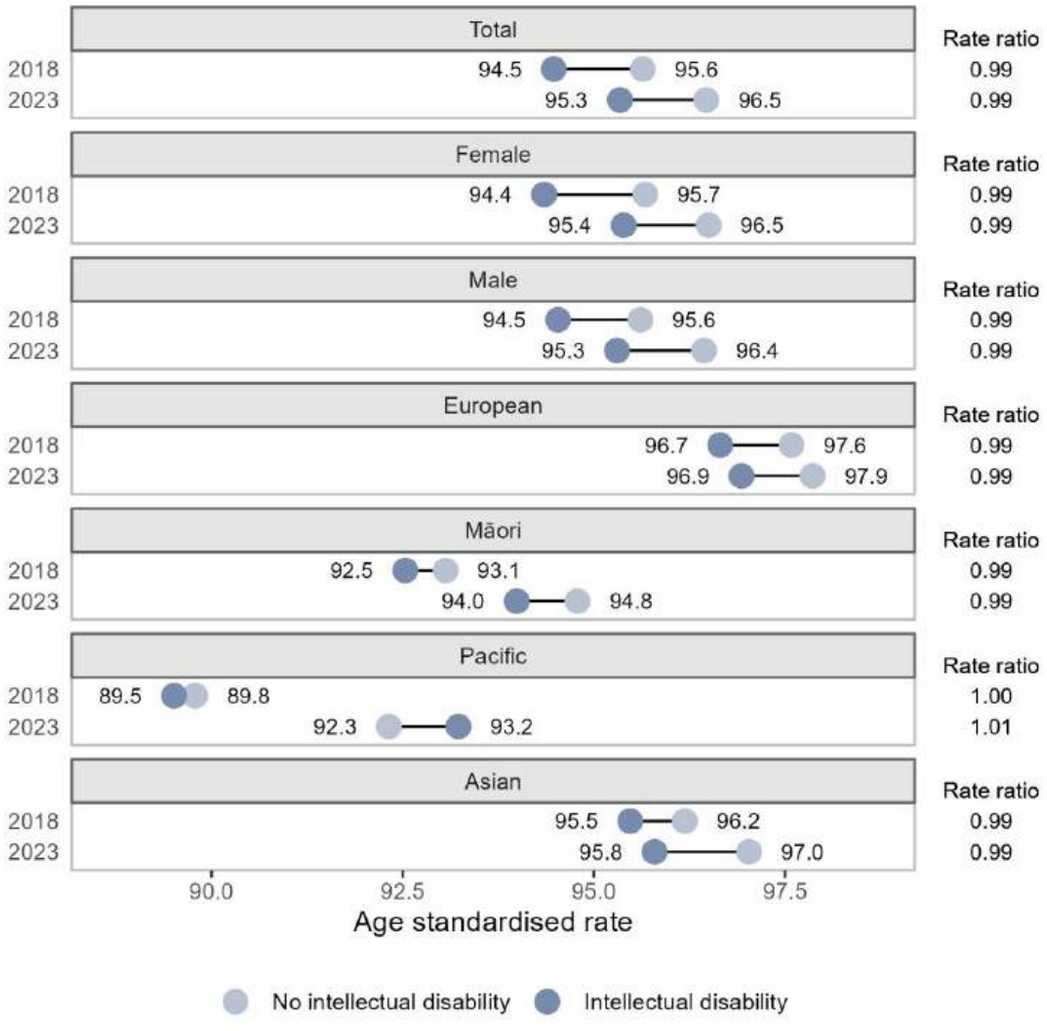
This section reports on indicators that relate to participation and achievement in formal education and learning.

4.1 Early learning participation

Early Childhood Education (ECE) supports children's learning and development from birth to school age. It is not compulsory, but research shows that high-quality ECE improves cognitive development, enhances social and emotional skills, and leads to better academic performance in later years.	
Indicator definition	Percentage of children whose parents reported that they attended ECE before starting school.
Data source	Ministry of Education School enrolment data in the IDI.

As reported in the previous report for 2018, the ECE participation rates of children 5 to 14 years old in 2023 are very similar for children with and without intellectual disability. The age adjusted rates are 95.3 percent for 5 to 14 years old with intellectual disability and 96.5 percent for 5 to 14 years old without intellectual disability. This shows an increase in rates for both populations from 2018. Rates by gender and ethnic groups are shown in Figure 40. Participation rates of Māori and Pacific have increased since 2018, but children of these ethnic groups still show the lowest rates of ECE participation.

Figure 40 – Prior participation in early learning, age standardised rates for the population aged 5 to 17 years, by gender, and by ethnicity.



Sources: Ministry of Education School enrolment data in the IDI.
Definition: Percentage of children whose parents reported that they attended ECE before starting school.

4.2 School engagement

4.2.1 School non-enrolment

New indicator - In New Zealand, school is compulsory for children between the ages of 6 and 16. School Attendance Services are available to support students who are not enrolled in school.	
Indicator definition	Percentage of children aged 6 to 16 referred to attendance services for non-enrolment in the year to 30 June of the cohort year.
Data source	Ministry of Education School intervention data in the IDI.

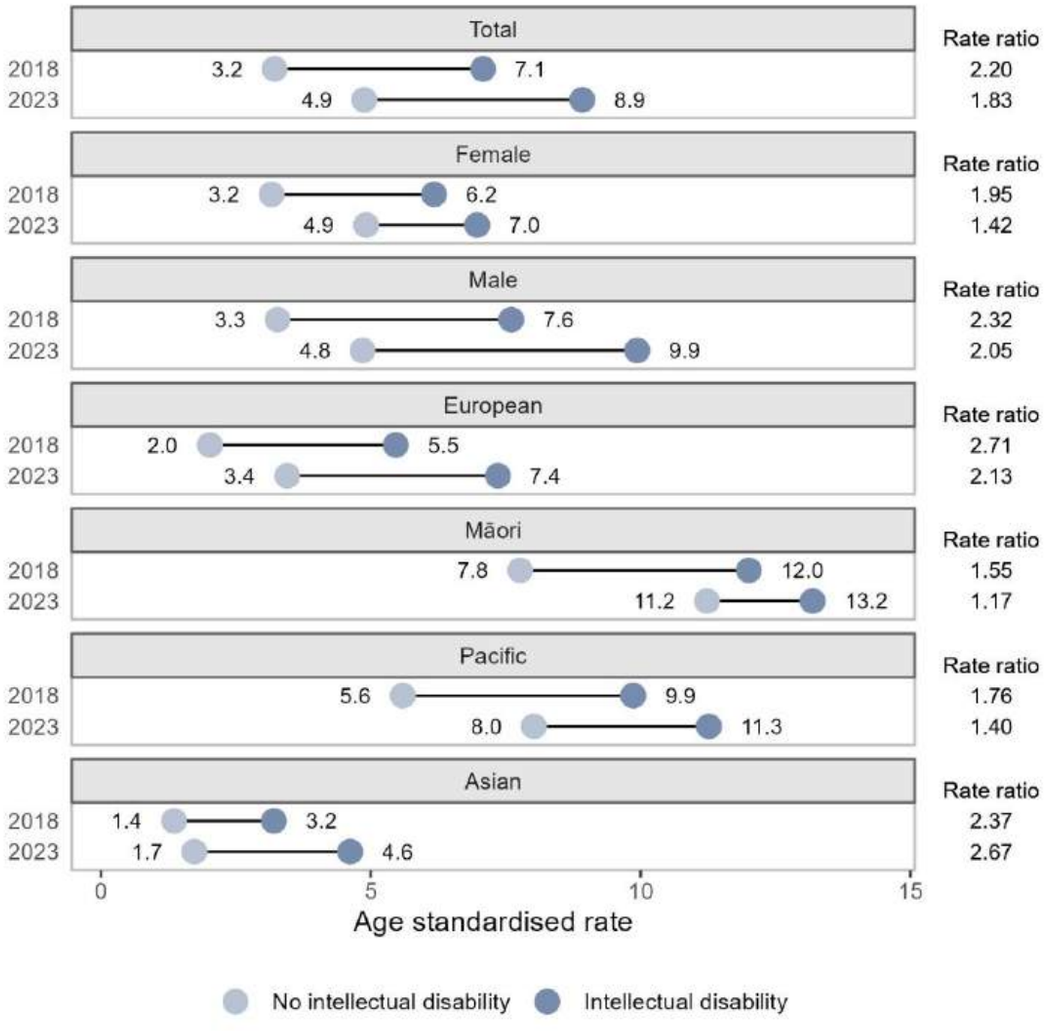
Most children and rangatahi of compulsory school age in New Zealand are enrolled at school, regardless of whether they have an intellectual disability. However, a small proportion are referred to attendance services due to non-enrolment.

Figure 41 shows the age-adjusted rates of referrals for non-enrolment. Children and youth with intellectual disabilities are nearly twice as likely to be referred to attendance services due to non-enrolment as those without. While the relative gap between the two groups has slightly narrowed, this is not a positive trend, as referral rates have increased for both groups between 2018 and 2023, and the absolute difference between them has widened.

Among children and youth with intellectual disabilities in 2023, referral rates to attendance services due to non-enrolment are highest for those of Māori ethnicity (ASR 13.2 percent), followed by Pacific (ASR 11.3 percent), European (ASR 7.4 percent), and Asian (ASR 4.6 percent).

Kayden Ng
The Sun & Moon lighthouse
IHC Art Awards 2025 Entrant

Figure 41 – Percentage of children referred to attendance services for non-enrolment



Sources: Ministry of Education School enrolment data in the IDI.
Definition: Percentage of children referred to attendance services for non-enrolment.

4.2.2 Absenteeism: chronic absence

New indicator - Chronic absenteeism is an important indicator of student engagement and wellbeing. High rates of chronic absenteeism can signal barriers to education, such as health issues, lack of support, or systemic inequalities.	
Indicator definition	Percentage of students who attended 70% or less of the available school days for the full school year.
Data source	Ministry of Education Attendance data in the IDI.

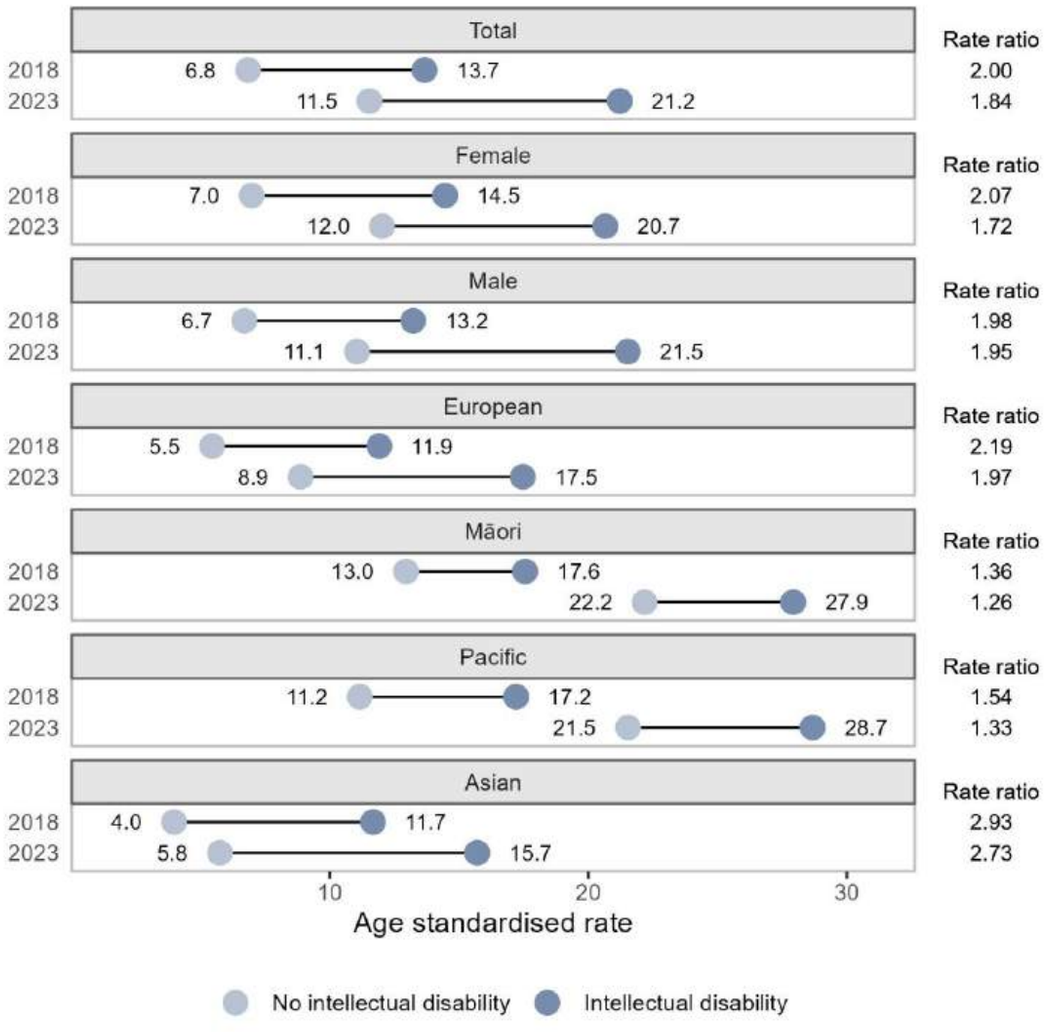
Figure 42 shows the age adjusted rates of chronic absenteeism for people with and without intellectual disability and it breaks them down by gender and ethnicity groups. Intellectually disabled students have higher rates of chronic absenteeism than students without intellectual disability.

From 2018 to 2023, chronic absenteeism rates have increased for both students with and without intellectual disabilities. This is consistent with Ministry of Education statistics which show that chronic absenteeism in New Zealand has doubled from 2019 to 2023. After 2023 it has been reducing slowly but still is not to the pre-pandemic levels.

While the relative difference between the two groups has slightly decreased (1.84 in 2023 compared to 2.00 in 2018), this occurred alongside an overall rise in absenteeism, resulting in a larger absolute gap, a concerning trend for students with intellectual disabilities. Notably, Māori (ASR 27.9) and Pacific (ASR 28.7) students with intellectual disabilities exhibit the highest rates of chronic absenteeism among all subgroups.

Eric Bennett
Dad and His Dog
IHC Art Awards Entrant 2025

Figure 42 – Percentage of students who attended less than 70% of the available school days (chronic absenteeism) for the school year.



Sources: Ministry of Education Attendance data in the IDI.
Definition: Percentage of students who attended 70% or less of the available school days for the full school year.

4.2.3 Absenteeism: referred to attendance services for truancy

New indicator - School Attendance Services are available to support students who are not attending schools regularly. Absenteeism may reflect a range of barriers, including health issues, access to support, and exclusionary school practices.	
Indicator definition	Percentage of students referred to attendance services for chronic absenteeism in the year to 30 June of the cohort year.
Data source	Ministry of Education intervention services data in the IDI.

In 2022, the Education Review Office research reported that "disabled learners have multiple barriers to attendance and stay at home more because they can't participate in an activity, don't have the support or equipment to participate, have physical and mental health challenges, are bullied, and face challenges with transport" (Education Review Office - Te Tari Arotake Matauraga, 2022).

The percentage of students referred to attendance services for truancy has not changed significantly from 2018 to 2023 and the difference in rates between students with and without intellectual disability remains. Students with intellectual disability are more likely than those without to be referred to attendance services for truancy. Māori and Pacific students are much more likely to be referred to attendance services for non-attendance, highlighting the impact of intersecting systemic barriers. The small changes in rates from 2018 to 2023 for Māori, Pacific and Asian students are not statistically significant.

Kaeleb Timperley
City of Lights
IHC Art Awards Entrant 2025

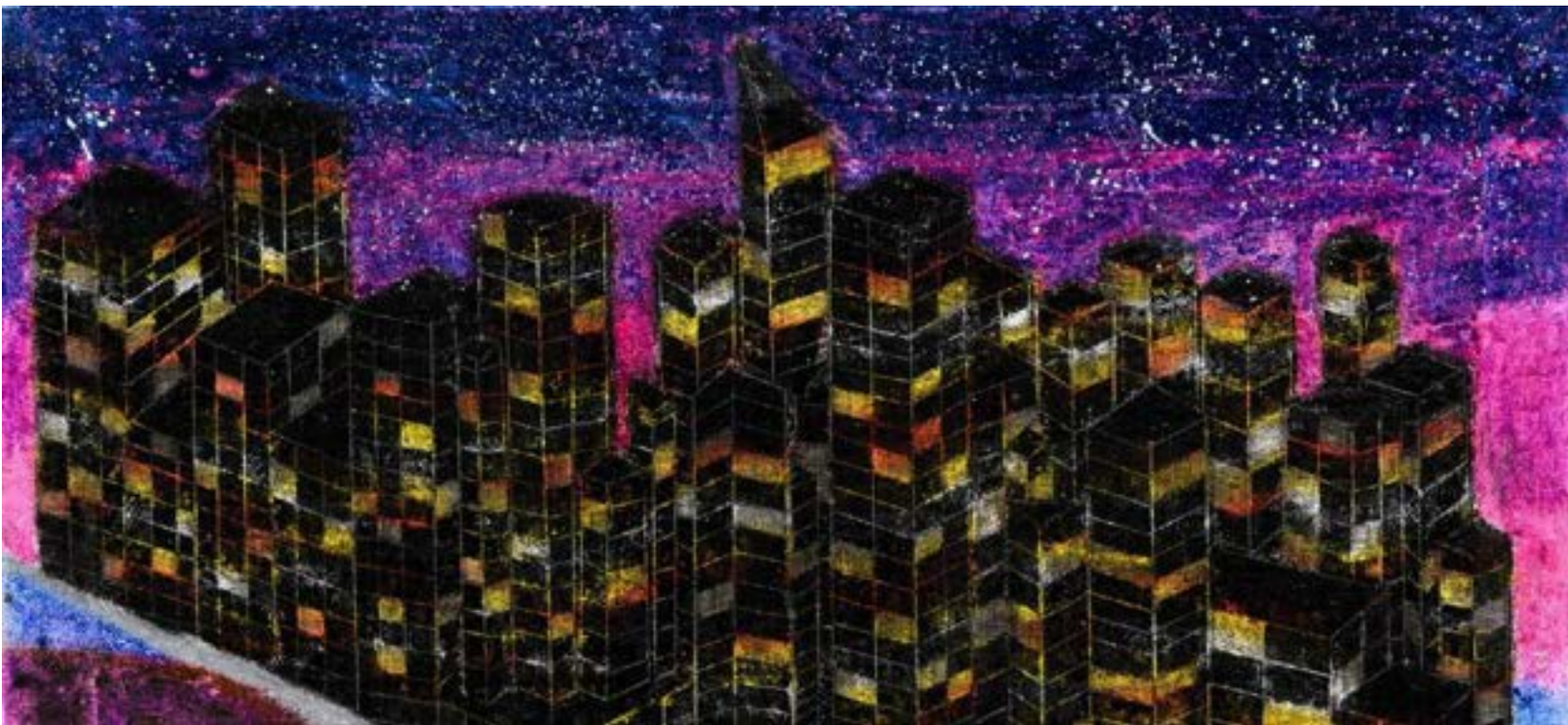
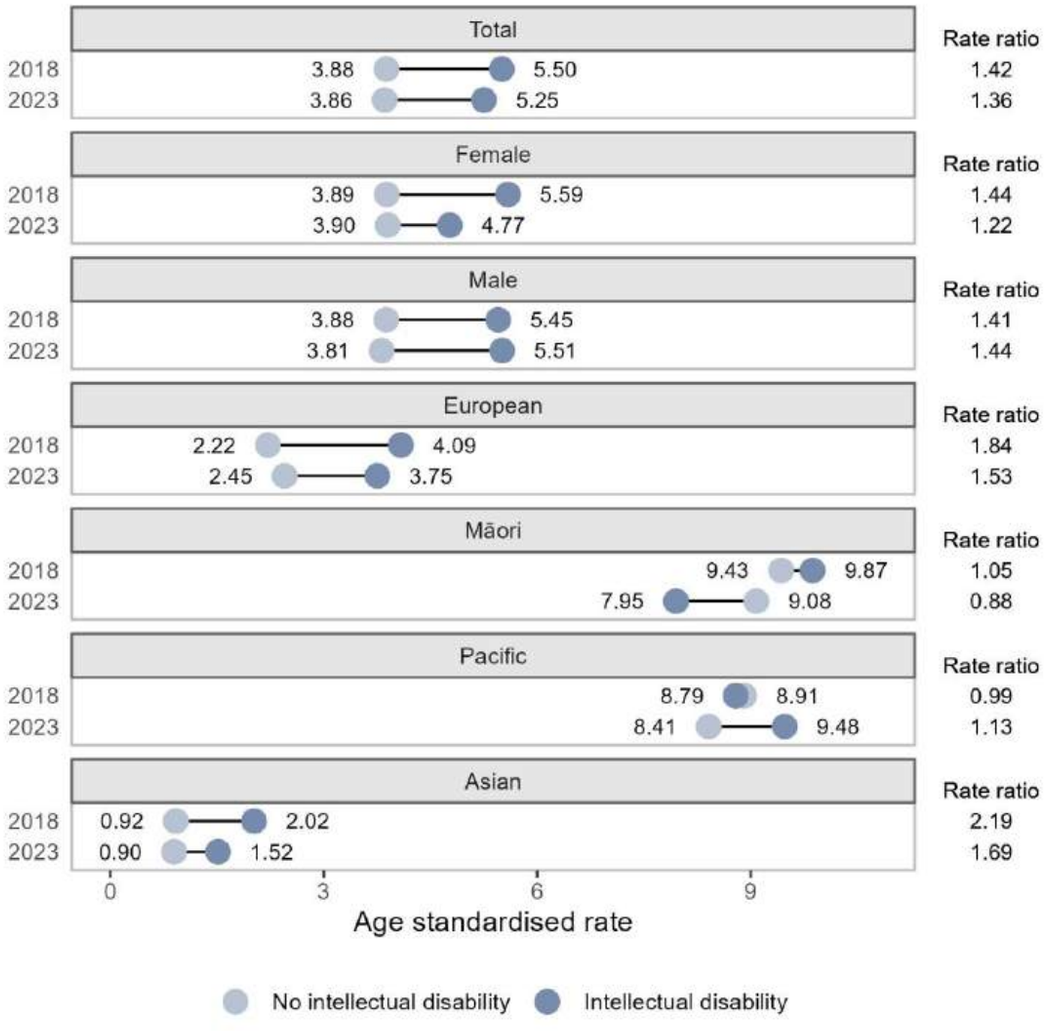


Figure 43 - Percentage of students referred to attendance services for chronic absenteeism in the year to 30 June 2018 and 2023.



Sources: Ministry of Education intervention data in the IDI.
Definition: Percentage of students who attended 70% or less of the available school days for the full school year.

4.2.4 Stand-downs

New indicator – A stand-down is a temporary removal of a student from school for a short period, typically up to 5 school days in a term or 10 days in a year, in response to behavioural issues.	
Indicator definition	Percentage of students that have been stood down from school during the year to 30 June 2018 and 2023.
Data source	Ministry of Education data in the IDI.

A 2020 Education Insights report by The Ministry of Education on the educational experiences of disabled learners, reported that disabled students are between 1.5 and 3 times more likely than their non-disabled peers to be stood-down or suspended (Mhuru, 2020).

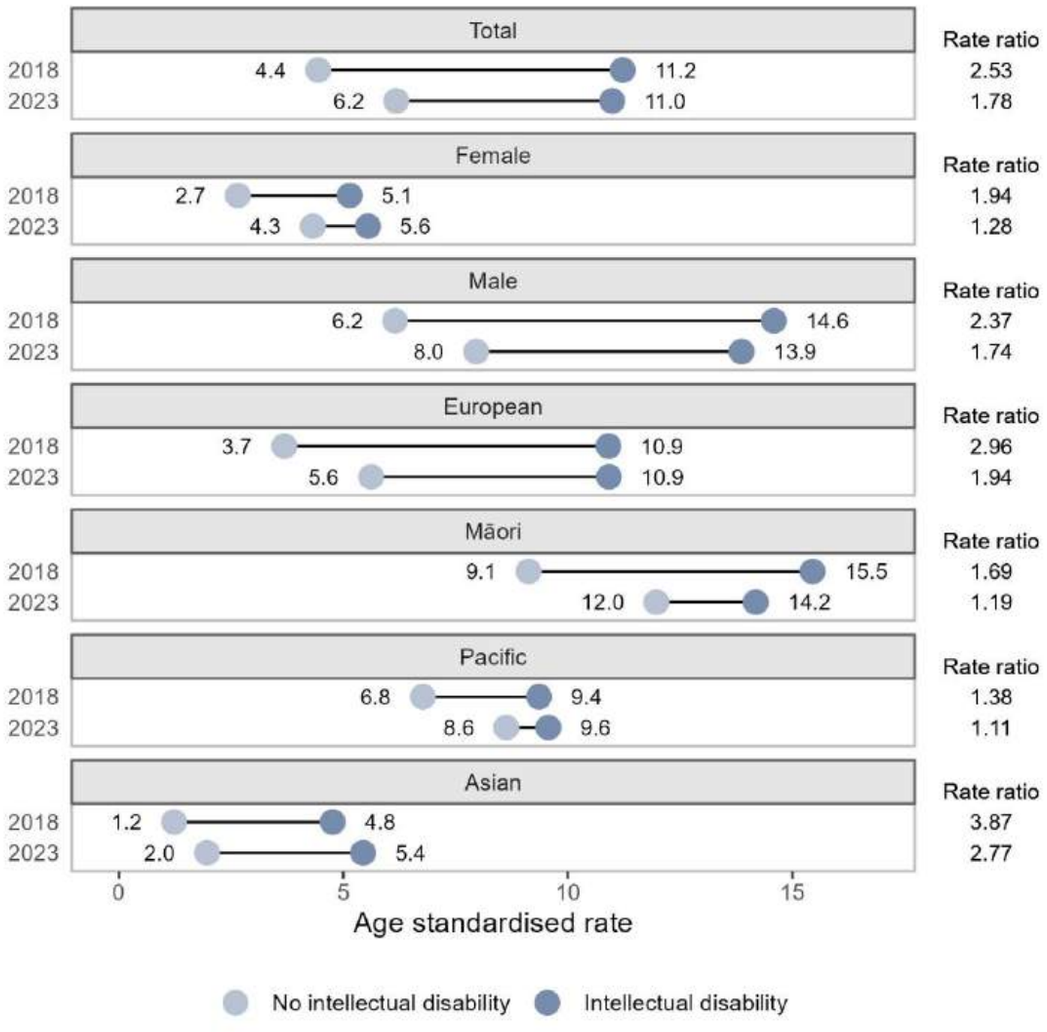
Figure 44 shows that, after adjusting for age, students with intellectual disabilities are almost twice as likely to be stood down from school compared to their non-intellectually disabled peers.

From 2018 to 2023, stand-down rates remained relatively stable for students with intellectual disabilities but increased for those without. As a result, the disparity between the two groups narrowed slightly, despite no actual decrease in the rates for students with intellectual disabilities.

Stand-down rates are consistently higher for male students than for females, regardless of disability status. Among males, the absolute and relative differences in stand-down rates between intellectually disabled and non-disabled students are also more pronounced, both in absolute and relative terms.

Among students with intellectual disabilities, Māori have the highest age-standardised stand-down rate (14.2 percent), followed by European (10.9 percent), Pacific (9.6 percent), and Asian students (5.4 percent) in 2023.

Figure 44 – Percentage of students that have been stood down from school during the year to 30 June 2018/2023.



Sources: Ministry of Education intervention data in the IDI.
Definition: Percentage of students stood down during the school year.

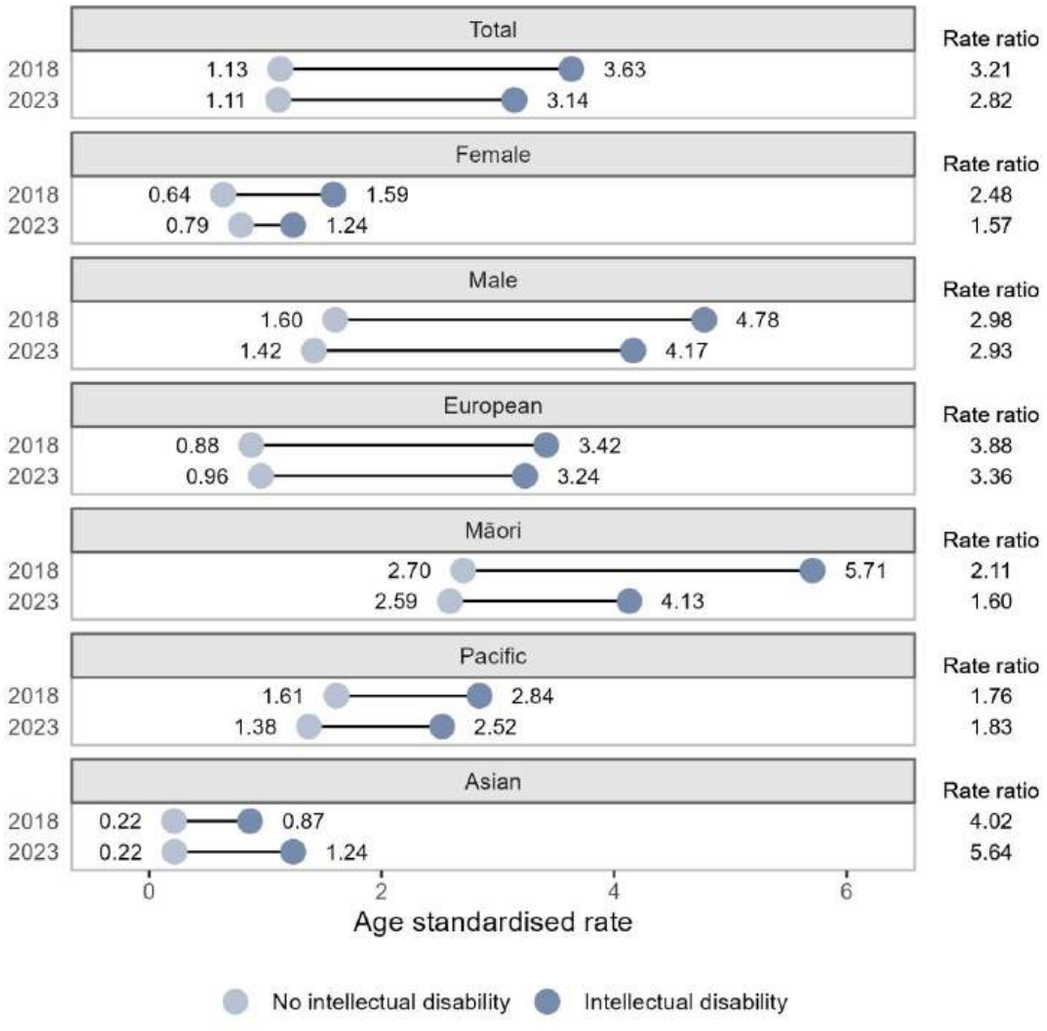
4.2.5 Suspensions

New indicator - A suspension is a more formal and serious removal of a student from school in response to behavioural issues, requiring a board meeting to determine the outcome.	
Indicator definition	Percentage of students that have been suspended from school during the year to 30 June 2018 and 2023.
Data source	Ministry of Education data in the IDI.

Figure 45 reports on the age-adjusted rates of suspended students during the year to 30 June, for 2018 and 2023, overall, by gender and ethnicity. The rate of suspensions is lower than the rate of stand-downs but the patterns across years and different student populations are very similar. Although the rates are much lower overall than stand-downs, the disparity between students with and without intellectual disability is larger in relative terms. Intellectually disabled students are almost 3 times as likely to be suspended than their non-intellectually disabled peers. Gender and ethnic patterns are similar to those of stand-downs.

Tiffany Knauf
Butterflies & Pollen
IHC Art Awards Entrant 2025

Figure 45 - Percentage of students that have been suspended from school during the school year.



Sources: Ministry of Education intervention data in the IDI.
Definition: Percentage of students stood down during the school year.

The higher rates of stand-downs and suspensions among students with intellectual disability may reflect gaps in support, understanding, or inclusive practice. Exclusion from school not only interrupts learning but may also contribute to longer-term disadvantage.

4.2.6 School mobility

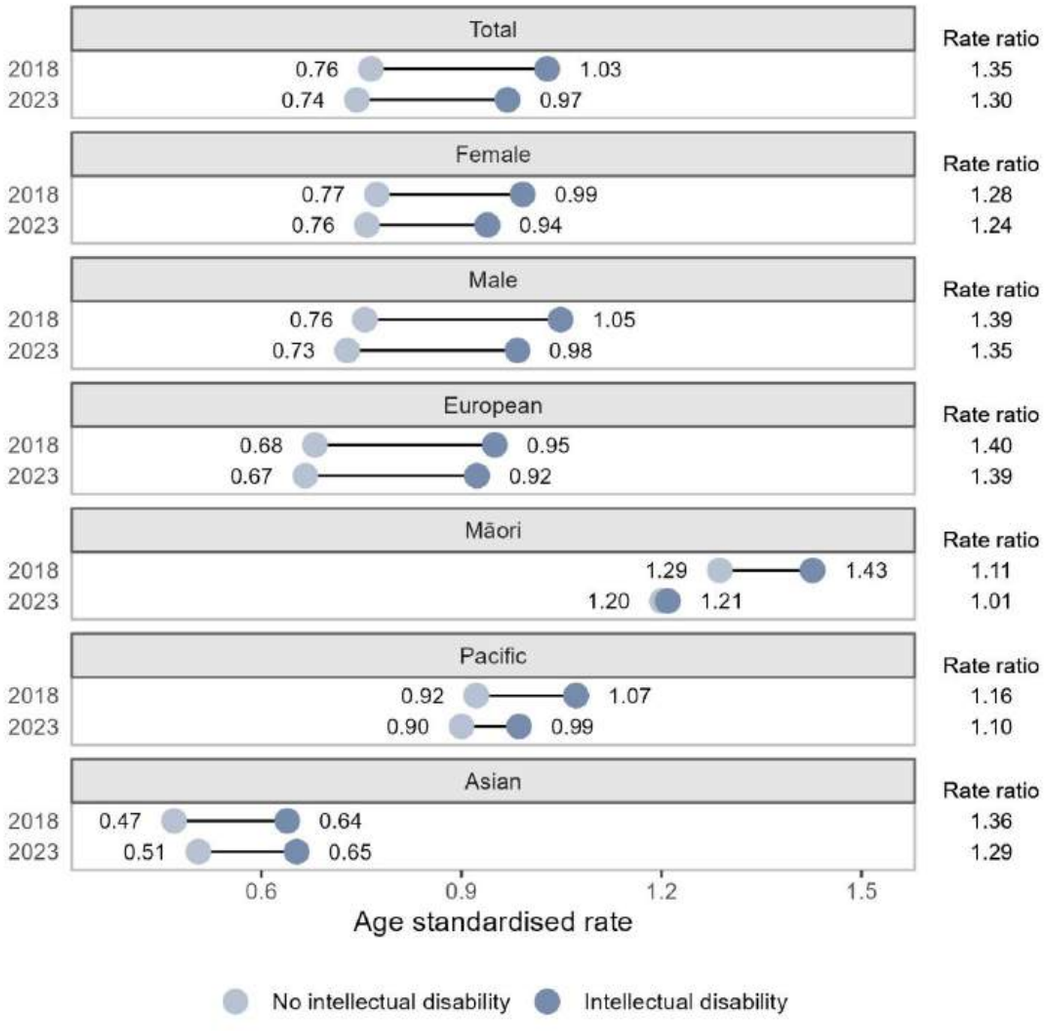
New indicator - Frequent moves from one school to another can significantly affect a student's academic, social, and emotional development, and may reflect larger structural inequalities.	
Indicator definition	Average number of non-structural schools moves per year. Non-structural moves are moves that are made before the student reaches and completes the final year of schooling at their current school.
Data source	Ministry of Education enrolment data in the IDI.
Technical note	A non-structural move is distinguished from a structural move in that the move is not forced by the structure of the school. For example, a move from a primary school to an intermediate school or from an intermediate school to a secondary school is considered to be a structural move whereas a shift between primary schools would be a non-structural move.

From 2018 to 2023, the average number of school moves per year per student has slightly decreased (Figure 46). This decline is somewhat more noticeable among students with intellectual disabilities, which has narrowed the gap between the average school moves of students with and without intellectual disabilities. However, the gap still remains in 2023, indicating that students with intellectual disabilities continue to be more affected by school instability.

Among students with intellectual disabilities, male students (ASR 0.98 moves per year) are more likely to move schools frequently than female students (ASR 0.94 moves per year). Intellectually disabled Māori students have the highest rates of school moves across all ethnic groups, with an ASR of 1.21 school moves per year in 2023.

Ella Davenport
String Light Festival
IHC Art Awards Entrant 2025

Figure 46 – Average number of non-structural schools moves per year, per student.



Sources: Ministry of Education enrolment data in the IDI.
Definition: Average number of non-structural schools moves per year.

4.3 Attainment

4.3.1 Holding a driver licence

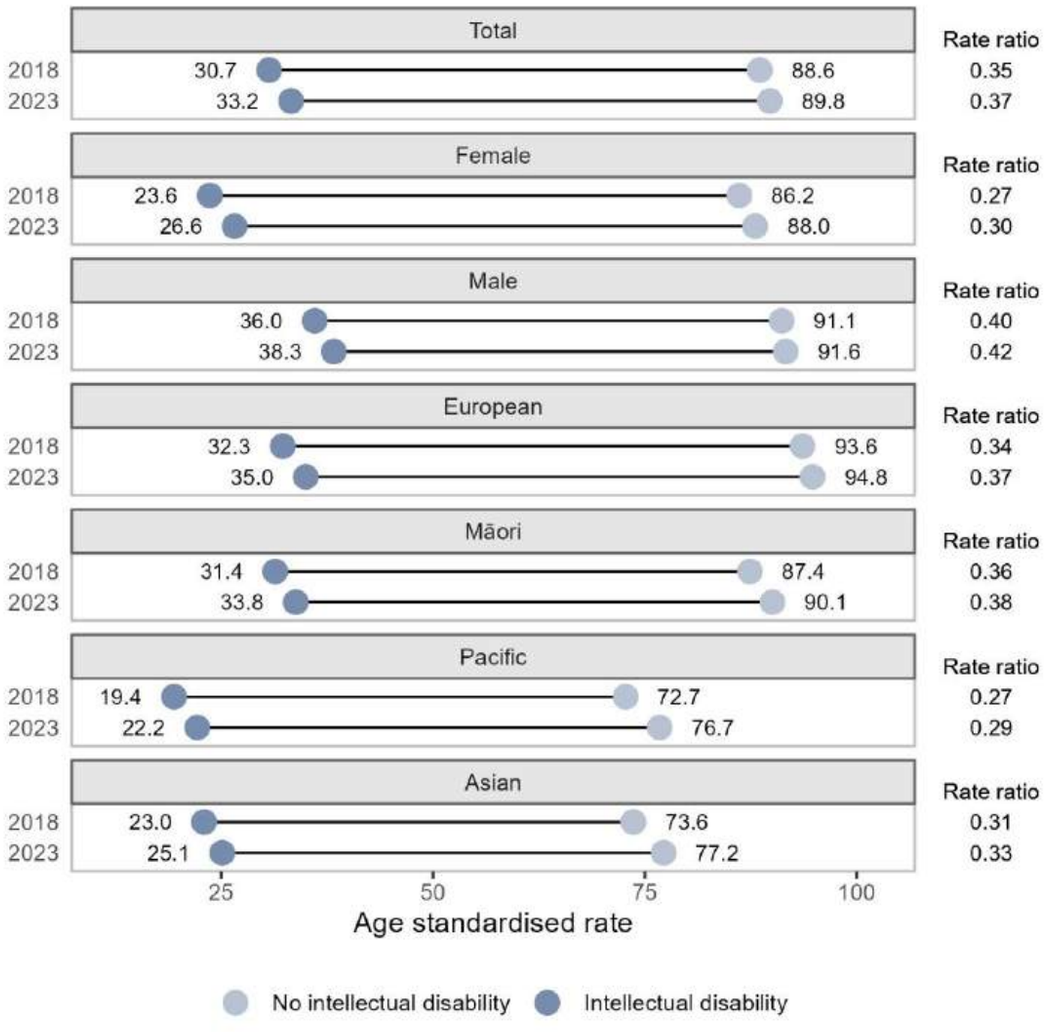
Driving is an important life skill, and can be an important source of independence, particularly for people living in areas with limited public transport options.	
Indicator definition	Percentage of adults 18 years or over with a driver licence (learners', restricted or full).
Data source	NZ Transport Authority Driver licence and Motor Vehicles Registers data in the IDI.

Adjusted for age (Figure 47), 33.2 percent of adults with intellectual disability hold a driver licence compared to 89.8 percent of adults without an intellectual disability in 2023. It is positive to see the increase in rates for intellectually disabled adults from 2018 to 2023, from 30.7 percent to 33.2 percent, which has resulted in a decrease in the relative difference in rates between both populations.

Among the intellectually disabled population, there is a significant gender disparity in age-adjusted driver license rates, 38.3 percent of males hold a license compared to only 26.6 percent of females. Pacific peoples with intellectual disability have the lowest license-holding rate among all ethnic groups, with an age-standardised rate (ASR) of just 22.2 percent. Females and Pacific peoples with intellectual disability also show the greatest disparities when compared to their non-disabled counterparts, with the lowest rate ratios of 0.30 and 0.29, respectively.

Finn Casey
Boom
IHC Art Awards Entrant 2025

Figure 47 – Holding a driver licence, age standardised rates for the population aged 18 and over, by gender, and by ethnicity, 2018



Sources: NZ Transport Authority Driver licence and Motor Vehicles Registers data in the IDI.
Definition: Percentage of adults 18 years or over with a driver licence (learners', restricted or full).

4.3.2 Qualifications

Education and training support wellbeing by building skills, confidence, and access to better opportunities—helping people lead healthier, more empowered lives. This section looks at the educational attainment of people with intellectual disabilities.

Students may complete standards without gaining a full NCEA qualification. As such, the indicators below may not reflect all learning achieved.

4.3.2.1 No qualifications

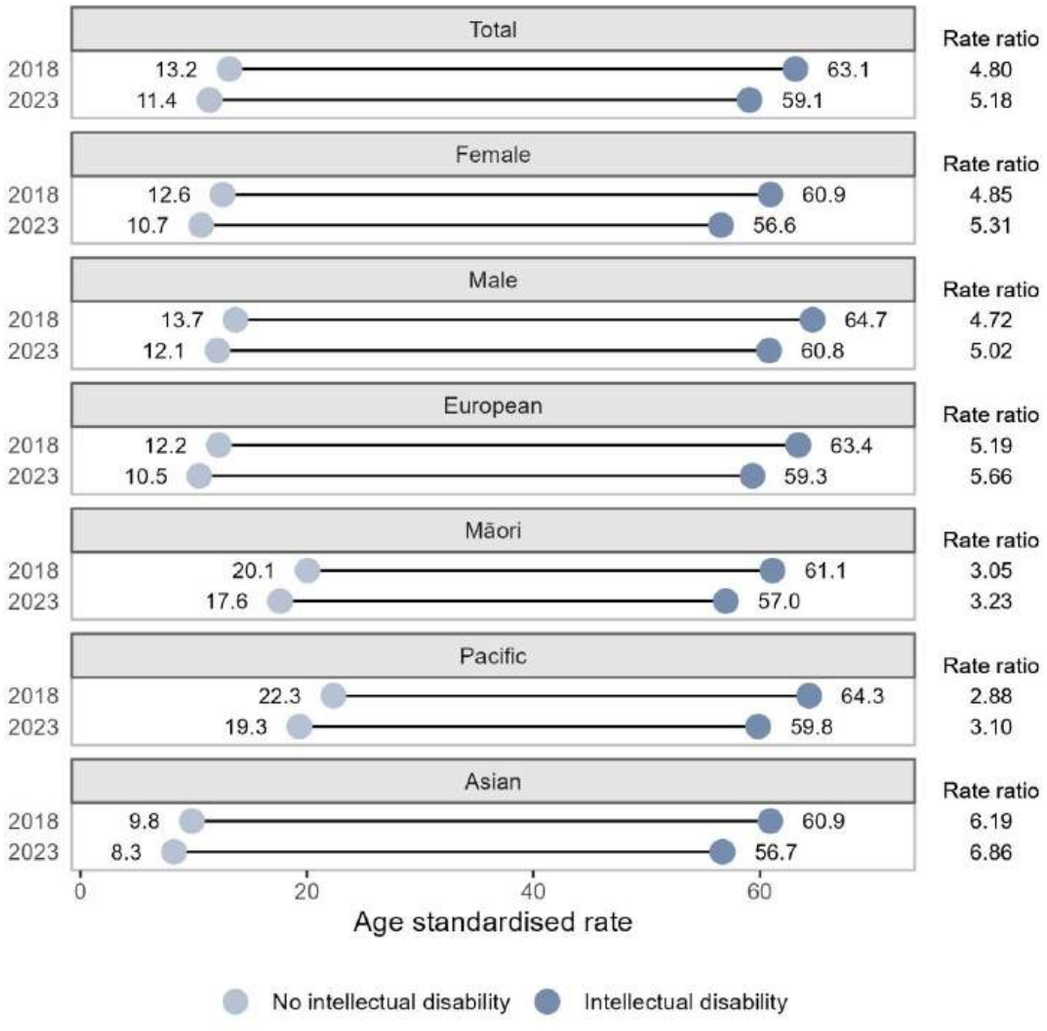
Education and training are crucial to enable people's full participation in society through work and volunteering. There are many determinants of educational attainment. Restricted attainment may not simply be the result of limitations in capacities of individuals with disabilities. Instead, it can come as a result of lower expectations or restricted access to a diverse and relevant curriculum.	
Indicator definition	Percentage of adults 18 years or over with no qualifications.
Data source	Administrative Population Census (APC) data in the IDI, 2018 and 2023.

Adjusting for age, 59.1 percent of adults (18+) with an intellectual disability do not hold any qualifications. This compares with 11.4 percent for people without intellectual disability (see Figure 48). These rates have decreased slightly from 2018 to 2023, but the gap has not decreased and people with intellectual disability are more than 5 times as likely to not hold any qualifications compared to people without an intellectual disability.

Looking at the age adjusted rates for people with intellectual disability, males (ASR 60.8 percent) are slightly more likely to have no qualifications compared to females (ASR 56.6 percent). Among the people with an intellectual disability, the likelihood of not having a qualification does not vary much by ethnicity. This was quite different from the non-intellectually disabled population, with Māori and Pacific people having the highest rates of people without qualifications.

Pam Best
A Flutter
IHC Art Awards Entrant 2025

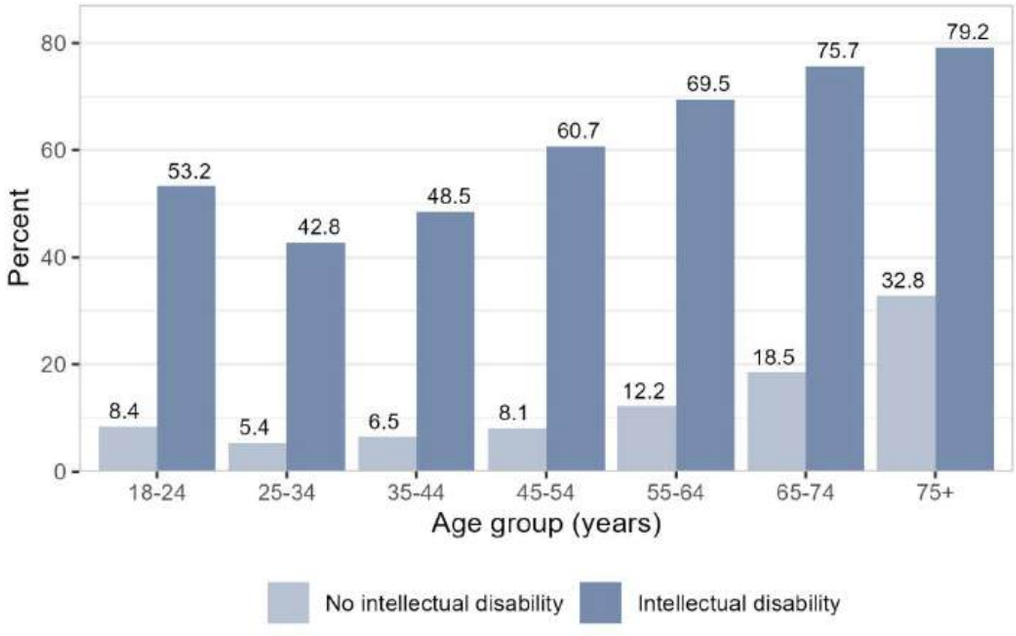
Figure 48 – Adults with no qualifications, age standardised rates for the population aged 18 years and over, by gender, and by ethnicity, 2018



Sources: 2018 Administrative Population Census (APC) data in the IDI.
Definition: Percentage of adults 18 years or over with no qualifications.

Figure 49 shows the percentage of people with no qualifications by age for people with and without intellectual disability in the study population. Across all age groups, people with intellectual disability are significantly more likely to lack qualifications than those without. However, this gap is more pronounced in the older age groups.

Figure 49 – Percentage of people with no qualifications by age group, 2023



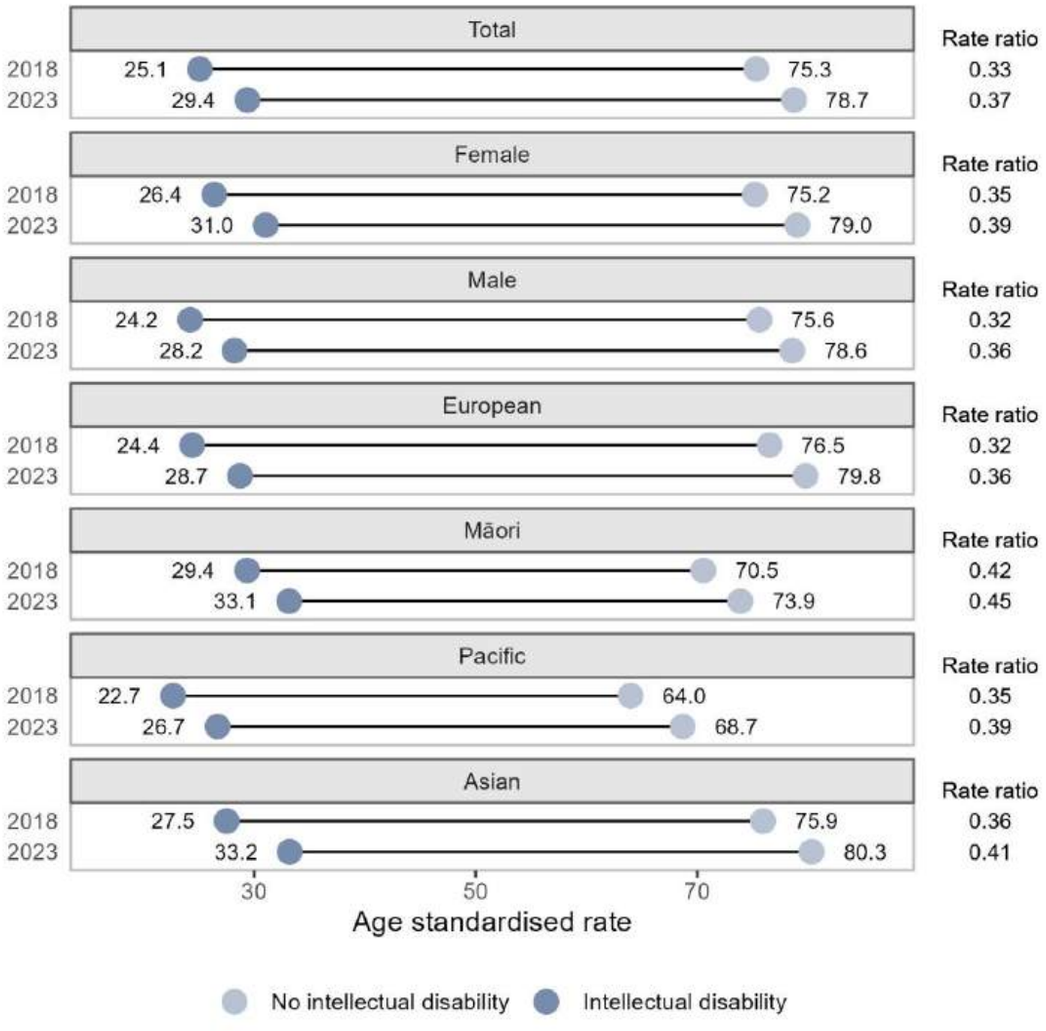
Sources: 2023 Administrative Population Census (APC) data in the IDI.
Definition: Percentage of adults 18 years or over with no qualifications.

4.3.2.2 At least a NCEA level 2 qualification or equivalent

NCEA Level 2 is an important and respected qualification. It's also a requirement for many entry-level jobs. Qualifications reflect opportunities in education and training and are linked to employment and volunteering.	
Indicator definition	Percentage of adults with at least a NCEA level 2 qualification or equivalent.
Data source	2018 Administrative Population Census (APC) data in the IDI.

Adjusted by age the rate of level 2 attainment is 29.4 percent for the intellectually disabled population compared to 78.7 percent for the non-intellectually disabled (see Figure 50). Māori and Asians with intellectual disability had higher rates of level 2 attainment than Pacific people or Europeans.

Figure 50 – Highest qualification at least NCEA level 2 or equivalent, age standardised rates for the population aged 18 years and over, by gender, and by ethnicity, 2018



Sources: 2018 Administrative Population Census (APC) data in the IDI.
Definition: Percentage of adults with at least a NCEA level 2 qualification or equivalent.

Johnny Liua
The Half of Me
IHC Art Awards Entrant 2025

5 Work, care and volunteering

Work, caring, and volunteering reflect people's ability to participate meaningfully in society and contribute to their communities.

In this section we present six indicators related to work, care and volunteering. Two explore how having a child with intellectual disability relates to parent/caregiver work and care, while the others look at the participation of adults with intellectual disabilities in paid and unpaid work.

5.1 Parents/caregivers in employment and care

Disability has an impact in the whole family. This section looks at parents' and caregivers' roles in caring and employment participation. Statistics relate to the percentage of children with and without intellectual disability who have parents or caregivers in different roles.

5.1.1 Parents/caregivers as carers

Many parents reduce their working hours or leave full-time employment to provide care at home, especially in the early years of a child's life. Parental care and presence are crucial for children's wellbeing and development, but staying connected to the workforce is also important for long-term financial stability and social inclusion.	
Indicator definition	Percentage of children 0 to 14 years old who have at least one parent who is not in full-time employment at the date of the 2018/2023 Census.
Data source	2018/2023 Census of Population and Dwellings data in the IDI.

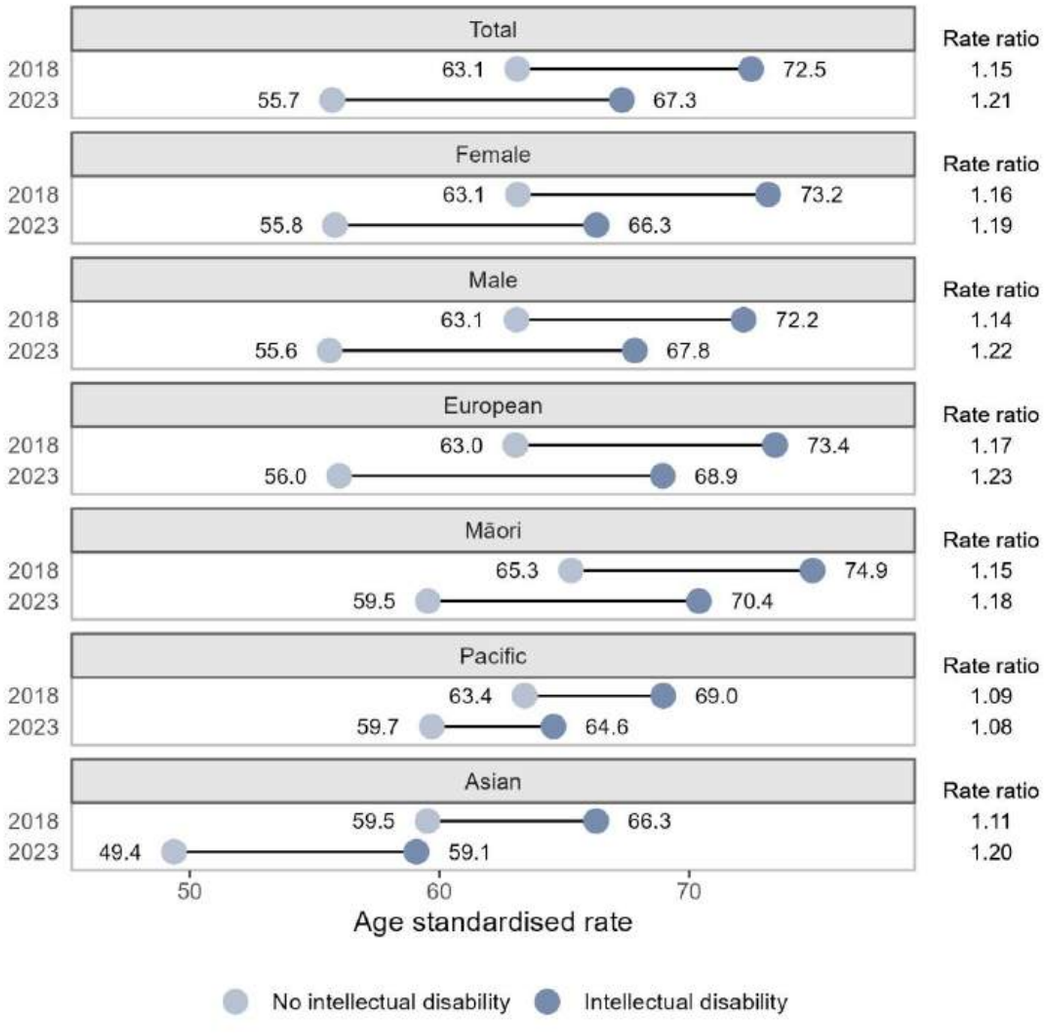
Figure 51 present the age-adjusted rates of children under 15 years of age who have a parent not in full-time paid work. This measure may reflect the time available for caregiving at home The data show that children with intellectual disabilities are significantly more likely than other children to have a parent not working full time. This aligns with recent New Zealand research (McLeod, Stone, & Beltran-Castillon, 2025), which highlights the challenges families face in maintaining dual incomes while raising children with intellectual disabilities, and the resulting impact on financial security.

Between 2018 and 2023, the rates of children under 15 years of age who have a parent not in full-time paid work decreased for both children with and without intellectual disability. However, the decline was greater for children without intellectual disability,

leading to a widening gap between the two groups. This is reflected in the rate ratio increasing from 1.15 in 2018 to 1.21 in 2023.

In 2023, children of European and Māori ethnicity were more likely to have a parent not in full-time work than children of Pacific or Asian ethnicity. This marks a change from 2018, when the rates were more similar across all ethnic groups.

Figure 51 – Children aged 0 to 14 with at least one parent/caregiver not in full-time employment, age standardised rates for the total population, by gender, and by ethnicity, 2018/2023.



Sources: 2018/2023 Census of Population and Dwellings data in the IDI.
Definition: Percentage of children 0 to 14 years old who have at least one parent who is not in full-time employment at the date of the 2018/2023 Census.

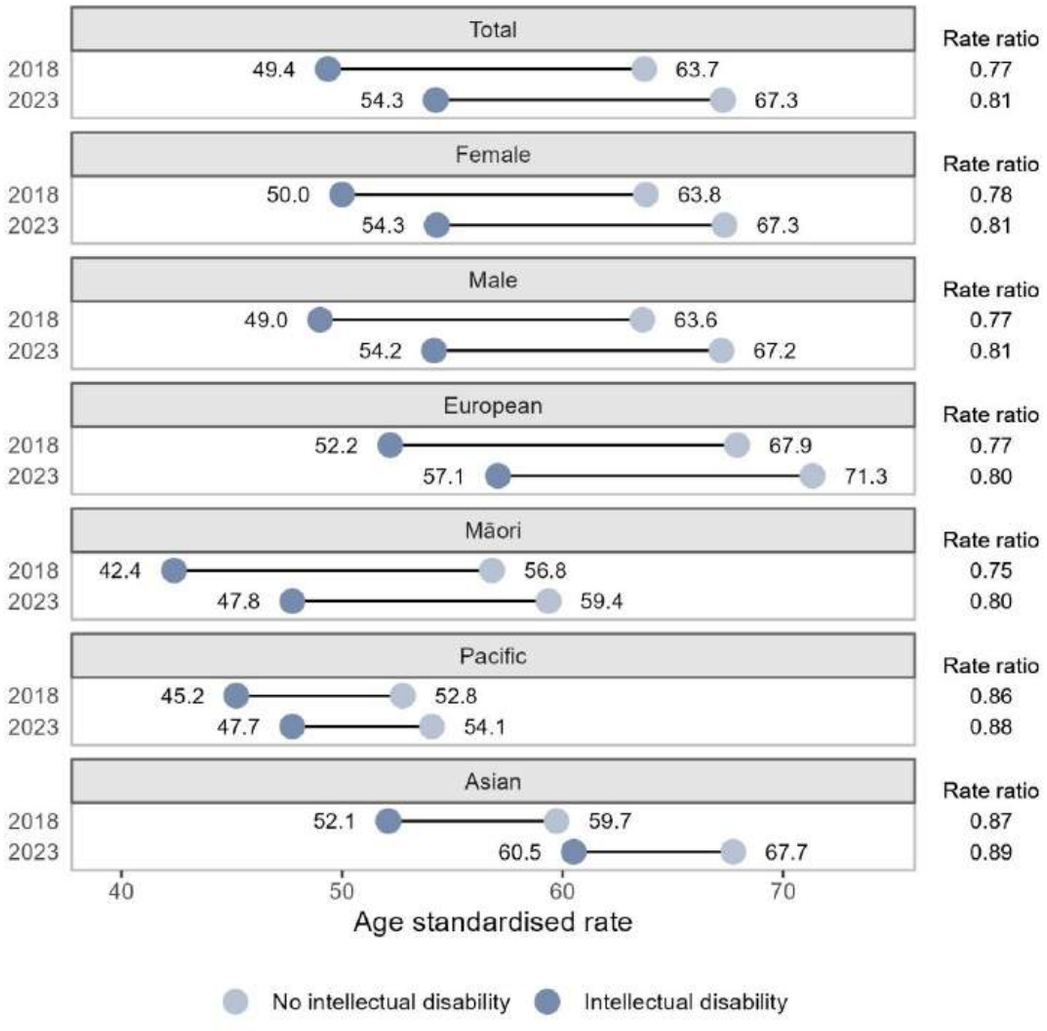
5.1.2 Parents/caregivers in employment

This indicator shows the percentage of children living in households where all parents are in paid employment, whether part-time or full-time. It provides insight into how families combine paid work with caregiving responsibilities, and how this balance may support both economic wellbeing and time with children.	
Indicator definition	Percentage of children with all parents in the household in paid employment at the date of the 2018/2023 Census.
Data source	2018 Census of Population and Dwellings data in the IDI.

Figure 52 shows the age-adjusted percentage of children living in households where all parents or caregivers are in paid employment, comparing data from 2018 and 2023. The rate has increased across all subgroups over this period. In 2023, 54.3 percent of children with intellectual disability lived in households where all parents were employed, compared with 67.3 percent of children without intellectual disability. This employment gap is evident across all gender and ethnic groups, with the largest disparities seen among European and Māori children.

Stephen Cooper
Scribble
IHC Art Awards Entrant 2025

Figure 52 – Children aged 0 to 14 with all parents/caregivers in employment, age standardised rates for the total population, by gender, and by ethnicity, as at Census 2018



Sources: 2018/2023 Census of Population and Dwellings data in the IDI.
Definition: Percentage of children with all parents in the household in paid employment at the date of the 2018/2023 Census.

5.2 Participation in paid and unpaid work by people with intellectual disability

Globally, adults with intellectual disabilities face significantly higher unemployment rates than their peers. Those who do work are often in unpaid roles or sheltered employment. However, effective transition and supported employment programmes can help young people with intellectual disabilities secure meaningful jobs.

Research shows that many adults with intellectual disabilities want to work in regular, community-based jobs. Yet, their aspirations are often underestimated by parents or support workers (Bray & Donald Beasley Institute, 2003). Unemployment has a direct effect on financial security and is a known driver of exclusion for disabled people (Appleton-Dyer & Field, 2014).

This section explores participation in paid and unpaid work, benefit receipt, and the number of young people not in employment, education, or training (NEET).

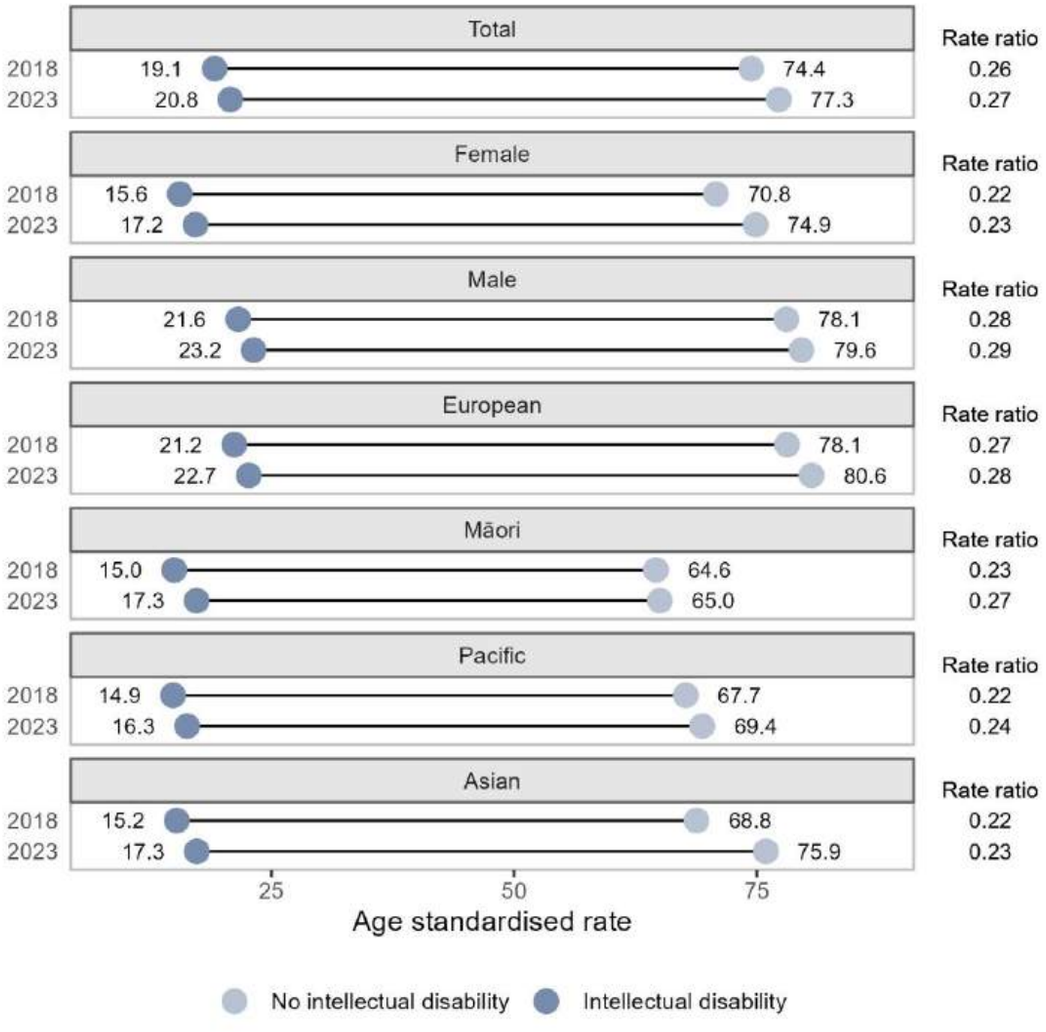
5.2.1 Participation in paid work

This indicator provides insight into economic participation and the availability of work opportunities. Employment rates are a key marker of social inclusion, financial independence, and overall wellbeing	
Indicator definition	Percentage of people in paid employment as at 30 June of the cohort year. People were considered to be employed if they had PAYE wage and salary income in May or June of the cohort year, or if they had self-employment income in the tax year to March of the cohort year.
Data source	Administrative Population Census (APC) data in the IDI, sourced from Inland revenue tax data.

Figure 53 shows that, after adjusting for age, employment participation among people aged 18 to 64 is significantly lower for those with intellectual disability (ASR of 20.8 percent) compared to those without (ASR of 77.3 percent). While employment rates increased for all groups between 2018 and 2023, the increase was smaller for people with intellectual disability, and the employment gap between the two populations remains substantial.

Among people with intellectual disability, employment rates are higher for males (ASR 23.2 percent) than for females (ASR 17.2 percent), and higher for Europeans than for other ethnic groups. These patterns are similar to those seen in the general population.

Figure 53 – Employment participation, age standardised rates for the population aged 18 to 64 years, by gender, and by ethnicity, as at 30 June 2018



Sources: Administrative Population Census (APC) data in the IDI, sourced from Inland revenue tax data.
Definition: Percentage of people in paid employment as at 30 June 2018/2023. People were considered to be employed if they had PAYE wage and salary income in May or June 2018/2023, or if they had self-employment income in the tax year to March 2018/2023.

5.2.2 Participation in unpaid work

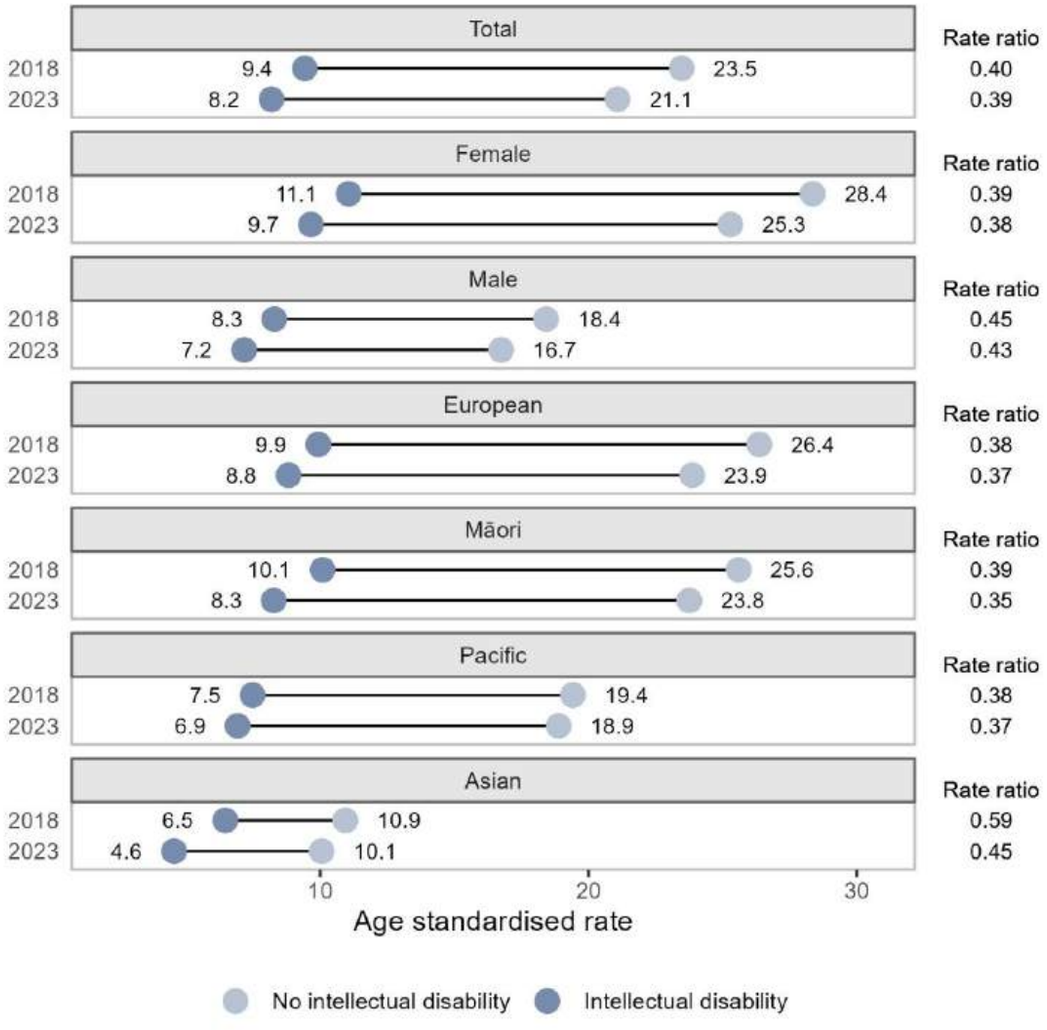
This indicator measures participation in unpaid work, such as caregiving and volunteering. These activities contribute significantly to society and individual wellbeing, yet often go unrecognised in traditional economic measures.	
Indicator definition	Percentage of people who participated in unpaid activities outside the home in the four weeks to 6 March 2018/2023. Activities could include looking after a child in another household, looking after someone who is ill or with a disability in another household, or other helping or voluntary work for or through any organisation, group or Marae.
Data source	2018/2023 Census of Population and Dwellings data in the IDI.

Figure 54 compares the rates of caring and volunteering outside the home for people with and without intellectual disability, by gender and ethnic group, in 2018 and 2023. Volunteering and caring rates have declined in both groups over this period, mirroring the rise in paid employment. However, adults with intellectual disability remain significantly less likely to engage in unpaid work. While volunteering offers meaningful opportunities for connection and contribution, people with intellectual disability, despite lower rates of paid employment, also volunteer less than their non-disabled peers. This suggests additional barriers to participation, such as inaccessible opportunities or limiting societal attitudes.

After adjusting for age, females are more likely to volunteer than males, though this gender gap is smaller among people with intellectual disability. European and Māori groups show the highest volunteering rates, around one in ten for those with intellectual disability and one in four for those without.

Alexis Cole
Stars
IHC Arts Awards Entrant 2025

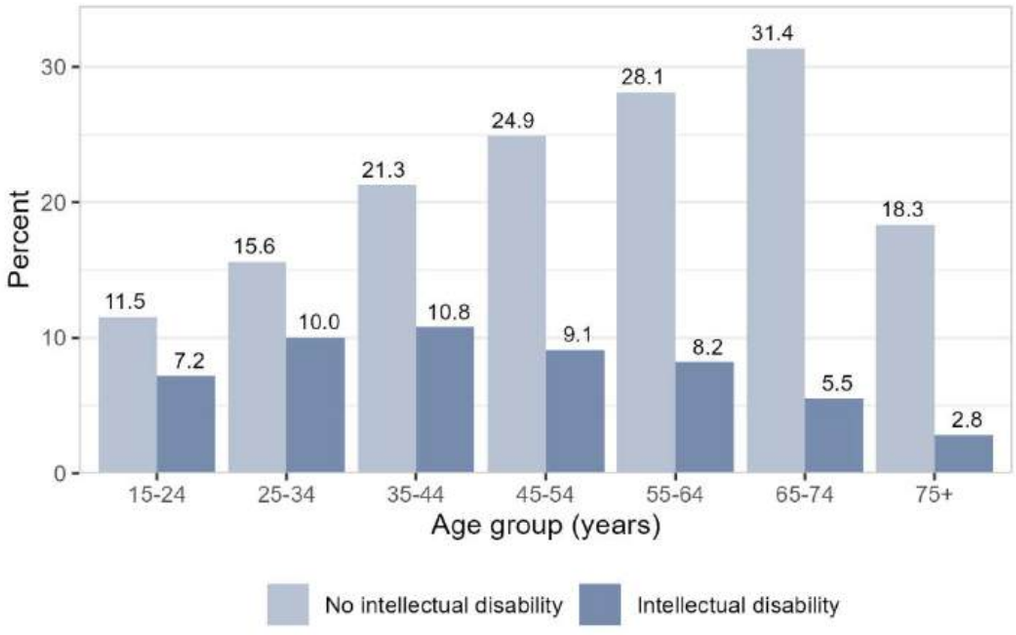
Figure 54 – Volunteering and caring outside the home, 2018/2023, age standardised rates for the population aged 15 years and over, by gender, and by ethnicity



Sources: 2018/2023 Census of Population and Dwellings data in the IDI.
Definition: Percentage of people who participated in unpaid activities outside the home in the four weeks to 6 March 2018/2023. Activities could include looking after a child in another household, looking after someone who is ill or with a disability in another household, or other helping or voluntary work for or through any organisation, group or Marae.

One in ten people with intellectual disability volunteer outside their home. Overall, the rate of volunteering for people with intellectual disability is highest for the 35-to-44 age group and it decreases from that age onwards. This is different to the rates across age groups for people without intellectual disability which keep increasing until the 65-to-74 age group, which has the highest volunteering rate (see Figure 55).

Figure 55 – Volunteering outside the home by age group, 2023



Sources: 2023 Census of Population and Dwellings data in the IDI.
Definition: Percentage of people who participated in unpaid activities outside the home in the four weeks to 6 March 2023. Activities could include looking after a child in another household, looking after someone who is ill or with a disability in another household, or other helping or voluntary work for or through any organisation, group or Marae.

5.2.3 Benefit receipt

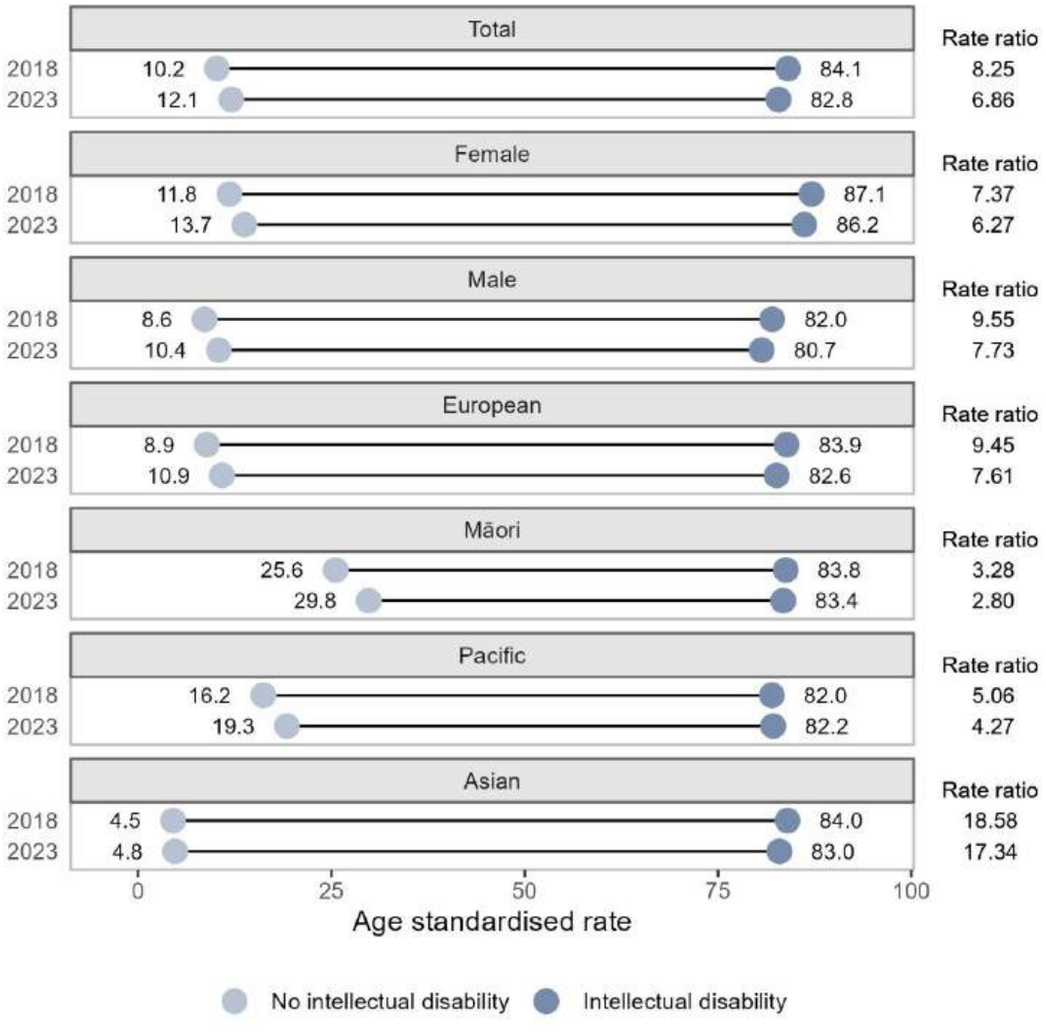
Income-tested benefits are financial assistance payments provided by Work and Income based on an individual's or family's income. These benefits are designed to provide support for those with limited financial resources, including Jobseeker Support, Sole Parent Support and Supported Living Payment.	
Indicator definition	Percentage of people receiving an income tested benefit as at 30 June 2018/2023.
Data source	Ministry of Social Development benefit data in the IDI.

Figure 56 presents age-adjusted benefit receipt rates for 2018 and 2023. While there have been small changes over time, people with intellectual disability remain significantly more likely to receive a benefit than those without.

As in the non-intellectually disabled population, benefit receipt is slightly higher among females. However, ethnic differences seen in the non-intellectually disabled population are less apparent among people with intellectual disability. The largest disparities

between intellectually disabled and non-intellectually disabled groups are seen in the Asian and European populations, with rate ratios of 17.34 and 7.61 respectively.

Figure 56 – Benefit receipt, age standardised rates for the population aged 18 to 64, by gender, and by ethnicity, as at June 2018/2023



Sources: Ministry of Social Development benefit data in the IDI.
Definition: Percentage of people receiving an income tested benefit as at 30 June 2018/2023.

5.2.4 Youth not in employment, education or training (NEET)

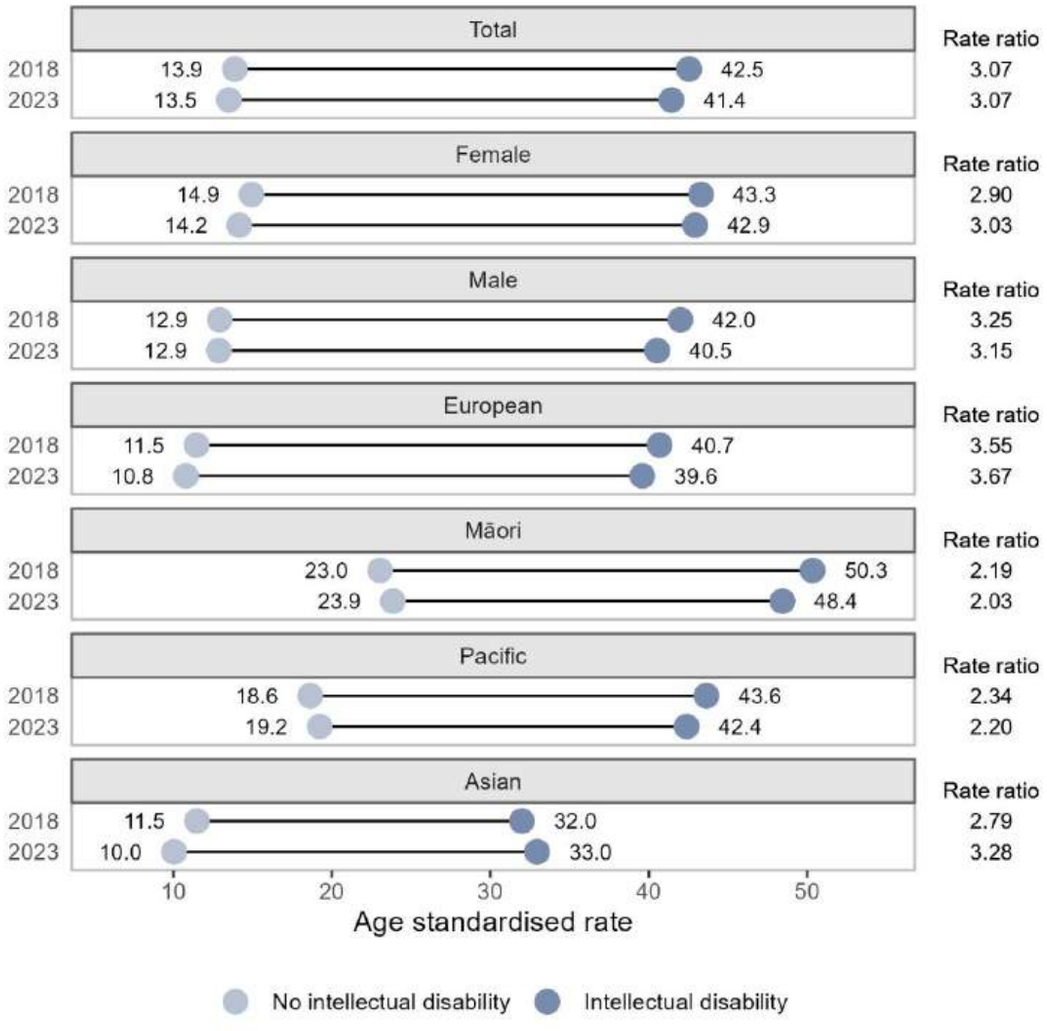
Being NEET can signal challenges in accessing opportunities for learning and earning and may indicate barriers to long-term social and economic participation. Monitoring NEET rates helps to identify at-risk groups and assess the effectiveness of policies aimed at supporting youth engagement in work or study.	
Indicator definition	Percentage of youth not in employment, education or training (NEET). People were considered to be employed if they had wage or salary income in May or June 2018/2023 or self-employment income in the 2018/2023 tax year.
Data source	Administrative Population Census (APC), sourced from Inland Revenue and Ministry of Education data in the IDI.

Figure 57 shows that, after adjusting for age, young people with intellectual disabilities are more than three times as likely to be NEET (not in employment, education, or training) compared to those without intellectual disabilities. It also shows that NEET rates are higher for females than males in both populations.

As seen with other indicators, ethnic groups that have lower NEET rates in the non-intellectually disabled population tend to show the largest disparities when compared with their intellectually disabled counterparts. The European ethnic group has the highest rate ratio (3.67), followed by the Asian group (3.28). Among youth with intellectual disabilities, Māori have the highest NEET rate (ASR of 48.4 percent), followed by Pacific peoples (ASR 42.4 percent), Europeans (ASR 39.6 percent), and Asians (ASR 33.0 percent).

Levi Maxwell
Circles in the Awa
IHC Art Awards Entrant 2025

Figure 57 – Youth not in employment, education, or training (NEET), age standardised rates for the population aged 15 to 24, by gender, and by ethnicity, as at June 2018/2023.

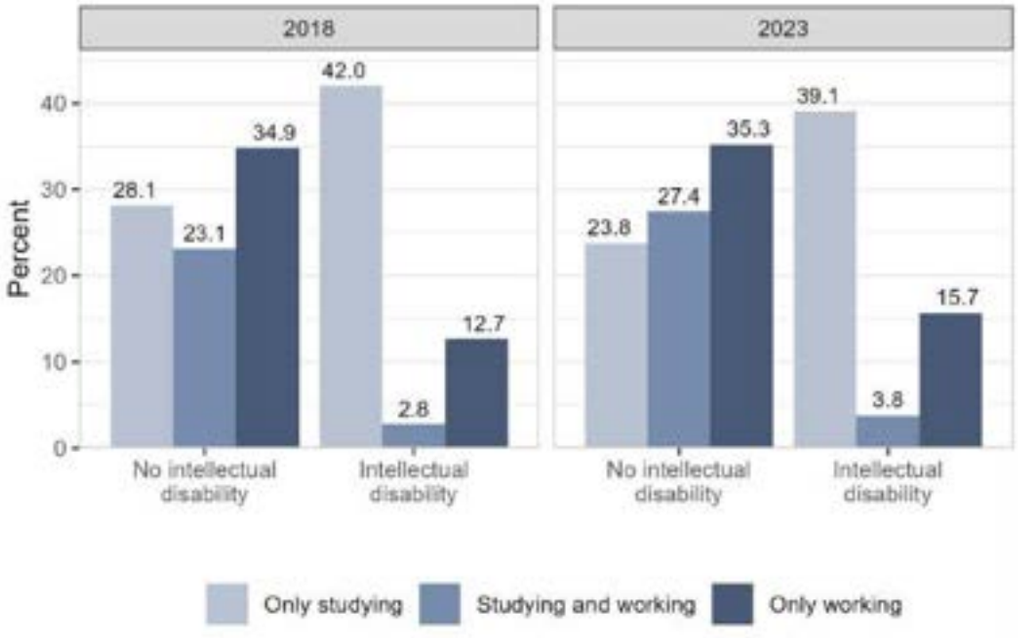


Sources: Administrative Population Census (APC), sourced from Inland Revenue and Ministry of Education data in the IDI.
Definition: Percentage of youth not in employment, education or training (NEET). People were considered to be employed if they had wage or salary income in May or June 2018/2023 or self-employment income in the 2018/2023 tax year.

Figure 58 presents the activity status of youth who are not NEET. Among those without intellectual disabilities, the population is fairly evenly split between those working, studying, and doing both (each between 23–35 percent). However, young people with intellectual disabilities show a different pattern: the largest group is studying only (39.1 percent in 2023), followed by those only working (15.7 percent), and a very small proportion (3.8 percent) who are both working and studying.

In 2023, for the intellectually disabled and non-intellectually disabled youth populations, there was an increase in those who were both working and studying, and a slight decrease in those only studying or only working.

Figure 58 – Age standardised rates of youth activity (study or work) by intellectual disability



Sources: Administrative Population Census (APC), sourced from Inland Revenue and Ministry of Education data in the IDI.
Definition: Percentage of youth aged 15 to 24 in employment, education or training. People were considered to be employed if they had wage or salary income in May or June 2018 or self-employment income in the 2018/2023 tax year.

Liam Martyn Astbury
Crazy Human Cat Heads
IHC Art Awards 202

6 Income, consumption and wealth

Adequate income and wealth enable people to live independently, participate fully in society, and avoid poverty and hardship. This section reports on several indicators of individual and household income and consumption. There is only limited wealth data available in New Zealand, however, and no data which could be reported robustly for the intellectually disabled population.

6.1 Income

International and New Zealand research consistently report that people with intellectual disabilities experience significant income-related disadvantages compared to the general population. A recent report reports that people with intellectual disability in Aotearoa are more likely to experience income poverty than people without intellectual disability across all life stages (McLeod, Stone, & Beltran-Castillon, 2025). Research has also shown that part of the reason for the poorer health outcomes experienced by intellectually disabled people is the fact that they are more likely to suffer socio-economic disadvantage (Emerson & Hatton, 2007).

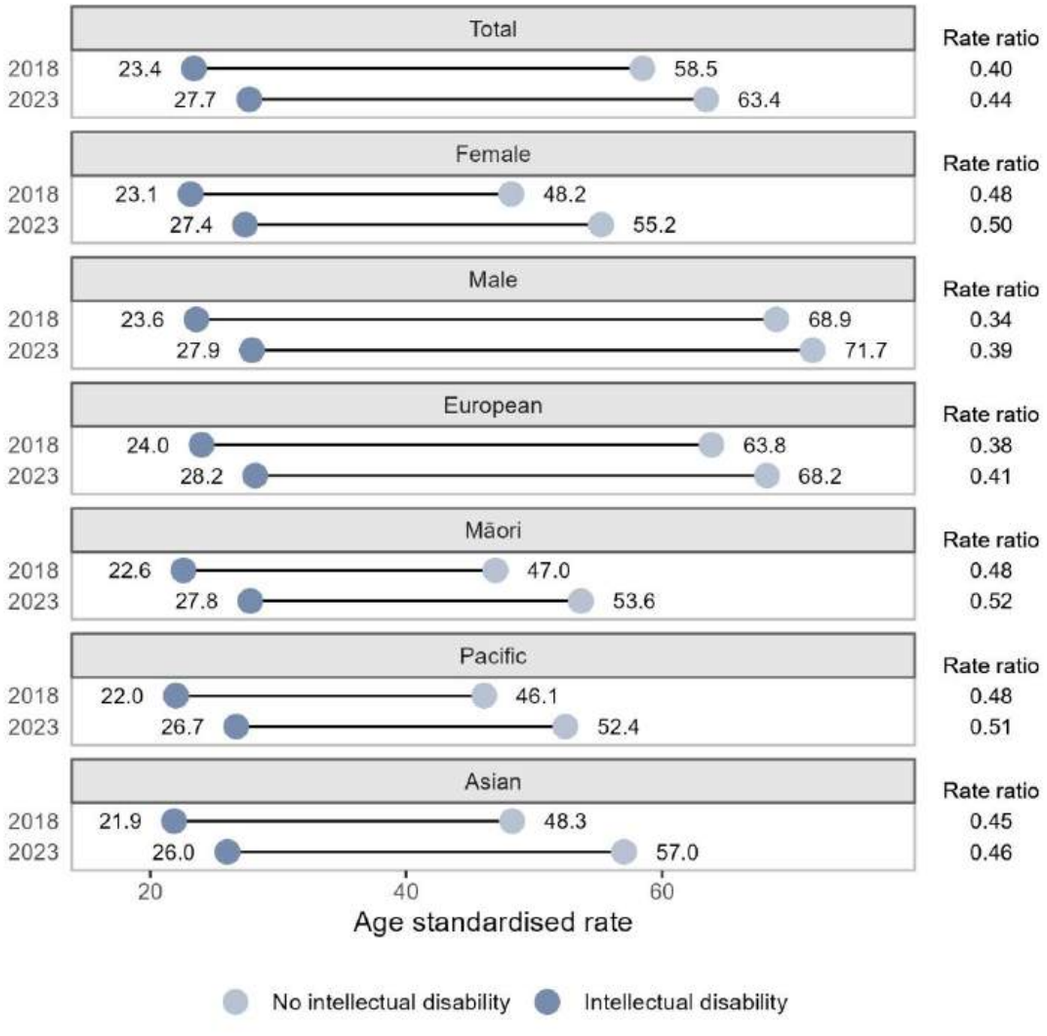
6.1.1 Total annual income

Total individual income refers to the earnings of a single person from all sources, this includes wages and salaries as well as any government transfers like New Zealand Superannuation and Veteran's Pension, student allowance or transfers from Inland Revenue or Work and Income.	
Indicator definition	Mean total before tax personal income for the year ending 31 March on the cohort year, inflation adjusted to 2023.
Data source	Administrative Population Census (APC) in the IDI, sourced from Inland Revenue tax and Working for Families data, and Ministry of Social Development benefits data.
Technical note	To be able to do reliable comparison across years income has been inflation adjusted to 2023.

Figure 59 presents age-adjusted average annual income for people with and without intellectual disability. Although average income increased between 2018 and 2023, the gap between the two groups persists. Among people without intellectual disability, income varies significantly by gender and ethnicity. In contrast, income differences within the intellectually disabled population are minimal, reflecting earlier data showing that most rely on benefit income, regardless of their gender or ethnicity.

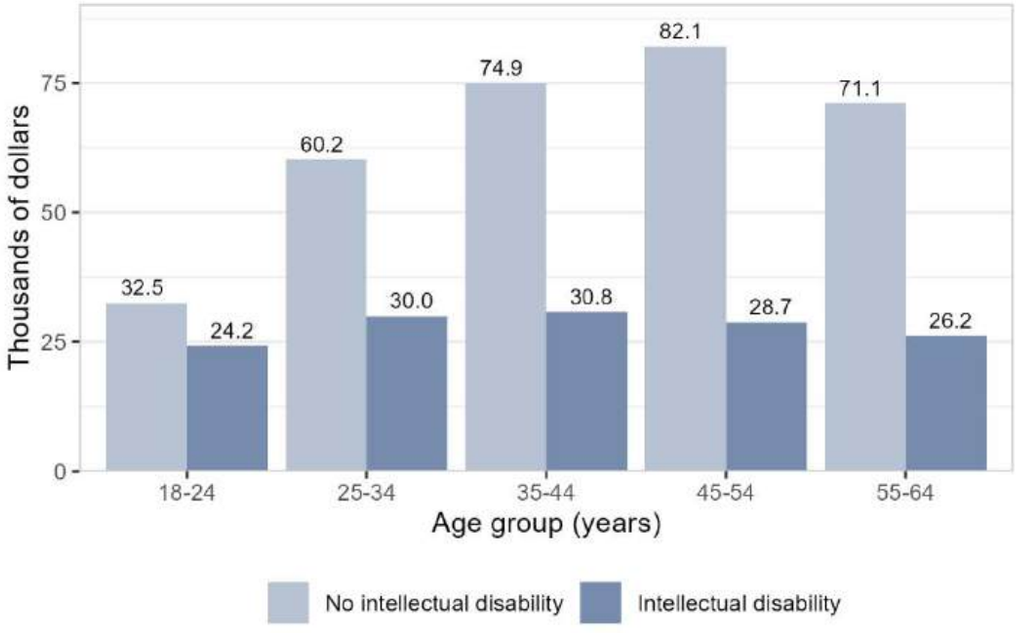
People with intellectual disability have a lower average annual personal income than people without intellectual disability across all age groups, but particularly at older working ages (Figure 60). Average total annual income does not vary significantly by age for people with intellectual disability at around 25 to 30 thousand dollars per year, consistent with the large numbers of people with intellectual disability on benefit, and the relatively small numbers in paid work.

Figure 59 – Total annual personal income in thousands of dollars, age standardised rates for the population aged 18 to 64, by gender, and by ethnicity, year to 31 March 2018 and 2023



Sources: Administrative Population Census (APC) in the IDI, sourced from Inland Revenue tax and Working for Families data, and Ministry of Social Development benefits data.
Definition: Mean total before tax personal income for the year ending 31 March 2018/2023. Inflation adjusted to 2023.

Figure 60 – Average total annual personal income by age group, year ended 31 March 2023



Sources: Administrative Population Census (APC) in the IDI, sourced from Inland Revenue tax and Working For Families data, and Ministry of Social Development benefits data.
Definition: Mean total before tax personal income for the year ending 31 March 2023.

6.1.2 Household equivalised disposable income

Household disposable income is the sum of after-tax personal income for everyone aged 15 years or older in a household.	
Indicator definition	Mean household equivalised disposable income for the year ending 31 March of the cohort year. Equivalised using the Modified OECD scale. Measure is before housing costs (BHC).
Data source	2018/2023 Census of Population and Dwellings, Administrative Population Census (APC), and Inland Revenue tax data in the IDI. Income sourced from APC, taxes from IR, and household structure for equivalisation from Census.
Technical note	To be able to do reliable comparison across years income has been inflation adjusted to 2023 dollars. Equivalised income adjusts household income measures to take account of differences in a household's size and composition, providing a more comparable measure of the money available to different households.

Figure 61 and Figure 62 show the age-adjusted average household equivalised disposable income and the relative difference (rate ratio) between people with and without intellectual disability. Figure 61 focuses on children, while Figure 62 shows the same information for adults. Both figures break down the data by total population, age, and ethnic groups.

From 2018 to 2023, average household equivalised disposable income increased for children. This likely reflects the impact of the *Families Package* introduced in 2018 to support low- and middle-income families. Household income levels for adults without intellectual disability remained stable, while adults with intellectual disability saw a small increase. Although the income gap narrowed slightly for both children and adults, significant disparities persist between people with and without intellectual disability. Māori children and adults with intellectual disability remain among the most disadvantaged, experiencing the lowest average household equivalised disposable incomes across all subgroups.

Keita Raki
Guided by the Koru
IHC Art Awards 2025 Entrant

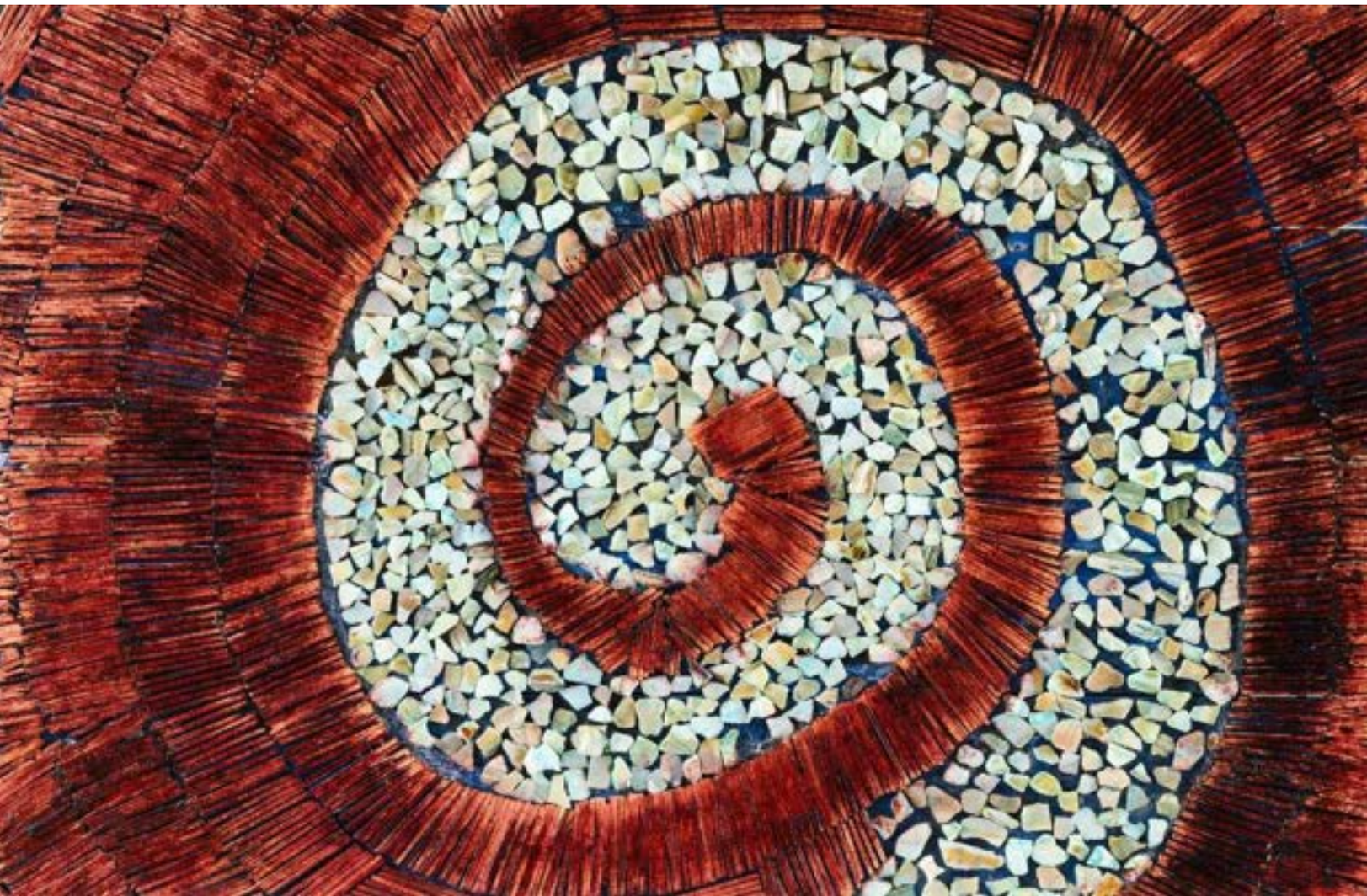
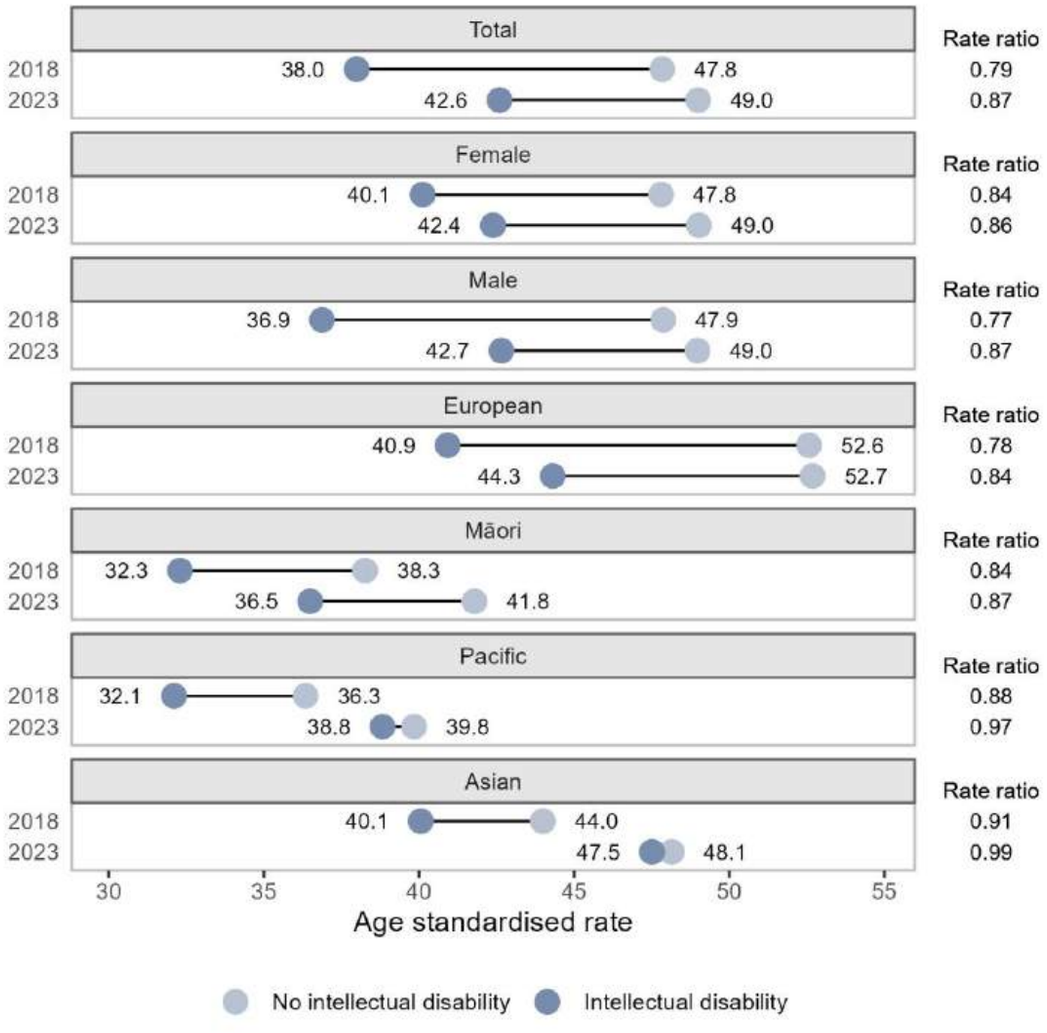
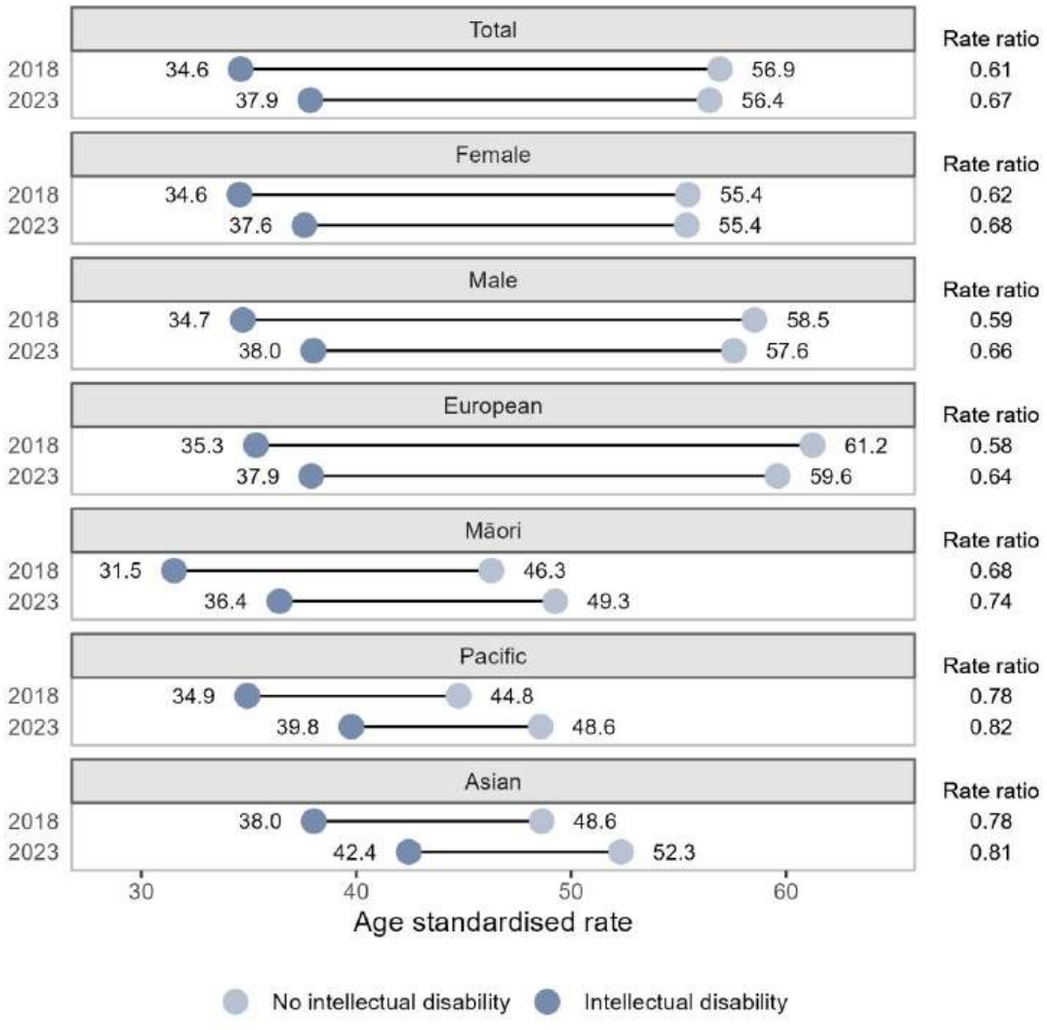


Figure 61 – Household equivalised disposable income in thousands of dollars, age standardised rates for the child population aged under 15, by gender, and by ethnicity, year to March 2018



Sources: 2018 Census of Population and Dwellings, Administrative Population Census (APC), and Inland Revenue tax data in the IDI. Income sourced from APC, taxes from IR, and household structure for equivalisation from Census.
Definition: Mean equivalised disposable household income for the year ending 31 March 2018/2023. Equivalised using the Modified OECD scale. Measure is before housing costs (BHC). Inflation adjusted to 2023.

Figure 62 – Household equivalised disposable income in thousands of dollars, age standardised rates for the adult population aged 15 and over, by gender, and by ethnicity, year to March 2018

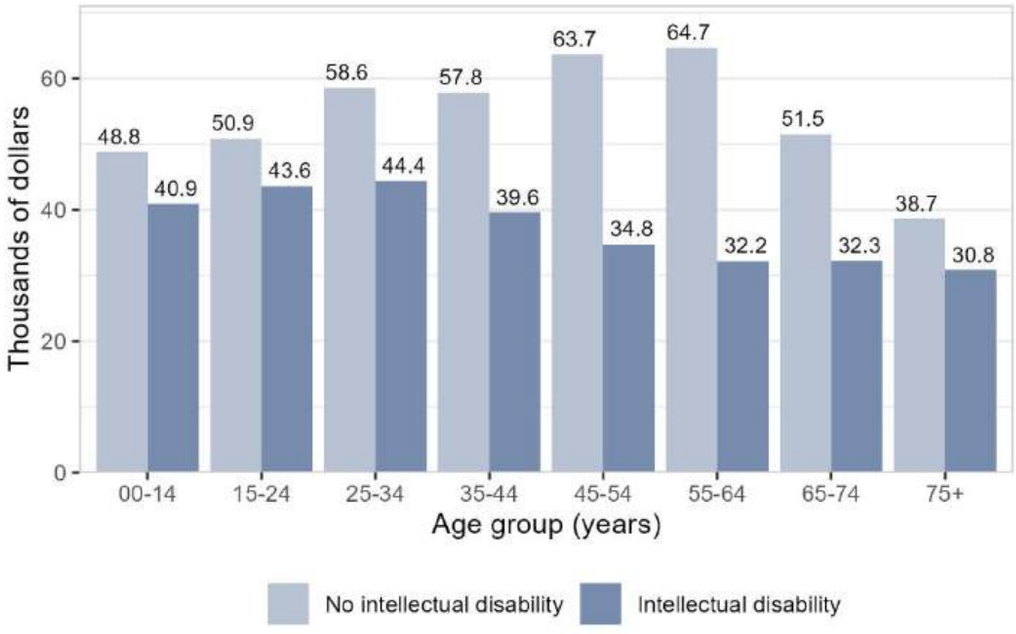


Sources: 2018 and 2023 Census of Population and Dwellings, Administrative Population Census (APC), and Inland Revenue tax data in the IDI. Income sourced from APC, taxes from IR, and household structure for equivalisation from Census.
Definition: Mean equivalised disposable household income for the year ending 31 March 2018/2023. Equivalised using the Modified OECD scale. Measure is before housing costs (BHC). Inflation adjusted to 2023 dollars.

Figure 63 shows average household equivalised disposable income for people with and without intellectual disability by age group. The data shows that for people without intellectual disability average household equivalised disposable income increases by age until the age of 65, the most common retirement age. From 65 years of age onwards the average equivalised disposable household income decreases as people transition out of employment.

For people with intellectual disability the pattern is different and the age group with the highest average equivalised disposable household income is the 25-to-34-year-old group. From then onwards household equivalised disposable income decreases with age. This could indicate that adults up to the age of 34 may still be living at home and be supported by parents still in full-time employment, while older people with intellectual disability may no longer have that support.

Figure 63 – Average household equivalised disposable income by age group, year ending 31 March 2023



Sources: 2023 Census of Population and Dwellings, Administrative Population Census (APC), and Inland Revenue tax data in the IDI. Income sourced from APC, taxes from IR, and household structure for equivalisation from Census.
Definition: Mean equivalised disposable household income for the year ending 31 March 2018/23. Equivalised using the Modified OECD scale. Measure is before housing costs (BHC).

6.1.3 Living in a low-income household

This indicator measures the percentage of people living in low-income households, defined as households with less than 50 percent of the New Zealand median household equivalised disposable income. This is an established measure of poverty, used for example by Stats NZ as one of the indicators in their child poverty statistics (Stats NZ, 2021).	
Indicator definition	Percentage of people with household equivalised disposable income less than 50 percent of the median for the year ending 31 March 2018/23. Equivalised using the Modified OECD scale. Measure is before housing costs (BHC).
Data source	2018/23 Census of Population and Dwellings, Administrative Population Census (APC), and Inland Revenue tax data in the IDI. Income sourced from APC, taxes from IR, and household structure for equivalisation from Census.
Technical note	Note that these figures have changed considerably since the *From Data to Dignity* report. This seems to have mainly been driven by improvements in the way income is measured in the Administrative Population Census (APC).

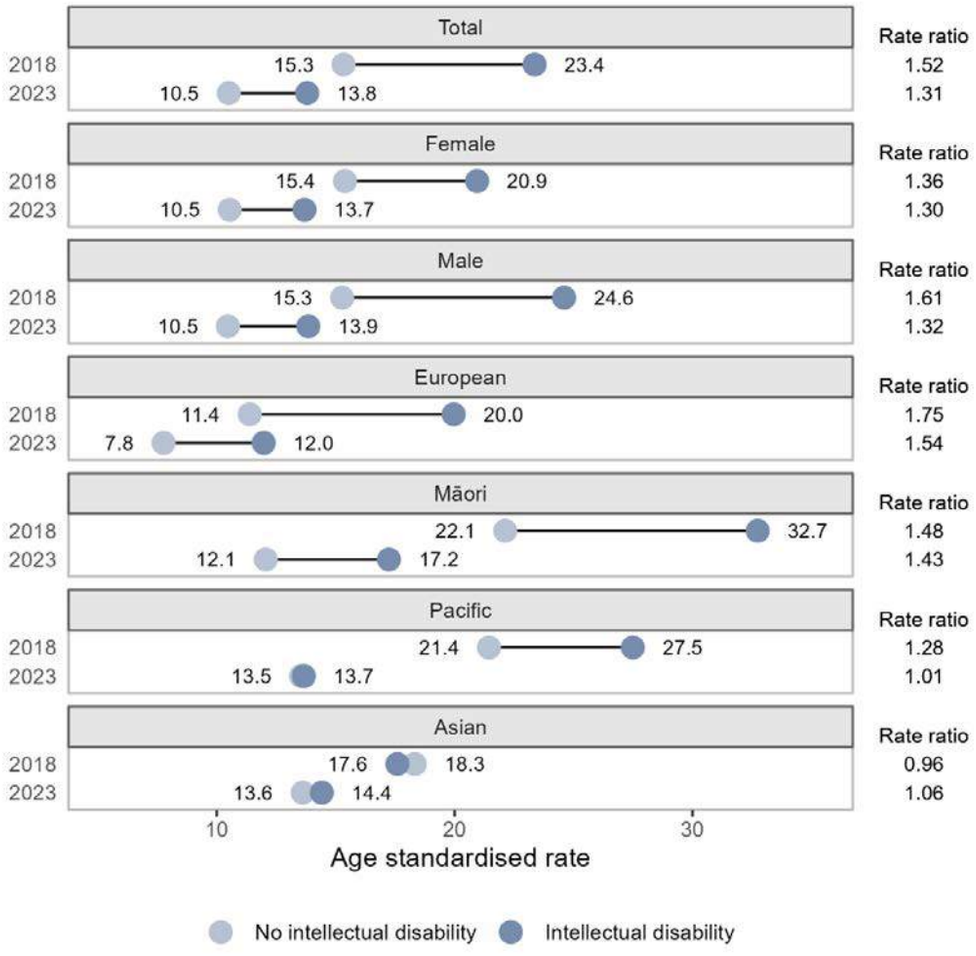
Figure 64 and Figure 65 show the 2018 and 2023 age-adjusted rates of people living in low-income households for children and adults. Both figures show a reduction in the percentage of people living in low-income households from 2018 to 2023 (consistent with Stats NZ estimates for children from the Household Economic Survey[11]) and a reduction in the disparity between people with and without intellectual disability. However, children and adults with intellectual disability are still more likely to live in a low-income household than people without intellectual disability with rate ratios of 1.31 for children and 1.74 for adults.

Low-income measures are useful indicators of poverty, but they don't show the full picture. They don't reflect how rising living costs affect people's ability to meet basic needs, or whether people have other resources to draw on. Also, small changes in income can result in large numbers of people moving across the threshold, making changes look much larger than they are in practice.

[11] Stats NZ child poverty statistics information release - https://www.stats.govt.nz/information-releases/child-poverty-statistics-year-ended-june-2024/

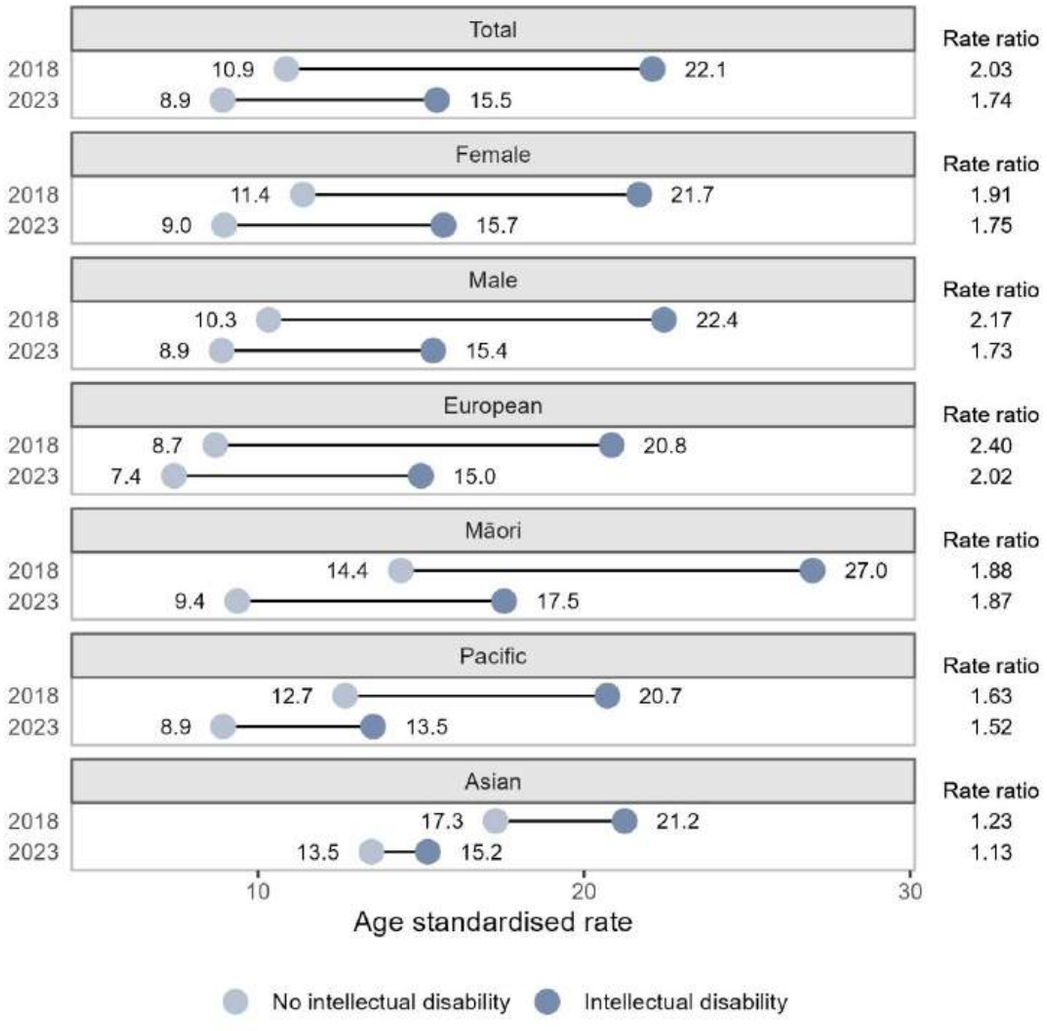
Direct measures of hardship are collected in Stats NZ's Household Economic Survey and were reported in IHC's recent Cost of Exclusion report (McLeod, Stone, & Beltran-Castillon, 2025) for people with intellectual disability. These results showed a broad disparity between hardship rates for people with and without intellectual disability, especially in older working age. While Stats NZ estimates show falls in low-income poverty since 2018, child material hardship rates are estimated to have remained at similar levels across that period.

Figure 64 – Living in a low-income household, age standardised rates for the child population aged under 15 years, by gender, and by ethnicity, year to March 2018 and 2023



Sources: 2018/23 Census of Population and Dwellings, Administrative Population Census (APC), and Inland Revenue tax data in the IDI. Income sourced from APC, taxes from IR, and household structure for equivalisation from Census.
Definition: Percentage of people with equivalised disposable household income less than 50 percent of the median for the year ending 31 March 2018/23. Equivalised using the Modified OECD scale. Measure is before housing costs (BHC).

Figure 65 – Living in a low-income household, age standardised rates for the adult population aged 15 and over, by gender, and by ethnicity, year to March 2018 and 2023



Sources: 2018 Census of Population and Dwellings, Administrative Population Census (APC), and Inland Revenue tax data in the IDI. Income sourced from APC, taxes from IR, and household structure for equivalisation from Census.

Definition: Percentage of people with equivalised disposable household income less than 50 percent of the median for the year ending 31 March 2018/2023. Equivalised using the Modified OECD scale. Measure is before housing costs (BHC).

6.1.4 Access to income support

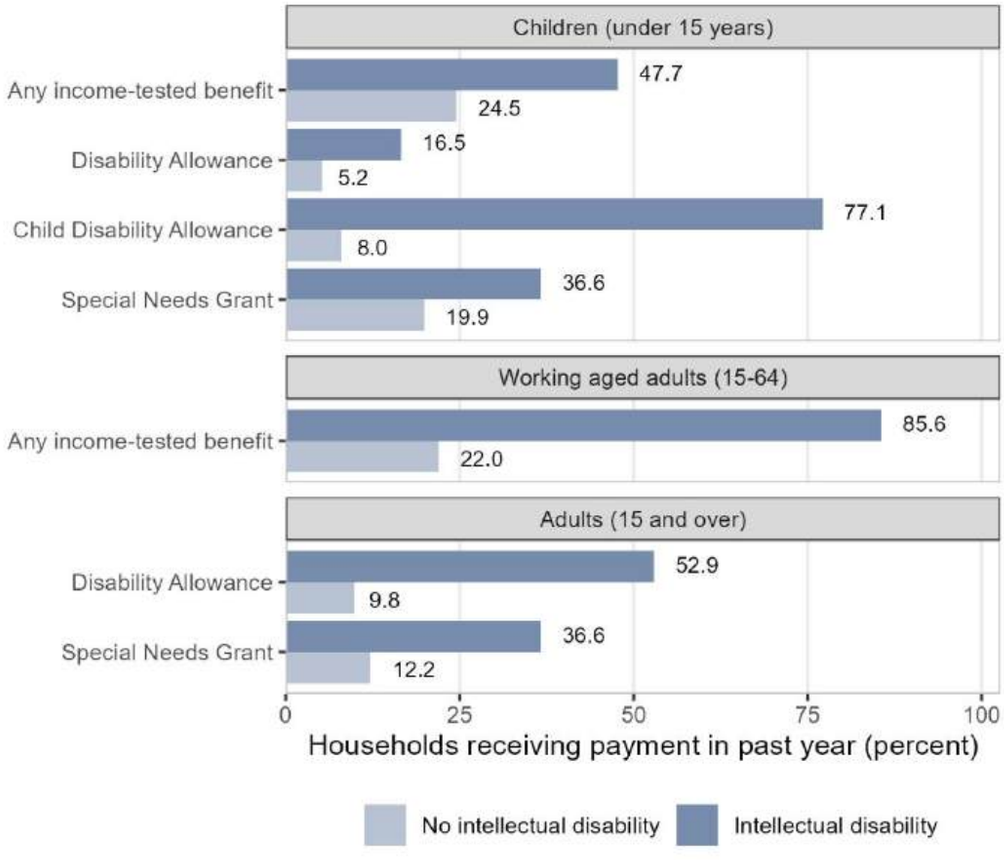
Income support is financial assistance provided by government to help individuals or families who have low or no income, who are unable to work, or who require financial support for health conditions or disability.	
Indicator definition	Percentage of people with intellectual disability receiving income support by support type.
Data source	Ministry of Social Development data in the IDI.

Figure 66 shows the percentage of people with and without intellectual disability accessing various government income support payments. As expected, people with intellectual disability access disability-specific subsidies at much higher rates than those without intellectual disability. However, the data also shows that they are over-represented among recipients of other forms of support, such as special needs grants and the main income-tested benefits: Sole Parent Support, Jobseeker Support, and the Supported Living Payment. This reflects the reduced access to employment experienced by people with intellectual disabilities, as well as by parents of children with intellectual disabilities.

Special Needs Grants provide emergency assistance to people through one-off payments to help pay an essential or emergency cost if a person cannot pay it any other way. Over a third of children and adults with intellectual disability were living in a household which had to access these grants in the year to June 2023.

Maddie Reed
Dancing with Nature
IHC Art Awards Entrant 2025

Figure 66 - Percentage of people with intellectual disability receiving income support, over the year to 30 June 2023.



Sources: Ministry of Social Development data in the IDI.

Definition: Percentage of people with intellectual disability receiving income support the year to 30 June 2023.

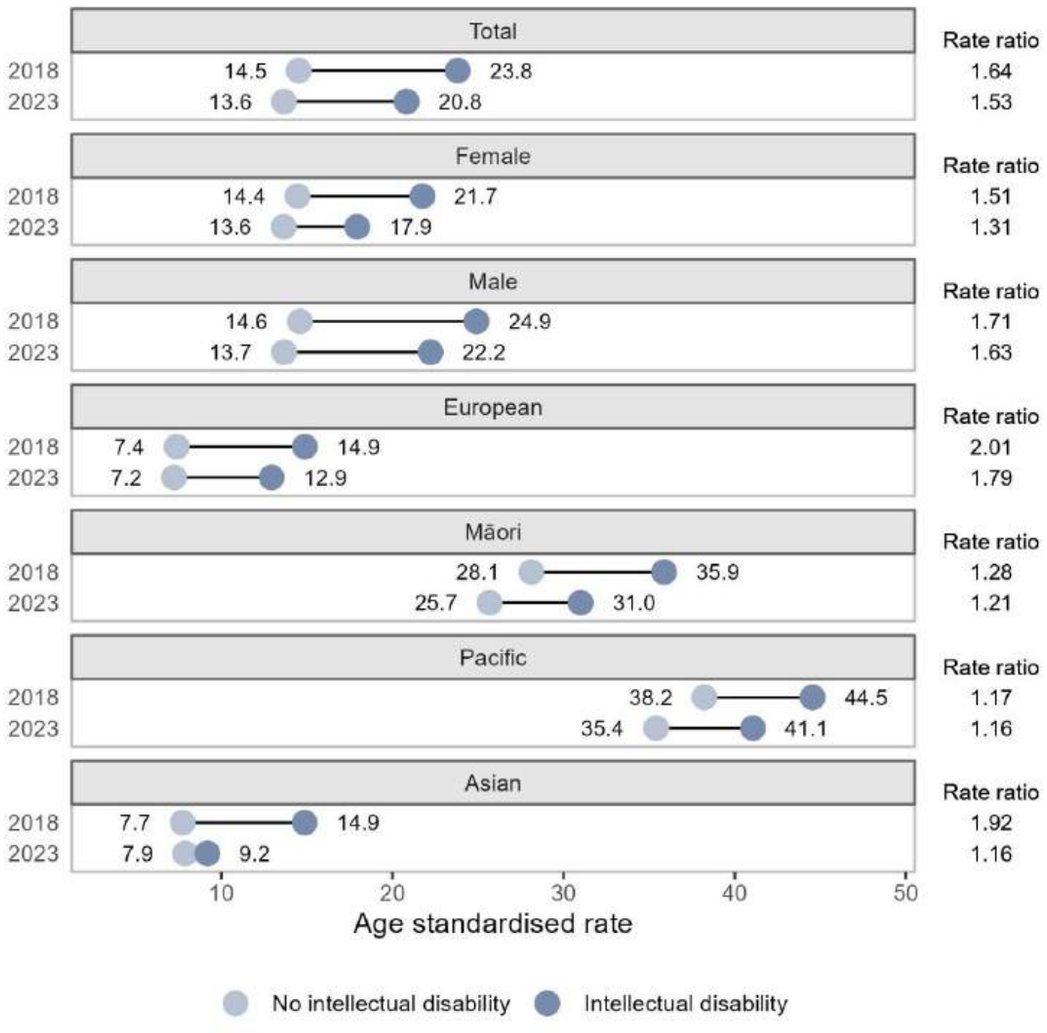
6.2 Neighbourhood deprivation (NZDep)

The New Zealand Deprivation Index (NZDep) is an area-based measure of socioeconomic deprivation in Aotearoa. It measures the level of deprivation for people in each small neighbourhood area (or 'meshblock').	
Indicator definition	Percentage of people living in the most deprived decile based on the NZ Deprivation Index of the cohort year.
Data source	Address notifications in the IDI core datasets. 2018/2023 Census of Population and Dwellings were used to construct NZDep.
Technical note	NZDep is based on nine Census variables. NZDep groups deprivation scores into deciles, where 1 represents the areas with the least deprived scores and 10 the areas with the most deprived scores. A value of 10 therefore indicates that a small area is in the most deprived ten percent of areas in New Zealand. The New Zealand deprivation index is updated regularly, following each population Census.

This indicator examines the socioeconomic status of the areas where people live. People with intellectual disability are more likely to live in the most deprived areas (decile 10 of the NZDep), across all genders and ethnic groups, and for both children and adults. After adjusting for age, 20.8 percent of children with intellectual disability live in a decile 10 area, compared with 13.6 percent of children without disability (Figure 67). Among adults, 19.6 percent of those with intellectual disability live in the most deprived areas, compared with 10.0 percent of adults without disability (Figure 68). The disparity is greater among adults, with a rate ratio of 1.96, compared to 1.53 for children. There was little change in these patterns between 2018 and 2023.

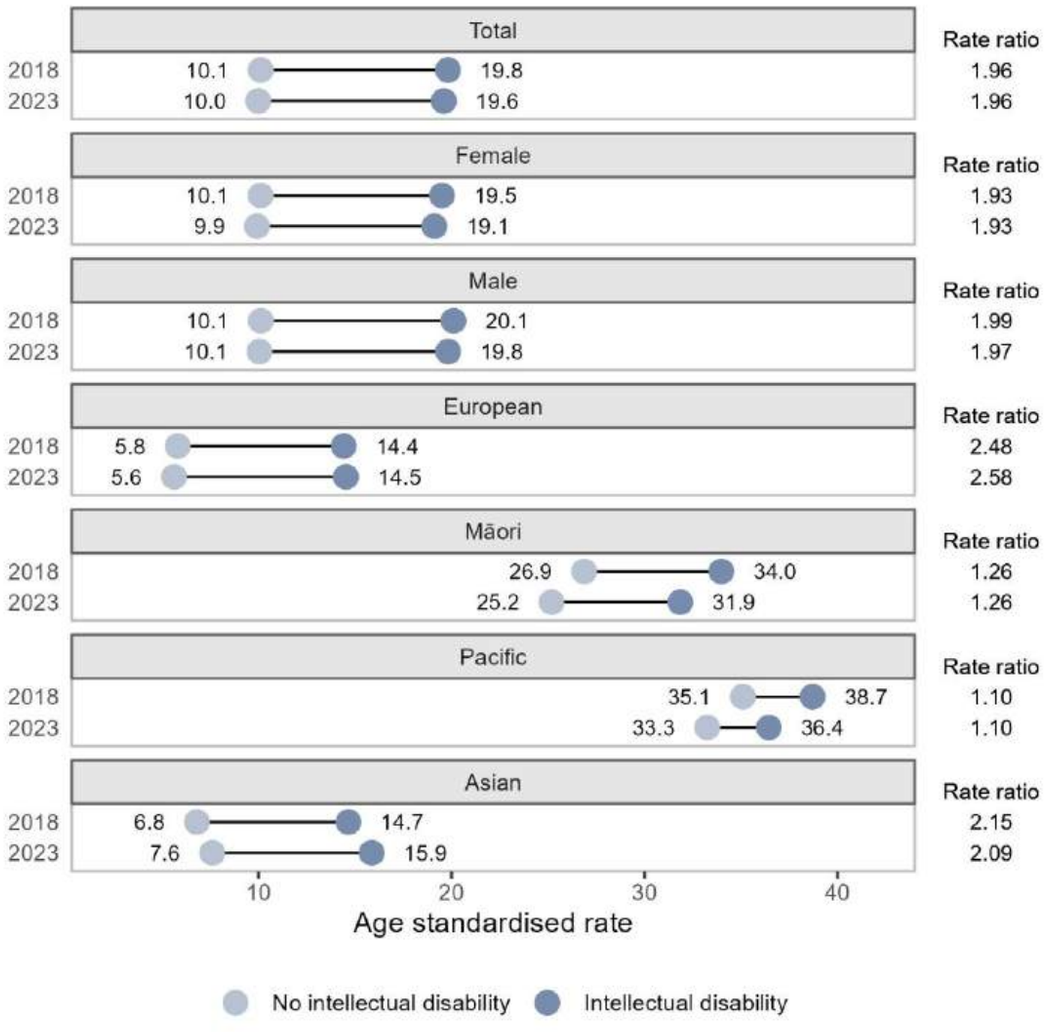
Among people with intellectual disability, those of Pacific and Māori ethnicity, both children and adults, are significantly more likely to live in the most deprived areas than those of other ethnicities.

Figure 67 – Living in the most deprived decile, age standardised rates for the child population aged under 15 years, by gender, and by ethnicity, 2018/23



Sources: Address notifications in the IDI core datasets.
Definition: Percentage of people living in most deprived decile based on NZ Deprivation Index 2018/2023.

Figure 68 – Living in the most deprived decile, age standardised rates for the adult population aged 15 years and over, by gender, and by ethnicity, 2018/23.



Sources: Address notifications in the IDI core datasets.
Definition: Percentage of people living in most deprived decile based on NZ Deprivation Index 2018/2023.

6.3 Access to internet

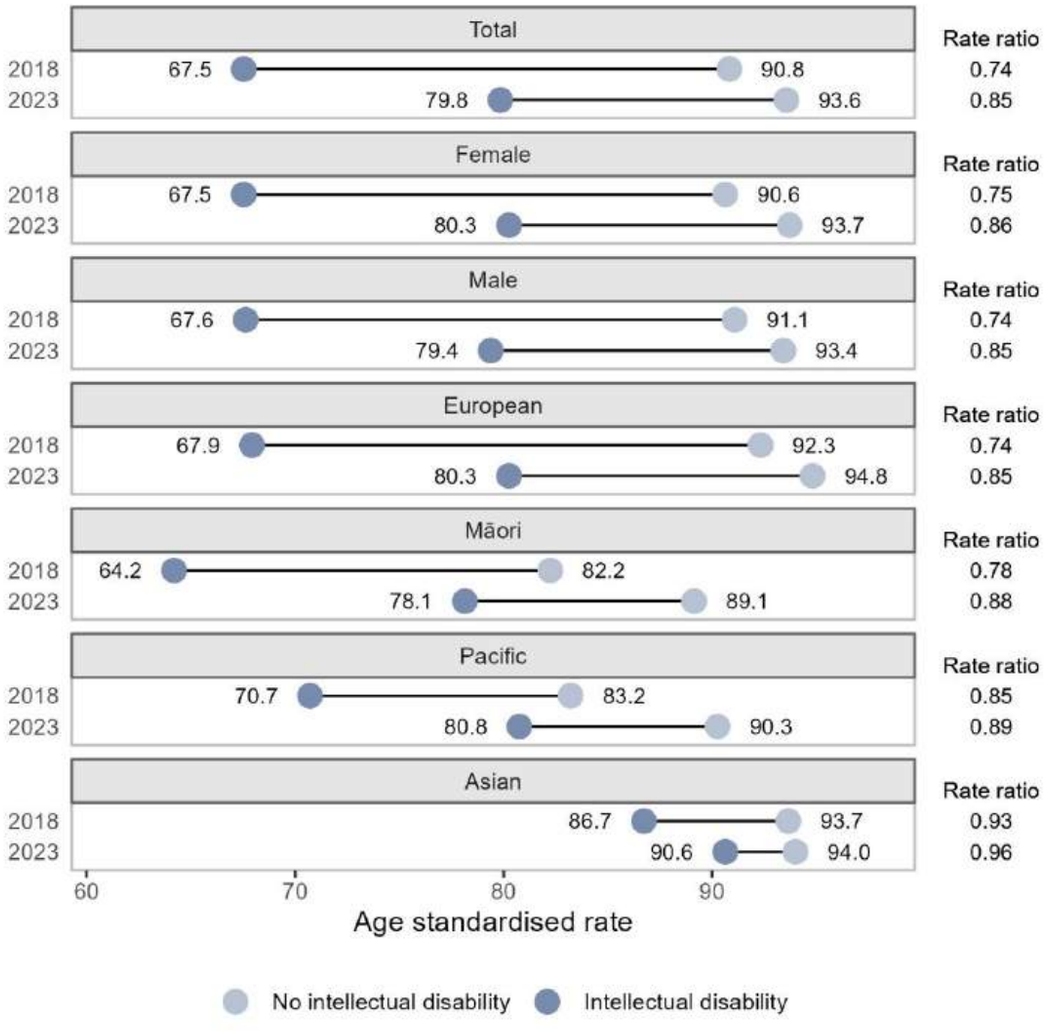
Digital inclusion is important for a range of social economic and social outcomes and influences improved livelihoods.	
Indicator definition	Percentage of people living in a household with access to the internet.
Data source	2018 and 2023 Census of Population and Dwellings.
Technical note	Internet access is identified from the 2018/2023 Census and relates to access in the dwelling, not necessarily to the individual.

The overall age-adjusted rate of internet access for people with intellectual disability increased from 67.5 percent in 2018 to 79.8 percent in 2023, an improvement of more than 10 percentage points. This progress has narrowed the gap in internet access between people with and without intellectual disability. However, full digital inclusion has yet to be achieved. As shown in Figure 69, people with intellectual disability continue to have lower internet access across all gender and ethnic groups.

Within the intellectually disabled population, Māori had the lowest internet access rate in 2023 (age-adjusted rate of 78.9 percent), followed by Europeans (80.3 percent), Pacific peoples (80.8 percent), and Asians (90.6 percent). Among all ethnic groups, the gap in internet access between people with and without intellectual disability was smallest for Asian people.

Josie Kerr
Annie
IHC Art Awards Entrant 2025

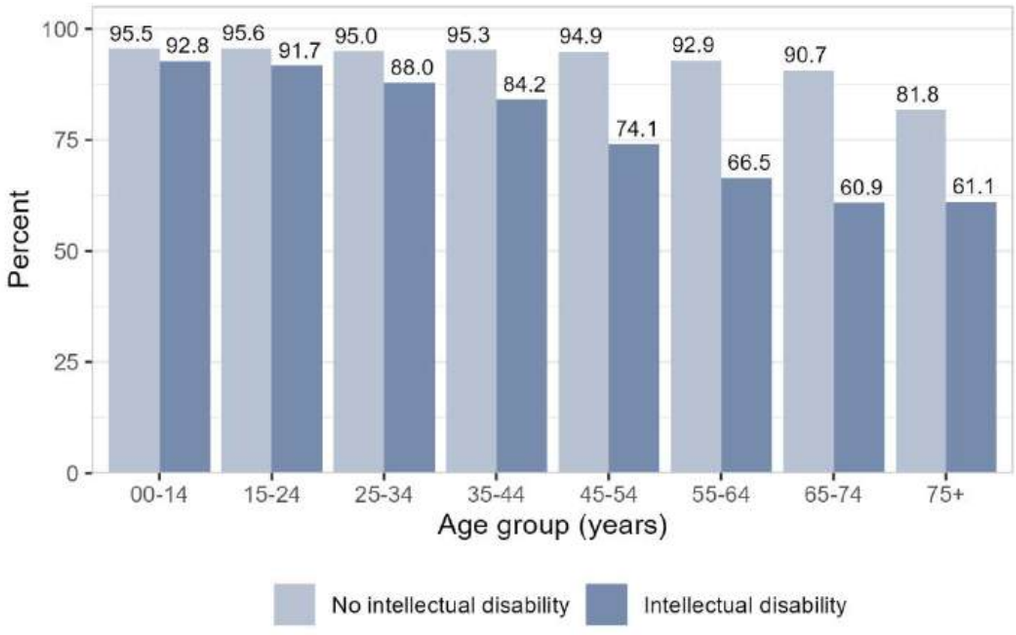
Figure 69 – Access to internet, age standardised rates for the total population, by gender, and by ethnicity, 2018 and 2023.



Sources: 2018/23 Census of Population and Dwellings.
Definition: Percentage of people living in a household with access to the internet.

The rates of internet access are lower for people with intellectual disabilities at all age groups but the difference in rates between intellectually disabled and non-disabled increases gradually with age until 65-74 years of age (see Figure 70). Only 60.9 percent of 65- to 74-year-olds with an intellectual disability in the study population had access to the internet, compared to 90.7 percent for the non-intellectually disabled. While similar patterns were evident in 2018, the gaps at older ages have diminished considerably over time.

Figure 70 – Access to internet by age group, 2018



Sources: 2018 Census of Population and Dwellings.
Definition: Percentage of people living in a household with access to the internet.

6.4 International travel

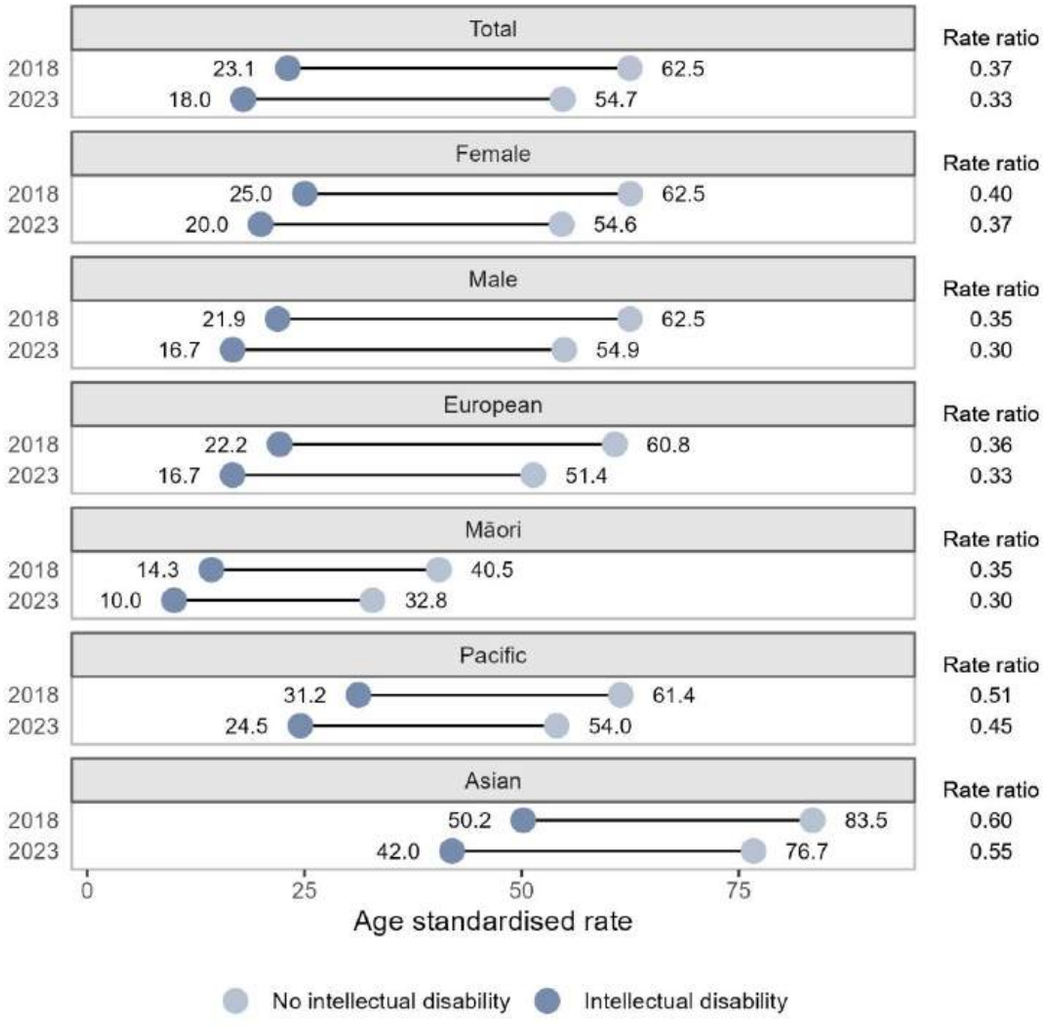
Participation in international travel often signals economic security and cultural capital, and reflects freedom, social connection and engagement with the world. For some, it is also a meaningful way to maintain ties to culture, family, and place.	
Indicator definition	Percentage of people with at least one international trip in the 5 years to 30 June of the cohort year.
Data source	New Zealand Customs Service International Travel and Migration data in the IDI.
Technical note	The 2023 figure is influenced by the reduction in international travel as a consequence of the Covid-19 pandemic.

The likelihood of participating in international travel is a lot lower for people with intellectual disability compared to people without intellectual disability (see Figure 71). Adjusted by age 18.0 percent of people with intellectual disability participated in international travel in the 5 years to June 2023, compared to 54.7 percent of people without an intellectual disability.

The relative differences in international travel between people with and without intellectual disability are present in all genders and ethnic groups. For people in the Asian and Pacific ethnic groups, which have the highest overall rates of international travel,

living with an intellectual disability reduces the likelihood of travelling internationally by a third to a half. Māori and Europeans, who had slightly lower rates of international travel, had a reduction of almost two-thirds if they had an intellectual disability.

Figure 71 – People who have made at least one international trip, age standardised rates for the total population, by gender, and by ethnicity, 5 years to 30 June of the cohort year.



Sources: New Zealand Customs Service International Travel and Migration data in the IDI.
Definition: Percentage of people with at least one international trip in the 5 years to 30 June of the cohort year.

Scott Welch
Playing the Blues
IHC Art Awards Entrant 2025

7 Housing

Access to adequate housing has long been viewed as a basic human right and having access to good quality housing is considered essential to health and wellbeing. Housing is not just about where people live, it's a powerful lens through which we can assess equity, opportunity, and the effectiveness of social supports.

This section presents five indicators, 3 were presented in the past monitoring report and two are new. The new indicators look at people's interaction with social housing.

7.1 Transience

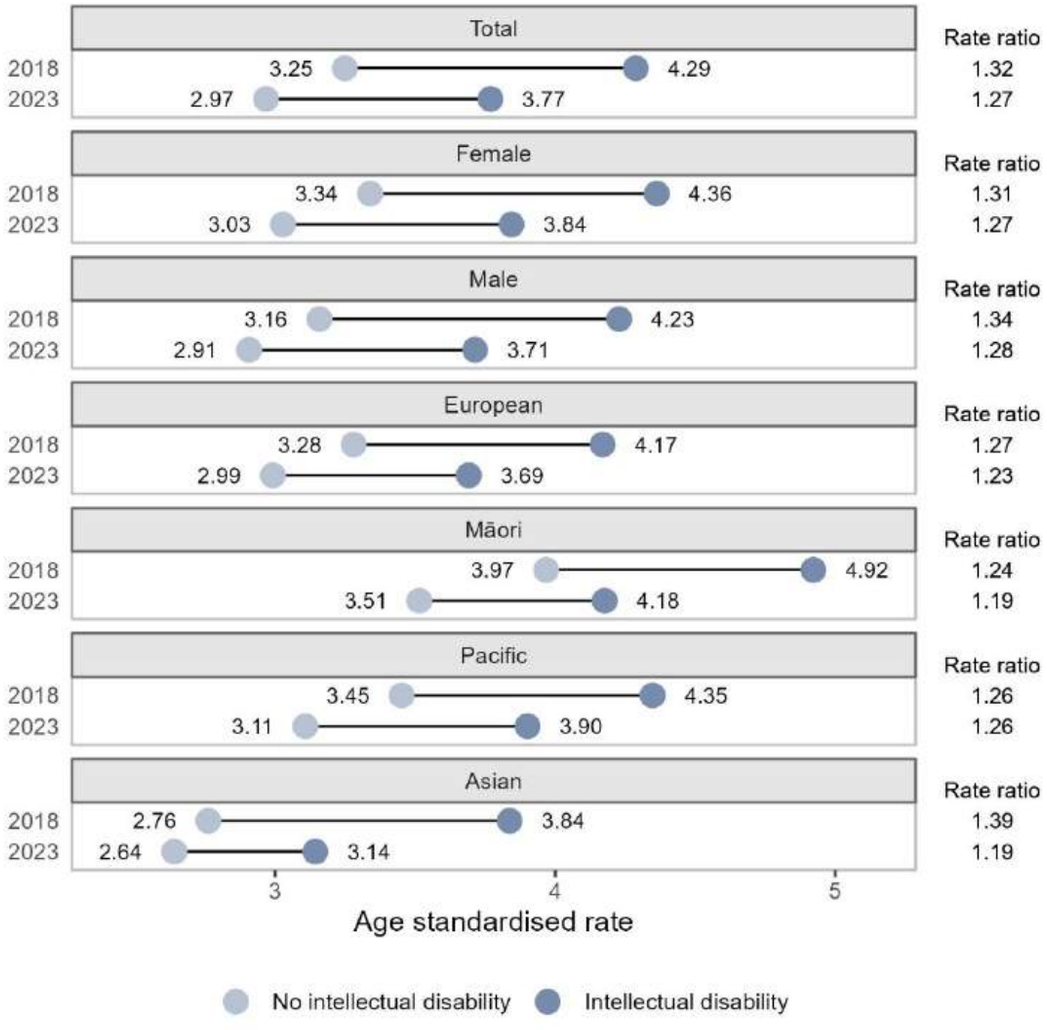
Transience or residential mobility refers to how often individuals or households move from one residence to another over a period of time.	
Indicator definition	Average number of addresses recorded for a person in the 5 years to 30 June of the cohort year.
Data source	Address notifications in the IDI core datasets.
Technical note	The 2023 figure may have been influenced by low residential mobility during the Covid-19 pandemic.

Residential mobility can sometimes lead to improved living conditions and greater access to opportunities. However, it can also reflect systemic shortcomings, such as a lack of affordable housing, stable employment, or accessible services, and be associated with negative outcomes across many areas of life.

People with intellectual disability experience higher residential mobility than those without. In 2023, the age-adjusted average number of addresses over five years was 3.77 for people with intellectual disability, compared to 2.97 for those without (Figure 72). The 2023 data covers the COVID-19 period, during which overall mobility declined. As a result, the lower rates seen in 2023 should not necessarily be interpreted as representing a long-term trend.

Residential mobility is slightly higher for females than males. Among people with intellectual disability, Māori have the highest mobility (ASR 4.18), followed by Pacific (3.90), European (3.69), and Asian (3.14) ethnic groups. Relative differences in mobility between intellectually disabled and non-intellectually disabled populations were similar across all ethnic groups.

Figure 72 – Average number of addresses, age standardised rates for the total population, by gender, and by ethnicity, 5 years to 30 June of the cohort year.



Sources: Address notifications in the IDI core datasets.
Definition: Mean number of addresses recorded in the IDI from any source during a 5-year period to 30 June of the cohort year.

7.2 Housing quality – mouldy or damp

Living in a cold or damp home can worsen asthma and other respiratory illnesses and increases the risk or hear disease and cardiac events.	
Indicator definition	Percentage of people reporting living in a mouldy or damp home, cohort year.
Data source	2018 and 2023 Census of Population and Dwellings.

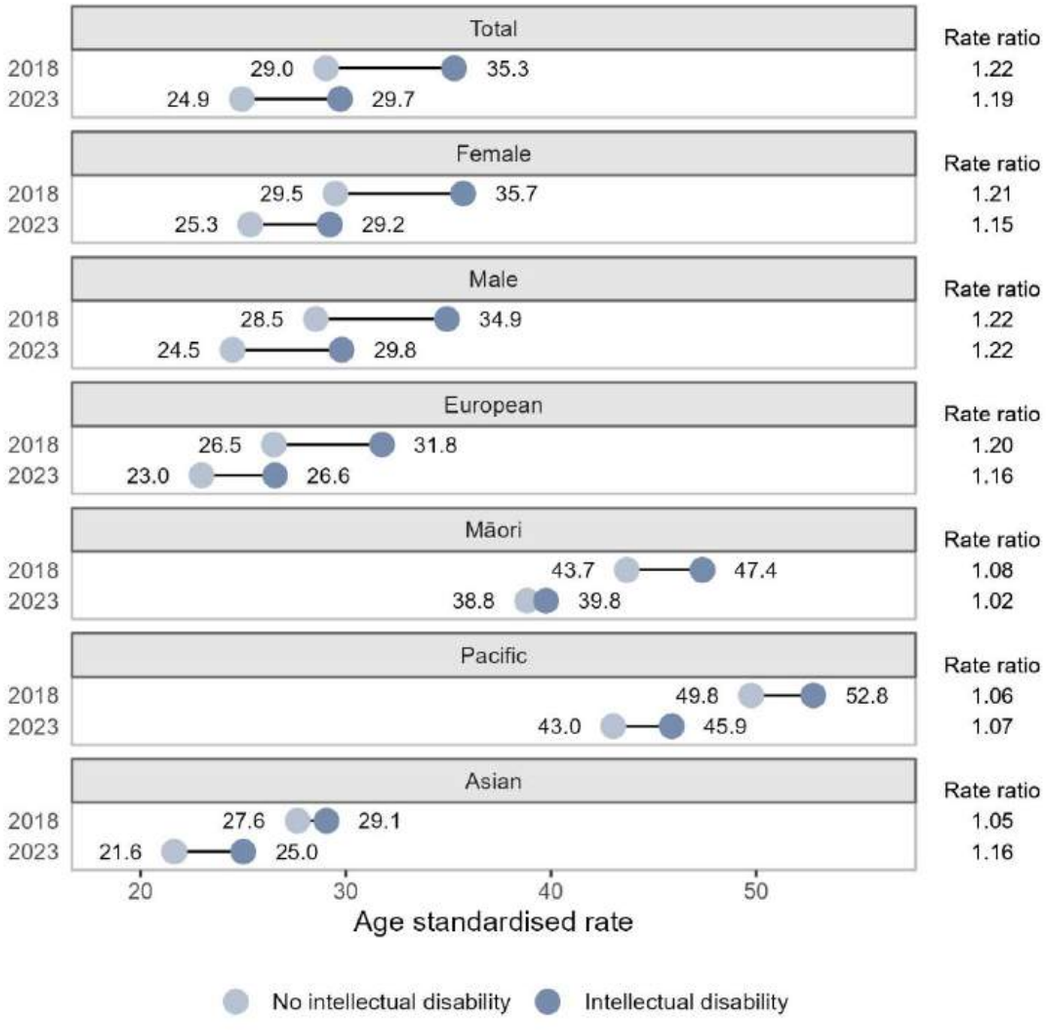
The New Zealand Census collects information on housing quality, including whether homes are damp or mouldy. According to the 2023 Census data, housing conditions in Aotearoa have improved, with fewer people reporting mouldy or damp homes.[12]

Figure 73 shows age-adjusted rates for people with and without intellectual disabilities in 2018 and 2023. The data shows an overall improvement in housing quality. This improvement was more pronounced for people with intellectual disability, narrowing the disparity between those with and without intellectual disability. The rate ratio declined from 1.22 in 2018 to 1.19 in 2023. Despite these gains, Pacific people (45.9) and Māori (39.8) continue to report the highest age-adjusted rates of damp and mouldy housing, regardless of disability status.

Children with intellectual disability have particularly high rates of mouldy or damp homes, at almost 40 percent. However, disparities between intellectually disabled and non-intellectually disabled are especially wide for older age groups, albeit to a lesser degree than in 2018 (see Figure 74).

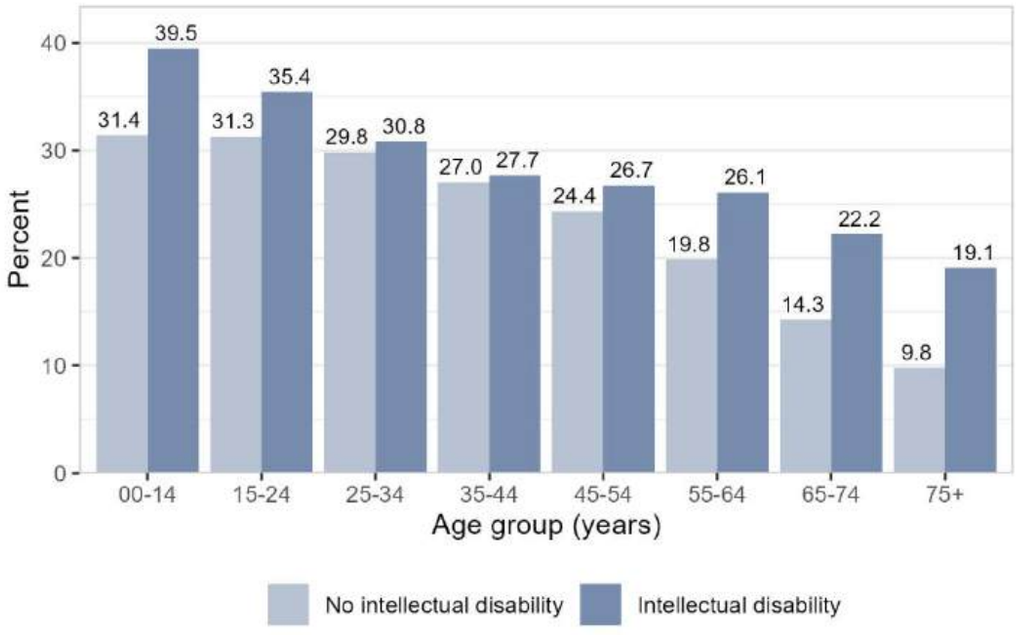
[12] Stats NZ information release - https://www.stats.govt.nz/information-releases/2023-census-population-dwelling-and-housing-highlights/#housing

Figure 73 – Housing quality – mouldy or damp, age standardised rates for the total population, by gender, and by ethnicity, 2018



Sources: 2018 and 2023 Census of Population and Dwellings.
Definition: Percentage of people reporting living in a mouldy or damp home.

Figure 74 – Housing quality – mouldy or damp by age group, 2023



Sources: 2023 Census of Population and Dwellings.
Definition: Percentage of people reporting living in a mouldy or damp home.

7.3 Household crowding

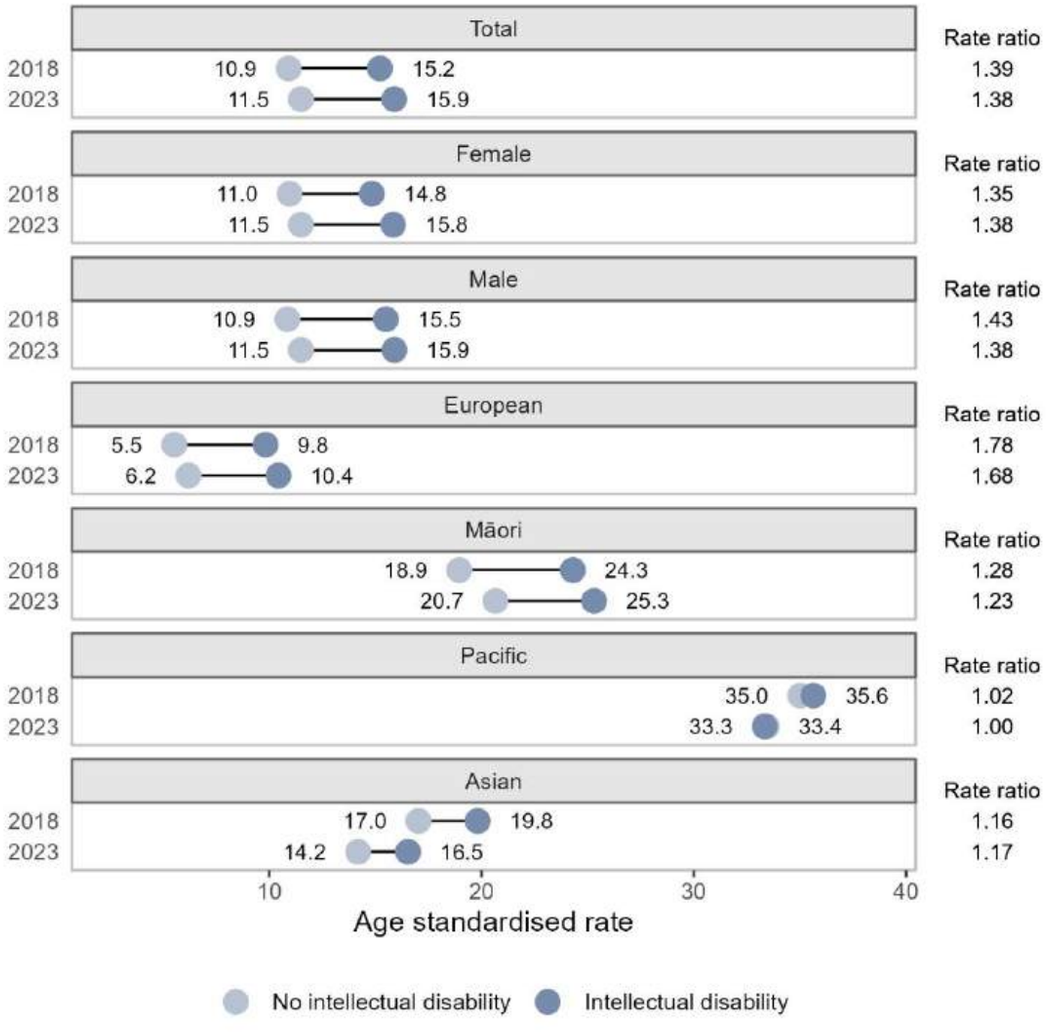
Household crowding is when homes are too small to accommodate the number of people who live in them. There are wide-ranging negative consequences of living in overcrowding houses for individuals and families.	
Indicator definition	Percentage of people living in a crowded home. This is defined as needing additional bedrooms, based on the number and ages of people living in the household, according to the Canadian National Occupancy Standard[13].
Data source	2018 and 2023 Census of Population and Dwellings.

In New Zealand, household crowding has increased over the last decade[14]. Between 2018 and 2023, the age-adjusted rate of people living in crowded homes rose slightly (Figure 75). People with intellectual disability remain more likely to experience

[13] Canadian National Occupancy Standard - https://meteor.aihw.gov.au/content/386254
[14] Stats NZ information release - https://www.stats.govt.nz/news/more-than-100000-crowded-households-in-new-zealand/.

overcrowding than those without. The highest rates are among Pacific people with intellectual disability (33.4 percent), followed by Pacific people without intellectual disability (33.3 percent) and Māori with intellectual disability (25.3 percent). Europeans show the largest relative disparity, with a rate ratio of 1.68, while Māori have the largest absolute difference of approximately 5 percentage points.

Figure 75 – Household overcrowding, age standardised rates for the total population, by gender, and by ethnicity, 2018 and 2023

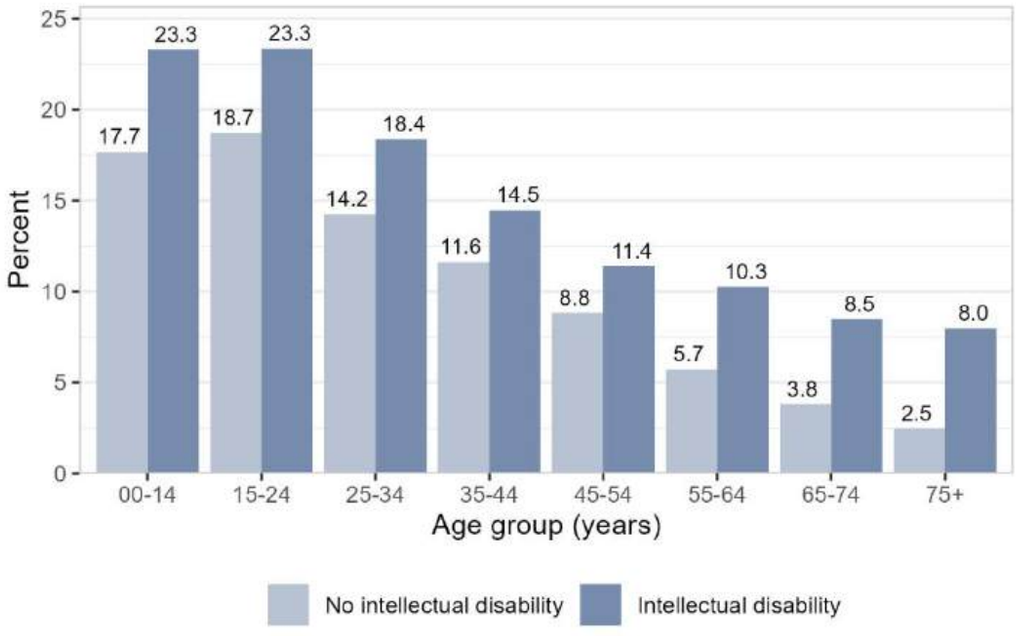


Sources: 2018 Census of Population and Dwellings.
Definition: Percentage of people living in a crowded home. This is defined as needing additional bedrooms, based on the number and ages of people living in the household, according to the Canadian National Occupancy Standard, 2018.

The likelihood of living in a crowded house is highest for children and decreases with age (see Figure 76). Almost one in four children and young adults with intellectual disability

live in a crowded house. Children and people over 75 years of age show the highest absolute difference in rates of crowding between those with and without intellectual disability.

Figure 76 – Household crowding by age group, 2023



Sources: 2023 Census of Population and Dwellings.
Definition: Percentage of people living in a crowded home. This is defined as needing additional bedrooms, based on the number and ages of people living in the household, according to the Canadian National Occupancy Standard, 2023.

7.4 Social housing tenancy

7.4.1 Children living in social housing

New indicator - Social housing in NZ is government-subsidised rental accommodation for those in a serious housing need. It is provided by Kāinga Ora (the government's housing agency) or community housing providers.	
Indicator definition	Percentage of children under 15 years old living in government-subsidised rental accommodation as at 30 June 2018/2023.
Data source	Kāinga Ora and Ministry of Social Development data in the IDI.

Children with intellectual disabilities are almost two and a half times more likely to live in social housing than those without intellectual disabilities (see Figure 77). This gap has widened between 2018 and 2023. Although the rates of children living in social housing

have increased overall during this period, the rise has been more pronounced for children with intellectual disabilities.

Among children with intellectual disabilities, males are more likely than females to live in government-subsidised rental accommodation. This pattern differs from the non-intellectually disabled population, where gender does not significantly influence social tenancy rates.

Among children with intellectual disabilities, those of Pacific ethnicity have the highest rate of living in social housing tenancy (32.1 percent), followed by Māori (19.3 percent), Europeans (8.0 percent), and Asians (4.1 percent). While Pacific children show the largest absolute difference in social housing rates between those with and without intellectual disabilities, European children exhibit the largest relative difference. The rate ratio for European children is 3.53, indicating that children of European ethnicity with intellectual disabilities are more than three and a half times as likely to live in social housing compared to their non-intellectually disabled counterparts.

Ferdia O'Connell
Voyager - Sailing the Seas
IHC Art Awards Entrant 2025

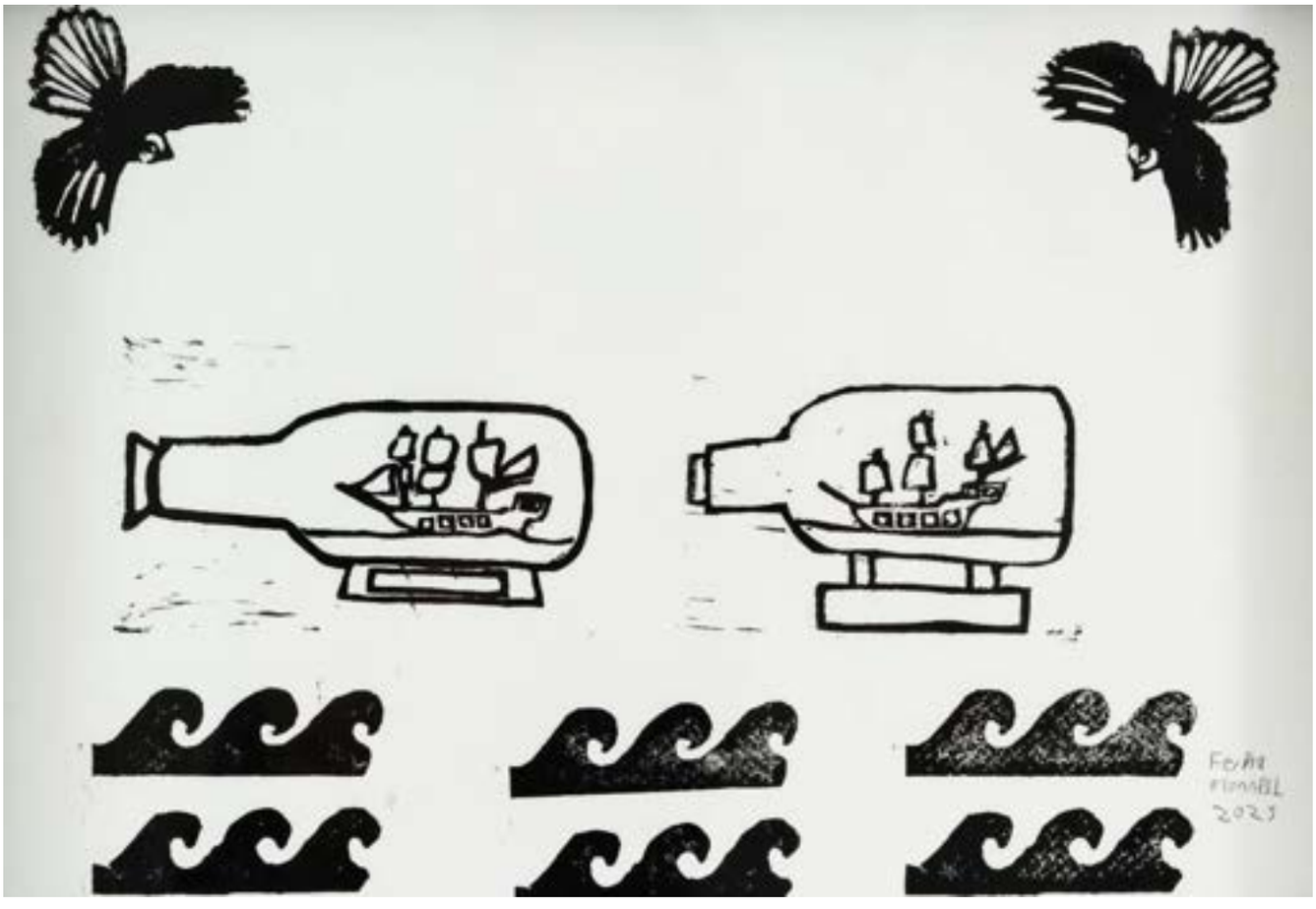
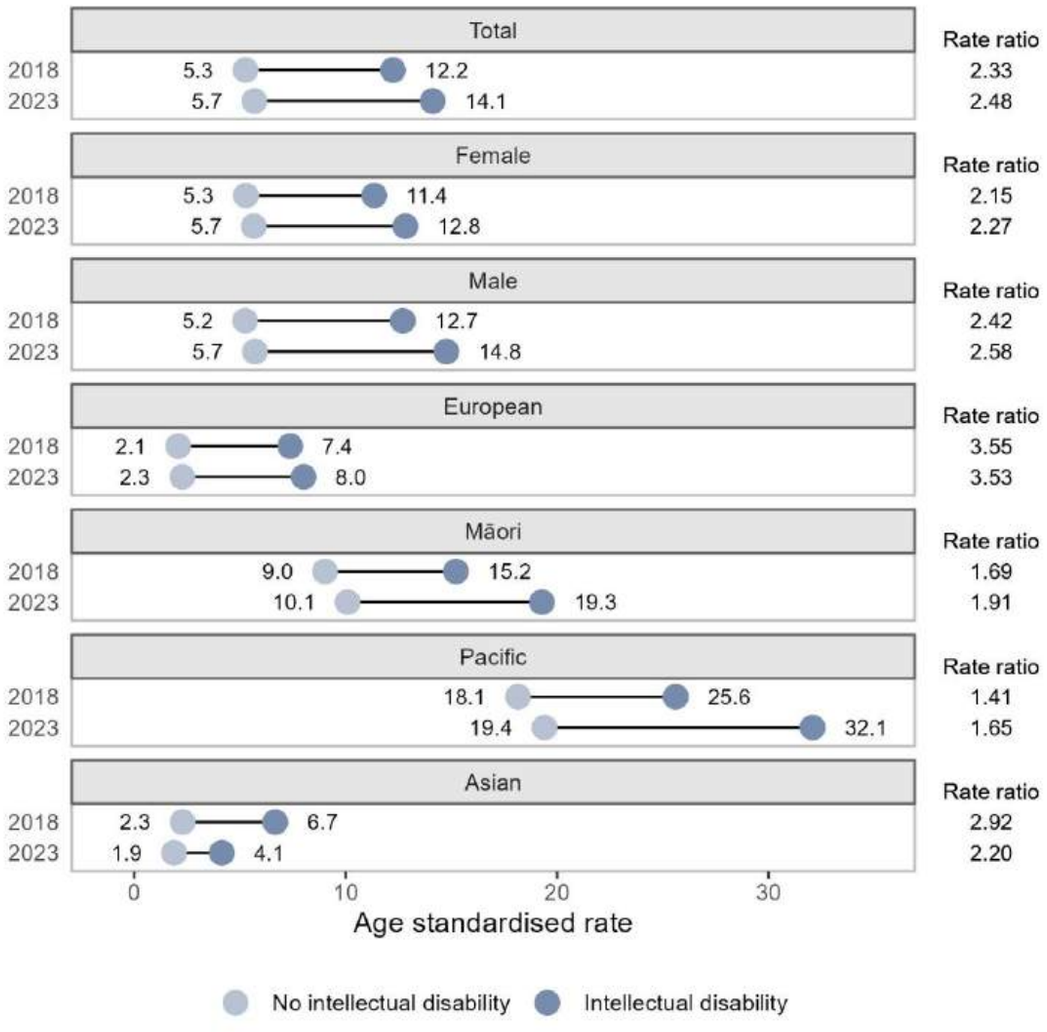


Figure 77 – Children living in social housing, age standardised rates for the total population, by gender, and by ethnicity, 2018 and 2023



Sources: Kāinga Ora and Ministry of Social Development data in the IDI.
Definition: Percentage of children under 15 years of age living in government-subsidised rental accommodation as at 30 June 2018/2023.

7.4.2 Adults living in social housing

New indicator - Social housing in NZ is government-subsidised rental accommodation for those in a serious housing need. It is provided by Kāinga Ora (the government's housing agency) or community housing providers.	
Indicator definition	Percentage of adults (15 years and over) living in government-subsidised rental accommodation as at 30 June 2018/2023.
Data source	Kāinga Ora and Ministry of Social Development data in the IDI.

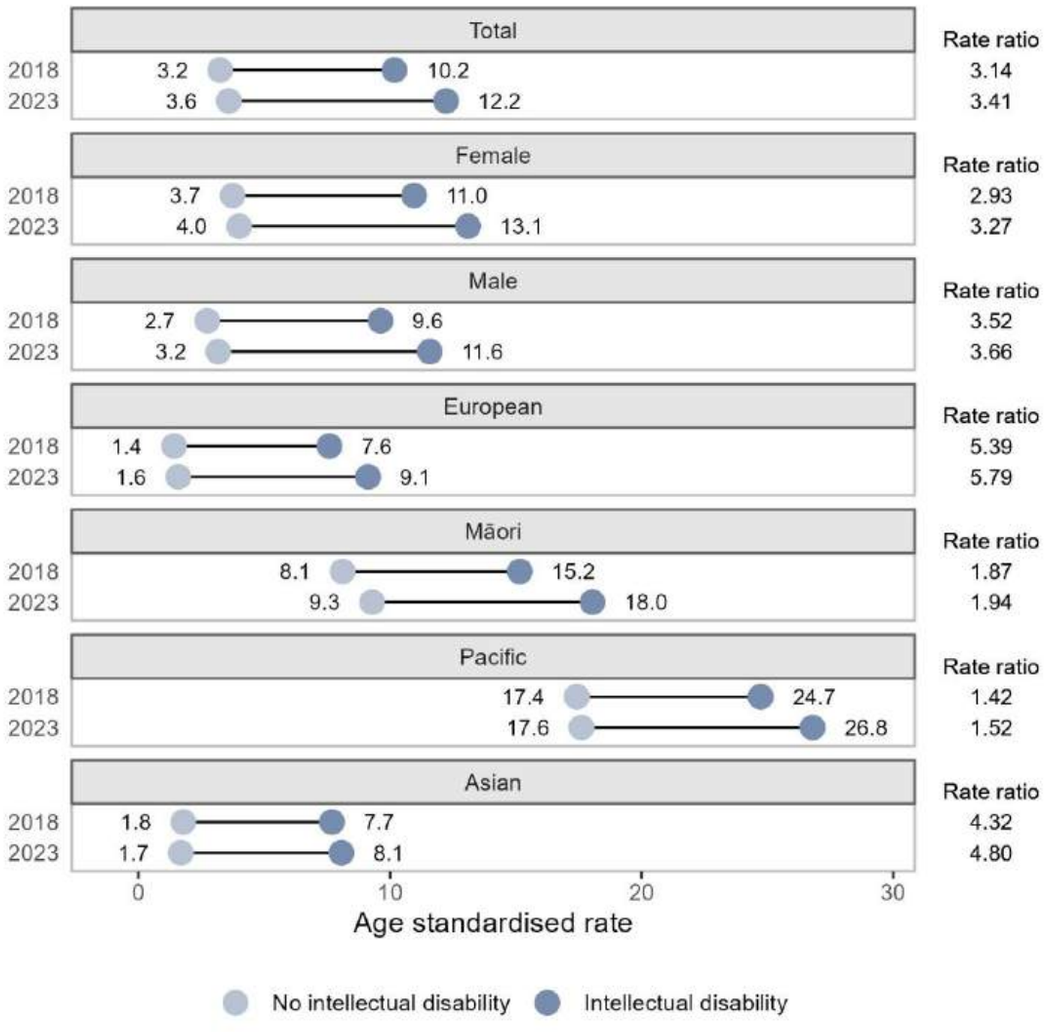
As with children, the rate of adults living in social housing has increased overall between 2018 and 2023. During this period, the gap in social housing rates between adults with and without intellectual disabilities has widened. In 2023, adults with intellectual disabilities were almost three and a half times more likely to live in social housing than those without (see Figure 78).

Within the adult population with intellectual disabilities, females are more likely than males to live in social housing, 13.1 percent compared to 11.6 percent, respectively.

Like the pattern observed among children, adults of European ethnicity show the highest relative difference in social housing rates between those with and without intellectual disabilities. However, the Pacific population has the highest overall rate of social housing tenancy and the largest absolute difference between individuals with and without intellectual disabilities.

Becky Caughley
Glitterpillar Dreams
IHC Art Awards Entrant 2025

Figure 78 - Adults living in social housing, age standardised rates for the total population, by gender, and by ethnicity, 2018 and 2023



Sources: Kāinga Ora and Ministry of Social Development data in the IDI.
Definition: Percentage of adults (15 years and over) living in government-subsidised rental accommodation as at 30 June 2018/2023.

7.5 Social housing waiting list

7.5.1 Children in the housing register

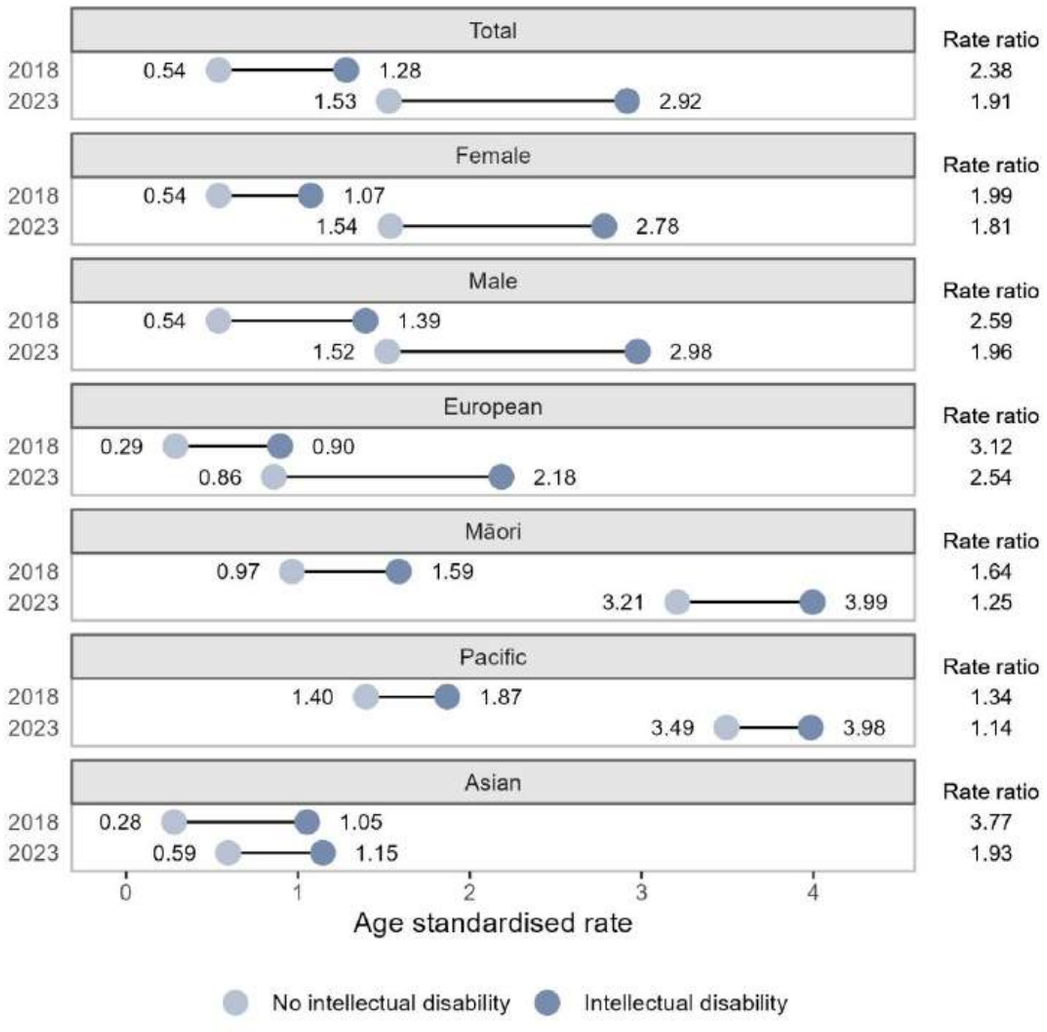
New indicator - In New Zealand, the Housing Register contains applicants not currently in public housing who have been assessed as eligible and who are ready to be matched to a suitable property.	
Indicator definition	Percentage of children (under 15 years of age) on The Housing Register, as at 30 June 2018/2023.
Data source	Kāinga Ora and Ministry of Social Development data in the IDI.

Figure 79 presents the age-adjusted rates of children on the social housing register. The data shows that the proportion of children on the waiting list for social housing has increased significantly between 2018 and 2023. While the relative gap between children with and without intellectual disabilities has narrowed, with the rate ratio declining from 2.38 in 2018 to 1.91 in 2023, the rate for children with intellectual disabilities has more than doubled during this period. As a result, the absolute difference in social housing rates between the two groups has grown.

When examining the rates of children on the social housing waiting list by ethnicity, a significant increase is observed among Māori and Pacific populations between 2018 and 2023. For both groups, the proportion of children with intellectual disability on the waiting list has more than doubled over this period.

Leanna Brown
Number 1
IHC Art Awards Entrant 2025

Figure 79 - Social housing waiting list (children), age standardised rates for the total population, by gender, and by ethnicity, 2018 and 2023



Sources: Kāinga Ora and Ministry of Social Development data in the IDI.
Definition: Percentage of children (under 15 years of age) in the social housing register as at 30 June 2018/2023.

7.5.2 Adults in the housing register

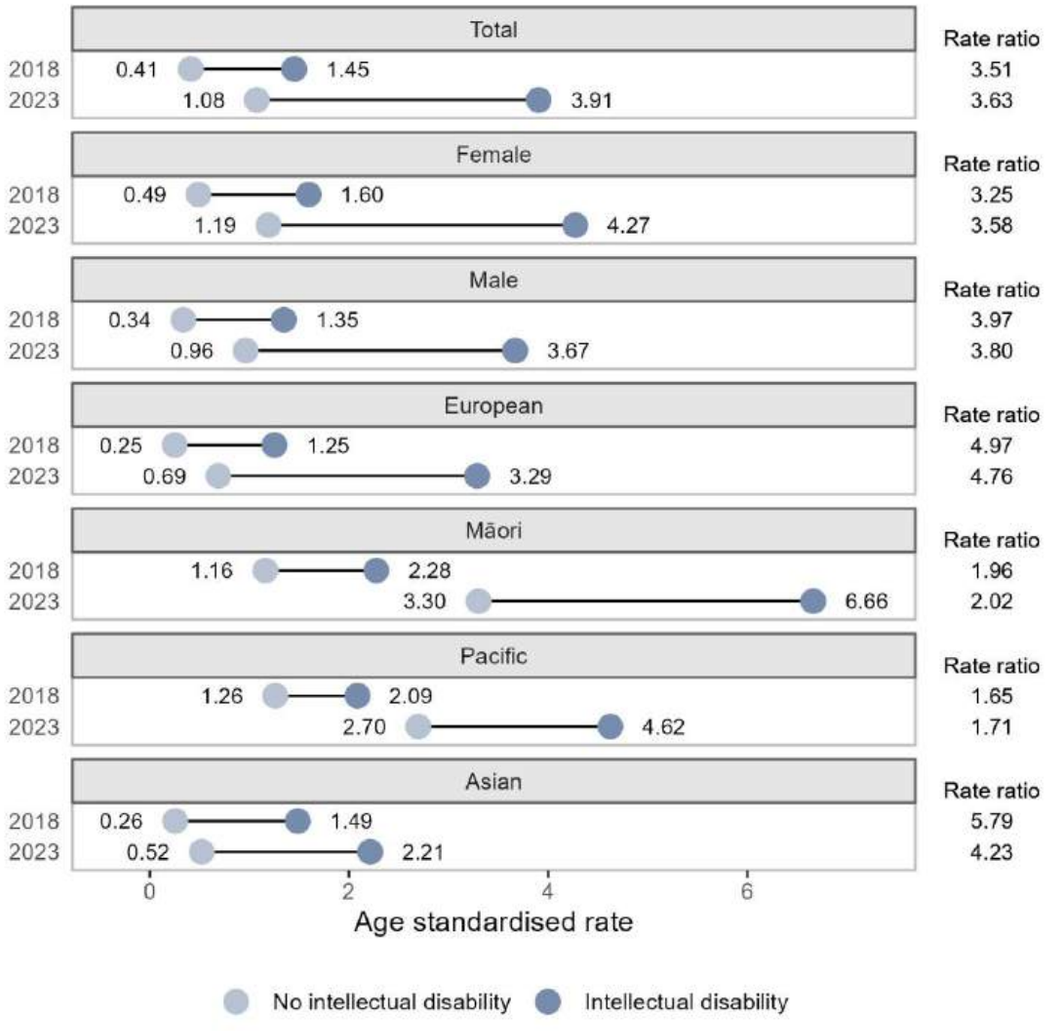
New indicator - In New Zealand, the Housing Register contains applicants not currently in public housing who have been assessed as eligible and who are ready to be matched to a suitable property.	
Indicator definition	Percentage of adults (15 years old or older) on The Housing Register, as at 30 June 2018/2023.
Data source	Kāinga Ora and Ministry of Social Development data in the IDI.

The proportion of people waiting for social housing has significantly increased from 2018 to 2023 and the increase is larger for people with intellectual disability compared to people without intellectual disability (see Figure 80). In 2023, people with intellectual disability are more than three and a half times more likely to be on the social housing register than those without intellectual disability.

The patterns across subpopulations are similar for people with and without intellectual disability. Females are more likely to be waiting for social housing than males for both populations. Māori have the highest percentage of people on the housing register, followed by Pacific, European and then Asian. Among Māori with intellectual disabilities, 6.66 percent are waiting for social housing, nearly three times higher than the overall rate for people with intellectual disabilities.

Lucy Hope-Pearson
The Falling
IHC Art Awards Entrant 2025

Figure 80 - Social housing waiting list (adults), age standardised rates for the total population, by gender, and by ethnicity, 2018 and 2023



Sources: Kāinga Ora and Ministry of Social Development data in the IDI.
Definition: Percentage of people in the social housing register as at 30 June 2018/2023.

JinSoo Ha
My Friends
IHC Art Awards Entrant 2025

8 Family and Friends

Under the *Family and Friends* domain, six indicators are used to highlight different aspects of family structure and relationships for people with intellectual disability. Together, these indicators help illustrate the structural and social supports, or barriers, that affect the ability of people with intellectual disability to make choices and have control over their own lives.

Article 23 of the United Nations Convention on the Rights of Persons with Disabilities, which New Zealand became a signatory to in 2007, specifies that the state "shall take effective and appropriate measures to eliminate discrimination against persons with disabilities in all matters relating to marriage, family, parenthood and relationships, on an equal basis with others, so as to ensure that … the right of all persons with disabilities who are of marriageable age to marry and to found a family on the basis of free and full consent of the intending spouses is recognised". Some of the indicators in this section help to understand at what level people with intellectual disabilities in Aotearoa are included in the fundamental human experiences of love, partnership, and parenthood,

Due to limited available data, it was not possible to report on indicators related to friendships.

8.1 Living with a birth parent

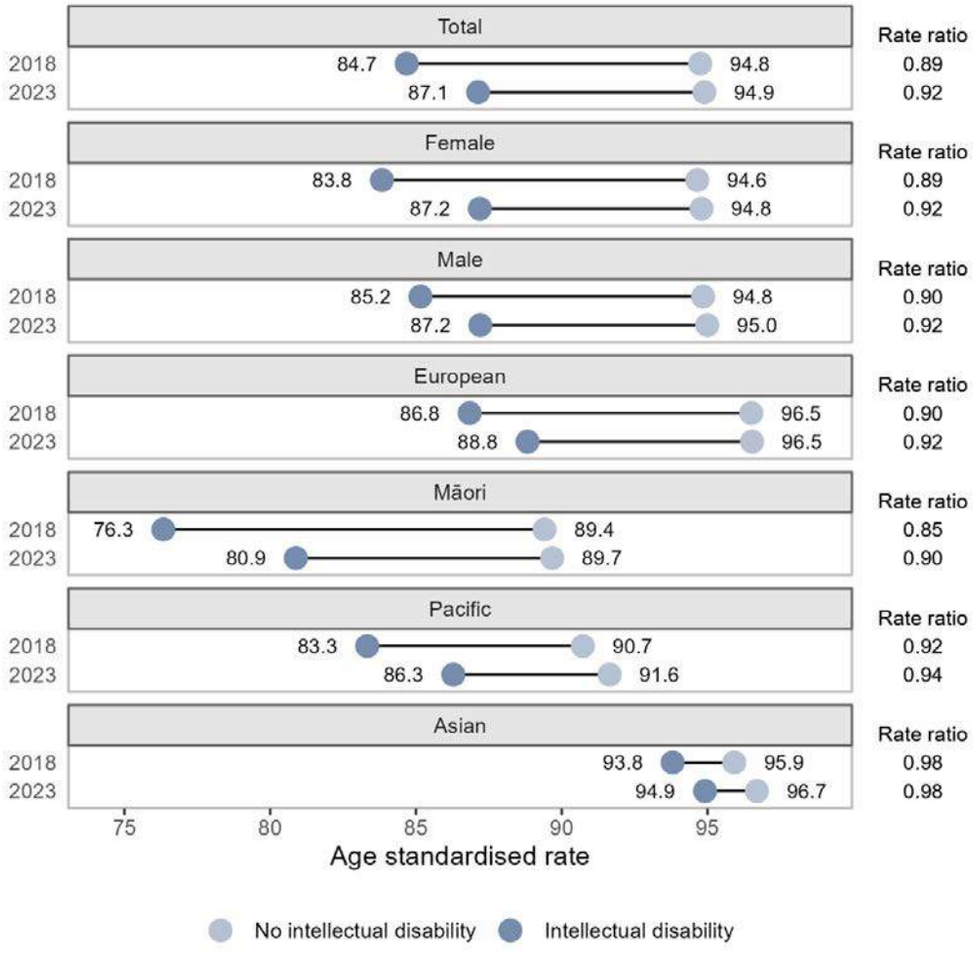
Living with parents may reflect a stable family environment during childhood. As children transition into adulthood, continuing to live at home may indicate a need for ongoing support. This indicator should be interpreted within the cultural context of Māori and Pacific communities, where strong whānau ties and collective responsibility are central. Practices such as whāngai (customary Māori adoption by relatives) and similar Pacific traditions reflect broader definitions of family, where children may be raised by extended kin or family friends.	
Indicator definition	Percentage of people born in NZ living in the same household at the Census date with a person who is named as a parent on the person's birth registration.
Data source	Census of Population and Dwellings and Department of Internal Affairs – Life event data in the IDI.
Technical note	Birth parents reliably identifiable for about the past 40 years.

The previous monitoring report showed that although the majority of children live in the same household with a birth parent regardless of disability status, the percentage of children with intellectual disability who live with a birth parent is lower than for children without intellectual disability. This is still the case in 2023.

Figure 81 shows the age-adjusted rates of children under 18 living with a birth parent, by gender and ethnicity, in 2018 and 2023. Across all groups, children with intellectual disability remain less likely to live with a birth parent than those without intellectual disability. However, this gap has narrowed slightly over time.

Among Māori children with intellectual disability, about 20% were not living with a birth parent in 2023—down from 25% in 2018. While this group still has the lowest rate ratio (0.90), indicating a greater disparity compared to non-disabled Māori children, the difference has reduced and is now more in line with other ethnic groups. It's also important to consider that some Māori children may live with extended whānau through cultural practices such as whāngai.

Figure 81 – Living with parents, age standardised rates for the child population aged 0 to 17 years, by gender, and by ethnicity.



Sources: Census of Population and Dwellings and Department of Internal Affairs – Life event data in the IDI.
Definition: Percentage of people born in NZ living in the same household at the Census date with a person who is named as a parent on the person's birth registration. Birth parents reliably identifiable for about the past 40 years.

For some adults with disabilities, living with parents is a deliberate personal choice and can be a mutually supportive arrangement. In many cultures, including in Aotearoa New Zealand, intergenerational living is valued and not necessarily a sign of dependence. However, for others, remaining in the parental home may reflect systemic barriers—such as a lack of affordable, accessible housing, inadequate support services, or limited employment opportunities—and can indicate constrained autonomy.

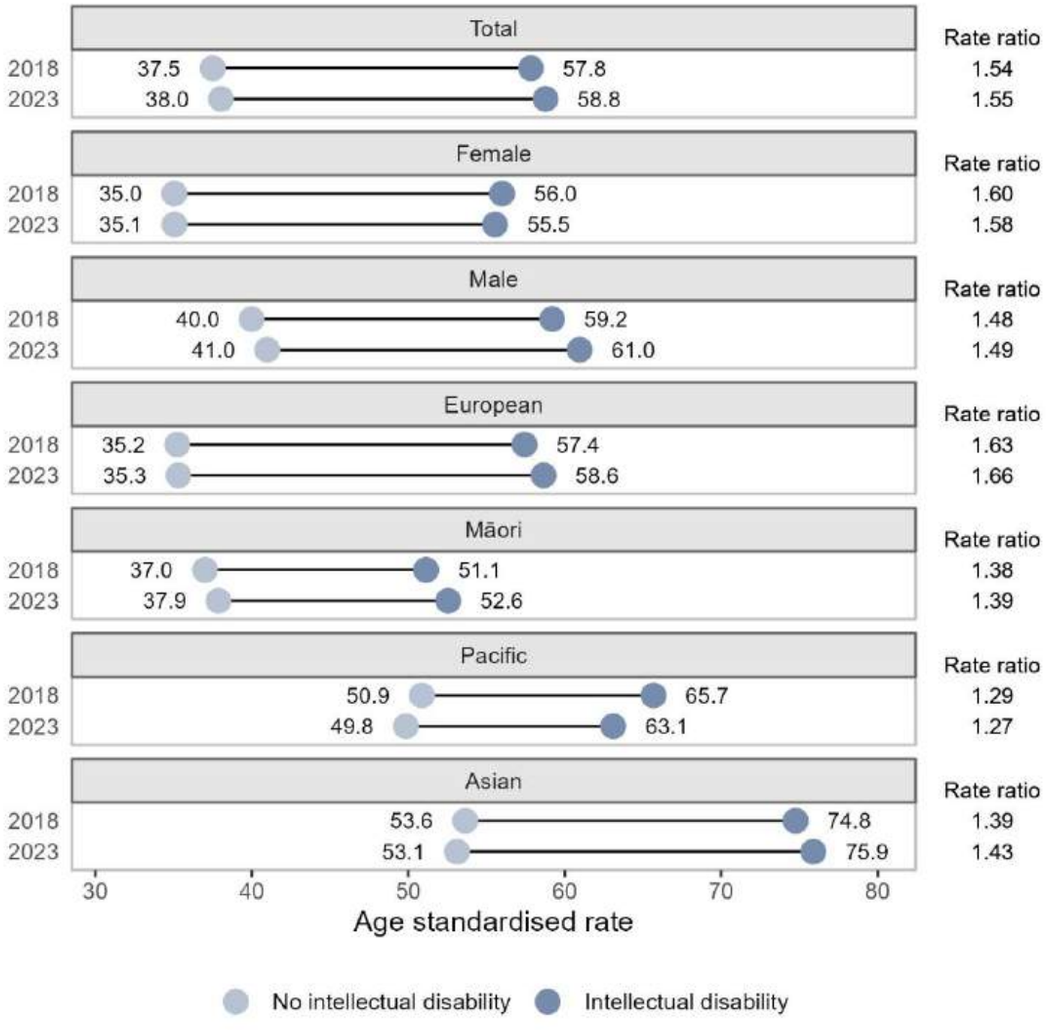
The New Zealand Disability Strategy supports independent living by promoting choice, control, and full participation in all areas of life. This aligns with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which affirms the right to decide where and with whom to live.

Figure 82 shows that, since 2018, age-adjusted rates of adults living with their birth parents have not changed much. Among adults aged 18 to 34, those with intellectual disability are significantly more likely to live with their birth parents (ASR 58.8 percent) compared to those without (ASR 38.0 percent). This pattern holds across all gender and ethnic groups.

Males aged 18 to 34 are slightly more likely than females to live with their birth parents, regardless of disability status. Among ethnic groups, Asian and Pacific peoples over 18 years old are the most likely to live with their birth parents, regardless of disability status. The Asian ethnic group also shows the largest relative difference (rate ratio) between those with and without intellectual disability, indicating a more pronounced disparity.

Stephen Bell-Cummings
Line and Wash of a Washing Line
IHC Art Awards 2025 Entrant

Figure 82 – Living with parents, age standardised rates for the adult population aged 18 to 34 years, by gender, and by ethnicity.



Sources: Census of Population and Dwellings and Department of Internal Affairs – Life event data in the IDI.
Definition: Percentage of people born in NZ living in the same household at the Census date with a person who is named as a parent on the person's birth registration. Birth parents reliably identifiable for about the past 40 years.

Kerry Deane
The Beach
IHC Art Awards 2025 Entrant

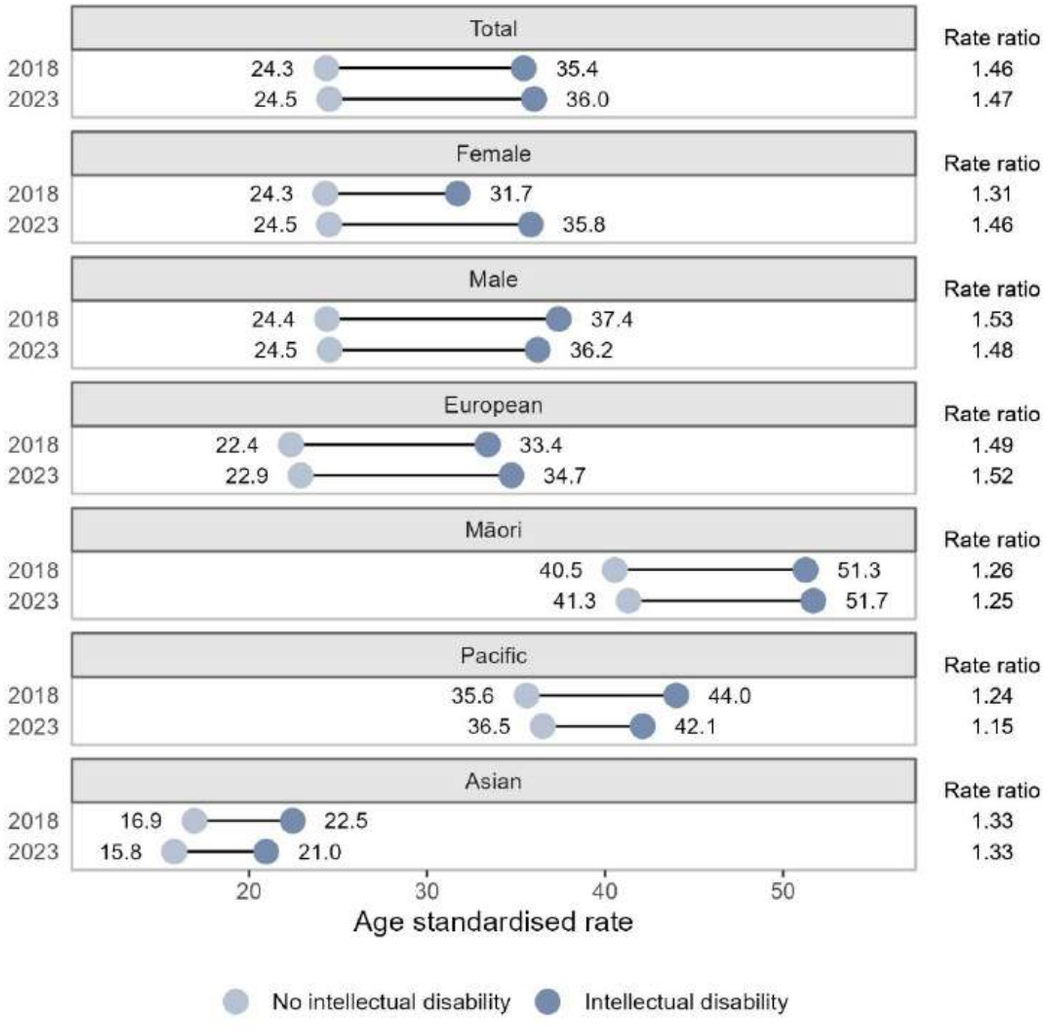
8.2 Living in a sole parent family

Sole-parent families often face higher rates of poverty and material hardship. With only one caregiver and potential source of income, these households may have less financial stability. Because most sole parents are women, this is a key gender equity issue.	
Indicator definition	Percentage of people living in a family with only one parent as at the date of the 2018/2023 Census.
Data source	2018/2023 Census of Population and Dwellings.

Figure 83 shows that a higher proportion of children under 15 with an intellectual disability live in sole-parent households (ASR of 36.0% in 2023) compared to children without an intellectual disability (ASR 24.5%). This pattern holds across all gender and ethnic groups. Māori and Pacific children are the most likely to live in sole-parent households, regardless of whether they have an intellectual disability. Sole-parent households face significantly higher rates of hardship compared to two-parent households (McLeod, Stone, & Beltran-Castillon, 2025). There was little change observed between 2018 and 2023.

Ashlee Walters
Angel
IHC Art Awards Entrant 2025

Figure 83 – Living in a sole parent family, age standardised rates for the child population aged 0 to 17 years, by gender, and by ethnicity.



Sources: Census of Population and Dwellings.
Definition: Percentage of people living in a family with only one parent as at the date of the Census.

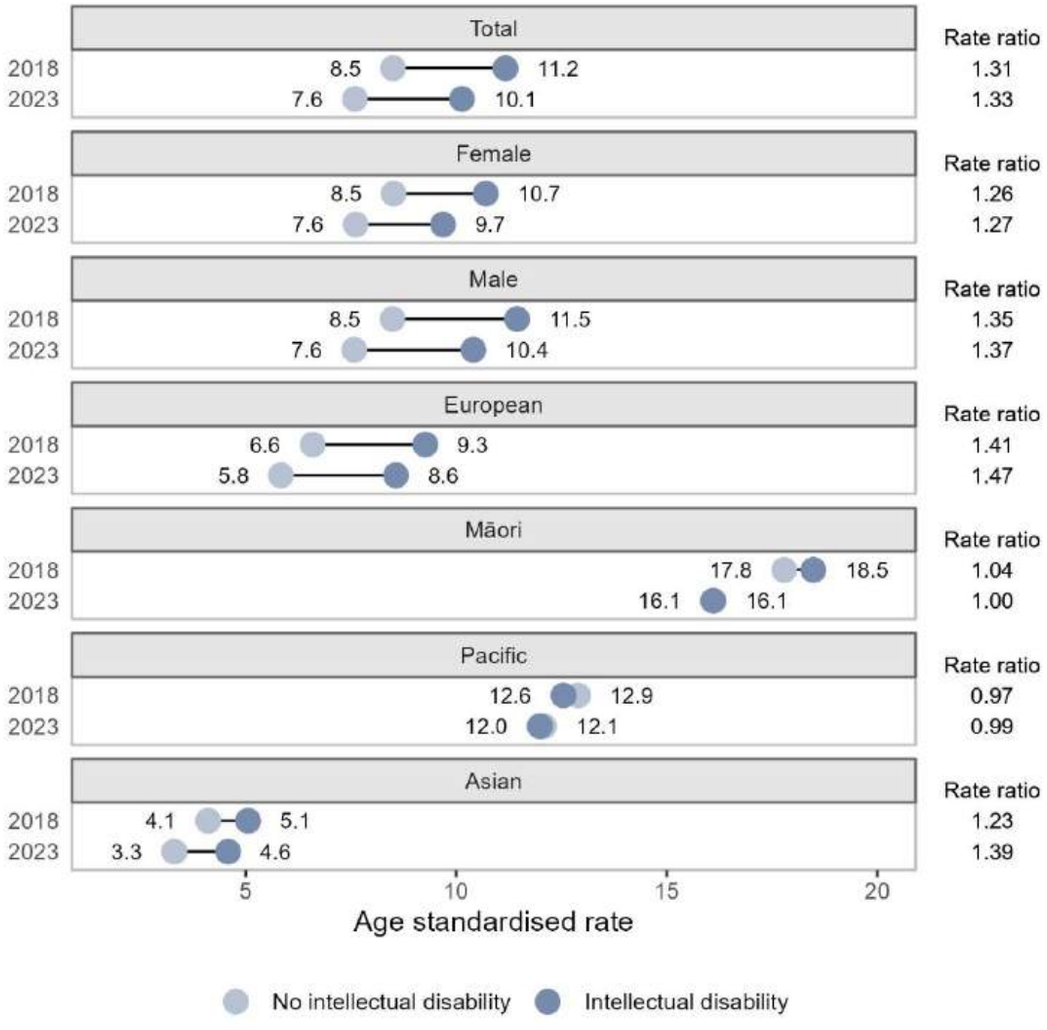
8.3 Born to teenage parents

Teenage parenthood highlights intersections between youth wellbeing, education, socioeconomic disadvantage, and access to reproductive health services.	
Indicator definition	Percentage of people born in NZ with a parent under 20 years of age identified in the birth registration data.
Data source	Department of Internal Affairs – Life event data in the IDI.

According to Stats NZ, the number of teenagers in New Zealand giving birth has more than halved over the last decade[15]. Consistent with this, the age adjusted rates in Figure 84 show that the rates of people who were born to a teenage parent decreased from 2018 to 2023. The rate of decrease is similar for people with and without intellectual disability resulting in a similar gap in rates for people with and without intellectual disability in both cohorts. Overall people with intellectual disability are 30 percent more likely to have been born to a teen parent than children without an intellectual disability. For Māori, Pacific and Asian ethnic groups the percentages of people born with a teenage parent are very similar for people with and without intellectual disability. These findings highlight the importance of early intervention, equitable healthcare, youth support, and reproductive justice, especially in communities facing cumulative disadvantage.

[15] Stats NZ on-line release - https://www.stats.govt.nz/news/teenage-births-halved-over-last-decade/#:~:text=The%20number%20of%20teenage%20women,every%2034%20births%20that%20year

Figure 84 – Born to teenage parent, age standardised rates for the population aged 0 to 44 years, by gender, and by ethnicity



Sources: Department of Internal Affairs – Life event data in the IDI.
Definition: Percentage of people born in NZ with a parent under 20 years of age identified in the birth registration data.

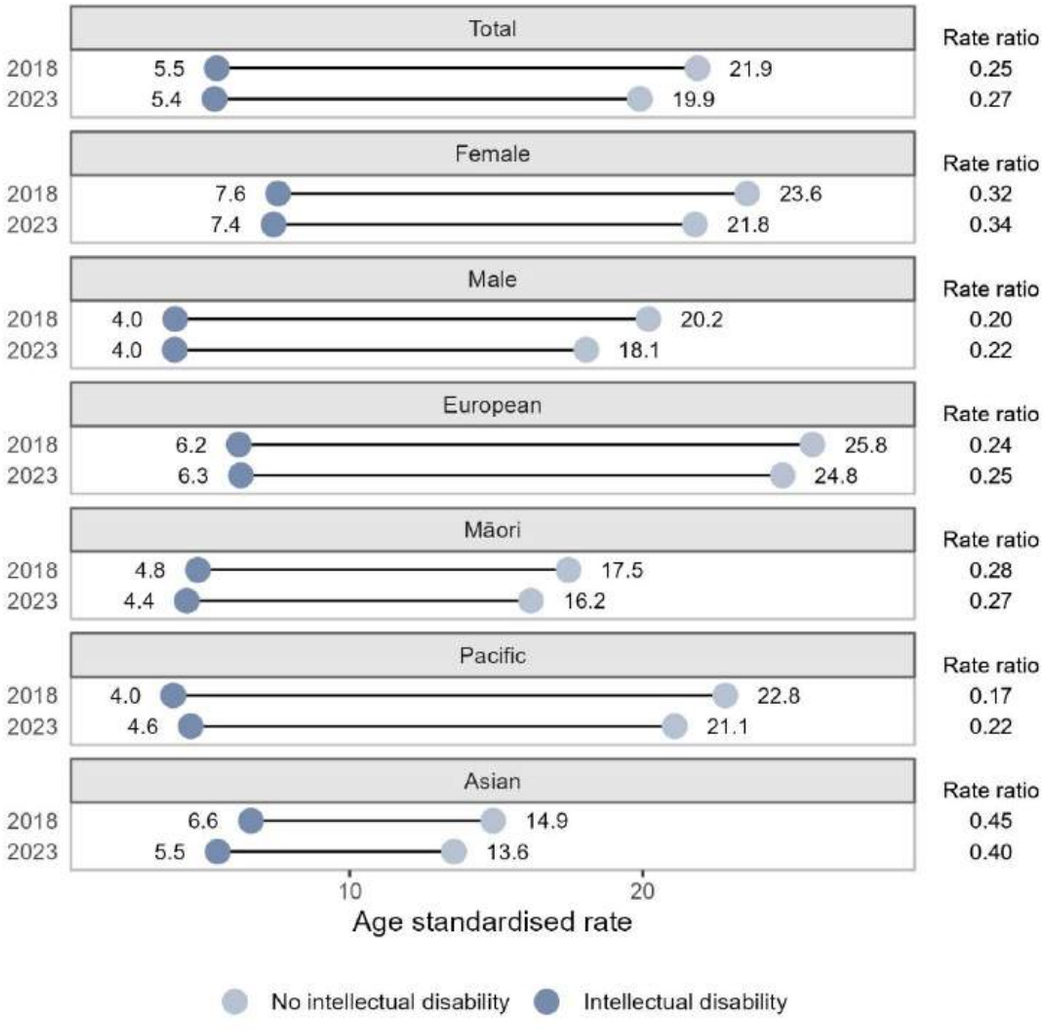
8.4 Marriages and civil unions

Marriages among people with intellectual disability can provide valuable insights into their quality of life, social inclusion, and autonomy.	
Indicator definition	Percentage of people who are identified as having been registered as married or with a civil union in the registration data.
Data source	Department of Internal Affairs – Life event data in the IDI
Technical note	Data is reliable for the past 20-25 years so the indicator is only shown for people under 45 years of age. People who were married overseas will not be identified as married in the data.

People with intellectual disability are significantly less likely to be in a marriage or civil union than those without intellectual disability (Figure 85). While marriage and civil union rates declined between 2018 and 2023 for people without intellectual disability, rates remained relatively stable for those with intellectual disability. In 2023, the age-adjusted rate for adults aged 18 to 44 years with intellectual disability was 5.4 percent, compared with 19.9 percent for their peers without intellectual disability. In both groups, females are more likely than males to have ever been married. People of European ethnicity without intellectual disability have higher rates of marriage or civil union than those from other ethnic groups, while only people of Asian ethnicity with intellectual disability have similar rates to Europeans with intellectual disability.

Nathan Davey
The Barlows
IHC Art Awards Entrant 2025

Figure 85 - Marriages/civil unions, age standardised rates for the population aged 18 to 44 years, by gender, and by ethnicity.



Sources: Department of Internal Affairs – Life event data in the IDI.
Definition: Percentage of people who are identified as having been registered as married or with a civil union in the registration data. Data is reliable for the past 20 years or so.

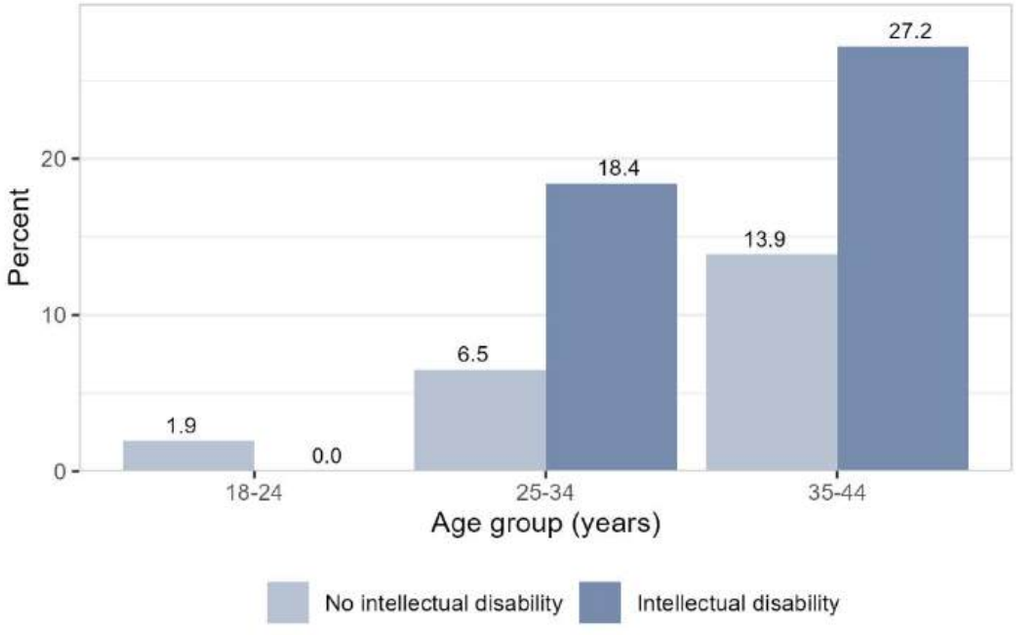
8.5 Divorces and dissolutions

As with marriages and civil unions, divorce and dissolution rates among people with intellectual disability can reflect broader indicators of social inclusion, autonomy, and supportive environments.	
Indicator definition	Percentage of people who were identified as having married or had a civil union who have had a divorce or dissolution of their civil union.
Data source	Department of Internal Affairs – Life event data in the IDI
Technical note	Data is reliable for the past 25 years or so, so the indicator is only shown for people under 45 years of age. People who were married overseas will not be identified as married in the data.

If they have ever been married or had a civil union, people with intellectual disability were more likely to have had a divorce or civil union dissolution compared to people without an intellectual disability. While 27.2 percent of people 35 to 44 years old with intellectual disability who were identified as having married or had a civil union, have had a divorce or dissolution, the rate for the non-disabled population the same age was 13.9 percent (see Figure 86). As with marriages, due to data availability, the indicator is only shown for people under 45 years of age.

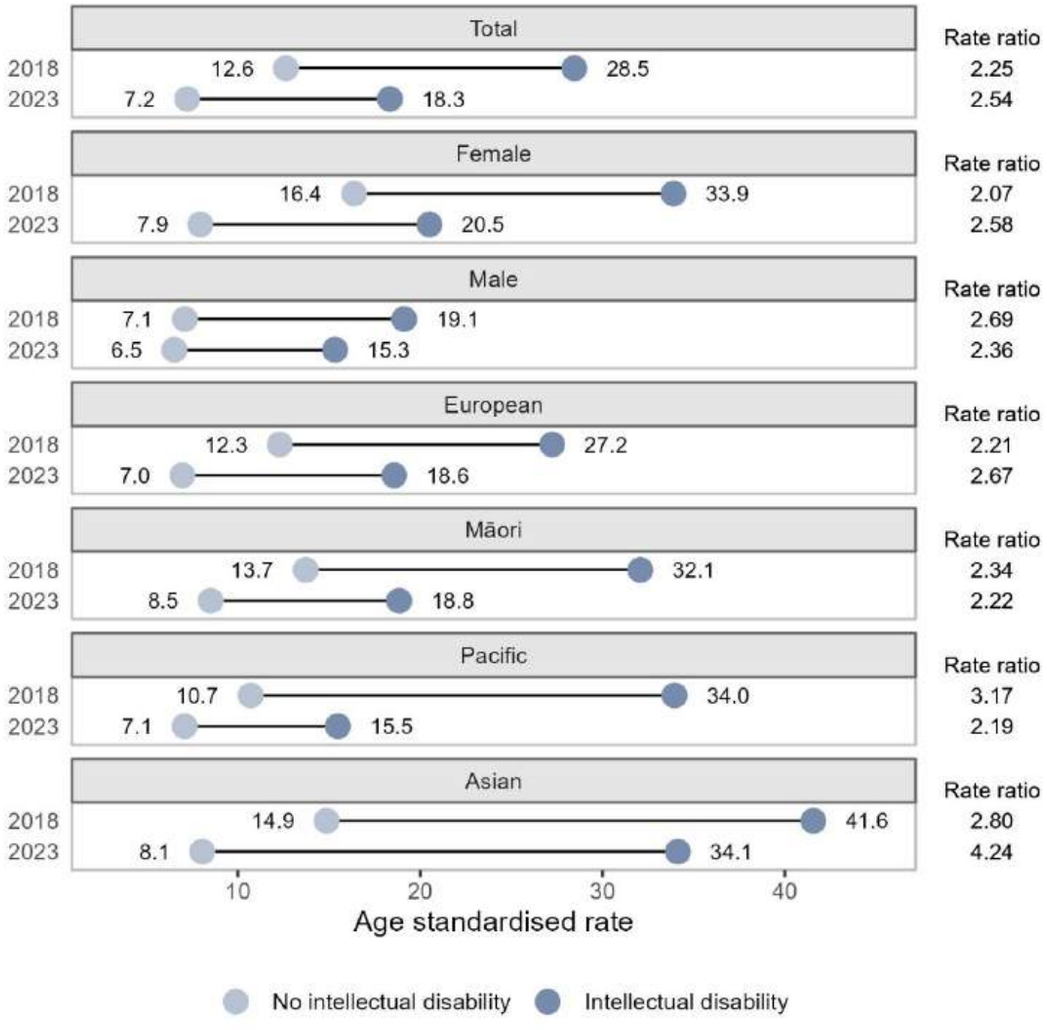
The age adjusted rates shown in Figure 87 show that overall the likelihood of divorce or dissolution after a marriage or civil union is 18.3 percent for people under 44 years of age with intellectual disability, compared to 7.2 percent for people the same age without intellectual disability in 2023. The divorce rate fell considerably between 2018 and 2023, consistent with official statistics. This fall was experienced by people both with and without intellectual disability, particularly for females, and was reflected in all ethnic groups.

Figure 86 – Divorces and dissolutions by age group, 2023



Sources: Department of Internal Affairs – Life event data in the IDI.
Definition: Percentage of people who were identified as having married or had a civil union who have had a divorce or dissolution of their civil union.

Figure 87 – Divorces and dissolutions, age standardised rates for the population aged 18 to 44 years, by gender, and by ethnicity, 2018 and 2023



Sources: Department of Internal Affairs – Life event data in the IDI

Definition: Percentage of people who were identified as having married or had a civil union who have had a divorce or dissolution of their civil union.

8.6 Having children

This indicator looks at the rates of having children.	
Indicator definition	Percentage of people who are identified as having had a child in the birth registration data.
Data source	Department of Internal Affairs – Life event data in the IDI
Technical note	Data is reliable for the past 40 years or so. Because of data reliability issues of older data, the rates are only shown for people under 55 years of age.

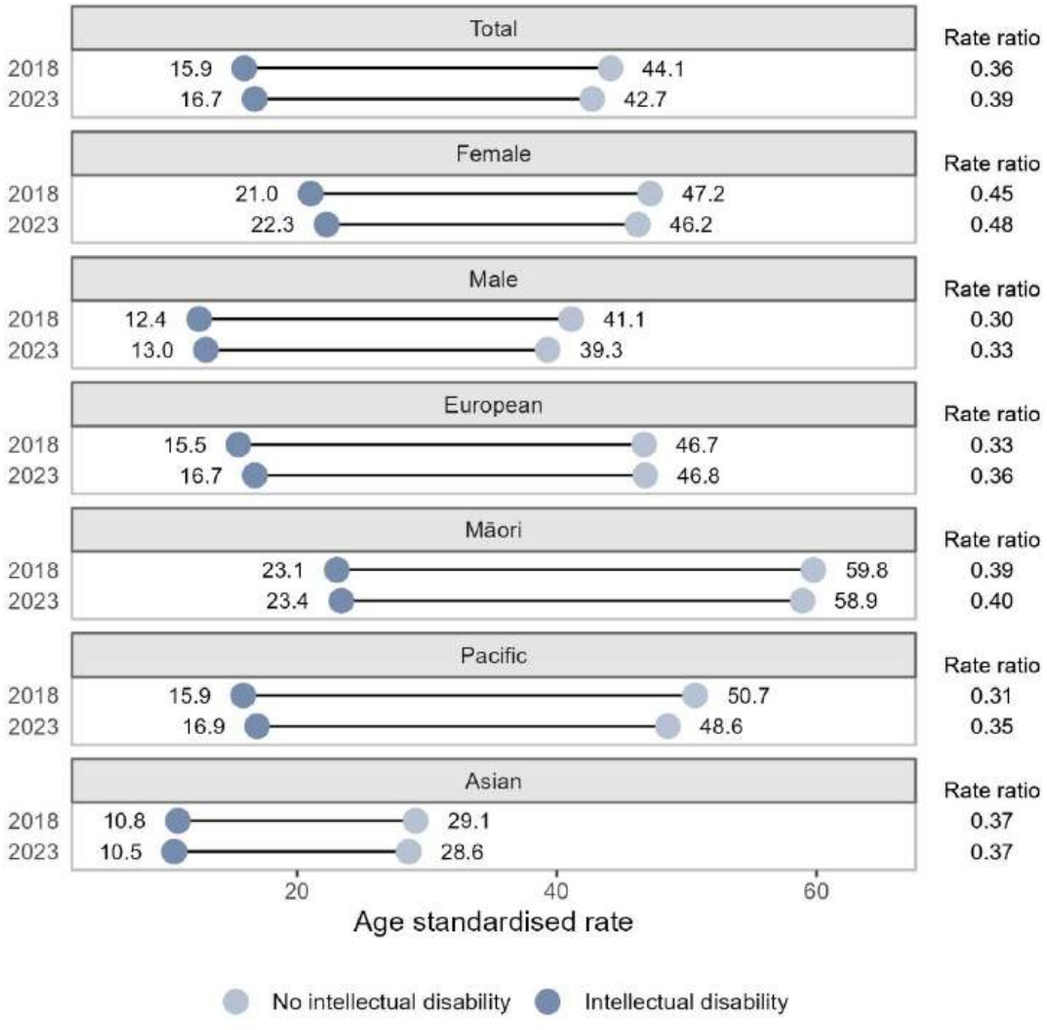
People with intellectual disability are significantly less likely to have had a child compared to those without intellectual disability (see Figure 88). Age-adjusted rates from 2018 and 2023 show a slight increase in parenthood among people with intellectual disability, while rates among those without intellectual disability have declined slightly. Overall, 16.7 percent of people under the age of 55 with intellectual disability have had a child, compared to 42.7 percent of people without intellectual disability in the same age group.

Women are more likely than men to be recorded as a parent across both populations, but the gender gap is more pronounced among people with intellectual disability.

Among those under 55 with intellectual disability, Māori have the highest age-adjusted parenthood rate at 23.4 percent, followed by Pacific peoples (16.9 percent), Europeans (16.7 percent), and Asians (10.5 percent). These ethnic patterns are broadly similar to those seen in the population without intellectual disability.

Amelia Holdaway
Owls Dancing in Spring Time
IHC Art Awards Entrant 2025

Figure 88 - Fertility, age standardised rates for the adult population aged 18 to 54, by gender, and by ethnicity.



Sources: Department of Internal Affairs – Life event data in the IDI.
Definition: Percentage of people who are identified as having had a child in the birth registration data. Data is reliable for the past 40 years or so.

9 Safety

Studies have shown that people with intellectual disability are at higher risk of crime victimisation (Ministry of Justice, 2022). They are also recognised as being disadvantaged in their interactions with the legal system (Mirfin-Veitch, Diesfeld, Gates, & Henaghan, 2014) and are more susceptible to becoming involved with criminal justice agencies (Brookbanks, 2019). This section covers a selection of indicators covering crime victimisation, involvement with the justice system and care and protection agencies.

9.1 Crime victimisation

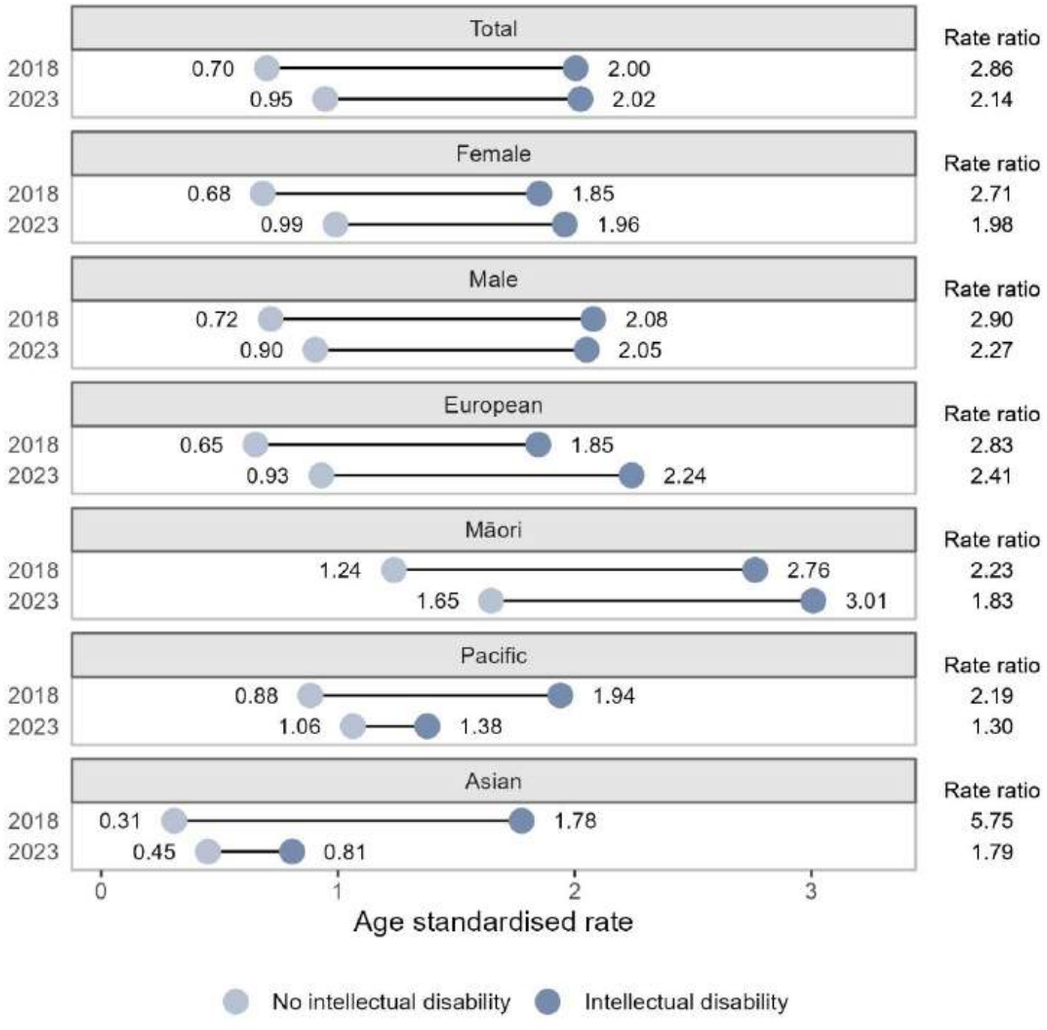
9.1.1 Victims of crime

Mood	
Indicator definition	Mean number of victimisations recorded by police per 100 people in the year to June of the cohort year. This indicator is measured separately for children (0 to 14 years old) and adults (age 15+)
Data source	New Zealand Police Recorded crime victims' data in the IDI.
Warning	This indicator should be treated with caution as around half of victims were not able to be linked in the IDI.

Age adjusted rates of recorded crime (see Figure 89) show that children with intellectual disabilities experience significantly higher rates of victimisation (ASR 2.02 per 100 people) compared to children without intellectual disabilities (ASR 0.95 per 100 people). This means they are over twice as likely to be victims of crime.

As of 2023, a large disparity in victimisation rates between these two groups remains. However, changes since 2018, as well as differences across subpopulations, are difficult to interpret. Notably, Pacific and Asian children with intellectual disabilities show much lower victimisation rates in 2023 compared to 2018. These figures should be interpreted with caution due to the small size of these population groups.

Figure 89 – Victimisations per 100 people, age standardised rates for the child population aged 0 to 14 years, by gender, and by ethnicity



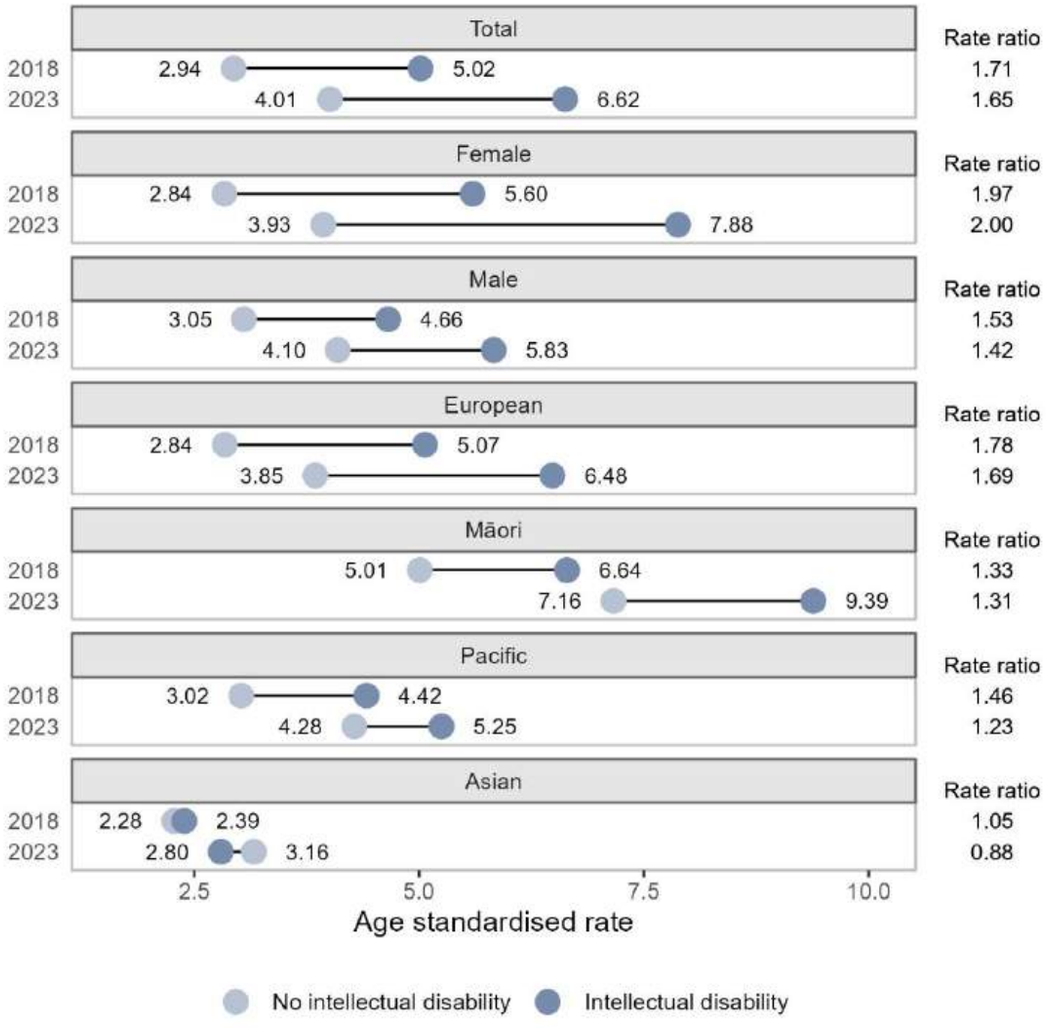
Sources: New Zealand Police Recorded crime victims' data in the IDI.
Definition: Mean number of victimisations recorded by police per 100 people.

Consistent with data published by New Zealand Police, Figure 90 shows an overall increase in recorded crime between 2018 and 2023. Age-adjusted rates indicate that adults with intellectual disabilities continue to experience significantly higher rates of victimisation compared to adults without intellectual disabilities. The largest disparity is seen among females, with a rate ratio of 2.00 between those with and without intellectual disabilities.

Like the trends observed in children, Māori adults are more likely to be victims of crime than other ethnic groups. The Māori adult population has seen the largest increase in reported crime since 2018. Among all subpopulation groups, Māori adults with

intellectual disabilities have the highest age-adjusted victimisation rate, at 9.39 per 100 people.

Figure 90 – Victimisations per 100 people, age standardised rates for the adult population aged 15 years and over, by gender, and by ethnicity



Sources: New Zealand Police Recorded crime victims' data in the IDI.
Definition: Mean number of victimisations recorded by police per 100 people.

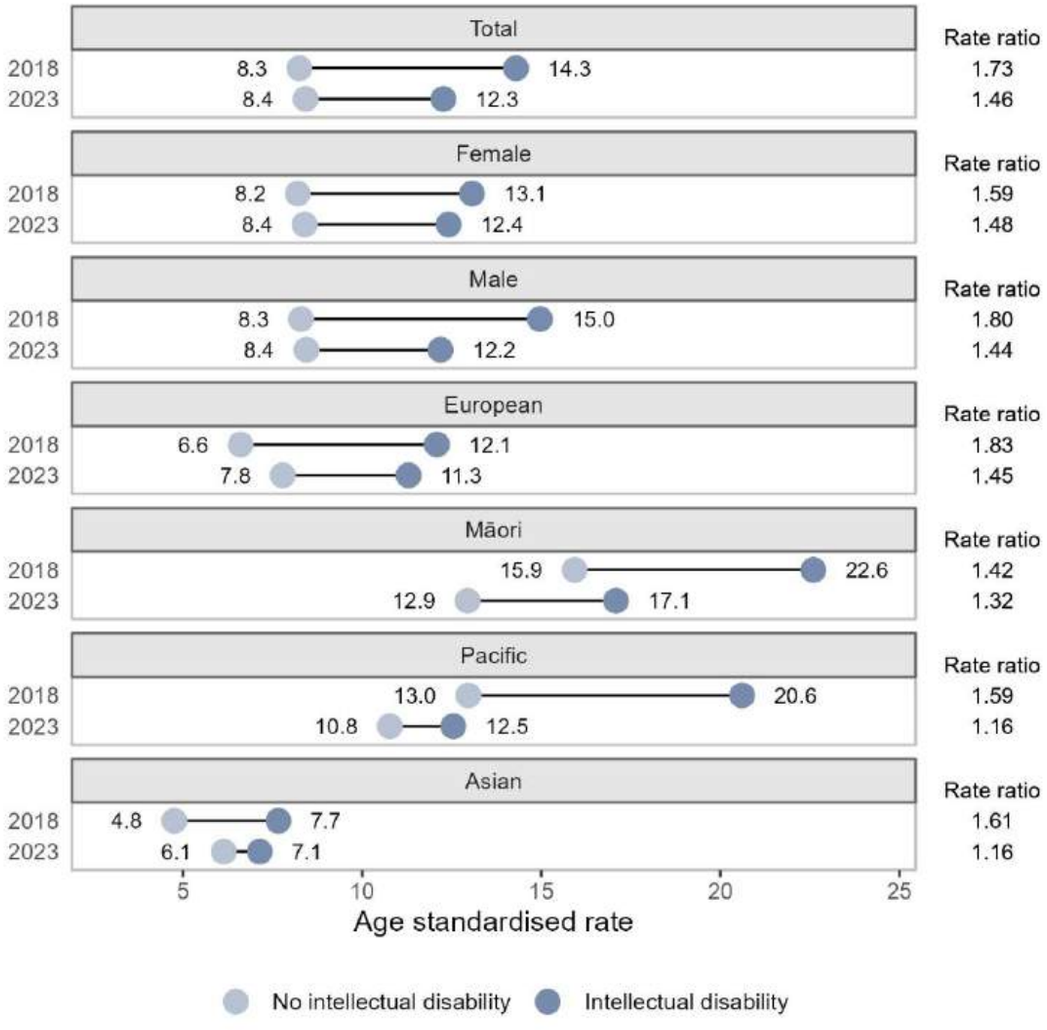
9.1.2 Children witness of family violence

The police reports if children are present when attending a family violence call	
Indicator definition	Percentage of children reported by police as being present when attending a family violence call.
Data source	Oranga Tamariki data in the IDI.

Figure 91 presents the age-adjusted rates of children who have witnessed family violence in their lifetime, comparing those with and without intellectual disability, overall and by gender and ethnic group. Between 2018 and 2023, the rates for children with intellectual disability have declined, which is a positive trend. However, identification of young children in our population is not entirely consistent over time, so this result should be treated with some caution. In 2023, children with intellectual disability were still 1.46 times more likely to witness family violence than those without intellectual disability.

Sharon Gleeson
Dark Cottage
IHC Art Awards 2025 Entrant

Figure 91 – Exposed to family violence, age standardised rates for the child population aged 0 to 15 years, by gender, and by ethnicity



Sources: Oranga Tamariki data in the IDI.
Definition: Percentage of children reported by police as being present when attending a family violence call.

9.1.3 Care and protection

9.1.3.1 Children placed in State care by Oranga Tamariki

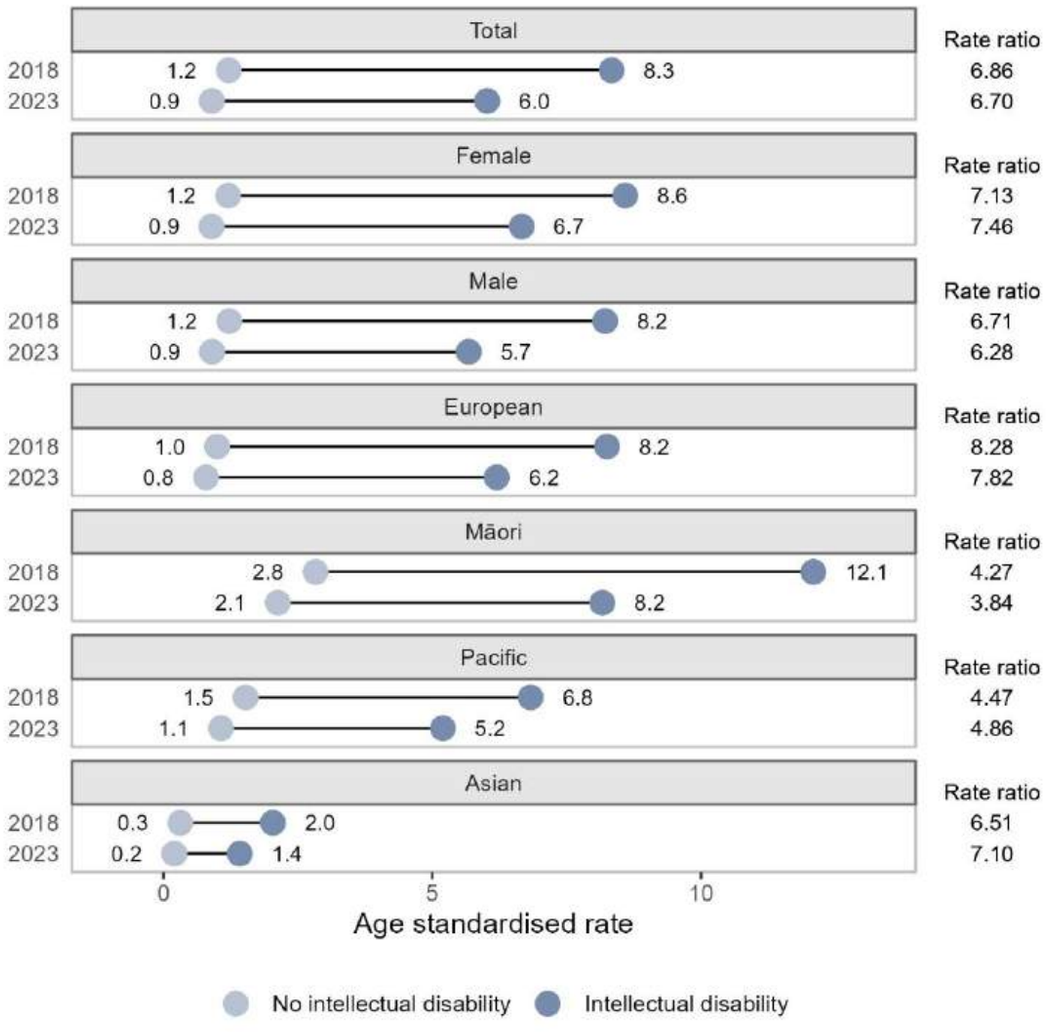
Oranga Tamariki uses various placements of tamariki/children and rangatahi/youth in care, including through family or whānau placements, non-family placements, and residential care placements. These placements are determined based on the child's individual needs and circumstances, focussing on ensuring their safety, well-being, and connection to their culture.	
Indicator definition	Percentage of children who have been placed in care by Oranga Tamariki between 2001 and 30 June 2018/2023.
Data source	Oranga Tamariki data in the IDI.
Technical note	Placements which are marked as 'return' or 'remain' do not result in an out-of-home placement and are excluded from our analysis.

Data from Oranga Tamariki shows that children (0 to 14 years old) with intellectual disability are more than six and a half times as likely to be placed in care by Oranga Tamariki than children without intellectual disability. This increased risk can be observed across all genders and ethnic groups (see Figure 92).

Rates of placement dropped between 2018 and 2023 for children with and without intellectual disability in all population groups, consistent with large drops observed across those years in official statistics from Oranga Tamariki (Oranga Tamariki – Ministry for Children, 2024). The highest relative difference between people with and without intellectual disability is observed in children of European ethnicity.

Children in state care face significant challenges, with outcomes generally worse than the general population. Including poorer health outcomes, higher hospitalisation rates, negative impacts on education from unstable placements and stigmatisation (Hooper, 2019) (Hill, 2023).

Figure 92 – Children (0-14) placed in care by Oranga Tamariki, age standardised rates for the total population, by gender, and by ethnicity, 2001 to June 2018/2023.



Sources: Oranga Tamariki data in the IDI.
Definition: Percentage of children who have been placed in care by Oranga Tamariki between 2001 and 30 June 2018/2023.

9.1.3.2 Having a child placed in care by Oranga Tamariki

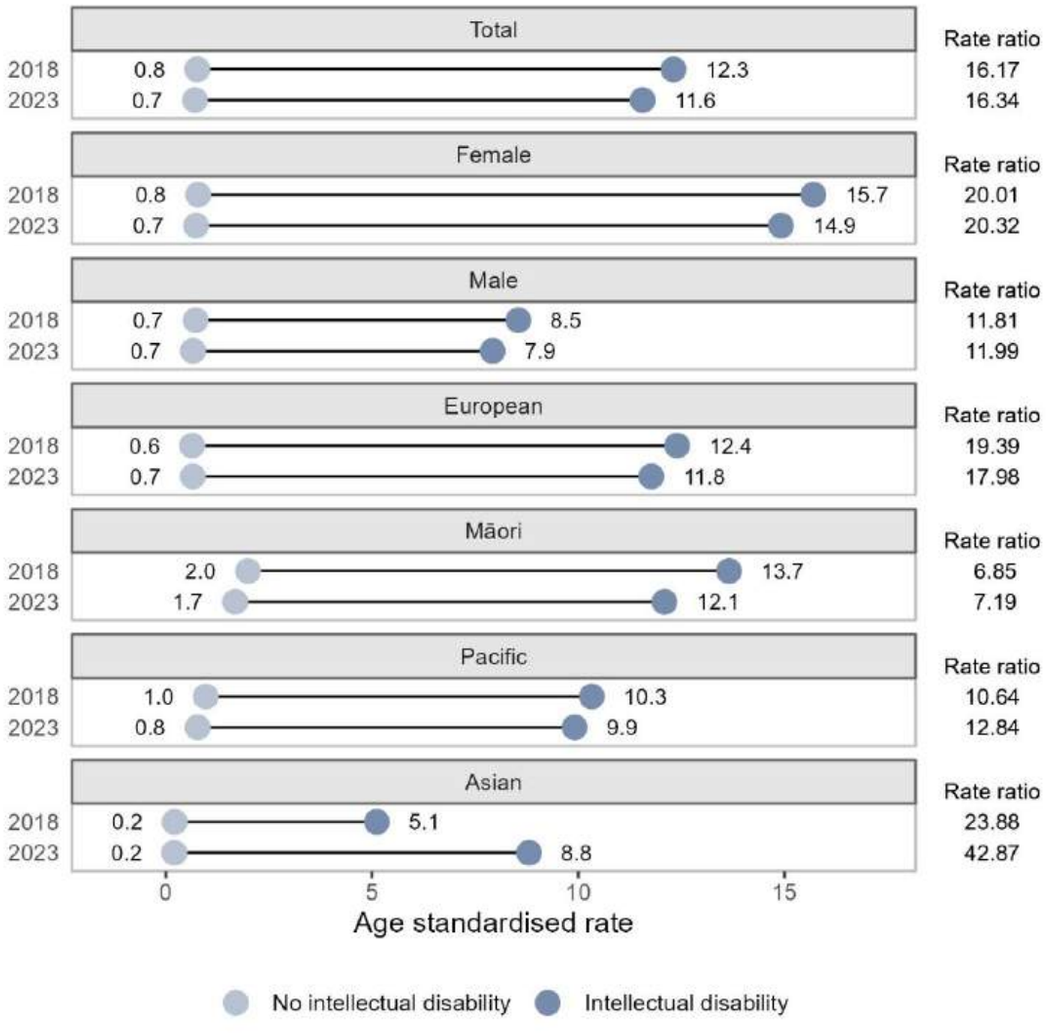
Oranga Tamariki uses various placements of tamariki/children and rangatahi/youth in care, including through family or whānau placements, non-family placements, and residential care placements. These placements are determined based on the child's individual needs and circumstances, focussing on ensuring their safety, well-being, and connection to their culture.	
Indicator definition	Percentage of adults who have had a child placed in care by Oranga Tamariki between 2001 and 30 June 2018/2023.
Data source	Oranga Tamariki data in the IDI.

This indicator looks at care and protection from the parents' perspective and reports on the risk of having a child placed in care. The percentage of parents who have had a child placed in care by Oranga Tamariki is higher for parents with intellectual disability across all age groups.[16]

Parents with intellectual disability were over 16 times more likely to have a child placed in care than those without an intellectual disability (see Figure 93). This risk was significantly higher for females, with a rate ratio of 20.32, compared to 11.99 for males. Elevated rates were observed across all ethnic groups, with Māori (ASR 11.8) and European (ASR 12.1) parents with an intellectual disability having the highest rates of children being placed in care. Notably, this pattern differs from that seen among parents without an intellectual disability, where Māori and Pacific adults have the highest rates.

[16] Note that Oranga Tamariki Gateway assessment data was used to identify some people with intellectual disability. As such, it is possible that this resulted in more young people with intellectual disability being identified, distorting the comparisons in this section. To test this, we re-ran the estimates excluding young people who were only identified as intellectually disabled through Gateway assessment data. This only had a very small and immaterial impact on the results.

Figure 93 – Having a child placed in care by Oranga Tamariki, age standardised rates for the adult population aged 15 to 64 years, by gender, and by ethnicity, 2001 to 30 June 2018/2023.



Sources: Oranga Tamariki data in the IDI.
Definition: Percentage of parents who have had a child placed in care by Oranga Tamariki between 2001 and 30 June 2018.

9.2 Adult justice system involvement

Although there is a correlation between intellectual disability and crime, studies do not identify intellectual disability as a criminogenic or violence risk factor, and there are likely many other explanatory causal and mediating factors (e.g., trauma, socioeconomics) (Guina, et al., 2022). However, there is evidence that people with intellectual disability are at increased risk of compounding criminal justice consequences. People with intellectual disability may be vulnerable to criminal justice involvement not necessarily because they have higher offending risk factors, but because they may be more likely to get caught and are at risk of having a reduced capacity to understand the implications of their offending or to comprehend and effectively participate in the legal process (Lambie, 2020).

In this section, two indicators related to involvement with the justice system are presented: adult convictions and adult incarcerations.

9.2.1 Criminal convictions

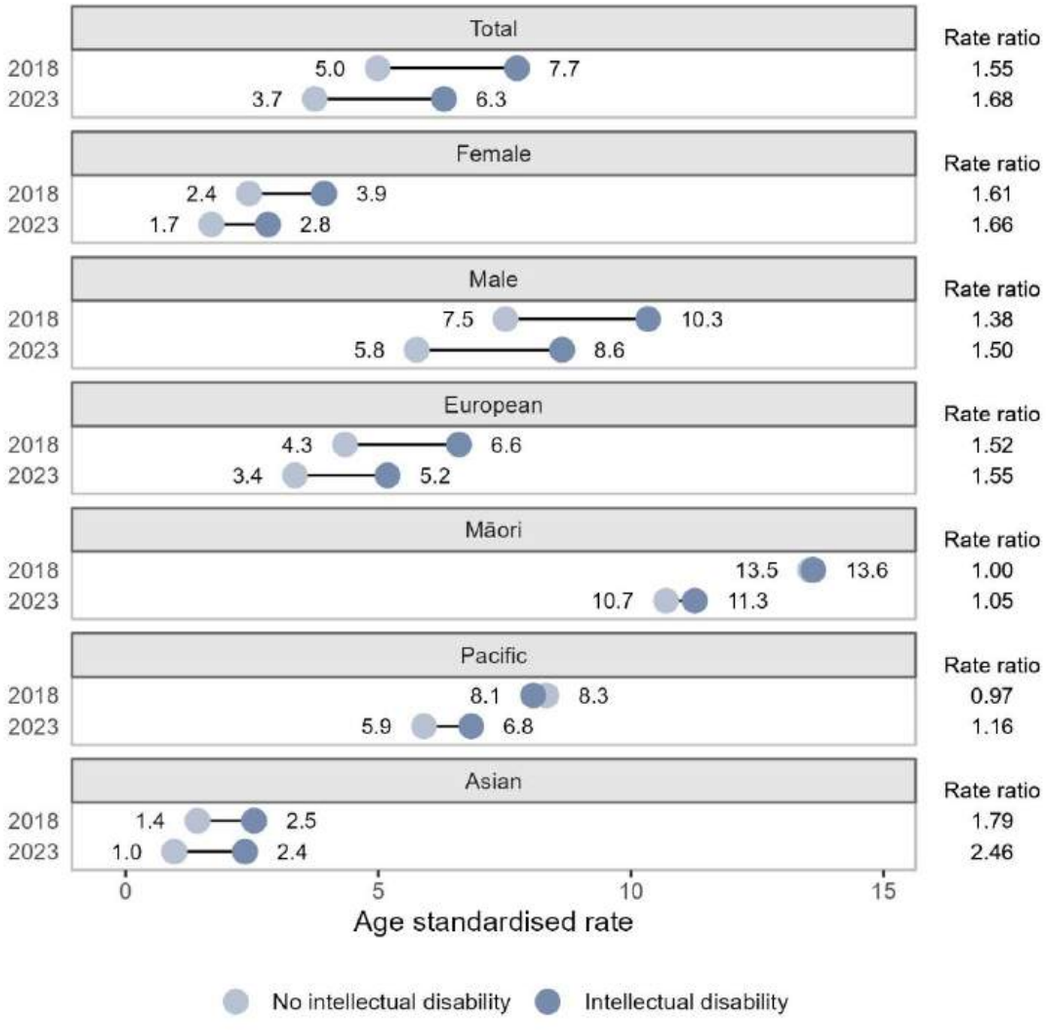
Criminal convictions are a key social indicator within the safety domain, reflecting both individual experiences and broader systemic issues.	
Indicator definition	Percentage of people with at least one criminal conviction in the adult court in the 5 years to 30 June of the cohort year.
Data source	Court charges data in the IDI.

Figure 95 shows that the adult criminal conviction rates have decreased between 2018 and 2023, consistent with official statistics[17]. This decrease can be observed in adults with and without intellectual disability. As both groups declined similarly in absolute terms, the relative difference in rates between the two populations increased a little from a rate ratio of 1.58 to 1.68.

Males are more likely than females to have criminal convictions, regardless of intellectual disability status. However, the relative difference in conviction rates is greater for females, with females with intellectual disability having a 1.66 times higher rate than those without, compared to a 1.50 times difference for males. Conviction rates are highest among Māori, followed by Pacific peoples. For these two ethnic groups, having an intellectual disability is associated with only a modest increase in conviction rates.

[17] Stats NZ criminal convictions and sentencing statistics - https://www.stats.govt.nz/information-releases/criminal-conviction-and-sentencing-statistics-2024-calendar-year/

Figure 94 – Criminal conviction rate, age standardised rates for the adult population aged 18 years and over, by gender, and by ethnicity, 5 years to 30 June 2018



Sources: Ministry of Justice – Court charges data in the IDI.
Definition: Percentage of people with at least one criminal conviction in the adult court in the 5 years to 30 June 2018.

9.2.2 Adult incarcerations

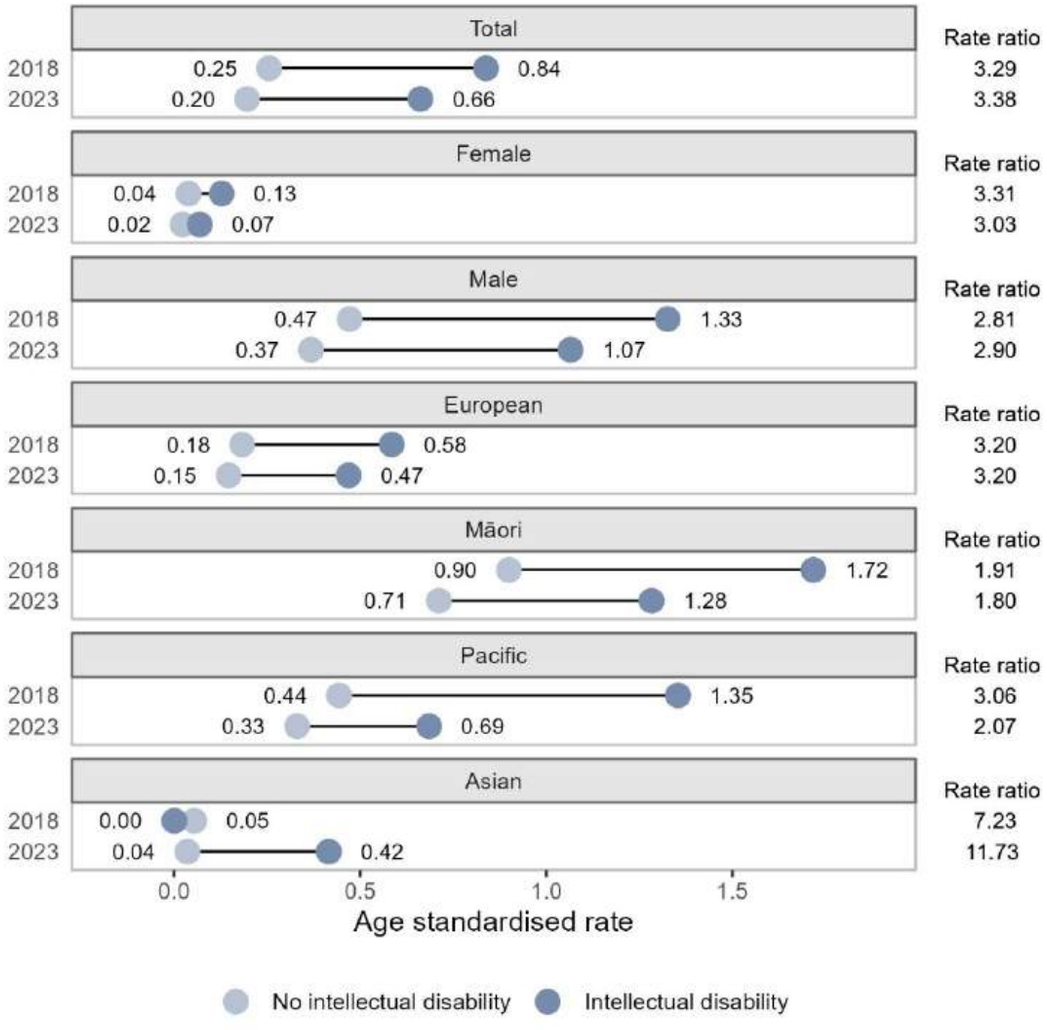
People can be imprisoned after sentencing or while they are on remand until their trial is completed. Some people with intellectual disability convicted of an imprisonable offence are diverted due to the provisions of the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, and their care is delivered in designated secure or supervised facilities rather than in prison. There is no data available in the IDI on people with intellectual disability cared for outside a prison setting and therefore this indicator is likely to underestimate the actual number of people with intellectual disability in compulsory care/custody.[18]	
Indicator definition	Incarceration is defined as being imprisoned as at 30 June in the cohort year. It includes both people who have been sentenced and those on remand until their trial is completed.
Data source	Department of Corrections – Sentencing and remand data in the IDI.

Figure 95 presents age-standardised imprisonment rates for people with and without intellectual disability. People with intellectual disability are more than three times as likely to be imprisoned as those without (rate ratio of 3.38), a disparity that is even greater than the increased risk of being convicted of a crime (rate ratio of 1.68). One possible reason for this larger gap is the increased availability of diagnostic data within the prison system, as individuals may be more likely to come into contact with government services once incarcerated. Across all gender and ethnic groups, the risk of imprisonment is consistently higher for people with intellectual disability compared to those without.

Imprisonment rates declined between 2018 and 2023 for both people with and without intellectual disability. As such, the gap between rates of imprisonment is relatively unchanged for both genders and most ethnic groups rates declined. Rates for all groups are small however, and the number of people with intellectual disability in prison in total in 2023 numbered less than 300 in both 2018 and 2023. As such, statistics related to specific ethnic groups should be treated with caution.

[18] Approximately 250 people are accommodated in Forensic Intellectual Disability Secure Services under the Act at any given time (Boshier, 2021). This is similar to the size of the intellectually disabled prison population in 2018 and 2023 estimated in this study.

Figure 95 – Imprisonment rate, age standardised rates for the adult population aged 18 years and over, by gender, and by ethnicity, as at 30 June 2018



Sources: Department of Corrections – Sentencing and remand data in the IDI.
Definition: Incarceration is defined as being imprisoned as at 30 June 2018.This includes both people who have been sentenced and those on remand until their trial is completed.

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10 People with intellectual disability living in residential care

As it was mentioned earlier in the report many adults with intellectual disability live in a residential care or supported living environment and we can identify them in the data by whether they are receiving a residential support subsidy (RSS) or residential care subsidy (RCS).

Residential setting can have an impact on the well-being and outcomes of people with intellectual disability encompassing their quality of life, physical and mental health, social integration, and overall satisfaction (Mohan & Roberts, 2024) (McCarron, et al., 2019). People with intellectual disabilities living in residential care or group homes often experience different outcomes compared to those living independently or with family. Living arrangements clearly play a critical role in shaping life experiences for people with intellectual disabilities, underscoring the need for inclusive, empowering environments across all settings in Aotearoa.

In this section we have grouped the outcomes of people with intellectual disability living in a residential care or supported living environment and we have compared them with people with intellectual disabilities in different living arrangements.

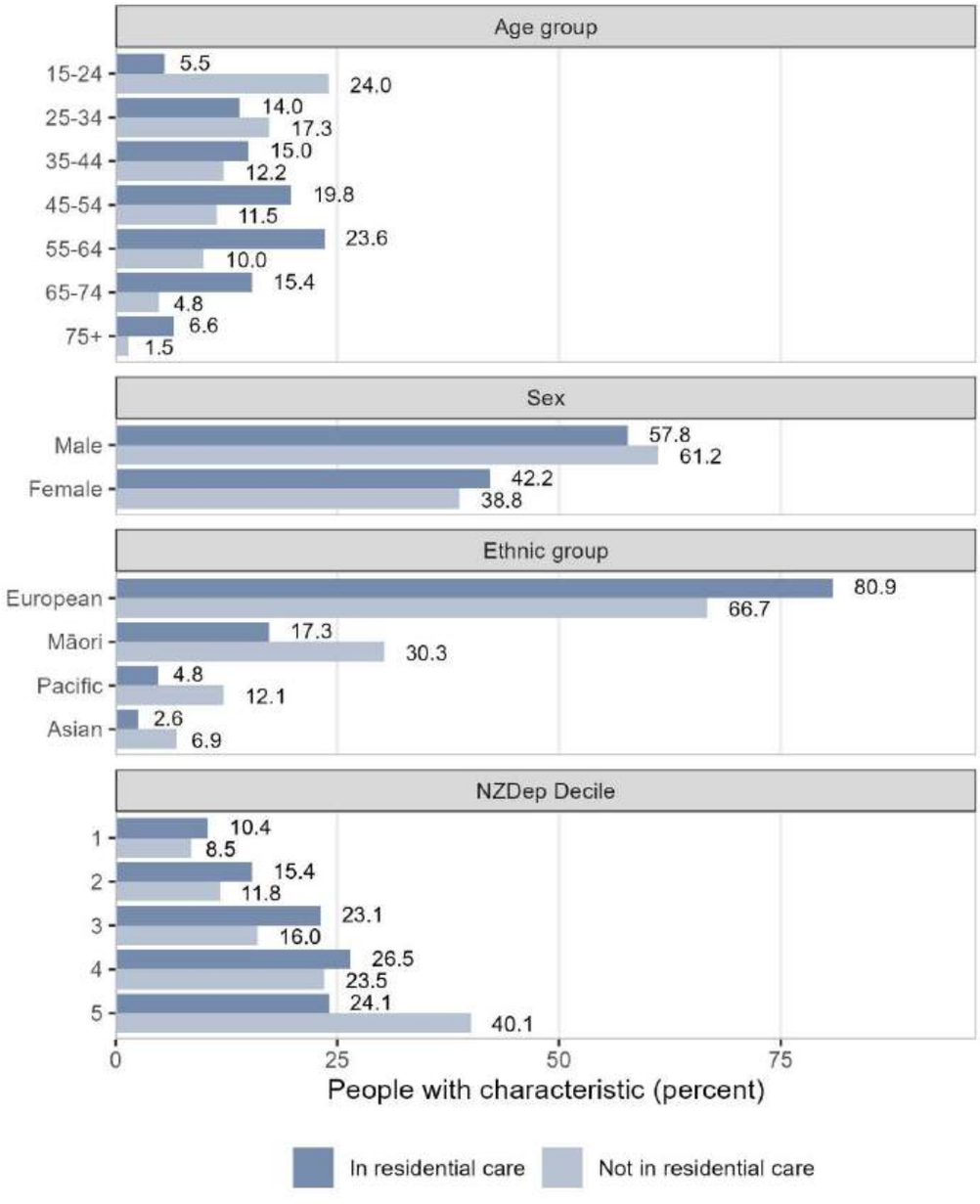
10.1 Demographic differences

To contextualise the outcome results for people in different living arrangements, we first examine the characteristics of both groups (see Figure 96). Individuals with intellectual disabilities who live in residential care or group homes tend to be older than those living independently or with family. While 24 percent of those living independently or with family are under 25 years old, only 6 percent of those in residential care or group homes fall into this age group. Conversely, 46 percent of individuals in residential care or group homes are aged 55 or older, compared to just 16 percent of those living independently or with family.

Intellectual disability is more prevalent among males than females, and this is reflected in the gender distribution across living arrangements. However, females with intellectual disabilities are slightly more likely than males to reside in residential care or group homes.

Ethnicity also plays a role in living arrangements. People of European ethnicity with intellectual disabilities are more likely to live in residential care or group homes compare to those of other ethnic backgrounds. This may reflect differences in cultural values, caregiving practices, or life expectancy across ethnic groups.

Figure 96 - Demographic characteristics of the intellectually disabled population in different living arrangements



Note: The percentages across all ethnic groups may add up to more than 100 percent because individuals can identify with more than one ethnic group and may be counted in multiple categories.

10.2 Health

Figure 97 compares the health outcomes of people with intellectual disabilities living in residential care or group homes with those living independently or with family.

In terms of chronic illness, rates of care or treatment for coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD), and diabetes are slightly lower among those in residential care or group homes. Both groups have similar rates of enrolment in a Primary Health Organisation (PHO), but individuals in residential care are more likely to have consulted a general practitioner in the past three months and receive a wider range of dispensed pharmaceuticals per person. Smoking rates are also lower in residential care settings, 5.6 percent compared to 13.5 percent among those living independently or with family.

Some residential support facilities specialise in caring for people with mental illness, particularly when symptoms are severe enough to pose a safety risk to themselves or others and cannot be managed safely in the community or at home. It is therefore unsurprising that the proportion of people with intellectual disabilities in residential care who received mental health treatment in the past year is higher than among those living independently, 78.4% compared to 44.7%. However, it is unclear whether this difference is entirely due to these cases or if other factors contribute. This will also affect the higher rates of pharmaceutical dispensation observed in residential settings.

Dental and hospital care also show notable differences. Individuals in residential care are two and a half times more likely to have received dental treatment in hospital than those in other living arrangements. Although they are less likely to visit the emergency department, they are more likely to receive hospital care for injuries and experience higher rates of potentially avoidable hospitalisations.

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Love Flowers
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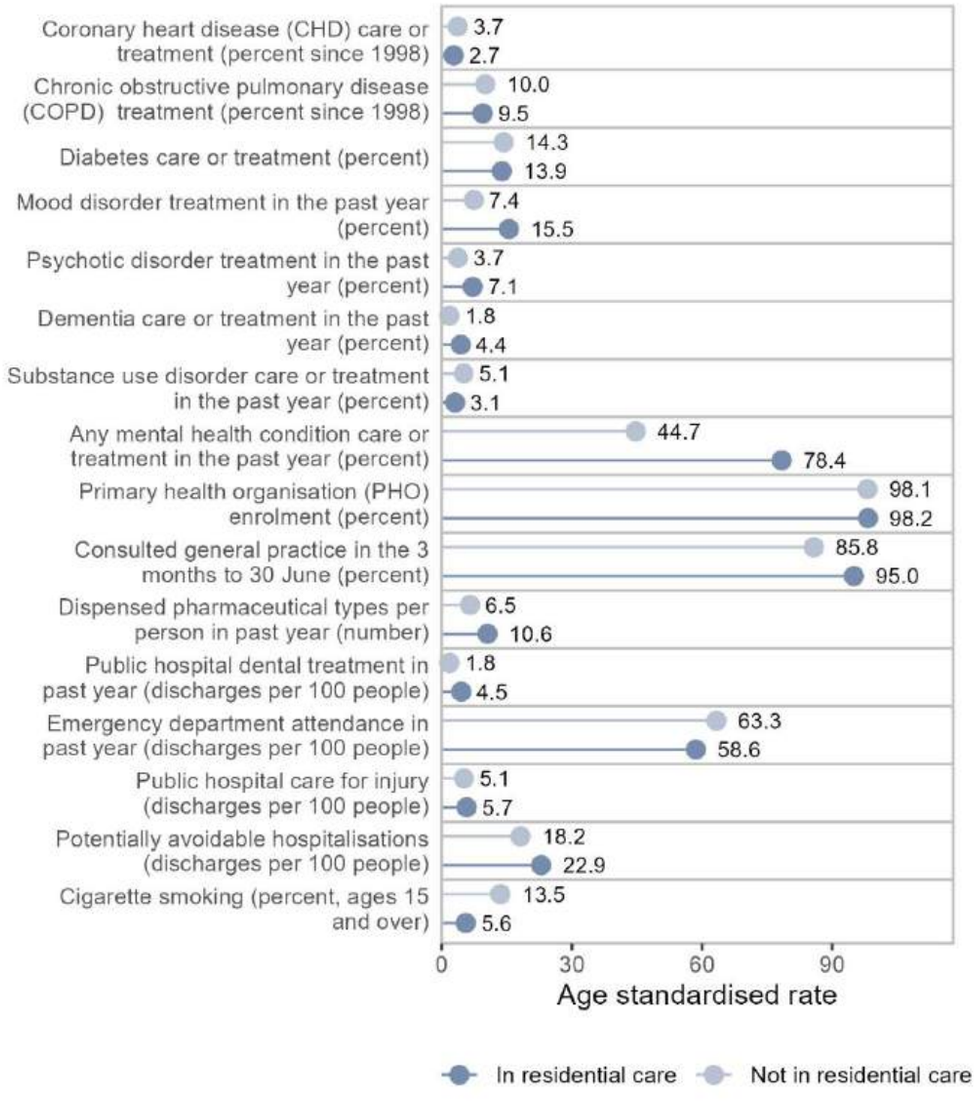
Figure 97 - Age standardised health measures for people with intellectual disability by living situation, 2023.



10.3 Other wellbeing indicators

Figure 98 compares wellbeing outcomes across various domains for people with intellectual disabilities living in residential care or group homes versus those living independently or with family.

Among people with intellectual disabilities, those in residential care are less likely to have formal qualifications or hold a driver's licence. They are also nearly three times less likely to be employed or engaged in volunteer work. Among youth with intellectual disabilities, 52.5 percent of those in residential care or group homes are not in education, employment, or training (NEET), compared to 41 percent of youth in other living arrangements.

Living conditions tend to be better on average for those in residential care or group homes. They are less likely to reside in the most deprived areas of New Zealand, less likely to live in homes that are mouldy, damp, or overcrowded, and more likely to have internet access.

In terms of safety, individuals in residential care or group homes are less likely to be recorded as victims of crime and less likely to have a criminal conviction than those living independently or with family. However, they are more likely to have had a child placed in care by Oranga Tamariki.

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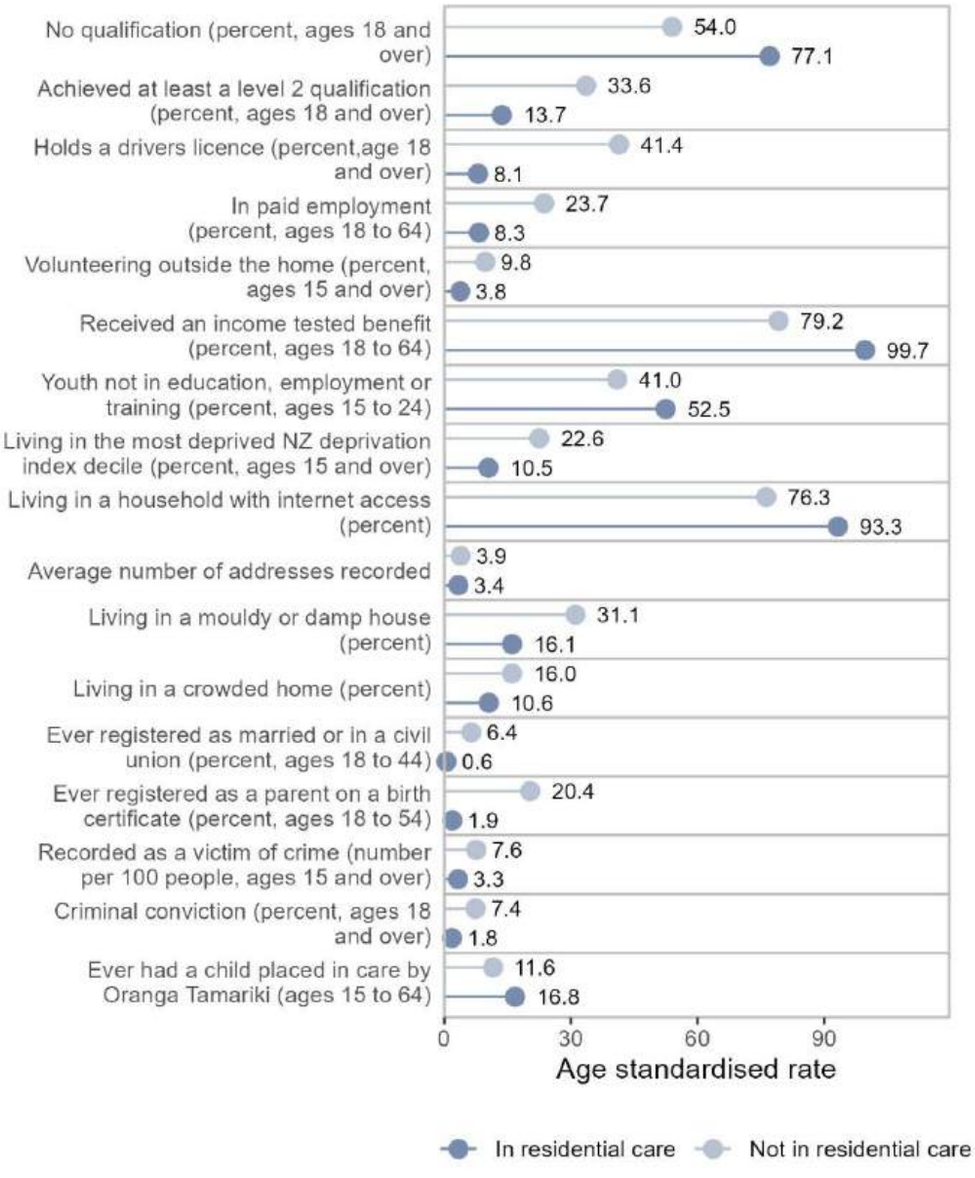
Flower
IHC Art Awards Entrant 2025

Figure 98 – Age standardised wellbring measures for people with intellectual disability by living situation, 2023.



11 Discussion

This report provides a refreshed picture of the wellbeing of New Zealanders with intellectual disability, updating the 2018 *From Data to Dignity* baseline and using comparable methods and data sources. The findings highlight persistent inequities across most life domains, limited progress in reducing disparities, and a pattern of multiple, intersecting disadvantage. However, they also show areas of potential and strength, illustrating that better outcomes are possible with the right conditions.

11.1 Trends from 2018 to 2023

The main finding of the updated report is that inequalities persist and the intellectually disabled population in 2023 still shows poorer outcomes across most wellbeing domains. Generally, the trends in the intellectually disabled community follow the trends in the general population whether for better or for worse and the gap in outcomes between the two population has remained largely unchanged.

Following the positive trend in the general population, intellectually disabled people experienced a reduction in smoking rates, higher employment rates and income, fewer placements in care and a reduction in criminal convictions and imprisonment.

On the other hand, following the negative trend of the general population disabled people experienced a worsening in diabetes and CODP rates, and a decline in school attendance.

11.2 Variation of results

For most measures, differences in outcomes between gender and ethnic groups among the intellectually disabled reflect those seen in the general population. However, individuals with intellectual disabilities within these groups often face compounded disadvantage. In some cases, specific intellectually disabled subpopulations exhibit distinct outcome patterns, highlighting either a particular vulnerability or a form of resilience.

- Females with intellectual disability are dispensed a greater number of different pharmaceutical types each year than males. Polypharmacy can be an indication of the presence of complex health conditions, and can be beneficial or harmful depending on the appropriateness or otherwise of the prescribing. While gender differences in emergency department use are minimal in the general population, females with intellectual disabilities have notably higher rates than males highlighting potential gaps in preventive care for this population. Females without intellectual disability had lower injury rates than males, while the opposite was true

for those with intellectual disability. This continues to highlight a specific and unmet health need among women with intellectual disability.

- Intellectually disabled males are less likely than females to visit the GP and having an intellectual disability increased the likelihood of having a consultation for both genders. Students with intellectual disabilities are almost twice as likely to be stood down from school and three times as likely to be suspended compared to their non-disabled peers. Male students' stand-down and suspension rates are consistently higher than for females, regardless of intellectual disability status, and also have the largest differences in rates between intellectually disabled and non-disabled students. Male students are also more likely to move schools frequently than female students. Males with intellectual disability are more likely than females to have criminal convictions, and they also have a higher rate of imprisonment.

- Māori with intellectual disability have the highest COPD rates among all ethnic groups. In contrast with care for mood disorders, people of European ethnicity had the lowest age-adjusted rate of psychotic disorder treatment all ethnic groups. This is consistent with national and international research suggesting overuse of antipsychotic medication among ethnic minority groups although there is not much research looking at this specifically for the intellectually disabled population. School engagement statistics are lower for Māori than other ethnic groups and intellectually disabled Māori learners experience particular vulnerability, but Māori adults with intellectual disabilities have the highest rates of NCEA Level 2 qualifications of all ethnic groups. Māori children and adults with intellectual disability remain among the most financially disadvantaged, experiencing the lowest average household equivalised disposable incomes across all subgroups.

- People with intellectual disability of Pacific ethnicity are the most likely to live in the most deprived areas of New Zealand and to experience household crowding. The Pacific subpopulation also shows the highest prevalence of diabetes with almost no difference between people with and without intellectual disability.

- The largest relative difference between people with and without intellectual disability in mood disorders is seen in people of Asian ethnicity, as is the largest relative difference in placements in care.

- People with intellectual disability living in residential care or group homes tend to experience better living conditions, such as reduced exposure to deprivation and improved housing quality, compared to people with intellectual disability living independently or with family. However, despite lower rates of chronic illness, they face significantly poorer mental health outcomes, with higher rates of treatment and pharmaceutical use.

11.3 Areas of greatest concern

Across all domains, some of the most urgent concerns include:

- **Health disparities**, including much lower life expectancy, higher rates of chronic illness, and greater prevalence of mental health conditions.
- **Low employment rates** and high benefit reliance, despite willingness and a capacity to work.
- **Educational exclusion**, including low attainment, high absenteeism, and disproportionate rates of disciplinary action.
- **Living in deprivation**, especially in poor-quality housing, crowded conditions, and low-income households.
- **Exposure to violence**, including higher rates of victimisation, family violence, and child protection involvement.

These areas reflect both systemic barriers and gaps in support systems that disproportionately affect people with intellectual disability, limiting their access to the conditions necessary for good wellbeing.

11.4 The strength and potential in the data

While the findings overwhelmingly show disadvantage, they also offer evidence of what is possible. The data includes individuals with intellectual disability who:

- Complete school and attain qualifications
- Are employed and contributing to their communities
- Live in stable housing and supportive family environments
- Have strong social connections and low involvement with justice or care systems

These outcomes are not rare anomalies—they reflect what can be achieved when individuals have access to the right supports, environments, and opportunities.

The variation in outcomes across individuals and population groups highlights that intellectual disability does not inherently determine poor wellbeing. Rather, the disparities reflect how society is structured, how services are delivered, and whether people are included, valued, and supported.

11.5 Conclusion

The report presents a complex picture of structural inequity and unmet potential. It is clear that the systems and supports in place are not working equally for all people. A whole-of-society effort is needed, one that recognises intersecting disadvantages, centres the voices of people with intellectual disabilities, and focuses on removing systemic barriers to participation and wellbeing.

By using data to illuminate both the challenges and the possibilities, this report aims to contribute to a more inclusive Aotearoa where intellectually disabled people can thrive.

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Appendix 1 - Research methodology

This section describes how the results in this report were developed. It notes any differences in methodology from the previous report.

Population definition

The aim of the project was to generate results that were representative of the New Zealand population. The study population has been defined as the 2018 and 2023 Administrative Population Census (APC) population available in the IDI. The APC is constructed by Stats NZ from administrative data which have been collected at different times and then linked in the IDI.[19] It provides a good estimate of the true New Zealand resident population for a given year.

Although the APC currently holds annual data from 2006 to 2025, this analysis uses the 2018 and 2023 APC, which coincides with the collection of data from New Zealand's two most recent five-yearly population Censuses. Choosing a census year as the population base date allows us to use a mix of administrative and Census data. This is useful as it allows us to generate indicators for which census is the only source, as well as enabling us to identify people who live together in the same household.

The 2023 APC population and the 2023 Census usually resident population in the IDI have a very large but not complete overlap. There are a small minority of people (considerably less than ten percent of either population) that appear in one of the populations and not the other. Given that the vast majority of indicators were derived from administrative sources, the APC population was considered a more appropriate population to use than the Census for this study. This has the added benefit that comparable measures can be constructed between Census years. Indicators that rely on Census data were generated using only those people in the 2023 IDI Census usually resident population that link to the APC population.

The 2023 APC population has approximately 100,000 more people than the Census usually resident population (5,086,062, compared to 4,993,923). This is explained by the inclusion of people who are temporarily absent at Census night or who did not respond to the Census. Table 2 shows the rate of linking between people in the APC who had an intellectual disability compared to those who didn't. Both were in excess of 93 percent, and the rate of intellectual disability in the linked and un-linked populations were similar,

[19] https://www.stats.govt.nz/experimental/experimental-administrative-population-Census/

with a slightly lower rate in the un-linked population. This provides some reassurance that indicators derived from Census data are not likely to be biased with respect to intellectual disability.

Table 2 – Linking between APC and Census for people with and without intellectual disability

Linked to Census	Intellectual Disability	No intellectual disability	Rate of intellectual disability (%)
No	1,719	309,396	0.55
Yes	37,560	4,737,387	0.79
Yes (percent)	95.6	93.9	

Identification of intellectual disability in the population

Intellectual disability is a term used when a person has difficulty understanding, concentrating, learning and remembering new things in their everyday life[20]. The Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003[21] defines an intellectual disability as a permanent impairment that:

- results in an IQ of 70 or less;
- results in significant deficits in adaptive functioning in areas such as communication, self-care, home living, and social skills; and
- becomes apparent before a person reaches the age of 18.

The definition used in this study reflects the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 definition as it requires a medical diagnosis. In 2023, to aid comparability, we have used the same definition as in 2018.

As part of this study, we also identified some conditions associated with intellectual disability, such as Down syndrome, foetal alcohol spectrum disorder, spina bifida and cerebral palsy. For some individuals, these diagnoses coexisted with an intellectual disability diagnosis but not for all. To maintain consistency with the previous report, these diagnoses were not used to identify people with intellectual disability in this study.

[20] https://www.ihc.org.nz/about-intellectual-disability/intellectual-disability
[21] https://www.legislation.govt.nz/act/public/2003/0116/latest/DLM225179.html

There is no single source of data in the IDI that identifies intellectual disability for the whole population. The invisibility of the intellectually disabled population in health administrative data has been documented in Brandford (2020), noting that the mortality data collections and health utilisation data do not flag a person's disability. This reinforces the importance of combining several sources of data to identify intellectual disability. In all sources intellectual disability has been diagnosed by a health professional.

People in the study population were identified as having an intellectual disability if they met the criteria described in Table 3. We have used similar sources as in the *From Data to Dignity* report, with a few notable differences. Firstly, the National Non-Admitted Patient collection (NNPAC) was excluded following advice from the Ministry of Health that the health specialties recorded in NNPAC do not provide sufficient evidence of a diagnosis. Two new sources were added to our analysis, based on developments undertaken as part of the new Intellectual (Learning) Disability - Code Module. The first was Accident Compensation Corporation claims data and the second was the Ministry of Health's Mortality Collection. Neither of these sources identified large numbers of people with intellectual disability in the current population, however.

As in the previous report, the method used to identify people with intellectual disability in this report is likely to be most accurate for people with moderate or severe intellectual disability who need support services, have serious health conditions, or need to access other government support. People with mild intellectual disability in good health are less likely to be identified because they may not have had contact with government services or been less likely to be recorded as having an intellectual disability when coming into contact with those services.

Table 3 – Criteria for the identification of intellectual disability in the 2023 study

Data source[22]	Criteria for defining intellectual disability
Accident Compensation Corporation (ACC)	A diagnosis of intellectual disability in the Read Code classification system in ACC claims data.
Public hospital discharges (NMDS)	A diagnosis of intellectual disability in the ICD-9, ICD-10 or DSM-IV classification systems or inpatient / day patient treatment by health specialties for people with intellectual disability in public hospitals.
Private hospital discharges (NMDS)	A diagnosis of intellectual disability ('mental retardation' in the ICD-9, ICD-10 or DSM-IV classification systems) or inpatient / day patient

[22] Ministry of Health if not stated otherwise.

Data source[22]	Criteria for defining intellectual disability
	treatment by health specialties for people with intellectual disability in private hospitals.
Programme for the Integration of Mental Health Data (PRIMHD)	A diagnosis of intellectual disability in the ICD-9, ICD-10 or DSM-IV classification systems in secondary mental health and addiction services and/or treatment by an intellectual disability dual diagnosis team.
Mental Health Information National Collection (MHINC)	A diagnosis of intellectual disability in the ICD-9, ICD-10 or DSM-IV classification systems in secondary mental health and addiction services.
Mortality Collection	A diagnosis of intellectual disability in the ICD-9, ICD-10 or DSM-IV classification systems as an underlying or contributing cause of death.
Disability Support Services database (SOCRATES)	Recorded as having an intellectual disability in the Referral Diagnosis / Health Condition field.
interRAI assessment data[23]	An indicator of intellectual disability in the interRAI residential history data.
Ministry of Social Development income support data	A diagnosis of intellectual disability recorded on a medical certificate provided for the purposes of establishing eligibility for benefit or other MSD payments.
Ministry of Education Ongoing Resourcing Scheme	Cognitive criteria defined as moderate to high cognitive needs, high cognitive needs, or very high cognitive needs.
Oranga Tamariki Gateway Assessments	A need type of intellectual disability in a gateway assessment.

This method of identifying people with intellectual disability in the IDI is broadly consistent with the method used in the newly developed Intellectual Disability Code Module, available in the IDI. However, the Intellectual Disability Code Module excluded data from the Ongoing Resourcing Scheme (ORS), on the basis that high cognitive needs do not necessarily represent an intellectual disability diagnosis, we decided to continue to include ORS data in this study. This is because ORS was an important source of

[23] interRAI is a suite of comprehensive clinical assessment tools. Currently is the primary assessment instrument for collecting information about people who are assessed for eligibility for publicly funded home and community support and admission to residential care.

identification of children with intellectual disability in *From Data to Dignity*, and the expectation is that the very high bar for access to ORS funding should result in a high likelihood of intellectual disability amongst this population. Continuing to include ORS data also has benefits in continuity between *From Data to Dignity* and this report, aiding comparability of results over time.

Identification period

For this report, we have updated the 2018 results published in *From Data to Dignity* with more recent available data in the IDI. For some indicators the current 2018 results are slightly different to those published in the last report. One reason for this is that some individuals who were identified as having Intellectual Disability in the last report have been excluded from some measures in this report, while other have been included. This is because the last report was produced several years after 2018, using data up to 2022. People were included if they were diagnosed with an intellectual disability up to that date. We can now identify more people with intellectual disability, as we generally have diagnostic data up to the end of 2024, six and a half years after our June 2018 date of interest.

When we produce numbers for the intellectually disabled population in 2023, however, we only have diagnostic data up to approximately 18 months after the June 2023 date of interest. This means that the population we identify is not able to be robustly compared with the June 2018 population. Given that we are interested in making comparisons over time, we need to make our intellectually disabled populations more comparable. We do this by restricting the 2018 population to those people who were diagnosed before the end of 2019, eighteen months after the 2018 date of interest. One important downside of doing this is that is excludes many children with intellectual disability, who often experience a delayed diagnosis.

This issue is illustrated in Figure 99. There are two 2018 intellectually disabled populations used in this report. The first is labelled Jun 2018 A in the figure, and includes the most recent diagnostic information, providing our most accurate picture of the population. The second is labelled Jun 2018 B and includes a level of diagnostic data which is comparable to 2023 (up to around 18 months after the date of interest), allowing us to compare 2018 and 2023 results in a robust way. This is the population used through most of this report.

Figure 99 - Illustration of identification of people with intellectual disability in *From Data to Dignity* and the current report

Report	Date of interest	Diagnostic period						
		2018	2019	2020	2021	2022	2023	2024
From data to dignity	Jun 2018							
This report	Jun 2023							
	Jun 2018 A							
	Jun 2018 B							

Diagnosis before date of interest

Diagnosis after date of interest

Michael Chubb
My Pepeha
IHC Art Awards 2025 Entrant

Outcome indicators

This report updates the outcome indicators published in *From Data to Dignity*. The outcome indicators were selected to provide as comprehensive a view as possible of the lives of people with intellectual disabilities using data available in the IDI, in consultation with IHC.

Within the scope of what was available, potential indicators taken from datasets available in the IDI were prioritised to present a comprehensive and meaningful story. Indicators were categorised within the domains under the "Our Individual and Collective Wellbeing" level of the Treasury's Living Standards Framework[24] (LSF), and presented under those domain headings. In 2023 we have added 10 new indicators. These were identified through other research projects and were viewed as adding value to the current framework.

While the LSF is not designed specifically for a population with disability, it captures many of the things that are important for New Zealanders' wellbeing, regardless of whether they have a disability. Verdugo et al. (2005) note that quality of life "is important for all people and should be thought of in the same way for all people, including individuals with intellectual disability".

Nevertheless, it is important to consider aspects of wellbeing which may be particularly relevant to people with intellectual disability. For example, the New Zealand disability strategy outlines eight different outcomes areas (education, employment and economic security, health and wellbeing, rights protection and justice, accessibility, attitudes, choice and control, and leadership), while Schalock and Verdugo (2002) also identify eight outcome areas specifically related to people with intellectual disability (personal development, self-determination, interpersonal relations, social inclusion, rights, emotional wellbeing, physical wellbeing, and material wellbeing).

While most of these are well-represented under the LSF domains, some domains, such as accessibility, attitudes, and choice and control/self-determination may be less evident. Unfortunately, there are few measures which explicitly address these outcome areas in the IDI.

Table 4 shows the indicators that have been generated for this report by LSF domain. The Engagement and Voice, Environmental Amenity, Leisure and Play and Subjective Wellbeing domains are not included in the table as there is limited administrative data available to generate indicators from the IDI. Indicators have been classified within the

[24] https://www.treasury.govt.nz/information-and-services/nz-economy/higher-living-standards/our-living-standards-framework

domains following a pragmatic approach. Some indicators fall clearly into one domain while others could be viewed as applying to more than one. Decisions were made considering where an indicator would be most intuitively looked for.

While these 38 indicators talk about things that are important for everyone, they also illustrate areas that have been specifically found to be particularly important to people with intellectual disability, such as independence (personal development and self-determination), inclusion (interpersonal relations, social participation and rights) and wellbeing (emotional, physical and material wellbeing).

Table 4 – List of indicators by domain

Domain	Indicator
Health	Life expectancy at birth Coronary Heart disease care or treatment Chronic obstructive pulmonary disease care or treatment Diabetes disease care or treatment Cancer care or treatment Mood disorder care or treatment Psychotic disorder care or treatment Dementia care or treatment Any mental disorder treatment Any mental disorder treatment in parents Substance use care or treatment Primary health organisation (PHO) enrolment General practice consultations Number of different pharmaceuticals dispensed Emergency department attendance Emergency care for injury Accident Compensation Corporation (ACC) claims Dental treatment hospitalisations Potentially avoidable and injury-related hospitalisations Cigarette smoking and smoking cessation Assessed as eligible for Disability Support Services
Knowledge and Skills	Early Childhood Education participation School non-enrolment Chronic absence Referred to attendance services Stand-downs and suspensions School mobility Driver licencing No qualifications At least a Level 2 qualification or equivalent
Work, care and volunteering	Parents as carers Parental employment participation Employment participation Volunteering outside the home Benefit receipt Youth not in employment, education or training (NEET)

Domain	Indicator
Income, consumption and wealth	Total annual income Equivalised disposable household income Living in a low-income household Access to income support Neighbourhood deprivation (NZDep) Internet access International travel
Housing	Transience Housing quality – mouldy or damp Household crowding Social housing tenancy Social housing registry
Family and friends	Living with a birth parent Living in a sole parent family Born to teenage parents Marriages or civil unions Divorces and dissolutions Having children
Safety	Criminal victimisation Children exposed to family violence Children placed in care or having a child placed in care Convictions Incarceration

Estimating the true prevalence of intellectual disability in the study population

As in previous reports, we estimated the true prevalence of intellectual disability using a 'capture-recapture' analysis. Capture-recapture methods are a well-documented method of estimating the number of individuals missing from an identified population.

The approach looks at the degree of overlap between the study's different data sources to estimate the under-reporting of diagnosed intellectual disability in the study population. Statistical models are used to estimate how many people are likely to be missing from all data sources. As in previous reports, we applied a Poisson regression model using PROC GENMOD in SAS.

There are several assumptions which need to hold for a capture-recapture analysis to be robust. Two in particular could have the potential to undermine the estimates. These are the assumption that the data sources are independent of each other, and that people not identified in any source are similar to people who are identified in one or more sources.

The current study used a total of 11 different sources, including three non-health sources, and these were all included in the capture-recapture analysis. We would expect this to strengthen the plausibility of the independence assumption overall.

The second assumption, that people who were not identified in any source were similar to those who were identified in each source, is still unlikely to be true however, as we would expect people with more mild intellectual disability to be less likely to require government services or support and to not be identified in the data as a result. As a result, the capture-recapture estimates are likely to under-estimate the true prevalence of intellectual disability and should be treated with some caution.

Angela Robson
Colourful Chameleon
IHC Art Awards Entrant 2025

Appendix 2 – Additional maps of intellectual disability prevalence

Figure 100 – Prevalence of intellectual disability by District Health Board area, 2023

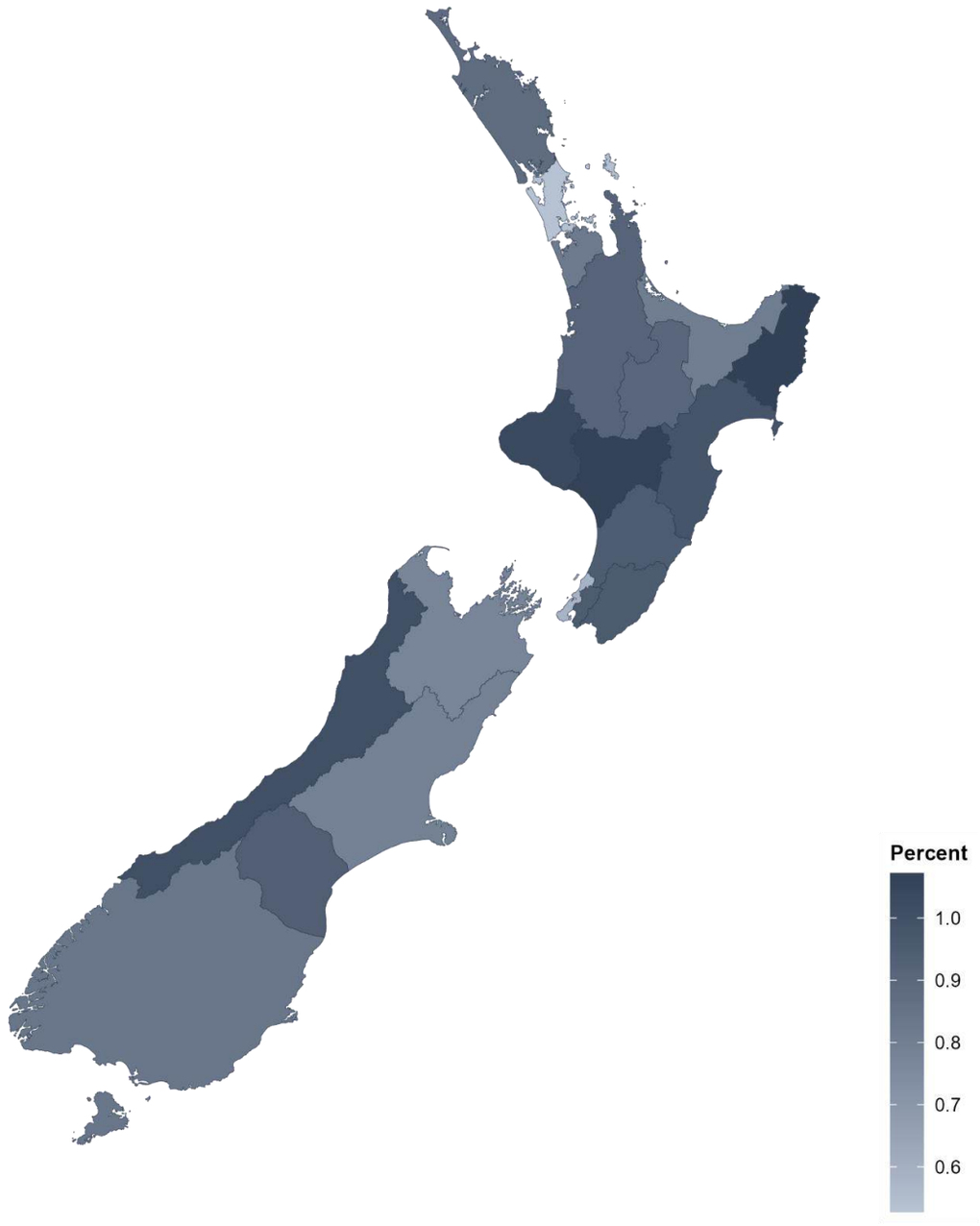
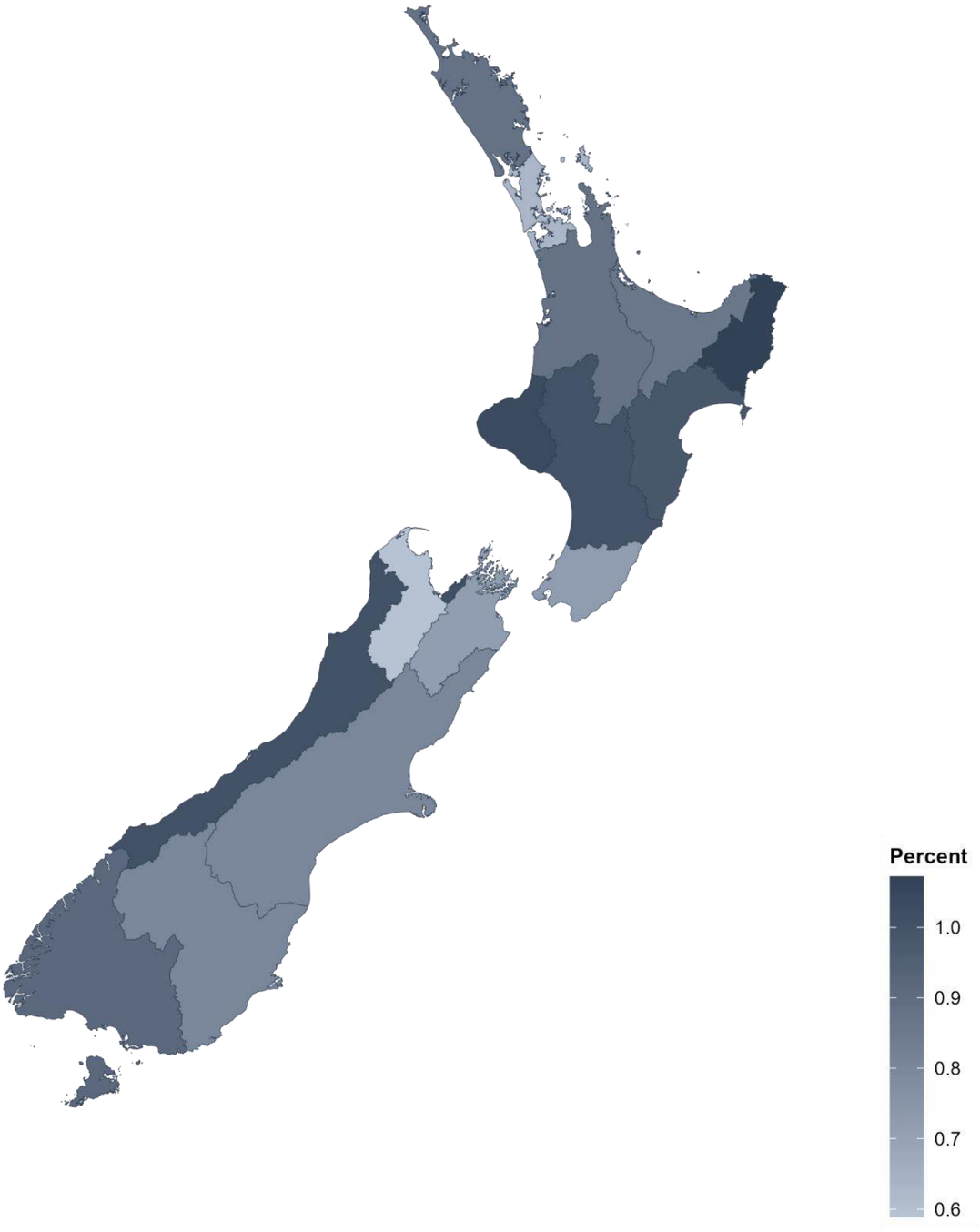


Figure 101 – Prevalence of intellectual disability by Regional Council area, 2023



Appendix 3 – Descriptive data tables

Table 5 - Descriptions of the populations with and without intellectual disability by characteristic, 2018 population identified as at December 2024

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Sex					
Female	16,383	2,388,156	39.50	50.35	0.68
Male	25,089	2,354,595	60.50	49.64	1.05
Age (5-year groups)					
00-04	2,082	296,841	5.02	6.26	0.70
05-09	3,768	319,212	9.08	6.73	1.17
10-14	4,239	306,288	10.22	6.46	1.37
15-19	4,071	301,083	9.81	6.35	1.33
20-24	3,465	327,618	8.35	6.91	1.05
25-29	3,252	355,650	7.84	7.50	0.91
30-34	2,688	328,251	6.48	6.92	0.81
35-39	2,430	303,111	5.86	6.39	0.80
40-44	2,463	293,298	5.94	6.18	0.83
45-49	2,871	322,365	6.92	6.80	0.88
50-54	2,766	308,637	6.67	6.51	0.89
55-59	2,619	305,154	6.31	6.43	0.85
60-64	1,908	260,856	4.60	5.50	0.73
65-69	1,311	227,325	3.16	4.79	0.57
70-74	846	185,871	2.04	3.92	0.45
75-79	432	132,075	1.04	2.78	0.33
80-84	180	85,716	0.43	1.81	0.21
85-89	72	53,655	0.17	1.13	0.13
90-94	18	23,511	0.04	0.50	0.08
95+	6	6,408	0.01	0.14	0.09
Sex by 10-year age group					
Female 00-14	3,477	450,165	8.39	9.49	0.77
Female 15-24	2,859	303,930	6.89	6.41	0.93
Female 25-34	2,418	338,745	5.83	7.14	0.71
Female 35-44	1,980	301,920	4.77	6.37	0.65

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Female 45-54	2,334	322,734	5.63	6.80	0.72
Female 55-64	1,977	289,290	4.77	6.10	0.68
Female 65-74	957	211,845	2.31	4.47	0.45
Female 75+	375	169,524	0.90	3.57	0.22
Male 00-14	6,609	472,140	15.94	9.95	1.38
Male 15-24	4,674	324,699	11.27	6.85	1.42
Male 25-34	3,519	345,111	8.49	7.28	1.01
Male 35-44	2,913	294,486	7.03	6.21	0.98
Male 45-54	3,300	308,265	7.96	6.50	1.06
Male 55-64	2,550	276,717	6.15	5.83	0.91
Male 65-74	1,197	201,342	2.89	4.25	0.59
Male 75+	327	131,835	0.79	2.78	0.25
European ethnicity					
No	12,672	1,456,353	30.56	30.71	0.86
Yes	28,800	3,271,836	69.44	68.98	0.87
Māori ethnicity					
No	29,970	3,948,003	72.26	83.24	0.75
Yes	11,505	780,186	27.74	16.45	1.45
Pacific ethnicity					
No	37,053	4,323,597	89.34	91.16	0.85
Yes	4,419	404,592	10.66	8.53	1.08
Asian ethnicity					
No	39,048	4,006,149	94.16	84.47	0.97
Yes	2,424	722,043	5.84	15.22	0.33
MELAA ethnicity					
No	41,058	4,651,647	99.00	98.08	0.87
Yes	414	76,542	1.00	1.61	0.54
Other ethnicity					
No	41,022	4,668,237	98.92	98.43	0.87
Yes	447	59,952	1.08	1.26	0.74
Family type					
Couple no children	1,374	946,968	3.31	19.97	0.14

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Couple with children	11,586	1,899,852	27.94	40.06	0.61
Not in a family nucleus	18,666	1,100,025	45.01	23.19	1.67
One parent with children	7,578	484,158	18.27	10.21	1.54
Missing	2,268	311,922	5.47	6.58	0.72
Territorial authority / Auckland Local board					
Albert-Eden Local Board Area	567	99,063	1.37	2.09	0.57
Aotea/Great Barrier Local Board Area	S	891	S	0.02	S
Ashburton District	231	33,279	0.56	0.70	0.69
Buller District	126	9,345	0.30	0.20	1.33
Carterton District	63	9,186	0.15	0.19	0.68
Central Hawke's Bay District	90	14,121	0.22	0.30	0.63
Central Otago District	138	21,096	0.33	0.44	0.65
Chatham Islands Territory	S	294	S	0.01	S
Christchurch City	3,669	369,498	8.85	7.79	0.98
Clutha District	171	17,157	0.41	0.36	0.99
Devonport-Takapuna Local Board Area	228	57,609	0.55	1.21	0.39
Dunedin City	1,470	122,586	3.54	2.58	1.18
Far North District	597	64,719	1.44	1.36	0.91

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Franklin Local Board Area	594	75,342	1.43	1.59	0.78
Gisborne District	591	48,225	1.42	1.02	1.21
Gore District	117	12,360	0.28	0.26	0.94
Grey District	150	13,272	0.36	0.28	1.12
Hamilton City	1,875	162,114	4.52	3.42	1.14
Hastings District	933	81,111	2.25	1.71	1.14
Hauraki District	240	20,028	0.58	0.42	1.18
Henderson-Massey Local Board Area	1,173	120,318	2.83	2.54	0.97
Hibiscus and Bays Local Board Area	468	104,109	1.13	2.20	0.45
Horowhenua District	501	33,351	1.21	0.70	1.48
Howick Local Board Area	732	142,590	1.76	3.01	0.51
Hurunui District	66	12,534	0.16	0.26	0.52
Invercargill City	723	53,697	1.74	1.13	1.33
Kaikoura District	24	3,858	0.06	0.08	0.62
Kaipara District	210	22,836	0.51	0.48	0.91
Kaipātiki Local Board Area	459	88,782	1.11	1.87	0.51
Kapiti Coast District	399	53,568	0.96	1.13	0.74
Kawerau District	111	7,209	0.27	0.15	1.52
Lower Hutt City	1,140	104,817	2.75	2.21	1.08
Mackenzie District	24	4,557	0.06	0.10	0.52
Manawatu District	255	30,129	0.61	0.64	0.84

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Māngere-Ōtāhuhu Local Board Area	993	80,766	2.39	1.70	1.21
Manurewa Local Board Area	1,104	97,815	2.66	2.06	1.12
Marlborough District	402	46,533	0.97	0.98	0.86
Masterton District	348	25,581	0.84	0.54	1.34
Matamata-Piako District	276	34,350	0.67	0.72	0.80
Maungakiekie-Tāmaki Local Board Area	735	77,364	1.77	1.63	0.94
Napier City	744	62,493	1.79	1.32	1.18
Nelson City	597	50,934	1.44	1.07	1.16
New Plymouth District	924	80,706	2.23	1.70	1.13
Ōpōtiki District	87	8,742	0.21	0.18	0.99
Ōrākei Local Board Area	270	83,931	0.65	1.77	0.32
Ōtara-Papatoetoe Local Board Area	1,005	89,340	2.42	1.88	1.11
Ōtorohanga District	84	9,858	0.20	0.21	0.84
Palmerston North City	873	84,171	2.10	1.77	1.03
Papakura Local Board Area	729	58,473	1.76	1.23	1.23
Porirua City	615	56,766	1.48	1.20	1.07
Puketāpapa Local Board Area	420	58,593	1.01	1.24	0.71
Queenstown-Lakes District	72	39,555	0.17	0.83	0.18

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Rangitikei District	132	14,763	0.32	0.31	0.89
Rodney Local Board Area	375	66,393	0.90	1.40	0.56
Rotorua District	816	73,509	1.97	1.55	1.10
Ruapehu District	120	12,162	0.29	0.26	0.98
Selwyn District	288	59,445	0.69	1.25	0.48
South Taranaki District	345	27,693	0.83	0.58	1.23
South Waikato District	363	24,180	0.88	0.51	1.48
South Wairarapa District	81	10,578	0.20	0.22	0.76
Southland District	150	30,393	0.36	0.64	0.49
Stratford District	123	9,357	0.30	0.20	1.30
Tararua District	159	18,057	0.38	0.38	0.87
Tasman District	372	52,044	0.90	1.10	0.71
Taupo District	255	37,281	0.61	0.79	0.68
Tauranga City	1,302	138,303	3.14	2.92	0.93
Thames-Coromandel District	243	29,400	0.59	0.62	0.82
Timaru District	519	46,137	1.25	0.97	1.11
Upper Harbour Local Board Area	255	62,355	0.61	1.31	0.41
Upper Hutt City	420	42,990	1.01	0.91	0.97

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Waiheke Local Board Area	42	8,901	0.10	0.19	0.47
Waikato District	609	74,598	1.47	1.57	0.81
Waimakariri District	396	59,481	0.95	1.25	0.66
Waimate District	60	7,791	0.14	0.16	0.76
Waipa District	513	53,019	1.24	1.12	0.96
Wairoa District	96	8,169	0.23	0.17	1.16
Waitākere Ranges Local Board Area	372	52,626	0.90	1.11	0.70
Waitaki District	228	22,077	0.55	0.47	1.02
Waitematā Local Board Area	240	83,811	0.58	1.77	0.29
Waitomo District	66	9,456	0.16	0.20	0.69
Wellington City	999	200,022	2.41	4.22	0.50
Western Bay of Plenty District	402	51,540	0.97	1.09	0.77
Westland District	75	8,211	0.18	0.17	0.90
Whakatane District	378	36,297	0.91	0.77	1.03
Whanganui District	621	45,876	1.50	0.97	1.34
Whangarei District	1,032	90,594	2.49	1.91	1.13
Whau Local Board Area	540	81,102	1.30	1.71	0.66
Missing	81	34,686	0.20	0.73	0.23
District health board (DHB)					
Auckland	2,808	471,837	6.77	9.95	0.59
Bay of Plenty	2,280	242,091	5.50	5.10	0.93
Canterbury	4,680	538,386	11.28	11.35	0.86

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Capital and Coast	1,950	301,242	4.70	6.35	0.64
Counties Manukau	5,076	548,727	12.24	11.57	0.92
Hawke's Bay	1,863	165,894	4.49	3.50	1.11
Hutt Valley	1,560	147,807	3.76	3.12	1.04
Lakes	1,071	110,793	2.58	2.34	0.96
MidCentral	1,854	174,822	4.47	3.69	1.05
Nelson Marlborough	1,371	149,508	3.30	3.15	0.91
Northland	1,839	178,149	4.43	3.76	1.02
South Canterbury	603	58,482	1.45	1.23	1.02
Southern	3,069	318,930	7.40	6.72	0.95
Tairawhiti	591	48,225	1.42	1.02	1.21
Taranaki	1,392	117,756	3.36	2.48	1.17
Waikato	4,239	405,030	10.22	8.54	1.04
Wairarapa	492	45,342	1.19	0.96	1.07
Waitemata	3,543	589,542	8.54	12.43	0.60
West Coast	351	30,828	0.85	0.65	1.13
Whanganui	771	64,845	1.86	1.37	1.18
Missing	81	34,686	0.20	0.73	0.23
Region					
Auckland Region	11,295	1,590,180	27.23	33.53	0.71
Bay of Plenty Region	3,075	312,039	7.41	6.58	0.98
Canterbury Region	5,286	598,224	12.74	12.61	0.88
Gisborne Region	591	48,225	1.42	1.02	1.21
Hawke's Bay Region	1,863	165,987	4.49	3.50	1.11
Manawatu-Whanganui Region	2,664	238,668	6.42	5.03	1.10
Marlborough Region	405	46,533	0.98	0.98	0.86
Nelson Region	597	50,934	1.44	1.07	1.16
Northland Region	1,839	178,149	4.43	3.76	1.02
Otago Region	2,070	220,827	4.99	4.66	0.93

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Southland Region	990	96,456	2.39	2.03	1.02
Taranaki Region	1,392	117,618	3.36	2.48	1.17
Tasman Region	372	52,041	0.90	1.10	0.71
Waikato Region	4,542	457,728	10.95	9.65	0.98
Wellington Region	4,065	503,511	9.80	10.62	0.80
West Coast Region	354	30,828	0.85	0.65	1.14
Missing	81	34,686	0.20	0.73	0.23
Urban/rural classification					
Rural settlement	924	137,862	2.23	2.91	0.67
Rural other	3,531	588,525	8.51	12.41	0.60
Small urban area	4,674	481,449	11.27	10.15	0.96
Medium urban area	4,245	411,498	10.24	8.68	1.02
Large urban area	7,989	666,468	19.26	14.05	1.18
Major urban area	20,028	2,422,416	48.29	51.07	0.82
Missing	84	34,686	0.20	0.73	0.24
Identified as having ADHD					
No	38,025	4,724,385	91.70	99.61	0.80
Yes	3,444	18,540	8.30	0.39	15.66
Identified as having ASD					
No	34,671	4,723,914	83.60	99.60	0.73
Yes	6,801	19,011	16.40	0.40	26.35
Identified as having cerebral palsy					
No	38,676	4,739,469	93.25	99.93	0.81
Yes	2,799	3,453	6.75	0.07	44.77

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Identified as having developmental delay					
No	30,888	4,722,072	74.48	99.56	0.65
Yes	10,584	20,850	25.52	0.44	33.67
Identified as having downs syndrome					
No	39,048	4,742,511	94.15	99.99	0.82
Yes	2,427	411	5.85	0.01	85.61
Identified as having foetal alcohol syndrome					
No	40,878	4,742,208	98.57	99.98	0.85
Yes	594	714	1.43	0.02	45.41
Identified as having fragile X					
No	41,289	4,742,847	99.55	100.00	0.86
Yes	186	78	0.45	0.00	71.26
Identified as having Klinefelter's syndrome					
No	41,385	4,742,724	99.79	100.00	0.87
Yes	87	201	0.21	0.00	30.53
Identified as having spina bifida					
No	41,259	4,740,333	99.49	99.95	0.86
Yes	213	2,589	0.51	0.05	7.59
Linked to Census					
No	2,268	311,922	5.47	6.58	0.72
Yes	39,207	4,431,003	94.53	93.42	0.88
Receiving residential care subsidy					
No	41,028	4,725,291	98.92	99.63	0.86
Yes	447	17,628	1.08	0.37	2.47

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Receiving residential support subsidy					
No	35,391	4,740,339	85.34	99.95	0.74
Yes	6,081	2,583	14.66	0.05	70.19

Table 6 - Descriptions of the populations with and without intellectual disability by characteristic, 2018 population identified as at December 2019

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Sex					
Female	15,114	2,389,422	39.88	50.34	0.63
Male	22,788	2,356,896	60.12	49.66	0.96
Age (5-year groups)					
00-04	705	298,215	1.86	6.28	0.24
05-09	2,910	320,073	7.68	6.74	0.90
10-14	3,708	306,816	9.78	6.46	1.19
15-19	3,891	301,260	10.27	6.35	1.28
20-24	3,360	327,726	8.87	6.90	1.01
25-29	3,153	355,746	8.32	7.49	0.88
30-34	2,640	328,299	6.97	6.92	0.80
35-39	2,385	303,156	6.29	6.39	0.78
40-44	2,412	293,349	6.36	6.18	0.82
45-49	2,820	322,416	7.44	6.79	0.87
50-54	2,706	308,697	7.14	6.50	0.87
55-59	2,565	305,208	6.77	6.43	0.83
60-64	1,872	260,889	4.94	5.50	0.71
65-69	1,296	227,340	3.42	4.79	0.57
70-74	825	185,889	2.18	3.92	0.44
75-79	411	132,099	1.08	2.78	0.31
80-84	162	85,731	0.43	1.81	0.19
85-89	54	53,667	0.14	1.13	0.10
90-94	15	23,514	0.04	0.50	0.06
95+	9	6,408	0.02	0.14	0.14
Sex by 10-year age group					
Female 00-14	2,565	451,080	6.77	9.50	0.57
Female 15-24	2,745	304,044	7.24	6.41	0.89
Female 25-34	2,358	338,805	6.22	7.14	0.69
Female 35-44	1,941	301,959	5.12	6.36	0.64
Female 45-54	2,280	322,791	6.02	6.80	0.70
Female 55-64	1,944	289,323	5.13	6.10	0.67
Female 65-74	942	211,866	2.49	4.46	0.44
Female 75+	342	169,557	0.90	3.57	0.20
Male 00-14	4,761	473,988	12.56	9.99	0.99
Male 15-24	4,506	324,870	11.89	6.84	1.37
Male 25-34	3,438	345,192	9.07	7.27	0.99
Male 35-44	2,859	294,537	7.54	6.21	0.96
Male 45-54	3,243	308,319	8.56	6.50	1.04

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Male 55-64	2,493	276,774	6.58	5.83	0.89
Male 65-74	1,179	201,357	3.11	4.24	0.58
Male 75+	306	131,856	0.81	2.78	0.23
European ethnicity					
No	11,226	1,457,796	29.62	30.71	0.76
Yes	26,676	3,273,963	70.38	68.98	0.81
Māori ethnicity					
No	27,708	3,950,262	73.10	83.22	0.70
Yes	10,194	781,497	26.90	16.46	1.29
Pacific ethnicity					
No	34,089	4,326,561	89.94	91.15	0.78
Yes	3,813	405,198	10.06	8.54	0.93
Asian ethnicity					
No	35,862	4,009,335	94.62	84.47	0.89
Yes	2,040	722,427	5.38	15.22	0.28
MELAA ethnicity					
No	37,563	4,655,142	99.10	98.08	0.80
Yes	342	76,617	0.90	1.61	0.44
Other ethnicity					
No	37,476	4,671,783	98.88	98.43	0.80
Yes	426	59,976	1.12	1.26	0.71
Family type					
Couple no children	1,314	947,031	3.47	19.95	0.14
Couple with children	9,966	1,901,472	26.29	40.06	0.52
Not in a family nucleus	17,964	1,100,730	47.39	23.19	1.61
One parent with children	6,681	485,055	17.63	10.22	1.36
Missing	1,980	312,207	5.22	6.58	0.63
Territorial authority / Auckland Local board					
Albert-Eden Local Board Area	531	99,099	1.40	2.09	0.53
Aotea/Great Barrier Local Board Area	S	891	S	0.02	0.00
Ashburton District	207	33,303	0.55	0.70	0.62
Buller District	120	9,354	0.32	0.20	1.27
Carterton District	57	9,189	0.15	0.19	0.62
Central Hawke's Bay District	78	14,133	0.21	0.30	0.55
Central Otago District	120	21,114	0.32	0.44	0.57

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Chatham Islands Territory	S	294	S	0.01	S
Christchurch City	3,432	369,738	9.05	7.79	0.92
Clutha District	153	17,178	0.40	0.36	0.88
Devonport-Takapuna Local Board Area	207	57,627	0.55	1.21	0.36
Dunedin City	1,377	122,676	3.63	2.58	1.11
Far North District	531	64,785	1.40	1.36	0.81
Franklin Local Board Area	528	75,405	1.39	1.59	0.70
Gisborne District	528	48,288	1.39	1.02	1.08
Gore District	108	12,369	0.28	0.26	0.87
Grey District	138	13,281	0.36	0.28	1.03
Hamilton City	1,752	162,234	4.62	3.42	1.07
Hastings District	843	81,201	2.22	1.71	1.03
Hauraki District	225	20,043	0.59	0.42	1.11
Henderson-Massey Local Board Area	1,056	120,435	2.79	2.54	0.87
Hibiscus and Bays Local Board Area	420	104,160	1.11	2.19	0.40
Horowhenua District	474	33,378	1.25	0.70	1.40
Howick Local Board Area	675	142,644	1.78	3.01	0.47
Hurunui District	54	12,546	0.14	0.26	0.43
Invercargill City	675	53,748	1.78	1.13	1.24
Kaikoura District	21	3,861	0.06	0.08	0.54
Kaipara District	186	22,860	0.49	0.48	0.81
Kaipātiki Local Board Area	417	88,824	1.10	1.87	0.47
Kapiti Coast District	363	53,607	0.96	1.13	0.67
Kawerau District	99	7,224	0.26	0.15	1.35
Lower Hutt City	1,053	104,907	2.78	2.21	0.99
Mackenzie District	21	4,554	0.06	0.10	0.46
Manawatu District	231	30,153	0.61	0.64	0.76
Māngere-Ōtāhuhu Local Board Area	900	80,856	2.37	1.70	1.10
Manurewa Local Board Area	972	97,950	2.56	2.06	0.98
Marlborough District	381	46,554	1.00	0.98	0.81
Masterton District	318	25,608	0.84	0.54	1.23
Matamata-Piako District	252	34,374	0.66	0.72	0.73

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Maungakiekie-Tāmaki Local Board Area	657	77,448	1.73	1.63	0.84
Napier City	693	62,547	1.83	1.32	1.10
Nelson City	570	50,958	1.50	1.07	1.11
New Plymouth District	858	80,772	2.26	1.70	1.05
Ōpōtiki District	81	8,748	0.21	0.18	0.92
Ōrākei Local Board Area	237	83,964	0.63	1.77	0.28
Ōtara-Papatoetoe Local Board Area	912	89,430	2.41	1.88	1.01
Ōtorohanga District	78	9,867	0.21	0.21	0.78
Palmerston North City	798	84,246	2.10	1.77	0.94
Papakura Local Board Area	657	58,548	1.73	1.23	1.11
Porirua City	549	56,829	1.45	1.20	0.96
Puketāpapa Local Board Area	372	58,641	0.98	1.24	0.63
Queenstown-Lakes District	60	39,567	0.16	0.83	0.15
Rangitikei District	114	14,778	0.30	0.31	0.77
Rodney Local Board Area	342	66,420	0.90	1.40	0.51
Rotorua District	735	73,593	1.94	1.55	0.99
Ruapehu District	111	12,174	0.29	0.26	0.90
Selwyn District	258	59,475	0.68	1.25	0.43
South Taranaki District	312	27,729	0.82	0.58	1.11
South Waikato District	324	24,222	0.85	0.51	1.32
South Wairarapa District	75	10,584	0.20	0.22	0.70
Southland District	129	30,417	0.34	0.64	0.42
Stratford District	111	9,366	0.29	0.20	1.17
Tararua District	144	18,069	0.38	0.38	0.79
Tasman District	342	52,071	0.90	1.10	0.65
Taupo District	240	37,299	0.63	0.79	0.64
Tauranga City	1,206	138,399	3.18	2.92	0.86
Thames-Coromandel District	228	29,418	0.60	0.62	0.77
Timaru District	489	46,167	1.29	0.97	1.05
Upper Harbour Local Board Area	234	62,373	0.62	1.31	0.37
Upper Hutt City	384	43,023	1.01	0.91	0.88

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Waiheke Local Board Area	39	8,904	0.10	0.19	0.44
Waikato District	555	74,652	1.46	1.57	0.74
Waimakariri District	357	59,523	0.94	1.25	0.60
Waimate District	51	7,800	0.13	0.16	0.65
Waipa District	474	53,055	1.25	1.12	0.89
Wairoa District	87	8,175	0.23	0.17	1.05
Waitākere Ranges Local Board Area	330	52,668	0.87	1.11	0.62
Waitaki District	207	22,098	0.55	0.47	0.93
Waitematā Local Board Area	219	83,835	0.58	1.77	0.26
Waitomo District	57	9,465	0.15	0.20	0.60
Wellington City	918	200,106	2.42	4.22	0.46
Western Bay of Plenty District	345	51,597	0.91	1.09	0.66
Westland District	69	8,220	0.18	0.17	0.83
Whakatane District	345	36,330	0.91	0.77	0.94
Whanganui District	576	45,918	1.52	0.97	1.24
Whangarei District	927	90,702	2.45	1.91	1.01
Whau Local Board Area	477	81,162	1.26	1.71	0.58
Missing	78	34,692	0.21	0.73	0.22
District health board (DHB)					
Auckland	2,529	472,116	6.67	9.95	0.53
Bay of Plenty	2,070	242,301	5.46	5.10	0.85
Canterbury	4,329	538,737	11.42	11.35	0.80
Capital and Coast	1,770	301,419	4.67	6.35	0.58
Counties Manukau	4,569	549,234	12.06	11.57	0.83
Hawke's Bay	1,698	166,056	4.48	3.50	1.01
Hutt Valley	1,434	147,930	3.78	3.12	0.96
Lakes	972	110,892	2.56	2.34	0.87
MidCentral	1,707	174,963	4.50	3.69	0.97
Nelson Marlborough	1,290	149,589	3.40	3.15	0.85
Northland	1,644	178,344	4.34	3.76	0.91
South Canterbury	561	58,521	1.48	1.23	0.95
Southern	2,832	319,164	7.47	6.72	0.88
Tairawhiti	525	48,291	1.39	1.02	1.08
Taranaki	1,284	117,864	3.39	2.48	1.08
Waikato	3,924	405,348	10.35	8.54	0.96
Wairarapa	453	45,381	1.20	0.96	0.99

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Waitemata	3,204	589,878	8.45	12.43	0.54
West Coast	327	30,855	0.86	0.65	1.05
Whanganui	702	64,914	1.85	1.37	1.07
Missing	75	34,692	0.20	0.73	0.22
Region					
Auckland Region	10,188	1,591,287	26.88	33.53	0.64
Bay of Plenty Region	2,787	312,324	7.35	6.58	0.88
Canterbury Region	4,896	598,614	12.92	12.61	0.81
Gisborne Region	528	48,291	1.39	1.02	1.08
Hawke's Bay Region	1,701	166,149	4.49	3.50	1.01
Manawatu-Whanganui Region	2,451	238,881	6.47	5.03	1.02
Marlborough Region	381	46,554	1.01	0.98	0.81
Nelson Region	570	50,958	1.50	1.07	1.11
Northland Region	1,644	178,344	4.34	3.76	0.91
Otago Region	1,911	220,986	5.04	4.66	0.86
Southland Region	912	96,531	2.41	2.03	0.94
Taranaki Region	1,284	117,729	3.39	2.48	1.08
Tasman Region	339	52,071	0.89	1.10	0.65
Waikato Region	4,191	458,076	11.06	9.65	0.91
Wellington Region	3,720	503,856	9.81	10.62	0.73
West Coast Region	324	30,855	0.85	0.65	1.04
Missing	75	34,692	0.20	0.73	0.22
Urban/rural classification					
Rural settlement	834	137,949	2.20	2.91	0.60
Rural other	3,174	588,882	8.37	12.41	0.54
Small urban area	4,230	481,893	11.16	10.15	0.87
Medium urban area	3,909	411,834	10.31	8.68	0.94
Large urban area	7,314	667,146	19.30	14.06	1.08
Major urban area	18,363	2,424,078	48.45	51.07	0.75
Missing	78	34,692	0.21	0.73	0.22
Identified as having ADHD					
No	34,806	4,727,604	91.83	99.60	0.73
Yes	3,096	18,888	8.17	0.40	14.08
Identified as having ASD					
No	31,869	4,726,713	84.08	99.58	0.67
Yes	6,033	19,779	15.92	0.42	23.37
Identified as having cerebral palsy					

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
No	35,181	4,742,961	92.81	99.93	0.74
Yes	2,724	3,528	7.19	0.07	43.57
Identified as having developmental delay					
No	28,443	4,724,517	75.04	99.54	0.60
Yes	9,462	21,975	24.96	0.46	30.10
Identified as having downs syndrome					
No	35,646	4,745,913	94.04	99.99	0.75
Yes	2,259	576	5.96	0.01	79.68
Identified as having foetal alcohol syndrome					
No	37,389	4,745,697	98.64	99.98	0.78
Yes	516	795	1.36	0.02	39.36
Identified as having fragile X					
No	37,728	4,746,408	99.53	100.00	0.79
Yes	177	84	0.47	0.00	67.82
Identified as having Klinefelter's syndrome					
No	37,821	4,746,291	99.79	100.00	0.79
Yes	81	201	0.21	0.00	28.42
Identified as having spina bifida					
No	37,701	4,743,891	99.45	99.95	0.79
Yes	207	2,601	0.55	0.05	7.38
Linked to Census					
No	1,980	312,207	5.22	6.58	0.63
Yes	35,922	4,434,285	94.78	93.42	0.80
Receiving residential care subsidy					
No	37,461	4,728,858	98.84	99.63	0.79
Yes	441	17,634	1.16	0.37	2.44
Receiving residential support subsidy					
No	31,845	4,743,888	84.02	99.95	0.67
Yes	6,057	2,604	15.98	0.05	69.91

Table 7 - Descriptions of the populations with and without intellectual disability by characteristic, 2023 population identified as at December 2024

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Sex					
Female	15,453	2,531,406	39.34	50.16	0.61
Male	23,826	2,515,167	60.66	49.84	0.94
Age (5-year groups)					
00-04	270	289,950	0.69	5.75	0.09
05-09	2,121	310,482	5.40	6.15	0.68
10-14	3,750	333,549	9.55	6.61	1.11
15-19	4,197	321,486	10.69	6.37	1.29
20-24	4,047	312,093	10.31	6.18	1.28
25-29	3,396	344,244	8.65	6.82	0.98
30-34	3,207	389,247	8.17	7.71	0.82
35-39	2,625	358,614	6.68	7.11	0.73
40-44	2,340	325,233	5.96	6.44	0.71
45-49	2,349	304,122	5.98	6.03	0.77
50-54	2,691	323,622	6.85	6.41	0.82
55-59	2,505	303,741	6.38	6.02	0.82
60-64	2,289	298,158	5.83	5.91	0.76
65-69	1,590	253,596	4.05	5.02	0.62
70-74	987	213,243	2.51	4.23	0.46
75-79	561	166,371	1.43	3.30	0.34
80-84	240	107,724	0.61	2.13	0.22
85-89	84	58,236	0.21	1.15	0.14
90-94	21	25,743	0.05	0.51	0.08
95+	S	7,326	0.00	0.15	0.00
Sex by 10-year age group					
Female 00-14	2,052	455,493	5.22	9.03	0.45
Female 15-24	3,039	308,883	7.74	6.12	0.97
Female 25-34	2,622	360,645	6.67	7.15	0.72
Female 35-44	2,016	338,427	5.13	6.71	0.59
Female 45-54	2,070	317,907	5.27	6.30	0.65
Female 55-64	2,037	307,938	5.19	6.10	0.66
Female 65-74	1,158	240,597	2.95	4.77	0.48
Female 75+	462	201,516	1.18	3.99	0.23
Male 00-14	4,086	478,482	10.40	9.48	0.85
Male 15-24	5,211	324,609	13.27	6.43	1.58
Male 25-34	3,981	372,759	10.13	7.39	1.06

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Male 35-44	2,952	345,399	7.51	6.84	0.85
Male 45-54	2,970	309,831	7.56	6.14	0.95
Male 55-64	2,757	293,958	7.02	5.82	0.93
Male 65-74	1,422	226,242	3.62	4.48	0.62
Male 75+	447	163,884	1.14	3.25	0.27
European ethnicity					
No	12,153	1,669,209	30.94	33.07	0.72
Yes	27,123	3,351,606	69.06	66.41	0.80
Māori ethnicity					
No	28,218	4,173,117	71.85	82.69	0.67
Yes	11,058	847,701	28.15	16.80	1.29
Pacific ethnicity					
No	34,977	4,564,200	89.05	90.44	0.76
Yes	4,302	456,615	10.95	9.05	0.93
Asian ethnicity					
No	36,855	4,141,497	93.84	82.06	0.88
Yes	2,421	879,318	6.16	17.42	0.27
MELAA ethnicity					
No	38,856	4,921,794	98.93	97.52	0.78
Yes	420	99,021	1.07	1.96	0.42
Other ethnicity					
No	38,853	4,956,063	98.92	98.20	0.78
Yes	423	64,755	1.08	1.28	0.65
Family type					
Couple no children	1,428	1,041,441	3.64	20.64	0.14
Couple with children	10,377	2,020,068	26.42	40.03	0.51
Not in a family nucleus	18,294	1,144,782	46.58	22.68	1.57
One parent with children	7,461	531,096	19.00	10.52	1.39
Missing	1,716	309,393	4.37	6.13	0.55
Territorial authority / Auckland Local board					

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Albert-Eden Local Board Area	540	97,626	1.38	1.93	0.55
Aotea/Great Barrier Local Board Area	6	1,107	0.02	0.02	0.54
Ashburton District	225	35,097	0.57	0.70	0.64
Buller District	126	10,167	0.32	0.20	1.22
Carterton District	60	9,963	0.15	0.20	0.60
Central Hawke's Bay District	96	15,555	0.24	0.31	0.61
Central Otago District	117	23,913	0.30	0.47	0.49
Chatham Islands Territory	S	402	S	0.01	S
Christchurch City	3,633	391,665	9.25	7.76	0.92
Clutha District	165	18,069	0.42	0.36	0.90
Devonport-Takapuna Local Board Area	228	58,221	0.58	1.15	0.39
Dunedin City	1,359	127,056	3.46	2.52	1.06
Far North District	561	70,917	1.43	1.41	0.78
Franklin Local Board Area	576	83,400	1.47	1.65	0.69
Gisborne District	549	50,670	1.40	1.00	1.07
Gore District	105	12,747	0.27	0.25	0.82
Grey District	138	13,986	0.35	0.28	0.98
Hamilton City	1,839	177,585	4.68	3.52	1.02
Hastings District	843	86,043	2.15	1.70	0.97
Hauraki District	222	21,213	0.57	0.42	1.04
Henderson-Massey Local Board Area	1,071	126,003	2.73	2.50	0.84
Hibiscus and Bays Local Board Area	438	113,490	1.12	2.25	0.38
Horowhenua District	462	36,024	1.18	0.71	1.27
Howick Local Board Area	756	156,204	1.93	3.10	0.48
Hurunui District	63	13,689	0.16	0.27	0.46
Invercargill City	672	55,725	1.71	1.10	1.19
Kaikoura District	15	4,182	0.04	0.08	0.36
Kaipara District	183	25,563	0.47	0.51	0.71
Kaipātiki Local Board Area	408	89,544	1.04	1.77	0.45
Kapiti Coast District	384	55,503	0.98	1.10	0.69
Kawerau District	87	7,485	0.22	0.15	1.15
Lower Hutt City	1,062	107,976	2.70	2.14	0.97
Mackenzie District	15	4,917	0.04	0.10	0.30

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Manawatu District	243	32,169	0.62	0.64	0.75
Māngere-Ōtāhuhu Local Board Area	879	81,396	2.24	1.61	1.07
Manurewa Local Board Area	1,011	100,083	2.57	1.98	1.00
Marlborough District	354	48,816	0.90	0.97	0.72
Masterton District	339	27,390	0.86	0.54	1.22
Matamata-Piako District	273	37,323	0.70	0.74	0.73
Maungakiekie-Tāmaki Local Board Area	633	80,709	1.61	1.60	0.78
Napier City	714	65,265	1.82	1.29	1.08
Nelson City	540	52,782	1.38	1.05	1.01
New Plymouth District	867	86,766	2.21	1.72	0.99
Ōpōtiki District	78	9,696	0.20	0.19	0.80
Ōrākei Local Board Area	258	83,121	0.66	1.65	0.31
Ōtara-Papatoetoe Local Board Area	927	90,351	2.36	1.79	1.02
Ōtorohanga District	84	10,212	0.21	0.20	0.82
Palmerston North City	837	87,216	2.13	1.73	0.95
Papakura Local Board Area	723	71,547	1.84	1.42	1.00
Porirua City	573	58,881	1.46	1.17	0.96
Puketāpapa Local Board Area	351	58,953	0.89	1.17	0.59
Queenstown-Lakes District	75	48,207	0.19	0.96	0.16
Rangitikei District	117	15,792	0.30	0.31	0.74
Rodney Local Board Area	375	76,185	0.96	1.51	0.49
Rotorua District	786	75,426	2.00	1.49	1.03
Ruapehu District	114	12,936	0.29	0.26	0.87
Selwyn District	336	75,891	0.86	1.50	0.44
South Taranaki District	324	29,331	0.83	0.58	1.09
South Waikato District	315	25,221	0.80	0.50	1.23
South Wairarapa District	69	11,574	0.18	0.23	0.59
Southland District	147	31,722	0.37	0.63	0.46
Stratford District	123	9,972	0.31	0.20	1.22
Tararua District	162	18,768	0.41	0.37	0.86
Tasman District	339	56,682	0.86	1.12	0.59
Taupo District	273	40,299	0.70	0.80	0.67
Tauranga City	1,242	152,418	3.16	3.02	0.81

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Thames-Coromandel District	225	31,287	0.57	0.62	0.71
Timaru District	504	47,886	1.28	0.95	1.04
Upper Harbour Local Board Area	270	75,258	0.69	1.49	0.36
Upper Hutt City	405	45,246	1.03	0.90	0.89
Waiheke Local Board Area	39	9,027	0.10	0.18	0.43
Waikato District	597	84,231	1.52	1.67	0.70
Waimakariri District	381	65,580	0.97	1.30	0.58
Waimate District	63	8,115	0.16	0.16	0.77
Waipa District	492	58,218	1.25	1.15	0.84
Wairoa District	90	8,694	0.23	0.17	1.02
Waitākere Ranges Local Board Area	315	54,198	0.80	1.07	0.58
Waitaki District	222	23,028	0.57	0.46	0.95
Waitematā Local Board Area	285	85,926	0.73	1.70	0.33
Waitomo District	63	9,657	0.16	0.19	0.65
Wellington City	882	202,149	2.25	4.01	0.43
Western Bay of Plenty District	393	56,859	1.00	1.13	0.69
Westland District	69	8,664	0.18	0.17	0.79
Whakatane District	339	37,557	0.86	0.74	0.89
Whanganui District	588	47,103	1.50	0.93	1.23
Whangarei District	966	96,939	2.46	1.92	0.99
Whau Local Board Area	543	83,478	1.38	1.65	0.65
Missing	51	42,870	0.13	0.85	0.12
District health board (DHB)					
Auckland	2,574	477,651	6.55	9.46	0.54
Bay of Plenty	2,139	264,018	5.45	5.23	0.80
Canterbury	4,653	586,509	11.85	11.62	0.79
Capital and Coast	1,791	306,678	4.56	6.08	0.58
Counties Manukau	4,866	591,618	12.39	11.72	0.82
Hawke's Bay	1,743	175,557	4.44	3.48	0.98
Hutt Valley	1,467	153,222	3.73	3.04	0.95
Lakes	1,059	115,722	2.70	2.29	0.91
MidCentral	1,761	184,029	4.48	3.65	0.95
Nelson Marlborough	1,230	158,280	3.13	3.14	0.77
Northland	1,710	193,416	4.35	3.83	0.88
South Canterbury	579	60,918	1.47	1.21	0.94

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Southern	2,865	340,470	7.29	6.75	0.83
Tairawhiti	549	50,667	1.40	1.00	1.07
Taranaki	1,317	126,072	3.35	2.50	1.03
Waikato	4,050	438,765	10.31	8.69	0.91
Wairarapa	471	48,927	1.20	0.97	0.95
Waitemata	3,348	631,113	8.52	12.51	0.53
West Coast	333	32,820	0.85	0.65	1.00
Whanganui	726	67,458	1.85	1.34	1.06
Missing	51	42,867	0.13	0.85	0.12
Region					
Auckland Region	10,626	1,675,830	27.05	33.21	0.63
Bay of Plenty Region	2,907	335,703	7.40	6.65	0.86
Canterbury Region	5,244	648,774	13.35	12.86	0.80
Gisborne Region	549	50,670	1.40	1.00	1.07
Hawke's Bay Region	1,743	175,668	4.44	3.48	0.98
Manawatu-Whanganui Region	2,529	250,173	6.44	4.96	1.00
Marlborough Region	354	48,813	0.90	0.97	0.72
Nelson Region	540	52,782	1.37	1.05	1.01
Northland Region	1,710	193,419	4.35	3.83	0.88
Otago Region	1,929	238,530	4.91	4.73	0.80
Southland Region	927	100,194	2.36	1.99	0.92
Taranaki Region	1,314	125,931	3.35	2.50	1.03
Tasman Region	336	56,679	0.86	1.12	0.59
Waikato Region	4,401	498,843	11.21	9.88	0.87
Wellington Region	3,783	518,688	9.63	10.28	0.72
West Coast Region	333	32,820	0.85	0.65	1.00
Missing	51	42,870	0.13	0.85	0.12
Urban/rural classification					
Rural settlement	837	149,316	2.13	2.96	0.56
Rural other	3,480	631,233	8.86	12.51	0.55
Small urban area	4,362	527,730	11.11	10.46	0.82
Medium urban area	4,062	452,292	10.34	8.96	0.89
Large urban area	7,512	699,855	19.13	13.87	1.06
Major urban area	18,975	2,543,463	48.31	50.40	0.74
Missing	48	42,870	0.12	0.85	0.11
Identified as having ADHD					

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
No	35,868	5,028,204	91.32	99.63	0.71
Yes	3,411	18,579	8.68	0.37	15.51
Identified as having ASD					
No	32,565	5,027,607	82.91	99.62	0.64
Yes	6,714	19,173	17.09	0.38	25.94
Identified as having cerebral palsy					
No	36,735	5,043,372	93.53	99.93	0.72
Yes	2,541	3,411	6.47	0.07	42.69
Identified as having developmental delay					
No	28,932	5,023,260	73.66	99.53	0.57
Yes	10,344	23,523	26.34	0.47	30.54
Identified as having downs syndrome					
No	36,843	5,046,174	93.79	99.99	0.72
Yes	2,439	606	6.21	0.01	80.10
Identified as having foetal alcohol syndrome					
No	38,691	5,046,018	98.50	99.98	0.76
Yes	588	768	1.50	0.02	43.46
Identified as having fragile X					
No	39,108	5,046,711	99.56	100.00	0.77
Yes	174	72	0.44	0.00	70.73
Identified as having Klinefelter's syndrome					
No	39,198	5,046,579	99.79	100.00	0.77
Yes	81	201	0.21	0.00	28.42
Identified as having spina bifida					
No	39,090	5,044,242	99.51	99.95	0.77

Characteristic	Intellectual Disability	No intellectual disability	Intellectual Disability (% of total)	No intellectual disability (% of total)	Rate of intellectual disability (%)
Yes	192	2,538	0.49	0.05	7.03
Linked to Census					
No	1,719	309,396	4.38	6.13	0.55
Yes	37,560	4,737,387	95.62	93.87	0.79
Receiving residential care subsidy					
No	38,832	5,030,328	98.86	99.67	0.77
Yes	447	16,452	1.14	0.33	2.65
Receiving residential support subsidy					
No	33,291	5,044,059	84.76	99.95	0.66
Yes	5,988	2,721	15.24	0.05	68.73

Appendix 4 – Indicator definitions

Table 8 – Definitions and data sources for all indicators by domain

Indicator	Age group	Data source	Definition
Health			
Life expectancy at birth	All ages	Ministry of Health mortality data.	Life expectancy at birth indicates the total number of years a person could expect to live, based on the mortality rates of the population at each age in a given year. This was calculated using the abridged Chiang II life table method (Chiang 1978, 1984).
Coronary heart disease care or treatment	All ages	Ministry of Health Publicly funded and privately funded hospital discharges (NMDS), Pharmaceutical Collection Code from Social Wellbeing Agency.[25] Definitions library and University of Otago.	Percentage of people who have received care or treatment for coronary heart disease care or treatment. Defined as receiving public hospital treatment for coronary heart disease between 1 January 1998 and 30 June 2018, and/or multiple prescriptions for anti-angina medicine between 1 January 1998 and 30 June of the cohort year.
Chronic obstructive pulmonary disease care or treatment	All ages	Ministry of Health Publicly funded and privately funded hospital discharges (NMDS).	Percentage of people who have received public hospital care for COPD between 1 January 1998 and 30 June of the cohort year.
Diabetes disease care or treatment	All ages	Ministry of Health Publicly and privately funded hospital discharges (NMDS), Pharmaceutical Collection,	Percentage of people ever treated for diabetes. Diabetes disease care or treatment is defined as receiving one or more of the following: public or private hospital treatment for diabetes (excluding diabetes arising from pregnancy) between 1 January 1998 and 30 June 2018; two or more diabetes-related prescribed

[25] https://github.com/nz-social-wellbeing-agency/definitions_library

Indicator	Age group	Data source	Definition
		National Non-Admitted Patient Collection Code from Social Wellbeing Agency. definitions library.	medicines (e.g., insulin, oral hypoglycaemics) from 1 July 2001 to 30 June of the cohort year, services at a diabetes clinic between 1 July 2006 and 30 June of the cohort year.
Cancer care or treatment	All ages	Ministry of Health Cancer registrations, National Non-Admitted Patient Collection Code from Social Wellbeing Agency definitions library.	Percentage of people treated for cancer in the two years to 30 June of the cohort year. Cancer care or treatment is defined as having been added to the cancer registry or had treatment for cancer in an outpatient setting.
Public hospital care for injury	All ages	Ministry of Health Publicly funded hospital discharges (NMDS)	Average number of public hospital discharges for injury in the year to 30 June of the cohort year. Defined as medical or surgical treatment for intentional and unintentional injury (excluding the complications of hospital treatment).
Dental treatment hospitalisations	All ages	Ministry of Health Publicly funded hospital discharges (NMDS).	Number of public hospitalisations for dental treatment between 1 July 2017/2022 and 30 June 2018/2023. Includes dental extractions, dental restorations and other oral and dental disorders. Includes ICD-10 codes: K00-K03, K05-K08, K12, K13, K098, K099, S024-S026, S032.
Mood disorder care or treatment	All ages	Ministry of Health publicly funded hospital discharges (NMDS), Pharmaceutical Collection, Programme for the Integration of Mental Health Data (PRIMHD), Laboratory Claims Collection.	Percentage of people treated for a mood disorder. Defined as receiving one or more of the following between 1 July 2017/2022 and 30 June 2018/2023: public inpatient hospitalisation with a mood disorder diagnosis; secondary mental health and addiction service with a mood disorder; prescription medicines for treating a mood disorder; three or more laboratory tests for lithium.
Psychotic disorder care or treatment	All ages	Ministry of Health publicly funded hospital discharges	Percentage of people treated for a psychotic disorder. This is defined as receiving one or more of the following between 1 July 2017/2022 and 30 June

Indicator	Age group	Data source	Definition
		(NMDS), Pharmaceutical Collection, Programme for the Integration of Mental Health Data (PRIMHD).	2018/2023: public inpatient hospitalisation with a diagnosis of a psychotic disorder; secondary mental health and addiction service with a psychotic disorder; prescription medicines for treating a psychotic disorder.
Dementia care or treatment	All ages	Ministry of Health publicly and privately funded hospital discharges (NMDS), Pharmaceutical Collection, Programme for the Integration of Mental Health Data (PRIMHD), interRAI.	Percentage of people receiving dementia care or treatment between 1 July 2017/2022 and 30 June 2018/2023. This is defined as having a public inpatient hospitalisation with a diagnosis of dementia; secondary mental health and addiction service with dementia; prescription medicine for treating dementia; or people recorded as having dementia in the interRAI database.
Any mental disorder treatment	All ages	National Minimum Dataset, Mental Health Information National Collection, Pharmaceutical Collection, Programme for the Integration of Mental Health Data (PRIMHD), Laboratory Claims Collection.	Percentage of people receiving care or treatment for any mental health condition between 1 July 2017/2022 and 30 June 2018/2023. Conditions includes, mood disorders, psychotic disorders, dementia, eating disorders, substance use disorders, ADHD, anxiety disorders, personality disorders and autism.
Substance use care or treatment	All ages	National Minimum Dataset, Mental Health Information National Collection, Pharmaceutical Collection, Programme for the Integration of Mental Health Data (PRIMHD),	Percentage of people receiving care or treatment for substance use disorders between 1 July 2017/2022 and 30 June 2018/2023.

Indicator	Age group	Data source	Definition
		Laboratory Claims Collection.	
Enrolled in a primary health organisation (PHO)	All ages	Primary Health Organisation (PHO) Enrolment Register.	Percentage of people enrolled in a primary health organisation (PHO) as at 30 June 2018/2023.
Enrolled in Care Plus primary health services	All ages	Primary Health Organisation (PHO) Enrolment Register.	Percentage of people enrolled for Care Plus primary health services as at 30 June 2018/2023.
General practice consultations	All ages	Primary Health Organisation (PHO) Enrolment Register.	Percentage of people who consulted a PHO general practice in the three months to 30 June 2018/2023.
Dispensed pharmaceuticals	All ages	Pharmaceutical Collection.	Average number of different pharmaceutical types dispensed per person, year to 30 June 2018/2023.
Emergency department attendance	All ages	National Non-Admitted Patient Collection.	Average number of public hospital emergency department attendances in the year to 30 June 2018/2023.
Potentially avoidable hospitalisations	All ages	Ministry of Health Publicly funded hospital discharges (National Minimum Dataset – NMDS).	Mean number of potentially avoidable hospitalisations per 100 people in the year to 30 June 2018/2023, based on the Ministry of Health official definition.[26] The measures includes respiratory conditions, gastroenteritis, skin infections, vaccine preventable illnesses and injuries.
Secondary health care costs	All ages	Ministry of Health Publicly funded hospital discharges (NMDS), National Non-admitted Patient Collection (NNPAC), Programme for the Integration of	Mean estimated secondary health care costs from publicly funded hospitalisations, outpatient care and provision of secondary mental health services in the year to 30 June 2018/2023, excluding GST. Excludes costs of disability support services funded by the Ministry of Health and DHBs, such as residential care, carer support, respite care, and home support (help with housework and personal care).

[26] https://www.health.govt.nz/publication/indicator-potentially-avoidable-hospitalisations-child-and-youth-wellbeing-strategy-brief-report

Indicator	Age group	Data source	Definition
		Mental Health Data (PRIMHD).	
Cigarette smoking rate and cessation rate	15 and over	2018 Census of Population and Dwellings	Percentage of people who smoke cigarettes regularly (that is, one or more a day). Percentage of people who have ever smoked regularly who have quit smoking.
Knowledge and Skills			
Early Childhood Education participation	5 to 14	Ministry of Education Early Childhood Education (ECE) participation.	Percentage of children whose parents reported that they attended ECE before starting school.
School non-enrolment	5 to 17	Ministry of Education interventions data.	Percentage of children referred to attendance services for non-enrolment during the year to 30 June 2018 and 2023.
Chronic absence	5 to 17	Ministry of Education attendance data.	Percentage of students who attended 70% or less of the available school days for the full school year during the year to 30 June 2018 and 2023..
Truancy	5 to 17	Ministry of Education interventions data.	Percentage of students referred to attendance services for truancy during the year to 30 June 2018 and 2023.
Stand-downs	5 to 17	Ministry of Education interventions data.	Percentage of students that have been stood down from school during the year to 30 June 2018 and 2023.
Suspensions	5 to 17	Ministry of Education interventions data.	Percentage of students that have been suspended from school during the year to 30 June 2018 and 2023.
School mobility	5 to 17	Ministry of Education enrolment data.	Average number of non-structural schools moves per year. Non-structural moves are moves that are made before the student reaches and completes the final year of schooling at their current school.
Driver licencing rate (18+ population)	18 and over	NZ Transport Authority Driver Licence and Motor Vehicles Registers data.	Percentage of adults with a driver licence (learners', restricted or full).
Highest qualification	18 and over	2018 Census of Population and Dwellings, Administrative	Highest qualification reported by the Census respondent in 2018/2023, supplemented by Ministry of Education administrative data post-2018/2023.

Indicator	Age group	Data source	Definition
		Population Census (APC).	A) Percentage of people with no qualification. B) Percentage of people with at least a level 2 qualification.
Work, care and volunteering			
Parents as carers	0 to 14	2018 Census of Population and Dwellings.	Percentage of children who have at least one parent who is not in full-time employment at the date of the Census.
Parental employment participation	0 to 14	2018 Census of Population and Dwellings.	Percentage of children with all parents in the household in paid employment at the date of the Census 2018
Employment participation	18 to 64	Administrative Population Census (APC), sourced from Inland revenue tax data.	Percentage of people in paid employment as at 30 June 2018. People were considered to be employed if they had PAYE wage and salary income in May or June 2018, or if they had self-employment income in the tax year to March 2018.
Volunteering outside the home	15 and over	2018 Census of Population and Dwellings.	Percentage of people who participated in unpaid activities outside the home in the four weeks to 6 March 2018. Activities could include looking after a child in another household, looking after someone who is ill or with a disability in another household, or other helping or voluntary work for or through any organisation, group or Marae.
Benefit receipt	18 to 64	Ministry of Social Development benefits data.	Percentage of people receiving an income tested benefit as at 30 June 2018.
Youth not in employment, education or training (NEET)	15 to 24	Administrative Population Census (APC), sourced from Inland revenue tax data, and Ministry of Education school, tertiary, and Industry Training Organisation enrolments data.	Youth not in employment, education or training as at 30 June 2018. People were considered to be employed if they had PAYE wage and salary income in May or June 2018, or if they had self-employment income in the tax year to March 2018. They were considered in education or training if they were enrolled in formal education.
Income, consumption and wealth			
Total annual income	18 and over	Administrative Population Census (APC), sourced from Inland revenue tax and Working	Average total before tax personal income for the year ending 31 March 2018.

Indicator	Age group	Data source	Definition
		For Families data, and Ministry of Social Development benefits data.	
Equivalised disposable household income	0 to 14 / 15 and over	2018 Census of Population and Dwellings, Administrative Population Census (APC), and Inland Revenue tax data.	A) Average equivalised disposable household income for the year ending 31 March 2018. Income sourced from APC, taxes from IR, and household structure for equivalisation from Census. Equivalised using the Modified OECD scale. Measure is before housing costs (BHC), as housing cost data is unavailable. B) Percentage of people with equivalised disposable household income less than 50 percent of the median.
Living in a low-income household	0 to 14 / 15 and over	2018/23 Census of Population and Dwellings, Administrative Population Census (APC), and Inland Revenue tax data in the IDI. Income sourced from APC, taxes from IR, and household structure for equivalisation from Census.	Percentage of people with household equivalised disposable income less than 50 percent of the median for the year ending 31 March 2018/23. Equivalised using the Modified OECD scale. Measure is before housing costs (BHC).
Access to income support	0 to 14 / 15 and over	Ministry of Social Development data in the IDI.	Percentage of people with intellectual disability receiving income support by support type.
Neighbourhood deprivation (NZDep)	0 to 14 / 15 and over	Core data – Address notifications.	Percentage of people living in most deprived decile.
Internet access	All ages	2018 Census of Population and Dwellings.	Percentage of people living in a household with access to the internet.
International travel	All ages	New Zealand Customs Service International Travel and Migration data.	Mean number of international trips in the 5 years to 30 June 2018/2023.

Indicator	Age group	Data source	Definition
Housing			
Transience	All ages	Core data – Address notifications.	Average number of addresses recorded in the IDI from any source between 1 July 2013 and 30 June 2018/1 July 2018 and 30 June 2023.
Housing quality – mouldy or damp	All ages	2018 Census of Population and Dwellings.	Percentage of people reporting living in a mouldy or damp home.
Household crowding	All ages	2018 Census of Population and Dwellings.	Percentage of people living in a crowded home. This is defined as needing additional bedrooms, based on the number and ages of people living in the household, according to the Canadian National Occupancy Standard.
Social housing tenancy	0-14 / 15+	Kāinga Ora and Ministry of Social Development data in the IDI.	Percentage of children under 15 years old/Adults 15 and over living in government-subsidised rental accommodation as at 30 June 2018/2023.
Social housing registry (waiting list)	0-14 / 15+	Kāinga Ora and Ministry of Social Development data in the IDI.	Percentage of children under 15 years old/Adults 15 and over on The Housing Register, as at 30 June 2018/2023.
Family and Friends			
Living with a birth parent	0 to 17 / 18 to 34	2018 Census of Population and Dwellings and Department of Internal Affairs – Life event data.	Percentage of people born in NZ living in the same household at the 2018 Census date with a person who is named as a parent on the person's birth registration. Birth parents reliably identifiable for about the past 40 years.
Living in a sole parent family	0 to 14	2018 Census of Population and Dwellings.	Percentage of people living in a family with only one parent as at the date of the 2018 Census.
Born to teenage parents	0 to 44	Department of Internal Affairs – Life event data.	Percentage of people born in NZ with a parent under 20 years of age identified in the birth registration data.
Marriages or civil unions	18 to 44	Department of Internal Affairs – Life event data.	Percentage of people who are identified as having been registered as married or with a civil union in the registration data. Data is reliable for the past 20 years or so.
Divorces and dissolutions	18 to 44	Department of Internal Affairs – Life event data.	Percentage of people who were identified as having married or had a civil union who have had a divorce or dissolution of their civil union.
Parenting	18 to 54	Department of Internal Affairs – Life event data.	Percentage of people who are identified as having had a child in the birth registration

Indicator	Age group	Data source	Definition
			data. Data is reliable for the past 40 years or so.
Safety			
Victims of crime	0 to 14 / 15 and over	New Zealand Police Recorded crime victims data.	Average number of victimisations recorded by police per 100 people.
Children exposed to family violence	0 to 14	Oranga Tamariki Child, Youth and Family data.	Percentage of children reported by police as being present when attending a family violence call.
Children placed in care by Oranga Tamariki	0 to 14	Oranga Tamariki Child, Youth and Family data.	Percentage of children who have been placed in care by Oranga Tamariki between 2001 and 30 June 2018.
Having a child placed in care by Oranga Tamariki	15 to 64	Oranga Tamariki Child, Youth and Family data.	Percentage of parents who have had a child placed in care by Oranga Tamariki between 2001 and 30 June 2018.
Convictions	18 and over	Ministry of Justice – Court charges data	Mean number of criminal convictions in the 5 years to 30 June 2018.
Incarceration	18 and over	Department of Corrections – Sentencing and remand data	Incarceration is defined as being imprisoned as at 30 June 2018.This includes both people who have been sentenced and those on remand until their trial is completed.

Appendix 5 – Outcomes data tables

Table 9 - Age-standardised rates by domain and indicator for the populations with and without intellectual disability, 2018 population identified as at December 2024

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
Health							
Coronary heart disease (CHD) care or treatment, Jan 1998 to June 2018	Percent	All ages	3.07	(2.81,3.34)	3.29	(3.27,3.30)	0.94 +
Chronic obstructive pulmonary disease (COP) care or treatment, Jan 1998 to June 2018	Percent	All ages	8.80	(8.43,9.17)	5.52	(5.50,5.54)	1.59
Diabetes care or treatment, ever treated	Percent	All ages	10.75	(10.35,11.16)	6.35	(6.33,6.38)	1.69
Cancer care and treatment, 2 years to 30 June 2018	Percent	All ages	7.80	(7.43,8.18)	6.58	(6.56,6.60)	1.19
Mood disorder care or treatment, year to 30 June 2018	Percent	All ages	9.17	(8.84,9.49)	3.05	(3.03,3.06)	3.01
Psychotic disorder care or treatment, year to 30 June 2018	Percent	All ages	3.91	(3.71,4.12)	0.24	(0.23,0.24)	16.43
Dementia care or treatment, year to 30 June 2018	Percent	All ages	2.23	(1.97,2.50)	0.62	(0.61,0.62)	3.63
Treated for any mental health condition, year to 30 June 2018	Percent	All ages	50.41	(49.63,51.19)	19.41	(19.37,19.45)	2.60
Parent treated for any mental health condition, year to 30 June 2018	Percent	Under 15	35.72	(34.36,37.09)	29.33	(29.21,29.46)	1.22
Treated for substance use disorder, year to 30 June 2018	Percent	All ages	5.23	(4.96,5.50)	2.70	(2.68,2.72)	1.94
Enrolled in a primary health organisation (PHO), June 2018	Percent	All ages	97.77	(96.71,98.83)	94.06	(93.97,94.14)	1.04
Consulted general practice in the 3 months to 30 June 2018	Percent	All ages	89.47	(88.45,90.49)	81.82	(81.73,81.90)	1.09
Number of different pharmaceuticals prescribed, year to 30 June 2018	Number	All ages	6.79	(6.76,6.82)	4.32	(4.32,4.32)	1.57

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
Dental treatment public hospital discharges, year to 30 June 2018	Discharges per 100 people	All ages	1.95	(1.81,2.09)	0.18	(0.18,0.19)	10.65
Public hospital emergency department attendance, year to 30 June 2018	Discharges per 100 people	All ages	61.70	(60.84,62.57)	22.78	(22.73,22.82)	2.71
Public hospital care for injury, year to 30 June 2018	Discharges per 100 people	All ages	4.71	(4.44,4.98)	1.93	(1.92,1.94)	2.44
Potentially avoidable hospitalisations (public hospital), year to 30 June 2018	Discharges per 100 people	All ages	19.44	(18.95,19.93)	5.20	(5.18,5.22)	3.74
Cigarette smoking rate as at 2018 Census	Percent	15 and over	16.75	(16.27,17.23)	13.21	(13.17,13.25)	1.27
Cigarette smoking cessation rate as at 2018 Census	Percent	15 and over	11.78	(11.28,12.28)	21.94	(21.89,21.99)	0.54
Ever assessed as eligible for Disability Support Services, as at 30 June 2018	Percent	15 and over	35.76	(35.17,36.36)	0.40	(0.39,0.40)	89.96
Knowledge and skills							
Prior participation in early learning, 2018	Percent	5 to 14	94.33	(92.09,96.57)	95.65	(95.39,95.90)	0.99+
Referred to attendance services for non-enrolment	Percent	6 to 16	7.31	(6.65,7.96)	3.21	(3.16,3.26)	2.28
Attended 70 percent or less of school days in the school year (chronic absent)	Percent	5 to 17	13.60	(12.76,14.44)	6.83	(6.76,6.90)	1.99
Referred to attendance services for chronic absence	Percent	5 to 17	5.80	(5.32,6.29)	3.88	(3.83,3.92)	1.50
Stood down from school during the year to June 2018	Percent	5 to 17	11.60	(10.91,12.29)	4.42	(4.37,4.48)	2.62
Suspended from school during the year to June 2018	Percent	5 to 17	3.84	(3.43,4.24)	1.12	(1.10,1.15)	3.41
Average number of non-structural schools moves per year	Number per year	5 to 17	0.16	(0.16,0.17)	0.12	(0.12,0.13)	1.31
Holding a driver's license, June 2018	Percent	18 and over	31.49	(30.77,32.22)	88.58	(88.48,88.67)	0.36
No qualification, June 2018	Percent	18 and over	62.43	(61.29,63.57)	13.15	(13.11,13.19)	4.75
Highest qualification at least NCEA level 2	Percent	18 and over	25.59	(24.92,26.25)	75.34	(75.24,75.43)	0.34

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
or equivalent, June 2018							
Work, care and volunteering							
Parents as carers - At least one parent in the household not in full-time work as at 2018 Census	Percent	Under 15	73.81	(71.78,75.83)	63.08	(62.90,63.26)	1.17
Parental employment participation - All parents in the household in paid employment as at 2018 Census	Percent	Under 15	48.13	(46.55,49.72)	63.74	(63.56,63.92)	0.76
Employment participation, as at 30 June 2018	Percent	18 to 64	19.29	(18.75,19.82)	74.43	(74.33,74.53)	0.26
Volunteering outside the home - unpaid activities outside the home in the four weeks to 6 March 2018	Percent	15 and over	9.56	(9.19,9.93)	23.48	(23.43,23.53)	0.41
Benefit receipt, as at 30 June 2018	Percent	18 to 64	83.70	(82.57,84.82)	10.18	(10.14,10.22)	8.22
Youth not in education, employment or training, as at 30 June 2018	Percent	15 to 24	42.56	(41.04,44.09)	13.87	(13.77,13.96)	3.07
Youth studying and not working, as at 30 June 2018	Percent	15 to 24	41.80	(40.39,43.21)	28.13	(28.00,28.26)	1.49
Youth working and not studying, as at 30 June 2018	Percent	15 to 24	12.78	(11.94,13.62)	34.86	(34.72,35.01)	0.37
Youth working and studying, as at 30 June 2018	Percent	15 to 24	2.86	(2.48,3.24)	23.14	(23.03,23.26)	0.12
Income, consumption and wealth							
Average total annual personal income, year ending 31 March 2018	Thousands of dollars	18 to 64	19.32	(19.32,19.32)	48.20	(48.20,48.20)	0.40
Average equivalised disposable household income, year ending 31 March 2018	Thousands of dollars	Under 15	31.04	(31.03,31.04)	39.47	(39.47,39.47)	0.79
		15 and over	28.54	(28.53,28.54)	46.93	(46.93,46.93)	0.61
Living in a low-income household - Equiv disposable household income < 50% of median year	Percent	Under 15	23.61	(22.51,24.71)	15.31	(15.22,15.39)	1.54
	Percent	15 and over	22.12	(21.38,22.87)	10.86	(10.83,10.90)	2.04

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
ending 31 March 2018							
Received any benefit in the year to 30 June 2018	Percent	Under 15	44.66	(43.16,46.15)	21.58	(21.47,21.68)	2.07
	Percent	15 and over	87.14	(85.79,88.50)	18.84	(18.79,18.89)	4.63
Received Child Disability Allowance in the year to 30 June 2018	Percent	Under 15	61.65	(59.93,63.36)	6.72	(6.66,6.78)	9.17
Received Disability Allowance in the year to 30 June 2018	Percent	Under 15	17.68	(16.77,18.59)	6.18	(6.13,6.24)	2.86
	Percent	15 and over	59.36	(58.06,60.67)	10.70	(10.66,10.73)	5.55
Received a Special Needs Grant in the year to 30 June 2018	Percent	Under 15	31.13	(29.87,32.39)	15.74	(15.65,15.83)	1.98
	Percent	15 and over	29.31	(28.54,30.07)	9.42	(9.39,9.45)	3.11
Living in most deprived NZDep decile, June 2018	Percent	Under 15	24.22	(23.21,25.23)	14.48	(14.40,14.56)	1.67
	Percent	15 and over	19.86	(19.34,20.38)	10.11	(10.08,10.15)	1.96
Living in a household with access to the internet as at 2018 Census	Percent	All ages	67.19	(66.06,68.31)	90.83	(90.74,90.93)	0.74
Any international travel, 5 years to 30 June 2018	Percent	All ages	22.66	(22.19,23.14)	62.47	(62.40,62.54)	0.36
Housing							
Average number of addresses recorded, 1 July 2013 to 30 June 2018	Number	All ages	4.28	(4.25,4.31)	3.25	(3.25,3.25)	1.32
House is mouldy or damp as at 2018 Census	Percent	All ages	35.31	(34.48,36.13)	29.03	(28.97,29.08)	1.22
House is crowded as at 2018 Census	Percent	All ages	15.29	(14.78,15.79)	10.90	(10.87,10.94)	1.40
Social housing tenancy	Percent	Under 15	12.48	(11.77,13.20)	5.24	(5.19,5.28)	2.38
	Percent	15 and over	10.24	(9.87,10.60)	3.24	(3.22,3.25)	3.16
Social housing waiting list	Percent	Under 15	1.23	(1.00,1.46)	0.54	(0.52,0.55)	2.30
	Percent	15 and over	1.51	(1.37,1.64)	0.41	(0.41,0.42)	3.64
Family and friends							
Living in the same household as a registered birth parent as at 2018 Census	Percent	Under 18	84.99	(83.08,86.90)	94.77	(94.55,94.99)	0.90
		18 and over	57.63	(55.79,59.47)	37.49	(37.31,37.67)	1.54
Living in a sole parent household - in	Percent	Under 15	36.24	(34.85,37.63)	24.31	(24.19,24.42)	1.49

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
a family with only one parent as at 2018 Census							
Born to at least one teen parent (under 20 years old)	Percent	All ages	11.37	(10.93,11.81)	8.50	(8.46,8.54)	1.34
Ever been registered as married or in a civil union	Percent	18 and over	5.50	(5.14,5.86)	21.87	(21.80,21.94)	0.25
Had a divorce or dissolution, if ever had a marriage or civil union	Percent	18 and over	28.25	(23.24,33.27)	12.63	(12.04,13.22)	2.24
Ever been registered as a parent on a birth certificate	Percent	18 and over	16.31	(15.78,16.85)	44.14	(44.06,44.22)	0.37
Safety							
Average number of victimisations recorded in NZ Police data, to June 2018	Victimisations per 100 people	Under 15	2.05	(1.79,2.31)	0.70	(0.68,0.71)	2.94
	Victimisations per 100 people	15 and over	5.07	(4.83,5.32)	2.94	(2.92,2.95)	1.73
Children exposed to violence, to June 2018	Percent	Under 15	14.94	(14.20,15.67)	8.23	(8.17,8.29)	1.81
Children placed in care by Oranga Tamariki, to June 2018	Percent	Under 15	8.21	(7.67,8.76)	1.20	(1.17,1.22)	6.87
Adult with a child who has been placed in care, to June 2018	Percent	15 to 64	12.31	(11.39,13.23)	0.76	(0.75,0.77)	16.20
Convicted of a crime, 5 years to June 2018	Percent	18 and over	7.95	(7.63,8.26)	4.98	(4.96,5.01)	1.59
Currently incarcerated (sentenced or on remand), June 2018	Percent	18 and over	0.85	(0.75,0.95)	0.25	(0.25,0.26)	3.34

Note: All rate ratios are statistically significantly different from 1 unless otherwise indicated. A + indicates a non-statistically significant result.

Table 10 - Age-standardised rates by domain and indicator for the populations with and without intellectual disability, 2018 population identified as at December 2019

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
Health							
Coronary heart disease (CHD) care or treatment, Jan 1998 to June 2018	Percent	All ages	3.11	(2.83,3.40)	3.29	(3.27,3.30)	0.95+
Chronic obstructive pulmonary disease (COP) care or treatment, Jan 1998 to June 2018	Percent	All ages	8.93	(8.53,9.33)	5.52	(5.50,5.54)	1.62
Diabetes care or treatment, ever treated	Percent	All ages	10.86	(10.43,11.29)	6.35	(6.33,6.38)	1.71
Cancer care and treatment, 2 years to 30 June 2018	Percent	All ages	7.73	(7.34,8.12)	6.58	(6.56,6.60)	1.17
Mood disorder care or treatment, year to 30 June 2018	Percent	All ages	9.16	(8.82,9.49)	3.05	(3.03,3.06)	3.00
Psychotic disorder care or treatment, year to 30 June 2018	Percent	All ages	3.80	(3.59,4.00)	0.24	(0.24,0.24)	15.82
Dementia care or treatment, year to 30 June 2018	Percent	All ages	2.29	(2.01,2.58)	0.62	(0.61,0.62)	3.72
Treated for any mental health condition, year to 30 June 2018	Percent	All ages	50.79	(49.97,51.61)	19.42	(19.38,19.46)	2.61
Parent treated for any mental health condition, year to 30 June 2018	Percent	Under 15	36.35	(34.45,38.25)	29.35	(29.23,29.47)	1.24
Treated for substance use disorder, year to 30 June 2018	Percent	All ages	5.10	(4.82,5.37)	2.70	(2.69,2.72)	1.89
Enrolled in a primary health organisation (PHO), June 2018	Percent	All ages	97.90	(96.74,99.05)	94.06	(93.97,94.15)	1.04
Consulted general practice in the 3 months to 30 June 2018	Percent	All ages	89.75	(88.64,90.86)	81.82	(81.74,81.90)	1.10
Number of different pharmaceuticals prescribed, year to 30 June 2018	Number	All ages	6.88	(6.84,6.91)	4.32	(4.32,4.32)	1.59
Dental treatment public hospital discharges, year to 30 June 2018	Discharges per 100 people	All ages	2.10	(1.94,2.26)	0.18	(0.18,0.19)	11.43
Public hospital emergency department attendance, year to 30 June 2018	Discharges per 100 people	All ages	61.85	(60.89,62.82)	22.80	(22.76,22.85)	2.71
Public hospital care for injury, year to 30 June 2018	Discharges per 100 people	All ages	4.77	(4.48,5.05)	1.93	(1.92,1.94)	2.47
Potentially avoidable hospitalisations (public hospital), year to 30 June 2018	Discharges per 100 people	All ages	20.04	(19.46,20.62)	5.21	(5.19,5.24)	3.84
Cigarette smoking rate as at 2018 Census	Percent	15 and over	16.59	(16.10,17.08)	13.21	(13.17,13.25)	1.26
Cigarette smoking cessation rate as at 2018 Census	Percent	15 and over	11.64	(11.13,12.15)	21.94	(21.89,21.99)	0.53
Ever assessed as eligible for Disability Support Services, as at 30 June 2018	Percent	15 and over	37.12	(36.44,37.79)	0.42	(0.41,0.43)	88.50

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
Knowledge and skills							
Prior participation in early learning, 2018	Percent	5 to 14	94.48	(91.99,96.96)	95.64	(95.38,95.90)	0.99+
Referred to attendance services for non-enrolment	Percent	6 to 16	7.08	(6.41,7.75)	3.22	(3.17,3.27)	2.20
Attended 70 percent or less of school days in the school year (chronic absent)	Percent	5 to 17	13.67	(12.77,14.57)	6.84	(6.77,6.91)	2.00
Referred to attendance services for chronic absence	Percent	5 to 17	5.50	(5.00,6.00)	3.88	(3.84,3.93)	1.42
Stood down from school during the year to June 2018	Percent	5 to 17	11.22	(10.51,11.94)	4.44	(4.39,4.49)	2.53
Suspended from school during the year to June 2018	Percent	5 to 17	3.63	(3.22,4.05)	1.13	(1.10,1.16)	3.21
Average number of non-structural schools moves per year	Number per year	5 to 17	0.15	(0.15,0.16)	0.13	(0.12,0.13)	1.24
Holding a driver's license, June 2018	Percent	18 and over	30.65	(29.93,31.37)	88.57	(88.47,88.67)	0.35
No qualification, June 2018	Percent	18 and over	63.13	(61.94,64.33)	13.15	(13.11,13.19)	4.80
Highest qualification at least NCEA level 2 or equivalent, June 2018	Percent	18 and over	25.09	(24.42,25.75)	75.33	(75.23,75.43)	0.33
Work, care and volunteering							
Parents as carers - At least one parent in the household not in full-time work as at 2018 Census	Percent	Under 15	72.48	(69.66,75.30)	63.11	(62.93,63.29)	1.15
Parental employment participation - All parents in the household in paid employment as at 2018 Census	Percent	Under 15	49.37	(47.15,51.59)	63.70	(63.52,63.88)	0.77
Employment participation, as at 30 June 2018	Percent	18 to 64	19.14	(18.60,19.68)	74.42	(74.32,74.52)	0.26
Volunteering outside the home - unpaid activities outside the home in the four weeks to 6 March 2018	Percent	15 and over	9.42	(9.06,9.79)	23.47	(23.42,23.52)	0.40
Benefit receipt, as at 30 June 2018	Percent	18 to 64	84.07	(82.93,85.21)	10.19	(10.15,10.23)	8.25
Youth not in education, employment or training, as at 30 June 2018	Percent	15 to 24	42.55	(41.00,44.10)	13.88	(13.79,13.97)	3.07
Youth studying and not working, as at 30 June 2018	Percent	15 to 24	42.01	(40.57,43.46)	28.13	(28.00,28.26)	1.49
Youth working and not studying, as at 30 June 2018	Percent	15 to 24	12.67	(11.82,13.52)	34.85	(34.71,35.00)	0.36
Youth working and studying, as at 30 June 2018	Percent	15 to 24	2.77	(2.39,3.15)	23.14	(23.02,23.26)	0.12
Income, consumption and wealth							

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
Average total annual personal income, year ending 31 March 2018	Thousands of dollars	18 to 64	19.30	(19.29,19.30)	48.20	(48.20,48.20)	0.40
Average equivalised disposable household income, year ending 31 March 2018	Thousands of dollars	Under 15	31.32	(31.32,31.33)	39.45	(39.45,39.45)	0.79
		15 and over	28.54	(28.54,28.55)	46.93	(46.93,46.93)	0.61
Living in a low-income household - Equiv disposable household income < 50% of median year ending 31 March 2018	Percent	Under 15	23.36	(21.82,24.90)	15.33	(15.24,15.42)	1.52
	Percent	15 and over	22.10	(21.32,22.88)	10.87	(10.83,10.90)	2.03
Received any benefit in the year to 30 June 2018	Percent	Under 15	43.07	(41.03,45.11)	21.65	(21.55,21.75)	1.99
	Percent	15 and over	87.48	(86.10,88.85)	18.85	(18.80,18.90)	4.64
Received Child Disability Allowance in the year to 30 June 2018	Percent	Under 15	70.18	(67.60,72.75)	6.82	(6.76,6.88)	10.29
Received Disability Allowance in the year to 30 June 2018	Percent	Under 15	17.92	(16.67,19.18)	6.21	(6.16,6.27)	2.89
	Percent	15 and over	60.09	(58.63,61.54)	10.71	(10.67,10.74)	5.61
Received a Special Needs Grant in the year to 30 June 2018	Percent	Under 15	29.40	(27.69,31.10)	15.79	(15.70,15.88)	1.86
	Percent	15 and over	29.25	(28.44,30.05)	9.42	(9.39,9.46)	3.10
Living in most deprived NZDep decile, June 2018	Percent	Under 15	23.81	(22.37,25.24)	14.52	(14.44,14.59)	1.64
	Percent	15 and over	19.82	(19.29,20.35)	10.12	(10.08,10.15)	1.96
Living in a household with access to the internet as at 2018 Census	Percent	All ages	67.53	(66.21,68.86)	90.82	(90.73,90.92)	0.74
Any international travel, 5 years to 30 June 2018	Percent	All ages	23.10	(22.56,23.63)	62.45	(62.38,62.52)	0.37
Housing							
Average number of addresses recorded, 1 July 2013 to 30 June 2018	Number	All ages	4.29	(4.26,4.32)	3.25	(3.25,3.25)	1.32
House is mouldy or damp as at 2018 Census	Percent	All ages	35.28	(34.35,36.22)	29.03	(28.98,29.09)	1.22
House is crowded as at 2018 Census	Percent	All ages	15.22	(14.64,15.79)	10.91	(10.88,10.94)	1.39
Social housing tenancy	Percent	Under 15	12.24	(11.24,13.24)	5.26	(5.21,5.31)	2.33
	Percent	15 and over	10.18	(9.81,10.54)	3.24	(3.22,3.26)	3.14
Social housing waiting list	Percent	Under 15	1.28	(0.94,1.63)	0.54	(0.52,0.55)	2.38

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
	Percent	15 and over	1.45	(1.32,1.59)	0.41	(0.41,0.42)	3.51
Family and friends							
Living in the same household as a registered birth parent as at 2018 Census	Percent	Under 18	84.68	(82.15,87.21)	94.75	(94.54,94.97)	0.89
		18 and over	57.84	(55.97,59.70)	37.50	(37.32,37.68)	1.54
Living in a sole parent household - in a family with only one parent as at 2018 Census	Percent	Under 15	35.43	(33.54,37.32)	24.34	(24.23,24.45)	1.46
Born to at least one teen parent (under 20 years old)	Percent	All ages	11.17	(10.70,11.65)	8.51	(8.46,8.55)	1.31
Ever been registered as married or in a civil union	Percent	18 and over	5.46	(5.09,5.82)	21.87	(21.80,21.93)	0.25
Had a divorce or dissolution, if ever had a marriage or civil union	Percent	18 and over	28.46	(23.41,33.50)	12.63	(12.04,13.22)	2.25
Ever been registered as a parent on a birth certificate	Percent	18 and over	15.93	(15.40,16.47)	44.14	(44.06,44.22)	0.36
Safety							
Average number of victimisations recorded in NZ Police data, to June 2018	Victimisations per 100 people	Under 15	2.00	(1.69,2.32)	0.70	(0.68,0.72)	2.86
		15 and over	5.02	(4.78,5.26)	2.94	(2.92,2.95)	1.71
Children exposed to violence, to June 2018	Percent	Under 15	14.30	(13.39,15.21)	8.25	(8.19,8.31)	1.73
Children placed in care by Oranga Tamariki, to June 2018	Percent	Under 15	8.34	(7.60,9.07)	1.21	(1.19,1.24)	6.86
Adult with a child who has been placed in care, to June 2018	Percent	15 to 64	12.31	(11.37,13.25)	0.76	(0.75,0.78)	16.17
Convicted of a crime, 5 years to June 2018	Percent	18 and over	7.75	(7.43,8.06)	4.99	(4.96,5.01)	1.55
Currently incarcerated (sentenced or on remand), June 2018	Percent	18 and over	0.84	(0.74,0.94)	0.25	(0.25,0.26)	3.29

Note: All rate ratios are statistically significantly different from 1 unless otherwise indicated. A + indicates a non-statistically significant result.

Table 11 - Age-standardised rates by domain and indicator for the populations with and without intellectual disability, 2023 population identified as at December 2024

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
Health							
Coronary heart disease (CHD) care or treatment, Jan 1998 to June 2023	Percent	All ages	3.10	(2.84,3.36)	3.34	(3.32,3.36)	0.93+
Chronic obstructive pulmonary disease (COP) care or treatment, Jan 1998 to June 2023	Percent	All ages	9.54	(9.15,9.92)	6.25	(6.23,6.27)	1.53
Diabetes care or treatment, ever treated	Percent	All ages	13.39	(12.96,13.81)	8.30	(8.27,8.32)	1.61
Cancer care and treatment, 2 years to 30 June 2023	Percent	All ages	7.38	(7.03,7.73)	6.31	(6.29,6.34)	1.17
Mood disorder care or treatment, year to 30 June 2023	Percent	All ages	8.78	(8.47,9.10)	2.89	(2.88,2.91)	3.04
Psychotic disorder care or treatment, year to 30 June 2023	Percent	All ages	4.05	(3.85,4.25)	0.30	(0.29,0.30)	13.54
Dementia care or treatment, year to 30 June 2023	Percent	All ages	2.45	(2.17,2.72)	0.65	(0.65,0.66)	3.74
Treated for any mental health condition, year to 30 June 2023	Percent	All ages	49.65	(48.85,50.45)	20.12	(20.08,20.16)	2.47
Parent treated for any mental health condition, year to 30 June 2023	Percent	Under 15	34.21	(31.63,36.80)	29.74	(29.62,29.86)	1.15
Treated for substance use disorder, year to 30 June 2023	Percent	All ages	4.53	(4.29,4.77)	2.49	(2.47,2.50)	1.82
Enrolled in a primary health organisation (PHO), June 2023	Percent	All ages	98.22	(96.99,99.46)	94.96	(94.87,95.04)	1.03
Consulted general practice in the 3 months to 30 June 2023	Percent	All ages	87.02	(85.84,88.20)	78.01	(77.94,78.09)	1.12
Number of different pharmaceuticals prescribed, year to 30 June 2023	Number	All ages	7.23	(7.19,7.26)	4.59	(4.58,4.59)	1.58
Dental treatment public hospital discharges, year to 30 June 2023	Discharges per 100 people	All ages	2.26	(2.06,2.47)	0.19	(0.18,0.19)	12.22

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
Public hospital emergency department attendance, year to 30 June 2023	Discharges per 100 people	All ages	61.67	(60.65,62.69)	23.15	(23.10,23.19)	2.66
Public hospital care for injury, year to 30 June 2023	Discharges per 100 people	All ages	5.00	(4.71,5.29)	2.08	(2.06,2.09)	2.41
Potentially avoidable hospitalisations (public hospital), year to 30 June 2023	Discharges per 100 people	All ages	19.52	(18.84,20.20)	5.32	(5.30,5.34)	3.67
Cigarette smoking rate as at 2023 Census	Percent	15 and over	11.48	(11.08,11.87)	7.60	(7.57,7.62)	1.51
Cigarette smoking cessation rate as at 2023 Census	Percent	15 and over	16.23	(15.68,16.77)	25.05	(25.00,25.10)	0.65
Ever assessed as eligible for Disability Support Services, as at 30 June 2023	Percent	15 and over	44.63	(43.89,45.36)	0.44	(0.43,0.44)	101.99
Knowledge and skills							
Prior participation in early learning, 2023	Percent	5 to 14	95.34	(92.66,98.03)	96.47	(96.22,96.72)	0.99+
Referred to attendance services for non-enrolment	Percent	6 to 16	8.92	(8.17,9.66)	4.88	(4.82,4.94)	1.83
Attended 70 percent or less of school days in the school year (chronic absent)	Percent	5 to 17	21.22	(20.14,22.31)	11.53	(11.45,11.62)	1.84
Referred to attendance services for chronic absence	Percent	5 to 17	5.25	(4.76,5.75)	3.86	(3.81,3.90)	1.36
Stood down from school during the year to June 2023	Percent	5 to 17	10.99	(10.29,11.69)	6.18	(6.12,6.24)	1.78
Suspended from school during the year to June 2023	Percent	5 to 17	3.14	(2.76,3.52)	1.11	(1.09,1.14)	2.82
Average number of non-structural schools moves per year	Number per year	5 to 17	0.13	(0.12,0.14)	0.11	(0.11,0.11)	1.17
Holding a driver's license, June 2023	Percent	18 and over	33.24	(32.52,33.96)	89.76	(89.66,89.86)	0.37
No qualification, June 2023	Percent	18 and over	59.09	(58.01,60.17)	11.40	(11.36,11.43)	5.18

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
Highest qualification at least NCEA level 2 or equivalent, June 2023	Percent	18 and over	29.38	(28.71,30.04)	78.72	(78.62,78.82)	0.37
Work, care and volunteering							
Parents as carers - At least one parent in the household not in full-time work as at 2023 Census	Percent	Under 15	67.30	(63.51,71.10)	55.71	(55.54,55.87)	1.21
Parental employment participation - All parents in the household in paid employment as at 2023 Census	Percent	Under 15	54.25	(51.03,57.48)	67.27	(67.09,67.45)	0.81
Employment participation, as at 30 June 2023	Percent	18 to 64	20.76	(20.22,21.31)	77.26	(77.16,77.36)	0.27
Volunteering outside the home - unpaid activities outside the home in the four weeks to 6 March 2023	Percent	15 and over	8.18	(7.86,8.51)	21.08	(21.04,21.13)	0.39
Benefit receipt, as at 30 June 2023	Percent	18 to 64	82.84	(81.74,83.95)	12.07	(12.03,12.11)	6.86
Youth not in education, employment or training, as at 30 June 2023	Percent	15 to 24	41.43	(40.04,42.83)	13.50	(13.41,13.59)	3.07
Youth studying and not working, as at 30 June 2023	Percent	15 to 24	39.08	(37.74,40.42)	23.79	(23.67,23.91)	1.64
Youth working and not studying, as at 30 June 2023	Percent	15 to 24	15.69	(14.83,16.55)	35.26	(35.12,35.41)	0.44
Youth working and studying, as at 30 June 2023	Percent	15 to 24	3.80	(3.38,4.22)	27.45	(27.32,27.58)	0.14
Income, consumption and wealth							
Average total annual personal income, year ending 31 March 2023	Thousands of dollars	18 to 64	27.73	(27.73,27.73)	63.44	(63.44,63.44)	0.44
Average equivalised disposable household income, year ending 31 March 2023	Thousands of dollars	Under 15	42.60	(42.59,42.61)	49.00	(49.00,49.00)	0.87
		15 and over	37.86	(37.85,37.86)	56.44	(56.44,56.44)	0.67

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
Living in a low-income household - Equiv disposable household income < 50% of median year ending 31 March 2023	Percent	Under 15	13.80	(12.32,15.28)	10.51	(10.44,10.58)	1.31
	Percent	15 and over	15.49	(14.94,16.03)	8.92	(8.89,8.95)	1.74
Received any benefit in the year to 30 June 2023	Percent	Under 15	44.45	(41.70,47.19)	24.53	(24.42,24.64)	1.81
	Percent	15 and over	86.92	(85.63,88.20)	22.05	(21.99,22.10)	3.94
Received Child Disability Allowance in the year to 30 June 2023	Percent	Under 15	77.76	(73.84,81.67)	7.97	(7.91,8.03)	9.75
Received Disability Allowance in the year to 30 June 2023	Percent	Under 15	14.54	(13.05,16.02)	5.22	(5.17,5.27)	2.78
	Percent	15 and over	58.17	(56.83,59.52)	9.74	(9.71,9.78)	5.97
Received a Special Needs Grant in the year to 30 June 2023	Percent	Under 15	35.29	(32.77,37.80)	19.93	(19.84,20.03)	1.77
	Percent	15 and over	34.38	(33.55,35.22)	12.32	(12.29,12.36)	2.79
Living in most deprived NZDep decile, June 2023	Percent	Under 15	20.82	(19.11,22.54)	13.65	(13.57,13.72)	1.53
	Percent	15 and over	19.60	(19.08,20.12)	9.99	(9.96,10.02)	1.96
Living in a household with access to the internet as at 2023 Census	Percent	All ages	79.84	(78.50,81.19)	93.56	(93.47,93.65)	0.85
Any international travel, 5 years to 30 June 2023	Percent	All ages	17.95	(17.40,18.50)	54.74	(54.68,54.81)	0.33
Housing							
Average number of addresses recorded, 1 July 2013 to 30 June 2023	Number	All ages	3.77	(3.74,3.80)	2.97	(2.97,2.97)	1.27
House is mouldy or damp as at 2023 Census	Percent	All ages	29.72	(28.89,30.55)	24.92	(24.88,24.97)	1.19
House is crowded as at 2023 Census	Percent	All ages	15.89	(15.31,16.46)	11.49	(11.46,11.52)	1.38
Social housing tenancy	Percent	Under 15	14.12	(12.69,15.54)	5.68	(5.64,5.73)	2.48
	Percent	15 and over	12.22	(11.83,12.61)	3.58	(3.56,3.60)	3.41
Social housing waiting list	Percent	Under 15	2.92	(2.18,3.65)	1.53	(1.50,1.55)	1.91

Domain and indicator	Measure	Age range	Intellectual disability		No intellectual disability		Rate ratio
			ASR	95% CI	ASR	95% CI	
	Percent	15 and over	3.91	(3.69,4.12)	1.08	(1.07,1.09)	3.63
Family and friends							
Living in the same household as a registered birth parent as at 2023 Census	Percent	Under 18	87.13	(83.74,90.52)	94.90	(94.69,95.10)	0.92
		18 and over	58.77	(57.09,60.45)	38.03	(37.86,38.20)	1.55
Living in a sole parent household - in a family with only one parent as at 2023 Census	Percent	Under 15	36.02	(33.46,38.57)	24.51	(24.40,24.62)	1.47
Born to at least one teen parent (under 20 years old)	Percent	All ages	10.14	(9.67,10.60)	7.60	(7.56,7.64)	1.33
Ever been registered as married or in a civil union	Percent	18 and over	5.38	(5.02,5.75)	19.90	(19.84,19.96)	0.27
Had a divorce or dissolution, if ever had a marriage or civil union	Percent	18 and over	18.33	(15.53,21.14)	7.22	(6.87,7.57)	2.54
Ever been registered as a parent on a birth certificate	Percent	18 and over	16.73	(16.18,17.27)	42.73	(42.65,42.81)	0.39
Safety							
Average number of victimisations recorded in NZ Police data, to June 2023	Victimisations per 100 people	Under 15	2.02	(1.73,2.32)	0.95	(0.93,0.97)	2.14
	Victimisations per 100 people	15 and over	6.62	(6.35,6.90)	4.01	(3.99,4.03)	1.65
Children exposed to violence, to June 2023	Percent	Under 15	12.27	(10.86,13.68)	8.42	(8.36,8.48)	1.46
Children placed in care by Oranga Tamariki, to June 2023	Percent	Under 15	6.02	(5.23,6.81)	0.90	(0.88,0.92)	6.70
Adult with a child who has been placed in care, to June 2023	Percent	15 to 64	11.56	(10.59,12.52)	0.71	(0.69,0.73)	16.34
Convicted of a crime, 5 years to June 2023	Percent	18 and over	6.30	(6.03,6.57)	3.74	(3.72,3.76)	1.68
Currently incarcerated (sentenced or on remand), June 2023	Percent	18 and over	0.66	(0.57,0.75)	0.20	(0.19,0.20)	3.38

Note: All rate ratios are statistically significantly different from 1 unless otherwise indicated. A + indicates a non-statistically significant result.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