



The estimates in this report, which are mostly based on the population aged 15 and over, and the terminology used, follow guidelines used in New Zealand and are not comparable with those presented in other WG country disability reports in this series. Data from some of the sources have not been age adjusted.

Disability in New Zealand

The Importance of Disability

Disability is both a multidimensional concept and experience. Disability can affect anyone at any time – from birth through childhood, adolescence, adulthood, and old age. Worldwide, many people with disabilities do not have equal access to education, employment, and health care. In addition, those with disability may experience barriers to participating in civic and social life activities.

Defining Disability

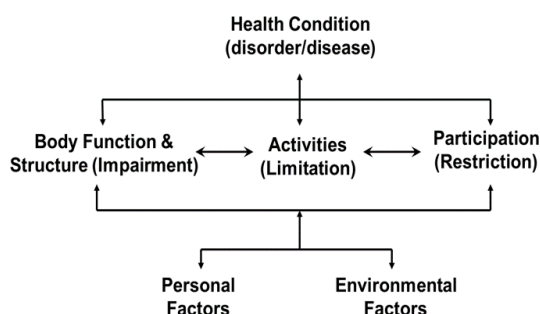
No single definition of disability exists. Definitions vary depending on the purpose for measurement. Moreover, the nature and severity of disabilities can vary greatly depending on cultural contexts¹. Yet, data on the size and characteristics of the population with disability, which also allow for cross-cultural comparisons, require standardization in both the conceptualization and the measurement of disability.

The International Classification of Functioning, Disability and Health (ICF), developed by the World Health Organization², provides the necessary and consistent definition of disability. According to the ICF model, disability arises from the interaction between an individual and that individual's contextual (personal and environmental) circumstances. Thus, the degree to which participation in life activities is restricted depends on the interaction between the individual's functioning (ability to perform basic functional activities) and the environment.

The Washington Group

The Washington Group on Disability Statistics (WG), a city group established under the United Nations Statistical Commission, was formed to address the need for population-based measures of disability by promoting and coordinating international co-operation in the area of health statistics, focusing on disability data collection tools suitable for censuses and national surveys.

The ICF Model of Disability



The WG has developed, tested and adopted the Short Set on Functioning (WG-SS) to collect such data. The questions use the ICF as a conceptual framework. The WG-SS is comprised of 6 questions measuring difficulty functioning in basic actions, with response categories that capture the full spectrum of difficulty functioning, from mild to severe. Disability is defined as having “a lot of difficulty” or “cannot do at all” to at least one WG-SS question.

The WG Short Set on Disability

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty with self-care, such as washing all over or dressing?
6. Using your usual language, do you have difficulty communicating, for example understanding or being understood?

Response categories: No difficulty / Some difficulty / A lot of difficulty / Cannot do at all

New Zealand Data on Disability and Methods

The [New Zealand Census of Population and Dwellings](#) (NZ Census) is the official count of the people and dwellings in New Zealand. This report uses the usually resident population count from the 2023 NZ Census, which is a count of all people enumerated by census, who usually live in New Zealand, and were present in New Zealand on census night – a population of 4,993,923.

The 2023 NZ Census uses a combined data model, which uses census forms which can be filled in online or using paper. WG-SS questions have been included in the NZ Census since the 2018 Census. When there are gaps, it sometimes uses administrative data, data from previous censuses, and statistical imputation. However, if the WG-SS was not answered, these gaps were not filled. For the 2023 NZ Census, administrative data was sourced through the [Integrated Data Infrastructure](#).

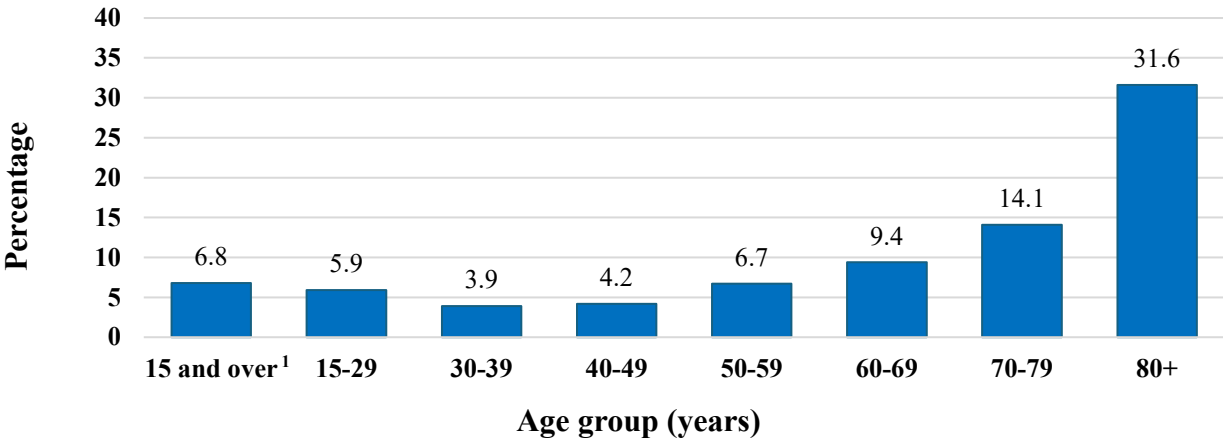
Some of the rates reported here are age-adjusted using the 2020 world population³ to facilitate cross-country comparisons. All census data is publicly available through the [Aotearoa data explorer](#).

In addition to the NZ Census, this report draws on several nationally representative surveys which include the WG-SS questions, including the [General Social Survey](#), [New Zealand Health Survey](#), [Household Economic Survey](#), [Household Labour Force Survey](#), and the [New Zealand Crime and Victims Survey](#). Differences between estimates were evaluated by comparing 95% confidence intervals, with no overlap indicating a significant difference.

Prevalence of Disability

- In the 2023 NZ Census, the age-adjusted percentage of persons aged 15 years and over who are disabled (at least “a lot of difficulty” in at least one functional domain) is 6.8%.
- The prevalence of disability tends to increase with age, from 5.9% for those aged 15-29 years to 31.6% among those aged 80 years and over.

Figure 1. Prevalence of disability: age-adjusted and age-specific percentage of the population 15 years and over and by age group, New Zealand, 2023



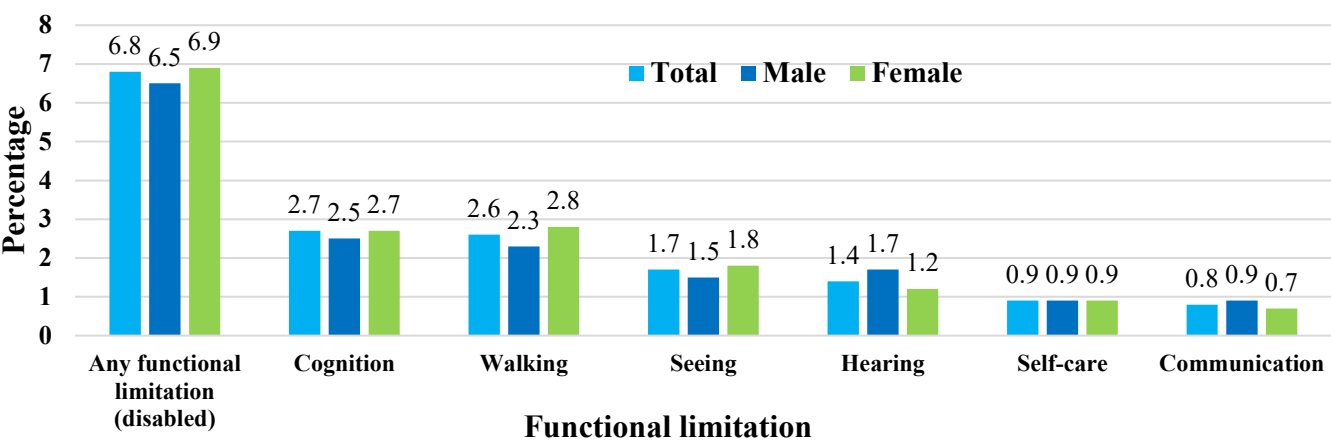
¹Total for 15 and over is age-adjusted using the 2020 world population³ (available at: [World Population Prospects - Population Division - United Nations](#)) using the following age groups: 15-29, 30-39, 40-49, 50-59, 60-69, 70-79, and 80 years and over.

Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functional domains were classified as disabled.

Data source: NZ Census, 2023.

- Females (6.9%) are more likely than males (6.5%) to have any functional limitation.
- Males are more likely to have hearing and communication functional limitations, while females are more likely to have walking, cognition (remembering or concentrating), and seeing functional limitations. Males and females have similar rates of self-care functional limitations.
- The most common type of functional limitation is cognition.

Figure 2. Prevalence of any and type of functional limitation: age-adjusted percentage of the population 15 years and over, by gender, New Zealand, 2023



Age-adjusted percentages are based on the 2020 world population³ (available at: [World Population Prospects - Population Division - United Nations](#)) using the following age groups: 15-29, 30-39, 40-49, 50-59, 60-69, 70-79, and 80 years and over.

Functional limitation is based on the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functional domains were classified as disabled.

Data source: NZ Census, 2023.

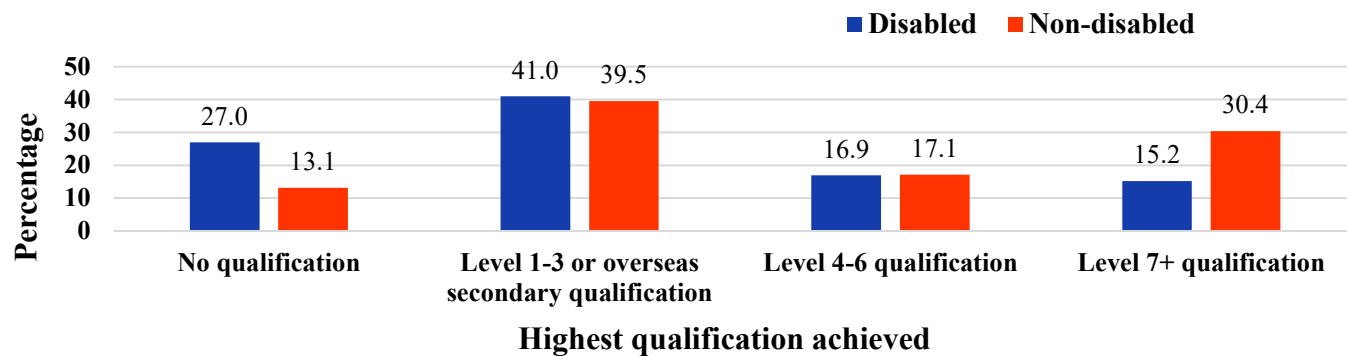
Outcomes Disaggregated by Disability

Disaggregating data by disability status allows for the comparison of outcomes for people with and without disabilities and is a necessary first step towards addressing disparities. Outcome indicators, such as educational attainment and employment, any of the 2030 Agenda for Sustainable Development Goals⁴, or specific programmatic objectives, can be monitored over time to determine if gaps exist between those with and without disabilities and whether those gaps are increasing or decreasing across time. In this section, data on educational attainment, personal income, employment status, life satisfaction, loneliness, self-reported health, psychological distress, material hardship (child poverty), not in employment, education or training (NEET), and victimisation are disaggregated by disability status.

Educational Attainment

- In the 2023 NZ Census, disabled adults aged 15 and over (27.0%) were more likely to have no qualification compared with non-disabled adults (13.1%).
- Disabled adults (15.2%) were less likely to have completed a bachelor’s degree or higher (level 7+ qualification) compared with non-disabled adults (30.4%).
- Disabled adults (41.0%) and non-disabled adults (39.5%) were most likely to have a level 1-3 or overseas secondary school qualification as their highest qualification.
- Similar proportions of disabled adults (16.9%) and non-disabled adults (17.1%) had achieved a level 4-6 qualification.

Figure 3. Highest qualification achieved by disability status: age-adjusted percentage of the population 15 years and over, New Zealand, 2023



Age-adjusted percentages are based on the 2020 world population³ (available at: [World Population Prospects - Population Division - United Nations](#)) using the following age groups: 15-29, 30-39, 40-49, 50-59, 60-69, 70-79, and 80 years and over.

Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functional domains were classified as disabled.

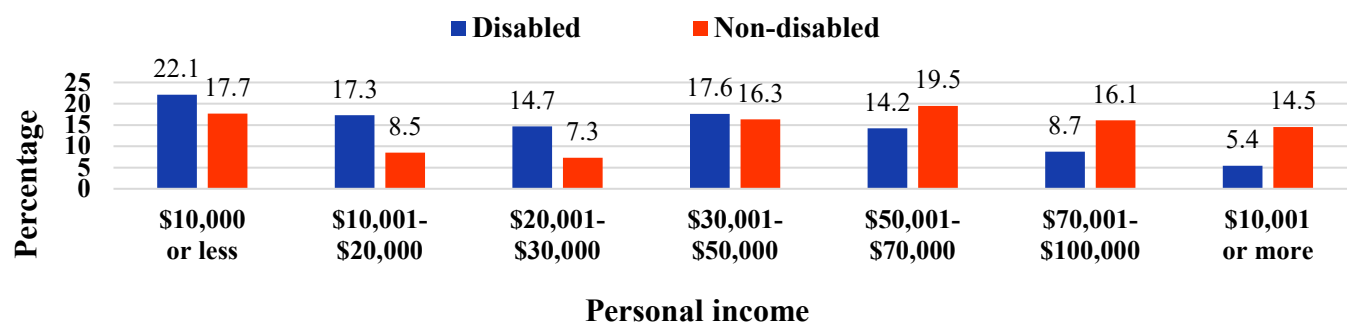
Data source: NZ Census, 2023.

Personal Income

- In the 2023 NZ Census, disabled adults aged 15-64 years (54.1%) were more likely than non-disabled adults (33.6%) to have an income of \$30,000 or less.

- 17.6% of disabled adults had a total personal income of \$30,001-\$50,000, compared with 16.3% of non-disabled adults.
- Disabled adults (28.3%) were less likely than non-disabled adults (50.1%) to have an income of \$50,001 or more.

Figure 4. Personal income by disability status: age-adjusted percentage of the population 15 – 64 years, New Zealand, 2023



Age-adjusted percentages are based on the 2020 world population³ (available at: [World Population Prospects - Population Division - United Nations](https://www.un.org/en/development/desa/population/publications/)) using the following age groups: 15-29, 30-39, 40-49, 50-59, and 60-64.

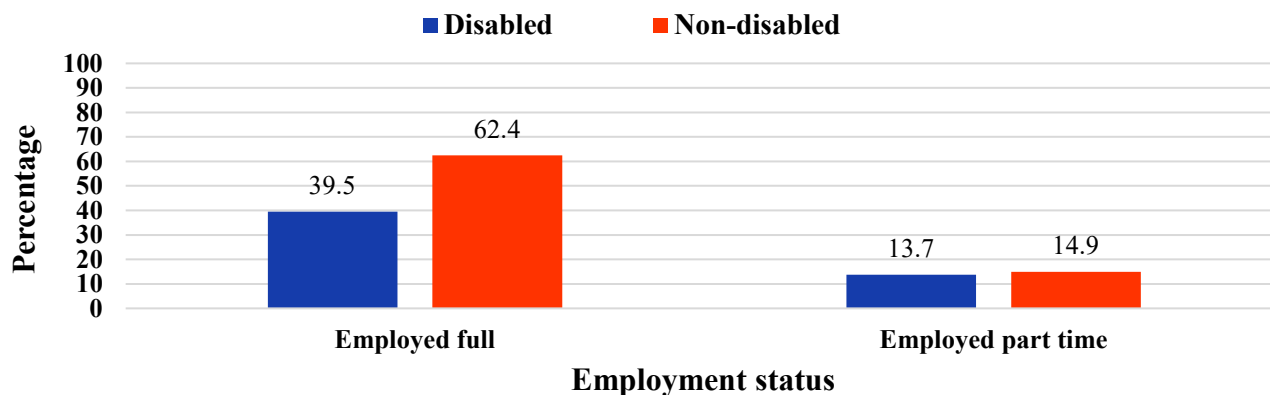
Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functional domains were classified as disabled.

Data source: NZ Census, 2023.

Employment Status

- In the 2023 NZ Census, 53.2% of disabled adults aged 15-64 years were employed, compared with 77.2% of non-disabled adults.

Figure 5. Employment status by disability status: age-adjusted percentage of the population 15-64 years, New Zealand, 2023



Age-adjusted percentages are based on the 2020 world population³ (available at: [World Population Prospects - Population Division - United Nations](https://www.un.org/en/development/desa/population/publications/)) using the following age groups: 15-29, 30-39, 40-49, 50-59, and 60-64.

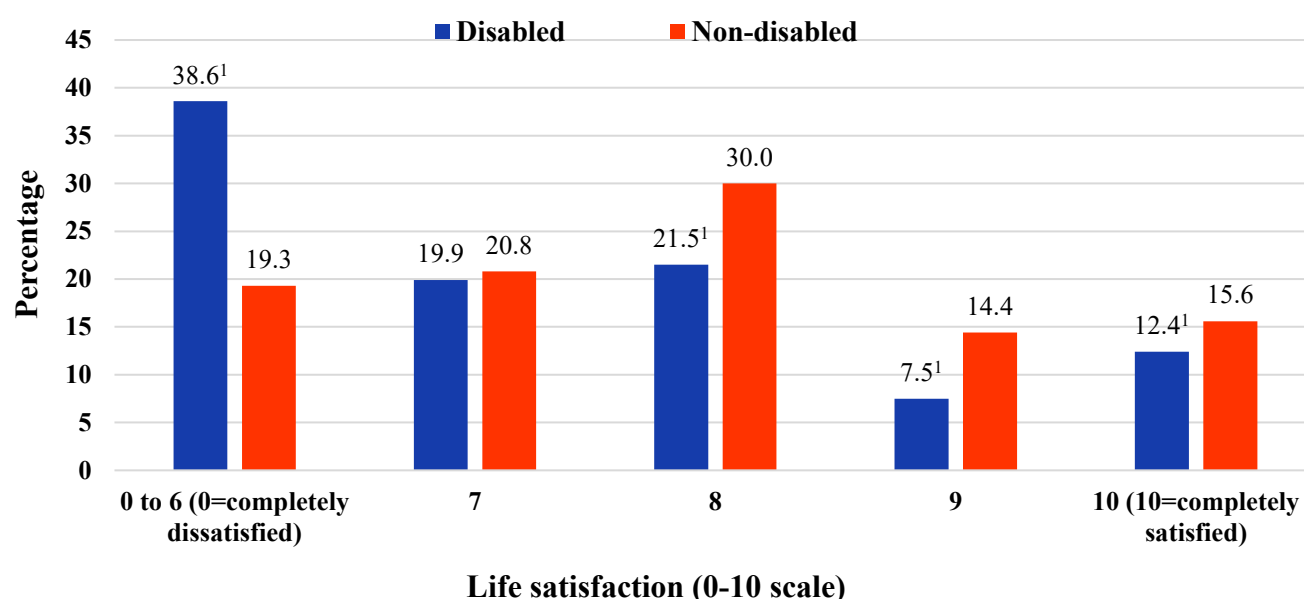
Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functional domains were classified as disabled.

Data source: NZ Census, 2023.

Life Satisfaction

- In the 2023 General Social Survey, mean life satisfaction for disabled adults aged 15 years and over was 6.9 compared with 7.7 for non-disabled adults.
- 12.4% of disabled adults reported a score of 10 (completely satisfied) compared with 15.6% of non-disabled adults.
- Disabled adults (38.6%) were more likely than non-disabled adults (19.3%) to report low life satisfaction (a score of 0-6).

Figure 6. Life satisfaction by disability status: percentage of the population 15 years and over, New Zealand, 2023



¹Significantly different from non-disabled people, as indicated by non-overlapping 95% confidence intervals between the two estimates.

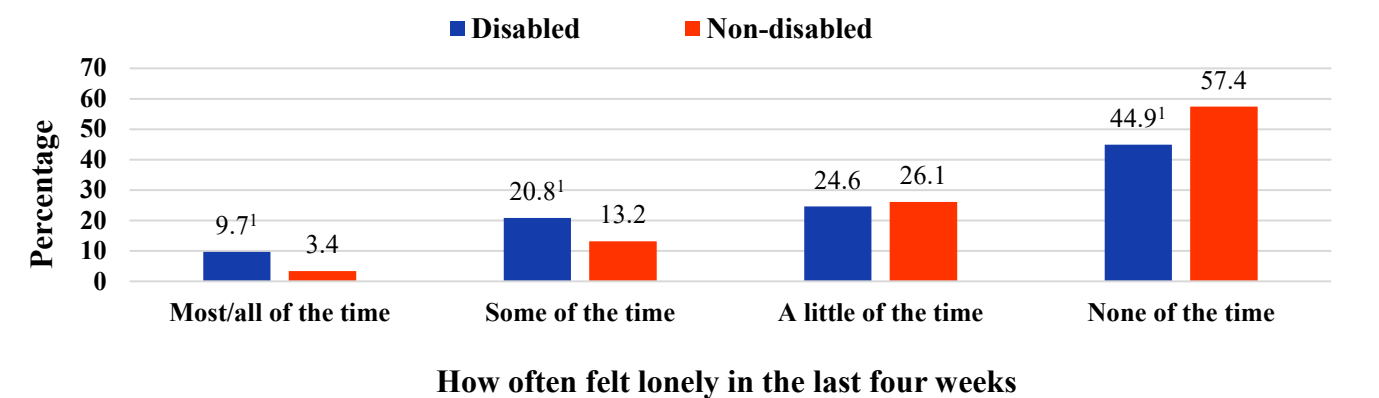
Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functional domains were classified as disabled.

Data source: Stats NZ General Social Survey, 2023.

Loneliness

- In the 2023 General Social Survey, 9.7% of disabled adults aged 15 years and over reported feeling lonely most/all of the time in the last four weeks, compared with 3.4% of non-disabled adults.
- Disabled adults (44.9%) were less likely to report feeling lonely none of the time over the last four weeks compared with non-disabled adults (57.4%).

Figure 7. Self-reported loneliness by disability status: percentage of the population 15 years and over, New Zealand, 2023



¹Significantly different from non-disabled people, as indicated by non-overlapping 95% confidence intervals between the two estimates.

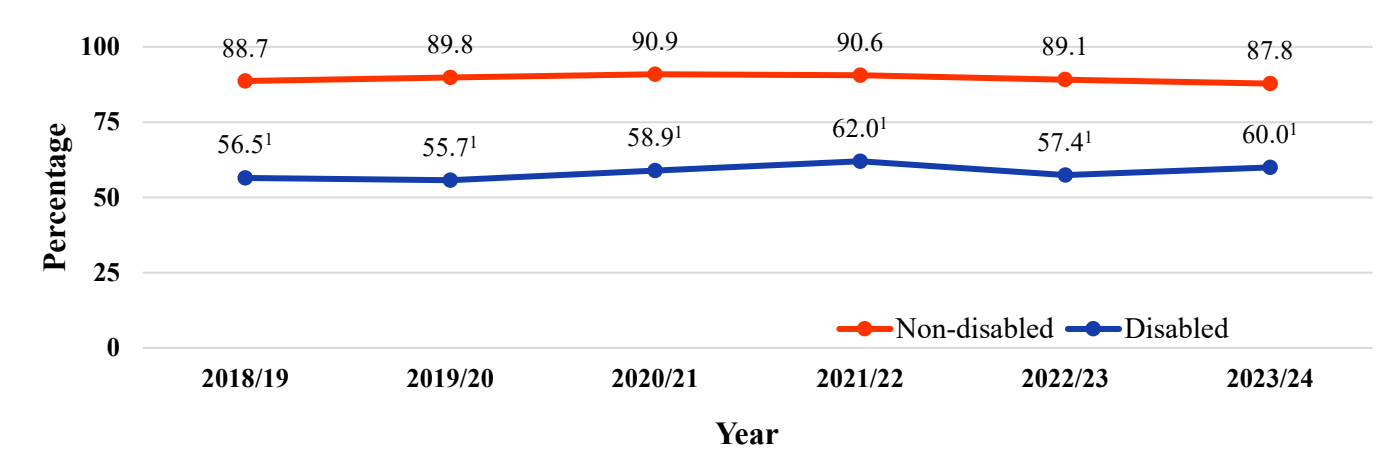
Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functional domains were classified as disabled.

Data source: Stats NZ General Social Survey, 2023.

Self-Reported Health

- In the 2023/2024 New Zealand Health Survey, 60.0% of disabled adults aged 15 years and over reported their health as being good, very good, or excellent, compared with 87.8% of non-disabled adults.
- Disabled adults have been less likely to report their health as being good, very good, or excellent than non-disabled adults every year since the inclusion of WG-SS questions in the survey (2018-2024).

Figure 8. Trends in self-reported good, very good, or excellent health by disability status: percentage of the population 15 years and over, New Zealand, 2018-2024



¹Significantly different from non-disabled people, as indicated by non-overlapping 95% confidence intervals between the two estimates.

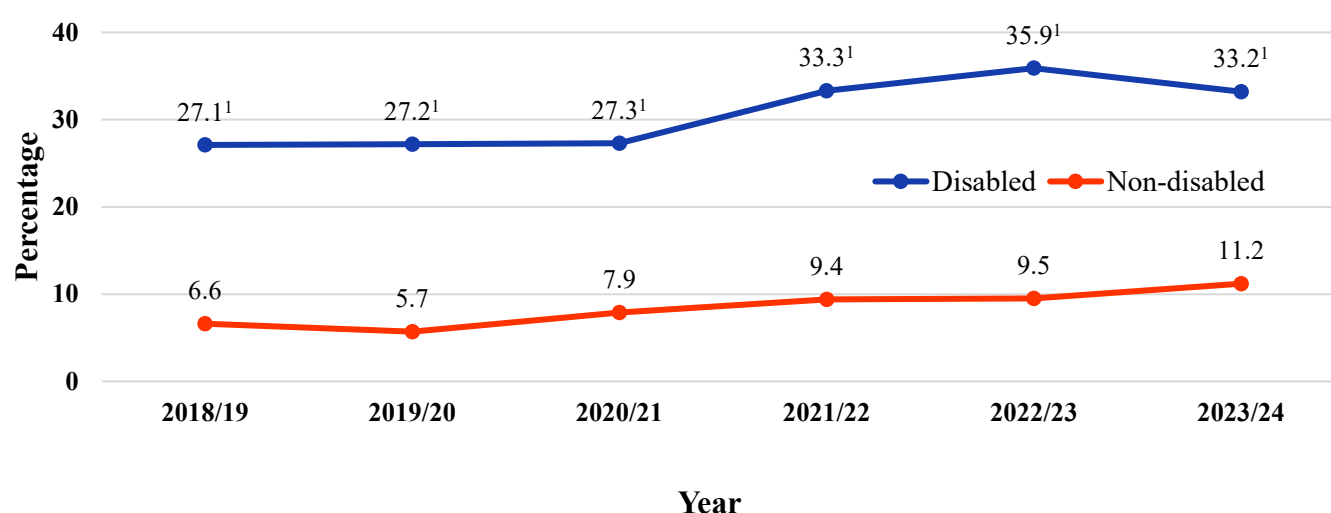
Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functional domains were classified as disabled.

Data source: Ministry of Health New Zealand Health Survey, 2018/2019-2023/2024.

Psychological Distress

- In the 2023/2024 New Zealand Health Survey, 33.2% of disabled adults aged 15 years and over reported high or very high psychological distress, compared with 11.2% of non-disabled adults.
- Disabled adults were more likely to report high or very high psychological distress in 2023/24 (33.2%) than they were in 2018/19 (27.1%).
- Disabled adults have been more likely to report high or very high psychological distress than non-disabled adults every year since the inclusion of WG-SS questions in the survey (2018-2024).

Figure 9. Trends in high or very high psychological distress by disability status: percentage of the population 15 years and over, New Zealand, 2018-2024



¹Significantly different from non-disabled people, as indicated by non-overlapping 95% confidence intervals between the two estimates.

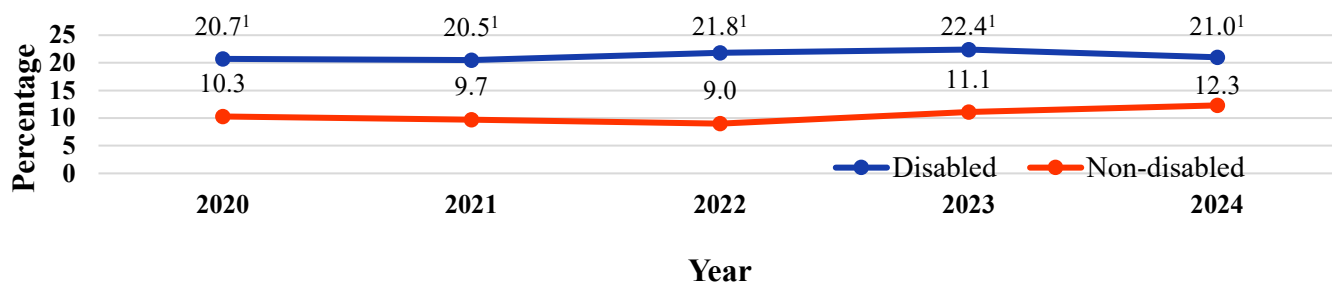
Respondents are categorised as experiencing high or very high psychological distress if they have a score of 12 or more on the Kessler Psychological Distress Scale (K10). Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functional domains were classified as disabled.

Data source: Ministry of Health New Zealand Health Survey, 2018/2019-2023/2024.

Material Hardship-Child Poverty

- In the Household Economic Survey for the year ended June 2024, 21.0% of disabled children aged 2-17 years were living in households experiencing material hardship, compared with 12.3% of non-disabled children.
- Disabled children have been more likely to be living in households experiencing material hardship than non-disabled children every year since the inclusion of WG-SS questions in the survey (2020-2024).

Figure 10. Trends in material hardship by disability status: percentage of the population 2 - 17 years living in households, New Zealand, 2020-2024



¹Significantly different from non-disabled people, as indicated by non-overlapping 95% confidence intervals between the two estimates.

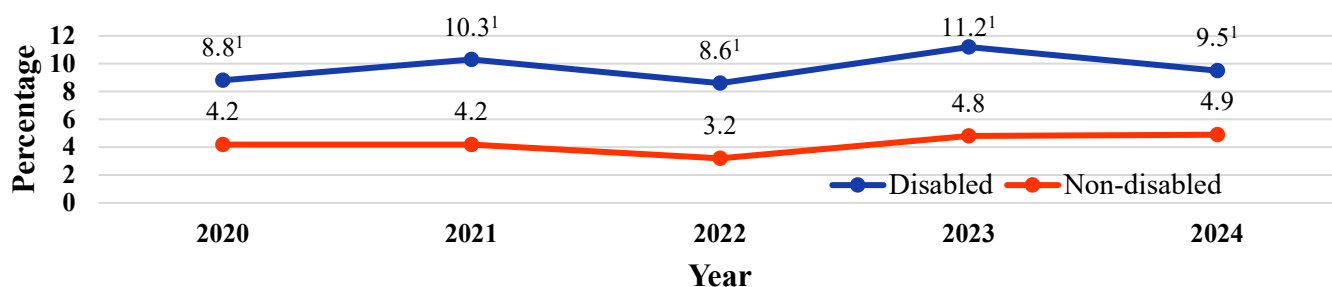
Material hardship is defined as having a DEP-17 index score of six or more. The DEP-17 index focuses on low living standards and includes questions about “enforced lack of essentials”, “economised, cut back, or delayed purchases a lot”, “in arrears more than once in last 12 months”, and “financial stress and vulnerability”. Disability is defined using the Washington Group/UNICEF Child Functioning Module. People aged 5-17 are classified as disabled if they have a response of “a lot of difficulty” or “cannot do at all” to at least one of the questions asking about difficulty seeing, hearing, walking, with self-care, communicating, learning, remembering, concentrating, accepting change, controlling behaviour, making friends or if they had a response of “daily” to questions asking how often they feel anxious, nervous, or worried or how often they feel depressed. People aged 2 to 4 are classified as disabled if they have a response of “a lot of difficulty” or “cannot do at all” to at least one of the questions asking about difficulty seeing, hearing, walking, with dexterity, communicating, learning, playing or if they could not control behaviour at all.

Data source: Stats NZ Household Economic Survey, 2020-2024.

Severe Material Hardship-Child Poverty

- In the Household Economic Survey for the year ended June 2024, 9.5% of disabled children aged 2-17 years were living in households experiencing severe material hardship, compared with 4.9% of non-disabled children.
- Disabled children have been more likely to be living in households experiencing severe material hardship than non-disabled children every year since the inclusion of WG-SS questions in the survey (2020-2024).

Figure 11. Trends in severe material hardship by disability status: percentage of the population 2-17 years living in households, New Zealand, 2020-2024



¹Significantly different from non-disabled people, as indicated by non-overlapping 95% confidence intervals between the two estimates.

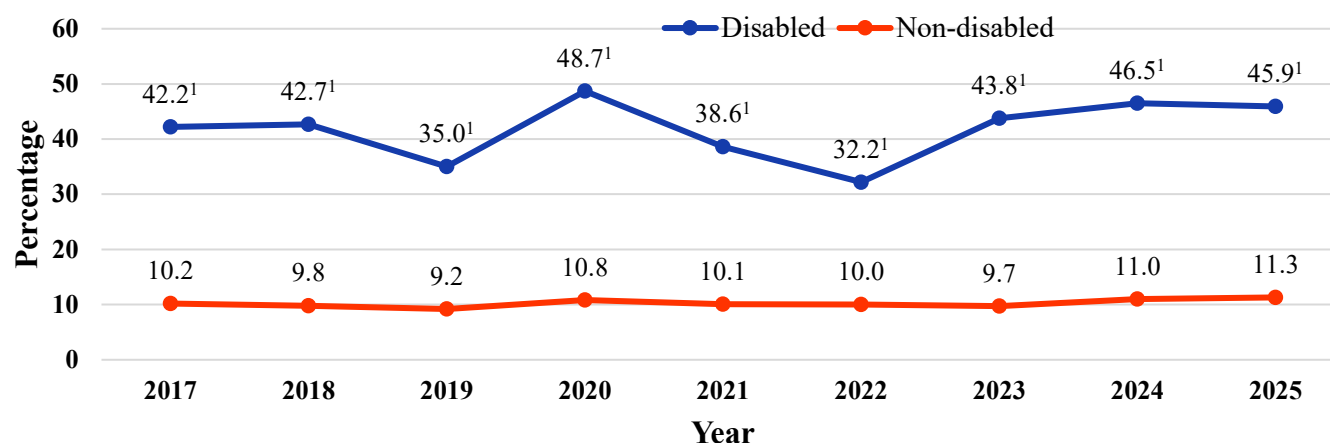
Severe material hardship is defined as having a DEP-17 index score of nine or more. The DEP-17 index focuses on low living standards and includes questions about “enforced lack of essentials”, “economised, cut back, or delayed purchases a lot”, “in arrears more than once in last 12 months”, and “financial stress and vulnerability”. Disability is defined using the Washington Group/UNICEF Child Functioning Module. People aged 5-17 are classified as disabled if they have a response of “a lot of difficulty” or “cannot do at all” to at least one of the questions asking about difficulty seeing, hearing, walking, with self-care, communicating, learning, remembering, concentrating, accepting change, controlling behaviour, making friends or if they had a response of “daily” to questions asking how often they feel anxious, nervous, or worried or how often they feel depressed. People aged 2 to 4 are classified as disabled if they have a response of “a lot of difficulty” or “cannot do at all” to at least one of the questions asking about difficulty seeing, hearing, walking, with dexterity, communicating, learning, playing or if they could not control behaviour at all.

Data source: Stats NZ Household Economic Survey, 2020-2024.

Not in Employment, Education, or Training Rate (NEET)

- In the June 2025 quarter of the Household Labour Force Survey, 45.9% of disabled young people aged 15-24 years were not in employment, education, or training, compared with 11.3% of non-disabled young people.
- Disabled young people have been more likely than non-disabled young people to not be in employment, education, or training every year since the inclusion of WG-SS questions in the survey (2017-2025).

Figure 12. Trends in the not in employment, education, or training (NEET) rate by disability status: percentage of the population 15-24 years, 2017-2025



¹Significantly different from non-disabled people, as indicated by non-overlapping 95% confidence intervals between the two estimates.

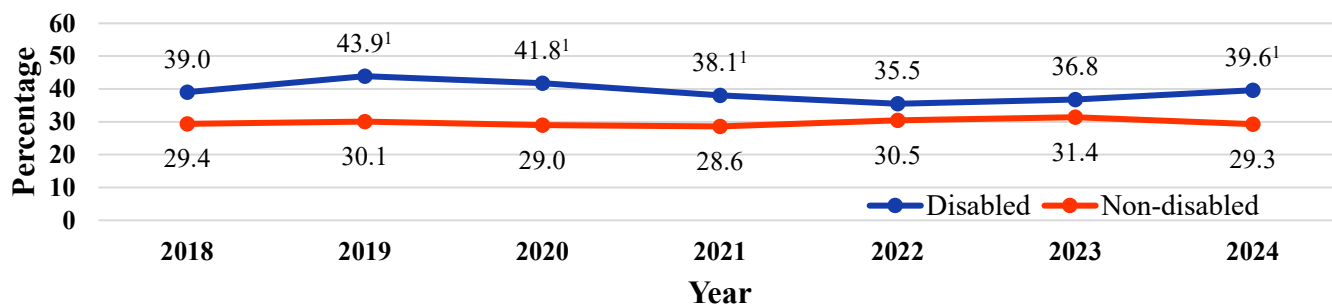
The NEET rate is the proportion of people aged 15 to 24 years who are not in employment, or formal education or training. Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functional domains were classified as disabled.

Data source: Stats NZ Household Labour Force Survey, 2017-2025.

Victimisation Rate

- In the 2024 New Zealand Crime and Victims Survey, 39.6% of disabled adults aged 15 years and over were victims of a crime, compared with 29.3% of non-disabled adults.
- Disabled adults were more likely than non-disabled adults to be victims of a crime in 2019, 2020, 2021, and 2024.
- The victimisation rate for disabled adults in 2024 is not different to the victimisation rate for disabled adults in 2018.

Figure 13. Trends in victimisation rate by disability status: age-standardised percentage of the population 15 years and over, 2018-2024



¹Significantly different from non-disabled people, as indicated by non-overlapping 95% confidence intervals between the two estimates.

Age-standardisation was performed by weighting survey responses to New Zealand subnational regional population estimates provided by Stats NZ.

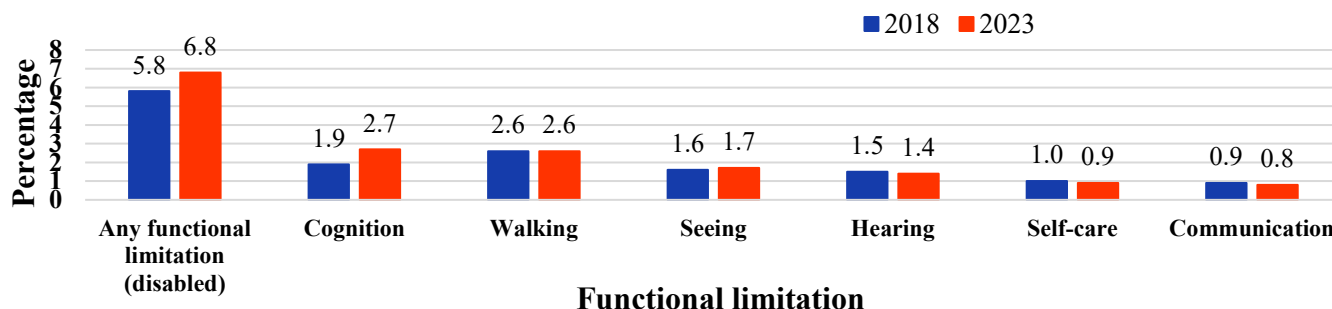
Disability is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functional domains were classified as disabled.

Data source: Ministry of Justice New Zealand Crime and Victims Survey, 2018-2024.

Trends in Functional Limitation Prevalence

- In the 2023 NZ Census, the age-adjusted prevalence of functional limitations was highest for cognition (2.7%), followed by walking (2.6%), seeing (1.7%), hearing (1.4%), self-care (0.9%), and communication (0.8%).
- When comparing 2023 with 2018, the age-adjusted prevalence of walking, communication, hearing, self-care, and seeing functional limitations has remained relatively stable.
- The age-adjusted prevalence of any functional limitation increased from 5.8% in 2018 to 6.8% in 2023.

Figure 14. Trends in any and type of functional limitation: age-adjusted percentage of the population 15 years and over, New Zealand, 2018 and 2023



Age-adjusted percentages are based on the 2020 world population³ (available at: [World Population Prospects - Population Division - United Nations](https://www.un.org/en/development/desa/population/publications/)) using the following age groups: 15-29, 30-39, 40-49, 50-59, 60-69, 70-79, and 80 years and over.

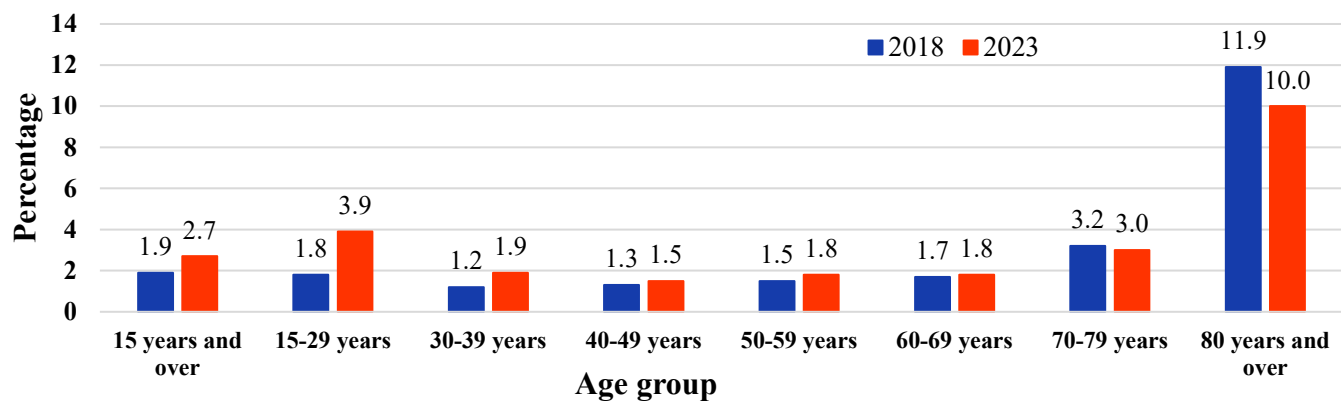
Functional limitation is defined using the WG Short Set on Functioning, which asks about difficulty in seeing, hearing, walking or climbing steps, communicating, remembering or concentrating, and self-care, such as washing all over or dressing. Respondents who indicated "a lot of difficulty" or "cannot do at all" to at least one of the six functional domains were classified as disabled.

Data source: NZ Census, 2018 & 2023.

Trends in Cognition Functional Limitation Prevalence

- In the 2023 NZ Census, the age-adjusted prevalence of cognition functional limitations was 2.7%, an increase from 1.9% in 2018. This was mainly driven by increases in the cognition functional limitations prevalence in younger age groups.
- The prevalence of cognition functional limitations for people aged 15-29 years increased from 1.8% in 2018 to 3.9% in 2023.
- The prevalence of cognition functional limitations for people aged 30-39 years increased from 1.2% in 2018 to 1.9% in 2023.
- When comparing 2018 and 2023, the prevalence of cognition functional limitations for people aged 40-49 years, 50-59 years, 60-69 years, and 70-79 years have remained relatively stable.
- The prevalence of cognition functional limitations for people aged 80 years and over decreased from 11.9% in 2018 to 10.0% in 2023.

Figure 15. Trends in cognition functional limitations: age-adjusted and age-specific percentage of the population 15 years and over and by age group, New Zealand, 2018 and 2023



Age-adjusted percentages are based on the 2020 world population³ (available at: [World Population Prospects - Population Division - United Nations](#)) using the following age groups: 15-29, 30-39, 40-49, 50-59, 60-69, 70-79, and 80 years and over.

Cognition functional limitation is based on the WG Short Set on Functioning question about difficulty remembering or concentrating. Respondents who responded "a lot of difficulty" or "cannot do at all" to this question were classified as having a cognition functional limitation.

Data source: NZ Census, 2018 & 2023.

References

1. Altman, B. (2001). "Definitions of Disability and their Operationalization, and Measurement in Survey Data: An Update." In Barnartt, S. and Altman, B. (Eds.) *Exploring Theories and Expanding Methodologies: Where We Are and Where We Need To Go* (Research in Social Science and Disability, Vol. 2, pp. 77-100). Emerald Group Publishing Limited.

2. World Health Organization. (2001). *The International Classification of Functioning, Disability and Health (ICF)*. WHO.
3. United Nations. *2019 Revision of World Population Prospects*. Available at: [\(https://population.un.org/wpp/\)](https://population.un.org/wpp/).
4. United Nations General Assembly. (2015). *Transforming Our World: The 2030 Agenda for Sustainable Development*, 21 October 2015, A/RES/70/1. Available at: <https://www.refworld.org/docid/57b6e3e44.html>.