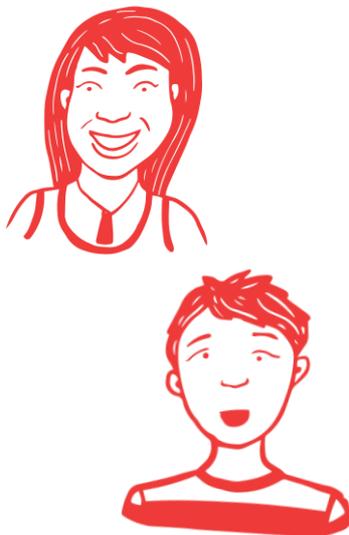


# A Youth19 Brief: Rangatahi Māori with a disability or chronic condition

## What is Youth19?

Youth19 is the latest in the Aotearoa New Zealand Youth2000 series of health and wellbeing surveys. These large scale, high quality surveys began in 2001, and involve a total of over 36 000 students. Youth19 is led by Dr Terryann Clark (University of Auckland) and Dr Terry Fleming (Victoria University of Wellington), with collaborators from around New Zealand and beyond.<sup>1</sup>



7,721 adolescents from 49 Auckland, Northland and Waikato schools and kura kaupapa Māori took part in Youth19. They completed the anonymous survey in English or te reo Māori on internet tablets with optional voice over. For more info, see [www.youth19.ac.nz](http://www.youth19.ac.nz).

Here, we report key data about the wellbeing of Māori participants with a disability or chronic condition. For more detailed information, including other research, young people's voices, and information about other areas of health and wellbeing, see our *Negotiating Multiple Identities* report.<sup>2</sup>

## Rangatahi Māori with a disability or chronic condition

'Rangatahi Māori with a disability or chronic condition' refers to Youth19 participants who reported that they are Māori and had a long-term disability, illness and/or pain condition that impacts on their day-to-day functioning. The survey questions used to define this group are shown on page 5.

In total, 24% of the Youth19 sample and 28% of Māori participants reported having a disability or chronic condition. This was 1,854 students, including 435 rangatahi Māori.

Of Māori students with a disability or chronic condition, over half were female and most lived in middle or higher deprivation neighbourhoods – see our report for details.<sup>2</sup>

## Summary

Most rangatahi Māori with a disability or chronic condition reported positive family and school environments, high rates of volunteering and moderate or good health.

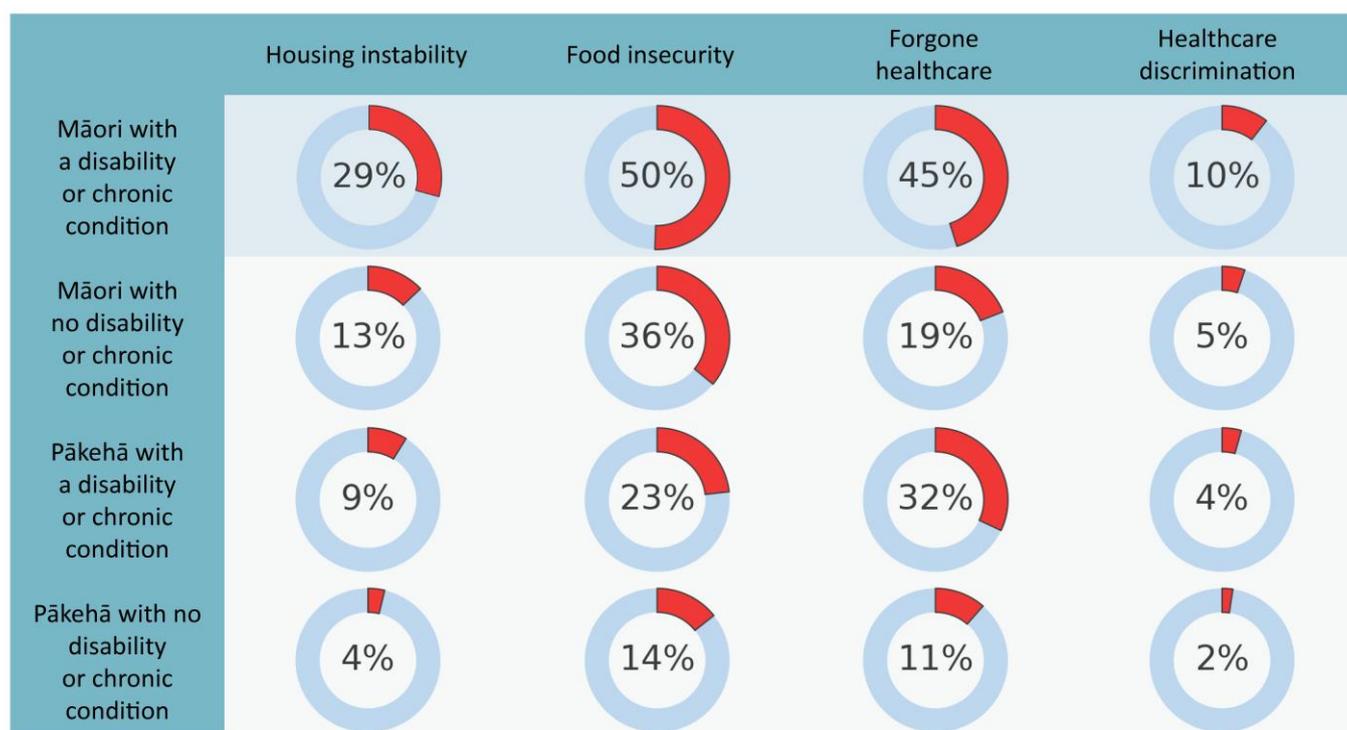
However, members of this group also reported major inequities compared to others, including high food and housing insecurity, poor healthcare access, and more discrimination by healthcare providers. They were also less likely to feel part of their school and feel safe at school, and more likely to report high rates of mental health concerns than other groups, as shown in this brief.

We can improve wellbeing for rangatahi Māori with disabilities or chronic conditions by ensuring that they and their whānau are free from discrimination and have the support and resources they need. We also need to ensure that rangatahi Māori feel safe and belong in all settings, that their voices are heard and acted upon, and that they have futures they can look forward to.

# Housing, food and healthcare

On this page and the following pages, we show how rangatahi Māori with a disability or chronic condition are doing on key indicators, in this case on measures of housing, food and healthcare. The last two pages of this brief detail how we measured each of these indicators and provide extra information.

Overall, we found that rangatahi Māori with disabilities or chronic conditions face much higher food insecurity (parents worrying about money for food) and housing instability (needing to sleep or live in challenging conditions due to housing costs) than others. They also reported higher forgone healthcare (not being able to get required healthcare within the last year) and higher rates of ethnic discrimination by healthcare providers. Key data is shown in the infographic and table below. Further information can be found in our report.<sup>2</sup>



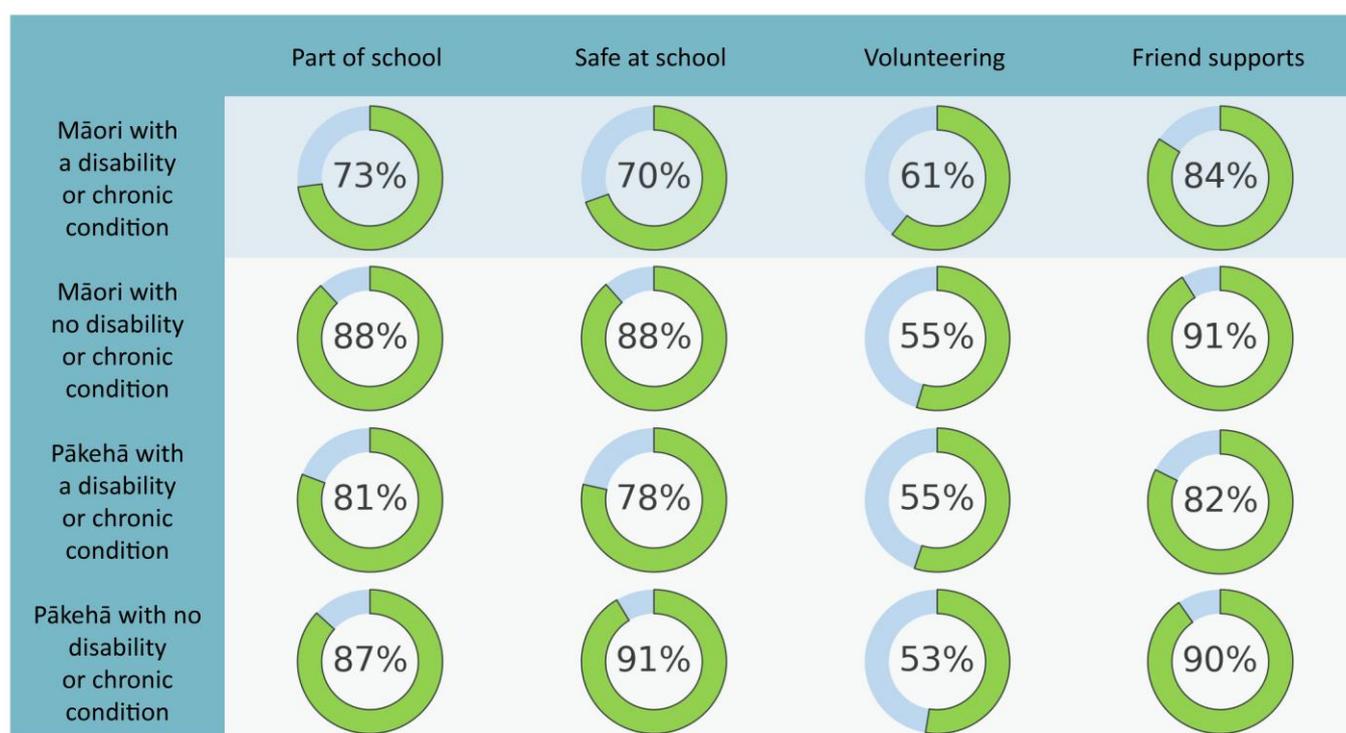
This infographic shows the estimated percentage of each indicator for each group, adjusted for age and sex differences and rounded to the nearest whole number. The table below provides the estimated percentages to one decimal place and shows the 95% confidence interval. The 95% confidence interval indicates the range between which the true percentage can be assumed to exist, 95% of the time. Where confidence intervals do not overlap, differences are considered statistically significant.

Variable name	Māori with a disability or chronic condition	Māori with no disability or chronic condition	Pākehā with a disability or chronic condition	Pākehā with no disability or chronic condition
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Housing instability	29.3 (24.0, 34.6)	12.9 (10.5, 15.3)	8.8 (6.1, 11.4)	3.7 (2.7, 4.6)
Food insecurity	50.5 (44.6, 56.5)	36.0 (32.4, 39.5)	23.2 (19.4, 27.0)	14.3 (12.6, 16.0)
Forgone healthcare	45.2 (39.3, 51.0)	19.0 (16.2, 21.8)	32.0 (27.9, 36.1)	11.4 (9.9, 12.9)
Health discrimination	10.5 (7.3, 13.7)	5.1 (3.7, 6.5)	4.3 (2.9, 5.7)	2.4 (1.8, 3.1)

# School, friendships and volunteering

Most rangatahi Māori with a disability or chronic condition report positive school environments. More than half (61%) volunteer to support others in their communities and most have friends who support them.

At the same time, members of this group face significant inequities and higher challenges than other young people. For example, 27% of rangatahi Māori with a disability or chronic condition do not feel part of their school and 30% do not feel safe at school; these two proportions are significantly higher for students with disabilities or chronic conditions than for students without these conditions.



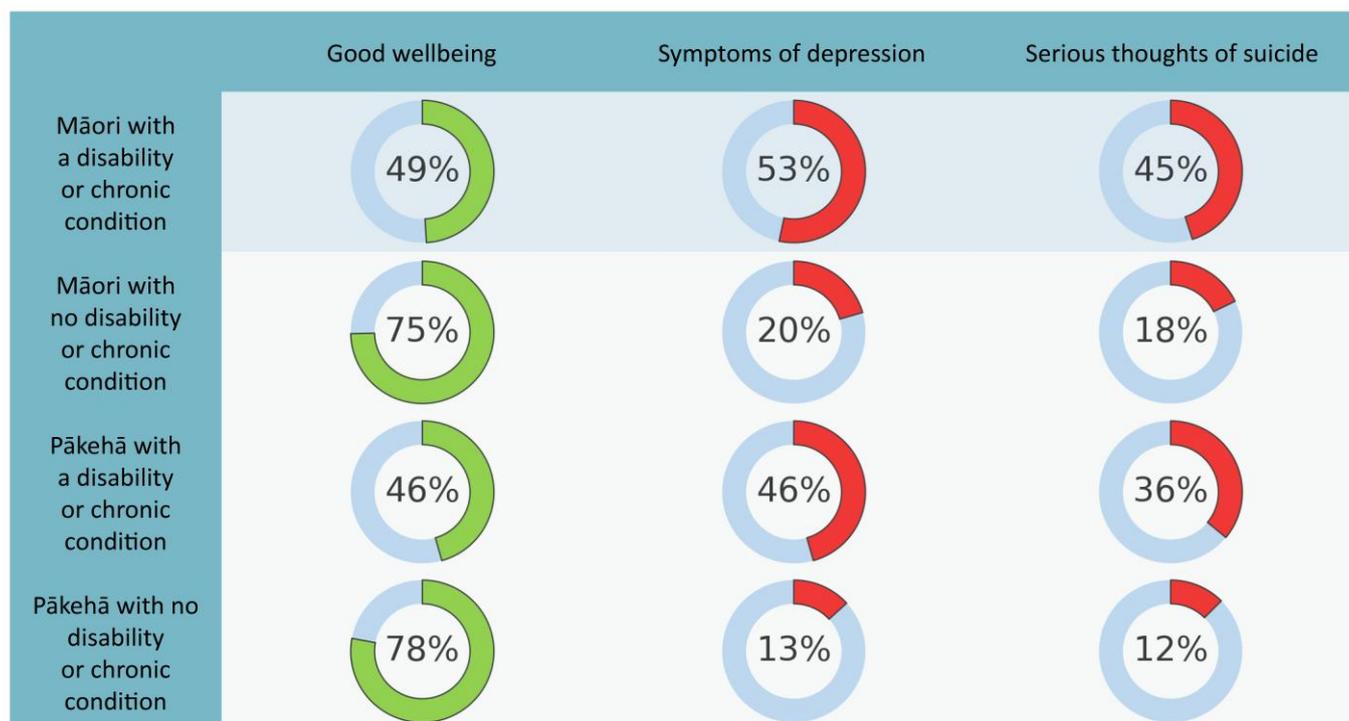
This infographic shows the estimated percentage of each indicator for each group, adjusted for age and sex differences and rounded to the nearest whole number. The table below provides the estimated percentages to one decimal place and shows the 95% confidence interval. The 95% confidence interval indicates the range between which the true percentage can be assumed to exist, 95% of the time. Where confidence intervals do not overlap, differences are considered statistically significant.

Variable name	Māori with a disability or chronic condition	Māori with no disability or chronic condition	Pākehā with a disability or chronic condition	Pākehā with no disability or chronic condition
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Part of school	73.0 (67.8, 78.2)	88.1 (85.9, 90.4)	80.8 (77.7, 83.9)	86.8 (85.2, 88.3)
Safe at school	69.5 (64.3, 74.8)	88.5 (86.3, 90.7)	78.5 (74.6, 82.4)	91.4 (90.0, 92.8)
Volunteering	60.7 (54.3, 67.1)	54.6 (50.7, 58.5)	55.1 (50.8, 59.5)	52.6 (50.2, 55.0)
Friend supports	84.1 (79.8, 88.3)	91.2 (89.1, 93.2)	82.4 (78.9, 86.0)	90.3 (88.8, 91.8)

# Wellbeing and mental health

Rangatahi Māori with disabilities or chronic conditions face major inequities and challenges in the area of wellbeing and mental health. Only 49% of rangatahi Māori in this group report good wellbeing, more than half report symptoms of depression and almost half report serious thoughts of suicide in the last year. These challenges are much higher than for young people without a disability or chronic condition.

Having a disability or chronic condition can expose young people to discrimination and exclusion from school and community environments. Young people in these groups might also be exposed to pain or challenges in everyday activities. These experiences can have significant impacts on wellbeing, future hopes and mental health.



This infographic shows the estimated percentage of each indicator for each group, adjusted for age and sex differences and rounded to the nearest whole number. The table below provides the estimated percentages to one decimal place and shows the 95% confidence interval. The 95% confidence interval indicates the range between which the true percentage can be assumed to exist, 95% of the time. Where confidence intervals do not overlap, differences are considered statistically significant.

Variable name	Māori with a disability or chronic condition	Māori with no disability or chronic condition	Pākehā with a disability or chronic condition	Pākehā with no disability or chronic condition
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Good wellbeing	49.1 (43.5, 54.7)	74.7 (71.7, 77.7)	45.6 (41.3, 49.9)	77.9 (75.9, 79.9)
Depressive symptoms	53.3 (47.7, 58.9)	20.5 (17.7, 23.4)	45.6 (41.2, 50.0)	13.2 (11.5, 14.8)
Suicide thoughts	45.1 (39.3, 50.9)	17.8 (15.0, 20.6)	36.0 (31.7, 40.4)	12.5 (10.7, 14.2)

# Youth19 questions and definitions

All questions in the Youth19 survey are self-reported. This means that young people answer the questions themselves, almost always by selecting a particular response option on the tablet screen. A key strength of Youth19 is the large, representative sample, which gives us an overview of a broad range of important areas for diverse groups of young people. The downside is that the survey only included students who were at the invited schools or kura on the day of the survey, and that the responses are not in-depth. For each question, there are limitations and things it would be good to know more about. Other kinds of research can help to enrich our understandings alongside this big picture overview. For more about the survey, see [www.youth19.ac.nz](http://www.youth19.ac.nz).

**A disability or chronic condition.** Students were classed as having a disability or chronic condition if they reported that they had a long-term disability, health condition or pain that impacted on their life. The questions were: "Do you have any long-term disability (lasting 6 months or more) (e.g. sensory impaired hearing, visual impairment, in a wheelchair, learning difficulties)?", "Do you have any long-term health problems or conditions (lasting 6 months or more) (e.g. asthma, diabetes, depression)?", and "Do you have any long-term pain (e.g. headaches, tummy pain, arms, or leg pain)?" Students who responded "yes" to any of these questions were asked if their condition caused them difficulty or stopped them doing activities that people their age can usually do. Those who said "yes" were counted as having a disability or chronic condition. This definition was selected as developmentally appropriate and inclusive. Previous work highlights that young people may not consider some conditions disabilities and that using self-reported disability alone may under-include ethnic minorities and younger adolescents.<sup>3</sup>

**Housing instability.** Students were counted as reporting housing instability if they reported needing to sleep in any of the following places in the last 12 months due to unaffordable housing or lack of space: cabin, caravan, sleep out, garage, couch, another person's bed, couch surfing, motel, hostel, marae, car or van. The question read: "For some families, it is hard to find a house that they can afford, or that has enough space for everyone to have their own bed. In the last 12 months, have you had to sleep in any of the following because it was hard for your family to afford or get a home, or there was not enough space? (Do not include holidays or sleep-overs for fun)."

**Food insecurity** was indicated by a "sometimes," "often" or "all the time" response to the question: "Do your parents, or the people who act as your parents, ever worry about not having enough money to buy food?"

**Forgone healthcare** was indicated by a "yes" response to the question: "In the last 12 months, has there been any time when you wanted or needed to see a doctor or nurse (or other healthcare worker) about your health, but you weren't able to?"

**Healthcare discrimination** was indicated by a "yes" response to the question: "Have you ever been treated unfairly (e.g. treated differently, kept waiting) by a health professional (e.g. doctor, nurse, dentist etc.) because of your ethnicity or ethnic group?"

**Part of school** was indicated by a "yes" response to the question: "Do you feel like you are part of your school, alternative education or course?"

**Safe at school** was indicated by a "yes always" or "yes most of the time" response to the question: "Do you feel safe in your school/course?"

**Volunteering** was indicated by a "yes" response to the question: "Do you give your time to help others in your school or community (e.g. as a peer supporter at school, help out on the marae or church, help coach a team or belong to a volunteer organisation)?"

**Friend supports** was indicated by a "yes" response to the question: "I have at least one friend who will stick up for me and who has 'got my back'."

**Good wellbeing** was indicated by a score of 13 or more on the WHO-5 Well-being Index. This is a widely used scale that was developed by the World Health Organization. It asks questions about feeling cheerful, calm and relaxed, active and vigorous, waking up feeling refreshed and life being full of interest. You can find out more about this and other mental health measures used in Youth19 in our *Hauora Hinengaro / Emotional and Mental Health* report.<sup>4</sup>

**Depressive symptoms** were indicated by scoring over the clinical cut-off for significant symptoms of depression on the Reynolds Adolescent Depression Scale: Short Form (RADS-SF). This is an internationally validated scale that includes questions about experiences such as feeling lonely, worthless, sad and tired. Students who score over the cut-off on this measure may have depression, and their experiences are likely to be affecting their day-to-day home and school life.

**Serious thoughts of suicide** were indicated by a "yes" response to the question: "During the last 12 months have you seriously thought about killing yourself (attempting suicide)?"

# Youth perspectives and more

Youth19 includes brief comments from participants about the biggest challenges facing young people and what could be changed to make a difference. We also invited youth advisors aged 17–24 to comment on the *Negotiating Multiple Identities* report. Both groups of young people highlighted the need for welcoming, inclusive school and community environments and better health and mental health supports. Youth advisors highlighted the need for rangatahi Māori with disabilities or chronic conditions to be able to connect with others who share their identities, to be able to participate in all aspects of life, and to be well supported by culturally competent service providers. Here are some example quotes:

*“Make people feel loved and welcomed in their society.”*  
– Māori Youth19 participant with a disability or chronic condition

*“Most teenagers just need someone willing to listen and understand you when things are rough . . .”*  
– Māori Youth19 participant with a disability or chronic condition

*“...with disabilities, you have to go there and advocate for yourself which is not something you should have to do just to receive medical help”*  
– Māori youth advisor with a disability or chronic condition



## What about other areas of wellbeing and other rangatahi?

Youth19 includes many questions. We report more data in our *Negotiating Multiple Identities* report,<sup>2</sup> including questions around home, school and community life and other areas of health such as sexual health and substance use. This information also highlights important areas of inequity and need.

Papers and reports about other health issues and diverse groups of young people are in progress and will be available through [www.youth19.ac.nz](http://www.youth19.ac.nz).

### References

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### Funding and acknowledgements

The Youth19 project is an output of two Health Research Council of New Zealand Projects.<sup>1</sup> The Negotiating Multiple Identities: Intersecting identities among Māori, Pacific, Rainbow and Disabled young people project was funded by The Ministry of Youth Development – Te Manatū Whakahiato Taiohi.

Thank you to our funders, the young people who participated in Youth19 and their families and schools. Thank you to the youth advisors on this project and to the authors of the *Negotiating Multiple Identities* report.

Find out more at [www.youth19.ac.nz](http://www.youth19.ac.nz) Contact us: [youth19@auckland.ac.nz](mailto:youth19@auckland.ac.nz)