Blind
Low Vision NZ

Shining a Light on Blindness:

An Analysis of Outcomes for Working Age New Zealanders who are Blind and Visually Impaired

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Foreword from the Blind Low Vision NZ CEO

Tēnā koutou katoa,

At Blind Low Vision NZ (BLVNZ), we have always believed that lasting change begins with understanding. Understanding who we are, who we serve, and what truly matters to the people and communities at the heart of our mission.

This report celebrates an important milestone in that journey. A milestone that brings visibility, voice, and value to the experiences of people who are blind, deafblind, or have low vision across Aotearoa New Zealand.

For far too long, the voices of our community have been clear but not always counted. People told us, *"*We want to be seen. We want our stories to matter. We want decisions about accessibility and inclusion to be grounded in evidence reflecting our lived experiences," and, we listened.

Our Strategic Plan for 2024–2028 commits us to building an Aotearoa New Zealand, where all persons can fully belong and participate. Social inclusion isn't something that just happens; it is the result of awareness, advocacy, and action. It's about ensuring that accessibility and inclusion are not afterthoughts, but the foundation of every decision.

To bring that vision to life, we made a conscious decision to strengthen the voice of our members through data, but not data for its own sake, but data that tells human stories, data that drives change.

Our Policy and Advocacy Team, led by our outstanding Policy Analyst and client, Cain Richardson, has been instrumental in this work. Cain scoped this project in 2024, presented the vision to our Executive Leadership Team, and gained their full support. Then, in 2025, we achieved a breakthrough: approval from Stats NZ to undertake Integrated Data Infrastructure (IDI) research.

For those unfamiliar, the IDI is a world-leading system that allows de-identified data from across government, agencies, and organisations to be brought together in a secure, protected way. It helps researchers and policymakers understand how life events and services intersect and, crucially, how to improve outcomes for New Zealanders.

Our project set out to do something never done before:

- To define a national blind and low-vision cohort within the IDI, drawing from health, disability, and service data.
- And to compare the life outcomes of this cohort with those of the general population focusing on income, employment, education, housing, health, justice, and wellbeing.

This was ambitious work; technically complex and deeply human. We were privileged to partner with Nicholson Consulting, whose expertise and passion for meaningful data matched our own. Together, we tackled one of the first big challenges: creating consistency in terminology. It may sound simple, but it's the kind of detail that shapes how policy and funding decisions are made at every level.

The result is a rich, reliable, and powerful foundation of evidence. One that will guide our advocacy, influence public policy, and strengthen our ability to secure funding and support for the people we represent. This report gives us opportunities for evidence-based conversations and lobbying for those systemic issues which we know impacts our community disproportionally.

This report builds on a proud legacy of BLVNZ research; from *Clear Focus* in 2009, to *The Prevalence of Visual Impairment* in 2016, and *The Economic Cost of Vision Loss* in 2021. But this project goes further than ever before: for the first time, we are using population-level data to truly illuminate the lived experience of sight loss in Aotearoa.

Already, there is a real buzz around this project from government, ministries, and organisations eager to learn from it and to use it to shape future decisions. BLVNZ is showing the way to create effective and long-lasting systemic change by ensuring we have the data to amplify the voices of our community.

This is not just a report. It's a voice. It's recognition. It's visibility.

It is a collective step forward, to a New Zealand where no one is left unseen or unheard.

So, on behalf of Blind Low Vision NZ, I want to thank everyone who made this possible. Our staff, our partners, our community, and above all, the people whose lived experiences give meaning to every line of data.

Together, we are building the evidence that drives inclusion.

Together, we are creating a truly accessible Aotearoa.

Andrea Midgen

21 November 2025

Authorship & Acknowledgements

Nicholson Consulting

Nicholson Consulting is a multi-disciplinary consultancy that brings a progressive perspective to data. Its team has analysed nuanced datasets, informed the direction of many data-driven projects and built some of the largest algorithms in government. Nicholson Consulting offers expertise across data science, research, insights and Māori data, and can work across disciplines to customise outputs based on what has the highest potential for positive impact; but this work is never just about the numbers. It's about the people the numbers represent.

Whether working with iwi, philanthropic organisations, or those in the private and public sectors, Nicholson Consulting is guided by its vision, mission and values and aspires to leave a lasting and positive impact on Aotearoa through the mahi it does.

Blind Low Vision NZ

Blind Low Vision NZ is the operating name of the Royal New Zealand Foundation of the Blind. Our organisation was founded in 1890 and has been serving New Zealanders who are blind, deafblind or low vision for over 135 years. We exist to empower our approximately 16,000 clients who are blind, deafblind, or low vision to live the life they choose. We are New Zealand's leading provider of vision rehabilitation services. The services we provide are as follows:

- Orientation and Mobility Services
- Community and Support
- Guide Dog Services
- Library Services
- Accessible Formats Service
- Daily Living Skills
- Adaptive Technology
- Vision Store
- Sport and Leisure
- Emotional Support
- Employment and Youth Transition
- Policy and Advocacy
- Deafblind Services
- Children's Services
- Support Grants

These services ensure that everyone in our community has the support they need to thrive.

Special Recognitions

We would like to thank Stats NZ for their work in maintaining the Integrated Data Infrastructure, and specifically their microdata team for all their assistance in the application process to set up the research project, and the time and advice given to ensure the confidentiality of the outputs.

Blind Low Vision NZ greatly appreciates the support from Hilda Bottomley Charitable Trust (managed by Perpetual Guardian) and Alison and Andrew Cochrane Charitable Trust (managed by Public Trust) who helped make this work possible.

Blind Low Vision NZ would also like to thank all those who gave their time and advice during this research. Without your help and guidance this project would not have been possible.

IDI Disclaimer

This report uses data in the Stats NZ Integrated Data Infrastructure.

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.

Executive Summary

This report aims to identify and describe some of the challenges faced by people with visual impairment in their everyday lives. The indicators chosen to assess outcomes for people cover a broad scope and identify areas where people with visual impairment could be disadvantaged compared to those with no visual impairment.

Administrative data can be used to identify people with visual impairment with some limitations

Administrative data in the Stats NZ Integrated Data Infrastructure (IDI) can be used to identify people who are blind or have visual impairment and compare their outcomes to people without visual impairment. Caution needs to be applied when assessing absolute numbers of people as the administrative data will not be able to identify everyone with visual impairment. Some groups of people are less likely to be identified in the data as they are less likely to seek support, use services or complete the Census.

People with severe visual impairment is the term chosen to define those identified in the IDI data as receiving support and services related to their vision or have a hospital diagnosis of blindness or severe visual impairment. People with other visual impairment includes those who have self-reported seeing difficulties.

Almost 2.2% of the population has some kind of visual impairment

Differences in methodology mean that disability rates for those who are blind or have visual impairment calculated for this report will differ from the rate estimated from the Stats NZ Household Disability Survey. The rate of vision loss identified in IDI data is 0.16% for severe visual impairment and 2.0% for other visual impairment.

The disability rate for visual impairment increases for older people and can lead to shortened lives

The median age for people with severe visual impairment is 57 and for people with other visual impairment, 58. This is compared to 38, the median age for the general population with no visual impairment.

People can and do live for many years with visual impairment. The median age at death for people with severe visual impairment is 71 years, nine years lower than that for people with no visual impairment. Whilst some people are born with blindness and visual impairment that will last a lifetime, others acquire a visual impairment through disease, injury or ageing. The median age for onset of visual impairment is 44 years for people with severe visual impairment and 54 years for people with other visual impairment.

A study of the working age population with visual impairment

To provide balance to the population studied in this research, the outcomes for the cohort of 15 to 64-year-olds have been analysed. In 2023, there were over 4,600 people aged 15 to 64 living with severe visual impairment and over 57,800 living with other visual impairment.

Demographic information, along with socio-economic indicators are described for this working age population. Where comparisons are made for the severe and other visual impairment populations, to those with no visual impairment, the data is often presented for the calendar year 2023 or a trend for five years from 2019 to 2023.

The demographic distribution of blindness and visual impairment differs by age, gender and ethnicity

The median age for populations with blindness and visual impairment is 57 for people with severe visual impairment and 58 for people with other visual impairment. This is compared to 38, the median age for the general population with no visual impairment.

The distribution of visual impairment is uneven for both the severe and other visual impairment populations. Of those people with severe visual impairment, 54% are male. For those with other visual impairment, 57% are female. The disability rate for severe visual impairment is 1.7 times greater for Māori and Pacific Peoples than Pakeha and other ethnicities.

People with blindness and visual impairment live in areas of the highest socio-economic deprivation and face multiple challenges with inequity in housing

Over half of the percentage of people with severe visual impairments and 45% of those with other visual impairments, live in areas with the most socio-economic deprivation. Compared to 29% of those with no visual impairments.

People with severe visual impairments are half as likely to own their own home compared to those with no visual impairments. They are also seven times more likely to live in social housing than someone with no visual impairment and are at least three times more likely to live in emergency housing than those with no visual impairment.

People with blindness and visual impairment use health services differently

People with severe visual impairments are over four times more likely to have two or more hospitalisation events per year, compared to someone with no visual impairments. People with visual impairments access secondary mental health services at a greater rate than those with no visual impairments. For those with severe visual impairments the rate is 2.5 times higher, and for those with other visual impairments the rate is almost double.

People with blindness and visual impairment are more likely to have a diagnosis of diabetes or live with other disabilities than someone with no visual impairment

Whilst it is difficult to determine from administrative data whether a person was born with visual impairment, it is possible to determine whether they are living with multiple functional disabilities or have other medical conditions.

Over 25% of people with severe visual impairment and over 10% of people with other visual impairment had a diagnosis of diabetes and were dispensed hypoglycaemic medication or attended diabetic outpatient clinics.

Having visual impairment increases the likelihood of other self-reported difficulties, with those with a severe visual impairment being 16 times more likely to report difficulties with communication, 17 times more likely to report difficulties with mobility and 25 times more likely to report difficulties with self-care than those with no visual impairment.

People with blindness and visual impairment face disadvantage in gaining any qualifications and progressing further through the education system

People with severe visual impairments are four times more likely to have no qualifications than people with no visual impairment, and 2.5 times less likely to have a bachelor's degree or above than those with no visual impairment.

People with blindness and visual impairment face disadvantage through finding employment, low income, and benefit dependence

As well as a higher rate of disadvantage in education there is also a higher rate of disadvantage in areas of employment, income, and benefit dependence.

Only 25% of people with severe visual impairment are employed in a position that is registered and recorded by the Inland Revenue Department; the gap in this employment rate between those with severe visual impairment and no visual impairment is widening. People with severe visual impairment are over five times as likely, and those with other visual impairment are over twice as likely, to receive a tier one MSD benefit compared to those with no visual impairment.

The individual calendar year gross income for 86% of people with severe visual impairment is $60,000 or under, compared to 59% of those with other visual impairments, and 49% of those with no visual impairments.

This research finds that the working age population in New Zealand who live with blindness and visual impairment experience deficits across all socio-economic outcomes

1 Introduction

1.1 Purpose of the work

Blind Low Vision NZ (BLVNZ) provides support and services to people who are blind, deafblind, or low vision across New Zealand. This report provides BLVNZ a profile of people with vision loss in New Zealand that could be identified using Stats NZ's Integrated Data Infrastructure (IDI) and then linked to administrative and survey data to compare outcome measures between people with visual impairment to the general population.

This research is motivated by the need to better understand what the outcomes of the blind and visually impaired are in New Zealand, particularly the working age population of people aged 15 to 64.

The data presented in this report should not be regarded as the true prevalence of vision loss in New Zealand. Instead, the report compares rates and outcomes of chosen indicators between people with severe, other and no visual impairment using data from the IDI. In New Zealand, disability prevalence is estimated from the Stats NZ Disability Survey, which uses a different methodology to that used here to capture information about a person.

1.2 Structure of this report

Section 2 of this report introduces the methodology used to define the population of the Blind and Visual Impairment Code Module. More detailed methodological descriptions are provided in Appendix 1 – BVI Code Module.

Section 3 of this report quantifies the blind and visually impaired population in New Zealand. It details the demographic profiles of the population, particularly the working age population, to help BLVNZ understand what their population looks like and compares the measures to the general working age population.

Section 4 of this report presents the socio-economic outcomes of the working age population comparing the blind and visually impaired population to that of the general population.

Section 5 of this report summarises the results across all outcomes for the working age population with blindness and visual impairment. This provides a macro level view of the inequitable outcomes that exist between people with visual impairment and the general populous, and within the visually impaired population based on severity.

Section 6 of this report details possibilities for future research to build upon this evidence base for deeper and more intersectional insights with the possibility to investigate causality in some scenarios. With the availability of the Blind and Visual

Impairment Code Module from the 31st of March 2026, IDI researchers will be able to utilise this for additional research that will contribute to building the evidence base for people who are blind or visually impaired in New Zealand.

2 Methodology

Working with BLVNZ, we engaged in scoping and exploration talks to develop a data library that detailed all possible sources of information relating to people who are blind and visually impaired available in the IDI environment.

2.1 Defining the population with blindness and visual impairment

Criteria

To be included in the population, an individual must meet at least one of the following criteria at some point in their lives interacting with government services:

- Have a blind or visual impairment diagnosis in a publicly funded or privately funded hospital in New Zealand.
- Be the recipient of a Support Living Payment Health Condition & Disability benefit administered by MSD for an incapacity reason related to blindness or visual impairment.
- Be the recipient of disability support services after being referred to or assessed by a Needs Assessment Service Coordination agency (NASC) for blindness or visual impairment.
- Have made an ACC claim for an injury resulting in blindness or visual impairment.
- Enrolment in the Blind and Low Vision Education Network NZ. These are most likely to be people enrolled in either the school's residential population, or a transition programme for older children.
- Responded in an InterRAI needs assessment, which is used to determine care plans, that they have "Severe difficulty" or "No vision" when in adequate lighting.
- Responded to the 2018 Census and/or the 2023 Census that they have difficulty seeing at a level of "A lot of difficulty" or "Cannot do at all".
- Have received the Ongoing Resourcing Scheme (ORS), which is additional funding/support for early learning and school students, where a person is recorded as having high or very high needs for 'Vision or 'Vision - Braille'.

Limitations

Note, not all data pertaining to people's personal health information is available in the IDI environment. Current medical diagnosis information sourced from Ministry of Health data is limited to hospital diagnoses and data from ACC describes injuries. The IDI is missing administrative data on those diagnosed by seeing an optometrist or ophthalmologist (in a non-hospital environment), or a general practitioner (GP). If

individuals diagnosed in these settings do not further interact with government services based on their visual disability, then they are not included in the “Severe Visual Impairment” population subgroup, and if they are not assessing themselves as having severe seeing difficulties in the Census or InterRAI assessment then they may not appear in the blind and visually impaired population at all.

For more detailed definitions of the population indicators and methodological limitations, see *Appendix 2 – Definition Lookup*.

Static population

The blind and visually impaired population is a static picture of longitudinal data, identifying as of June 2025, people who at any time in their lives met at least one of the criterions.

2.2 Defining severity of impairment

To be defined as having “Severe Visual Impairment”, the person must meet at least one criterion indicating being a recipient of government support, which to be eligible necessitates having a high need requirement, or they must have blindness or visual impairment in both eyes identified in health data:

- Receiving Supported Living Payment Health Condition & Disability support.
- Eligible for disability support services through the Socrates system.
- Receiving Ongoing Resourcing Scheme support.
- Enrolled in BLENNZ.
- Have an ACC clinical code signifying blindness or visual impairment in both eyes, or alternatively, have a clinical code of ‘Legal blindness USA’.
- Have an hospital diagnosis signifying blindness or visual impairment in both eyes.

All other individuals in the blind and visually impaired population who do not meet the above criteria are classified as “Other Visual Impairment”.

3 Population

3.1 Disability rate of severe visual impairment and other visual impairment

The Stats NZ Disability Survey is used to estimate the prevalence of disability in New Zealand. In 2023, the estimated prevalence of sensory disability (seeing and hearing) was 5% for adults aged 15 years and over, living in households.[1] The Disability Survey uses a broad range of survey questions to assess a person's functional difficulties and is a different methodology to that used here thus it is expected that the rate of disability found in this research will differ from that estimated from the Disability Survey.

In the five years from 2019 to 2023, the number of people identified in the IDI data with severe and other visual impairment has decreased and the population of New Zealand (NZ) has increased (Table 1) resulting in a declining disability rate.

Year	Severe visual impairment	Other visual impairment	No visual impairment	Total NZ population
2019	9,198	115,317	4,744,014	4,868,529
2020	8,895	112,044	4,829,532	4,950,471
2021	8,622	109,209	4,862,727	4,980,558
2022	8,274	106,071	4,871,580	4,985,925
2023	7,911	102,465	4,992,279	5,102,655

Table 1. Number of people with severe, other or no visual impairment and the total NZ population, identified using IDI data.

The NZ population identified in the IDI, in 2023, was 5,102,655 with 7,911 people identified as having a severe visual impairment. This gives a disability rate for severe visual impairment of 0.16%. This means that 1.6 people in every 1000 people had a severe visual impairment. This rate has decreased very slightly from 0.19% in 2019 (Figure 1).

In 2023, 102,465 people were identified in IDI data as having other visual impairment. This gave a disability rate of 2.0%, meaning that 20 people in every 1000 had some other visual impairment. There are also now fewer people with other visual impairments than in 2019, when the rate was 2.4%.

[1] Stats NZ (2025). Disability statistics:2023. https://www.stats.govt.nz/information-releases/disability-statistics-2023/

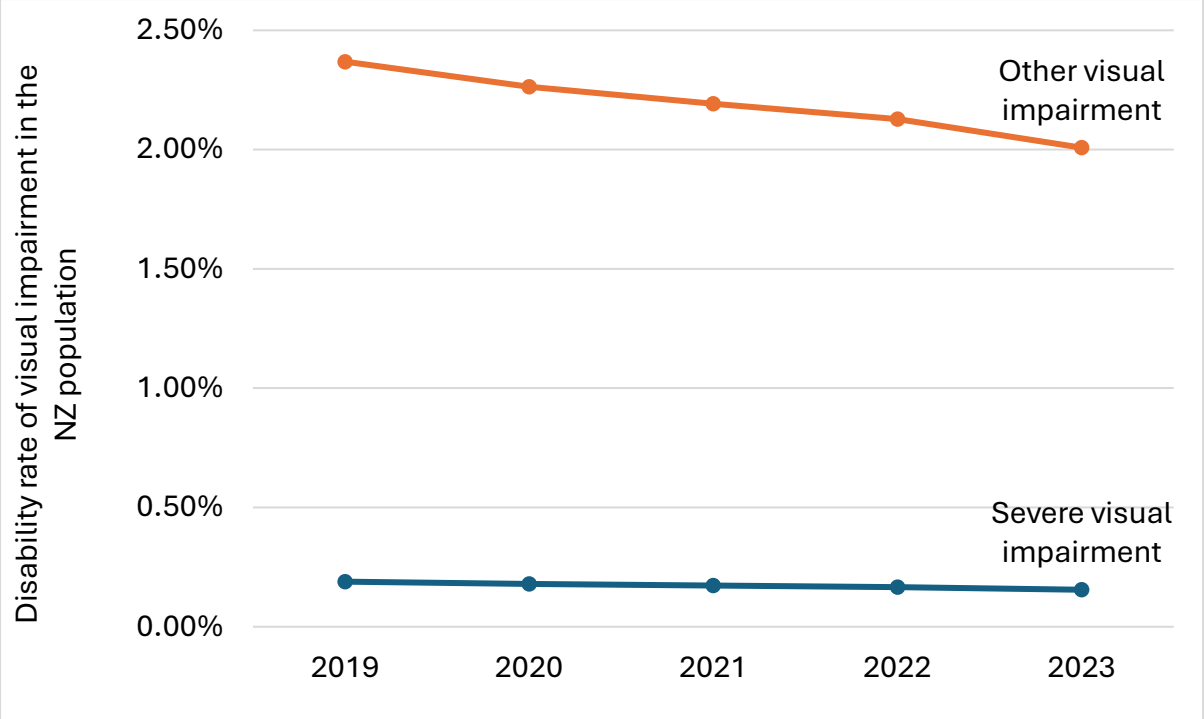

Figure 1. The disability rate for severe and other visual impairment in New Zealand from 2019 to 2023.

3.2 Demographics

Disability rate by age

In 2023, 0.28% of those aged 65 years and older had a severe visual impairment and 4.0% had other visual impairments. The rate of severe visual impairment in this age group has increased slightly from 0.26% since 2019, whilst the rate of other visual impairment has decreased from 4.4% in 2019.

For those aged 15 to 64 years old, in 2023, 0.14% of people had a severe visual impairment and 1.7% of people had other visual impairments. These rates have decreased slightly from 0.16% and 1.9% respectively since 2019.

Those aged 0 to 14 years have the lowest disability rate for severe visual impairment and other visual impairments. In 2023, 0.05% of 0 to14 year olds had a severe visual impairment and 0.4% had other visual impairments. These rates have decreased slightly from 0.07% and 0.7% respectively since 2019 (Figures 2 and 3).

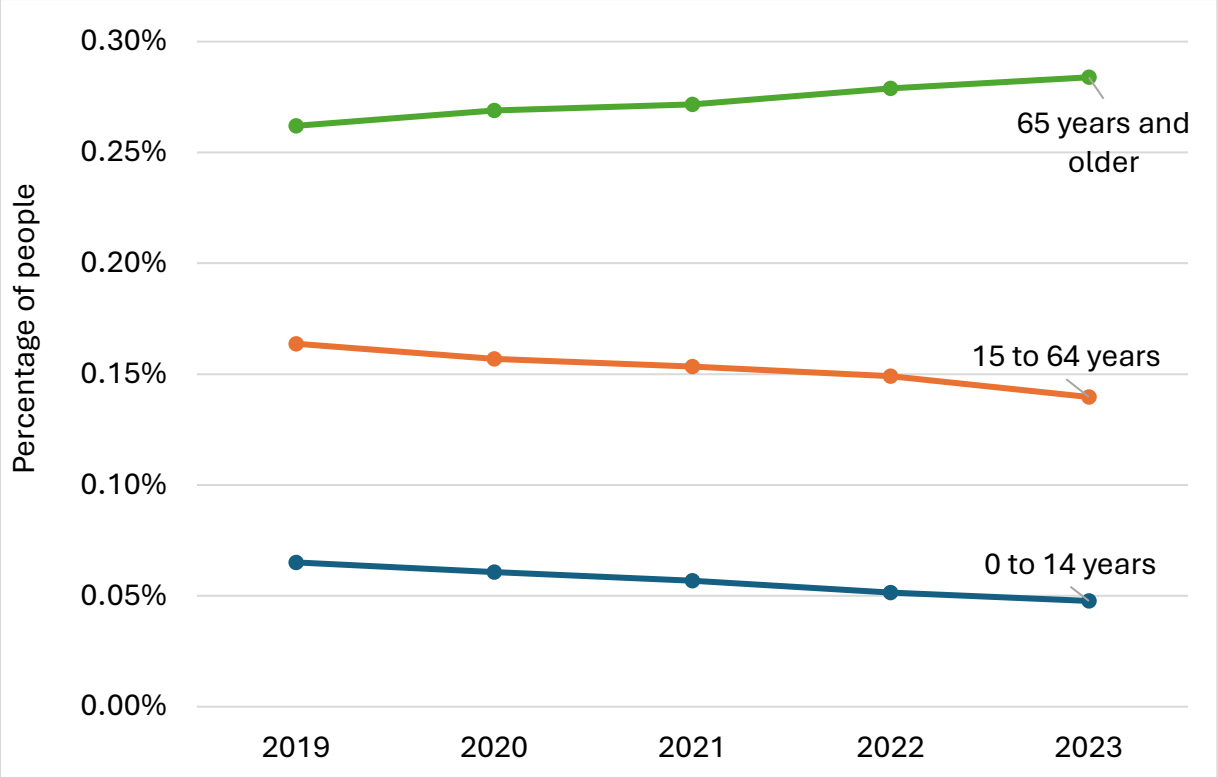

Figure 2. Percentage of people with severe visual impairment by age group by year from 2019 to 2023.

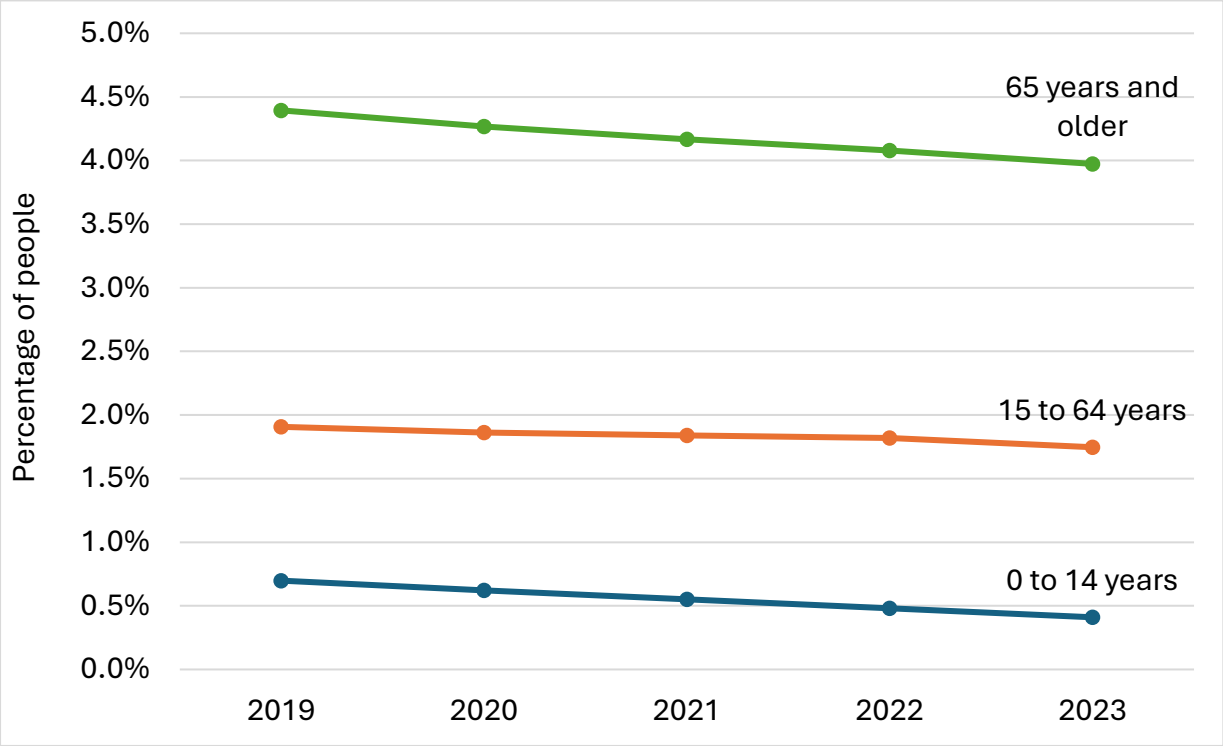

Figure 3. Percentage of people with other visual impairment by age group by year from 2019 to 2023.

In 2023, the working age group,15 to 64 years old, consisted of 58% of the people identified in IDI data as having a severe visual impairment and 56% of those with no

visual impairment. 65% of people with no visual impairment are in this age group. The percentage of people with severe visual impairment or other visual impairment who are aged 65 years and older is twice that of those with no visual impairment. The youngest age group, 0 to 14, is small for both severe and other visual impairment (Table 2).

Age group	Severe visual impairment		Other visual impairment		No visual impairment	
0 to 14 years	432	(5%)	3,714	(4%)	901,665	(18%)
15 to 64 years	4,623	(58%)	57,807	(56%)	3,247,233	(65%)
65 years and older	2,337	(30%)	32,712	(32%)	788,142	(16%)
Age unknown	519	(7%)	8,232	(8%)	55,239	(1%)
Total	7,911		102,465		4,992,279	

Table 2. Number of people with IDI identified visual impairments in New Zealand, 2023.

Median age

The median age for people with severe visual impairment is 57 years and for the other visual impairment population, 58 years. This is 19 and 20 years older than the median age for the population with no visual impairment at 38 years (Figure 4).

The median age for both the severe visual impairment and the no visual impairment populations has risen by 1 year since 2019. The median age for the other visual impairment population remains unchanged since 2019.

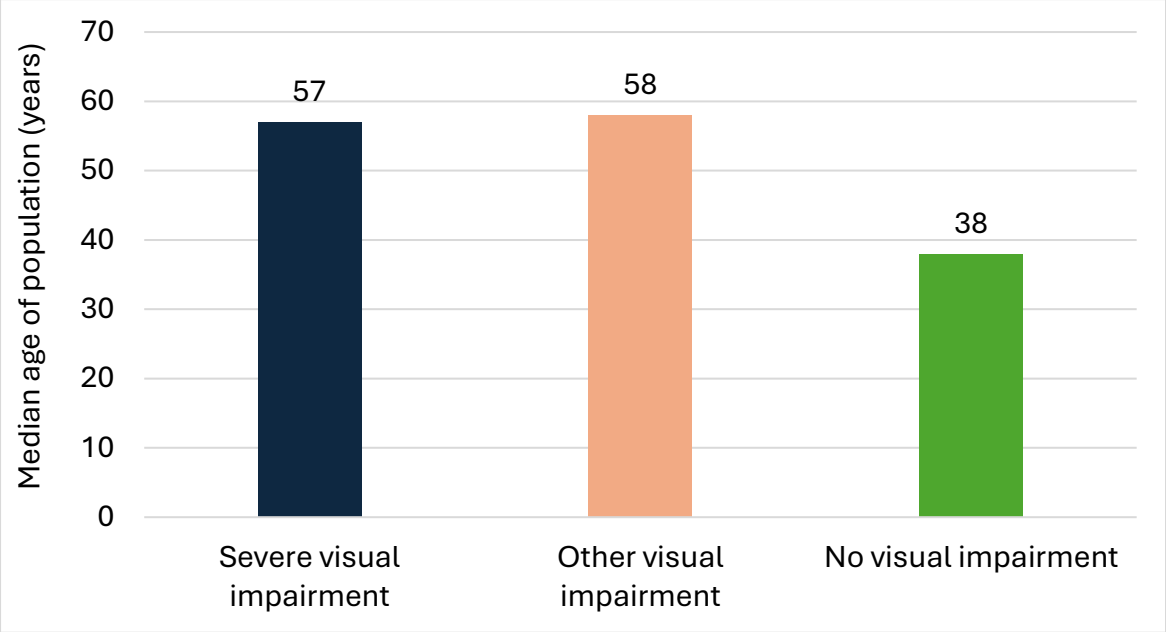

Figure 4. Median age of the severe visual, other visual and no visual impairment populations, 2023.

Median age of death

The median age at which people with a severe visual impairment died in 2023 was found to be nine years younger than the median age at which people with no visual impairment died.

For those with other visual impairment, the median age of death in 2023 was found to be 86, six years older than people with no visual impairment. An important and likely explanation for this discrepancy is that visual impairments, particularly the self-reported other visual impairments are more commonly found in an older population group. That is, you are capturing the people that live long enough to develop some significant eye degradation. As women generally live longer than men (79 years for men and 83 years for women in 2023), this group will have been alive for more years in which to develop some vision problems.

In 2023, the median age of death was:

- 71 years for people with severe visual impairment.
- 86 years for people with other visual impairment.
- 80 years for people with no visual impairment.

The median age of death for people with severe visual impairment has decreased by 3 years from 74 years in 2019. For people with other visual impairment the median age at death has decreased by 1 year from 2019 to 2023.

Indicative median age of visual impairment onset

For this analysis the earliest date that an administrative IDI source referenced an individual's visual impairment is used as an indication of the onset of visual impairment. For those who were born with a visual impairment, this date will often not be accurate, and a later date is more likely to be found amongst the administrative data.

The median age of visual impairment onset is the age at which half of people with visual impairment could be identified in the IDI as having a visual impairment.

In 2023, the indicative median age of visual impairment onset was:

- 44 years for people with severe visual impairment (Figure 5).
- 54 years for other visual impairment (Figure 6).

The difference between the median age at death and the indicative median age of onset of visual impairment for people with severe visual impairment gives a measure of how long people are living with visual impairment.

In 2023, the difference between median age at death and median age of onset of visual impairment was:

- 27 years for people with severe visual impairment (Figure 5).
- 32 years for people with other visual impairment (Figure 6).

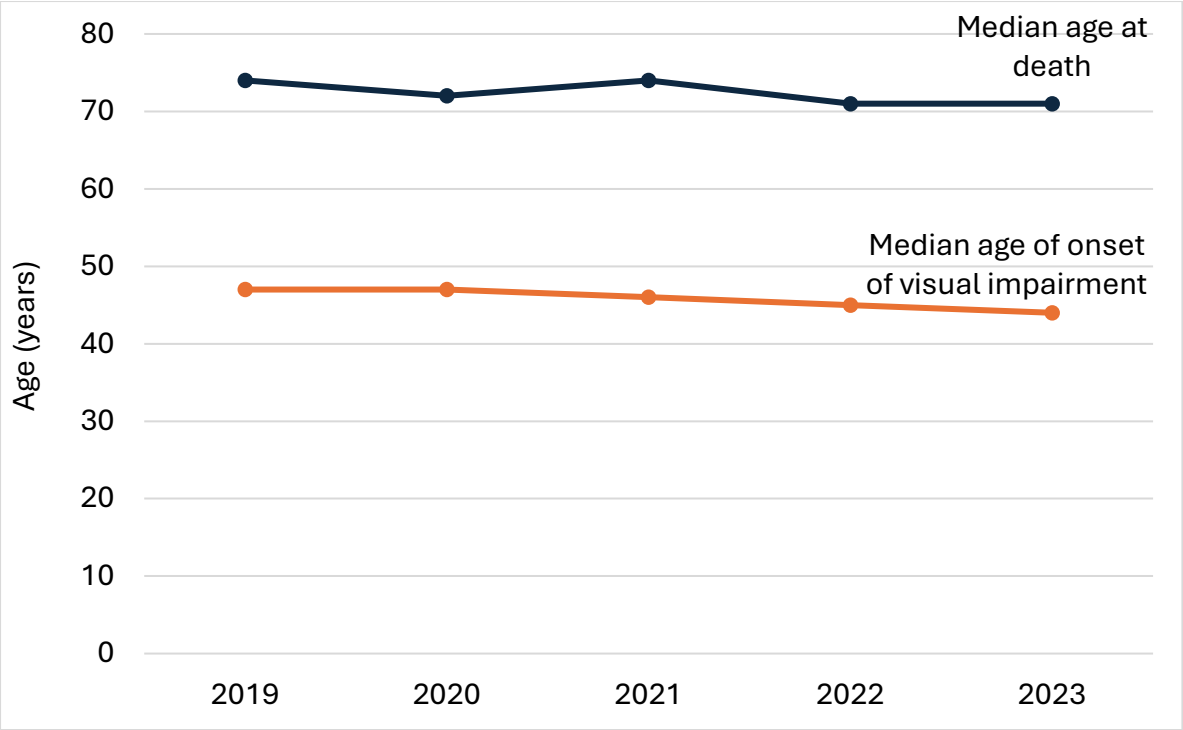

Figure 5. Median age at death and median age of onset of visual impairment from 2019 to 2023 for those people with severe visual impairment.

The indicative median age of onset of severe visual impairment decreased by 3 years from 2019 to 2023.

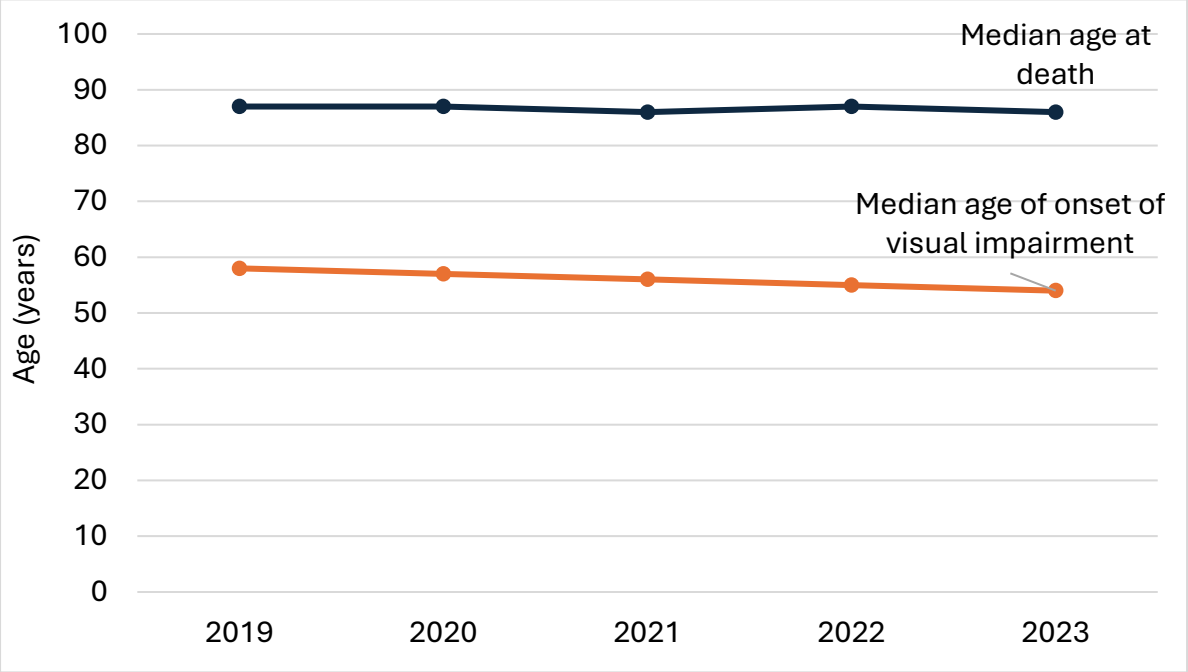

Figure 6. Median age at death and median age of onset of visual impairment from 2019 to 2023 for those people with other visual impairment.

The indicative median age of onset of other visual impairment decreased by 4 years from 2019 to 2023 and the difference between median age at death and median age of onset of visual impairment increased by 3 years.

3.3 Working Age Population - Demographics

The following analysis of the visually impaired population describes those in the working age group 15 to 64 years.

There has been a steady decrease in the number of people identified with a severe visual impairment from 5,148 in 2019 to 4,623 in 2023. A similar decrease is seen in the number of people identified with other visual impairment from 59,964 in 2019 to 57,807 in 2023.

	Severe visual impairment	Other visual impairment	No visual impairment
2019	5,148	59,964	3,079,410
2020	5,025	59,583	3,137,046
2021	4,929	59,112	3,149,763
2022	4,791	58,455	3,149,682
2023	4,623	57,807	3,247,233

Table 3. Number of people in the 15 to 64 year old age group from 2019 to 2023 by vision status.

Gender

A person’s self-identified gender, as noted in the Census, has been used for gender analysis. Although the Census has options for a person to identify as male, female and another gender, only results for male and female are included in our analysis as the number of visually impaired people identifying as another gender were too small to be released from the IDI as part of the Stats NZ confidentiality checking process.

In 2023:

- 46% of those with severe visual impairment were female and 54% male.
- 57% of those with other visual impairment were female and 43% male.
- 49% of those who are not visually impaired were female and 51% male.

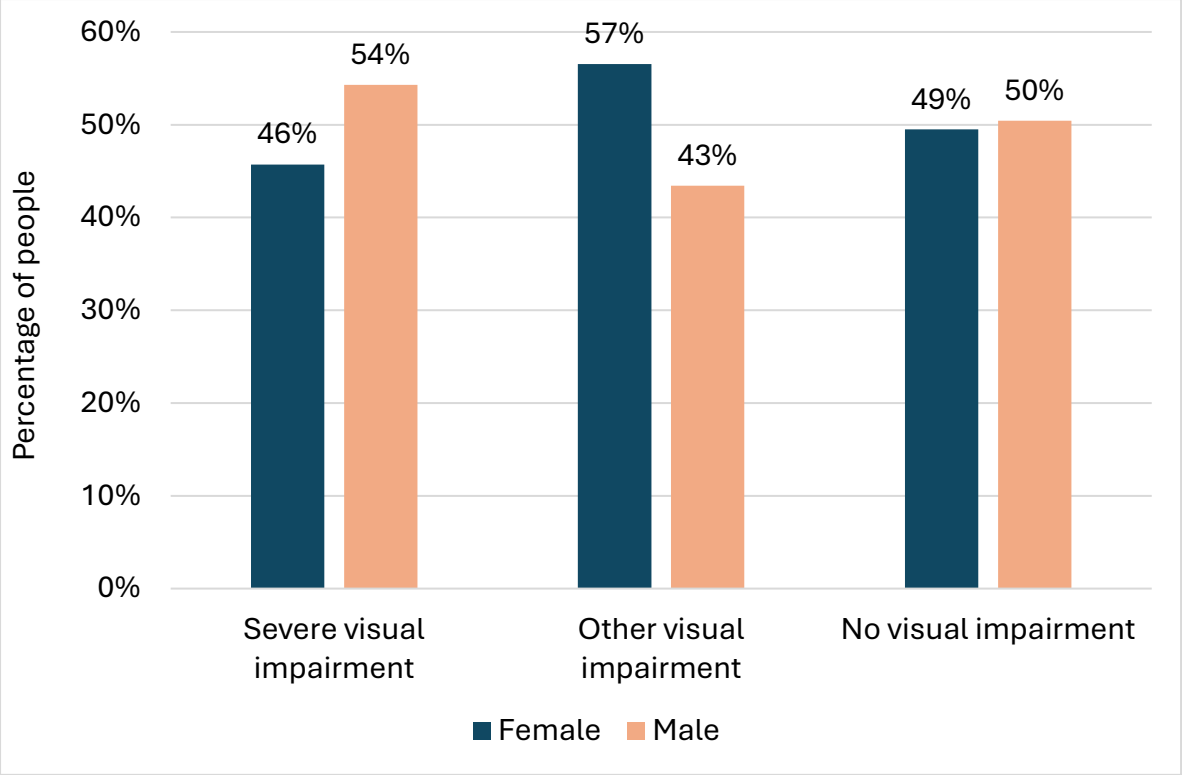

Figure 7. Percentage of people identifying as either male or female in Census 2023 by vision status.

Ethnicity

A person's self-identified ethnicity, as collected from administrative data sources, has been used for ethnicity analysis. People can identify with multiple ethnicities and all a person's ethnicities have been included in this analysis. Using this method of total response for ethnicity, total ethnicity percentages can be greater than 100% as individuals can be counted more than once. This is seen in Figure 8. However, comparisons can still be made as the same method has been used for all groups.

Māori and Pacific Peoples had a higher rate of both severe and other visual impairment compared to those identifying as other ethnicities in 2023 (Figure 8).

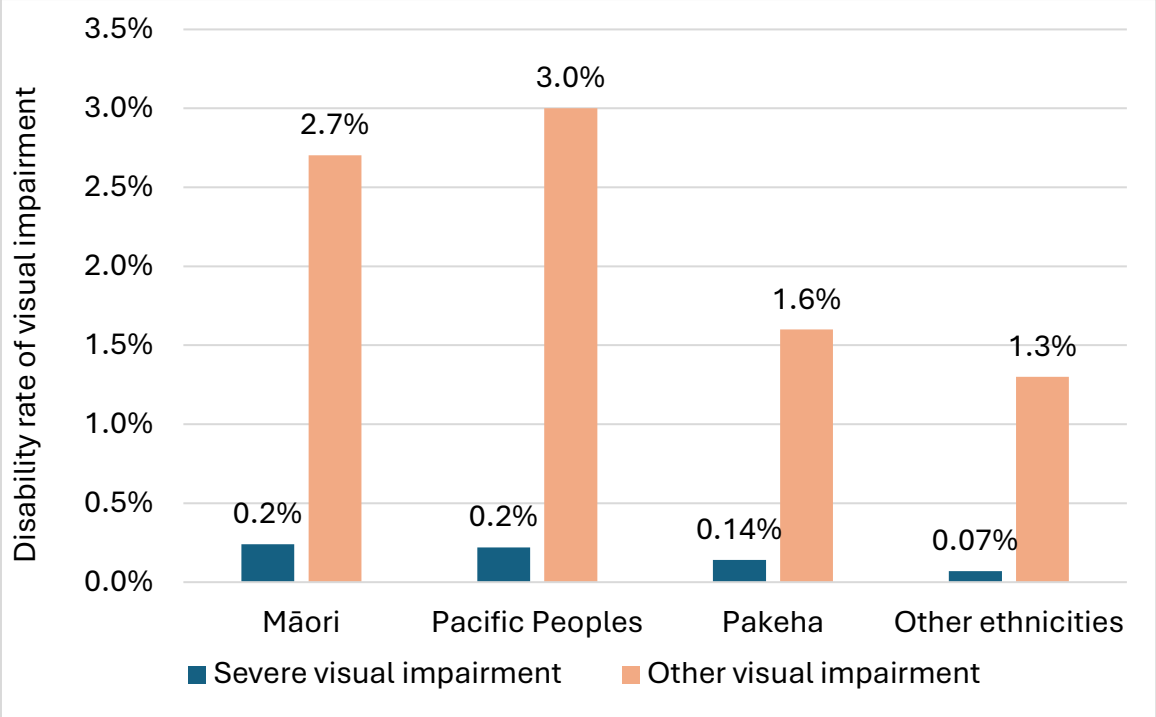

Figure 8. Disability rate for severe and other visual impairment for Māori, Pacific Peoples, Pakeha and other ethnicities in 2023.

For severe visual impairment for Māori and Pacific Peoples, the disability rate of 0.2% is 1.7 times that for Pakeha and 3.4 times that for other ethnicities. The disability rate for severe visual impairment has decreased slightly for all ethnicities since 2019.

The disability rate of other visual impairment is highest for Pacific People, at 3.0%. This is 1.9 times the rate for Pakeha, 2.3 times the rate for other ethnicities and slightly higher than that for Māori at 2.7%. The rate for other visual impairment has also decreased slightly for all ethnicities since 2019.

In 2023, the percentage of people with severe visual impairment identifying as the following ethnicities was:

- 30% Māori (1383 people).
- 14% Pacific Peoples (657 people).
- 61% Pakeha (2841 people).
- 11% Other ethnicities (513 people).

The percentage of people with other visual impairment identifying as the following ethnicities was:

- 27% Māori (15,564 people).
- 15% Pacific Peoples (8,958 people).
- 58% Pakeha (33,753 people).
- 17% Other ethnicities (9,699 people).

The percentage of people with no visual impairment identifying as the following ethnicities was:

- 17% Māori.
- 9% Pacific Peoples.
- 63% Pakeha.
- 23% Other ethnicities.

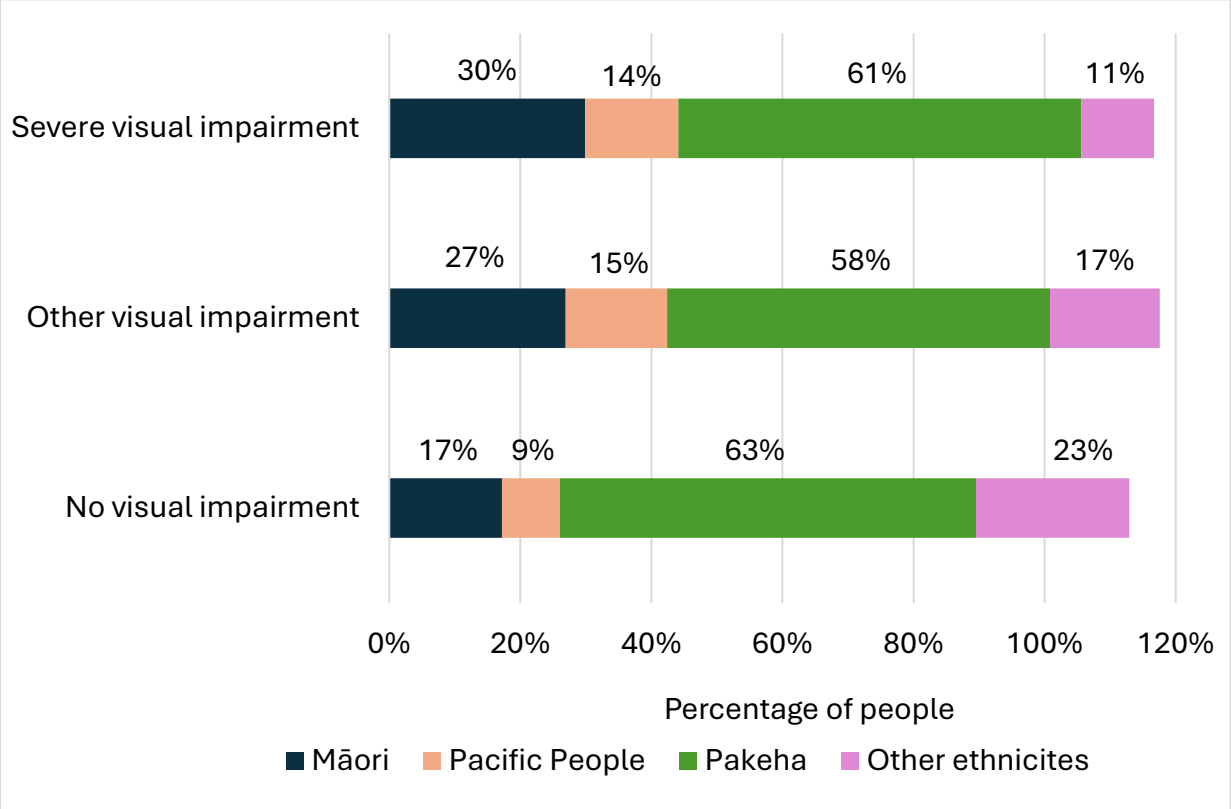

Figure 9. Total ethnicity of people by vision status in 2023.

Region

The address a person identified as their usual residence in the Census has been used to identify which region of New Zealand they reside in.

In 2023, for those with severe visual impairment, 29% live in the Auckland region, 11% in the Canterbury region, 10% in the Waikato region and 9% in the Wellington region.

For those with other visual impairments, 33% live in Auckland, 12% in the Canterbury region and 10% in the Waikato and Wellington regions.

A greater proportion of people with severe visual impairment live in the following regions compared to people with no visual impairment: Bay of Plenty, Gisborne, Hawke's Bay, Manawatū-Whanganui, Northland, Taranaki and Waikato. As an

example, for those with severe visual impairment, 7.1% live in the Manawatū-Whanganui region, compared to 4.5% of those with no visual impairment (Figure 10).

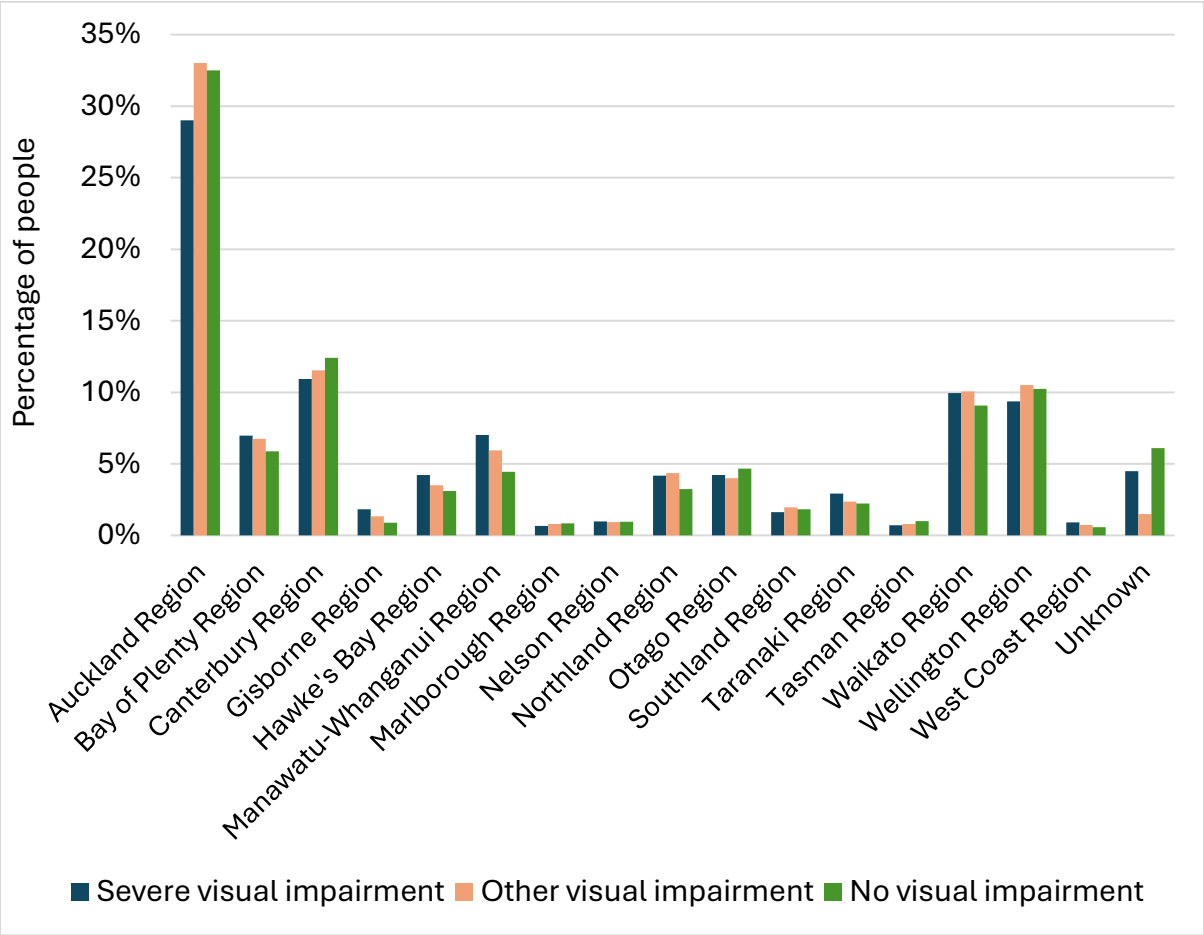

Figure 10. Percentage of people living in each region of New Zealand in 2023 by vision status.

Rurality

A person's address identified in the Census was used to determine whether they live in a major or large urban centre, with a permanent population greater than 30,000 people or a smaller urban or rural area.

People with visual impairment are more likely to live in larger urban areas compared to those with no visual impairment and less likely to live in small rural settlements.

Small and medium urban areas have more than 1,000 and up to 30,000 permanent residents. Rural areas have less than 1,000 permanent residents[2].

In 2023:

- 0.15% of those living in a major or large urban area had a severe visual impairment and 1.9% had other visual impairments.

[2] Stats NZ (2021). Functional urban areas – methodology and classification. https://www.stats.govt.nz/methods/functional-urban-areas-methodology-and-classification/

- 0.16% of those living in a small or medium urban area had a severe visual impairment and 1.0% had other visual impairments.
- 0.10% of those living in a rural area had a severe visual impairment and 1.6% had other visual impairments.

The urban/rural distribution of people with severe visual impairment in 2023 is:

- 66% living in a major or large urban area (3036 people).
- 19% living in a medium or small urban area (900 people).
- 10% living in a rural settlement (480 people).

For people with other visual impairment in 2023:

- 67% live in a major or large urban area (38,673 people).
- 18% live in a medium or small urban area (10,623 people).
- 13% live in a rural settlement (7641 people).

For people with no visual impairment in 2023:

- 63% live in a major or large urban area.
- 17% live in a medium or small urban area.
- 14% live in a rural settlement.

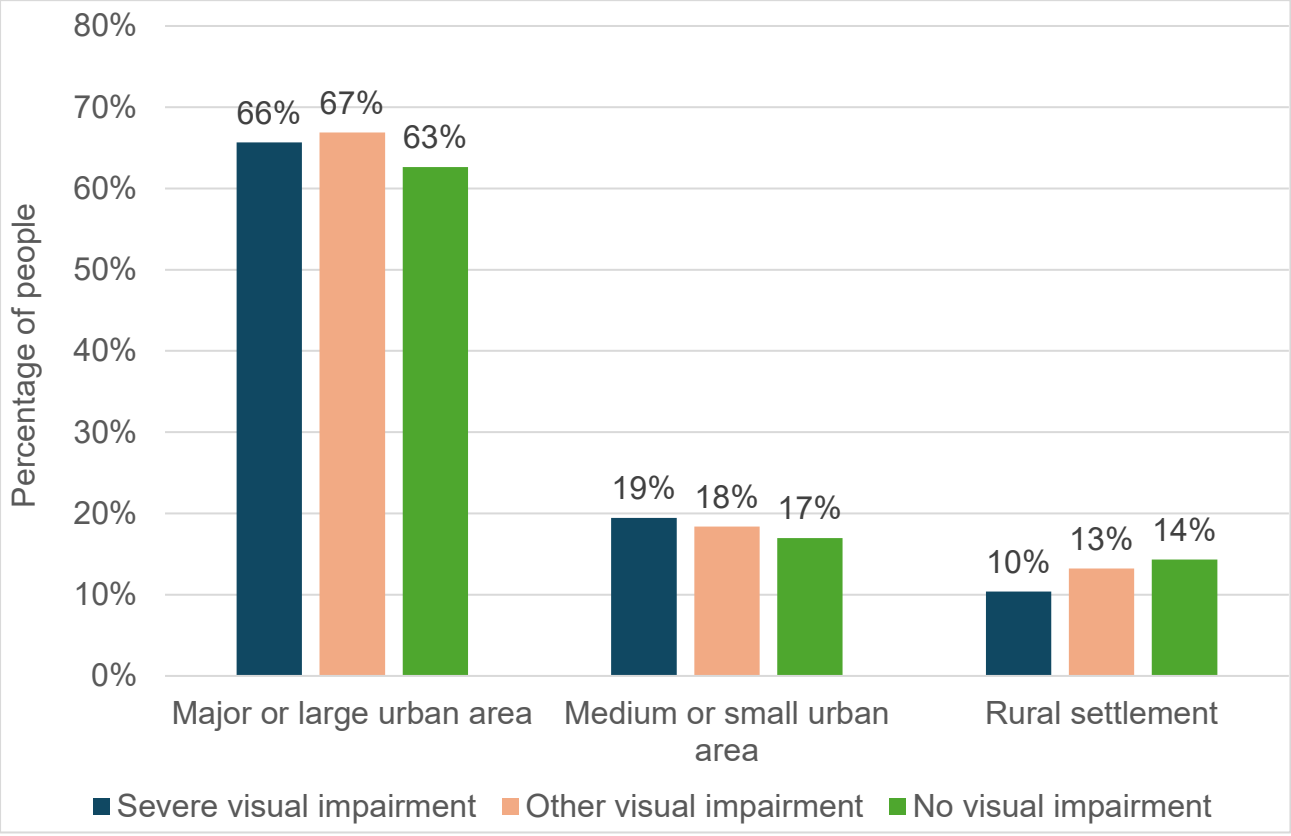

Figure 11. Percentage of people living in larger or smaller urban or rural areas in 2023 by vision status.

Deprivation index

The New Zealand Index of socio-economic deprivation uses a collection of measures such as income, employment, qualifications, home ownership, living space, dwelling condition, support and communication to assign each geographical statistical area in New Zealand to a 10-part scale (decile).[3] Addresses in each statistical area are given a decile rating with those in index levels 1 to 3 being areas with least socio-economic deprivation and those in index levels 8 to 10 being those with most socio-economic deprivation.

Those with visual impairments are over-represented amongst those living in areas of most socio-economic deprivation and under-represented in areas of least socio-economic deprivation. Over half of people with severe visual impairments and 45% of those with other visual impairments live in areas with the most socio-economic deprivation compared to 29% of those with no visual impairments. (Figure 12).

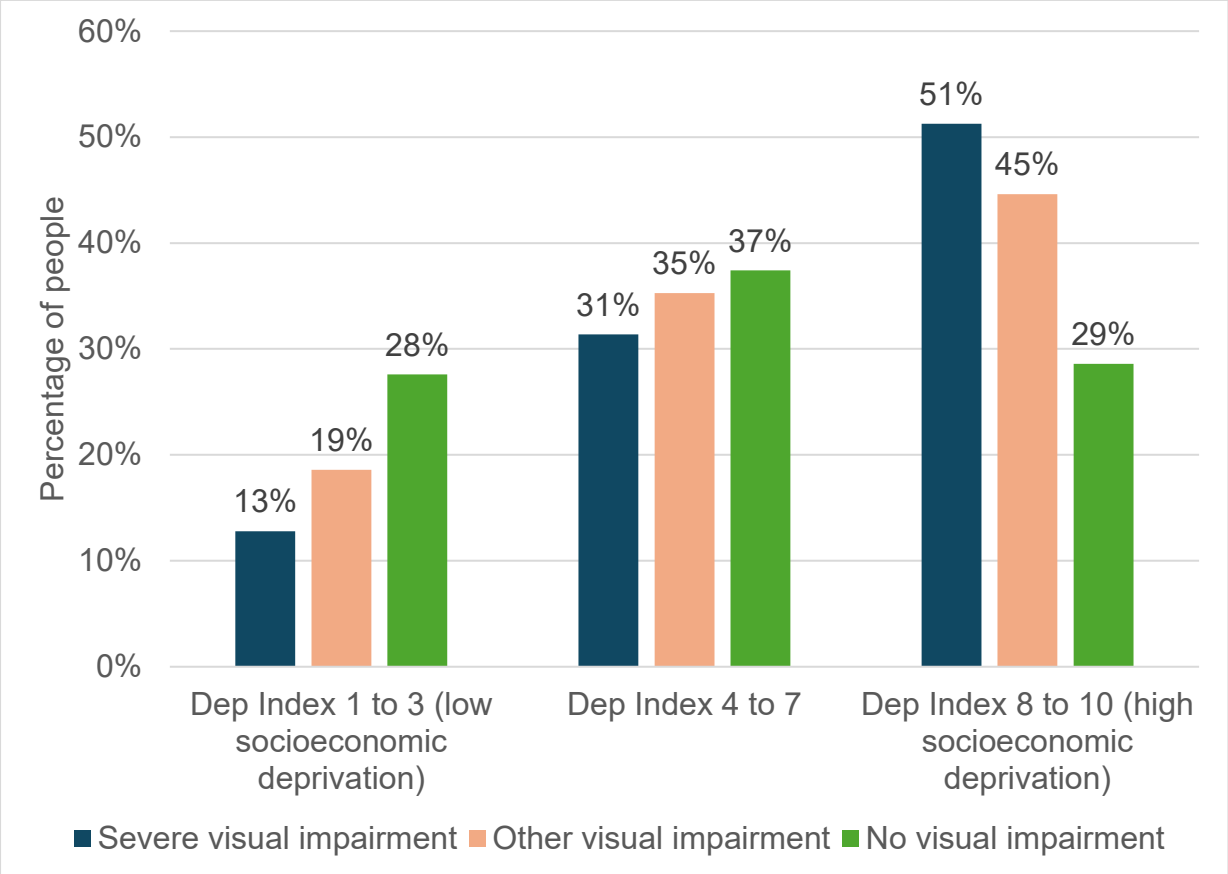

Figure 12. Percentage of people living in areas of most socio-economic deprivation (Dep Index 1 to 3) and least socio-economic deprivation (Dep Index 8 to 10).

[3] Stats NZ (2025) New Zealand index of socioeconomic deprivation: 2023 Census. https://www.stats.govt.nz/information-releases/new-zealand-index-of-socioeconomic-deprivation-2023-census/

4 Outcomes

All the following outcomes have been analysed for those in the working age population group, 15 to 64 years old.

4.1 Health

Ensuring that people with visual impairment have access to both the general and specific health services they need is important to allow for timely and appropriate health care.

Public and private hospitalisation events

A hospitalisation event has been defined as a hospital discharge recorded in the IDI from either a privately funded or publicly funded event.

People with visual impairments have more hospitalisation events than those with no visual impairments. Those with severe visual impairments were almost twice as likely to have one hospitalisation event as someone with no visual impairments.

In 2023, one hospitalisation event was experienced by:

- 15% of people with severe visual impairments (696 people).
- 12% of people with other visual impairments (6990 people).
- 8% of people with no visual impairments.

People with severe visual impairments were over four times more likely to have two or more hospitalisation events per year compared to someone with no visual impairments. Those with other visual impairments were almost twice as likely to have two or more hospitalisation events per year than those with no visual impairments (Figure 13).

In 2023, two or more hospitalisation events were experienced by:

- 15% of people with severe visual impairments (687 people).
- 7% of people with other visual impairments (4233 people).
- 3.4% of people with no visual impairments.

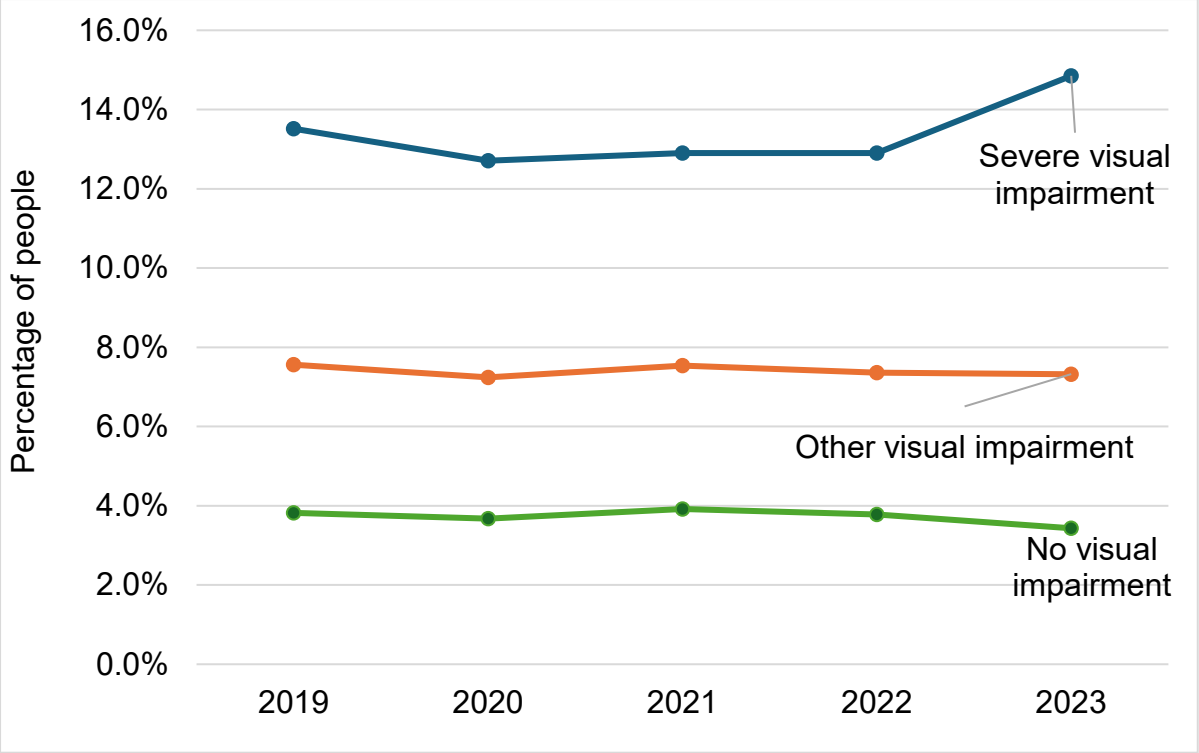

Figure 13. Percentage of people having two or more hospitalisations per year by year and vision status.

Cataract surgical procedures

A cataract surgical procedure is defined as an event that is either private or publicly funded and includes the extraction of a crystalline lens and insertion of an intraocular prosthetic lens. Both the extraction and insertion procedures need to be carried out in the same event.

This procedure is more usually carried out in the 65 and older age group, however, a small number of people in the working age population do have cataract surgery with the rate of surgery, in 2023, being 26 times that of people with no visual impairment.

In 2023, the percentage of people having cataract surgeries was:

- 2.6% of people with severe visual impairments (108 people).
- 1.0% of people with other visual impairments (333 people).
- 0.1% of people with no visual impairment.

Access to secondary mental health services

Secondary mental health and addiction services provide support for those with moderate to severe mental health conditions and who require more support than can be offered through primary care.

Use of secondary addiction services

Addiction services can be accessed for assistance with alcohol, drug use or problem gambling. People with severe visual impairment access secondary addiction services at twice the rate of those with no visual impairment.

In 2023, secondary addiction services were accessed by:

- 2.5% of people with severe visual impairment (117 people).
- 1.9% of people with other visual impairment (1113 people).
- 1.2% of people with no visual impairment.

There has been a small decline in use of services by those with no or other visual impairments between 2019 and 2023, but use of addiction services by those with severe visual impairment remains consistent.

Contact with mental health services and face to face contacts

When a person interacts with mental health and addiction activities provided in a community or outpatient setting, they are said to have had a contact with the service. If the contact involves being physically present at the service, then this is described as a face-to-face contact.

People with severe visual impairments had contact with secondary mental health services at 2.5 times the rate of those with no visual impairments. For those with other visual impairments this rate was almost double (Figure 14).

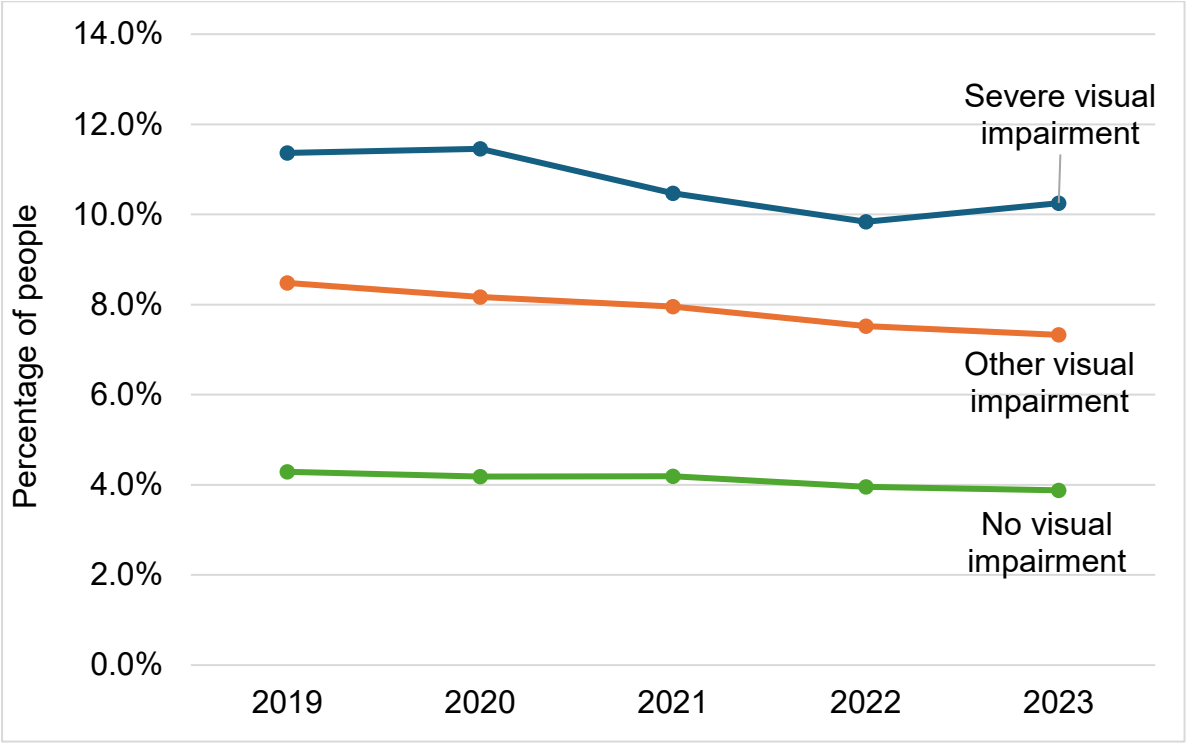

Figure 14. Percentage of people accessing secondary mental health services from 2019 to 2023 by vision status.

In 2023, secondary mental health services were accessed by:

- 10% of people with severe visual impairment (474 people).
- 7% of people with other visual impairment (4236 people).
- 4% of people with no visual impairment.

There has been a small decline in use of services by all groups between 2019 and 2023. For those people with severe visual impairments this decline has been 1.1 percentage points and for those with other visual impairments, 1.2 percentage points. For those with no visual impairments this decline was smaller at 0.4 percentage points.

When people had contact with the secondary mental health services, most interactions were face to face.

Those with severe visual impairments had a higher rate of face-to-face contact with mental health services than those with other or no visual impairments.

In 2023, in-person contacts with a mental health service were made by 396 people with severe visual impairments (84% of contacts). For people with other visual impairments, 3447 people had in-person contacts (81% of contacts) and for people with no visual impairments, 79% of contacts were held in-person.

The rate of face-to-face contacts dropped during 2022, probably due to COVID-19 restrictions but has risen again for all groups with those with severe visual impairments accessing face-to-face support at the same rate as in 2019. However, those with other visual impairments and no visual impairments now access face to face contacts at a lower rate than they did in 2019 (Figure 15).

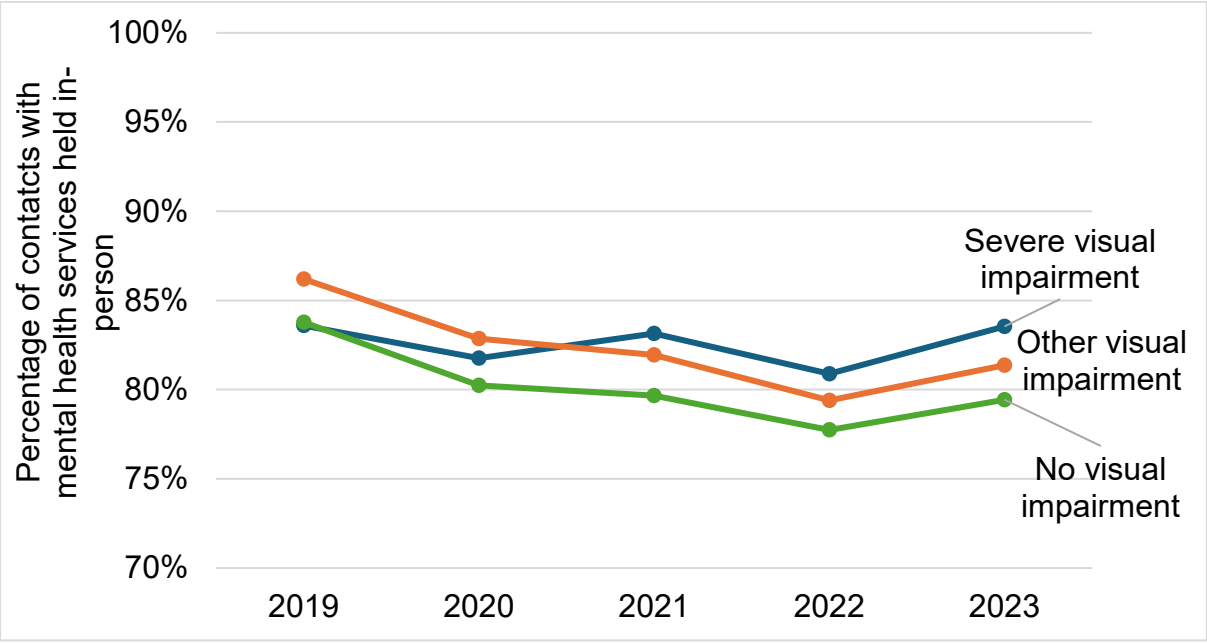

Figure 15. Percentage of contacts with secondary mental health services that are carried out in-person from 2019 to 2023, by vision status.

Mental health services bed nights

Inpatient overnight stays at a mental health service were accessed at over three times the rate by those with severe visual impairment and almost twice the rate by people with other visual impairments, compared to those with no visual impairments.

In 2023, mental health bed night services were accessed by:

- 1.3% of people with severe visual impairments (60 people).
- 0.7% of people with other visual impairments (426 people).
- 0.4% of those with no visual impairments.

Diabetes

Diabetes is a serious cause of blindness in New Zealand. Extrapolation from overseas studies estimated that the number of people becoming blind each year, in New Zealand, due to diabetes was 70[4].

People with severe visual impairments are four times more likely and those with other visual impairments are two times more likely to have a diagnosis of diabetes than those with no visual impairments (Figure 16).

In 2023, the rate of diabetes was:

- 26% of people with severe visual impairments (1197 people).
- 13% of people with other visual impairments (7545 people).
- 6% for those with no visual impairments.

[4] Te Whatu Ora: Health New Zealand (2024). Specialist Medical and Surgical Services. Diabetes Retinal Screening Service Tier 3 Service Specification. https://www.tewhatuora.govt.nz/assets/Our-health-system/National-Service-Framework/Service-specifications/Specialist-medical-services/T3_SM_Diabetes_Retinal_Screening_Services_202410.pdf

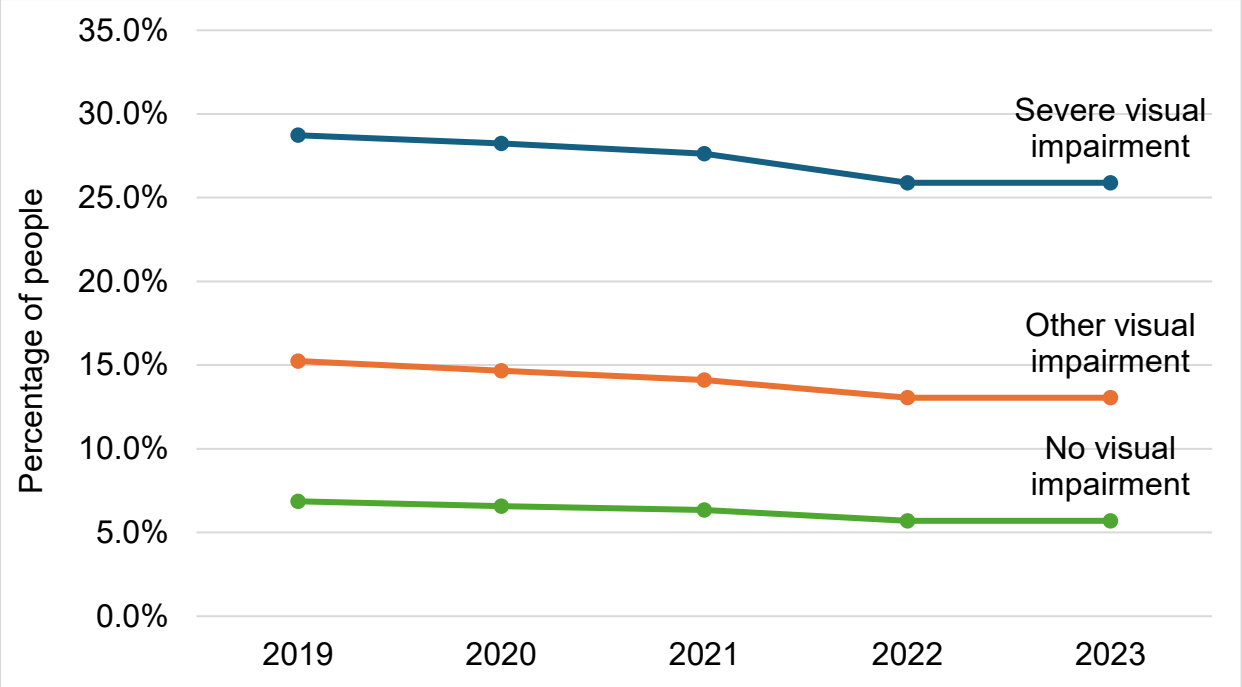

Figure 16. Percentage of people with a diagnosis of diabetes from 2019 to 2023 by vision status.

The percentage of people with a diagnosis of diabetes has decreased 1.2 percentage points for those with severe visual impairment, 2.2 percentage points for those with other visual impairment, and 2.8 percentage points for those with no visual impairment between 2019 and 2023.

Eye disorders

Clinical diagnosis codes (ICD-10-AM) were used to distinguish the different eye disorders that people had been diagnosed with. Codes for analysis were chosen based on advice from the Ministry of Health and utilised data in both publicly funded and privately funded hospital event datasets. People with severe visual impairments are 10 times more likely, and people with other visual impairments are 2.5 times more likely, to have diagnosed eye disorders than those with no visual impairments (Figure 17).

In 2023, the percentage of people with eye disorders diagnosed at some point in their life was:

- 20% of people with severe visual impairments (945 people).
- 5% of people with other visual impairments (3150 people).
- 2% of those with no visual impairments.

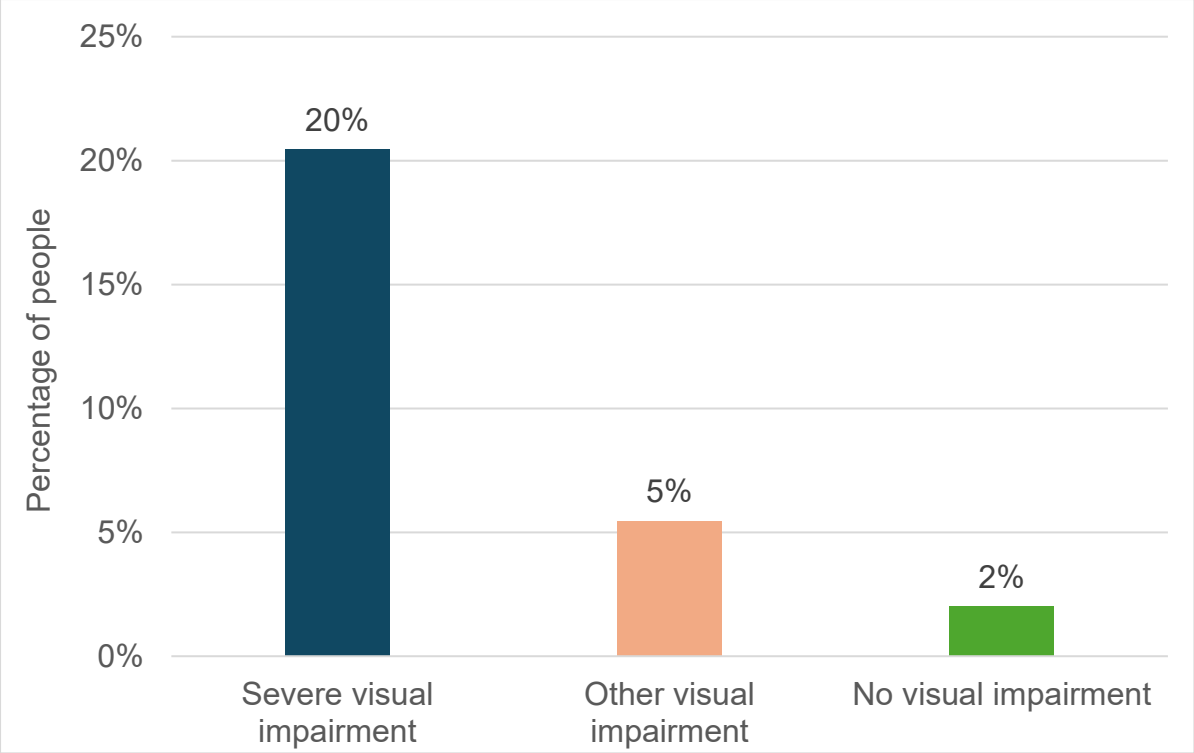

Figure 17. Percentage of people, in 2023, who have ever had an eye disorder diagnosed, by vision status.

A range of clinical diagnosis codes was used to determine what the most common eye disorders were for people with severe, other and no visual impairment. People can be assigned multiple diagnosis codes and so the most common disorders by number of people diagnosed are included here rather than rates.

The most frequently recorded clinical code, for people with severe, other and no visual impairment, was for the presence of an intraocular lens, referring to the insertion of an artificial lens into the eye. Other frequently recorded codes for all cohorts referred to complications with devices, implants and grafts and injuries.

For those with severe visual impairment, corneal transplant status, congenital cataract, and congenital glaucoma were included in the ten most frequently recorded clinical codes for this cohort (Table 4). There were no congenital conditions amongst the most frequently recorded codes for people with other and no visual impairments.

Condition	Number of people with severe visual impairment with condition
Presence of intraocular lens	1011
Mechanical complication of other ocular prosthetic devices, implants and grafts	195
Contusion of eyelid and periocular area	153

Open wound of eyelid and periocular area	132
Corneal transplant status	126
Congenital cataract	105
Mechanical complication of intraocular lens	84
Congenital glaucoma	78
Fracture of base of skull	78
Sequelae of injury of eye and orbit	75

Table 4. The ten most frequently recorded eye disorder clinical code descriptions for people with severe visual impairment.

Multiple functional disabilities

People with visual impairment may also have other co-morbidities that present additional challenges to both in-person and online access.

Information about the difficulties people have with completing everyday tasks is collected by the Census and some Household surveys using the Washington Group Short Set (WGSS) questions on Functioning. Other specific disability information is available from functional assessments from those living in residential care and those receiving Disability Support Services. This data has been used to identify those who are living with additional disabilities to impaired vision.

For all functional disabilities, those with severe or other visual impairments reported more difficulty completing the functional tasks than those with no visual impairments.

Communication

The WGSS communication includes whether a person has difficulty understanding or being understood. People with severe visual impairment were 16 times more likely to have communication difficulties than those with no visual impairment. For people with other visual impairment the difference in rate was 12 times.

In 2023 communication difficulties were reported by:

- 8% of people with severe visual impairment (366 people).
- 6% of people with other visual impairment (3585 people).
- 0.5% of those with no visual impairment.

Hearing

The WGSS hearing question asks whether a person has difficulty hearing, even if using a hearing aid. These responses should not be used as an estimate of the rate of deafblindness in New Zealand.

People with severe visual impairment were 10 times more likely to have hearing difficulties than those with no visual impairment. For people with other visual impairment the difference in rate was 17 times.

In 2023, difficulty with hearing was reported by:

- 6% of people with severe visual impairment (279 people).
- 10% of people with other visual impairment (4344 people).
- 0.6% of those with no visual impairment.

Remembering

The WGSS remembering question asks whether a person has difficulty remembering or concentrating. People with severe visual impairment were seven times more likely to report difficulty remembering than those with no visual impairment. For people with other visual impairment the difference in rate was eight times.

In 2023 difficulty with remembering was reported by:

- 12% of people with severe visual impairment (540 people).
- 14% of people with other visual impairment (8277 people).
- 1.7% of those with no visual impairment.

Mobility

The WGSS mobility question asks whether a person has difficulty walking or climbing steps. People with severe visual impairment were 17 times more likely to report difficulty with mobility than those with no visual impairment. For people with other visual impairment the difference in rate was 13 times.

In 2023 difficulty with mobility was reported by:

- 17% of people with severe visual impairment (1008 people).
- 13% of people with other visual impairment (7191 people).
- 1.0% of those with no visual impairment.

Self-care

The WGSS self-care question asks whether a person has difficulty with self-care, such as washing all over or dressing. People with severe visual impairment were 25 times more likely to report difficulty with self-care than those with no visual impairment. For people with other visual impairment the difference in rate was 17 times.

In 2023, difficulty with self-care was reported by:

- 10% of people with severe visual impairment (453 people).
- 7% of people with other visual impairment (3951 people).
- 0.4% of those with no visual impairment.

4.2 Housing

Access to stable and quality housing is an important factor in a person's health and wellbeing, ability to work and participate in society. People with severe visual impairments are less likely to own their own home, more likely to live in social housing, to be on a social housing waitlist or to be in emergency housing than someone with no visual impairment.

Home ownership

People with severe visual impairments are half as likely to own their own home compared to those with no visual impairments. This difference is less pronounced for those with other visual impairments (Figure 18).

In 2023, the percentage of people who reported in the Census that they own their own home, partly own or hold the home in a family trust was:

- 19% of people with severe visual impairments (888 people).
- 34% of people with other visual impairments (19443 people).
- 38% for those with no visual impairments.

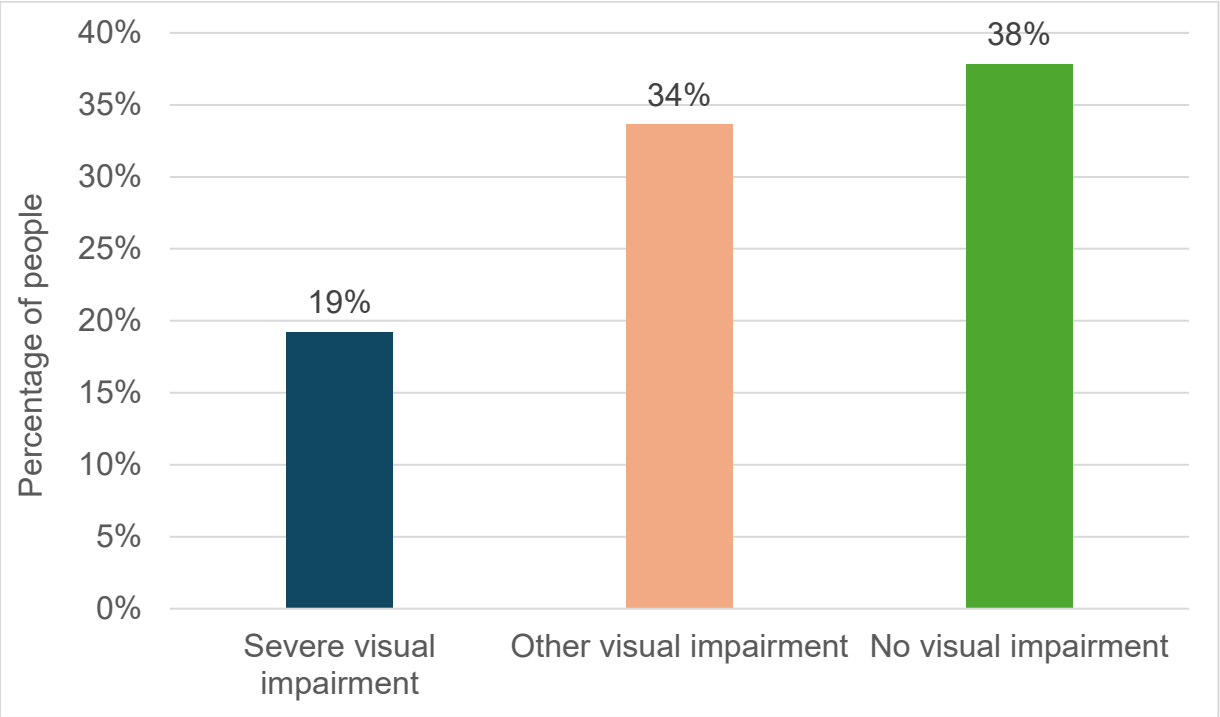

Figure 18. Percentage of people owning their own home by vision status.

Living in a residential care facility

People younger than 65 years old may choose to live in a residential care facility when there is no other suitable accommodation available.

In 2023, there were 153 people, aged between 15 and 64, with a severe visual impairment, living in a residential care facility. There were also 711 people with other visual impairments living in residential care facilities.

Living in social housing or on a social housing waitlist

People with a severe visual impairment are seven times more likely to live in social housing than someone with no visual impairment. They are also over five times more likely to be on a social housing waitlist than someone with no visual impairment.

People with other visual impairments are four times more likely to live in social housing than someone with no visual impairment and around 2.5 times more likely to be on a social housing waitlist.

In 2023, the percentage of people living in social housing was:

- 12.5% of people with a severe visual impairment (579 people).
- 6.8% of people with other visual impairments (3945 people).
- 1.8% of people with no visual impairment.

In 2023, the percentage of people on a social housing waitlist was:

- 7.3% of people with a severe visual impairment (336 people).
- 3.6% of people with other visual impairments (2064 people).
- 1.4% of people with no visual impairment.

For those with severe visual impairments and other visual impairments, this was an increase from 318 (18 people) and 1698 (366 people) since 2019 (Figure 19).

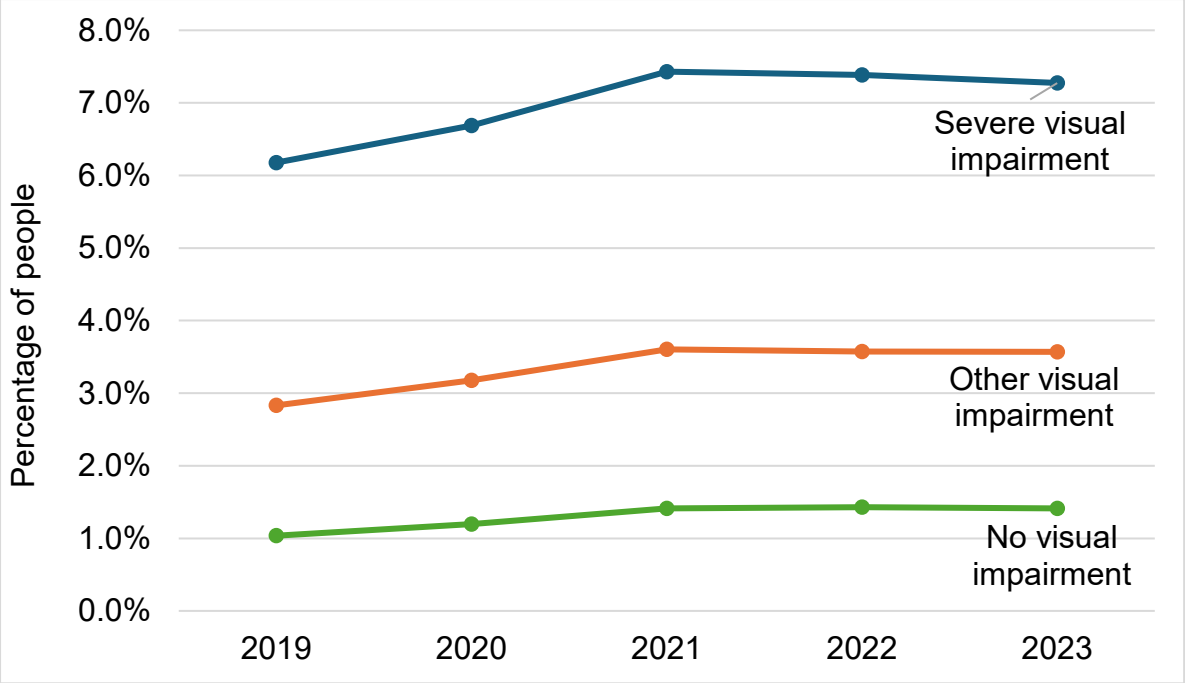

Figure 19. Percentage of people on a social housing waitlist by year and vision status.

Living in emergency housing

People with a severe visual impairment are at least three times more likely to live in emergency housing than those with no visual impairment. A person with other visual impairments is at least 1.7 times more likely to live in emergency housing than someone with no visual impairment.

In 2023, the percentage of people living in emergency housing was:

- 1.4% of people with severe visual impairment (66 people).
- 0.7% of people with other visual impairment (378 people).
- 0.4% of people with no visual impairment.

The rates seen in 2023 are slightly lower than those seen in 2019.

The number of people living in emergency housing increased for years 2020 to 2022, probably due to COVID-19 restrictions. The increase in rate for living in emergency housing was highest for those with severe visual impairment, increasing 0.4 percentage points from 2019 to 2020. The increase in rate for those with other visual impairments was 0.3 percentage points and 0.2 percentage points for those with no visual impairments over the same period (Figure 20).

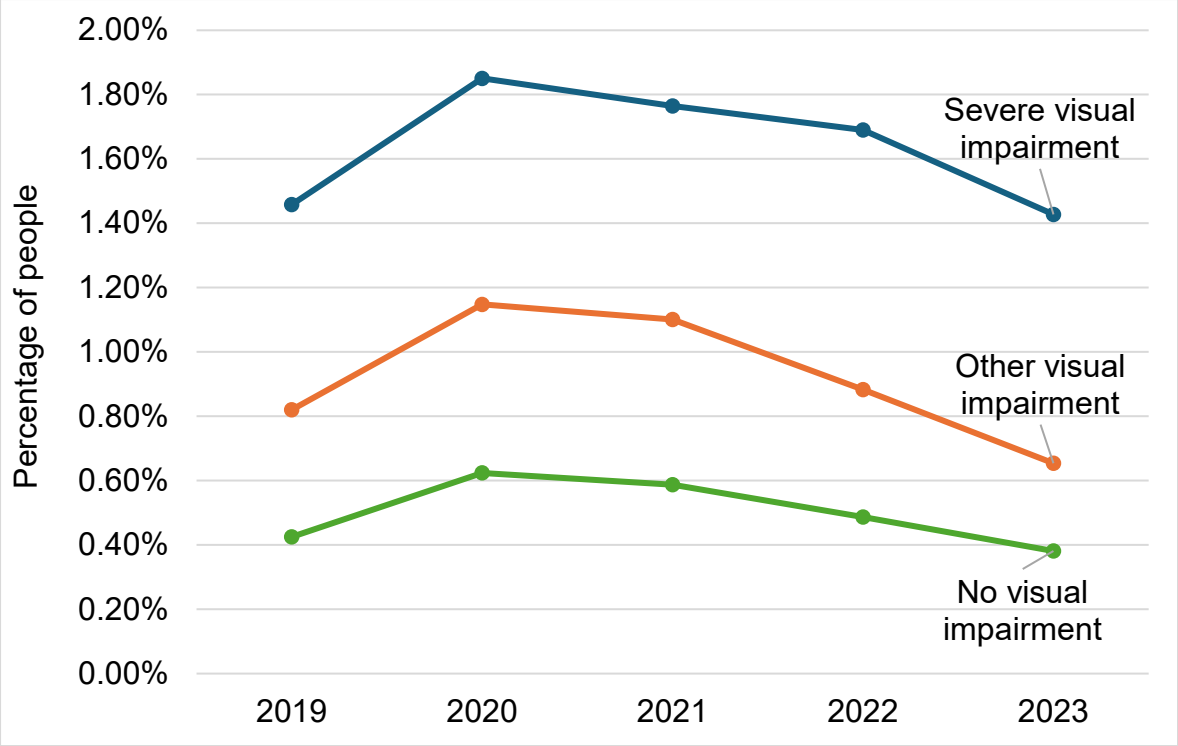

Figure 20. Percentage of people living in emergency housing by year and vision status.

4.3 Education

Participation in education and qualification attainment is important to allow a person to maximise opportunities, participate fully in the workforce and maximise earning potential. This then has a flow on effect to housing and health.

Highest qualifications attained

Visual impairment, particularly a severe visual impairment, impacts whether a person attains any qualifications and the highest qualification attained.

In 2023, the percentage of people, aged 15 to 64, with no secondary or tertiary qualifications was:

- 24% of people with severe visual impairment (1197 people).
- 11% of people with other visual impairments (7248 people).
- 6% of people with no visual impairment.

This rate has decreased since 2019, showing a very slight improvement for those with visual impairments, from 25% for those with severe visual impairments and 13% for those with other visual impairments.

People with severe visual impairments do not continue onto higher education at the same rate as those with other and no visual impairments (Figure 21). A larger proportion of people with other visual impairments, 48%, and people with no visual

impairments, 55%, have post-secondary school qualifications, compared to 33% of those with severe visual impairments.

In 2023, the percentage of people with a Bachelor's degree or a higher qualification was:

- 12% of people with a severe visual impairment (573 people).
- 21% of people with other visual impairments (12144 people).
- 31% of people with no visual impairment.

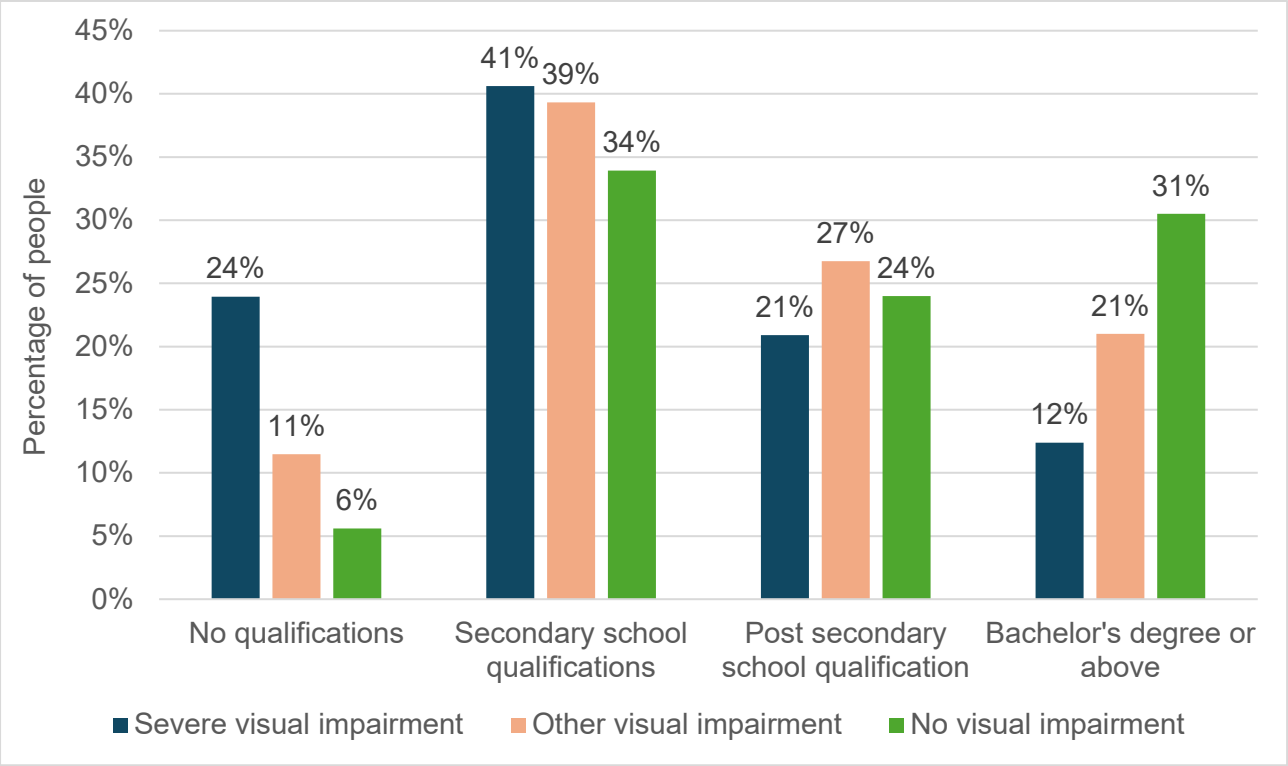

Figure 21. Percentage of people achieving different levels of secondary and tertiary qualifications as their highest attained qualification in 2023.

The percentage of people holding at least a Bachelor's degree increased from 17% to 21% in the 5 years 2019 to 2023 for those with other visual impairments and remained stationary for those with severe visual impairments and no visual impairments.

4.4 Crime & Safety

All people should be able to live safe lives. Interactions with the child-care and protection system and youth court can be an indicator of potential disadvantage at a young age. Interactions with the justice system, whether as an offender or as a victim are also signals of potential disadvantage and poorer welfare.

Reports of Concern

We investigated whether people with visual impairments had an increased rate of Oranga Tamariki Reports of Concern, but the number of individuals was too small to draw any meaningful conclusions.

Convictions

People with severe visual impairments were found to have a slightly higher rate of convictions than those without visual impairments.

In 2023 the rate of convictions was:

- 1.6% for those with severe visual impairments (75 people).
- 1.5% for those with other visual impairments (840 people).
- 1.4% for those with no visual impairments.

For all groups, these rates were a reduction in that seen in 2019.

Victimisations

Overall, people with visual impairments were found to have been victims of police reported events at a slightly higher rate than those people with no visual impairments. Those with other visual impairments experienced victimisation at a greater rate than those with severe visual impairments.

In 2023 police reported victimisations events were experienced by:

- 4.3% of people with severe visual impairments (198 people).
- 5.0% of people with other visual impairments (2904 people).
- 3.9% of people with no visual impairments.

These rates have increased steadily since 2019.

Youth court proven

We investigated whether people with visual impairments had an increased rate of offences proven in youth court, but the number of individuals was too small to draw any meaningful conclusions.

4.5 Driver licencing

A driver licence allows a person flexibility in their transport options. Holding a driver licence and having access to a private vehicle removes restrictions around housing location. It allows a greater variety of employment opportunities, allows a person to attend appointments, use services and attend social events in areas where there may not be strong public transport.

The eyesight requirements to hold a driver licence prevent most people with severe visual impairment from holding one.

Holding a current driver licence

People with severe visual impairment are less than half as likely to hold a current driver licence than those with other or no visual impairment (Figure 22).

In 2023, the percentage of people holding a current driver licence was:

- 35% of people with severe visual impairment (1596 people).
- 77% of people with other visual impairment (44430 people).
- 85% of people with no visual impairment.

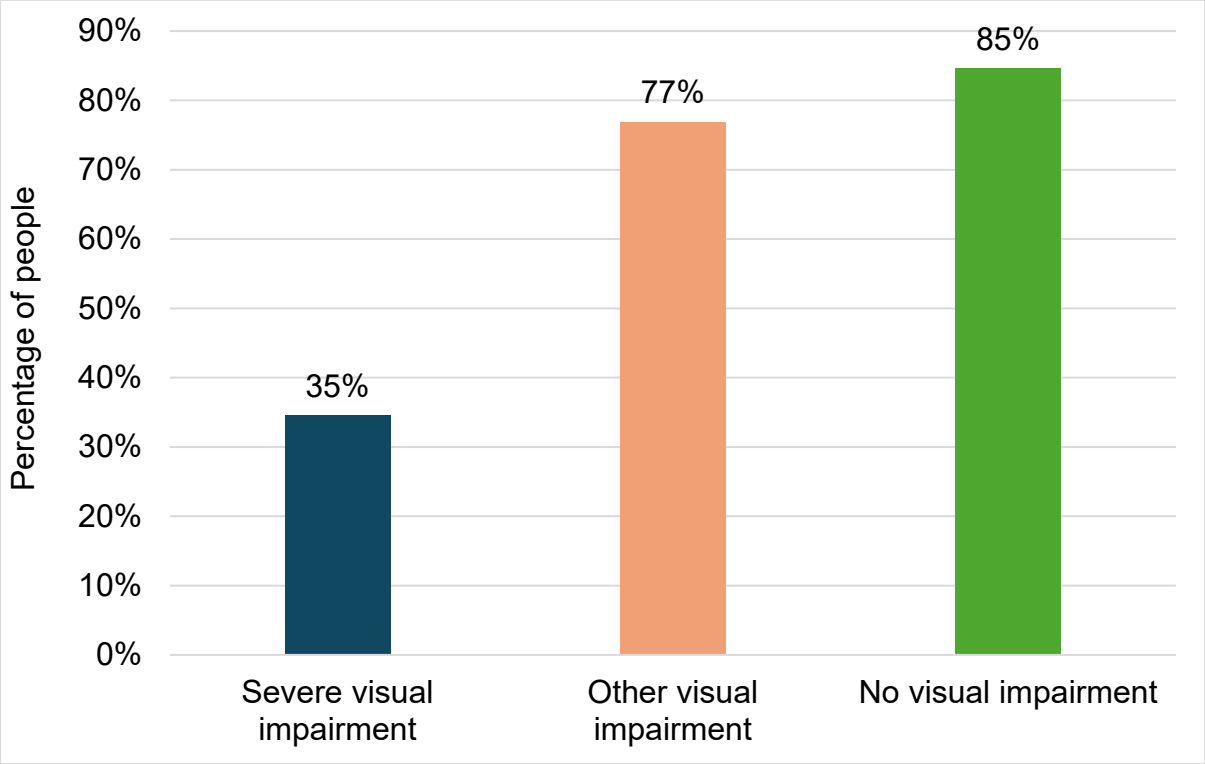

Figure 22. Percentage of people holding a current driver licence in 2023 by vision status.

The percentage of people with a severe visual impairment holding a current driver licence has decreased four percentage points from 39% to 35% from 2019 to 2023. For people with other visual impairment and no visual impairment, the percentage of people with a current driving licence has increased one percentage point in this time.

Revoked, surrendered or suspended licences

Driver licences can be revoked, usually for medical reasons, voluntarily surrendered by the driver or suspended. Reasons for licence suspension includes a medical suspension but this category also includes suspension due to accumulation of excess demerit points or immediate roadside suspension for serious offences.

People with visual impairments had driver licences revoked, surrendered or suspended at a lower rate than those with no visual impairment.

In 2023, the percentage of people having a driver licence revoked, surrendered or suspended was:

- 0.5% of people with severe visual impairment (24 people).
- 0.7% of people with other visual impairment (432 people).
- 0.8% of people with no visual impairment.

The number of people with severe visual impairment with revoked, surrendered or suspended licences in 2023 is small.

4.6 Employment, income and benefits

Participation in the workforce is important beyond the provision of economic security for an individual and their family. The opportunity to share talent, gain new skills and build working and social relationships assists both businesses and individuals.

Where employment opportunities are unavailable it is important that individuals and families can access the benefits and services required to allow them to lead safe, purposeful and healthy lives.

Employment

Employment is defined for the purposes of this outcome measure as an individual receiving a wage or salary from a registered New Zealand business at any point over the calendar year. The employment rate for those with severe visual impairment is one-third of the rate for those with no visual impairment. The gap between employed people with severe visual impairments and no visual impairments has widened slightly over since 2019 from 46% to 49% (Figure 23).

In 2023, the percentage of people employed was:

- 26% of people with severe visual impairments (1185 people).
- 63% of people with other visual impairment (36276 people).
- 75% of those with no visual impairment.

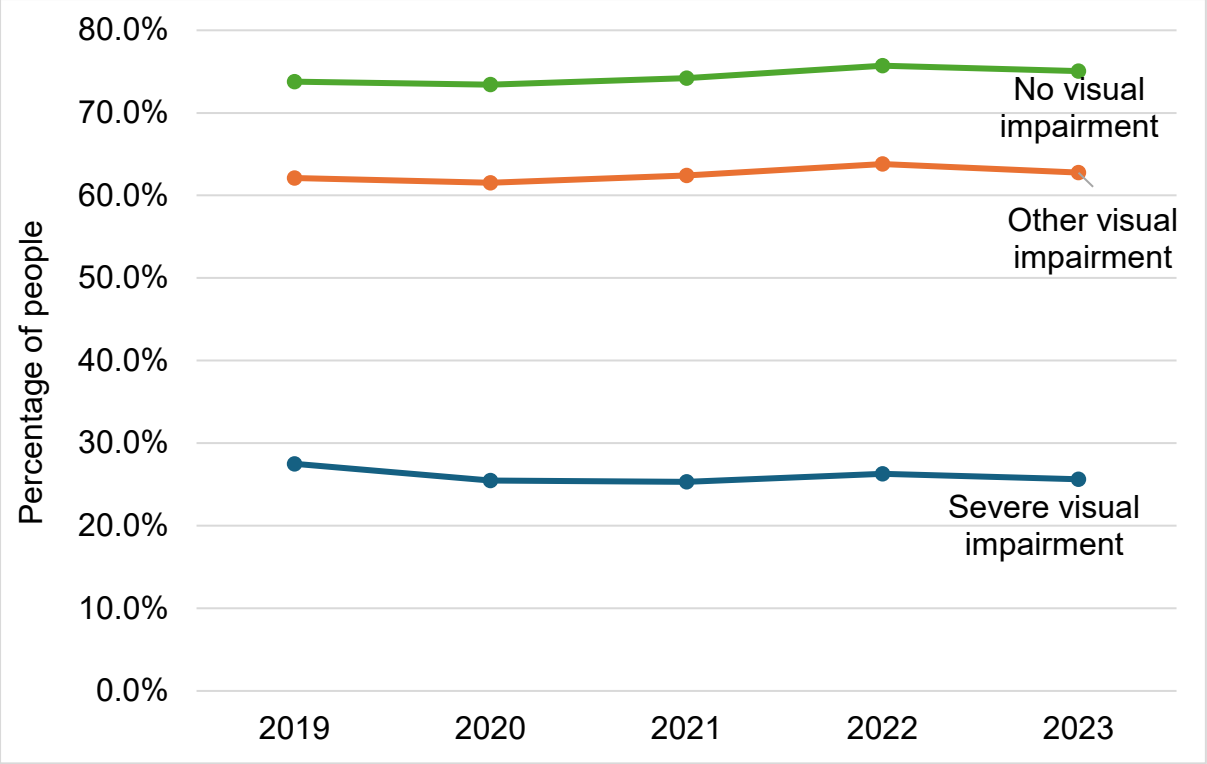

Figure 23. Percentage of people employed by vision status from 2019 to 2023.

Calendar year income

Income described below is individual gross income rather than household income.

People with severe visual impairment were found to have lower income than those with other visual impairments or no visual impairment (Figure 24).

In 2023, the percentage of people with income above $60,000 was:

- 12% for people with severe visual impairment (543 people).
- 38% for people with other visual impairments (21,837 people).
- 47% for people with no visual impairment.

Whilst the percentage of people with income over $60,000 with no visual impairments or other visual impairments increased by 14 and 15 percentage points respectively from 2019 to 2023, the increase for those with severe visual impairments was only 5%.

In 2023, the percentage of people with income up to or including $60,000 was:

- 86% for people with severe visual impairment (3993 people).
- 59% for people with other visual impairments (34,185 people).
- 49% for people with no visual impairment.

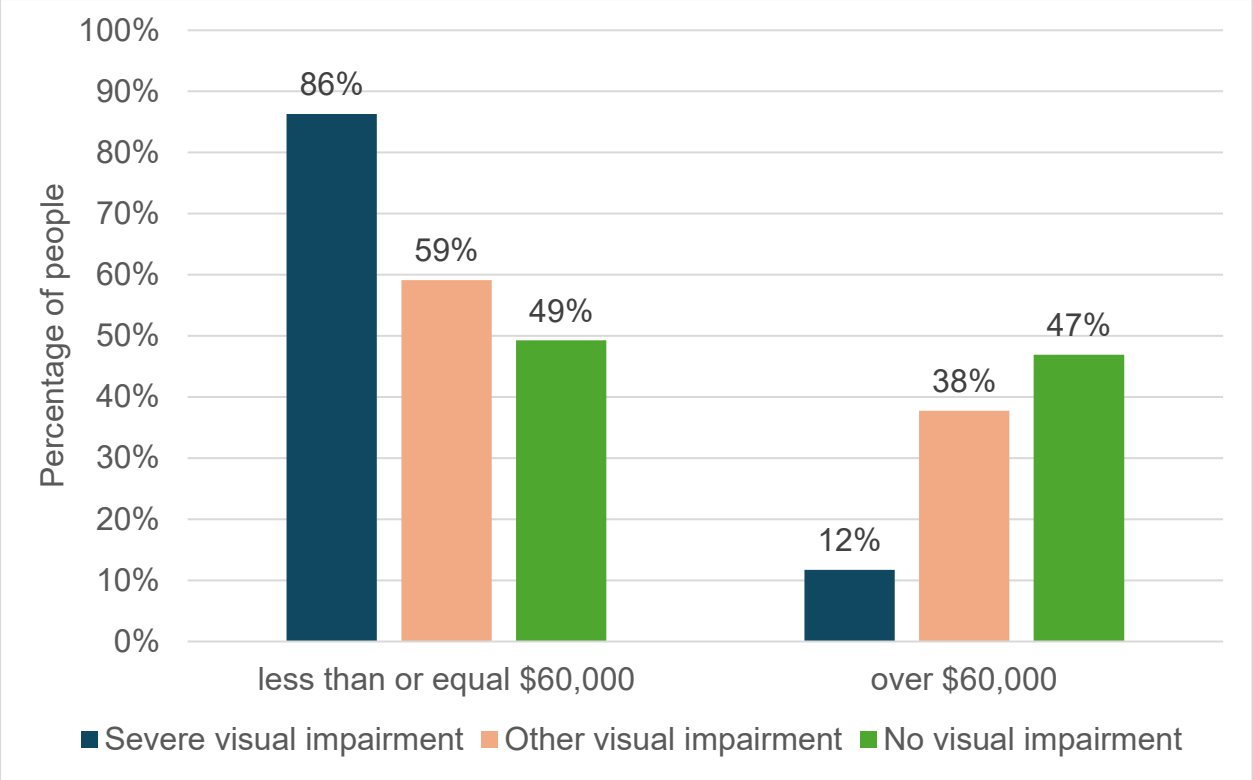

Figure 24. Percentage of people with gross calendar year personal income up to or $60,000 or greater than $60,000, in 2023. The gross calendar year income of some people is unknown and thus percentages do not sum to 100%.

In 2023, 60% of those with severe visual impairment had calendar year income between $20,000 and $40,000.

Receiving Disability Support Services (DSS) payments

Eligibility for disability support services payments is based on assessment of a person's needs. People with severe visual impairment received these payments at 35 times the rate and those with other visual impairment at 5.5 times the rate of those with no visual impairment.

The percentage of people with severe visual impairments receiving disability support services payments increased from 19% (993 people) to 25% (1146 people) from 2019 to 2023. For those with other visual impairments the increase was much smaller, from 3.5% (2085 people) to 4.0% (2301 people) and from 0.6% to 0.7% for those with no visual impairments (Figure 25).

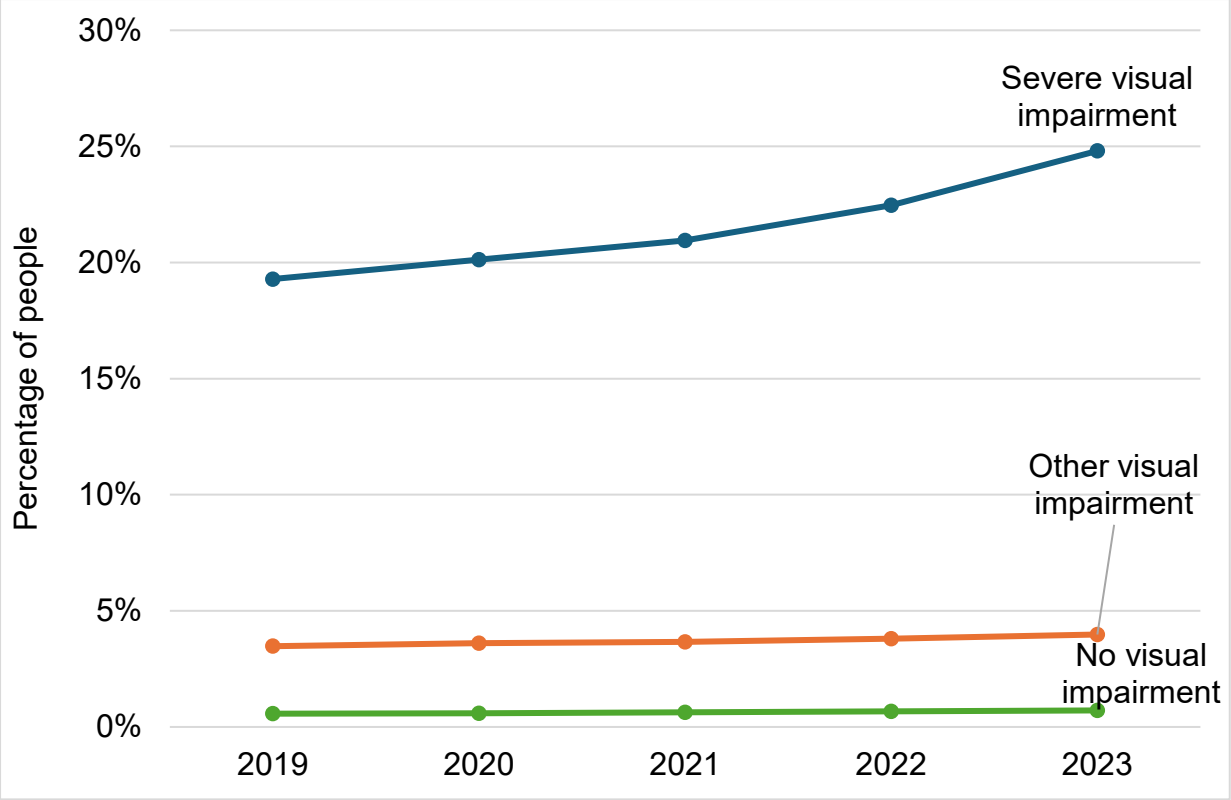

Figure 25. Percentage of people receiving Disability Support Service payments from 2019 to 2023 by vision status.

Receiving MSD benefit payments

Data presented below is based on receipt of three types of MSD benefit[5].

Main benefits are the first tier of the income support system assistance. These taxable payments are for those who are of a working age, who are not employed, or their circumstances do not allow them to work in full-time employment. Eligibility to a main benefit is assessed based on the circumstances of the family.

The second tier of assistance, supplementary benefits, are non-taxable regular payments which provide support to families with lower incomes.

One-off payments are the third tier of assistance and cover unexpected or infrequent costs which a person is unable to cover at that time. In some cases, these payments need to be repaid.

A person can receive multiple types of assistance.

In 2023, a main benefit was received by:

- 80% of people with severe visual impairment (3675 people).
- 33% of people with other visual impairment (19,029 people).

[5] Stats NZ, MSD Income Support Payments IDI code module. https://idcommons.discourse.group/pub/MSD-income-support-payments

- 14% of people with no visual impairment.

The rate of main benefit receipt has increased from 2019 to 2023 by 2.5, 2.2 and 1.6 percentage points for those with severe, other and no visual impairments respectively.

In 2023, a supplementary benefit was received by:

- 78% of people with severe visual impairment (3600 people).
- 36% of people with other visual impairment (20,859 people).
- 17% of people with no visual impairment.

The rate of main benefit receipt has increased from 2019 to 2023 by 2.3, 2.7 and 1.9 percentage points for those with severe, other and no visual impairments respectively.

In 2023, a one-off benefit was received by:

- 41% of people with severe visual impairment (1887 people).
- 24% of people with other visual impairment (13,686 people).
- 11% of people with no visual impairment.

The rate of main benefit receipt has increased from 2019 to 2023 by 3.2, 3.2 and 2.4 percentage points for those with severe, other and no visual impairments respectively.

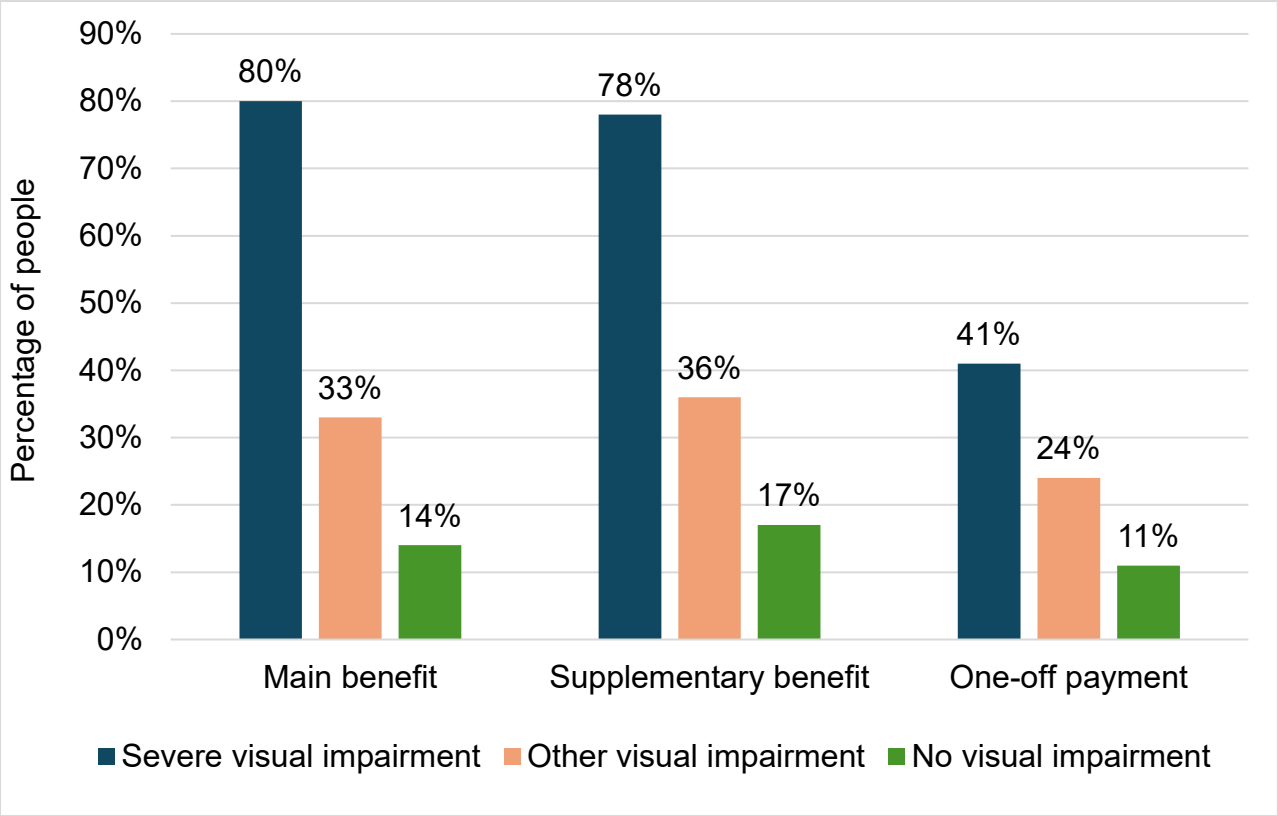

Figure 26. Percentage of people receiving main, supplementary or one-off payments in 2023 by vision status.

5 Summary

The working age population in New Zealand who live with a severe visual impairment are experiencing deficits across all socio-economic outcomes. The results of this analysis show persistent and interconnected disadvantages across multiple key indicators of wellbeing and general life quality.

Whilst those living with the most severe visual impairment experience the greatest inequity, having any form of visual impairment exposes an individual to greater disadvantage than having no visual impairment.

Visual impairment

Some identified potential causes of visual impairment in the working age population could be:

- Diabetes - Over 25% of people with severe visual impairment and over 10% of people with other visual impairment had a diagnosis of diabetes, were dispensed hypoglycaemic medication or attended diabetic outpatient clinics.
- Cataracts – Although the number of people having surgical cataract procedures in the working age group is small, the rate of surgical cataract procedures for those with severe visual impairment was 26 times that for those with no visual impairment.
- Eye disorders – congenital glaucoma and congenital cataract were included in the more frequently recorded eye disorders for those with severe visual impairment.

Living with visual impairment

In 2023, there were over 4,600 people aged 15 to 64 living with severe visual impairment and over 57,800 living with other visual impairment. This analysis estimates that the years of life lost for people in New Zealand with severe visual impairment compared to no visual impairment is 9 years. In addition to premature death, the median number of years lived with visual impairment is 30 years. Some people would have spent their entire lives living with a disability while for others the disability occurred later in life through injury, disease or ageing.

Visual impairment is not equally distributed across the population. People who identify as Māori or Pacific Peoples have a higher rate of visual impairment compared to other ethnicities. Males are more likely to have severe visual impairment, but females are more likely to have other visual impairments.

Visual impairment increases the likelihood that a person will live in an urban area and reduces the likelihood of living in a rural settlement.

Over half of people with severe visual impairment live in the areas of New Zealand with the highest socio-economic deprivation. There are many factors that interact to result in this inequity.

Outcomes for people living with visual impairment

Education, employment, income and benefit

People with severe visual impairment were found to be more likely to have no qualifications and less likely to have qualifications at a post-secondary school level. This impacts employment and further training opportunities from an early age resulting in lower lifetime income earning potential, higher unemployment and a higher level of benefit dependence. Whilst the difference is most pronounced for people living with severe visual impairment, those with other visual impairment also face inequity in higher education, employment, income and benefit dependence.

Housing status is closely related to outcomes for income, employment and benefit dependence. People with visual impairment were less likely to own their own homes and accessed emergency housing at a higher rate than those without visual impairment. This underlines the complexity of the lives of some people with visual impairment where they have no regular living accommodation, which then has flow on effects to employment and training opportunity and social connectedness. People with visual impairments were also over-represented living in social housing and on social housing waitlists showing that appropriate housing is a factor affected by vision status.

Health and Wellbeing

Access to appropriate and timely health care is important to everyone. People with visual impairment face challenges with access and communication and may also have co-morbidities including difficulties with mobility, making access even more challenging.

The high rates of multiple hospital discharge events per year for people with visual impairments indicate that people more frequently access secondary health care potentially when an issue has become too serious or complex for primary care but needs urgent attention.

People with visual impairment have contact with secondary mental health services at a higher rate than those without visual impairment. Blindness and visual impairment can be isolating and with the challenges described above around housing stability, financial stress and unemployment can lead to loss of social connectedness and poor mental health. People with visual impairment were found to have a higher rate of in-person mental health contacts than those people with no visual impairment which is important where a condition is socially isolating.

Access to services

Holding a driver licence and driving a private vehicle may not be possible with severe visual impairment. Only one-third of people with severe visual impairment held a current licence in 2023. Transport is required to access primary and secondary health care, employment, education and training, shopping and social events and so people will need to choose to live in a situation that allows them to access what they need to.

6 Future research

Future research is anticipated to build upon the evidence base presented in this report to develop a deeper and more intersectional understanding on the interconnected nature of the deficits experienced by people who are blind or who have visual impairment. Of particular interest that could be explored further in the IDI is compounding disadvantages, for example, being able to track sequentially the onset of eye disease resulting in blindness or visual impairment through to the loss of a driver licence, to losing employment and therefore requiring income support resulting in a lower income. This may then lead to decision such as exiting home ownership or the private rental market and requiring social housing, mental health and addiction services for poor mental health brought on by a change in life circumstances or stress, other health issues etc. We could engage in this type of life course research to identify the most impactful stage where an intervention could be targeted to ensure lower future inequities.

Additionally, we could investigate the ability for researching causation in cases of more sudden blindness and visual impairment onset in New Zealand. Explore what outcomes looked like before onset versus after onset for individuals and measure the impact of blindness or visual impairment on peoples longer term socio-economic outcomes both at an individual and nationwide level.

With the availability of the Blind and Visual Impairment Code Module from the 31st of March 2026, IDI researchers across government, academic institutions and non-governmental organisations will be able to engage in research using the established code module population to contribute to building a wider pool of evidence to support blind and visually impaired people in New Zealand.

Appendix 1 – BVI Code Module

The Blind and Visual Impairment Code Module will be deployed in the March 2026 refresh cycle of the Integrated Data Infrastructure. It will be available for use by IDI researchers from 31st March 2026.

Description

The purpose of this module is to construct a population that identifies New Zealanders who are blind or who have visual impairment. This will allow for a much-improved knowledge of this population. Researchers will be able to use this output to measure outcomes for the blind and visually impaired in New Zealand. The output will include the blind and visually impaired population that are living currently as well as those who have died as this may allow research into long-term outcome measurement as well as the estimation of life expectancy. The output will also include an indicator on the severeness of blindness.

Output dataset

Variables	**Description**
[snz_uid]	The unique Stats NZ person identifier for the individual.
[birth_year]	The individual's birth year. Primarily derived from personal_details table.
[deceased_year]	The individual's deceased year where applicable. Primarily derived from personal_details table.
[earliest_indication_onset]	The earliest year that primary or secondary sources of evidence indicate possible blindness / visual impairment.
[severe_visual_impairment_ind]	Binary indicator for severe visual impairment derived from administrative sources with a high criterion for inclusion (SLPHCD, SOCRATES, ORS, BLENNZ) and diagnostic criteria from MoH and ACC with blindness / visual impairment in both eyes.
[census_seeing_dfclt]	Classification variable for seeing difficulty across 2018 and 2023 WGSS question. Results from 2023 are prioritised where both years meet criteria for inclusion.

[hospital_bvi_diagnosis]	Classification variable for ICD-10 categorisation of H54 blindness / visual impairment diagnosis events at publicly and privately funded hospitals.
[interrai_vision_dfclt]	Classification variable for seeing difficulty in adequate lighting from interrail assessments.
[slphcd_bvi_incapacity]	Binary indicator for receiving a Supported Living Payment Health Condition & Disability (SLPHCD) benefit where the incapacity reason for benefit receipt is blindness / visual impairment / disorders of the eye.
[socrates_bvi_disability]	Classification variable for categorisation of blindness / visual impairment disability.
[acc_bvi_injury]	Classification variable for categorisation of injuries resulting in blindness / visual impairment lodged in an ACC claim.
[blennz_enrolment]	Binary indicator for enrolment at any time with BLENNZ services.
[ors_bvi_disability]	Classification variable for individuals receiving ORS support/funding while enrolled in school for vision related areas of disability.
[eye_inj_bvi]	Classification variable for categorisation of eye injury events at publicly and privately funded hospitals. This is secondary evidence and only included as supplementary information not inclusion into the population.
[eye_disease_bvi]	Classification variable for categorisation of diseases of the eye and adnexa events at publicly and privately funded hospitals. This is secondary evidence and only included as supplementary information not inclusion into the population.
[ot_gateway_need]	Binary indicator for vision needs derived from Oranga Tamariki gateway assessments that identify the health, disability and education needs of children and young people engaged with Oranga Tamariki. This is secondary evidence and only included as supplementary information not inclusion into the population.
[pharma_bvi]	Classification variable for categorization of dispensed pharmaceuticals related to Age-Related Macular Degeneration (ARMD) and

	Glaucoma. This is secondary evidence and only included as supplementary information not inclusion into the population.
[b4sc_bvi]	Binary indicator for children's (4 to 5 years) B4SC vision screening results of 6_12 or worse in both eyes. This is secondary evidence and only included as supplementary information not inclusion into the population.

Table 7: Blind and Visual Impairment Code Module – output table variables and variable descriptions.

Key concepts

Identify those individuals in New Zealand:

- With a diagnosis of blindness or visual impairment.
- Who receive benefits or support services due to their blindness or visual impairment.
- Who have had an accident and injury that resulted in an ACC claim for blindness or visual impairment.
- Who receive additional support/assistance to participate in education, attend an education facility or receive training for those with blindness or visual impairment.
- Have been assessed as having needs related to blindness or visual impairment whilst staying in long-term residential care.
- Self-assessed their own vision as 'having a lot of difficulty seeing', 'cannot see at all' in the 2018 or 2023 census.
- With vision needs in early childhood checks.
- Assessed with vision needs during Oranga Tamariki gateway assessments (secondary).
- Who have had an eye injury or eye disease related hospital event (secondary).
- Who have been prescribed medications for blindness or visual impairment that has additional supporting evidence of blindness or visual impairment from other relevant data sources (secondary).

Note, secondary concepts are additional and supplementary information related to people's vision but were not considered a high enough evidentiary threshold to be included in the population alone – you must first meet at least one of the primary requirements to be included.

Appendix 2 – Definition Lookup

A2.1 Blind and Visual Impairment Population

For inclusion in the Blind and Visual Impairment population an individual must meet at least one of the criteria listed in the Primary Sources table below.

Primary Sources

Indicator	Source	Description
Hospital BVI diagnosis	MoH NMDS – Publicly and Privately Funded Hospital Discharges	Identify all people with an ICD-10 clinical diagnosis code of H540 through to H549 indicating diagnosis of blindness and visual impairment. These codes are a subset of the H00-H59 codes which refer to diseases of the eye and adnexa. Where there are multiple H54X diagnoses on the same date, the diagnosis with the more severe visual impairment is taken. For people with multiple H54X diagnoses the allocated clinical code is the latest (most recent) clinical code to get the most accurate picture of the "current condition".
Supported Living Payment Health Condition & Disability	MSD Income Support Payments Code Module, Incapacity Codes	Identify all people receiving a main benefit of 'Supported Living Payment Health Condition & Disability' where the start date for the payment was between the incapacity start and end dates for reasons of 'Blindness' or 'Other visual / eye (partial blindness)'.
Socrates BVI disability	MoH SOCRATES	Identify all those who have been referred to or have had a needs assessment by a Needs Assessment Service Coordination agency (NASC) with a disability diagnosis of 1501 through to 1506 or 1599. Where there are multiple diagnoses that meet the criteria on the same date, the more severe diagnosis code is taken.
ACC BVI injury	ACC Claims, ACC Medical Codes	Identify all people who have made an ACC claim for an injury with an ACC read code of (F490., F4910, F492., F494., F4950, F495., F496.) or an ICD-10 code of H540 through to H549. Where there are injury codes on the same date, the code with the more severe visual impairment is taken. If there are multiple injury codes that meet the

		criteria the allocated injury code is the taken for the most recent injury.
Blind and Low Vision Education Network NZ (BLENNZ) enrolment	MoE Student Enrolment	Identify all people who have been enrolled in the BLENNZ school programmes. These are most likely to be individuals enrolled in either the school's residential population, or a transition programme for older children.
InterRAI vision difficulty	MoH InterRAI	Identify all people who have indicated in an InterRAI assessment that they have ‘Severe difficulty’ or ‘No vision’ when in adequate lighting. Vision in adequate lighting is reported at five levels: Adequate, Minimal difficulty, Moderate difficulty, Severe difficulty, and No vision.
Census seeing difficulty	2023 Census, 2018 Census	Identify all people who have indicated in the 2018 or 2023 Census that they have difficulty seeing at a level of ‘A lot of difficulty’ or ‘Cannot do at all’. The definition of disability is based on the Washington Group Short Set of questions on functioning. 'Difficulty seeing' is one of the six functioning questions. It holds information about the level of difficulty a person has seeing due to a health problem, even when wearing glasses. The self-assessment of seeing difficulty was to be made while using their glasses or contact lenses if they usually used them. Each of the six activities is reported at four levels of difficulty: No difficulty, Some difficulty, A lot of difficulty, and Cannot do at all.
ORS BVI disability	MoE Student ORS Criterion	Identify all people who receive the Ongoing Resourcing Scheme (ORS) for 'Vision, 'Vision - Braille', or 'Hearing or Vision'. This is additional funding/support for early learning and school students that meet the criteria of having high or very high needs. To meet ORS criteria, students must have: • Ongoing extreme or severe difficulty with one or more of the five areas of need, or • ongoing moderate to high difficulty with learning, combined with two

		other areas of need as a moderate to high level.

Table 8: Definition list of Blind and Visual Impairment population indicators from primary sources.

Note, the 'Hearing or Vision' criterion for the ORS BVI disability indicator is a retired field and has been replaced by more specific disability areas such as 'Vision - Braille'. As 'Hearing or Vision' could not be further distinguished within ORS data, this criterion can only be included as a secondary evidence source, while the vision specific criteria are considered a primary evidence source.

Once the primary sources of evidence are compiled, secondary sources of evidence for blindness / visual impairment are then added to the output to provide supporting and complementary information. Individuals identified in the secondary sources of evidence are only included if they are also identified in one of the primary sources.

Secondary Sources

Indicator	Source	Description
ORS BVI disability	MoE Student ORS Criterion	Identify all people who receive the Ongoing Resourcing Scheme (ORS) for 'Hearing or Vision'.
Eye Injury BVI	MoH NMDS – Publicly and Privately Funded Hospital Discharges	Identify all people with a clinical code for an eye injury in the following codes: S05, S050 through to S059, T150, T151, T158, T159 and 9302. The S05 series of clinical codes refer to injuries of an eye and orbit and T15 codes and 9302 refer to foreign body in cornea. If there are multiple injury codes that meet the criteria the allocated injury code is the taken for the most recent injury.
Eye Disease BVI	NMDS – Publicly and Privately funded hospital discharges	Identify all people with a clinical diagnosis code of diseases of the eye and adnexa - H00 through to H59, excluding H54 codes which are a primary source of blindness and visual impairment. H540 through to H549 indicating a diagnosis of blindness or visual impairment. For people with multiple H00-H59 diagnoses the allocated clinical code is the latest (most recent) clinical code to get the most accurate picture of the "current condition".
OT Gateway Need BVI	OT Gateway Client Needs	Identify those who have been assessed as having vision needs in the OT gateway

		assessments with a needs description of 'Vision' or 'Sensory Issues – Vision'. The gateway assessment does not include blindness or visual impairment in its description but does highlight vision needs or vision as a factor affecting learning.
Pharma BVI	MoH Pharmaceuticals, MoH Form Pack Subsidy Codes	Identify all people who have been prescribed pharmaceuticals related to Age-Related Macular Degeneration (ARMD) and Glaucoma. For the blind and visual impairment population output, pharmaceuticals are only added as supporting evidence and is not criteria enough for inclusion by itself due to potential off-label use.
B4SC BVI	MoH B4SC	Identify children who have had vision screening as part of the Ministry of Health Before Schools Checks (B4SC) programme for 4 to 5 year old and have got vision screening results of at least 6_12 in both eyes (can see at 6 metres what someone with normal eyesight can see at 12 metres).

Table 9: Definition list of Blind and Visual Impairment population indicators from secondary sources.

Limitations

The limitations of the methodology detailed above are that not all health data is available in the IDI. Details of diagnoses given in primary health care settings, i.e. General Practitioner or Eye Clinic, are not available. These individuals must be identified in other ways such as through social support data. We may not capture them all if they do not require government assistance. This can skew the populations and the outcomes towards the individuals who are blind or have visual impairment and who do require support.

The data sources available in the IDI are built for administrative purposes not research and therefore the data supplied to the IDI do not all have the same completeness levels when it comes to historical data. There will be inconsistencies in the methodology and ability to identify the blind and visual impairment population over time due to availability of new data collections. Some data is only available for more recent years such as the SOCRATES disability support services data while other data sources such as MoH publicly funded hospital discharges data has rich data history with records from 1980 onwards. Additionally, there are changes in the time series nature of data sources owing to business changes, new programmes,

discontinued programmes, different classification codes etc. This means that we may not identify individuals who engaged with government services in earlier years as that data may not be supplied to the IDI or that if services were discontinued or replaced then that data may not be available at all.

Additionally, another consideration is that Census data unlike the other data sources is a survey – a point in time snapshot of the population. We were able to source both the 2018 Census and the 2023 Census for this population but had to exclude the 2013 Census due to changes in the Washington Group Short Set (WGSS) disability questions and multi-choice answer options. The Census is one of the most wide-ranging methods for identifying people with visual impairment, but as it is self-assessed we did exclude it from the criteria for “Severe Visual Impairment” classification even if the recipient responded, “Cannot do at all”. However, if those recipients met the other criteria for inclusion, then they will still appear.

A2.2 Outcomes

Indicator	Source	Description
Cataract surgical procedures	MoH NMDS – Publicly and Privately Funded Hospital Discharges	Procedure in calendar year. Clinical codes for both the extraction of crystalline lens (4269806, 4269807, 4269808, 4273101,4269805) and insertion of intraocular lens prosthesis (4270100, 4270300).
Diabetes	MoH NMDS – Publicly and Privately Funded Hospital Discharges, Pharmaceuticals, NNPAC	Ever had a diagnosis of diabetes. Clinical codes for primary or secondary diagnosis type of type 1, type 2, other, and unspecified diabetes and Pre-existing diabetes in pregnancy (E10, E11, E13, E14, O240, O241, O242, O243). Additionally: Prescribing history of pharmaceuticals for diabetes. Attendance at diabetes clinics.
Public and private hospitalisation events	NMDS – Publicly and Privately funded hospital discharges	Count of all public and private hospitalisation events per individual in a calendar year.

Secondary addiction service use	Secondary Specialist Mental Health and Addiction Service Contacts Code Module	Addiction service used in calendar year. Identified where the team type code is '03' or '11', or activity type code are T16, T17, T18, T19, T20 or T48.
Secondary mental health contacts	Secondary Specialist Mental Health and Addiction Service Contacts Code Module	Contact service used in calendar year. Mental health and addiction activities provided in a community or outpatient setting in calendar year. Identified where the activity unit type is CON and the activity type code is not T35.
Secondary face to face mental health contacts	Secondary Specialist Mental Health and Addiction Service Contacts Code Module	Face-to-face contact service used in calendar year. Where the person is physically present at a mental health and addiction service provided in a community or outpatient setting. Face-to-face activities exclude care coordination, contact with family/whanau, written correspondence, telephone calls and text messages. Identified where the activity unit type is CON, and the activity type code is not T08, T32, T33, T35, T37 or T52, and the activity setting code is not WR, PH, SM and OM.
Secondary face to face mental health bednights	Secondary Specialist Mental Health and Addiction Service Contacts Code Module	Bed night service began during calendar year. Where the person is occupying a bed at midnight. A bed night is assumed to include all care provided to the person occupying the bed. Bed nights are generally provided in inpatient and residential settings. A leave night (where a person spends the night away from a residential service) supersedes a bednight. Actual bed nights are calculated by subtracting the number of leave nights from the number of bed nights in a spell. Identified where the activity unit type is BED.
Eye disorders	NMDS – Publicly and Privately funded hospital discharges	Person ever had an hospital event involving an eye disorder from an

		extensive list of eye and vision related clinical codes provided by MoH.
Multiple disabilities	Census 2018, Census 2023, MoH InterRAI, MoH SOCRATES	People who have responded to 2018 or 2023 Census that they have 'A lot of difficulty' or 'Cannot do at all' to the functional disability questions of communication, hearing, remembering, walking and washing. Also included are people receiving DSS funding with SOCRATES disability codes relevant to those functional disabilities, or InterRAI assessment results of 2 or more for characteristics relevant to those functional disabilities.
Home ownership	Census 2023 Individual	Where the person responded in the Census 2023 on individual home ownership of either 'Hold in a family trust' or 'Own or partly own'.
Residential care facility	Census 2023 Individual, Census 2023 Dwelling	Where the person in the Census 2023 noted their dwelling type as either 'Residential care for older people' or 'Residential and community care facilities'.
Social housing tenancy	Social Housing Tenancy Spells Code Module	Where the person's social housing tenancy began in the calendar year. The person is the primary tenant on the social housing application.
Social housing waitlist	Social Waitlist Tenancy Spells Code Module	Where the person entered the waitlist for a social house began in the calendar year. The person is the primary applicant for the social house.
Emergency housing	Emergency Housing Spells Code Module	Where the person's stay in emergency housing began in the calendar year. The person is the primary applicant on the Emergency Housing Special Needs Grant.
Highest qualification	Highest NZQCF Level Spells Code Module	As of the calendar year what is the highest qualification the person has attained.

Report of concern	Oranga Tamariki – Reports of Concern Code Module	Where there was a report of concern for the person made to Oranga Tamariki in the calendar year.
Conviction	MoJ Court Charges	Where a person had a court charge resulting in a conviction in the calendar year.
Youth court proven	MoJ Court Charges	Where a person had a court charge in youth court that resulted in the charge being proven in the calendar year.
Victimisation	Victimisation Events Code Module	Where a person was reported as a victim to Police in a victimisation in the calendar year.
Current driver licence	Driver Licence Status Code Module	Where a person's licence class of 'Motor Cars and Light Motor Vehicles' has a 'Current' status at some point in the calendar year.
Revoked, Surrendered, Suspended driver licence	Driver Licence Status Code Module	Where a person's licence class of 'Motor Cars and Light Motor Vehicles' has a 'Revoked', 'Suspended' or 'Voluntary Surrender' status as at some point in the calendar year.
Employment	Employment Spells Code Module	Where the person was employed at some point during the calendar year.
Calendar year income	Total Income Code Module	The total gross income of the person in the calendar year.
DSS payments	MoH SOCRATES	Where the person received community residential, behavioural support services, carer support subsidy, enabling good live, home and community support, day services, individualised funding, supported living and/or respite care funding during the calendar year.
Main benefit recipient	MSD Income Support Payment Code Module	Where the person received a main benefit during the calendar year.
Supplementary benefit recipient	MSD Income Support Payment Code Module	Where the person received a supplementary benefit during the calendar year.

One off payment recipient	MSD Income Support Payment Code Module	Where the person received a one-off payment during the calendar year.

Table 10: Definition list of key outcome indicators.

Blind Low Vision NZ