



**‘Kotahi Tātou’**

## **PROMOTING PARTICIPATION**

### **Framework for Implementation of the New Zealand Disability Strategy**

**2004 - 2007**

**Capital and Coast District Health Board**

**August 2004**

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## FORWARD

It's with pleasure that we introduce *Promoting Participation* – the framework that will guide C&C DHB in implementing the New Zealand Disability Strategy over the next three years. It is a challenging framework for an organisation that is primarily focussed on funding and delivering health services like C&C DHB. The ideas of participation and inclusiveness that underpin the Disability Strategy mean we have had to broaden our thinking on disability from primarily focussing on disability services, to thinking about the barriers we create in the way we work, the way we communicate, and the way we manage our organisation.

*Promoting Participation* sets out our objectives and priorities for implementing the Disability Strategy at every level of C&C DHB. These priorities were defined through discussion with people with disabilities about the barriers that most affect their ability to participate and are therefore the earliest priority for change. The framework recognises that we can't address every barrier over night, but that we can take a step by step approach to practical and attitudinal changes that will benefit everyone. If we implement concepts like universal design, for example, there will be benefits for all health service users, regardless of their abilities.

The challenge in implementing the Strategy is weaving the framework's concepts - like the accessible journey and elimination of barriers - into everything we do on an ongoing basis. *Promoting Participation* outlines our commitment and plan for meeting that challenge.

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**Bob Henare**  
Board Chair  
Capital and Coast DHB

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**Margot Mains**  
CEO  
Capital and Coast DHB

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**Margaret Faulkner**  
Chair, Disability Support  
Advisory Committee

## **INTRODUCING THE FRAMEWORK**

**This framework is designed to guide people involved in the delivery, management, and governance of health and disability services in C&C DHB to implement the principles of the New Zealand Disability Strategy.**

**It outlines key ideas and concepts that can be used to proactively identify and eliminate barriers by incorporating positive changes in both existing areas of C&C DHB activity, and through specific projects. This framework is supported by, and should be read in conjunction with, its companion document – “*Information and Guidelines for Implementing the New Zealand Disability Strategy*” – which provides some background to disability issues, the context of the disability strategy, and some practical advice and pointers for clinical, administrative, and managerial staff.**

***Promoting Participation* also outlines the organisation-wide actions C&C DHB will take in our quest to identify and eliminate barriers to participation by people with disabilities. Priorities identified are:**

- disability competence training**
- physical access**
- communication and access to information**
- employment opportunities**
- community/consumer engagement.**

**The framework provides a pathway for C&C DHB to build its capacity over time to respond to disability issues identified by individuals, groups, and the wider community.**

## **C&C DHB'S VISION FOR AN INCLUSIVE SOCIETY**

C&C DHB's commitment to the Disability Strategy is outlined in our District Strategic Plan which includes the aim of *“supporting people to fulfil their potential with a focus of promoting inclusion, independence & participation in society by people with disabilities by, among other things, implementing the New Zealand Disability Strategy...”*. The District Strategic Plan also details our vision components to guide the planning and actions of the DHB over the next three to five years in implementing the Strategy.

The six vision components were agreed following three strategic planning workshops, hosted by the C&C DHB Disability Support Advisory Committee (DSAC), held during October and November 2001. Present at those sessions were the committee members including external appointees, Planning and Funding Directorate representatives, and a number of disability and mental health sector representatives.

From the planning sessions the following six vision components for disability were agreed as strategic goals:

- **A Web of Information**

The key themes underpinning this goal, consistent with the New Zealand Disability Strategy, include participation, ownership, accessibility, collaboration and connectivity. The web is both broad in terms of a community web at a local, regional and national level, and narrow in terms of an individual's web. The DHB is the primary facilitator for the information and the information itself is available in a variety of accessible formats (intra/internet, audio, braille, pictorial, and booklet style), and provided by a variety of groups, organisations or agencies (needs assessment, voluntary agencies, national bodies, providers, and government).

- **Sector Leadership by People with Disabilities**

**Underpinning this goal is the notion of empowerment of people with disabilities, - “of the people, by the people, for the people”. Originally cast as leadership across the sector by the people with the lived experiences, the breadth of this strategic vision component transcends a number of agencies and funding streams. The importance of everything from scholarships to access to education, to data collection and analysis, to organisations (including DHBs) human resources policies are seen as influences on this goal. The need to use the current collective capacity to evolve a framework to both support leadership and foster new leaders is the key implementation strategy towards achieving this strategic goal.**

- **Overcoming a Disabling Society**

**Consistent with the NZDS vision of removing barriers for people with disabilities this is a long-term attitudinal goal in strategic terms. From an annual planning perspective however it provides the DHB with a leading role across a number of its key priorities including: community engagement and consultation, implementing the NZDS, planning for an integrated model of aged care, workforce development, and intersectoral collaboration.**

- **The Person is at the Centre**

**This goal is core to the entire strategic plan from a disability perspective. It influences Capital & Coast District Health Board planning and performance with regards to service development and evaluation being in conjunction with people with disabilities including the development of holistic assessment programmes and models of integrated aged care.**

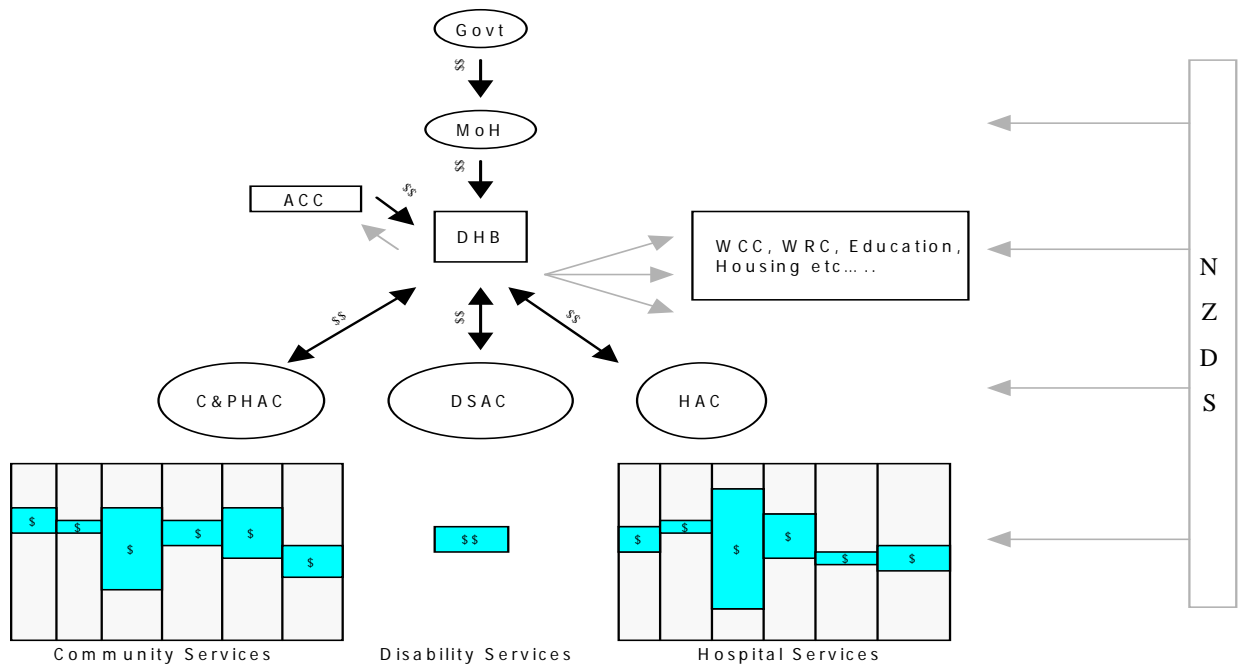
- **A Whole of Life Approach**

**This goal calls for the DHB to recognise integrated approaches to service delivery. A fundamental concept is the recognition of the diversity among people with disabilities and the implications of this for health and disability service planning and integration. For many people with disabilities there are minimal health considerations beyond those common to the rest of the population. For others, health issues are intertwined and integral to their disability.**

- **Leading Intersectoral Collaboration**

**This goal foreshadows the DHB as a leader in building partnerships, relationships, and trust with sector organisations as well as other government agencies. The magnitude of this task is recognised in terms of the need for a fundamental attitudinal change by some organisations. The key agencies are initially seen as Ministry of Health, Department of Work and Income (DWI), Ministry of Housing, City and Regional Councils, Accident Compensation Corporation (ACC), and Ministry of Education.**

**In addition to the vision components, a key message reflected in the District Strategic Plan is the need for a sense of connectivity with community to maintain and enhance both the process and the strategy's integrity. The importance of disability being reflected throughout planning documents rather than being assigned a single chapter is another key emphasis. The primary audience of the document is seen as the community and the following diagram was agreed by the planning group to be a useful illustration of the breadth of disability issues for C&C DHB.**



**Figure 1** Diagram illustrating how the New Zealand Disability Strategy implementation involves every aspect of Capital & Coast District Health Board activity

## GUIDING CONCEPTS FOR CHANGE

Key to realising solutions is raising awareness of disability issues with DHB personnel at all levels and promoting the concept of joint responsibility in eliminating or reducing the impact of identified barriers. Input, as trainers or advisers, for these processes needs to come from people who live with disabilities. The following are key concepts that guide C&C DHB in our analysis of barriers and the change process for reducing and eliminating those barriers.

- **Accessible Journey<sup>2</sup>**

Many barriers identified are physical or environmental issues which can be measured against accessibility requirements and legal requirements. The 'Accessible Journey' is a path of travel that links three primary components for designing and constructing the built environment: buildings, public spaces and transport systems.

- **Universal Design<sup>3</sup>**

The intent of universal design is to simplify life for everyone by making products, communications, and the built environment more useable by as many people as possible at little or no extra cost. Universal design benefits people of all ages and abilities.

Universal design principles include:

Principle 1	Equitable Use - The design is useful and marketable to any group of users.
Principle 2	Flexibility in Use - The design accommodates a wide range of individual preferences and abilities.
Principle 3	Simple and Intuitive Use - Use of the design is easy to

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<sup>2</sup> *Resource Handbook for Barrier Free Environments, Barrier Free NZ Trust*

<sup>3</sup> *General Concepts, Universal Design Principles and Guidelines*

[http://www.design.ncsu.edu/cud/univ\\_design/princ\\_overview.htm](http://www.design.ncsu.edu/cud/univ_design/princ_overview.htm)

	understand, regardless of the user's experience, knowledge, language skills or current concentration level.
<b>Principle 4</b>	<b>Perceptible Information--The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.</b>
<b>Principle 5</b>	<b>Tolerance for Error -The design minimises hazards and the adverse consequences of accidental or unintended actions</b>
<b>Principle 6</b>	<b>Low Physical Effort - The design can be used efficiently and comfortably and with a minimum of fatigue.</b>
<b>Principle 7</b>	<b>Size and Space for Approach and Use--Appropriate size and space is provided for approach, reach, manipulation and use regardless of user's body size, posture or mobility.(4)</b>

**Examples of the accessible journey and universal design include:**

***Physical Access***

- Accessible car parks (often designed without enough space for wheelchairs between vehicles).
- Useable curb cut ramps (these are often poorly designed and constructed).
- Pathways with tactile or textural contrasts for blind or sight impaired people.
- Automatic doorways (Sprung doors are often too heavy or have inappropriate door handles).
- Clear standardised signage using highly contrasting colours. Signage should include guidance to accessible pathways and amenities and where and how to get assistance.
- Check that equipment such as examination tables and other equipment is accessible to people with disabilities.
- Audible warnings for blind and visible for Deaf people.

***Communications***

- Faxes from Deaf or hearing impaired people responded to immediately (like a phone call).
- Use of Braille to communicate confidential information to blind or sight impaired people (if that is their preference).
- Use of NZ Sign Language interpreters and advocates where appropriate.

- Use of social interpreters as a way to remove some of the barriers created by intellectual impairment.

### *Information*

- Available in a variety of formats.
- Use of plain language.
- Collect and record information about communication preferences of patients.
- Information should include guidance to accessible pathways and amenities and where and how to get assistance.

### *Human Resources*

- Provision of training in Disability Competence as part of induction and staff training programmes.
- Ensure working environments and conditions are appropriate for employees with disabilities.

At present C&C DHB has mixed success in integrating these concepts into our work and organisational practices. A stocktake of current practices has shown the following strengths and gaps in the way we work:

- *Physical Access*

C&C DHB Health and Health Services are accommodated in a mix of old buildings (and environs), with varying degrees of accessibility. All new buildings are being designed and built to high standards of NZS 4121:2001 compliance. There is uncertainty as to the nature and number of barriers to services among Primary and Community providers funded by C&C DHB.

- *Communications*

Communication formats are limited.

NZ Sign Language Interpreters are engaged when needed and if available. A C&C DHB policy on the use of Interpreters has been developed and includes the use of NZ Sign Language Interpreters. C&C DHB is also participating in a

working group being co-ordinated by the Office for Disability Issues looking at enhancing the NZ Sign Language workforce in the Wellington region.

Public Forums have been hosted by C&C DHB in order to obtain consumer input into access issues in the New Regional Hospital project and to identify other issues related to access to health and disability support services. These forums are an integral part of the C&C DHB partnership with communities in the Wellington district, however, they have had limited success in engaging people with severe or multi impairments, disabled Maori, and disabled Pacific peoples.

- *Information*

Information is distributed in standard formats – there is a lack of resources to supply information in alternate formats.

The C&C DHB Newsletter is posted on the Royal New Zealand Foundation for the Blind (RNZFB) Phone Line.

C&C DHB together with Taranaki DHB is developing its Intranet website to incorporate accessible features established by the State Services Commission and these are due to be applied later this year. This format will be applied to the Internet website at a later date.

- *Human Resources*

The number of people with disabilities employed by C & C DHB is not known. No formal training on understanding disability issues is included with staff induction and orientation processes. The appreciation of a disability perspective is important to avoid misunderstanding and inappropriate action when providing services to people with disabilities.

## **KEY ACTIONS FOR CHANGE**

Implementing our vision means making changes on a number of levels to eliminate barriers for people with disabilities including:

- as a health and disability services provider
- as a funder and planner of health
- as an employer
- as a communicator and provider of information
- as a community leader.

*Promoting Participation* is about moving from words to action – making the strategy principles of equality through participation and partnership part of the culture of C&C DHB.

While this framework does not offer overnight solutions to entrenched and long standing institutional barriers, the actions outlined below should decrease the numbers and types of barriers people encounter over the next three years.

The actions are designed to be achievable milestones and timeframes for C&C DHB. However, we will also need to adopt less specific and measurable attitudinal and practical changes to ensure we are constantly reducing barriers and their impact on people with disabilities over time.

Progress with implementing the framework will be reviewed on an annual basis as part of the planning cycle. We will fully review *Promoting Participation* in 2007 as part of updating our District Strategic Plan.

<b>DISABILITY COMPETENCY TRAINING</b>	
<b>STRATEGIC GOAL</b>	<b>Sector Leadership by People with Disabilities</b>
<b>OBJECTIVES</b>	<p><b>Capital &amp; Coast District Health Board (C&amp;C DHB) aims to:</b></p> <ul style="list-style-type: none"> <li>◆ Increase the overall level of understanding, and knowledge of the New Zealand Disability Strategy and disability issues amongst C&amp;C DHB employees and Board members.</li> <li>◆ Improve the level of disability competency amongst clinical and other service delivery personnel so that people with disabilities receive health and disability services that are appropriate and meet their needs.</li> </ul>
<b>ACTIONS</b>	<p><b>By 30 June 2007, C&amp;CDHB will:</b></p> <ul style="list-style-type: none"> <li>◆ Include a disability issues training component in staff orientation and Board induction training processes.</li> <li>◆ Provide up to date information, training, and continuing education for clinical and 'first contact' staff (staff who deal with the public) in order to increase their awareness and understanding of the needs of people with disabilities.</li> <li>◆ Provide first contact staff with training on communicating with people who have a hearing loss/are Deaf.</li> <li>◆ Encourage educational and training providers of health professionals to include disability competence components in their programmes.</li> </ul>
<b>MEASURES</b>	<p><b>C&amp;CDHB will:</b></p> <ul style="list-style-type: none"> <li>◆ Measure the number and percentage of new employees and Board members who receive disability awareness training as part of their orientation/induction training.</li> <li>◆ Measure the number and percentage of first contact and clinical staff who have received disability competency training, including training in communicating with people who have a hearing loss/are Deaf.</li> </ul> <p><b>Targets</b></p> <ul style="list-style-type: none"> <li>◆ 100% of new employees/board members receive a disability component in induction/orientation training by 2006</li> <li>◆ 30% of all clinical and first contact staff receive disability competency training by 2007</li> </ul>

<b>PHYSICAL ACCESS</b>	
<b>STRATEGIC GOAL</b>	<b>Overcoming a Disabling Society</b>
<b>OBJECTIVES</b>	<p><b>Capital &amp; Coast District Health Board (C&amp;C DHB) aims to:</b></p> <ul style="list-style-type: none"> <li>◆ Provide an accessible journey for all visitors to the service and its physical environment.</li> <li>◆ Ensure the needs of people are met as they enter and use health and disability services.</li> </ul>
<b>ACTIONS</b>	<p><b>By 30 June 2007, C&amp;CDHB will:</b></p> <ul style="list-style-type: none"> <li>◆ Assess (through surveys and audits) the accessibility of Hospital and Health Service buildings for compliance with access requirements of the Building Act including NZS 4121:2001, the Building Code, and the Human Rights Act.</li> <li>◆ Assess (through surveys and audits) the accessibility of primary and community provider facilities for compliance with the access requirements of the Building Act including NZS 4121:2001, the Building Code, and the Human Rights Act.</li> <li>◆ Ensure all new Hospital and Health Service buildings meet or exceed the access requirements of the Building Act, including NZS 4121:2001.</li> <li>◆ Design action plans to deal with issues of non-compliance with access requirements.</li> </ul>
<b>MEASURES</b>	<p><b>C&amp;CDHB will:</b></p> <ul style="list-style-type: none"> <li>◆ Measure the number and percentage of Hospital and Health Service buildings (including entrances, car parks, toilets, examination tables etc) which are accessible and meet NZS 4121:2001.</li> <li>◆ Monitor the accessibility of primary and community provider facilities, to ensure their accessibility increases overtime.</li> </ul> <p><b>Targets:</b></p> <ul style="list-style-type: none"> <li>◆ 100% of buildings built after 2003 exceed NZS 4121:2001</li> <li>◆ Percentage of other provider buildings/facilities that are accessible increased by 2007</li> </ul>

<b>COMMUNICATION AND ACCESS TO INFORMATION</b>	
<b>STRATEGIC GOAL</b>	<b>A Web of Information</b>
<b>OBJECTIVES</b>	<p><b>Capital &amp; Coast District Health Board (C&amp;C DHB) aims to:</b></p> <ul style="list-style-type: none"> <li>◆ Ensure that people who cannot use usual formats such as written letters or telephones can send and receive confidential information to/from our Hospital and Health Services.</li> <li>◆ Improve the accessibility of public information produced by C&amp;C DHB through publication in alternative formats (audio, plain language, large print, pictorial etc) and accessible electronic facilities.</li> </ul>
<b>ACTIONS</b>	<p><b>By 30 June 2007, C&amp;CDHB will:</b></p> <ul style="list-style-type: none"> <li>◆ Publish an easy to read brochure on access to Hospital and Health Services facilities and services for people with disabilities.</li> <li>◆ Increase C&amp;C DHB provision of braille, large print, audio, and assistive hearing systems, and improve access to NZ Sign Language Interpreters.</li> <li>◆ Upgrade our intranet, internet, and signage to incorporate accessibility features and guidelines.</li> </ul>
<b>MEASURES</b>	<p><b>C&amp;CDHB will:</b></p> <ul style="list-style-type: none"> <li>◆ Measure our ability to produce, on request and free of charge, information in a range of formats.</li> </ul> <p><b>Targets:</b></p> <ul style="list-style-type: none"> <li>◆ Brochure published by 30 June 2005</li> <li>◆ C&amp;C DHB signage, intranet, and internet upgraded by 2007</li> <li>◆ Production/availability of information in alternative formats increased every year through to 2007</li> </ul>

<b>EMPLOYMENT OPPORTUNITIES</b>	
<b>STRATEGIC GOAL</b>	<b>Sector Leadership by People with Disabilities</b>
<b>OBJECTIVES</b>	<p><b>Capital &amp; Coast District Health Board (C&amp;C DHB) aims to:</b></p> <ul style="list-style-type: none"> <li>◆ Have the number of disabled people employed reflect the percentage of people with disabilities in the general working age population.</li> <li>◆ Reduce barriers for employees with disabilities by ensuring working environments and conditions are appropriate.</li> </ul>
<b>ACTIONS</b>	<p><b>By 30 June 2007, C&amp;C DHB will:</b></p> <ul style="list-style-type: none"> <li>◆ Review all EEO policies and procedures to ensure they maximise employment opportunities for people with disabilities.</li> <li>◆ Ensure that reliable statistics are collected and analysed on the number and percentage of employees who have a disability.</li> <li>◆ Investigate the viability of employing people with disabilities under the SSC Mainstream Programme.</li> </ul>
<b>MEASURES</b>	<p><b>C&amp;CDHB will:</b></p> <ul style="list-style-type: none"> <li>◆ Measure the number and percentage of employees with a disability and analyse comparisons between those figures and the percentage of people with disabilities in the general working age population.</li> </ul> <p><b>Targets:</b></p> <ul style="list-style-type: none"> <li>◆ EEO policies reviewed by 30 June 2005.</li> <li>◆ Reliable statistics collected on the number of employees with a disability by 30 June 2005.</li> <li>◆ Increases in the percentage of employees with a disability by 2007.</li> </ul>

<b>COMMUNITY AND CONSUMER ENGAGEMENT</b>	
<b>STRATEGIC GOALS</b>	<ul style="list-style-type: none"> <li>• Sector Leadership by People with Disabilities</li> <li>• Overcoming a Disabling Society</li> <li>• The Person is at the Centre</li> <li>• A Whole of Life Approach</li> <li>• Leading Intersectoral Collaboration</li> </ul>
<b>OBJECTIVES</b>	<p><b>Capital &amp; Coast District Health Board (C&amp;C DHB) aims to:</b></p> <ul style="list-style-type: none"> <li>◆ Ensure people from all parts of the community have the opportunity to participate in public consultation processes.</li> <li>◆ Build strong relationships and partnerships with the disability community.</li> <li>◆ Lead the community by example in the promotion of disability issues and advocating the removal of barriers in all sectors.</li> </ul>
<b>ACTIONS</b>	<p><b>By 30 June 2007, C&amp;CDHB will:</b></p> <ul style="list-style-type: none"> <li>◆ Continue to host public fora on matters that may affect people with disabilities.</li> <li>◆ Identify 'hard to get at' communities and individuals within the disability community and design and use consultation processes to reach these people.</li> <li>◆ Work with other agencies, groups, and organisations to raise awareness of disability issues and advocate for removal of barriers in all sectors.</li> </ul>
<b>MEASURES</b>	<p><b>C&amp;CDHB will:</b></p> <ul style="list-style-type: none"> <li>◆ Monitor participation rates of people with disabilities on C&amp;C DHB matters that may affect them, particularly participation rates of disabled Maori, disabled Pacific, and people with severe or multiple impairments.</li> <li>◆ Monitor and record stories of people encountering barriers.</li> </ul> <p><b>Targets</b></p> <ul style="list-style-type: none"> <li>◆ Increased participation rates every year through to 2007</li> <li>◆ Reduction of examples of people encountering barriers to participation.</li> </ul>

# APPENDIX ONE: DISABILITY POPULATION PROFILE

The following information is taken from the 2001 New Zealand Disability Survey. This survey provides an overview of disability in New Zealand covering both people living in households and residential care facilities.

## 1. Who has a disability?

- One in five New Zealanders has a disability. This has not changed since the 1996/97 survey. The disability rate for males and females is the same.
- One in five Māori have a disability. The disability rate for Pacific peoples is 1 in 7.
- Disability increases with age. 11% of children aged 0 to 14 years have a disability, compared with 13% of adults aged 15 to 44 years, and 25% of adults aged between 45 and 64 years. 54% of people aged 65 years and over reported having a disability.
- The rates for Māori in some age groups are higher than the national rates. 33% of Māori aged 45 to 64 years reported a disability compared with 25% of the total population in the same age group. 61% of Māori aged 65 and above reported a disability, compared with 54% of the total population. The rate for Māori children is 15%, compared to the national rate for children of 11%.
- 52% of urban dwellers aged 65 and over living in households have a disability, compared with 45% of their rural counterparts. The rates do not vary between people living in urban and rural areas for other age groups.

## 2. Where do people with disabilities live?

- 4% of people with disabilities live in residential facilities, 96% live in households.
- 70% of people with disabilities in residential facilities live in rest homes.
- Approximately 200 disabled people in residential facilities were living in intellectual disability units in 2001, compared with an estimated 1,700 in 1996–1997.
- The number of people with disabilities living in mental health facilities has halved, from 1,000 in 1996–1997 to around 500 in 2001.

## 3. What types of disabilities do they have?

- 60% of people with disabilities have more than one disability, and 40% have a single disability.
- People living in residential facilities are more likely to have multiple disabilities. 96% of disabled people living in residential facilities reported more than one disability compared with 59% of disabled people living in households.
- Physical disabilities remain the most common type of disability. 66% of adults with disabilities reported some kind of physical disability. Sensory disabilities were the next most common at 40%.
- The leading cause of disability is a disease or illness at 40%, followed by an accident or injury at 30%.

- The number of people with mild disabilities have decreased from 60% in 1996/97 to 42% in 2001, the number with moderate disabilities have increased from 28% to 43%, and the number with severe disabilities have increased slightly from 12% to 15%.
- 33% of disabled adults living in households reported that they use special equipment. 12% reported an unmet need for some type of special equipment.

#### 4. Estimates of Capital and Coast District Disabled Population

No meaningful data relating to the Capital & Coast district can be gleaned from the 2001 Disability Survey as the regional focus was based on the four Transitional Health Authority areas that were in place in 1996-97. Taking the district population statistics and applying National disability ratios gives:

**Table 1 - Estimate Of The Capital & Coast District Disabled Population**

ETHNIC GROUP	Kapiti		Porirua		Wellington		District	
	Count	% of TLA	Count	% of TLA	Count	% of TLA	Count	% of Total
<b>Maori with disabilities</b>	<b>595</b>	<b>1.7%</b>	<b>1875</b>	<b>4.0%</b>	<b>2378</b>	<b>1.5%</b>	<b>4848</b>	<b>20.0%</b>
<b>Pacific people with disabilities</b>	<b>63</b>	<b>0.2%</b>	<b>1549</b>	<b>3.3%</b>	<b>1056</b>	<b>0.6%</b>	<b>2669</b>	<b>14.3%</b>
<b>Other ethnicities with disabilities</b>	<b>6236</b>	<b>18.1%</b>	<b>6040</b>	<b>12.8%</b>	<b>29323</b>	<b>17.9%</b>	<b>41599</b>	<b>20.0%</b>
<b>All Ethnicities with disabilities</b>	<b>6894</b>	<b>20.0%</b>	<b>9464</b>	<b>20.0%</b>	<b>32757</b>	<b>20.0%</b>	<b>49116</b>	<b>20.0%</b>

**Table 2 – Estimate of unmet need for at least one type of health service for C&CDHB disabled population (Adapted from Disability Counts 2001)**

Ethnic group	Est. disabled Pop	Est. people with unmet need
<b>Maori</b>	<b>4848</b>	<b>1115 (23%)</b>
<b>Pacific</b>	<b>2669</b>	<b>467 (17.5%)</b>
<b>Other</b>	<b>41599</b>	<b>5782 (13.9%)</b>
<b>Total</b>	<b>49116</b>	<b>7364 (15%)</b>

## **APPENDIX TWO: REFERENCES AND LINKS**

### **Association Of Blind Citizens of New Zealand**

*As We See It – Accessing New Zealand via Non-Visual Means – July 2003*

### **Barrier Free New Zealand Trust**

*Resource Handbook for Barrier Free Environments – October 2002*

### **Capital and Coast District Health Board**

*District Strategic Plan 2002/07*

*District Annual Plan 2003/04*

*Capital Support in the lives of Pacific People with Disabilities – Sui Ne’emia*

### **Ministry of Justice - The Non-discrimination Standards for Government and the Public Sector**

<http://www.justice.govt.pubs/reports/2002/discrimination-standards/index.html>

### **Standards New Zealand**

*NZS 4121:2001 Design for Access and Mobility – Buildings and Associated Facilities.*

### **The Office of Disabilities Issues**

*The New Zealand Disability Strategy - <http://www.odi.govt.nz/nzds>*

*Including a Disability Perspective in Government Policy Work -A framework for Government Agencies*

### ***Towards Accessible - Human-Computer Interaction***

Eric Bergman, Earl Johnson, Sun Microsystems Laboratories

<http://www.sun.com/access/developers/updt.HCI.advance.html>

### ***General Concepts, Universal Design Principles and Guidelines***

[http://www.trace.wisc.edu/world/gen\\_ud.html](http://www.trace.wisc.edu/world/gen_ud.html)

[http://www.design.ncsu.edu/cud/univ\\_design/princ\\_overview.htm](http://www.design.ncsu.edu/cud/univ_design/princ_overview.htm)

### ***Ministry of Health - Toward Clinical Excellence A toolkit to develop consumer participation***

[http://www.moh.govt.nz/moh.nsf/ea6005dc347e7bd44c2566a40079ae6f/5da5ed919301cd21cc256d4a0009c17a/\\$FILE/TCEToolkitconsumers.pdf](http://www.moh.govt.nz/moh.nsf/ea6005dc347e7bd44c2566a40079ae6f/5da5ed919301cd21cc256d4a0009c17a/$FILE/TCEToolkitconsumers.pdf)

**National Health Committee.** - To have an ‘Ordinary’ Life – Kia Whai Oranga ‘Noa’.  
Community membership for adults with an intellectual disability.  
Ko te noho-iwi mo te hunga hinengaro haua kua pakeke nei.

<http://www.nhc.govt.nz/publications/NHCOrdinaryReport.pdf>

Transfund – Total Mobility 2003 - Survey

<http://www.transfund.govt.nz/downloads/PTF/mobilitySurvey.doc>