



**‘Kotahi Tātou’**

# **Information and Guide for Implementation of the New Zealand Disability Strategy**

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## **Introducing the Strategy**

**This document is designed to guide people involved in the delivery, management, and governance of health and disability services in Capital & Coast District Health Board 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 in Capital & Coast District Health Board activity, and through specific projects. This Information and Guide is a companion document to – “*Promoting Participation – Framework Implementing the New Zealand Disability Strategy*” – which outlines the key actions in Capital & Coast District Health Board will take to implement the Disability Strategy.**

### **The New Zealand Disability Strategy Vision:**

**A fully inclusive society will be reality when people with impairments say they live in:**

***‘A society that highly values our lives and continually enhances our full participation’.***

**About 20% of the New Zealand population has a disability, about 3% has a severe disability. (Population Health Needs Assessment 2001).**

**Many are unable to reach their potential or participate fully in the community because of barriers they face doing things that most New Zealanders take for granted. The barriers range from the purely physical, such as access to facilities, to the attitudinal, due to poor awareness of disability issues.**

**The aim of the New Zealand Disability Strategy: Making a World of Difference – Whakanui Oranga is to eliminate these barriers wherever they exist, and it outlines the Government’s policy to promote inclusion, independence and participation for people with disabilities.**

#### **Objectives**

- 1. Encourage and educate for a non-disabling society**
- 2. Ensure rights for disabled people**
- 3. Provide the best education for disabled people**
- 4. Provide opportunities in employment and economic development for disabled people**
- 5. Foster leadership by disabled people**
- 6. Foster an aware and responsive public service**
- 7. Create long-term support systems centred on the individual**

- 8. Support quality living in the community for disabled people**
- 9. Support lifestyle choices, recreation and culture for disabled people**
- 10. Collect and use relevant information about disabled people and disability issues**
- 11. Promote participation of disabled Māori**
- 12. Promote participation of disabled pacific peoples**
- 13. Enable disabled children and youth to lead full and active lives**
- 14. Promote participation of disabled women in order to improve their quality of life**
- 15. Value families, whānau and people providing ongoing support.**

**Capital & Coast District Health Board is moving to implement the vision of the New Zealand Disability Strategy throughout the organisation. This 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.**

**The Disability Support Advisory Committee (DSAC) has identified the following priorities:**

- Attitudinal changes – ensuring our services consider the implications for people with disabilities.**
- Policy and planning - ensuring those disability issues are considered in policy development.**
- Effective communications – ensuring that contracted services are provided in an accessible and appropriate manner.**
- Working inter-sectorally – advocating for the removal of barriers to participation for people with disabilities.**

## **Guidelines for including a disability perspective in policy and service development**

**A disability perspective is a viewpoint that considers the needs and aspirations of disabled people. The application of this perspective in policy and service development involves an analysis of the impact of any matter on disabled people and their Family/ whanau and this necessarily involves consultation with the disabled community.**

### **Understanding the context and intentions of The New Zealand Disability Strategy**

**“We live in a disabling society. The New Zealand Disability Strategy presents a plan for changing this”**

#### **History**

**Until recently disability was regarded as a problem inherently connected to and within individuals. Therefore society saw its role as helping to fix or accommodate problems of individuals. This often took the form of segregating people with the ‘problem’ and providing a service which attempted to normalise their special needs. This resulted in the human needs of many individuals being unmet.**

#### **Human Rights Based Approach**

**The human rights movement provided part of the inspiration and foundation for shifts in thinking about disability. Respecting human rights of disabled people requires strengthening the capacity of society as a whole to include and meet their needs. The right to self-determination depends on the capacity of the external environment, of society, to permit and foster a range of choices.**

#### **Social Model**

**People who experience disability have adopted a social model of disability. From this perspective it is society that disables people when its infrastructure and systems cannot accommodate the diverse abilities and needs of all citizens: ‘Disability is in society, not me’. Therefore society has a role in ensuring its systems are designed in a way that makes room for all its citizens, not just the majority.**

#### **Disabled People**

**Disability is not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments. Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have.**

## Shifting Beliefs and Attitudes

From	To
Disability is an individual problem	Disability is a problem for society
Differences in abilities are inadequacies	Differences in abilities are assets
Seeing deficits	Seeing strengths
Us and them – exclusion – tolerance	All of us – inclusion- valuing
Society choosing for ‘them’	Disabled people choose for themselves
Professionals know best	People have different kinds of knowledge
Charity based	Rights based
Patient	Citizen
Institutional orientated	Community orientated
Medical model of disability- control or cure	Social model of disability – change

### Tensions of Change

The table above illustrates the trends from one set of attitudes to another. As with any polar comparison reality sits somewhere along a pathway between the two points. For example there is currently some discussion about the true value of community oriented disability support compared to institutional care for some people. Are people receiving appropriate community support services or do they have to cope with a life of poverty with all the accompanying disadvantages? There is also debate about the tensions of the Social model and the Medical Model of disability. To what extent does a person’s medical condition impact their lives in terms of disability?

### Types of Impairments

Knowledge of the basic characteristics of different impairments and understanding how encountering barriers and negative attitudes impacts on people’s lives is critical reducing barriers.

1. Physical impairments involve restricted mobility (e.g. limited ability to walk, move about, stand for long periods or to carry objects) or restricted agility (e.g., limited ability to bend, dress, feed oneself or to manipulate objects).
2. Auditory impairments involve having partial or no hearing (e.g., persons who are deaf, deafened or hard of hearing). For some individuals, the loudness of the sound will determine whether it is heard. For others, it depends on the type of sound (e.g., consonants versus vowels or intonation). In other situations, individuals may become confused by certain sounds due to excessive background noises.
3. Visual impairments involve complete blindness, limited or residual sight. They may involve a loss of visual clarity/acuity or a decrease in the size of the visual field.

4. With intellectual and learning disabilities, cognitive impairment can vary widely, from severe intellectual disabilities to the inability to remember to the absence or impairment of specific cognitive functions (e.g., language).
5. Psychiatric disabilities arising from continuous or intermittent disorders relating to thinking, feeling, volition or behaviour (eg. schizophrenia, severe chronic depression or long term addiction to alcohol or drugs). In many cases, they have little or no effect on learning. They may appear in actions of indifference or other types of mood swings.
6. People with anxiety disorders can suffer from various forms of severe panic when placed in many areas that they find restrictive.(eg. Lifts, small windowless rooms)

### Universal Design

**‘Universal design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design.’ –Ron Mace**

The intent of universal design is to simplify life for everyone by making products, communications, and the built environment more usable 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 understand, regardless of the user's experience, knowledge, language skills or current concentration level.
Principle 4	Perceptible Information--The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.
Principle 5	Tolerance for Error -The design minimises hazards and the adverse consequences of accidental or unintended actions
Principle 6	Low Physical Effort - The design can be used efficiently and comfortably and with a minimum of fatigue.
Principle 7	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)

### Service Developments and a Challenge

Dramatic strategic developments in the way services are delivered to disabled people have been unfolding over several decades. There has been a long enduring government policy of shifting the settings for health and support service delivery into the community and of providing education

services tailored for people with impairments as part of general education services – ‘mainstreaming’. These policies are based on evidence about outcomes, are in keeping with international trends, and have been supported by all New Zealand governments in the last few decades and most importantly they respect individual human rights.

However, despite the long standing of these policies many historic beliefs and attitudes persist. The challenge is for all government services and regulation to respond to the evolving philosophical approaches to disability issues. They also need to deal with the legacy of an institutional approach. Attempts to organise policy development around traditional frameworks may risk compromising the conceptual base of the New Zealand Disability Strategy.

### Tips

1. What went before is often not a good guide for incorporating a disability perspective.
2. Think of disabled people as a population group like gender or ethnic groups, which have historically encountered discrimination and barriers to participation in society. There is a huge diversity of needs and cultures in addition to some common issues.
3. Prevent inadvertent discrimination. In order for initiatives to be truly reflective of, and useful to all people, we must continue to ask ourselves questions which challenge us to think outside of our own experience. Integrating diverse perspectives and experiences into an initiative not only helps to ensure equity, but also fosters partnerships and builds support.

### Principles

The following principles can help you understand the intentions of the New Zealand Disability Strategy. If you consider them in relation to your work area it will help you to apply a disability perspective.

<b>Meaningful partnership</b>	This means strong relationships the disability community and the DHB, including relationships of partnership, are central to all policies and services for disabled people.
<b>Self determination for disabled people</b>	This means disabled people are the leading voices on issues related to disability. This will ensure that disabled people are integrated into community life on their own terms by ensuring the priorities, goals and aspirations of disabled people are reflected in policies and services for disabled people.
<b>Socially inclusive society</b>	This means moving our communities from a place where there is exclusion, mere tolerance or accommodation of disabled

	people to a place which is fully inclusive and in which members are mutually supportive.
<b>Respecting and valuing the dignity of disabled people</b>	This means the diverse abilities of disabled people are valued, not questioned.
<b>Interdependence is recognised and valued</b>	This means the important relationships between disabled people and their families/ whānau, friends and other people who provide support are understood and considered.
<b>Equity for, and diversity of, disabled people is recognised</b>	This means public service systems have the flexibility to support different aspirations and needs and to ensure equity of access to support services, regardless of gender, age, cultural background, type of impairment, and how the impairment was acquired.
<b>Honouring government obligations</b>	<p>All government agencies have a responsibility to ensure their policies are effective for disabled people. This means considering all policy and service developments from the point of view of:</p> <ul style="list-style-type: none"> <li>• Seeking to maximise opportunities for disabled people</li> <li>• Assessing and removing barriers to participation and independence for disabled people</li> <li>• Ensuring interagency co-ordination and collaboration</li> <li>• Ensuring human rights are protected</li> </ul>

## Opportunities for disabled people

### Fifteen Objectives of the New Zealand Disability Strategy

To assist your consideration of which objectives might be relevant in your work area or service development initiative they have been grouped into four categories.

**Table A: The 15 objectives of the New Zealand Disability Strategy arranged in 4 groups**

<p><b>This table demonstrates the various policy levels that the New Zealand Disability Strategy can operate at. These groups or policy levels do not reflect a hierarchy of priority nor are they mutually exclusive. Achieving the vision requires simultaneous progress at all levels, and work towards one objective may contribute to all objectives.</b></p>				
<p><b>THE VISION: A SOCIETY THAT HIGHLY VALUES OUR LIVES AND CONTINUALLY ENHANCES OUR PARTICIPATION</b></p>				
<p><b>Group 1 – RIGHTS AND CITIZENSHIP</b></p> <p style="text-align: center;">Together with the vision form the philosophical basis of the strategy.</p>				
<p><b>Objective 1</b></p> <p>Educate and encourage for a non-disabling society</p>	<p><b>Objective 2</b></p> <p>Ensure rights for disabled people</p>	<p><b>Objective 5</b></p> <p>Foster leadership for disabled people</p>		
<p><b>Group 2 – GOVERNMENT CAPACITY</b></p> <p style="text-align: center;">Ensuring that all government is capable of good policy and service development work for disabled people.</p>				
<p><b>Objective 6</b></p> <p>Foster an aware and responsive public service</p>		<p><b>Objective 10</b></p> <p>Collect and use relevant information</p>		
<p><b>Group 3 - DEVELOPMENT AND DELIVERY OF SUPPORT</b></p> <p style="text-align: center;">Focus on specific aspects of disabled people’s lives.</p>				
<p><b>Objective 3</b></p> <p>Education</p>	<p><b>Objective 4</b></p> <p>Employment &amp; economic development</p>	<p><b>Objective 7</b></p> <p>Long term support centred on the individual</p>	<p><b>Objective 8</b></p> <p>Quality living in the community</p>	<p><b>Objective 9</b></p> <p>Support lifestyle choices</p>
<p><b>Group 4 – SPECIFIC POPULATIONS</b></p>				
<p><b>Objective 11</b></p> <p>Maori</p>	<p><b>Objective 12</b></p> <p>Pacific people</p>	<p><b>Objective 13</b></p> <p>Children and youth</p>	<p><b>Objective 14</b></p> <p>Women</p>	<p><b>Objective 15</b></p> <p>Family / whānau</p>

## **Barriers to participation and independence**

**Disabled people have the right to fully participate in all aspects of society and the right to independent access. Full participation is limited by barriers which take three interrelated forms:**

- **Access barriers**

**Lack of equitable access to opportunities, information, buildings, transport and services.**

- **Discrimination and attitudinal barriers**

**Prejudice and ignorance resulting in negative discrimination or lack of appropriate accommodations.**

- **Economic and social status barriers**

**Lower economic, educational and health status relative to the rest of the population.**

## **Search and Destroy**

**Planners need to proactively identify and remove barriers in their work area proposing solutions that ensure they will not create new barriers. It may be that there is inadequate information available about disabled people in your work area. This in itself poses a barrier and will identify a need for further research or modifications to databases.**

## **Eliminating Access Barriers**

### **Providing Appropriate Accommodations**

- **Altering the physical access to a building**
- **Providing technical and adaptive aids and human support**
- **Allowing flexibility of hours and time lines**
- **Using alternative transport options**

### **Providing Flexible Communications Mechanisms**

- **Plain language**
- **Braille**
- **Computer disk**
- **Large print**
- **Teletypewriter and telephone relay service for Deaf and speech impaired people**
- **New Zealand Sign Language interpreters and Deaf Blind Interpreters**

## **Meeting Legal Requirements to Provide Equal Access**

**For individuals with disabilities, equity sometimes means receiving the same treatment as others, as in access to services; other times, complementary measures may be necessary. A one size fits all approach can result in a barrier to participation.**

**Section 19(1) of the Bill of Rights Act 1990 affirms the right to be free from discrimination on prohibited grounds (set out in section 21 of the Human Rights Act 1993), including disability. Section 19 of the Bill of Rights Act applies to all activities of the public sector and requires these activities to be consistent with that right.**

**The test for Section 19 of the New Zealand Bill of Rights Act (excluding employment, racial and sexual harassment and victimisation) essentially asks two questions:**

- 1. Is there discrimination? (ie. is there a distinction on prohibited grounds, and does that distinction result in disadvantage?)**
- 2. If so, is the discrimination justified?**

**The following principles may help apply this legislation in your area:**

- a) Legislation inevitably needs to make distinctions and not all distinctions are discriminatory.**
- b) Only distinctions that impose burdens, obligations or disadvantages on individuals who are members of groups protected by the prohibited grounds of discrimination are considered discriminatory.**
- c) Where people require different treatment to achieve equality, the failure to provide it can impose burdens, obligations, and disadvantages.**
- d) Affirmative or proactive measures may be needed to remove some barriers and eliminate systematic discrimination (Any affirmative or proactive measures will need to be consistent with Section 73 of the Human Rights Act 1993, and Section 19(2) of the Bill of Rights Act).**

**Traditionally disabled people have had little voice in society and have not been included in the development of policies and programmes which affect them. Therefore there may be grounds to positively discriminate to ensure they are included and in some cases, there is a legal requirement for some special measures in order to treat citizens equally.**

## **Eliminating Discrimination and/or Attitudinal Barriers**

- Improving knowledge and attitudes about disability**

**Negative attitudes towards disabled people can range from outright prejudice or inappropriate paternalism to complete ignorance of disability related issues.**

**Where attitudes manifest as discrimination there can be intentional marginalisation of people or groups of people. Examples include policies and regulations that prevent disabled people living in a residential zone if they require supported accommodation or a policy decision not to employ**

people with special needs. These types of measures deny disabled people access to social participation as equal citizens.

At the other end of the negative attitude spectrum ignorance and neglect can result in subtle but equally disabling indirect or systemic forms of discrimination. This arises when social, economic, political, and legal systems treat all people as if they are the same, producing inequitable outcomes. In these cases, the needs of some groups of people are routinely met without considering or understanding the needs of disabled people.

Lack of knowledge or negative attitudes held by those with the power to make decisions or who deliver services can contribute to behaviour which creates barriers to participation for disabled people. Planners need to consider the knowledge and attitudes of the workforces within their work area and consider ways to raise awareness of disability issues. To do this effectively it is important to be wary of token gestures.

- **Protection From Victimisation And Unsafe Environments**

Safety and protection from victimisation are essential for individuals to fully participate in society. Fear and the experience of victimisation limit the choices and opportunities of disabled people. Economic and physical dependency increases the opportunity for victimisation and reduces options for escaping abusive or violent situations. This means, for example, that people working on policy or service development related to issues of protection must particularly consider how to ensure the safety and protection needs of disabled people are met. In some cases advocacy services to ensure people are able to stand up for their rights may be required.

The diverse needs of disabled people must also be included in all environmental safety and preventable injury considerations. This includes, for example, flashing fire alarms for Deaf people.

### **Eliminating Economic and Social Status Barriers**

- **Breaking the vicious cycle**

Statistically disabled people have lower levels of educational attainment, lower employment incomes and higher unemployment rates than the general population (Table B). Many of those who are not in paid work rely on income assistance, usually from ACC, Work and Income benefits, or superannuation. Partners support others. Often additional disability related expenses consume income and erode the standard of living.

**Table B: Figures indicating the economic and social status of disabled people compared to 'non- disabled' people**

	<b>Disabled people</b>	<b>Non—disabled people</b>
<b>No formal education qualifications</b>	<b>39%</b>	<b>24%</b>
<b>Income less than</b>	<b>56%</b>	<b>40%</b>

\$15,000		
Adults not in paid employment	60%	30%

Source: New Zealand Disability Survey 2001 Statistics New Zealand

There are fewer opportunities for disabled people to improve their economic standing and a lower economic status creates a less visible social profile, contributing to further marginalisation.

The New Zealand Disability Survey also showed a higher rate of unmet health need than for the general population and a high rate of health problems overall.

There is vicious cycle operating for disabled people. Low economic status affects people's ability to maintain good health and to participate socially in their communities. Research also shows that people without supportive social relationships are susceptible to health problems. All people need, and they have a right to, social, recreational and cultural experiences, activities and relationships. However disabled people can have limited access to these experiences and become isolated which contributes to and also is caused by health problems and low economic status.

Planners must consider these current realities for disabled people in devising effective and relevant policies. Furthermore, they must consider how to facilitate breaking of the vicious cycle that isolation coupled to low economic and less visible social status can bring to any persons life.

Consider initiatives in your work area that provide economic or social opportunities and ensure that these initiatives or services are accessible to disabled people.

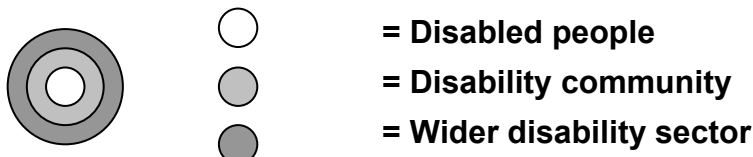
### Involving the Disability Community and Wider Disability Sector in Your Work

Achieving the vision of the New Zealand Disability Strategy means ensuring that disabled people have a meaningful partnership with government, communities and support agencies, based on respect and equality. Involving disabled people in the work of government through good consultation, information gathering and two-way communication mechanisms is a critical component of this partnership.

Consultation and communication methods need to be designed according to the context. In all contexts there needs to be consideration of how best to identify and include the perspectives of the disability community. The consultation process will assist you with the other components of this framework — i.e. understanding the context of disability issues and identifying opportunities and barriers

First you need to understand who it is you should or could be targeting for consultation.

What is the disability sector?



**Disabled people are:**

**People with impairments who have first hand experience of the disabling nature of society.**

**Family/whānau are:**

**Partners, friends, relatives and others directly involved in informal support, as determined by disabled people**

**The disability community is:**

**Disabled people and their family/whānau, and organisations that represent disabled people and family/ whānau**

**The wider disability sector also includes:**

- **individuals who work in a professional role to support the disability community and address disability issues**
- **non-government organisations that provide support services for disabled people**
- **government organisations that fund or provide support services for disabled people**
- **umbrella agencies that represent providers and consumers for particular aspects of the disability sector.**

**Disabled People**

**‘Disabled people have the best knowledge and experience to provide a disability perspective to your policy development.’**

**To gain this perspective it is necessary to design consultation or information gathering processes that recognise the diversity of disabled people and their experiences.**

- **The perspectives of disabled people are not homogeneous**

**Life experiences of disabled people are influenced by the nature of their particular impairment. Moreover, factors such as gender, age, geographic location, ethnicity, culture, social values and sexual orientation also have a profound, and often a compounding effect on an individual’s experience of disability.**

- **Disabilities cut across all aspects of community life and all sectors of society**

**They affect every income bracket, age group and region. Statistics show that as we age many of us are directly affected by a disability.**

**You may want to consider mechanisms for consulting directly with disabled service users and also consider mechanisms for regularly collecting information from disabled service users about their experience of your service.**

**An effective method of gaining perspectives of disabled people is consulting with and purchasing information from advocacy and disability consultant organisations that have specialised in knowing about disability issues and in representing disabled people’s perspectives.**

**Tip: Sometimes a quick call to a disability advocacy organisation will reveal what are likely to be the key issues for your area of concern and can help you find out if there is a need to undertake wider consultation with the disability community.**

### **Family/whānau**

**There are a number of issues specific to family/ whānau who support disabled people, particularly those who provide care for disabled children. It is often necessary to ensure a family/whānau perspective is gained in addition to a disabled person's perspective.**

**The needs of parents in coming to terms with, caring for and taking responsibility for the development of their disabled children are not always fully realised or met. This can be to the detriment of the children in their physical development because of the parents not accessing sufficient information, assistance and support.**

### **The disability community**

**The disability community includes disabled people, family/ whānau, and organisations that represent either or both of these groups.**

**There are a vast number of local and national consumer, disabled people, and family or whānau organisations that represent a diverse array of disability related issues and have a range of roles and functions. There are also a few national organisations which specialise in providing policy advice and advocacy for disabled people and families or whānau.**

**Whatever your area, it is likely that your work would benefit from some consultation with the disability community by tapping into the rich resource of disability community organisations. This may involve contracting an existing organisation or it might involve setting up an issue specific reference group using individuals from the various non-government organisations.**

### **Non government organisations that provide services to disabled people**

**A large percentage of disability specific services are provided by non-government organisations. These are often not-for-profit organisations that receive funding from a mixture of government contracts, donations, and service-user charges. Some also involve a significant voluntary component. Depending on your work area, it may be worth gaining the perspectives of some or all of these organisations to ensure your policy is either positive or neutral in terms of its impact on these organisations and in order to facilitate good government community relations.**

### **Government organisations that provide support services for disabled people**

**A number of Ministers, their associated departments and other government agencies have specific roles with regard to disability policy and services. The key agencies are:**

**The Ministry of Health, Ministry of Social Development, Accident Compensation Corporation, Department of Labour, Ministry of Education, Mental Health Commission, Human Rights Commission and the Office of the Health and Disability Commissioner.**

**Other government agencies fund, regulate or provide services to disabled people as part of the general population or make some specific provision for disabled people in their general services. In particular, the Ministry of Transport, Housing New Zealand Corporation and Ministry of Economic Development all provide some specific services to disabled people as part of their general responsibilities.**

**It may be worth identifying a contact within government agencies with a specific role related to disability issues. The contact can both assist you and ensure that what you are proposing does not conflict with government policy directions pertaining to their area of disability expertise. It may also be important to liaise with individuals with disability expertise in your own organisation to ensure a coherent approach from your agency to disability issues.**

**The Office for Disability Issues can help by identifying whom you might consult or by commenting on papers and proposals to ensure they contain an adequate disability perspective.**

**Umbrella agencies that represent providers and consumers for particular aspects of the disability sector**

**There are a number of national organisations which represent particular aspects of the disability sector, a particular type of service, for example vocational services. They may deal with issues related to a particular impairment type or population group. Contacting these organisations can be a practical way of reaching their wider networks and facilitating focussed consultation on your policy issue.**

**A diverse sector**

**As noted earlier people who experience disability are not an homogenous group and there are significantly varied needs and interests. In common with other sectors of society there are often tensions between groups over issues of representation of the sector. These differences may be associated with their different interests, competition for resources, and perceived legitimacy.**

**When you design your consultation tools and mechanisms for involving the disability community it is necessary to ensure the perspectives of all relevant parts of the community are included.**

**Some groups, though usually identified by others as part of the disability community, may not primarily associate themselves with the disability sector.**

**For example:**

- Deaf people may regard themselves as part of a distinct Deaf culture, with its own language and customs, a cultural minority group rather than a group which experiences disability.**
- Some mental health organisations do not identify with the disability sector. They might embrace an illness or recovery model of mental health and regard themselves as primarily part of the health sector.**
- There are also organisations which represent the wider interests of older**

people. While these organisations have a major interest in disability issues, because a high proportion of older people experiences some form of disability, they do not necessarily identify as part of the disability sector.

Negative connotations around historic concepts of disability have actually led many if not most impairment groups to reject the 'disability' label at some point. They have argued that 'there is nothing wrong with us, we are just different, with different support needs'. However there is much wider acceptance by different impairment groups of belonging to a disability community when using the definition of disability provided in the New Zealand Disability Strategy.

### **A unified sector**

All aspects of the disability sector tend to be united in endorsing a human rights approach to disability issues. Overall, the disability sector is characterised by a strong endorsement of a social model of disability, greater visibility of disabled people, understanding of the sector's needs, partnership, empowerment for disabled people, and increased acceptance and participation of disabled people within the wider community.

The strong and common philosophical base found in the disability sector is also found in other intersecting and related sectors that have overlaps and commonalities. Examples include other Government strategies, particularly the Positive Ageing Strategy and health strategies such as the Health of Older Peoples Strategy, and the Mental Health Strategy as described in the Mental Health Commission Blueprint for Mental health Services.

### **Consultation methods and data collection**

Consultation, through mechanisms such as focus groups, surveys and collections of anecdotal information elicit critical information from experts including from disabled people. For effective consultation with disabled people you will need to consider these specific issues.

- As a first step it may be useful to find out what other projects and consultations have been carried out that may relate to your work area. This includes general issue gathering exercises such as the consultation around the development of the New Zealand Disability Strategy. It is important to make use of existing resources and research to avoid wasting both the government's and the disability community's time and resources.
- You will need to allocate time and money in your project planning to ensure consultation with the disability community and wider disability sector is adequate and useful. As a rule you need to allow more time than with some other sectors. Many disabled people need extra time for getting to and from meetings and for the duration of meetings, and for people to provide written feedback. Ensuring adequate time will remove a significant barrier for some disabled people.
- You need to consider physical access to meeting sites. This includes consideration of suitable toilets, parking, door width, room size, lifts, and seating requirements.
- You will need to consider a range of communication formats to accommodate a diverse range of abilities. For example you may need to budget for and book a NZ Sign Language interpreter. You will need two if the meeting is longer than an hour. Blind people may require electronic copies of text in advance and vision-impaired people may

find large text formats helpful. Intellectually disabled people may require plain language text. Plain language actually helps everyone.

- You should carefully consider the ethics of any formal or informal research seeking the views of consumers.
- You will need to pay people for their time and expertise if they are working in a disability consultant capacity and not already being paid for their time.

### **Building capacity in the disability community**

Government has signalled that they expect government agencies to build capability in, and avoid disempowering, non-government organisations. Organisations which represent the disability community are an important part of the non-government sector which government wishes to enhance.

Ideally mechanisms used to involve the disability community in the work of government should help facilitate cooperation, add value, complement and support the work of individuals and their organisations in the disability community. This can be achieved through the use of existing collective knowledge in the disability community and by appropriately compensating individuals and organisations that provide this knowledge. Furthermore, the mechanisms you employ should avoid contributing to fragmentation or disempowerment by encouraging competition or spreading people's energies too far.

Employing disabled people and recognising their lived experience of disability is also an effective way of building capacity in both the government's ability to appropriately consider disability issues, and in the disability community. You can make good use of the resource of disabled people currently employed in government by providing opportunities for their input to your project.

### **How far should you go?**

Involving the disability sector in your work can range from a phone call with a few key people checking what critical disability issues might surface in a particular area to the establishment of an advisory board of disabled people.

To decide what is appropriate depends on the work area, the size of the task, and other related consultation you are undertaking. For example a large review may only have one component particularly relevant and contentious for disabled people. In this scenario you can design some focussed consultation meetings around this element. Alternatively a large review may be broadly relevant to disabled people and the most effective method for consultation may be to ensure disability organisations are included on a mailing list of a discussion paper, and that the discussion paper is accessible in various mediums.

It is helpful to make the decision about what is appropriate with the benefit of some disability expertise by asking the advice of a disability organisation or disability contact within government.

While keeping costs down, including consultation costs, will always be an issue for any government project, in many cases gaining a disability perspective early in the process will help prevent costly problems later on. Some processes that have not understood disability issues have resulted in significant policy problems, sometimes involving court cases, last minute additions to legislation or the ultimate failure of a policy in

**implementation.**

## APPENDIX 1

### What is Disability?

*“Disability is not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments. Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have.”* (The New Zealand Disability Strategy, 2001)

People are disabled if society does not provide an environment that takes their impairments adequately into account. Currently this includes people with; vision impairments, hearing impairments, physical impairments, neurological impairments, mental illness, a long term physical illness or condition, learning difficulties, developmental or intellectual disabilities and it also includes Blind and Deaf people. Impairments may be apparent or hidden, severe or mild, singular or multiple, chronic or intermittent.

The number and characteristics of disabled people in New Zealand have been measured in the Statistics New Zealand Disability Surveys of 1996/97 and 2001. A functional concept of disability was used in these Surveys, based on the World Health Organisation definition:

*“...any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.”*

Using this concept, for the purpose of the census survey ‘disability’ was defined as any *“self-perceived limitation in activity resulting from a long-term condition or health problem.”* People were not considered as having a disability if they possess and use an assistive device (such as glasses or a hearing aid) which completely eliminates the impairment. In addition, the limiting condition must have lasted, or be expected to last, for at least six months.

A total of 743,800 New Zealanders reported some level of disability in 2001. Although the total number of disabled people has increased by 41,800 since 1996/97, the overall disability rate of 1 in 5 has not changed.

Disabilities cut across all aspects of community life and all sectors of society. They affect every income bracket, age group, ethnic group and region. Statistics show that as we age many of us are directly affected by a disability. Any of us, our family or our friends, could develop or acquire a disability at any time.

Disability rises with age. In 2001, 11 percent of children under 15, 13 percent of adults aged 15-44, 25 percent of adults aged 45-64, and 54 percent of people aged 65 and over reported having a disability.

For a detailed overview of the social, economic and demographic characteristics of disabled people refer to:

<http://www.stats.govt.nz/domino/external/pasfull/pasfull.nsf/web/Reference+Reports+Disability+Counts+2001?open>



## **APPENDIX 2**

### **Recommendations for meeting the needs of people who have a hearing impairment or are deaf who use the hospital.**

#### **Signage**

- **Where there are auditory alerting or information systems, visual alternatives are available, eg fire alarms (include in toilets and showers), loud speaker systems where patients are called eg outpatients.**
- **Suspended monitors that can carry simple messages (eg “Chris Smith please report to A&E reception”, or similar) could be used. These should be throughout the hospital for use by hearing-impaired staff as well. They may be preferable instead of loud-speakers in noise-sensitive areas, but it is likely that both visual and auditory systems will need to be used to cater for visually impaired/blind people as well.**
- **Clear written directions around hospital in languages that are commonly used locally, so people can find their way around without having to ask.**

#### **Alerting staff to needs of hearing impaired or deaf people**

- **In an emergency situation there needs to be a means of establishing and communicating that the patient is hearing impaired or deaf. A client, who may travel by ambulance or helicopter or arrive in the emergency department, may not be responding because of their hearing loss, or their hearing aid may have been lost, damaged, or switched off. Staff may not be aware of this. Is it possible to include with key information that is accessed via the NHI number that the patient has a hearing loss? As GPs have patients’ NHI number could this also be entered by GPs and accessed by hospitals? Stickers (see below) could also be used on any patient notes once staff know the person is hearing impaired.**
- **Hospital information booklet asks patients to inform staff if they have a hearing loss or are deaf.**
- **Admission form asking if they have a disability. However as people with a hearing loss often do not regard themselves as having a disability, it is recommended that the form asks patients if they have a hearing loss or are deaf.**
- **Stickers available to stick on patient records, charts (eg fluid balance charts) to alert staff that the patient is hearing impaired or deaf. These are also important in operating theatre, pre op, and recovery areas. Stickers could use the international symbol for hearing impairment or deafness.**

- Counter signs asking people who have a hearing loss or are deaf to inform staff. The NZ Hearing Association will shortly be producing a “help card” for the hearing-impaired (business card size) to hand to people behind the counters. It will also be supplying counter cards nationwide.

### Communication

- Counterloops at all reception desks with appropriate signage. Staff need to be instructed on their use.
- Staff training on communicating with people who have a hearing loss or are deaf including all staff who deal with the public. The NZ Hearing Association is planning to produce a video on hearing impairment to help various organisations in their in-house training.
- Laminated signs with basic communication strategies written on them available in each ward including maternity. In some cases it may be appropriate to tape the sign to the patient’s locker.
- Availability of a private room when staff need to talk about personal details with patient so that other patients don’t hear the details, and to reduce background noise so the patient can hear. A comment from NZ Hearing Association was that this is very important but an area removed from others would be sufficient, especially if staff were prepared to write things down.
- A personal amplifier being available in key areas, eg rehabilitation, possibly A&E, could be used in family meetings, therapy sessions, patient education sessions, and home visits. Capital Coast Rehab at Wellington Hospital has one.
- Information available re contacting sign language interpreters.

### Telephones

- That fax numbers and e-mail are available on appointment letters so those who can’t hear on the phone can change appointments, make contact with those they need to. It would also be useful if a deaf or hearing impaired person has a relative in hospital and they need to contact nursing, therapy, or social work staff.
- Calling the hospital
  - Phone calls - training telephonists to effectively deal with phone calls from people who have a hearing loss.
  - Faxes - the Deaf, along with individuals who have a speech impairment and/or hearing impairment, use faxes as if they are phone calls. In fact the Deaf usually stand by their fax expecting a “real time response”, therefore it is important to include faxes in the call queuing to the hospital, thus the response would be the same as a phone call. Wellington City Council is setting up such a system.

**- Email - is also being used as a key means of communication for these people as is text messaging so they also need to be responded to in the same way as phone calls as noted above**

- **Hospital staff need to be aware that a hearing-impaired person may get someone to call for them so staff should be prepared to give out private information provided there is appropriate authorisation.**
- **Staff may need to make calls for a hearing-impaired person who can't hear on the telephone.**
- **Public phone available in a call box to reduce background noise. The phone should be hearing aid compatible and have an amplifier. To cater for the needs of people in wheelchairs, the call box would need to be large enough for a wheelchair and the telephone at a suitable height. For some people a sound hood would be sufficient and get around the difficulty of getting a wheelchair into and out of a call box, to cater for either a hearing impaired person or wheelchair user. However, a number of people will have both disabilities, particularly the elderly, so some phones would need to be in a call box.**
- **When the telephone relay service gets off the ground the Deaf, hearing impaired, and speech impaired will be able to make their own calls as long as one of these phones is available. The hospital should allow for this because it means that people who currently can't use a telephone will be able to make calls.**
- **Access to a fax, e-mail and an amplified telephone for hearing impaired or deaf patients who need to contact relatives needs to be available.**

### **Managing hearing aids**

- **Staff training on basic hearing aid management needs to be provided for selected staff, eg nursing staff in Accident and Emergency Dept and theatre, and therapists. This includes simple things like how to turn it on and off. On some hearing aids for example, you slide a switch up and down to turn it on and off, but if you press down on the same switch you change channels. If staff are not careful, they could turn the hearing aid on but put it into the onboard program for loop systems, meaning the wearer won't hear voices or surrounding sound.**
- **Information folders available on basic hearing aid management.**
- **Information readily available to staff on who to contact if hearing aids aren't working.**

### **Staff who have a hearing loss**

- **All telephones throughout hospital should be hearing aid compatible and have volume controls.**

- Provision of phone relay phones when they become available.
- Computers so they can send e-mails in lieu of calls.
- Pagers so they can be contacted on the move throughout the hospital
- Willingness to provide equipment, eg amplified phones, amplified stethoscopes.
- Counter loops.
- Assistive listening systems available in meeting rooms and staff education facilities.
- Open-plan offices are not a good idea.

#### Other

- Acoustics in large spaces. Background noise and poor acoustics can make it difficult to hear. The noise from air conditioning can also be a problem.
- Need to take steps to reduce background noise and absorb sound, eg in Atrium, waiting areas. An open café in the atrium could be a problem – coffee grinder, chairs scraping on floor etc.
- Installation of assistive listening systems as required by Building Code, clause G5.3.5. Recommend that they are also installed in teaching spaces, and spaces where there are staff meetings, meetings of staff with patient and family and public meetings. Signage should be in accordance with NZS 4121:2001.
- Hearing impaired/Deaf people depend on lip reading and watching facial expressions to assist understanding. This is difficult if there is bright light such as windows behind the person they are speaking to. This should be considered when planning reception areas.

*Susan Lennie, Hearing Therapist, Life Unlimited Hearing Therapy Services, PO Box 27 499, Marion Square, Wellington.*

*Phone 04 384 8434*

*Fax 04 381 4958*

*Email [susan.l@lifehts.org.nz](mailto:susan.l@lifehts.org.nz)*

*Chris Peters, Public Affairs Manager, NZ Hearing Association, PO Box 19038, Wellington*

*Mob 021 775 975 (text)*

*Email [cpeters@xtra.co.nz](mailto:cpeters@xtra.co.nz)*

*In consultation with some members of Wellington and Kapiti Hearing Associations.*

*10-08-03*

## **APPENDIX 3**

### **Charter for Disabled People Using Hospitals**

**In the United Kingdom, the Royal College of Physicians, the Prince of Wales Advisory Group on Disability and representatives of the UK disability movement formed a working group to discuss the rights of disabled people in hospitals. After a difficult year of talks, the working group succeeded in drawing up a Charter for Disabled People Using Hospitals.**

**The main principles of the Charter are that:**

- the individual needs of disabled people who use hospitals must be understood**
- impairments must not be made worse by any procedure, treatment or regulation**
- staff must see the difference between managing illness and working with a disabled person**
- a person who has learned to live with an impairment usually knows more about it, and the way to live with it, than anyone else.**

**This Charter, which came out of consultation between professionals and disabled people, was a huge advance for disabled people in the UK medical system. The Charter proves that we are not just patients who should be grateful for whatever we can get, but service-users with rights.**



## References

### 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 “Links for Living”*

*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>

### 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 hua kua pakeke nei.

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

### 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*

## Links

*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)

**Transfund – Total Mobility 2003 - Survey**

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

**Social Model of Disability**

[http://www.daa.org.uk/social\\_model.html](http://www.daa.org.uk/social_model.html)

**Disability Awareness**

[http://www.daa.org.uk/daa\\_publications.htm](http://www.daa.org.uk/daa_publications.htm)

Summary of the framework for including a disability perspective in work development

<b>Framework Components</b>	<b>Questions for officials to ask themselves during the planning process</b>					
<p>1. Understand the context of disability issues</p>	<p>Do you have knowledge of the aspirations of the New Zealand Disability Strategy? - For example do you know about the social model of disability, the human rights dimensions of the strategy or the history of disability issues in New Zealand in relation to your work area?</p> <p>Have you considered whether programmes in your area have historically excluded or segregated disabled people? – What efforts have been made to ascertain the prevalence of disabled people amongst your affected population? – What efforts have been made to ascertain the scope of unmet need in your area?</p>					
<i>Analysis pathways</i>	Define problem/ gather information	Identify objectives or desired outcomes	Construct alternatives / develop options	Analyse options / project outcomes	Decide / implement	Monitor / evaluate
<p>2. Maximise opportunities for disabled people</p>	<p>Are disabled people affected by the problem?</p> <p>Does dealing with this problem provide opportunities to deal with other issues for disabled people?</p>	<p>Have you stated or clarified desired outcomes for disabled people in this area?</p> <p>Do the overarching goals in your work area reflect the aspirations of the New Zealand Disability Strategy?</p>	<p>Have you checked the New Zealand Disability Strategy objectives and actions?</p> <p>Do the options offer meaningful and effective opportunities for disabled people?</p>	<p>Is it possible to progress the aspirations of the New Zealand Disability Strategy through this project?</p> <p>Do the options foster inclusion, integration and empowerment of disabled people?</p>	<p>How can you communicate the objectives of this project in a way which will facilitate the New Zealand Disability Strategy?</p>	<p>Are there measures in place which will collect utilisation and outcomes data for disabled people?</p> <p>Are there opportunities for review or change to ensure good outcomes for disabled people?</p>
<p>3. Remove barriers to participation and independence</p>	<p>Have you analysed barriers to participation for disabled people in your area?</p> <p>Is there enough information available to understand the problem in relation to disabled people?</p>	<p>Do the objectives need to target disabled people to ensure barriers are removed?</p>	<p>How can you eliminate barriers identified in the problem definition phase?</p> <p>Would options with explicit measures aimed at addressing barriers for disabled people contribute to achieving the objectives?</p>	<p>Have you considered the peripheral impact of your options on disabled people?</p>	<p>Are a variety of approaches used to ensure disabled people are informed of the decisions and have access to policy initiatives and service developments?</p>	<p>Are disabled people included in any evaluative or piloting samples?</p>
<p>4. Involve disabled people and the wider disability sector</p>	<p>Have you checked with the disability community and wider disability sector to see what information sources (including policy views) are available about your work area?</p> <p>Does your project plan and /or implementation plan explain how the disability community are /were /will be involved in the process?</p> <p>What appropriate consultation techniques will /have you use/d to check assumptions and decisions with the disability community at all stages of the process?</p> <p>Have you amended decisions and assumptions to reflect advice provided by the disability community and wider disability sector?</p> <p>Have you used accessible formats when providing information about your work area to the public?</p>					



