



Taranaki District Health Board Disability Action Plan

2007-2010

Taranaki District Health Board Disability Action Plan 2007-2010		Responsibility: Portfolio Manager	Version: Draft da1.0
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Introduction

Taranaki District Health Board's Disability Action Plan 2007-2010 will guide Taranaki DHBs implementation of the *New Zealand Disability Strategy (NZDS) 2001*. This Action Plan is focused on promoting inclusion and participation in society and independence of people with disabilities. It takes into account the directions signaled in the Taranaki DHB District Strategic Plan 2005-2015, the District Annual Plan 2007-2008 and the Statement of Intent 2006-2009.

Traditionally, disability has been viewed as an individual characteristic. Increasingly, disabled people are promoting a social model of disability which considers the wider social context. This model encourages interventions at the social policy and institutional level.¹

The Strategy provides a framework to ensure disabled people are considered before making decisions:

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.

Our society is built on the premise that assumes we can all move quickly from one side of the road to another; that we can all see signs, read directions, hear announcements, reach buttons, have the strength to open heavy doors and have stable moods and perceptions.

To advance New Zealand towards a fully inclusive society, the New Zealand Disability Strategy includes fifteen objectives, underpinned by detailed actions (see Appendix 1).

¹ Health Funding Authority, Ministry of Health (1998). *Disability in New Zealand: Overview of the 1996/1997 Surveys*. Wellington: Health Funding Authority, Ministry of Health.

The Statistics

Statistics New Zealand included disability questions in the census for the first time in 1996. They then carried out New Zealand's first national, population based surveys on disability in 1996 and 1997. The 2001 and 2006 census also included disability questions, and follow up surveys were undertaken.

The most comprehensive report on the status of people with disability in New Zealand is the Ministry of Health's publication *Living with Disability in New Zealand*, published in October 2004. This provides a starting point to begin implementing initiatives within Taranaki DHB.

According to the *Statistics New Zealand, 2001 Household Disability Survey*:

- Older people were substantially more likely than younger people to experience disability, with just 9 percent of adults aged 15-24 having a disability, compared with 87 percent of people aged 85 and over
- Over half (57 percent) of the 716,500 people with disability living in households had multiple disabilities. A similar proportion of males and females had disabilities (58 percent and 56 percent respectively)
- Compared with the non-disability population, disabled people have fewer educational qualifications, are less likely to be in the paid workforce, have lower incomes and are more likely to be sole parents. Disabled people are also twice as likely to live alone compared with the general population.²
- Older people were more likely than younger people to have multiple disabilities. Seventy six percent of people aged 75 and over had multiple disabilities, as did 48 percent of people aged 45-64 with disability.

² Ministry of Social Development (2005). *Disability and work participation in New Zealand: Outcome relating to paid employment and benefit receipt.*

Taranaki DHB situation

Currently in Taranaki, we do not as a DHB measure the impact of health service interventions on disabled persons lives, and the population is not defined. Measuring health gains needs a baseline of disabled people's current health status. This will entail defining the population more closely which will be contributed to by Primary Health Organisations, Community Service Providers and the DHB's own services which do not uniformly collect disability data.

Taranaki DHB actions to progress New Zealand Disability Strategy

This document provides a framework that will guide Taranaki DHB in implementing the New Zealand Disability Strategy. This perspective is adopted and promoted through the District Health Board's role

- As a health and disability services provider and employer
- As a planner and funder of health and disability services
- As a communicator and provider of information
- As a community leader

There are 6 actions and the following demonstrates how they are linked to the NZDS strategy objectives and the detail with rationales.

Action 1: Adopt a definition of Disability

Links to Objective 1 of the NZDS (see Appendix 2)

To be able to measure and improve disabled peoples participation in, and access to health and disability services, a sustainable definition is needed.

We also want to increase understanding of the idea that society imposes many of the disabling barriers people with impairments face. As a consequence, we hope to increase consideration of disability issues in Taranaki DHB activities.

How we will do this:

- Accept, in the interim, the Disabled Peoples International definition as a working definition:

'Disability is the outcome of the interaction between a person with an impairment and the environmental and attitudinal barriers he/she may face'.³

- Reassess Taranaki DHB definition, if and when Ministry of Health adopts a national definition.

Who: Taranaki District Health Board

When: December 2007

³ The definition originated from the World Health Organisation's framework for health and disability. The *International Classification of Functioning, Disability and Health*, known commonly as ICF, is a multipurpose classification intended for a wide range of uses in different sectors.

Action 2: Standardise Disability Information

Links to Objective 10 of the NZDS (see Appendix 2)

We need to record disability information to:

- Assist in the delivery of appropriate treatment
- Measure and improve access to services
- Understand population health needs

Currently disability information is collected and recorded in different ways throughout the Taranaki DHB, which means we lack an overall view of service delivery to disabled people. Disability information needs to be recorded in a consistent manner.

How we will do this:

- Record disability information on all referral forms
- Add disability information on to current admission form
- Ensure disability information is available to staff as appropriate

Who: PHO's to implement addition to referral information
Provider arm to add disability category to current admission details

When: PHO's by February 2008
Provider by September 2008 (Current IBA upgrade will include the change to admission forms)

Action 3: Establish a Formal Link with Disability Communities

Links to Objectives 1, 5, 6, 7, 11 and 12 of the NZDS (See Appendix 1)

We want to ensure that we have good mechanisms to involve disabled people and take account of their priorities.

How we will do this:

- Establish a small Taranaki Disability Advisory Group

Who: Portfolio Manager
When: February 2008

Action 4: Embed disability awareness in Taranaki DHB workforce processes, activities and programmes

Links to Objectives 4, 5 and 6 of the NZDS (See Appendix 1)

Taranaki DHB is proactive in preventing disability within our workforce and wishes to develop a culture, leadership and practices that make explicit how the organisation encourages and supports disabled staff.

Staff will have opportunities to access disability awareness training to improve their competence to interact with and care for people with disabilities.

How we will do this

- Continue to participate in workforce initiatives to employ disabled people with Work Aon, Workbridge and Ministry of Social Development
- Provide opportunities for Taranaki DHB employees to participate in disability awareness training and to receive information around the rights of people with disabilities. (Including New Zealand Disability Strategy, EEO, Code of Health and Disability Services Consumers Rights, and Prevention of Harassment Policy)
- Use survey to gain staff feedback on workforce disability priorities
- Provide ongoing information and training for staff on disability issues
- Use survey to gain feedback from disabled people using Taranaki DHB's services.

Who: Human resources
Quality and Risk
When: May 2008

Action 5: Ensure a disability focus in Taranaki DHB planning processes, activities and programmes.

Links to Objective 8 of the NZDS (See Appendix 1)

How we will do this

- Consideration of building design features at a higher level than core Building Standards to “future-proof” facilities
- Identify and signpost accessible routes to main reception areas.

Who: Disability Advisory Group and Provider Arm

When: September 2008

Action 6: Implement a process to identify how disabled people are recognised in Taranaki DHB activities.

Links to Objective 6, 7 and 8 of the NZDS (See Appendix 1)

How we will do this

- Include disability questions on the patient satisfaction survey
- Explore how we utilise the information obtained in planning change
- Include disability considerations as part of ongoing Quality Improvement.

Who: Quality and Risk

When: May 2008

Conclusion

This Action Plan outlines our approach to including a disability perspective in the day-to-day processes of Taranaki DHB. The Plan is in line with our obligations under the New Zealand Public Health and Disability Act 2000, and progresses goals in the Taranaki DHB's District Strategic Plan.

The process of identifying and removing barriers to participation and inclusion is ongoing. This Plan outlines what we will do, but we know there are many more ways we could improve access for disabled people.

The following are suggested next steps

- Identify disparities for disabled people in service use or outcomes
- Include disabled people as a recognised group in existing initiatives to reduce health disparities

APPENDIX 1: Fifteen objectives from New Zealand Disability Strategy

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 and aware and responsive public service
7. Create a long-term support system 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 Disability Action Plan 17 Aug 07.doc
11. Promote participation of disabled Maori
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, whanau and people providing ongoing support

APPENDIX 2: Links of each Taranaki DHB action to the objectives of the New Zealand Disability Strategy

1. Adopt a definition of Disability

Links to Objective 1 of the NZDS: *Encourage and educate for a non-disabling society*, and Action 1.5: *Encourage ongoing debate on disability issues*.

2. Standardise Disability Information

Links to Objective 10 of the NZDS: *Collect and use relevant information about disabled people and disability issues*.

3. Establish a Formal Link with Disability Communities

Links to Objective 1 of the NZDS: *Encourage and educate for a non-disabling society*.

Links to Objective 5 of the NZDS: *Foster leadership by disabled people*, and Action 5.1: *Encourage disabled people to take part in decision making as service users, as staff in the delivery of services, and in the governance, management, planning and evaluation within all services that disabled people access*.

Links to Objectives 6 of the NZDS: *Foster an aware and responsive public service*, and Action 6.7: *Work with territorial authorities to develop ways they can support the New Zealand Disability Strategy*.

Links to Objective 7 of the NZDS: *Create long-term support systems centred on the individual*, and Action 7.2: *Ensure that government agencies, publicly funded services and publicly accountable bodies co-operate to ensure that the disabled person is at the centre of service delivery*.

Links to Objective 11 of the NZDS: *Promote participation of disabled Maori*.

Links to Objective 12 of the NZDS: *Promote participation of disabled Pacific Peoples*.

4. Embed disability awareness in Taranaki DHB workforce processes, activities and programmes

Links to Objective 4 of the NZDS: *provide opportunities in employment and economic development for disabled people*, and Action 4.3 of the NZDS: *Educate employers about the abilities of disabled people*.

Links to Objective 5 of the NZDS: *Foster leadership by disabled people*, and Action 5.1: *Encourage disabled people to take part in decision making as service users, as staff in the delivery of services, and in the governance, management, planning and evaluation within all services that disabled people access.*

Links to Objective 6 of the NZDS: *Foster an aware and responsive public service.*

5. Ensure a disability focus in Taranaki DHB planning processes, activities and programmes.

Links to Objective 8 of the NZDS: *Support Quality living in the community for disabled people* and Action 8.4 of the NZDS: *Ensure disabled people are able to access appropriate health services within their community;* and Action 8.6: *Encourage the development of accessible routes to connect buildings, public spaces and transport systems.*

6. Implement a process to identify how disabled people are recognised in Taranaki DHB activities.

Links to Objective 6 of the NZDS: *Foster an aware and responsive service*, and Action 6.6: *Ensure the locations and buildings of all government agencies and public services are accessible.*

Links to Objective 7 of the NZDS: *Create long term support systems centred on the individual*, and Action 7.9: *Ensure that disability services do not perpetuate the myth that people are ill, while recognising that disabled people do need access to health services without discrimination.*

Links to Objective 8 of the NZDS: *Support quality living in the community for disabled people*, and Action 8.4: *Ensure disabled people are able to access appropriate health services within their community.*