

# ***CANTERBURY AND WEST COAST HEALTH DISABILITY ACTION PLAN***

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*A plan for improving the health system for  
people with disabilities and their family/whānau*



# Foreword

The Canterbury and West Coast Health Disability Action Plan has been developed with people with disabilities, their family/whānau, providers of disability services and our Alliance partners from across the health system. The Plan will be implemented with the ongoing engagement of all these key stakeholders using existing processes, and through developing new ways of working together.

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# Developing our Disability Action Plan 2016 - 2026

In 2016 we began the development of a Canterbury and West Coast Health Disability Action Plan for 2016 - 2026.

The draft document, approved for wider consultation, was developed in line with the New Zealand Disability Strategy 2001 and the United Nations Convention on the Rights of People with Disability.

Disabled People Organisations are those recognised by the New Zealand Office of Disability Issues as representing the collective voice of people with disabilities. All such recognised groups have received and been invited to provide feedback on the draft Plan and the priority actions for 2016 - 2017.

Feedback was received via attendance at face to face meetings, forums and network meetings, and through written feedback. This feedback has been incorporated into the final Plan.

Development of the Plan included the review and incorporation of the key elements of core New Zealand documents relating to people with disabilities. Those core documents can be found in Appendix A.

The importance of the United Nations Convention on the Rights of Persons with Disability was consistently referred to by people with disabilities and their supports. These guiding principles are included as Appendix B.

For the purposes of this Plan, disability is defined according to the United Nations Convention on the Rights of People with Disability. It describes disability as resulting 'from the interaction between persons with impairments

and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others’ (UN General Assembly 2007).

This definition distinguishes the impairment or health condition from the restrictions on participation in society (e.g. unemployment due to discriminatory recruitment practices). These restrictions are not an inevitable consequence of the impairment; they are a result of unfair and avoidable barriers which results in many of the differences in health status between people with a disability and people without a disability. Using this definition the Plan is applicable to all people with disabilities regardless of age or the type of impairment.

The principles of partnership, participation and protection have been central to the development of the strategic objectives and priority actions in this Plan. These principles are consistent with the Treaty of Waitangi and demonstrate our commitment to working with Māori as treaty partners. This is especially important because Māori have higher rates of disability and poorer health outcomes than non-Māori. While there is a specific objective to achieve equitable outcomes for Māori within the Plan, each of the identified priority actions will have identified actions that are inclusive and culturally appropriate.

The Plan includes a Canterbury and West Coast position statement which addresses the critical issues relating to human and civil rights, treatment, and services and programmes for people with disabilities and their family/whānau. This statement is to inform our population and other agencies of the prevailing organisational view on key issues for people with disabilities.

Progress on achieving the stated objectives and priority actions in this Plan will be reported back to the disability community through a range of tactics including forums, electronic information and written communication. The Plan will be refreshed at least annually and priority actions will be developed and amended as necessary to ensure we continue to strengthen our engagement and inclusion of disabled people in the transformation of our health system.

\*Refer to Appendix C for a summary of the consultation process and feedback.

# Position Statement

## *Promoting the health and wellbeing of people with disabilities*

### ***Purpose***

This position statement summarises our commitment to actions aimed at improving the lives of people with disabilities in Canterbury and on the West Coast. It will be used in making governance, planning, funding, and operational decisions. The Plan reflects this position statement and provides details of how it will be implemented.

### ***Key points***

We recognise that a significant proportion of the New Zealand population experience impairments, which may result in disability and disadvantage. In addition, the population is aging which will increase the number of people experiencing impairment. Accessibility and inclusion are rights to be protected. They are also catalysts for new ideas and innovation that can lead to better services and outcomes.

### ***We make the following commitments to people with disabilities, their families and whānau, to:***

1. Collect their feedback about the services we deliver
2. Understand their perspectives and needs
3. Deliver appropriate specialist, general and public health services, in a way that suits them
4. Uphold the rights of people with disabilities, and counter stigma and discrimination
5. Equip and upskill staff to meet their needs.

***We will also incorporate the perspectives and needs of people with disabilities when we:***

1. Contract other organisations to deliver services
2. Employ people with disabilities
3. Design and build our facilities
4. Monitor and report on how well we are doing, and plan for improvements
5. Partner with our communities to improve population health and wellbeing.



***CANTERBURY AND WEST COAST  
HEALTH DISABILITY ACTION PLAN  
2016 - 2026***

# Vision

The Canterbury and West Coast strategic vision for people with disabilities is of a society that highly values lives and continually enhances their full participation. Through this strategic vision, we will ensure that all people with disabilities experience a responsive and inclusive health system that supports them to reach their full potential by providing equitable access to services that focus on keeping people safe and well in their homes and communities.

## Safety and Autonomy

### *The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus*

I am safe in my home, community and work environment. I feel safe to speak up or complain and I am heard. Those assisting me (professionals and others) have high awareness and I do not experience abuse or neglect.

### *Our Strategic Focus*

People with disabilities and their family/whānau/carers are listened to carefully by health professionals and their opinions are valued and respected. Individuals are included in plans that may affect them and encouraged to make suggestions or voice any concerns by highly aware staff.

### *We will...*

#### **1. *Integrate services for people of all ages with a disability***

Work with people with disabilities and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers, so that infants/children and youth with impairments and adults with a disability, including those with age related conditions, can live lives to their full potential. (8, 10, 11 – These numbers relate to objectives in The NZ Disability Strategy 2001, see Appendix D).

## **2. *Improve health literacy***

Improve access to health information in a form that works for them. This includes access to their personal health information. Support is provided when required so that the individual/family/whānau can use information to manage their own health, share in decision making, provide informed consent, and make choices and decisions that are right for them and their family/whānau. (3, 8, 10, 11, 12)

## **3. *Offer appropriate treatment***

Offer interventions with individuals and their family/whānau which are evidence-based best practice, such as restorative, recovery focused approaches. (6, 7, 10, 11)

## **4. *Monitor quality***

Develop and use a range of new and existing quality measures for specific groups and services that we provide for people with disabilities, and develop systems and processes to respond to unmet needs e.g. consumer survey. (6, 10, 13, 14)

## **Wellbeing**

### ***The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus***

I feel dignity and cultural identity through a balance of family/community, mental, physical and spiritual wellbeing.

### ***Our Strategic Focus***

The wellbeing of people with disabilities is improved and protected by recognising the importance of their cultural identity. Health practitioners understand the contribution of the social determinants of health.

## ***We will...***

### ***5. Measure and progress***

Develop measures and identify data sources that will provide baseline information about people with disabilities who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, use data analysis to understand the population and evaluate progress towards improving health outcomes for people with disabilities. (1, 8, 13)

### ***6. Improve access to personal information***

Enable people with disabilities to have increased autonomy in making decisions that relate to their own health by developing processes that enhance communication e.g. access to their medical records through patient portals. People with disabilities will be given support to do this if they are unable to do this on their own. (2, 14)

### ***7. Work towards equitable outcomes for Māori***

Work with Māori people with a disability, whānau and the Kaupapa Māori providers to progress the aspirations of Māori people as specified in He Korowai Oranga, Māori Health Strategy. Apply our Māori Health Framework to all the objectives of this action plan in order to achieve equitable population outcomes for Māori with a disability and their whānau. (11, 13, 15)

### ***8. Implement a Pasifika disability plan***

Work with Pasifika people, their families and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan 2014 - 2016 which identifies nine specific objectives for Pasifika people with a disability and 'Ala Mo'ui: Pathway to Pacific Health and Wellbeing 2014 - 2018 which is aimed at improving culturally appropriate service provision with

emphasis on improved access to Primary Care. Canterbury Pasifika Health Framework 2015 - 2018 will also be used as a core document to inform the work required. (12, 13, 15)

**9. *Develop better approaches for refugee, migrant and culturally and linguistically diverse groups***

Work with people with disabilities and their families who are from different refugee, migrant and other culturally and linguistically diverse groups to identify and implement responsive processes and practices. This includes information being appropriately translated and an awareness by staff of how disability is viewed from different cultural perspectives. (9, 13)

## **Self Determination**

### ***The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus***

I make my decisions myself, based on my aspirations. I have access to information and support so that my decisions are informed.

### ***Our Strategic Focus***

People with disabilities contribute to their own health outcomes as they and their family/whānau receive the information and support which enables them to participate and influence at all levels of society.

### ***We will...***

**10. *Provide accessible information and communication***

Promote and provide communication methods that improve access and engagement with people with disabilities, such as using plain language and Easy Read, ensuring all computer systems and websites are fully accessible to those who use adaptive technology, and expanding the use of sign language. (1)

## **11. *Develop leadership of people with disabilities who have a role in the health system***

Identify and support opportunities for leadership development and training for people with disabilities within the health system. This includes further development of peer support as a model of care for people with long term conditions. (5)

## **Community**

### ***The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus***

I feel respected for my views and my contribution is received on an equal basis with others.

### ***Our Strategic Focus***

People with disabilities experience equal workplace opportunities. The health system supports access, equity and inclusion for those living with impairments, their family/whānau, carers and staff.

### ***We will...***

## **12. *Be an equal opportunity employer***

Increase the numbers of people with disabilities being employed and supported in their role within the Canterbury and West Coast health system. (4) Develop and implement an appropriate quality tool for current employees who identify as having a disability, that can inform and identify opportunities to improve staff wellbeing. (2, 4, 10)

## **13. *Increase staff disability awareness, knowledge and skills***

Develop and implement orientation and training packages that enhance disability awareness of all staff, in partnership with the disability sector e.g. people with disabilities, their family/whānau/carers, disability training providers and disability services. (1)

#### **14. *Services and facilities are designed and built to be fully accessible***

Services and facilities will be developed and reviewed in consultation with people with disabilities and full accessibility will be enhanced when these two components work together to ensure people with disabilities experience an inclusive health system that is built to deliver waiora/ healthy environments. (6)

## **Representation**

### ***The New Zealand Disability Action Plan 2014 - 2018 Strategic Focus***

Disabled People's Organisations (DPO) represent collective issues that have meaning for me (based on lived experience) in a way that has influence.

### ***Our Strategic Focus***

The collective issues that emerge from people with disabilities' lived experience of the health system are actively sought and used to influence the current and future Canterbury and West Coast health system.

### ***We will...***

#### **15. *Implement the plan in partnership***

Work with the Canterbury and West Coast Consumer Councils to ensure a network of disability-focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and redesign. This network will support the implementation and evaluation of the Canterbury and West Coast Health Disability Action Plan. (1)

#### **16. *Promote the health, wellbeing and inclusion of people of all ages and abilities***

Actively promote and influence at all levels of society, to address stigma and discrimination, increase universal design for public spaces, and advocate for a fully inclusive society. (1, 4, 13)

# Priority Actions 2016 - 2017

## Key

Will be progressed in 2016 - 2017

Will be progressed in the future as opportunities emerge

## Safety and Autonomy

### 1. Integrate services for people with a disability of all ages

#### Objective

Work with people with disabilities and their family/whānau/carers to identify opportunities for achieving an integrated and co-ordinated approach between cross government services and local providers so that infants/children and youth with impairments and adults with a disability, including those in related to age related conditions, can live lives to their full potential.

#### Priority Actions

- 1.1 Map the pathway for people with disabilities and long term chronic health conditions (LT - CHC) to available services, and work with Disability Support Services and the Needs Assessment and Service Co-ordination Services to improve processes as people transition between health and disability services.
- 1.2 Work with other providers of services for children and youth to address the gap in service provision for respite for 0-19 year olds with complex needs and for those living in rural communities.
- 1.3 The agreed pathways across funders and service providers will be placed on HealthPathways.



- 1.4 Where gaps in service provision are identified, engage with the key stakeholders to identify opportunities and actions that can be progressed.

### ***Outcomes***

- Increased planned care and decreased acute care
- Decreased wait times
- Decreased institutionalisation rates.

## **2. Improve Health Literacy**

### ***Objective***

Improve access to health information in a form that works for people with disabilities. This includes access to their personal health information. Support is provided when required so that the individual/family/whānau can use information to manage their own health, share in decision making, provide informed consent, and make choices and decisions that are right for them and their family/whānau.

### ***Priority Actions***

- 2.1 People will better understand their health status through the development of the electronic patient portal in collaboration with people with disabilities and relevant experts to ensure that when the electronic patient portal is implemented it is accessible to people with disabilities, including those who use communication devices.
- 2.2 With the involvement of people with disabilities and their family/whānau, explore the potential for HealthOne as the electronic shared record between primary and secondary care, as the repository for information that people with disabilities want communicated about how best to support them when they are accessing a health or disability service. Evaluate the potential effectiveness of this with the disability community.

## ***Outcomes***

- Improved environments support health and wellbeing
- Increased planned care and decreased acute care.

## **3. Offer appropriate treatment**

### ***Objective***

Offer interventions with individuals and their family/whānau which are evidence based best practice and that these restorative, recovery focused approaches will result in people living lives to their full potential.

### ***Priority Actions***

- 3.1** Explore opportunities and identify how to support a timely response for people with disabilities and their families/whānau who require
- Aids to daily living
  - Housing modifications
  - Driving assessments.

### ***Outcome***

- Improved environments support health and wellbeing.

## **4. Monitor Quality**

### ***Objective***

Develop and use a range of new and existing quality measures for specific groups and services that we provide for people with disabilities, and develop systems and processes to respond to unmet need e.g. consumer surveying.

## ***Priority Actions***

- 4.1 Trial the use of feedback at the time of treatment within an identified service and explore whether this can include asking people if they have a long term impairment.
- 4.2 The quality of life for people with disabilities while in Canterbury and West Coast long term treatment facilities is measured and monitored and that actions occur to address any identified areas of improvement quality actions occur.
- 4.3 Ensure people with disabilities and their family/whānau know about and understand the Canterbury and West Coast DHBs' complaints and compliments process by describing the process in Easy Read format, placed alongside existing signage within wards and reception areas.

## ***Outcomes***

- No wasted resource
- The right care, in the right place, at the right time, delivered by the right person.

# ***Wellbeing***

## **5. Measure and Progress**

### ***Objective***

Develop measures and identify data sources that will provide baseline information about people with disabilities who are accessing the health system. Using the Health System Outcomes Framework for each strategic goal, analyse data to understand the population and evaluate progress towards improving health outcomes for people with disabilities. (1, 8, 13)

### ***Priority Actions***

- 5.1 The disability population will be identified by developing an inventory of available data and potential data sources that can be used to better understand those with disability who access the health system.
- 5.2 Identify additional data collection required to inform further service improvement and ensure that baseline data are developed and used as measures of success. (These processes are inclusive of the actions specified for Māori and Pasifika in 7.1 and 8.1 of this plan).

## **6. Improve access to personal information**

### ***Objective***

Enable people with disabilities to have increased autonomy in making decisions that relate to their own health by developing processes that enhance communication e.g. access to their medical records through patient portals. People with disabilities will be given support to do this if they are unable to do this on their own.

### ***Priority Actions***

- 6.1 The process for identifying the solution for a patient portal in primary care includes how the needs of people with disabilities will be met.

## **7. Work towards equitable outcomes for Māori**

### ***Objective***

Work with Māori people with a disability, whānau and the Kaupapa Māori provider to progress the aspirations of Māori people as specified in He Korowai Oranga, Māori Health Strategy. Apply our Māori Health Framework to all the objectives of this Plan in order to achieve equitable outcomes for Māori with a disability.

### ***Priority Actions***

- 7.1 Develop high quality ethnicity data sets by having processes in place that enable all data collected and collated to capture information specific to the Māori population with a disability.
- 7.2 All the priority actions of this plan are to include culturally appropriate actions for Māori with a disability and their whānau, and that this promotes and supports whānau ora and rangatiritanga.

### ***Outcome***

- Delayed/avoided burden of disease and long term conditions.

## **8. Implement a Pasifika Disability Plan**

### ***Objective***

Work with Pasifika people, their families and Pasifika providers to action the Ministry of Health National Pasifika Disability Plan 2014 - 2016 and 'Ala Mo'ui: Pathway to Pacific Health and Wellbeing 2014 - 2018 which are aimed at improving culturally appropriate service provision with an emphasis on improved access to primary care. Canterbury Pasifika Health Framework 2015 - 2018 will also be used as a core document to inform the work required.

### ***Priority Actions***

- 8.1 Develop high quality ethnicity data sets by having processes in place that enable all data collected and collated to capture information specific to the Pasifika people with a disability. To develop and implement local responses appropriate to Canterbury and the West Coast.
- 8.2 Strengthen the culturally appropriate service responses, as Canterbury is one of the target DHBs working to achieve the four priority outcomes\* of 'Ala Mo'ui, and transfer strategies.

- \*1. Systems and services meet the needs of Pasifika people
2. More services are delivered locally in the community and in primary care
3. Pasifika people are better supported to be healthy
4. Pasifika people experience improved broader health determinants of health.

**West Coast only:** The West Coast will engage with Canterbury to identify and strengthen its service responses in line with 'Ala Mo' ui.

### ***Outcome***

Delayed/avoided burden of disease and long term conditions.

## **9. Develop better approaches for refugee, migrant and culturally and linguistically diverse (CALD) groups**

### ***Objective***

Work with people with disabilities and their families who are from different refugee, migrant and other culturally and linguistically diverse groups to identify and implement responsive processes and practices. This includes information being appropriately translated and an awareness by staff of how disability is viewed from different cultural perspectives.

### ***Priority Actions***

- 9.1** Engage with the Migrant Centre and CALD Co-ordinator Resettlement Service to explore opportunities for including the needs of CALD people with disabilities in the way we communicate.
- 9.2** Use the local Canterbury and West Coast networks to establish communication processes to disseminate health and disability-related information and advice to CALD communities. There will be a focus on Asian communities.

## **Outcome**

- Delayed/avoided burden of disease and long term conditions.

## **10. Provide accessible information and communication**

### **Objective**

Promote and provide communication methods that improve access and engagement with people with disabilities e.g. use of plain language and Easy Read, ensuring all computer systems and websites are fully accessible to those who use adaptive technology. Expand the use of sign language.

### **Priority Actions**

- 10.1** Engage with Canterbury and West Coast communications staff to review health system websites and identify any parts of them which are not fully accessible for people who use communication devices.
- 10.2** Build on the partnership with the disability sector by having the Disability Strategy and a version of this Plan made available in Easy Read format.
- 10.3** Work with communications staff to identify which key communications will be made available in plain language and circulated to a network of disability organisations and key contacts.
- 10.4** Develop a Canterbury and West Coast policy on the use of sign language and access to interpreters.
- 10.5** Undertake a stocktake within the Divisions of the DHBs, which will be aimed at identifying where people with lived experience are providing peer support to service users, and recommend areas for further development.

### **Outcome**

- Improved environments support health and wellbeing.

## **11. Develop leadership of people with disabilities who have a role in the health system**

### ***Objective***

Identify and support opportunities for leadership development and training for people with disabilities within the health system. This includes further development of peer support as a model of care for people with long term conditions.

### ***Priority Actions***

- 11.1** Engage workforce development training providers from the disability sector to identify opportunities to support people with disabilities and their family/whānau who are providing a voice for people with disabilities within the health system. This will include exploring options for appropriate leadership training.

### ***Outcome***

- Improved environments support health and wellbeing.

## ***Community***

## **12. Be an equal opportunity employer**

### ***Objective***

- The number of people with disabilities being employed and supported in their role within Canterbury and West Coast health will increase.
- Develop and implement an appropriate quality tool for current employees who identify as having a disability, which can inform and identify opportunities to improve staff wellbeing.



### ***Priority Actions***

- 12.1** Work with Work and Income NZ and the Ministry of Social Development in achieving employment of people with disabilities
- 12.2** Develop and implement an affirmative action plan that will result in more people with disabilities being employed in the Canterbury and West Coast health system.
- 12.3** Explore how to use the Staff Wellbeing Survey to ask staff how Canterbury and the West Coast DHBs can continuously improve their support of people with disabilities employed in either DHB.

### ***Outcome***

- Understanding health status and determinants.

## **13. Increase staff disability awareness, knowledge and skills**

### ***Objective***

Develop and implement orientation and training packages that enhance disability awareness among staff, in partnership with the disability sector e.g. people with disabilities, their family/whānau/carers, disability training providers and disability services.

### ***Priority Actions***

- 13.1** Identify Disability Champions across our health systems. These champions will form a network that will disseminate disability-related information and resources and be an essential part of implementing the priority actions.
- 13.2** Work with the Learning and Development Unit and professional leaders to identify relevant education programmes that are already developed and offered by disability-focused workforce development organisations e.g. Te Pou.

**13.3** Work with the Learning and Development Unit and professional leaders to progress the development of an eLearning tool that can then be placed on the healthLearn website and promoted for staff.

**West Coast only:** The West Coast will work with Canterbury to ensure applicability to the West Coast.

**13.4** Training packages are developed and implemented in partnership with Māori people with disabilities and their whānau, to ensure cultural competency is inclusive of any training delivered.

### ***Outcomes***

- Delayed/avoided burden of disease and long term conditions
- Access to improved care.

## **14. Services and facilities are designed and built to be fully accessible**

### ***Objective***

Services and facilities will be developed and reviewed in consultation with people with disabilities and full accessibility will be enhanced when these two components work together to ensure people with disabilities experience an inclusive health system.

### ***Priority Actions***

**14.1** Site Redevelopment and Communications will work together to develop a communication plan for the disability community to receive quarterly updates on the development of Canterbury and West Coast health facilities. This will be in formats that are user-friendly for those with disabilities.

**14.2** The communication plan will include information on how people with disabilities and their family/whānau can provide feedback and input when they have or potentially will experience barriers to access.

**14.3** We will engage experts at key stages of the design, build and fit out of the building or rebuild of facilities, e.g. barrier-free and dementia-friendly.

### *Outcomes*

- Delayed/avoided burden of disease and long term conditions
- Community capacity enhanced
- Access to care improved.

## *Representation*

### **15. Implement the Action Plan in partnership**

#### *Objective*

Work with our Consumer Councils to ensure a network of disability focused consumer groups who are empowered to actively engage with health service providers and be partners in health service improvement and re-design. This network will support the implementation and evaluation of the Canterbury and West Coast Health Disability Action Plan.

#### *Priority Actions*

- 15.1** Establish a Disability Steering Group that has members from the disability community who will provide leadership in the implementation of the plan.
- 15.2** A communication plan is developed and actioned, and this includes regular engagement with the disability sector including people with disabilities, their family/whānau and Disabled Peoples Organisations.
- 15.3** Monitor progress against the priority actions to be undertaken quarterly and communicated to the sector as a key part of the communication plan.

**15.4** The priority actions will be refreshed annually within the health system and the disability sector with engagement and input from the people with disabilities, family/whānau and the wider disability sector.

### ***Outcome***

- Building population health, capacity and partnerships.

## **16. Promote the health, wellbeing and inclusion of people of all ages and abilities**

### ***Objective***

Actively, promote and influence at all levels of society, to address stigma and discrimination, increase universal design for public spaces, and advocate for a fully inclusive society.

### ***Priority Actions***

- 16.1** Community and Public Health for both DHBs continues to co-ordinate submissions on behalf of Canterbury and West Coast DHBs. However, they will use the Plan's underpinning principles to inform their submissions.
- 16.2** In conjunction with Disabled Peoples Organisations, Disability Support Services, the Ministry of Social Development and the Ministry of Education, set an annual seminar which presents new developments and initiatives for people with disabilities.

### ***Outcomes***

- Improved environments support health and wellbeing
- Access to improve care.

# *APPENDICES*

# Appendices

## APPENDIX A

### CORE DOCUMENTS

*The core documents referenced in the development of this Plan include:*

- New Zealand Disability Strategy 2001
- New Zealand Disability Action Plan 2014 - 2018
- New Zealand Disability Action Plan 2014 - 2018. Updated December 2015
- He Korowai Oranga, Māori Health Strategy 2014 - 2018
- Whāia Te Ao Mārama: The Māori Disability Action Plan for Disability Support Service 2012 - 2017
- Faiva Ora National Pasifika Disability Plan 2014 - 2016
- Ala Mo'ui: Pathway to Pacific Health and Wellbeing 2014 - 2018
- United Nations Convention on the Rights of People with Disabilities (ratified by New Zealand 2007)
- Second Report of Independent Monitoring Mechanism of the Convention of the Rights of Disabilities, August 2014
- United Nations Convention on the Rights of the Child (ratified by New Zealand 2008)
- Human Rights Act 1993

## APPENDIX B

### GUIDING PRINCIPLES OF THE CONVENTION

*There are eight guiding principles that underpin the Convention:*

1. Respect for inherent dignity and individual autonomy, including the freedom to make one's own choices and be independent
2. Non-discrimination
3. Full and effective participation and inclusion in society
4. Respect for difference and acceptance of persons with disabilities as part of a diverse population
5. Equality of opportunity
6. Accessibility
7. Equality between men and women
8. Respect for the evolving capacities of children with disabilities, and respect for the right of children with disabilities to preserve their identities.

## APPENDIX C

### CONSULTATION PROCESS AND SUMMARY OF FEEDBACK

#### *Recommended amendments to the Draft Canterbury and West Coast Health Disability Action Plan*

All feedback received to date, both written and verbal, has endorsed the vision and objectives of the Plan with some recommended amendments. The respondents stated that the principles of the New Zealand Disability Strategy 2001 of participation, partnership and protection of the rights of people with disabilities were present throughout the document.

Respondents unanimously commended the development of a Disability Action Plan and the process undertaken to seek the opinions of people with disabilities, their family/whānau and other key stakeholders on the Plan and the priorities for implementation over the next two years.

The consultation process has resulted in a number of recommendations on how the draft Plan could be strengthened in terms of the language used, and by broadening the scope of some of its stated goals.

#### ***These include:***

1. The New Zealand Disability Strategy 2001 is considered an important landmark document but it is fourteen years old and requires updating. It is recommended that, in addition to identifying the alignment with the New Zealand Disability Strategy, each objective should also be aligned with the Articles of the United Nations Convention on the Rights of People with Disabilities and that the language used is consistent with the relevant articles.
2. Include with the dissemination of the Plan the definition of disability we used, and the Position Statement.



3. The draft Plan is primarily adult-focused and it is recommended that the United Nations Convention on the Rights of the Child (UNCROC) be included as a core document to inform the development of the final Plan and the priorities for action.
4. The Plan needs to place more direct emphasis on addressing the health disparities for people with disabilities compared with those people without a disability. It is recommended that the need to have a targeted approach to addressing the barriers of access to healthcare is explicitly stated.
5. Feedback from Māori Advisory Groups both in Canterbury and on the West Coast was that for each of the strategic goals there needs to be inclusion of what would be an appropriate objective for Māori.
6. Wherever possible the language is amended to ensure it is explicit that the objectives are inclusive of all people with disabilities. This will require careful consideration, as feedback has also complimented the Plan on recognising the diversity of the people with disabilities by identifying the different population groups. There was consistent feedback that the Plan needed to reference Asian people specifically.
7. Outcomes need to be identified for each objective including how their achievement will be measured. Measures will form part of the work plans that are developed.
8. Amend the vision statement to include a statement about supporting people with disabilities to reach their full potential.
9. Amend the draft Objective 4 so that the goal positively promotes the use of only appropriate treatments rather than a goal that is more about stopping inappropriate treatments.
10. An additional objective needs to be added under the heading of an Equal Opportunity Employer which states health system employers will take affirmative action to increase the number of people with disabilities employed within the organisations.

11. Add into the Strategic Goal for Safety and Autonomy the commitment to addressing stigma and discrimination.
12. To include families/whānau as a central part of the Plan, including the identification of needs, gaps in services and how to implement and monitor progress.
13. Amend draft Objective 14 that accessibility is more than just buildings and facilities, so that this objective reads as accessible services and buildings.
14. Significant concern was expressed at the number of high level strategic objectives contained in the Plan, but it is less clear how these will be achieved. There was support for identifying the priorities for action and concentrating on progressing a limited number of objectives to avoid the risk of spreading resources too thinly.
15. Feedback on the consultation process showed appreciation for the plain language version being available electronically to networks within the disability community. It has been recommended that the final approved version also be made available in other formats such as large print and on CD.
16. There was concern that those individuals who don't belong to any specific disability groups did not have the opportunity to comment. Those within the disability sector recognise that reaching people with disabilities is one of the significant challenges within the sector, as they are often an invisible part of the community due to the very barriers this Plan has been developed to address. Further planning and ongoing engagement about how to reach this group is required.
17. It is recommended that a process for amending the Plan should be put in place to ensure opportunities for improving the Plan or priorities for action that have not yet emerged, can be added at a later date.
18. The Plan requires ongoing engagement with people with disabilities and their supports on the emerging issues for them. As a minimum, an

annual refresh of the priority actions and any amendment to the overall strategy would occur.

## ***Identifying the Priorities for Action***

### **The key themes and opportunities for priority action**

The following areas have been consistently raised by those providing feedback on the priority areas for action:

#### **1. *Accessibility of buildings and facilities***

- Increasing engagement – providing regular updates in the form of a newsletter, written in a way that is accessible for people with disabilities.
- Identifying and promoting the process for people with disabilities to provide feedback and input when accessibility is impacted e.g. parking, after hours security, etc.
- Designing above code – having experts audit and make recommendations at key stages of the design and fit-out of new buildings and rebuilds e.g. barrier-free, dementia-friendly.

#### **2. *Promoting disability awareness***

- Develop a network of Disability Champions at a service level across the Canterbury and West Coast health systems. These people will be the conduit for disseminating disability-related information and resources available to staff when working with people with disabilities.
- Work with the Learning and Development Unit and professional leaders of the Canterbury and West Coast health system to identify appropriate and relevant education programmes that are already developed and offered by disability-focused workforce development organisations e.g. Te Pou. This is initially envisaged as an e-learning tool available on healthLearn. Any education tool developed will have input from people with disabilities and their family/whānau.

### **3. *Communication***

- The use of plain language, Easy Read and formats such as large print will be promoted and expanded for all forms of health information available across the health system.
- Appropriate formats are used when disseminating information to the Canterbury and West Coast population so that it is readable by communication devices.
- Health Passports are a mechanism where people with disabilities can have their individual needs specified. Identify, within the growing suite of information technologies, the best way this information can be included and made available when people with disabilities are accessing any part of the health system e.g. through HealthOne.
- The Patient Portal is being developed in a format that meets the needs of people with disabilities.
- Making information available in different languages, including increased use of sign language interpreters, is also a priority.

### **4. *The Canterbury and West Coast health system as employers of people with disabilities***

- Under the heading of an Equal Opportunity Employer state that the Canterbury and West Coast health system employers will increase the numbers of people with disabilities being employed and supported in their role within Canterbury and West Coast health.

### **5. *Specific feedback which related to particular population groups***

- Ensure timely access to equipment that is necessary to enable people to live lives to their full potential.
- Work together with Disability Support Services to develop improved access to appropriate respite options for children with complex conditions.
- Understand and improve the experience of health services for people with learning disabilities

- Work to achieve equitable outcomes for Māori.
- Work with Pacifica people, their families and Pacifica providers to improve engagement.

## **6. *Other Opportunities***

- Establish a Disability Action Group that has a membership of people with disabilities and their family/whānau who can contribute to progressing the identified actions.

## APPENDIX D

### OBJECTIVES FROM THE NEW ZEALAND DISABILITY STRATEGY 2001

*The objectives are to:*

1. Encourage and educate for a non-disabling society
2. Ensure rights for disabled people
3. Provide the best education for disabled
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, value families, whānau and people providing ongoing support.



