

2. THE NEW ZEALAND DISABILITY STRATEGY DISCUSSION DOCUMENT: MAKING A WORLD OF DIFFERENCE - WHAKANUI ORANGA

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Corporate Plan Output: Policy Advice	

The purpose of this report is to advise the Council of the Minister of Disabilities' document entitled, "The New Zealand Disability Strategy Discussion Document: Making a World of Difference - Whakanui Oranga", and to seek endorsement for a submission on the issues raised by this document.

The purpose of the New Zealand Disability Strategy is to identify how to remove the barriers faced by people with disabilities, to enable them to fully participate in society. The strategy identified that this will be achieved by:

- ensuring the rights of people with disabilities are acknowledged and represented;
- promoting partnership with Maori and Pacific people;
- promoting habilitation and rehabilitation;
- empowering people with disabilities and their families/whanau;
- ensuring policy, funding and services are cohesive and integrated across services; and
- promoting certainty and consistency of service provision within available funding.

The discussion document was released for public comment last week. The **deadline for submissions is 1 November 2000**. The strategy will be completed before Christmas for the Minister to consider. It is anticipated that the strategy will go to Cabinet in the new year and implementation will begin soon after.

The Christchurch City Council is in the midst of developing its own disability policy.

DISCUSSION

Vision

The document identifies that the vision that underpins the government's strategy is for a non-disabling society where people who have experienced disability can say they live in:

'a fully inclusive society, where our capacity to contribute and participate in every aspect of life is continually being extended and enhanced'.

The discussion document identifies that this will happen in a country where:

- there is acknowledgment of the special relationship between the tangata whenua and the Crown under the Treaty of Waitangi
- people who experience disability have a meaningful partnership with Government, communities and support agencies, based on respect and equality
- the social model of disability (ie, the idea that it is society that imposes many of the disabling barriers faced by people with impairments) is widely understood and used in well-informed legislation, policy and activity involving and benefiting people who experience disability
- a mutually supportive society values the lives of people who experience disability and integrates people into community life on their own terms
- human rights are protected as a fundamental cornerstone of government policy and practice
- the diversity of people who experience disability, including their cultural backgrounds, is recognised, and there is flexibility to meet their differing aspirations and goals
- people experiencing disability have equity, regardless of gender, cultural background, type of disability and when the disability was acquired
- institutionalisation is reduced significantly, while community-based services increase to ensure people are supported to live in their own communities

The central government vision is consistent with the Council's Strategic Objectives¹ and Social Well-being and Community Policies which identify priorities of engagement, participation, reducing barriers to access and reducing disparities and the principles of equity, social justice, empowerment and engagement.

¹ Strategic Goals, A5 of the Council's 1999 Annual Plan (and in the 2000 draft Annual Plan) is to ensure "that the needs and aspirations of children, youth, elderly and people with disabilities are taken into account in all Council activities".

It is worth noting that one fifth to one third of the burden of disability may be attributable to injury, especially road traffic injury in younger people and osteoporotic fractures following falls in older people.²

In the 15-44 age group injury is the major cause of disability through road traffic crashes, and occupational, sports and domestic injuries.³ Other causes of disability include cardiovascular diseases, arthritis and related musculoskeletal conditions, diabetes, depression and losses of memory, hearing and visual acuity.

It is therefore important that the Vision (and wider Strategy) includes preventative measures to reduce injury or diseases such as diabetes which can result in disabilities.

A comprehensive approach is necessary to reduce the incidence of some forms of disability such as that resulting from injury or from diseases such as diabetes. As the Public Health Association identified in its policy, strategies should include:

“Emphasis on policies and strategies which address the determinants of health, such as access to education, employment opportunities, adequate income and safe housing in order to improve people's standard of living and vulnerability to injury and disease.

Intersectoral injury prevention programmes which employ comprehensive multi strategic health promotion approaches

Monitoring and enforcement of regulations and safety standards which aim to reduce injury.”⁴

The Council has a key role to play in contribution to the health promotion and injury prevention activities identified above. For example, the Council is involved in areas such as social housing, road safety, safety regulation and enforcement, health protection, recreation and leisure, city planning and community development.

Action Plan

The New Zealand Disability Strategy has identified thirteen critical actions to advance New Zealand towards a non-disabling society:

1. Encourage and educate for a non-disabling society.
2. Ensure rights for people experiencing disability.
3. Provide the best education.
4. Provide opportunities for employment and economic development.
5. Foster leading voices by people experiencing disability.
6. Foster an aware and responsive public service.
7. Improve services to people experiencing disability.
8. Improve access to quality information.
9. Promote participation of Maori experiencing disability.
10. Promote participation of Pacific people experiencing disability.
11. Enable children and youth experiencing disability to lead full and active lives
12. Improve quality of life for women experiencing disability.
13. Value families, whanau and carers.

A “non-disabling society” is heavily influenced by social and economic conditions and that improvements will require initiatives from a range of community and government agencies. A greater emphasis could be given to collaborative initiatives involving government, local government, community and private sector agencies.

² Ministry of Health (1999). Our Health, Our Future. Hauora Pakari, Koiora Roa. The Health of New Zealanders 1999. Wellington

³ Ministry of Health (1999). Our Health, Our Future. Hauora Pakari, Koiora Roa. The Health of New Zealanders 1999. Wellington

⁴ Public Health Association of New Zealand (2000) Access and Equity Policy for Disabled and Differently Abled People.

Again there is a need for actions relating to reducing the incidence of some forms of disability such as that resulting from injury or from diseases. The Actions should include:

- strategies which improve people's standard of living and vulnerability to injury and disease
- strategies relating to intersectoral injury prevention programmes which employ comprehensive multi-sector health promotion approaches
- monitoring and enforcement of regulations and safety standards which aim to reduce injury⁵

This approach would be consistent with the Health Strategy which identified that two of the key approaches to improving overall health are health promotion and disease prevention.

CONCLUSION

A draft submission is attached to this report for consideration.

- Recommendation:**
1. That the Council endorse the submission.
 2. That the Committee be notified of the scheduled visit to Christchurch by the Minister's committee and the date and venue of meeting(s).

⁵ Public Health Association of New Zealand (2000) Access and Equity Policy for Disabled and Differently Abled People.