

## 5. PEOPLE WITH DISABILITIES POLICY DEVELOPMENT

<b>Officer responsible</b> Director of Policy	<b>Author</b> Mary Richardson
Corporate Plan Output: Policy Advice	

The purpose of this report is to advise Community Boards of the development of a disability policy for the Council and to seek input into the policy.

### INTRODUCTION

In May 2000 the Christchurch City Council endorsed a proposal to develop a disability policy. The proposal arose out of a research project commissioned by the Council's Leisure Unit in 1999 to evaluate the future direction of the KiwiAble Programme<sup>1</sup>. In the course of the study issues were raised regarding the Council's position on disability in general. Representatives from the wider disability community therefore approached the Council with a request to address these issues.

### BACKGROUND

Disability is an important health issue for a significant sector of the New Zealand population. One out of every five New Zealanders report having a disability resulting in some functional and/or role limitation<sup>2</sup>.

The impact of a disability extends well beyond the individual to their whanau/family and all those they come into contact with. One out of nine are dependent (need assistance to live independently or are institutionalized) and one of out 32 needs continuous or daily assistance.<sup>3</sup>

People with disabilities are a diverse group. Disabilities may be related to age or previous injury, or associated with physical, sensory, psychiatric or intellectual disabilities that people were born with or have developed.

Statistics New Zealand, in its 1996/7 Disability Surveys, defines disability as any limitation in activity resulting from a long-term condition or health problem, lasting or expected to last six months or more. Its focus is not on the nature of the disorder or disabling condition, but rather the limitation resulting from it.

Disability is the gap between personal capacity and environmental (task or role) demand.<sup>4</sup> While an individual may have impairment or a different way of functioning, that which is termed to be the 'disability' may be created through mainstream society's construction and response or lack of response to it. The Government's Policy on Disability Issues reflects this approach, in its aim to "provide the legal rights, resources and support necessary to empower people with disabilities to overcome the barriers to participation in their communities and to achieve their full potential as individuals."

<sup>1</sup> This programme aims to promote people with disabilities into sport and recreation.

<sup>2</sup> Ministry of Health (1998) "Disability in New Zealand – Overview of the 1996/97 Surveys" Ministry of Health.

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

<sup>4</sup> Ministry of Health (1999). Our Health, Our Future. Hauora Pakari, Koiora Roa. The Health of New Zealanders 1999. Wellington

Disability may present a barrier to employment and adequate housing, result in costs for health and disability support services and restrict opportunities for education, socialization and participation. People with disabilities are often socioeconomically disadvantaged. The total personal income for working age adults with disabilities is significantly lower than for adults without a disability in New Zealand.<sup>5</sup> The 1996/7 Disability Surveys show that, amongst adults with disabilities, 63% are either unemployed or not in the workforce, and 60% have a gross personal income of less than \$15,000. Forty-five per cent of adults with disabilities living in households have no educational qualifications.

One fifth to one third of the burden of disability may be attributable to late effects of injury, especially road traffic injury in younger people and osteoporotic fractures following falls in older people.<sup>6</sup>

In the 15-44 age group injury is the major cause of disability through road traffic crashes, and occupational, sports and domestic injuries.<sup>7</sup> Other causes of disability include cardiovascular diseases, arthritis and related musculoskeletal conditions, diabetes, depression and losses of memory, hearing and visual acuity.

## **POLICY CONTEXT**

Strategic Objective 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".

The Council's Community Policy provides evidence of its commitment to the principles of equity, social justice, empowerment and engagement. The Social Wellbeing Policy identifies priorities of engagement, participation, reducing barriers to access and reducing disparities. These priorities and principles endorse Council action in addressing the social, environmental and economic barriers that people with disabilities face in their attempts to participate in community life.

Furthermore, from a legislative perspective the *Human Rights Act 1993* prohibits "unreasonable" discrimination on the grounds of disability (amongst other factors). Service Providers and employers must make reasonable adjustments for people with disabilities. Council needs to have clear processes in place to ensure that there is no risk of discrimination against people with disabilities occurring in any of its future activities.

## **POLICY GOALS**

The initial report to Council identified that through the adoption of a policy Council could formalise its commitment to people with disabilities by ensuring:

All Council services are accessible to people with disabilities

Council consultation processes enable the wider disability community to participate fully in decisions which affect them

The wider community is encouraged to remove barriers to participation in "an ordinary life" for people with disabilities

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<sup>5</sup> The National Advisory Committee on Health and Disability (1998). "The Social, Economic and Cultural Determinants of Health in New Zealand: Action to Improve Health, Ministry of Health, Wellington

<sup>6</sup> Ministry of Health (1999). *Our Health, Our Future*. Hauora Pakari, Koiroa Roa. The Health of New Zealanders 1999. Wellington

<sup>7</sup> Ministry of Health (1999). *Our Health, Our Future*. Hauora Pakari, Koiroa Roa. The Health of New Zealanders 1999. Wellington

Additionally the Council also has a key role in reducing the incidence of some forms of disability such as that resulting from injury. For example, working with other agencies to improve people's standard of living and vulnerability to injury and disease, developing intersectoral injury prevention programmes such as road safety campaigns and monitoring and enforcement of regulations and safety standards which aim to reduce injury.

#### **COMMUNITY BOARD FEEDBACK**

We now seek input from the Community Boards on the proposed policy including:

What you think should be the aims and emphasis of the policy?

What are the Council's responsibilities to advocate, support and work towards equity and access (both external and internal)?

What should the Council's role should be in promoting a barrier free society and ensuring people with disabilities are able to participate in all aspects of the community?

What is the Council 's role in reducing the incidence of some forms of disability such as that resulting from injury or from diseases?

How can Council help ensure that Consultation processes enable the wider disability community to participate fully in decisions which affect them?

Community Boards are invited to provide feedback on the proposed policy. This can be done immediately, if Board members wish, or can be done in November, when a draft of the proposed policy will be circulated to Board members for comment.

**Recommendation:** That the Community Board provide input into the direction of the proposed People with Disabilities Policy

#### **Chairman's**

**Recommendation:** For discussion.