Waitemata
District Health Board

Best Care for Everyone

Disability Support Advisory Committee Meeting

Wednesday, 16 November 2016

1.30pm

Terrace Board Room
Auckland Deaf Society
164 Balmoral Road
Balmoral, Auckland

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Published 09 November 2016

Waitemata
District Health Board

Best Care for Everyone

Agenda
Disability Support Advisory Committee
16 November 2016

Venue: Auckland Deaf Society, Terrace Boardroom, 164 Balmoral Road, Auckland

Time: 1.30pm

Committee Members	Auckland DHB and Waitemata DHB Staff	
Sandra Coney (Chair)	Dr Dale Bramley	Chief Executive Officer Waitemata DHB
Max Abbott	Ailsa Claire	Chief Executive Officer Auckland DHB
Jo Agnew (Deputy Chair)	Samantha Dalwood	Disability Advisor Waitemata DHB
Judith Bassett	Aroha Haggie	Acting Māori Health Gain Manager
Marie Hull-Brown	Dr Debbie Holdsworth	Director of Funding Auckland and Waitemata DHBs
Dairne Kirton	Fiona Michel	Chief Human Resources Officer, Auckland DHB
Dr Lester Levy	Kate Sladden	Funding and Development Manager, Health of Older People
Jan Moss		
Robyn Northey	Marlene Skelton	Corporate Business Manager
Russell Vickery	Michelle Webb	Corporate Committee Administrator
Shayne WiJohn	Sue Waters	Chief Health Professions Officer
Jade Farrar	Tim Wood	Funding and Development Manager, Primary Care
	(Other staff members who attend for a particular item are named at the start of the respective minute)	

Apologies Members: Jade Farrar, Lester Levy, Shayne WiJohn.

Apologies Staff: Ailsa Claire, Sue Waters.

Agenda

Please note that agenda times are estimates only

1.30pm **1.** **Attendance and Apologies**

1.35pm **2.** **Register and Conflicts of Interest**

Does any member have an interest they have not previously disclosed?

Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?

1.40pm **3.** **Confirmation of Minutes 24 August 2016**

1.45pm **4.** **Action Points**

4.1 Correspondence with Office for Disability Issues regarding Disability Data Evidence Working Group

1.50pm **5.** **Chair's Report (verbal)**

2.00pm	**6.**	**Improvement Activities**
	6.1	Health of Older People Quarterly Report on Activities in Auckland and Waitemata DHBs
	6.2	Progress Update: Implementation of the New Zealand Disability Strategy in Auckland and Waitemata DHBs
2.35pm	**7.**	**Information Papers**
	7.1	Disability Survey Update – Statistics New Zealand
2.50pm	**8.**	**General Business**

Next Meeting:	Wednesday, 29 March 2017 at 1.30pm Auckland Deaf Society, Terrace Boardroom, 164 Balmoral Road, Auckland

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Attendance at Auckland and Waitemata DHBs Disability Support Advisory Committee Meetings

Members	11 Mar. 15	03 Jun. 15	26 Aug. 15	18 Nov. 15	09 Mar. 16	01 Jun. 16	13 July 16	24 Aug. 16	16 Nov. 16
Sandra Coney (Chair)	1	1	1	1	1	1	1	#	
Max Abbott	x	1	1	x	1	1	1	X	
Jo Agnew (Deputy Chair)	1	1	1	x	1	1	1	1	
Judith Bassett	1	1	1	1	1	1	X	1	
Marie Hull-Brown	1	1	x	1	1	1	X	X	
Dairne Kirton	1	1	1	x	x	1	1	1	
Lester Levy	x	x	x	x	1	1	X	X	
Jan Moss	1	1	x	x	1	1	X	1	
Robyn Northey	1	1	1	1	1	1	1	1	
Russell Vickery	1	1	1	1	x	1	1	1	
Shayne WiJohn	n/a	1	x	1	1	x	1	X	
Jade Farrar	n/a	1	x	1	1	x	1	1	
Key: x = absent, # = leave of absence, c = meeting cancelled									

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An “interest” can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction
- Having a financial interest in another party to a transaction
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction
- Being otherwise directly or indirectly interested in the transaction

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be “interested in the transaction”. The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.

Ensure the full **nature** of the interest is disclosed, not just the existence of the interest.

This sheet provides summary information only - refer to clause 36, schedule 3 of the New Zealand Public Health and Disability Act 2000 and the Crown Entities Act 2004 for further information (available at www.legisaltion.govt.nz) and “Managing Conflicts of Interest – Guidance for Public Entities” (www.oag.govt.nz).

Register of Interests – Disability Support Advisory Committee

Member	Interest	Latest Disclosure
Sandra CONEY (Chair)	Chair – Waitakere Ranges Local Board, Auckland Council Patron – Women's Health Action Trust Member – Cartwright Collective	09.03.2016
Max ABBOTT	Pro Vice Chancellor (North Shore) and Dean – Faculty of Health and Environmental Sciences, Auckland University of Technology Patron – Raeburn House Board Member – Health Workforce New Zealand Board Member – AUT Millennium Ownership Trust Chair – Social Services Online Trust Board Member – The Rotary National Science and Technology Trust	28.09.2011
Jo AGNEW	Director/Shareholder 99% of GJ Agnew & Assoc. LTD Trustee - Agnew Family Trust Professional Teaching Fellow – School of Nursing, Auckland University Appointed Trustee – Starship Foundation Casual Staff Nurse – Auckland District Health Board	15.07.2015
Judith BASSETT	Fisher and Paykel Healthcare Westpac Banking Corporation Husband – Fletcher Building Husband is a shareholder of Westpac Banking Group Daughter is a shareholder of Westpac Banking Group	13.07.2015
Jade FARRAR	Disability Advisor for Te Pou National Leadership Group Member (Enabling Good Lives) Enabling Good Lives Christchurch "Local Area Group member" Cerebral Palsy Society Domestic Violence & Disability Group PHAB association (Auckland) Inc Auckland City Advisory Panel Member Director of Epic Studios Limited IT Support Consultant (community Connections Supported Living Trust) Owner/Webmaster of enablingoodlives.co.nz	18.11.2015
Marie HULL-BROWN	Board Member – Age Concern Auckland Board Member – HOPE Foundation for Research on Ageing Advisory Committee Member – Selwyn Centre for Ageing and Spirituality	18.11.2015
Dairne KIRTON	Northern Regional Representative – CCS Disability Action National Board Mentor – ImagineBetter – Raise Your Bar Project Vice President – CCS Disability Action National Board	09.03.2016
Lester LEVY	Chairman - Waitemata District Health Board (includes Trustee Well Foundation - ex-officio member as Waitemata DHB Chairman) Chairman - Auckland Transport Chairman – Health Research Council Independent Chairman - Tonkin and Taylor Ltd (non-shareholder) Professor (Adjunct) of Leadership - University of Auckland Business School Head of the New Zealand Leadership Institute – University of Auckland Lead Reviewer – State Services Commission, Performance Improvement Framework Leader reviewer –review of MBIE. Review to be completed late 2016/early 2017. Director and sole shareholder – Brilliant Solutions Ltd (private company) Director and shareholder – Mentum Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as a shareholder) Director and shareholder – LLC Ltd (private company, inactive, non-trading, holds no investments. Sole director, family trust as shareholder)	26.10.2016

	Trustee – Levy Family Trust Trustee – Brilliant Street Trust	
Jan MOSS	Coordinator of Complex Care Group Contractor to MoH, DSS Board member YES Disability Centre, Albany Reference Group Member – MOH Disability Workforce NZ & Choices in Community Living	12.03.2014
Robyn NORTHEY	Trustee - A+ Charitable Trust Shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fisher & Paykel Healthcare Husband – shareholder of Fletcher Building Husband – Chair, Problem Gambling Foundation	24.08.2016
Russell VICKERY	Wilson Home Management Committee Auckland Disability Law Chairman of Waitemata Community Law Life Member Auckland Branch of NZCCS Disability Action Cook Opie Hi Tech Trust Private Disability Consultant Australasian Rep for Inclusion Press	13.07.2015
Shayne WIJOHN	General Manager of Te Runanga o Ngati Whatua Ngati Whatua Representative – in affiliations to Te Rarava, Te Aupouri and Ngati Whatua	29.05.2015

Waitemata
District Health Board

Best Care for Everyone

Minutes
Disability Support Advisory Committee Meeting
24 August 2016

Minutes of the Disability Support Advisory Committee meeting held on Wednesday, 24 August 2016 in the Auckland Deaf Society Terrace Boardroom, 164 Balmoral Road, Auckland commencing at 1:30pm.

Committee Members present	**Auckland DHB and Waitemata DHB Staff present**	
Jo Agnew (Chair)	Samantha Dalwood	Disability Advisor, Waitemata DHB
Judith Bassett	Nigel Ellis	General Manager, Facilities and Development, Waitemata DHB
Dairne Kirton		
Jan Moss	Ian Grant	Senior Project Manager, Facilities and Development, Auckland DHB
Robyn Northey		
Russell Vickery	Abbie Harwood-Tobin	Service Improvement Manager Auckland DHB
Jade Farrar	Carol Hayward	Community Engagement Manager, Waitemata DHB
	Dr Debbie Holdsworth	Director of Funding – Auckland and Waitemata DHB
	Matthew Knight	Senior Project Manager – Facilities and Development, Waitemata DHB
	Alistair Nelson	Design Manager, Facilities and Development, Auckland DHB
	Helen Olsen	Project Manager, Waitemata DHB
	Kate Sladden	Funding and Development Manager, Health of Older People
	Malini Subramoney	Project Manager Performance Management, Auckland DHB
	Sue Waters	Chief Health Professions Officer
	Dr Robyn Whittaker	Public Health Physician - Research and Innovation
	(Other staff members who attend for a particular item are named at the start of the minute for that item)	

1. ATTENDANCE AND APOLOGIES

That the apologies of Sandra Coney (Chair), Max Abbott, Marie Hull-Brown, Dr Lester Levy and Shayne WiJohn be received.

That the apologies of senior staff, Dr Dale Bramley, Chief Executive Officer Waitemata DHB, Ailsa Claire, Chief Executive Officer Auckland DHB, Fiona Michel Chief of People and Capability Auckland DHB and Sue Skipper, Training and Learning Manager Waitemata DHB be received.

2. CONFLICTS OF INTEREST (Pages 5-7)

There were no conflicts with any items on the open agenda.

Russell Vickery advised that he had been appointed the "Interim Manager of the Wilson Home Management Committee" and his interest register should be updated accordingly.

Robyn Northey advised that an interest on her register could now be removed with the resignation of her husband from the, "Chair of the Auckland District Council of Social Services".

3. CONFIRMATION OF MINUTES

3.1 Confirmation of Minutes 9 March 2016 (Pages 8-17)

Resolution: Moved Robyn Northey / Seconded Judith Bassett

That the minutes of the Disability Support Advisory Committee meeting held on 09 March 2016 be confirmed as a true and accurate record.

Carried

3.2 Confirmation of Minutes 1 June 2016 (Pages 18-25)

Jan Moss advised that the heading of item 3.1 should read "Putting People First Review Recommendations Implementation".

Resolution: Moved Russell Vickery / Seconded Judith Bassett

That the amended minutes of the Disability Support Advisory Committee meeting held on 01 June 2016 be confirmed as a true and accurate record.

Carried

3.3 Confirmation of Minutes 13 July 2016 (Pages 26-27)

Resolution: Moved Dairne Kirton / Seconded Robyn Northey

That the minutes of the Disability Support Advisory Committee meeting held on 13 July 2016 be confirmed as a true and accurate record.

Carried

4. ACTION POINTS (Pages 28-29)

4.1 Facilities and Development Project Stocktake for Auckland and Waitemata DHBs (Pages 30-34)

Ian Grant, Senior Project Manager, Facilities and Development, Auckland DHB, Matthew Knight, Senior Project Manager, Facilities and Development, Waitemata DHB and Alistair Nelson, Design Manager, Facilities and Development, Auckland DHB were in attendance to present this item.

A replacement updated Attachment 4.1 was tabled.

A presentation, (Attachment 4.1.2), was made to demonstrate the process utilised for disability assessments for facilities projects.

The following points were covered in discussion:

- Confirmation was provided that physical barriers included things such as auditory stimuli, noise and issues associated with those with a cognitive impairment.
- Russell Vickery noted that it had been stated that assessments would not necessarily be completed for back office or plant rooms. He asked for reconsideration of this as there was a disabled workforce involved in the trades. In the future it was estimated that numbers in this workforce would increase as technology became more digital. He did not want to see this opportunity closed off to this workforce at Auckland and Waitemata DHBs.
- Jade Farrar asked for an explanation as to why Auckland DHB did not have a dedicated Disability Advisor. Sue Waters explained that Auckland DHB had instead decided to train a number of existing staff to be able to undertake this role. There was an internal Disability Group that also provided advice.
- Ian Grant advised in response to a question, that external advisors came with a range of fees, some more expensive than others. In general fees were reasonable. Ian further advised that a set dollar amount is allocated to each project based on capital value to undertake a disability advisory review.

That Facilities and Development Project Stocktake for Auckland and Waitemata DHBs report be received.

Carried

4.2 Care of High Needs Young Patients While in Hospital

Samantha Dalwood, Disability Advisor, Waitemata DHB and committee member Jan Moss advised that the Ministry had agreed that individual cases would be looked at but that there had been no such requests within the last year. While conversation has been had with the Ministry no direct reply has been forthcoming. Hospitals would not be aware of cases as the direct involvement was by the Ministry with the families themselves.

That this issue be removed from the action sheet.

Carried

5. CHAIR'S REPORT

There was no report as a result of the apology of the Chair, Sandra Coney due to illness.

6. PRESENTATIONS

6.1 Finding My Way and Healing Environments at Auckland DHB (Pages 35-45)

Malini Subramoney, Project Manager Performance Management, Auckland DHB addressed the committee, advising as follows:

- That Sue Waters, Chief Health Professions Officer was now the projects sponsor
- The key principles of the project were:
  - Consistent look and feel
  - Patient and family focussed
  - Accessible

- Multicultural
- Use of Te Reo
- Flexible and easy to update
- Reflect local context

A team of designers had been utilised and the NSW guidelines had been followed. A heavy reliance had been placed on the use of standard icons.

Finding your way to the Emergency Department is especially confusing for people entering the hospital from level 5 via Carpark A. A recently completed root cause analysis for an incident that impacted patient safety recommended a review of all directional signage leading to the Emergency Department.

A scoping exercise will be undertaken in July 2016, to explore the routes to the Emergency Department to understand the issues for access experienced by our patients and visitors accessing the Emergency Department.

The following points were covered in discussion:

- Russell Vickery was advised that there would be colour associated with any numbers used. It was understood that not all people could process colour. Russell also reminded staff of the penalty clauses for failure to meet basic standards around formats. He was advised that consistent naming conventions would also be looked at.
- Jan Moss commented that getting into the Emergency Department (ED) via Grafton Road was extremely challenging. This was acknowledged with Malini advising that this issue had been linked into the lift upgrade project and the investigation of a new route to ED. Easy and intuitive changes were required so that people were not further stressed when entering this environment.
- Malini advised that the strategy is to be completed by December 2016 and after that funding will need to be obtained.

That the "Finding My Way and Healing Environments at Auckland DHB" report be received.

Carried

7. IMPROVEMENT ACTIVITIES

7.1 Public Spaces Look and Feel Guideline (Pages 46-78)

Abbie Harwood-Tobin, Service Improvement Manager Auckland DHB addressed the committee highlighting as follows:

The document is still in draft stage as the needs of different spaces are still being assessed. Before fitting out or refurbishing any space the questions outlined on page 50 of the agenda are being asked.

The prime considerations at this point are:

- At any entry point is the welcome appropriate?
- Has the question of, "how do I get to where I want to go" been satisfactorily answered for any patient or visitor to Auckland DHB premises?

Other considerations will follow once these have been addressed.

A connection to our local iwi was wanted. So a Pepeha has been utilised as a way of introducing ourselves, acknowledging our identity, our relationship to the land, and those who have gone before us. Photographs on page 55 of the agenda represent the Auckland DHB Pepeha; they can be seen as inspiration for our four types of public spaces.

It is proposed that designers and artists can tell the stories of our native birds through artwork and installations in our public spaces. The imagery and sounds associated with each bird would support environmental way finding on each Landmark Level.

There are then a series of guidance principles around colour, flooring, lighting, planting and furniture. This plan is being worked up utilising examples of good ideas sourced nationally and from around the world.

The following points were covered in discussion:

- Jade Farrar asked how it was intended that good natural light was utilised commenting that detail needed to be incorporated into the document such as that which was included for artificial lighting solutions.
- Russell Vickery queried whether consideration had been given to the use of technology in way finding. He gave the example of blue-tooth technology. It was agreed that there had been advances in technology in this area that needed to be further investigated.

That the Public Spaces Look and Feel Guidelines report be received.

Carried

7.2 Waitemata DHB Sky Bridge Project – Pedestrian Access Issues Report (Pages 79-87)

Nigel Ellis, General Manager, Facilities and Development, Waitemata DHB and Matthew Knight, Senior Project Manager – Facilities and Development, Waitemata DHB asked that the report be taken as read highlighting as follows:

The Sky Bridge project was implemented to assist in meeting the demand for additional beds at the North Shore Hospital site by connecting the Tower block to the Elective Surgery Centre (ESC). The design commenced in May 2015 and the ESC Bridge was opened on 21 June 2016.

Three issues had since been identified:

Issue A: Advice from Disability Advisor was not reflected in design/ built environment. The Disability Advisor provided feedback "That the design should make sure there are no impacts on access once the kerbs have been built". This was not reflected in the final design. It is now policy that the Waitemata DHB Disability Advisor reviews plans at the design stage with the consultant team and attends Safety in Design meetings with the consultant team to highlight and mitigate any issues.

Issue B: Visibility around column on the corner of the Car Park.

Advice given was to change the intersection "Give Way" markings to "Stop" and mark the limit line at the intersection edge (previously 1-2 metres up on the link road). A convex mirror was to be installed opposite the column to assist pedestrians to see vehicles travelling east to west and potentially turning into the link road. The road markings were changed as part of the construction works. The convex mirror requirement has been superseded as part of proposed remedial works for issue C addresses this problem.

Issue C: Accessibility between column and kerb edge/road adjacent the ESC Management Suite.

The gap between Column A and the kerb/ road edge is narrow. Pedestrians may need to travel on the road to get past the column. Following the opening of the ESC Bridge on 21 June 2016 the pedestrian crossing and access issues became apparent. Obviously this is not acceptable and proposed alternatives have been discussed with the Waitemata DHB Disability Advisor. A proposed scheme (See figure 3 – page 86 of agenda) was approved on 27 July 2016 and is currently being detailed and priced.

In the interim, temporary measures are being carried out to mitigate some of the issues whilst the procurement of the contractor is underway.

It has been agreed, that right from the concept design stage the Disability Advisor will now be involved in a stage gate process to allow consultation and confirmation of action required.

The following points were covered in discussion:

- It was advised that both the interim and final solutions were wide enough to accommodate wheelchair access. Both sides of the road are being utilised and the corner widened to allow continuous footpath access.
- Nigel Ellis advised that work is being done on standards to ensure this does not occur in the future and that learning is being shared with Auckland DHB.

That the Waitemata DHB Sky Bridge Project – Pedestrian Access Issues report be received.

Carried

8. INFORMATION PAPERS

8.1 Health of Older People Quarterly Report on Activities in Auckland and Waitemata DHBs
(Pages 88-94)

Kate Sladden, Funding and Development Manager, Health of Older People asked that the report be taken as read highlighting as follows:

- Part B of the In-between Travel (IBT) Settlement Agreement requires the HCSS workforce to be regularised.

  This issue is very complex and has ramifications for parties concerned. There are some fundamental issues to be addressed. The IBT Settlement Agreement states that 'it is intended that a regularised workforce will provide the majority of workers with guaranteed hours and workloads, and the that the workforce is paid a wage as opposed to the current workforce which is paid on piecemeal basis as assignment workers. The wages will be paid based on the required level of training of the worker. Training will enable level 3 NZ Certification qualifications within two years of commencing work consistent with the service needs of the population."

  A proposed pragmatic way forward is to conduct two pilots; one in Auckland DHB and one in Taranaki DHB to trial a form of guaranteed hours for HCSS support workers. This is at a proof of concept stage.

- Waitemata DHB and Auckland DHB have been working with the ACC to plan a range of services to prevent injurious falls under the guidance of the ADHB/WDHB/ACC Falls Prevention Working Group. The Falls Prevention Programme aims to reduce injury falls and fragility fractures in people aged 65 years and over living in Waitemata and Auckland DHBs, specifically to reduce hospitalisations and ACC injury claims.

The following points were covered in discussion:

- Jade Farrar asked for the opinion of staff on young people with disabilities using older persons residential care facilities. Kate Sladden replied that she could not comment as these contracts sit with the DSS Ministry of Health except to say that a lot of scrutiny was applied to individual cases before this action was undertaken as it was not a preferred option.

- Jade Farrar asked what happened to people displaced by the closure of aged care facilities. Kate Sladden acknowledged that there were some small rest home proprietors that were closing however; there were still enough service providers in the market to provide this type of service for those that chose this option.

That the Health of Older People Quarterly Report on Activities in Auckland and Waitemata DHBs be received.

Carried

8.2 Waitemata 2025 Ideal Ward Community Engagement Plan (Pages 95-104)

Carol Hayward, Community Engagement Manager, Waitemata DHB and Dr Robyn Whittaker, Public Health Physician - Research and Innovation spoke to the report.

The Waitemata 2025 Design Group (WDG) has been established to work with clinicians and external experts to develop best practice design principles, new models of care, research and innovation and to provide advice and support particularly with respect to community, patient and family engagement and co-design processes.

Core design principles have been developed along with concept designs for an ideal ward.

These principles were developed based on the Guiding Principles developed for the North Shore Hospital ward 8 redesign project and other background research being conducted into new models of care, and direct learnings from national/international programmes. A short consultation period was held which included feedback from Blind Citizens NZ, the Health Quality and Safety Commission (HQSC) and the National Foundation for the Deaf.

Consideration was given to how to apply these and translate them into a final design. It is proposed that to do this, community input be sought into the design of all future facilities to be built by Waitemata DHB. Checklists have been provided to aid the inclusion of the design principles.

Much thought has been given to the type of stakeholders that would need to be involved. Stakeholders expect that if they are to take the time to provide feedback and/or provide solutions that they receive information about how their feedback has been used to influence the final design. It is intended that this be done in variety of ways; regular email correspondence, newsletter updates, internet site updates or at relevant community engagement events.

The following points were covered in discussion:

- It was noted that by providing single rooms that cost could be an issue. It was advised that until the business case was finalised it would not be known how practical and cost efficient single rooms were going to be.
- Russell Vickery was advised that the plan was that the two bedded rooms would be single sex. Maintaining this policy would be easier in a two bedded facility than in four bedded rooms.

Feedback on Concept Design

Russell Vickery asked that consideration be given to those patients in powered wheelchairs when designing these rooms, advising that it was more practical for power points to be located at floor level rather than on the wall.

Jo Agnew congratulated the team on being forward thinking and making an effort to provide a better environment for patients.

Resolution: Moved Jo Agnew / Seconded Robyn Northey

1. **That the Waitemata 2025 Ideal Ward Community Engagement Plan be received.**
2. **That the feedback on ideal ward draft concept designs be noted.**

Carried

8.3 Community Engagement with People with Disabilities (Pages 105-162)

Samantha Dalwood, Disability Advisor Waitemata DHB asked that the report be taken as read.

The following points were covered in discussion:

- Jan Moss expressed her dissatisfaction with the document, “A Guide to Community Engagement with People with Disabilities” recently released in May 2016, by the Ministry of Health. It did not include for the meaningful engagement with those with cognitive impairment. It did not allow for families of those with a cognitive impairment to be able to speak for that person. Jan felt that this segment of the disabled community was the most vulnerable and biggest user of services but yet again had been ignored.

  Jan indicated that in an individual capacity she would be addressing this oversight with the Ministry of Health.

That the Disability Support Advisory Committee receives the Community Engagement with People with Disabilities report.

Carried

8.4 Disability Strategy Implementation Plan 2013-2016 – Update (Pages 163-171)

Samantha Dalwood, Disability Advisor Waitemata DHB asked that the report be taken as read.

There were no questions.

That the Disability Strategy Implementation Plan 2013-2016 update report be received.

Carried

8.5 Draft NZ Disability Strategy 2016-2026 (Pages 172-245)

Samantha Dalwood, Disability Advisor Waitemata DHB asked that the report be taken as read advising that:

Following the first round of consultation, The Office for Disability Issues (ODI) has completed the first draft of the updated New Zealand Disability Strategy 2016-2026. Unfortunately, the draft has met with a very mixed reaction and it appears that a final version of the New Zealand Disability Strategy will not be completed by December 2016 as first envisaged.

The following points were covered in discussion:

- It was advised that the as there was no interim strategy that the old strategy remained in force with the new strategy a long way from completion.
- Russell Vickery advised that the strategy should have been reviewed at regular two and five year intervals but had not and was therefore very out of date. Some work plans had been completed during this time which was an advantage. However, the fact that there was no funding attached to this draft strategy was a concern as that had been a problem when the original strategy was first introduced.
- Jan Moss commented that the lack of mention of alternatives to paid work reflects the MSDs drive to get people back into work.
- It was agreed that the committee needed to be vigilant and closely follow progress made with the new draft of the New Zealand Disability Strategy 2016-2026.

Action

That progress with the new draft of the New Zealand Disability Strategy 2016-2026 be regularly reported via the Disability Strategy Implementation Plan 2013-16 update reports.

Resolution: Moved Robyn Northey / Seconded Jan Moss

That the Disability Support Advisory Committee receives the report on the Draft NZ Disability Strategy 2016-2026.

Carried

8.6 General Business

Wilson Home

Jan Moss raised the issue of an email that had been sent out by the Wilson Home Trust to family of patients at Wilson Home regarding the devolvement of positions within the Home.

There has been no consultation or warning of this situation and many families were very upset at the situation. Jan asked that Waitemata District Health Board advise families of how this situation is being managed.

Action

Debbie Holdsworth to undertake to investigate the matter and discuss further with Jan Moss.

9 RESOLUTION TO EXCLUDE THE PUBLIC (Page 246)

Resolution: Moved Robyn Northey / Seconded Judith Bassett

That in accordance with the provisions of Clauses 34 and 35, Schedule 4, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

General subject of item to be considered	Reason for passing this resolution in relation to the item	Grounds under Clause 32 for the passing of this resolution
3. Confirmation of Confidential Minutes 13 July 2016	**Commercial Activities** To enable the Board to carry out, without prejudice or disadvantage, commercial activities [Official Information Act 1982 s9(2)(i)]	That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000]

The meeting closed at 3.30pm.

Signed as a true and correct record of the Disability Support Advisory Committee meeting held on Wednesday, 24 August 2016

Chair: ____________________ Date: __________

Joanne Agnew (Deputy Chair)

AUCKLAND
DISTRICT HEALTH BOARD
Te Toka Tumai

Disability Assessments for Facilities Projects – Verbal Update to DSAC

Facilities & Development – Waitemata DHB & Auckland DHB

Alasdair Nelson, Ian Grant (ADHB)
Matthew Knight & Samantha Dalwood (WDHB)

Current process

Waitemata DHB

- Disability Advisor in role
- F&D staff to attend disability awareness training – next quarter
- Facilities projects reviewed by DA
- Consultant architects are required to meet NZ Building Code accessibility requirements AS/NZ 4121

Current process

Auckland DHB

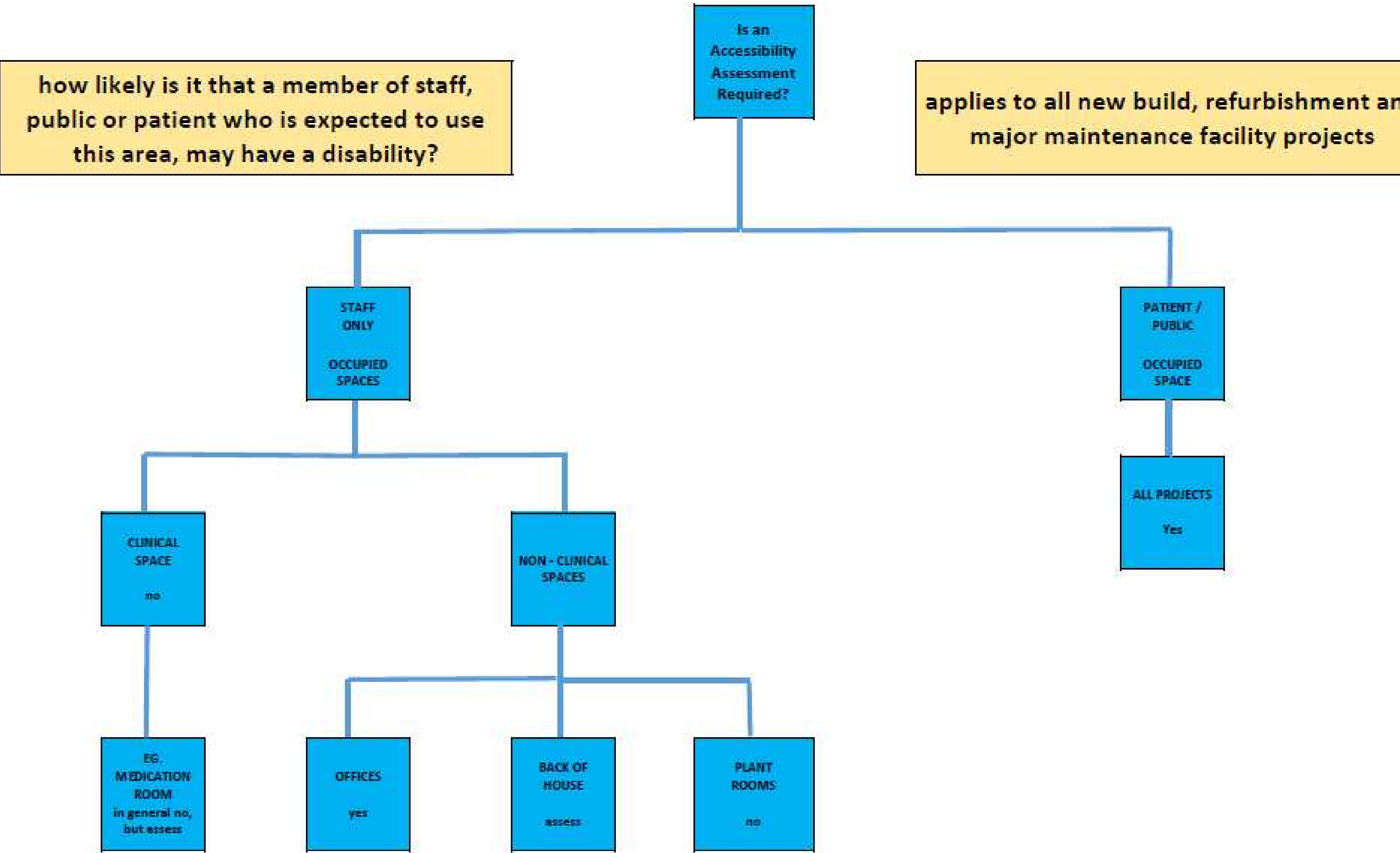
- DA role not available
- F&D and other staff – completed training, more to follow
- WDHB DA invited to assess projects ad hoc
- External assessors engaged ad hoc
- Limited external resource on market

Proposed Process

ADHB & WDHB – Standard process

- F&D PM staff & design staff with training review minor refurb projects
- All major new builds, refurb and major maintenance projects will be assessed for need to refer to an expert Assessor

AUCKLAND DISTRICT HEALTH BOARD Te Toka Tumai


PROPOSED FLOW CHART FOR REFERAL OF FACILITIES PROJECTS
FOR ACCESSIBILITY ASSESSMENT - ADHB & WDHB F&D DEPARTMENT
how likely is it that a member of staff, public or patient who is expected to use this area, may have a disability?
Is an Accessibility Assessment Required?
applies to all new build, refurbishment an
major maintenance facility projects
STAFF ONLY OCCUPIED SPACES
PATIENT / PUBLIC OCCUPIED SPACE
ALL PROJECTS Yes
CLINICAL SPACE no
NON - CLINICAL SPACES
EG. MEDICATION ROOM in general no, but assess
OFFICES yes
BACK OF HOUSE assess
PLANT ROOMS no

ADHB Facilities & Development - Project list - 22 August 2016 - DSAC Report - update v1.1

#	Campus	Building	Project Title	Go Live Date (Indicative)	F&D PM	Stage of Project	Accessibility Assessment Required?	Accessibility Assessment? Disability Advisor Involved	Comment
1	218 Gt South Rd	218	218 Gt Sth Rd - YTP House Renovation	tbc	Steve Smith	ON HOLD	yes	Engage at commencement of concept design	confirm when project off hold
1	Mountwell Cres, Panmure	new	Renal Dialysis - Satellite	Dec-17	Kathy Peacock	Planning	yes	Engage at commencement of concept design	CCS Consultant to be engaged for design review
1	Grafton Campus	A01 - Support	Primary Birthing Unit Development - Level 10 A01	tbc	Kathy Peacock	ON HOLD	yes	Engage at commencement of concept design	confirm when project off hold
1	Grafton Campus	A01 - Support	Level 10 Tamaki Ward Carpet to Vinyl	tbc	Steve Smith	ON HOLD	yes	Engage prior to selection of flooring	confirm when project off hold
1	Grafton Campus	A01 - Support	Acute Haemodialysis Unit - minor modifications	Mar-17	Kathy Peacock	Planning	yes	Engage at commencement of concept design	
1	Grafton Campus	A01 - Support	Level 5 Retail Review and Quick Fixes	Jan-17	Tania Cottew	Planning	yes	Engage prior to selection of flooring	
1	Grafton Campus	A01 - Support	RMO Lounge Roof Repair	Jun-17	Tania Cottew	Planning	No	not required	not required for roofing repair work
1	Grafton Campus	A01 - Support	L4 PAE Relocation	Mar-17	Tania Cottew	Planning	No	not required	not required for relocation of maintenance service
1	Grafton Campus	A01 - Support	L4 Facilities Offices Relocation	Mar-17	Tania Cottew	Planning	Yes	Engage at commencement of concept design	
1	Grafton Campus	A01 - Support	ACH Public Spaces - Level 5, L6, L7, L8, L9 bridges	tbc	Tania Cottew	Planning	Yes	WDHB Disability Advisor	Design facilitated by PIT & Design Lab
1	Grafton Campus	A01 - Support	RMO Lounge Refurbishment	tbc	Tania Cottew	Planning	Yes	Engage at commencement of concept design	
1	Grafton Campus	A02 - Starship	Starship Radiology Nuclear Medicine - Gamma Camera	tbc	Tania Cottew	ON HOLD	No	not required	No change in use of room
1	Grafton Campus	A02 - Starship	Paediatric Cath Lab Upgrade (Rm18.049) - Stage 2	Mar-17	Tania Cottew	Planning	No	not required	not required for plant room space
1	Grafton Campus	A02 - Starship	Ward 25 A & B Refurbishment	Jun-17	Albert Lee	Planning	yes	CCS Consultant to be engaged	CCS Consultant to be engaged for design review
1	Grafton Campus	A07	ACH Bldg 7 Decant - SMO	Feb-17	Kathy Peacock	Planning	No	not required	minor redecoration of office area only
1	Grafton Campus	A08 - Oncology	MV 3 Linear Accelerator 16-17 - replacement	Dec-17	Steve Smith	Planning	Yes	Engage at commencement of concept design	Consultation with the DA to occur at detailed design stage
1	Grafton Campus	A08 - Oncology	A08 L4 Brachytherapy Project - HDR Bunker	tbc	Kathy Peacock	ON HOLD	No	not required	confirm when project off hold
1	Grafton Campus	A08 - Oncology	Oncology Building Toilet Upgrade	Jun-17	Steve Smith	Planning	Yes	Engage at commencement of concept design	
1	Grafton Campus	A08 - Oncology	MV 2 Linear Accelerator 15-16 - replacement	Jun-17	Steve Smith	Planning	Yes	Engage at commencement of concept design	
1	Grafton Campus	A08 - Oncology	ACH Oncology Lift Car Refurbishment - Internal finishes	tbc	Steve Smith	Planning	Yes	Engage prior to procurement	
1	Grafton Campus	A15 - FMU	A15 Fraser McDonald Unit Upgrade	Jun-17	Tania Cottew	Planning	Yes	CCS Consultant to be engaged	CCS Consultant to be engaged for design review
1	Grafton Campus	A32 - Main Building	Echo Toilets	Dec-16	Robert Mustart	Planning	Yes	Consultation with WDHB DA obtained	Consultation with the DA to occur at detailed design stage
1	Grafton Campus	A32 - Main Building	Ward 71 - Replace Carpet with Vinyl in corridors	tbc	Steve Smith	ON HOLD	Yes	Engage prior to procurement	confirm when project off hold
1	Grafton Campus	A32 - Main Building	Clinical Decision Unit - Level 2, A32	Dec-17	Kathy Peacock	Planning	Yes	CCS Consultant to be engaged	CCS Consultant to be engaged for design review
1	Grafton Campus	A32 - Main Building	Ward 97 Medication Room - RTC	Mar-17	Robert Mustart	Planning	No	not required	Staff only area - low likelihood of staff with mobillity disabilities to work in this space
1	Grafton Campus	A32 - Main Building	Releasing Time to Care - Inpatient Ward Signage - A32	Dec-16	Steve Smith	Planning	yes	Input obtain	Design facilitated by PIT & Design Lab
1	Grafton Campus	A32 - Main Building	Gamma Camera - Level 5, ACH	Jun-17	Steve Smith	Planning	No	not required	No change in use of room
1	Grafton Campus	A32 - Main Building	ACH A32 Main Hospital - theatre lift doors upgrade	Dec-16	Steve Smith	Planning	No	not required	staff only area
1	Grafton Campus	A32 - Main Building	ACH Bathroom upgrades / renewals	tbc	Steve Smith / Robert Mustart	Planning	Yes	Engage prior to procurement	
1	Grafton Campus	A32 - Main Building	ACH Cath Lab 1 Rm no. 31.049	Feb-17	Tania Cottew	Planning	No	not required	no change in use - only change in angio equiment
1	Grafton Campus	A32 - Main Building	ACH Service Lifts Repair/ Refurbishment	tbc	Steve Smith	Planning	Yes	Engage prior to procurement	
1	Grafton Campus	A33 - Car Park B	Car Park B anti-suicide fencing	tbc	Steve Smith	ON HOLD	No	not required	confirm when project off hold
1	Grafton Campus	A35 - TWT	Anti-Ligature Audit and Review - Mental Health	Feb-17	Albert Lee	Planning	No	not required	corrections to ligature points
1	Grafton Campus	A56	Haemodialysis Relocation from Grafton to Greenlane	Dec-20	Kathy Peacock	Initiate	Yes	Engage at commencement of concept design	Consultation with the DA to occur at detailed design stage
1	Grafton Campus	External	Pedestrian Safety Project	Jun-17	Ian Grant	Planning	yes	Engage prior to detailed design	Consultation with the DA to occur at detailed design stage
1	Grafton Campus	new	Auckland Integrated Cancer Centre	Dec-20	Kathy Peacock	Planning	Yes	Engage at commencement of concept design	Consultation with the DA to occur at detailed design stage
1	Greenlane Campus	External	Car Park Redevelopment	tbc	Steve Smith	ON HOLD	yes	Engage at commencement of concept design	confirm when project off hold
1	Greenlane Campus	External	Demolition of Greenlane Bldg 10 - final stage	tbc	Steve Smith	ON HOLD	No	Not required	confirm when project off hold
1	Greenlane Campus	External	GCC Traffic safety review	Jun-17	Albert Lee	Planning	Yes	Engage prior to detailed design	
1	Greenlane Campus	G04	Radiology Reception Refurbishment	tbc	Robert Mustart	Initiate	Yes	Engage at commencement of concept design	confirm when project off hold
1	Greenlane Campus	G07	Physiotherapy Outpatient Redevelopment - Greenlane	tbc	Kathy Peacock	ON HOLD	Yes	Engage at commencement of concept design	confirm when project off hold
1	Greenlane Campus	G07	Epsom Day Unit - Refurbishment - Building 7, Level 5	tbc	Kathy Peacock	ON HOLD	Yes	Engage at commencement of concept design	confirm when project off hold
1	Greenlane Campus	G13	Building 13 - Refurb to L3, L5, L6, L7 - kitchens, corridors, bath	tbc	Steve Smith	Initiate	Yes	Engage at commencement of concept design	confirm when project off hold
1	Greenlane Campus	G17	Greenlane Bldg 17 Home Health - Ground and First Floor Refurb	tbc	Albert Lee	ON HOLD	Yes	Engage at commencement of concept design	confirm when project off hold
1	Greenlane Campus	tbc	Endoscopy Service - long term expansion at Greenlane	tbc	Kathy Peacock	ON HOLD	Yes	Engage at commencement of concept design	confirm when project off hold

45

Action Points from Previous Disability Support Advisory Committee Meetings

As at Wednesday, 24 August 2016

Meeting and Item	Detail of Action	Designated to	Action by
3 Jun 2015 Item 8.1 And 9 Mar 2016 Item 4	**Disability Support Advisory Committees' Terms of Reference** 1. Advise the Minister of Health of the proposed amendments to the Committees' Terms of Reference. 2. Subject to the Minister of Health's agreement to the proposed amendments to the Committees' Terms of Reference, submit the draft paper to the Auckland and Waitemata District Health Board Boards. 3. That the Committee Secretary seek an update on the status of the Disability Support Advisory Committee Terms of Reference from the Board Chair and report back to the June Committee Meeting.	Chair of Auckland and Waitemata Health Boards	On hold
3 Jun 15 Item 8.2	**Update on Collation of Statistic that Identify People with Impairments** That the Auckland Metro DiSAC groups recommend to their Boards that: 3.1 The same method of data collection be employed across the three regional DHBs 3.2 They investigate processes for the collection of the identified data about staff with disabilities. 3.3 A small working party be established representing the three DHBs to establish guidelines relating to the collection of data to support the DHBs to be good employers of people with disabilities. Passed: Auckland DHB on 3 August 2016 Counties Manukau DHB on 7 September 2016 Waitemata DHB held item over	D Holdsworth	Ongoing
24 August 2017 Item 8.1	**Draft NZ Disability Strategy 2016-2026** That progress with the new draft of the New Zealand Disability Strategy 2016-2026 be regularly reported via the Disability Strategy Implementation Plan 2013-16 update reports	S Dalwood	16 Nov 2016 Complete – refer to Item 6.2 of this agenda

24 Aug 16 Item 8.6	**Wilson Home** Debbie Holdsworth to undertake to investigate the matter and discuss further with Jan Moss.	D Holdsworth	16 Nov 2016

Correspondence with Office for Disability Issues regarding Disability Data Evidence Working Group

Recommendation

That the Disability Support Advisory Committee:

1. **Receives the report.**
2. **Notes the correspondence sent to the Office for Disability Issues regarding the Draft Enduring Questions consultation and Disability Data and Evidence Working Group, and response letter received.**

Prepared by: Michelle Webb (Corporate Committee Administrator)
Endorsed by: Marlene Skelton (Corporate Business Manager)

Glossary

DiSAC	Disability Support Advisory Committee

1. Executive Summary

On behalf of the Auckland Metro Disability Support Advisory Committees (DiSACs), correspondence has been sent to the Office for Disability Issues regarding the work of the Disability Data and Evidence Working Group, and the wishes of the Auckland Metro DiSACs to engage with the Working Group throughout the consultation process and ongoing activities relating to the development of a Disability Data and Evidence Plan.

2. Background

At the 1 June 2016 regional meeting of the Auckland Metro DiSACs a discussion took place regarding the collection of data for patients with disabilities and the activities of a working group formed by the Office for Disability Issues to develop a Disability Data and Evidence Plan.

Consultation on the Draft Enduring Questions for the plan was open until 9 September 2016. The Auckland Metro DiSAC groups were eager to make a submission but were unable to respond prior to the closing date.

At the request of the Auckland DHB DiSAC Chair on behalf of the Auckland Metro DiSACs, correspondence has been sent to the Office for Disability Issues. The letter informs on the view of the Committees that there needs to be a consistent approach across the Auckland region in the way such data is collected, and that information needs to be collected regarding different impairment and age groups as these can make a positive difference to health outcomes. It also advises that the Auckland Metro DiSACs wish to engage with the Disability Data and Evidence Working Group throughout the consultation process and ongoing activities.

3. Conclusion

The attached letter was sent to the Director of the Office for Disability Issues on 6 October 2016. A response was received on 3 November 2016 and is attached. Officers will continue to pursue a dialogue with the working group and regular updates on the progress towards development of the Disability Data Plan.

Chief Executive's Office
Level 1, Building 37
Auckland City Hospital
PO Box 92189
Victoria Street West
Auckland 1142
Phone: (09) 307 4949 ext 22366
Email:michellewebb@adhb.govt.nz

4.1

6 October 2016

Megan McCoy
Director
Office for Disability Issues
PO Box 1556
Wellington
New Zealand

Re: Draft Enduring Questions and Disability Data and Evidence Plan

I write to you on behalf of the Auckland Metro Disability Support Advisory Committees (DiSAC) regarding the work of the Disability Data and Evidence Working Group and recently closed consultation on the Enduring Questions for the Disability Data and Evidence Plan.

The Auckland Metro DiSAC groups were eager to make a submission but were unable to respond prior to the 9 September 2016 closing date. It is the view of the groups that there needs to be a consistent approach across the Auckland region in the way data is collected, and that information needs to be collected regarding different impairment and age groups as these can make a positive difference to health outcomes.

The DiSAC groups wish to engage with the Disability Data and Evidence Working Group to ensure that a regional and connected voice is heard.

The DiSAC groups would also like to be kept current with information on the development of the Disability Data and Evidence Plan, and to actively engage with the working group throughout the consultation process and ongoing activities.

The Committees would be grateful if you could advise how best this can be achieved.

Yours faithfully

Michelle Webb
Corporate Committee Administrator

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

31 October 2016

Ms Michelle Webb
Corporate Committee Administrator
Chief Executive's Office
Auckland City Hospital
PO Box 92189
Victoria Street West
Auckland 1142
Email: michellewebb@adhb.govt.nz

Dear Ms Webb

Thank you for your letter of 6 October 2016, written on behalf of the Auckland Metro Disability Support Advisory Committees (DiSAC).

The DiSAC's interest in engaging with the Disability Data and Evidence Working Group (DDEWG) to ensure that a regional voice is heard, is appreciated. DiSAC's view on the importance of a regional focus in the collection of data will be conveyed to DDEWG.

There will be an opportunity for DiSAC to contribute to the public consultation on the draft Disability Data and Evidence Plan. It is expected that the public consultation will take place in early 2017. This will be the next phase of work following the earlier consultation on the Enduring Questions.

The members of DiSAC can keep up to date with the activities of DDEWG by accessing their webpage on the Office for Disability Issues website at: http://www.odi.govt.nz/what-we-do/better-evidence/index.html. Information on the consultation will also be shared through our newsletter. Members may like to sign up to this via our website at: https://msdnz.secure.force.com/ManageContactDetails?token.

I hope you find this information helpful.

Yours sincerely

Megan McCoy
Director

The Aurora Centre / 56-66 The Terrace / Wellington 6011
PO Box 1556 / Wellington 6140 / New Zealand
Phone: 64 4 916 3300 / **Fax:** 64 4 918 0099 / **www.msd.govt.nz**

Health of Older People Quarterly Report On Activities in Auckland and Waitemata DHBs

6.1

Recommendation

That the Disability Support Advisory Committee receives the Health of Older People Report for November 2016.

Prepared by: Kate Sladden (Funding and Development Manager Health of Older People)
Endorsed by: Dr Debbie Holdsworth (Director Funding Auckland and Waitemata DHBs)

Glossary

ARRC	–	Age Related Residential Care
CI	–	Continuous improvement
DHB	–	District Health Board
HCSS	–	Home and Community Support Services
HOP	–	Health of Older People
LTCF	–	Long Term Care Facility interRAI
NASC	–	Needs Assessment Service coordination
RFP	–	Request for Proposals

1. Purpose

The purpose of this report is to provide an update to DiSAC on the progress and activities occurring across Auckland and Waitemata DHBs for Health Older People and areas of focus at a regional and national level. The report includes material common to both DHBs and where appropriate material specific to an individual DHB.

2. Home and Community Support Services (HCSS)

2.1 Inbetween Travel Settlement Agreement

Part B of the Inbetween Travel Settlement Agreement focuses on achieving a regularised HCSS workforce starting with guaranteed hours. Auckland DHB and Taranaki DHB were identified as the sites for the regularised workforce virtual pilot. A working group with representatives from the Unions, Providers, Ministry of Health and the two DHBs has been set up to progress these pilots. Data collection for the pilots started on 3 October and is recording all client visits that are cancelled alongside support workers' rostered hours. This is a significant area to understand and quantify when preparing for guaranteed hours and the funding implications of guaranteed hours. Information collected from the pilot will be used to inform a budget bid the Ministry of Health is preparing. The Settlement Agreement requires guaranteed hours to be rolled out across the workforce from 1 April 2017.

2.2 Enhancement projects

The Auckland DHB HCSS Operations Group is managing a number of projects in a bid to enhance service provision. Two recently completed projects include the development of a Service Summary to be used across the HCSS sector and primary care, and a brochure for clients currently in hospital detailing what they can expect from NASC and HCSS.

Two projects recently started include HCSS Responsiveness to Maori which will first focus on discharge and transition of care from Auckland City Hospital to the community. The other project is enabling referrals to HCSS providers to be goal focused with the client's needs identified but the actual service delivery will be developed more thoroughly through discussion between the client (and their family/carer) and provider.

Waitemata DHB HCSS providers are currently working on emergency management. The Steering Group is setting up an integrated response process in times of emergency which will take learnings from the recent Tsunami drill day. It will also review the memorandum of understanding that is held with Auckland DHB HCSS providers focused on ensuring the most vulnerable clients in any emergency situation are prioritised no matter which provider.

Work is progressing on the Medication Management Guidelines, which is a Waitemata DHB HCSS provider driven project. We have had discussions with the Ministry of Health and HealthCERT about appropriate review of this work when the initial draft is completed.

2.3 interRAI – standardised clinical assessments

The table below reports on the MoH interRAI measure ie the proportion of clients receiving HCSS who have had an interRAI assessment (reported one quarter in arrears) for the first quarter of 2016.17.

	2015/16	Quarter 1 2016/17
Auckland DHB	97.5%	97.3%
Waitemata DHB	93.3%	97.9%

interRAI education and support services transitioned from DHBs to Technical Advisory Services (TAS) on 1 October. Previously DHBs were funded to employ an interRAI Lead Practitioner and Systems Clinician however the delivery of this service will now be managed at national level by TAS. The aim is to have a more consistent and integrated service nationally and make greater use of interRAI data including bench marking across DHBs. This is a significant shift for DHBs and there are likely to be some teething issues. We are in close contact with the new national inteRAI Service to manage any issues as they emerge.

Initial reporting has been received from the national interRAI Service, attached to this report (Appendix 1) is an infographic on the characteristics of older people in the Northern Region who have received an interRAI Home Care assessment.

3. Aged Related Residential Care (ARRC)

3.1 Audits

Twenty facilities have been audited in the first quarter of 2016/17.

2015/16	ADHB	WDHB
Number of audits	11	9
Average number of corrective action per audit	1.6	5.0
facilities > 5 corrective actions	0	2
Corrective actions relating to health & safety (% of total CAs)	4 (22%)	21 (49%)
Facilities with no corrective actions	1	1
Facilities achieving a continuous improvement*	6	2
Number of complaints the DHB received on ARRC	0	1

** The gold standard attainment against an audit criterion is 'continuous improvement' (CI). CI is achieved when a criterion is fully attained and continuous improvements against the Health and Disability Sector Standards are demonstrated indicating quality improvement processes in place against service provision and consumer safety or satisfaction.

Analysis of the 2015/16 audits has been completed. Appendix 2 has the Health and Disability Sector Standards where the most corrective actions were identified and Appendix 3 has the certification periods awarded to ARRC facilities.

3.2 interRAI – standardised clinical assessment

The table below shows performance against the Ministry of Health measure for the Long Term Care Facility (LTCF) interRAI tool i.e. percentage of people in aged residential care who have a subsequent LTCF assessment completed within 230 days of their previous assessment.

	Quarter 4 2015/16	Quarter 1 2016/17
Auckland DHB	78%	83%
Waitemata DHB	74%	82%

A new measure for 2016/17 is the percentage of clients admitted to an ARRC facility from the community who have been assessed using an interRAI Home Care assessment in the six months prior to the ARRC facility admission date:

- Auckland DHB - 83%
- Waitemata DHB – 88%

3.3 Aged residential care - Tsunami Exercise

Waitemata DHB participated in the national tsunami exercise – Exercise Tangaroa. The focus area for the DHB was Orewa. The exercise included activation of the DHB Emergency Response Team.

ARRC facilities were contacted prior to the exercise and a meeting was held to discuss emergency management planning. This meeting was aimed at increasing awareness of emergency management and the importance of being prepared. It also looked at formalising a process for working with ARRC facilities in the event of an emergency or disaster. All facilities were contacted on the day of the exercise and one ARRC facility did a trial evacuation with a small number of residents. A follow up meeting is planned to discuss how facilities can be ready and able to manage, and support each other in an emergency situation.

The DHB Planning Funding and Outcomes, Health of Older People team are continuing to work to develop effective processes in order that ARRC facilities can be adequately supported by the DHB in the event of an emergency.

3.4 ARRC Agreement 2017/18

The annual review of the ARRC Agreements for 2017/18 is starting earlier than previous years. DHBs were required to submit issues they wished to be considered as part of this review by the end of September 2016. An area of concern we have raised is how the supply of standard rooms will be maintained with new builds in Auckland and Waitemata DHBs focusing on premium rooms and associated premium charges.

4. Falls Prevention

Waitemata DHB and Auckland DHB have been working with the ACC to plan and implement a range of services to prevent injurious falls under the guidance of the ADHB/WDHB/ACC Falls Prevention Working Group. The Falls Prevention Programme aims to reduce injury falls and fragility fractures in people aged 65 years and over living in Waitemata and Auckland DHBs, specifically to reduce hospitalisations and ACC injury claims.

Recruitment is underway to expand the Fracture Liaison Services (FLS) at both DHBs. FLSs systematically identify and manage hospital inpatients or outpatients with fragility fractures and have been shown to lead to a 50% reduction in subsequent fractures.

Progress is being made with setting up the In-Home Strength and Balance Exercise Programmes based on the Otago Exercise Programme. A Request for Proposals (RFP) is on the Government Electronic Tender Service (GETS) website for the Waitemata DHB service and evaluation of applications will begin at the end of October. Recruitment is underway for the Auckland DHB service.

ACC is working nationally to facilitate development of community group strength and balance exercise programmes. Locally these programmes will be linked to the ADHB/WDHB/ACC Falls Prevention Steering Group. ACC is undertaking an RFP for a lead provider in October/November.

Appendix 1 – Characteristics of older people in the Northern Region who have had an interRAI Home Care assessment

Characteristics of older people in the Northern Region, Q1 2016/17

One of the ways DHBs help older people living in the community get the right assistance at the right time, is to have a health professional complete an assessment of their health and wellbeing. This is known as an interRAI Home Care assessment.

By publishing these interRAI Home Care assessment figures we want to raise awareness of the needs of our older people, and encourage health professionals, community groups, and family/whānau to check in with older people and see how they are doing.

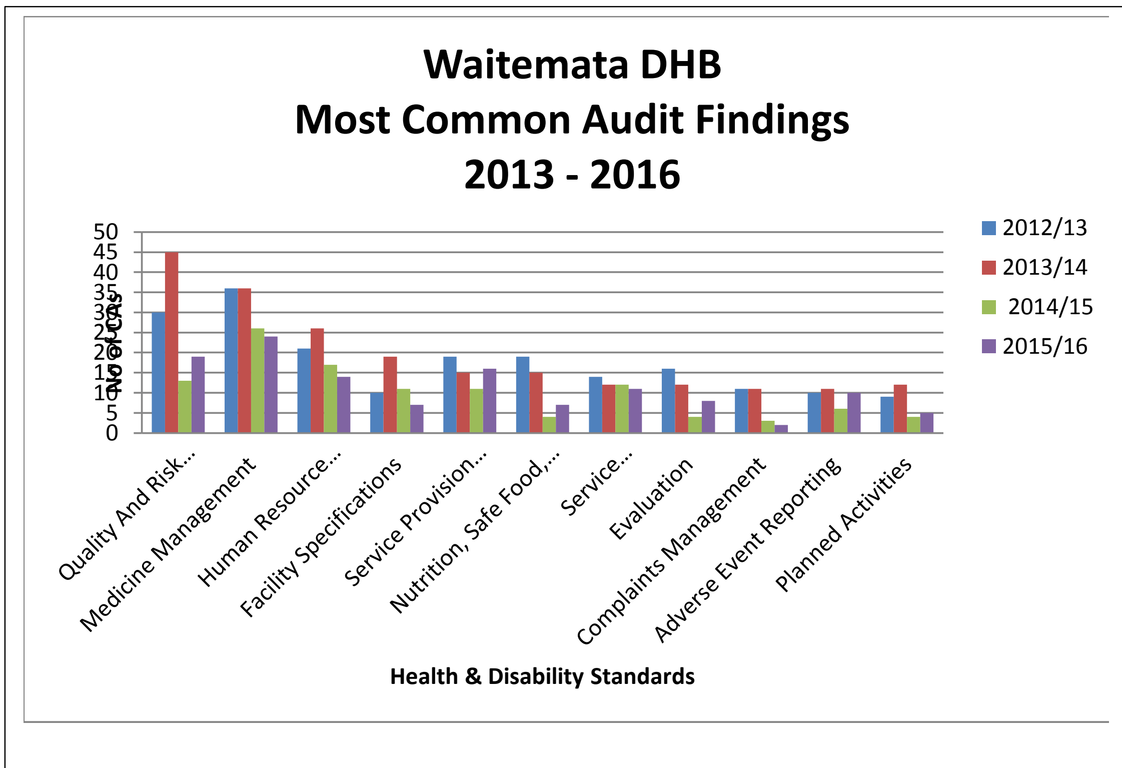
Notes:

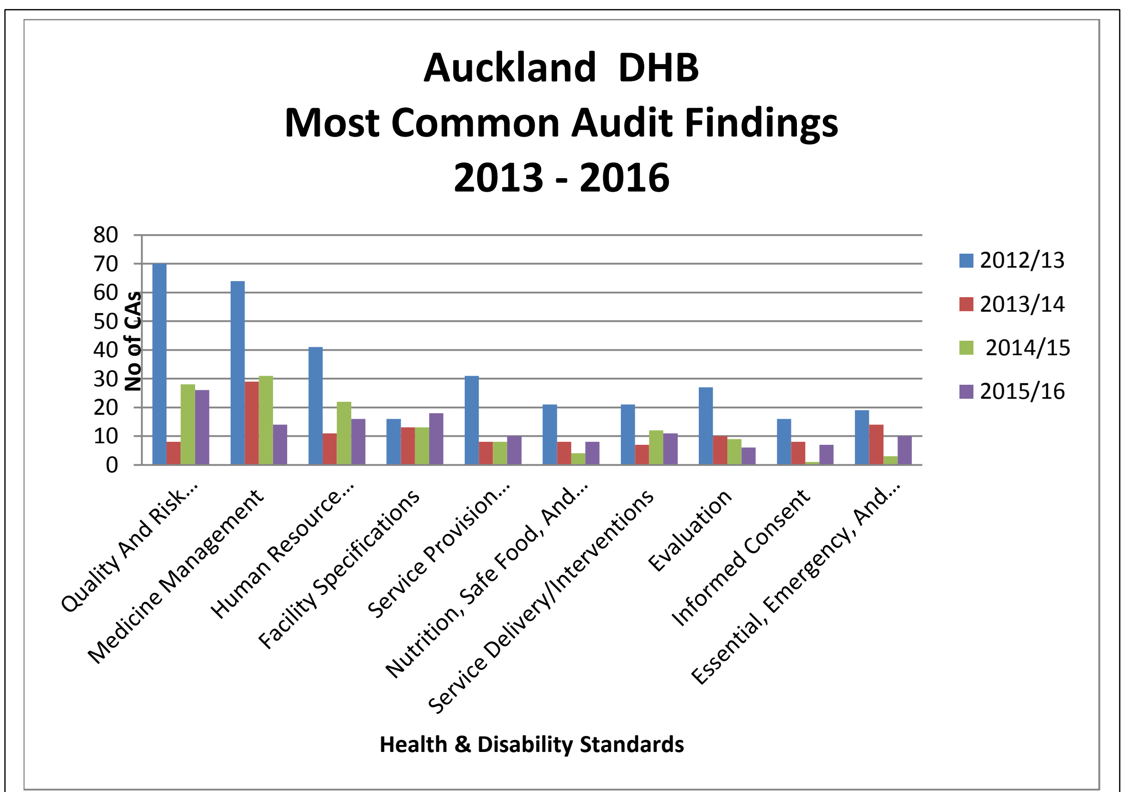
- The data represents only those older people who have had an interRAI Home Care assessment during Q1 of 2016/17 for the Northern Region DHBs.
- The infographic design was commissioned by the Central Region DHBs' Benchmarking group.

Footnotes:

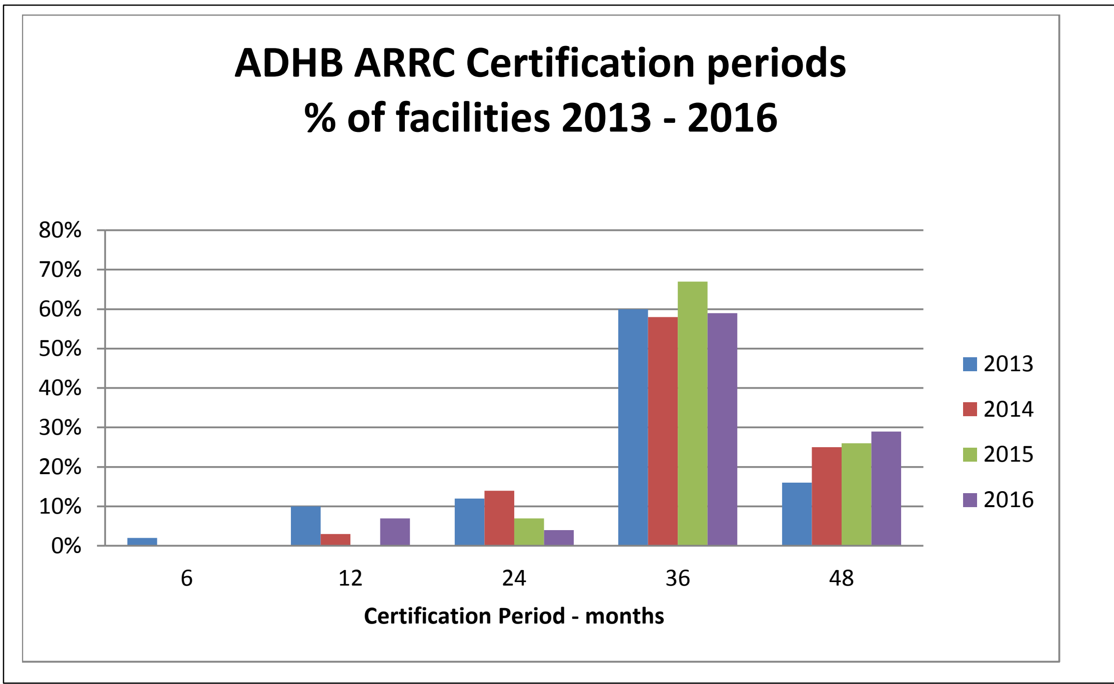
1. MAPLe value is (5) Very high priority. MAPLe is an algorithm that assigns a priority level.
2. The Activities of Daily Living (ADL) CAP is triggered at level 1 or 2.
3. Cognitive skills for daily decision making values are (3) Moderately impaired, or (4) Severely impaired.

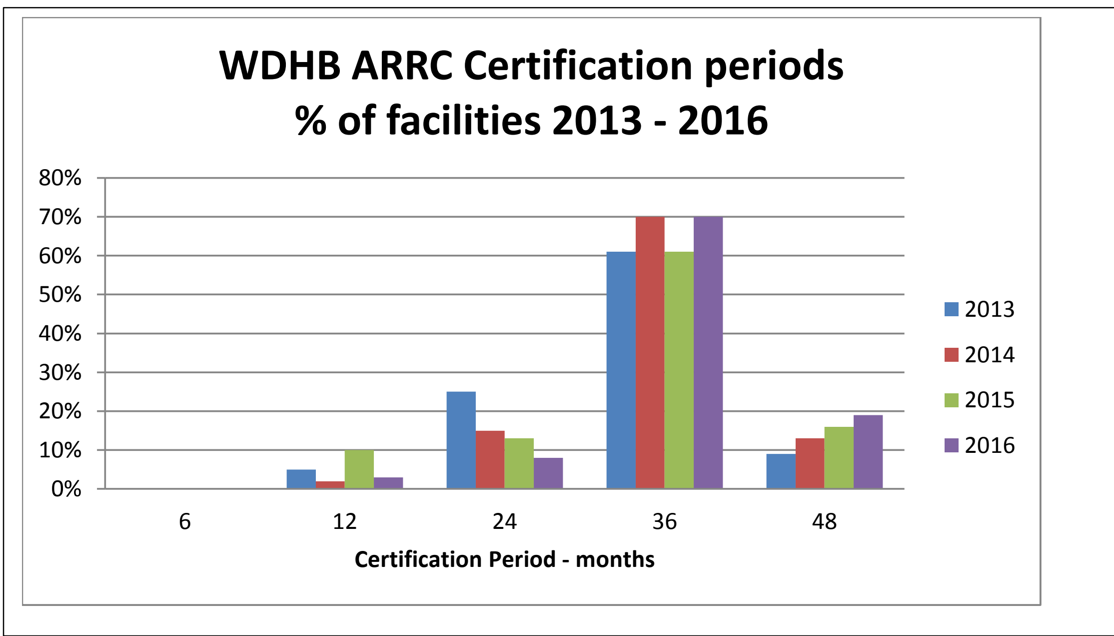
Appendix 2: Corrective actions (CAs) from audits 2013 to 2016





Appendix 3: Certification periods 2013 to 2016





Waitemata District Health Board
Best Care for Everyone

AUCKLAND DISTRICT HEALTH BOARD
Te Toka Tumai

Waitemata DHB and Auckland DHB
Implementation of the New Zealand Disability Strategy 2013-2016

Current Status at 1 November 2016

6.2

Auckland anc
Disability Sup

Communication and Information Empowering people through knowledge and understanding
Current Status at 1 November 2016

What we will do… actions	**Where** we are now…current status
1. Accessible Communication guidelines developed.	**October 2016** – Health Literacy Working Group has starting meeting to create a project plan for the DHBs to become health literate organisations. Terms of Reference have been confirmed and first draft of the Project Charter has been completed. A common understanding of what Health Literacy means is to be developed across both DHBs.
2. Review of Web content and presentation.	**October 2016** – ongoing work. Changes will be made as part of the Health Literacy work.
3. Increase formats of key documents, e.g. Strategic Plans.	**October 2016** – Changes will be made as part of the Health Literacy work.
4. Review the automated telephone system with regard to access for people with disabilities.	**Completed –** new telephone system is live. Service level has improved from just over 40 % of calls being answered in 20 seconds to 67.63% in September. Speed of answer down to 25 seconds from over 40 and abandoned calls down to 7.4% which is close to the 5% target.
5. Review the possibility of improved text communication to patients.	**October 2016 –** Second phase to telephone system is currently delayed pending the completion of the Business Case.
6. Continue the implementation of the Health Passport across both DHBs.	**October 2016** – On-going work.
7. Work with the Deaf community to improve access to interpreters.	**October 2016** – Working with the Consortium of Deaf Mental Health Practitioners looking at the inclusion of Deaf people in Mental Health services and better use of interpreters across Mental Health services.
8. Encourage the use of interpreters for non-English speaking families.	**October 2016** –Asian Health Service is promoting Disability Connect's popular, free Disability Support Guide is available in English, updated Chinese, Korean and Arabic versions. To order copies contact Disability Connect on 09 636 0351 or email admin@disabilityconnect.org.nz. Disability Connect also provide Autism support groups for Chinese families and Indian and SE Asian family support groups. These are promoted through Asian Health services.

Community and Engagement Working within a family and patient centred framework
Current Status at 1 November 2016

6.2

What we will do… actions	**Where** we are now…current status
9. Ensure a diverse range of disabled people are identified as stake-holders in all projects and service development.	**October 2016** –The ADHB Public Spaces Programme Accessibility Reference Group are meeting regularly to look at the plans and design for the public spaces and way finding work. WDHB Way finding steering group has planned a number of walkthroughs at North Shore and Waitakere Hospitals to look at the issues impacting people finding their way around. People were invited through the Reo Ora Health Voice, Waitemata DHB's online community panel.
10. Engage regularly with the disability sector to develop their capacity to influence decision making and increase DHB responsiveness.	**October 2016** –The ADHB Public Spaces Programme Accessibility Reference Group are meeting regularly to look at the plans and design for the public spaces and way finding work. **October 2016** – WDHB & CCS Disability Health & Wellness Group meet monthly to discuss the work of the DHB and how to meet the needs of people with disabilities.
11. Ensure the voice of people with learning/intellectual disabilities, particularly people with high/complex needs, is included in consumer reviews of service planning and development.	**October 2016** – ongoing work
12. Continue working with Health Links to increase health literacy through fully accessible patient information.	**October 2016** – ongoing work

Employment Opportunities Equal employment opportunities for people with impairments and carers
Current Status at 1 November 2016

What we will do… actions	**Where** we are now…current status
13. Encourage the use of supported employment agencies.	**October 2016** – The Disability Advisor has been working with the Recruitment Manager to look at how more disabled people can be employed by the DHB. This includes targeted employment through the Mainstream Programme, as well as working with supported employment agencies to fill vacant positions.
14. Review all recruitment and employment policies and make recommendations to improve inclusion and employment opportunities for disabled people, as required.	August 2016 – WDHB has approved a fund of $10k as part of the healthy workplaces strategy in 2017/18 for a centralised pool of money to support the employment of disabled people. At the moment, if a department employs a disabled person who needs specific supports these costs come from the department budget. This is potentially a disincentive to employ a disabled person, but once any costs come from a central HR pool, there is a more equal process.
15. Collect data on the number of staff with disabilities (at the time of employment and/or when a disability is acquired).	**October 2016** – HR are working with Health Alliance to develop the database to be able to record this data.
16. Work with Hiring Managers to increase disability awareness.	**October 2016** – Working with Recruitment Manager to raise awareness of centralized funding for disability supports, if requited. Also, role of Workbridge in supporting disabled people into and during work.
17. Working with HR to look at how the DHBs support staff with Carer responsibilities.	

Disability Responsiveness Educating staff and challenging stereotypes & assumptions
Current Status at 1 November 2016

What we will do… actions	**Where** we are now…current status
18. Work with Dieticians to improve the nutritional outcomes for disabled patients.	October 2016 – WDHB Project completed. On-going work.
19. Develop 'Disability Champion' roles across the DHBs.	**October 2016** – Barrier Free Trust are running a second training in February 2017 for the remaining Facilities staff.
20. Promote the Disability Awareness e-learning module to all staff across the DHBs.	**October 2016** – Ongoing work
21. Provide a range of disability awareness training, targeting specific services.	**October 2016** – Ongoing work
22. Develop tools to increase staff skills for working with people with communication difficulties.	**October 2016 –** WDHB Speech & Language Therapists are running two communication skills workshops focussing on practical strategies for working with patients who have aphasia, dysarthria, dyspraxia and cognitive communication disorder.
23. Ensure public waiting areas, wards and treatment areas meet the needs of a range of impairments, including people with autistic spectrum disorders.	**October 2016** – Waitemata 2025 Ideal Ward and hospital design focus on universal design and access for all. Member of the Steering Group identifies as having Asperger's Syndrome and is advising on impact of design on people with Autistic Spectrum Disorders.

Physical Access Overcoming a disabling society
Current Status at 1 November 2016

What we will do… actions	**Where** we are now…current status
24. Encourage the use of symbols and pictograms in signage and way finding.	**October 2016** – Increased use of iconography will be introduced with new way finding signage at ADHB. Documented in ADHB Way finding guidelines.
25. ADHB Disability Champions will complete the 2-day Barrier Free Training.	**October 2016** –Members of WDHB Facilities Team will attend Barrier Free training booked for February 2017. There are spaces for additional ADHB staff as required.
26. An accredited Barrier Free Advisor will be involved in all new Facilities work.	**October 2016** – In addition to the seventeen ADHB Directors and Facilities & Development Project Managers and the Design Manager who were trained in July, members of WDHB Facilities Team have been booked for training in February 2017.
27. Adoption of Universal Design principles in all Facilities work.	**October 2016** – Universal design principles adopted for any new way finding signage at ADHB.
28. Building standards document developed in ADHB.	August 2016 – ADHB have developed a Look and Feel Guideline for public spaces to provide practical guidance in the areas of furniture, lighting, flooring, colour usage and planting, as well as telling the local Iwi story. The principles outlined in this document will help to bring a consistent look and feel to our public spaces, and move away from dysfunctional environments that often result in negative experiences for patients, visitors and staff.
29. A review of accessible toilets in ADHB buildings to be completed.	**October 2016** – Ongoing work
30. Work with Auckland Transport to improve accessible transport between hospital sites.	August 2016 - Conversations between ADHB and Auckland Transport are ongoing.
31. Investigate the reported shortage of wheelchairs available - both numbers and sizes.	**October 2016** – Green Lane campus to introduce two wheelchair bays and process for regular restocking.

6.2

Update on the draft Disability Strategy 2016-2026

Consultation on the draft New Zealand Disability Strategy (the Strategy) took place from 25 July to 21 August 2016. Around 630 people attended workshops, focus group discussions and presentations around the country, and 170 submissions were received.

Key themes from the consultation – the Strategy overall

- There was generally positive feedback and agreement with the intentions of the Strategy and its principles, with strong feedback that the Strategy should be implemented.
- Most people did not like the use of the singular first person language ('I'). It was not considered to be inclusive of all disabled people and the role of families. However most people liked that the Strategy was written from the perspective of disabled people as it was easier to understand and identify with.
- The term 'just like everyone else' was not supported. It was felt that this term made some disabled people feel different to and excluded from the rest of the population. For others it did not sufficiently acknowledge that sometimes disabled people needed something different (to non-disabled people) in order to have the same opportunities or outcomes.
- There were different views on the term 'disabled people'. Some people preferred this term whereas others preferred the term 'people with disability'. Preferences were informed by what was felt to be more empowering to individuals and how the social model of disability was understood.
- Diagrams were also suggested as a way of helping to describe the different parts of the Strategy and make is easier to understand overall.
- People also wanted to see more 'rights-based' language, references to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and Te Tiriti o Waitangi.
- The connection between the outcomes was also raised, with people noting that outcomes on attitudes and accessibility were relevant to other outcomes, such as education.
- People also wanted to see the diversity of the disability community referenced throughout.

The Disability Strategy is currently being considered by the Government and a launch, pending approval, is expected around 3 December 2017, the International Day of Persons with Disabilities.

The Strategy will guide the direction of government agencies on disability issues for the next 10 years. It will be implemented through the Disability Action Plan and an Outcomes Framework will be developed to measure progress. Consultation on the Outcomes Framework is expected in early 2017.

Waitemata and Auckland DHBs will wait until the new Strategy is launched before starting the consultation on our new Disability Strategy Implementation Plan.

United Nations Convention on the Rights of Persons with Disability (UNCRPD) – Optional Protocol

The rights of New Zealanders with disabilities will be strengthened this month with New Zealand's accession to the Optional Protocol to the Convention on the Rights of Persons with Disabilities.

"This is a significant development for almost 1 in 4 New Zealanders. Disabled New Zealanders who claim their rights have been breached under the Convention on the Rights of Persons with Disabilities and who have exhausted domestic remedies will soon be able to make a complaint to the United Nations Committee on the Rights of Persons with Disabilities," said Disability Rights Commissioner Paul Gibson.

“The accession strengthens and protects the human rights of New Zealanders with disabilities.”

The Optional Protocol to the Convention enables the Committee to examine individual complaints against member states. As of May 2016 the protocol has 92 signatories and 89 state parties. It was adopted by the United Nations ten years ago.

While there are a range of ways to resolve complaints domestically, this important development will enhance the international human rights protections available to New Zealanders.
The Optional Protocol will come into force for New Zealand from 20 October 2016.

Disability Survey Update – Statistics New Zealand

Recommendation

That the Disability Support Advisory Committee receives the Disability Survey Update – Statistics New Zealand report.

Prepared by: Samantha Dalwood (Disability Advisor, Waitemata DHB)
Endorsed by: Debbie Holdsworth (Director of Funding, Auckland and Waitemata DHBs)

7.1

Glossary

DDEWG	Disability Data and Evidence Working Group
ODI	Office for Disability Issues

1. Executive Summary

Further to the Disability Data and Evidence Working Group (DDEWG) is working with the Office for Disability Issues (DOI) and Statistics New Zealand to develop a shared understanding of the data and evidence needs relating to disabled people in New Zealand.

Disabled people and the disability sector are unhappy that the Disability Survey is planned for 2023 and that there was no consultation with them about this.

Statistics New Zealand has agreed that it will ensure that there is consultation with disabled people and the disability sector in future. They are also working with the DDEWG to ensure disabled people are included in other household surveys.

Statistics New Zealand is doing some testing at the moment of a new set of disability questions to see if disability can be included in the 2018 Census. The Government Statistician will make a decision on this in 2017.

2. Background

At the consultation workshop on the proposed enduring questions in Wellington on 17 August 2016, it was agreed that Statistics New Zealand and the ODI would provide an update on what happened with the Disability Survey and what happens next.

In 2012 the Government agreed funding for Statistics New Zealand's forward work programme of official social and population statistics. Given the need to plan for the collection of statistics well in advance; this agreement covered a period of 10 years. The forward work programme covers all of the social statistics produced by Statistics New Zealand including:

- Employment
- Income
- Expenditure
- Wealth
- Family
- Housing
- Maori
- Education
- Wellbeing
- Disability

This included agreeing to alternate the Disability Survey and the Maori Social Survey
Funding allocations were made to match the Government's priorities for information at that time. This funding allowed for only one post-census survey to be run after each 5 yearly population census. It was decided at the time to alternate the Maori Social Survey and Disability Survey, with the Maori Social Survey to follow the 2018 census. Even though the Disability Survey has been carried out since 1996, it has never been part of the on-going forward work programme for Statistics New Zealand. The previous funding allocation, covering the 10 years from 2004 to 2014, allowed for the 2006 and 2013 Disability Surveys. The next Disability Survey is due in 2023.

The consultation process that informed advice to Government at the time could have been better
While there was consultation on the overall programme and priorities that informed the advice from Statistics New Zealand to Government, there was no specific consultation with interested sector groups, such as the disability sector. After the consultation and the decision by the Government, it was communicated to the stakeholders that had been involved in the consultation.

Statistics New Zealand acknowledges that it failed to consult with interested sector groups and to inform them specifically of the outcomes that affected them. This could have been handled better to provide greater transparency.

Statistics New Zealand will ensure there is consultation with the disability sector in future
It is important to Statistics New Zealand that disabled people and the disability sector get to have a say on things that impact on them. In future, Statistics New Zealand will ensure there is appropriate consultation with the disability sector on issues relating to the collection of statistics about disabled people. Statistics New Zealand will also work with the Office for Disability Issues, as the government’s focal point on disability issues.

The Disability Data and Evidence Working Group, which is co-chaired by Statistics New Zealand and the Office for Disability Issues, is helping to ensure that decisions on the collection of statistics and evidence about disabled people, is informed by the views of the disability sector. This includes for example, the recent consultation on Enduring Questions (the long-term data needs about disabled people).

There will be more consultation with the disability sector on the development of a Disability Data and Evidence Plan. This will identify what needs to be done to ensure the right information about disabled people is collected to inform decision-making. The next steps on this process are currently being worked through following consultation on the Enduring Questions.

Improvements in the collection of statistics about disabled people are already being made
While national disability surveys provide the most comprehensive source of statistics about the lives of disabled people, there are other sources of information that are needed too. Making sure disabled people are included in other household surveys is important as it helps build a wider picture about the lives of disabled people. It also ensures disabled people are visible and counted.

The Disability Data and Evidence Working Group has already helped Statistics New Zealand to make improvements in the inclusion of disabled people in other household surveys. Disability will be included in the:

- General Social Survey from 2016
- Household Labour Force Survey from mid-2017

Information on disabled people from the census is not published

A lot of people have asked about what questions have been included in the census on disability. Until now, a couple of disability questions have been asked in the census. However these have only been included to help Statistics New Zealand identify who they could ask to complete the Disability Survey; this means they were only included to help provide a sample of the population for follow-up.

The information from these questions is not published because they were designed only to provide the sample for the survey. This means they measure something different to the questions in the Disability survey. To avoid confusion of having different measures available only the Disability survey results are published.

7.1

However it might be possible to include information on disability in the next census

Statistics New Zealand is doing some testing at the moment of a new set of disability questions to see if disability can be included in the 2018 Census. (Note: testing is an important part of statistics; it helps make sure the right questions are asked in the right way). The Government Statistician will make a decision on this in 2017.

3. Conclusion

Statistics New Zealand is working with the DDEWG to ensure that there is a shared understanding of the data and evidence needs of disabled people in New Zealand.

It has been agreed that there will be consultation with disabled people and the disability sector in future.

Disabled people are unhappy that the next Disability Survey will not be until 2023. Statistics New Zealand is including disabled people in other household surveys and looking to see if a set of disability questions can be included in the 2018 census.

4. References

http://www.odi.govt.nz/what-we-do/better-evidence/update-on-the-disability-survey.html
http://www.stats.govt.nz/browse_for_stats/health/disabilities.aspx

Office for Disability Issues
Te Tari Mō Ngā Take Hauātanga
Administered by the Ministry of Social Development

Statistics New Zealand
Tatauranga Aotearoa

Disability Domain Plan
Enduring Questions

On behalf of the Disability
Data and Evidence Working Group

28 July 2016

New Zealand Government

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DRAFT

CONTENTS

Introduction 4

Topic 1: Labour Market..6

Topic 2: Education and Training 7

Topic 3: Health 8

Topic 4: Domestic Accommodation..9

Topic 5: Travel..10

Topic 6: Standard of Living..11

Topic 7: Support Services..12

Topic 8: Community and Social Life 13

Topic 9: Civic Engagement and Institutional Trust 14

Topic 10: Crime and Justice 15

Topic 11: Personal Safety and Civil Protection 16

Topic 12: Products and Technology 17

Topic 13: Attitudes and Awareness 18

Topic 14: Accessibility 19

Topic 15: Self-assessed Wellbeing and Personal Autonomy..20

Topic 16: Personal Characteristics 21

Topic 17: Disability, Impairment and Limitations 22

Appendix: Members of the Disability Data and Evidence Working Group (at July 20th 2016)....23

DRAFT

Introduction

In the 2013 Disability Survey[1], 24 percent of the New Zealand population was estimated to be disabled; a total of 1.1 million people. Currently, there is no shared understanding of the data and evidence needs relating to disabled people in New Zealand.

To help build this understanding, the following questions need to be answered:

- What data and evidence about the lives of disabled people is needed to inform policy, plan services, and monitor progress?
- What are the least intrusive, and most cost effective, ways to ensure that the relevant information is available when required?

It is against this background that the Disability Data and Evidence Working Group. (DDEWG) was established in 2015.

The DDEWG is jointly facilitated by the Office for Disability Issues and Statistics New Zealand and contains representatives from government agencies, independent agencies, disabled peoples' organisations, service providers, and academic institutions.[2] The DDEWG aims to define, clarify and prioritise disability information needs and to recommend strategies to address information gaps.

To achieve its aims the DDEWG has been developing a Disability Domain Plan.

Disability Domain Plan

The purpose of a domain plan is to develop a shared understanding of the strengths, gaps, overlaps and deficiencies in data and evidence relating to a particular subject matter or population group – in this case the relevant group is disabled people.

The plan will help to ensure that the most important information for informing policy and funding decisions is available when decisions are going to affect the lives of disabled people. In addition, monitoring key aspects of the lives of disabled people compared with others helps to ensure that the rights of all people are being upheld.

There are four stages involved in the development of a domain plan:

1. Develop an agreed set of enduring information needs.
2. Carry out a 'stocktake' of the data and evidence currently available.
3. Analyse the stocktake in relation to the information needs to determine gaps or deficiencies in available data.
4. Identify and prioritise initiatives to address the gaps or deficiencies identified.

A domain plan is a statement about information needs and how they might be addressed. It does not guarantee that the data and evidence will be collected or made available as outlined in the plan. This depends on the recommended initiatives being accepted and funded.

[1] http://www.stats.govt.nz/browse_for_stats/health/disabilities/DisabilitySurvey_HOTP2013.aspx
[2] The members of the DDEWG at July 20th 2016 are shown in Appendix 1.

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What are 'enduring questions'?

Enduring questions are the way in which long-term data and evidence needs are represented in a domain plan. They are open-ended questions organised under a series of topics. Enduring questions focus on aspects of each topic that are likely to remain of interest or concern for the foreseeable future and that can be regularly updated and compared over time. The questions should be interpreted broadly, they are a starting point for discussion about the types of evidence that are useful to inform decision-making and monitor progress.

How were the enduring questions developed?

At a workshop held by the DDEWG in May 2016, members held a brain-storming session and suggested a wide range of topics around which enduring questions could be arranged. Statistics New Zealand collated and analysed the suggested topics and drafted lists of enduring questions under each topic area. Members of the DDEWG then provided further feedback on the draft set of enduring questions.

The result is a set of topics ranging from the labour market to health to attitudes and awareness. In this document each topic is introduced with a brief description and the related enduring questions are listed.

Consultation on the enduring questions

It is important to seek feedback from a wide range of people to help ensure that the enduring information needs are understood and agreed as broadly as possible across the community.

In August 2016, three workshops will target a range of key stakeholders with an interest in information about disabled people. These stakeholders include: government agencies, independent organisations such as the Human Rights Commission and the Office of the Ombudsman, Disabled People's Organisations, the New Zealand Disability Strategy Revision Reference Group, service providers and universities/research institutes.

An online public consultation, hosted on the Office for Disability Issues website, in August/September 2016 will also enable people to give feedback on the proposed enduring questions.

How will the enduring questions be used?

A stocktake of data held by central government agencies has been completed and a non-government stocktake is underway. A gap analysis will be used to see how well available information sources can meet the needs identified in the enduring questions.

The final stage in the completion of the domain plan will be the development of a prioritised list of targeted initiatives to address gaps or deficiencies in available information.

The end-result of the development of a Disability Domain Plan will be a shared understanding of the information needed to support decisions that impact on disabled people. It will provide up-to-date knowledge about the kinds of data and evidence required to ensure the development of sound policy and appropriate services to meet the needs of disabled New Zealanders. Recommendations on how priority data needs could be addressed will be made and knowledge and understanding about disability issues will be improved across the wider disability sector in New Zealand.

Topic 1: Labour Market

Work provides people with opportunities to learn new skills and build social contacts as well as being the principal source of personal income.

The UN Convention on the Rights of People with Disabilities (CRPD) requires that ratifying governments 'recognize the rights of persons with disabilities to work on an equal basis with others', and outlines a number of steps to achieve this objective.[3]

7.1

Patterns of labour force participation cover a wide range of characteristics of the interaction between people and work. These include labour force status[4] and employment status[5] as well as the occupation, industry and hours worked for those in employment. Level of satisfaction with one's work situation is also important given the differing need and desire for attachment to the labour force. We need to be able to compare the labour market situation of men and women, as well as different age-groups and ethnic groups within the disabled population.

Barriers to labour force participation may be physical, technological or attitudinal. Some global businesses view having accessible workplaces and employment circumstances as a competitive edge and incorporate accessibility into their organisation's culture.[6]

Article 17 of the CRPD requires that disabled people have 'the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible'[7] to disabled people. Understanding and influencing employers' views on engaging disabled people in their business is an important factor in ensuring greater choice for all people.

Enduring questions on the labour market

1. Do patterns of labour force participation differ between disabled people and others?[8]
2. What are the barriers to equitable access to employment for disabled people?[9]
3. How satisfied are people with their labour force situation and does this differ between disabled people and others?
4. How well do current employment services[10], systems[11] and policies[12] meet the needs of disabled people?
5. How well do current employment services, systems and policies meet the needs of employers and potential employers of disabled people?

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[3] United Nations. (2008) Convention on the Rights of Persons with Disabilities.
[4] Employed, unemployed or not in the labour force
[5] Wage or salary earner, employer, self-employed or unpaid relative assisting.
[6] Global Reporting Initiative. (2015) *Disability in Sustainability Reporting* Available from Disability in Sustainability Reporting. www.globalreporting.org
[7] United Nations. (2008)) Convention on the Rights of Persons with Disabilities page 17
[8] Including patterns of labour force attachment across people's life span.
[9] Including physical and attitudinal barriers
[10] Services provide benefits that aim to meet people's needs. They can be public, private or voluntary, and operate at local, community, regional, or international level. People, associations, organisations, agencies or governments may provide them. The benefits provided by services can be general or specially designed.
[11] Systems are administrative control and organisation of services by governments at local, regional, national, and international levels. Systems are designed to organise, control and monitor services that provide benefits to people.
[12] Policies are rules, regulations, conventions and standards established by governments at the local, regional, national, and international levels, or by other recognised authorities. Policies govern and regulate the systems that organise, control and monitor services.

Topic 2: Education and Training

Access to quality education and training at all levels is an important determinant of life outcomes. There is an enduring need for information on participation and achievement in education and training to indicate how well New Zealand's systems and practices are working for all people.

Under Article 24 of the CRPD access to free education at primary and secondary level in one's own community, with appropriate individualised support and reasonable accommodation[13] is the expectation. In New Zealand accessible pre-school education is also an essential requirement.

Systems and policies set the context within which people are educated and trained in New Zealand. We need to ensure that they are consistent with an inclusive view and designed to optimise outcomes for all.

An understanding of education and training achievement and participation by disabled people broken down by personal and socio-economic characteristics is required. It is important that we can look at differences within the disabled population, for example by characteristics such as age-group and sex.

Enduring questions on education and training

1. How does participation in education and training differ between disabled people and others?
2. How do levels of achievement in education and training differ between disabled people and others?
3. What are the barriers to equitable participation in education and training for disabled people?
4. What are the barriers to equitable achievement in education and training for disabled people?
5. How well do current education and training services, systems and policies meet the needs of disabled people?

[13] Reasonable accommodation is 'Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms' (Article 2 of UNCRPD)

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Topic 3: Health

Achieving a high level of positive health outcomes across the population is fundamental to a well-functioning society. To do this we must understand the medical and social determinants of health status and the barriers that people face in attaining good health. Self-assessed health and medical health status are both important indicators and where disparities in health status exist we need to explore what is causing them.

Health services must be accessible to all and provided in a way that addresses both diversity and personal dignity. Recognising that disabled people have the right to enjoy the highest standard of attainable health without discrimination is a requirement under Article 25 of the CRPD.

Analysis of the relationship between health outcomes and socio-economic characteristics helps us to understand how a range of factors can influence health. Data collected on health outcomes should be available in a format that allows for this type of analysis. Disaggregation of health outcomes information by personal characteristics will be required.

Enduring questions on health

1. To what extent does the health status of disabled people differ from that of others?
2. How does life expectancy differ between disabled people and others?
3. What barriers to accessing health products and services are faced by disabled people?
4. How well do current health products and services, systems and policies meet the needs of disabled people?

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Topic 4: Domestic Accommodation

A place to live is a basic need. Our homes provide shelter, security, privacy, and personal space and are also important places for fostering and maintaining relationships. The type and quality of a person's home also has major implications for their health and wellbeing.[14]

Living independently is not just about where you live but also with whom you live and whether the residence is suitable for your needs. Having the ability to choose their place of residence and with whom they live is a right for all people and is specified in Article 19 of the CRPD.

Housing quality includes physical aspects of the building, both interior and exterior, as well as living conditions such as dampness, the ability to heat rooms, and the provision of functioning utilities like water, sewerage and power.

Housing quality is also about with the suitability of the home for the people who live there – both in terms of the size, the facilities available and the affordability. Where guidelines and regulations exist to support housing quality, we need to understand the extent to which these obligations are being met.

Enduring questions on domestic accommodation

1. In what types of private and non-private dwellings do disabled people live and does this pattern differ from the living arrangements of others?[15]
2. With whom do disabled people live and how does this compare with others?[16]
3. Where do disabled people live (location) and does this differ from others?[17]
4. Are disabled people able to choose where and with whom they live?
5. Does the quality of domestic accommodation differ between disabled people and others?
6. Does the domestic accommodation in which disabled people live meet their needs?[18]
7. What are barriers are faced by disabled people in accessing domestic accommodation that meets their needs?
8. How well do current housing products and services, systems and policies meet the needs of disabled people?

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[14] Statistics New Zealand (2015) Measuring housing quality: *potential ways to improve data collection on housing quality in New Zealand*. Available from stats.govt.nz *Measuring housing quality*
[15] Includes dwelling type and tenure
[16] Including household composition and family structure
[17] Location at local level is required for planning purposes
[18] Including being affordable

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Topic 5: Travel

The ability to travel, including local, national and international journeys, is a fundamental part of modern life and, for most, local trips are an everyday activity. When travel is difficult, or impossible, participation in a wide range of activities will suffer. This is not merely inconvenient; it can lead to social isolation, loneliness and poor health.[19]

Accessible transport is important for ensuring equality of opportunity for all people. The mode (type of transport), time taken (wait time and length of journey) and cost, are all important aspect of a journey. Getting to and from transport facilities must also be considered.

Disabled people face a range of environmental barriers in both short and long-distance travel. For a pedestrian the quality of footpaths, including the gradient and condition of the surface and access to safe road crossings, can significantly affect a journey. Trained transport staff, kneel-buses, and accessible information about transport services[20] will make public transport more accessible for all people.

Private transport is a major form of travel in New Zealand and driving or travelling as a passenger may be made possible if private vehicles are modified. We need to understand the extent to which people are able to access modifications that allow them to use private transport and what barriers might prevent this.

The accessibility of all forms of transport and barriers faced, including for disabled people, is included in the enduring questions for the Transport Domain Plan published in January 2015 by Statistics New Zealand and the Ministry of Transport.[21]

Enduring questions on travel

1. Are people able to travel in their local area when they need or want to do so?
2. What are the barriers to achieving equitable access to local places for disabled people?
3. Are people able to travel longer distances when they need or want to do so?
4. What are the barriers to equitable access to national and international places for disabled people?[22]
5. Do patterns of short distance travel differ between disabled people and others?
6. Do patterns of long distance travel differ between disabled people and others?
7. How well do current transport services, systems and policies meet the needs of disabled people?

[19] Hine, Julian. Mitchell, Fiona. (2001) *Better for Everyone? Travel Experiences and Transport Exclusion.* Urban Studies (Routledge), 01/02/2001, Vol. 38 Issue 2, p319-332, 14p. http://www.barrierfreenz.org.nz/technical/accessibility-principles.html

[20] Waikato Regional Council. (2015) Measuring Accessible Journeys

[21] http://www.transport.govt.nz/research/transport-domain-plan

[22] Including cost

Topic 6: Standard of Living

A person's standard of living includes the level of comfort, material goods and necessities available to them. Standard of living can differ by location and across a person's lifetime. In a market economy standard of living is almost entirely dependent on the monetary income that can be accessed either by the person themselves or through the activities and entitlements of members of their family or household. The incomes of extended family and friends or inherited and accumulated wealth can also influence living standards.

Income is the flow of economic resources a person or household receives; it includes wages, salaries, profit from self-employment, and resources received from investments, property, retirement savings and social transfers. Wealth is a stock of accumulated assets such as properties, vehicles, household goods, as well as pensions and financial assets.[23] Both income and wealth are important factors underlying the standard of living that people can achieve.

With higher levels of income and wealth a person, family or household will be more resilient to shocks to employment or health, or from the effects of a natural disaster. People with higher incomes are able to access safer, healthier and more suitable homes and create more comfortable and desirable living conditions. They are also able to put aside income for retirement. When people are unable to access sufficient income or reserves to provide a minimal standard of living for themselves and their dependents, life chances and outcomes will be reduced.

Enduring questions on standard of living

1. Do levels of income (personal and household) differ between disabled people and others?
2. Do levels of wealth (personal and household) differ between disabled people and others?
3. Do levels of material standard of living differ between disabled people and others?
4. Do disabled people have sufficient income to meet their needs, including the need to save for the future?
5. What are the barriers to achieving an equitable standard of living for disabled people?
6. How well do current systems and policies for income support meet the needs of disabled people?

[23] Statistics New Zealand. (2016) Household Net Worth Statistics. Available from www.stats.govt.nz

Topic 7: Support Services

Access to a range of support services, including both formal and informal networks, is essential to our wellbeing. Formal systems of social support include services that are provided by central and local government, and by community agencies, both commercial and non-for-profit. It is important to understand the uptake of both disability-specific and mainstream social support services.

As with all services, barriers to accessing support services can include the built environment, the attitudes and awareness of people providing services, the availability of suitable products and technologies, and the legislative and regulatory frameworks within which service systems are embedded.

In addition to formal services people are supported by family and friends. The extent to which these informal networks are able to provide people with support that they need during different phases of their lives is an important determinant of life quality. It is also important to ensure that people who are supporting disabled people are themselves supported in this role[24].

Enduring questions on support services

1. What barriers to accessing support services are faced by disabled people compared with others?
2. To what extent do disabled people use informal support networks compared with formal networks?
3. How well supported are people who provide informal support for disabled people?
4. How well do current support services, systems and policies meet the needs of disabled people?

[24] See https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/policy-development/carers-strategy/ for information on the New Zealand Carer's Strategy

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Topic 8: Community and Social Life

Community groups, both formal and informal, provide opportunities to engage with people who share interests and beliefs. Service and religious organisations, local social clubs and professional associations are examples. Article 19 of the CRPD requires that disabled people have the same right as others to full inclusion and participation in the community.

Informal social networks and connections are an integral part of people's support systems. The relationship between social integration and health is well established.[25] When people face barriers in connecting with members of their social networks they can become isolated. This places them at greater risk of poor mental health and general wellbeing. Social connections are important at all stages of life but are essential during formative years of childhood and youth.

The right of disabled people to take part on an equal basis as others in cultural life; in recreational, leisure and sporting activities and to utilise and develop their own creative, artistic and intellectual potential is protected under Article 30 of the CRPD.

Recreation and leisure activities include among other things, playing and watching sport; visiting art galleries, museums, cinemas or theatres; engaging in arts, crafts and hobbies; and socialising. These activities add meaning to life and help to maintain a sense of identity and autonomy. Cultural clubs and informal gatherings foster and maintain cultural and linguistic identity.

Opportunities for relaxation, self-expression and learning result from engagement in pursuits such as crafts or hobbies, reading for enjoyment, playing musical instruments, and travelling for pleasure. Many leisure activities are social in that they involve clubs or organisations which bring together people with shared interests or are enjoyed within informal groups of friends and family.

Enduring questions on community and social life

1. Do opportunities for, and methods of, social contact differ between disabled people and others?
2. What are the barriers to social contact for disabled people?
3. Do levels of participation in leisure activities differ between disabled people and others?
4. What are the barriers to participation in leisure activities for disabled people?
5. Do levels of participation in community life differ between disabled people and others?
6. What are the barriers to participation in community life for disabled people?

[25] 'A search of the literature published since the mid-1970s … presented strong evidence that social integration leads to reduced mortality risks, and to a better state of mental health.' http://www.sciencedirect.com/science/article/pii/S1047279796000956

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Topic 9: Civic Engagement and Institutional Trust

Civic engagement is essential for a healthy democratic society. Specifically, in a diverse society, high levels of civic engagement help to ensure that political structures are representative. Through participation in community life citizens can influence local living conditions and shape their community's future.

At its most basic level, civic engagement is the right to express your political voice through voting in local or national elections. Other activities include communicating with your local member of parliament, participation in lobby groups or protests, engaging in public policy formulation, and standing for a governing body.

The disabled community has distinct characteristics and goals that require representation in the civic sphere. It is important to measure levels of civic engagement by disabled people and determine whether they differ from others.

Civic engagement and institutional trust go hand in hand. If people or communities have low levels of confidence or trust in civil and governing institutions they are less likely to engage with them. When groups are not represented at levels of influence in society they risk marginalisation.

Enduring questions on civic engagement and institutional trust

1. Do levels of civic engagement differ between disabled people and others?
2. What are the barriers to ensuring that civic engagement opportunities are inclusive?
3. Do levels of institutional trust differ between disabled people and others?
4. What are the barriers to improving levels of institutional trust for disabled people?

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Topic 10: Crime and Justice

The extent to which people can access various parts of the justice system must be understood in order to ensure that their rights are being met.

Article 13 of the CRPD requires that effective access to justice is ensured including through the provision of appropriate accommodation where necessary. All people must be able to fulfil roles as direct or indirect participants in legal proceedings.

The CPRD also requires that appropriate training is available for relevant people to facilitate an inclusive justice system.

It is important that we can look at differences within the disabled population, for example by characteristics such as age-group and gender.

Enduring questions on crime and justice

1. How do patterns of victimisation and crime differ between disabled people and others?
2. How does the experience of the justice system differ between disabled people and others?
3. What are the barriers to equitable participation in the justice system in any role (e.g. as victim, witness, suspect, offender, juror, etc.)?
4. How well do current justice services, systems and policies meet the needs of disabled people?

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Topic 11: Personal Safety and Civil Protection

The right to liberty and security is fundamental and protected under national and international law. These, and all universal human rights, are to be enjoyed by all people without distinction of any kind.[26]

It is difficult to assess the extent to which people are actually at risk of being treated badly, exploited or abused. Measures generally cover people's perceptions of their safety in different locations, at different times and when alone or in company. Anxiety, fear and avoidance behaviour can occur if a person does not feel safe, with clear consequences for personal wellbeing.

Incidents of degrading treatment, discrimination, bullying and crime victimisation can be monitored to see whether disabled people are disproportionally affected. Articles 14, 15 and 16 of the CRPD outline the obligations of ratifying governments to ensure that this is not the case in their country.

Institutional arrangements for public safety and civil protection are important factors in making us feel safe. Emergency preparedness by responsible agencies must take into account the needs of disabled people as must the members of households in which they live. This includes having an emergency kit and plan at home as well as ensuring that agencies involved in rescue operations or disaster relief are trained and equipped appropriately for all people in their community.

Under Article 11, the CRPD requires that '…all necessary measures are taken to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters.'[27]

Enduring questions on personal safety and civil protection

1. To what extent do disabled people feel safe in their homes and communities and does this differ from the experience of others?
2. To what extent are disabled people subject to behaviour that impinges on their right to personal safety and how does this compare with others?
3. What are the barriers to improving personal safety for disabled people?
4. Are public safety and emergency relief agencies able to manage all people in their community?

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[26] United Nations (1948) The Universal Declaration of Human Rights
[27] UNCRPD Article 11

Topic 12: Products and Technology

A wide range of products are specifically designed or adapted to help people with impairments perform tasks that would be difficult or impossible without them. These so called 'assistive devices' are only one part of the picture. Mainstream manufactured goods also play an important role in mitigating the effects of impairments and enabling greater independence. Examples include 'labour saving devices' such as dishwashers and food processors. These may be the difference between preparing your own meals and being reliant on someone to do if for you.

Adopting a 'universal design' approach to products, environments, programmes, and services allows them to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design[28].

Understanding the ways in which people use products and technologies to mitigate the effects of impairments and identifying any barriers to doing this is the essence of the enduring questions below.

Enduring questions on products and technology

1. What products and technology do disabled people use to carry out and participate in the activities they want to do?
2. What products and technology do disabled people need to carry out and participate in the activities they want to do?
3. What barriers are faced by disabled people in accessing the products and technology they need to do the things they want to do?

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[28] UNCRPD Article 2

Topic 13: Attitudes and Awareness

The importance of attitudes and awareness in the lives of disabled people cannot be overstated. Negative attitudes towards disabled people have been consistently identified as a barrier to their being able to access the same opportunities as others.[29] This is a cross-cutting issue. Barriers resulting from attitudes to and awareness of disability arise in all aspects of life.

Social inclusion and exclusion are largely determined by dominant cultural values and perceptions[30]. Changing community attitudes towards disability requires complementary methods, including providing information and extended personal contact.[31] The enduring questions below focus on establishing the extent of the problem in our communities.

Understanding what it means to self-identify as disabled and how this changes over time is also an enduring concern. What are the views of disabled people towards their own situation?

Enduring questions on attitudes and awareness

1. What are the predominant/common attitudes towards disability and disabled people?
2. To what extent are people aware of inequities faced by disabled people?
3. How can peoples' attitudes towards disability and disabled people be influenced?
4. Are current attitudes towards disability and disabled people being influenced appropriately?
5. To what extent do disabled people feel discriminated against compared to others?
6. To what extent are disabled people provided with 'reasonable accommodation'?
7. How many people identify themselves as disabled and how is this understood?
8. How do disabled people see their impairment/disability (negatively, positively, as just a difference and/or as a culture/identity)?

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[29] http://www.msd.govt.nz/about-msd-and-our-work/newsroom/factsheets/budget/2010/improving-attitudes.html
[30] http://www.melbourneinstitute.com/downloads/hilda/Bibliography/Other_Publications/2013/Thompson_etal_community_attitudes_to_disability_op39.pdf
[31] http://www.unicef.org/protection/World_report_on_disability_eng.pdf

Topic 14: Accessibility

Disabled people should have access, on an equal basis with others, to 'the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and rural areas'.[32]

An accessible world is one in which disabled people can live independent lives and participate fully in any aspect of life should they choose to do so. It is a cross-cutting issue and affects all the topics discussed in this document. Its inclusion as a separate topic helps to ensure that we can look across all aspects of people's lives through the accessibility lens.

Enduring questions on accessibility

1. What are the main accessibility issues faced by disabled people?
2. How well do current standards and guidelines, systems and policies achieve desired levels of access for disabled people?
3. What is the cost of not providing access for disabled people across a range of facilities and services?

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[32] UNCRPD Article 9

Topic 15: Self-assessed Wellbeing and Personal Autonomy

Self-assessed wellbeing is the simplest tool to describe the quality of a person's life. Wellbeing is a complex web of interdependent factors including physical health, emotional and mental health; wealth and income; social relationships; employment and educational skills/status; civic engagement; cultural identity and participation; safety and security; and housing.

7.1

Self-assessed wellbeing has three distinct components. The first is the person's evaluation of their life, often described as satisfaction. The second focuses on sense of meaning, purpose and worthwhileness in life. The third is an affect measure, which focuses on the balance between positive and negative experiences of moods, feelings, and emotions.[33] If there is a significant disparity in multiple areas of wellbeing between disabled people and others, self-assessed wellbeing could reveal this in a straightforward manner.

Autonomy, being able to make decisions about one's own life, is independence that comes from choice and control. For example a child may not be able to attend their closest school if it does not reasonably accommodate their needs, or might have to live in a residential facility far from friends and family, in order to be cared for. Disability, functioning, autonomy, and dependency are significant concerns for the disability community.[34] The first general principle of the UNCPRD outlined in Article 3 is 'respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons'.

Personal resilience is the ability to adapt to change, adversity, trauma, or significant sources of stress. This can occur when an aspect of one's wellbeing (mentioned above) takes a significant hit. This includes the loss of income, relationship difficulties, births, deaths, or natural disasters.

Enduring questions on self-assessed wellbeing and personal autonomy

1. Do levels of self-assessed wellbeing differ between disabled people and others?
2. Why do levels of self-assessed wellbeing differ between disabled people and others?
3. To what extent do people have control over their own lives (personal autonomy) and does this differ between disabled people and others?
4. What are the barriers to personal autonomy for disabled people?
5. Do levels of personal resilience differ between disabled and others?
6. If levels of personal resilience differ between disabled and others, and how can the difference be addressed?

[33] OECD (2015.) *How's Life? 2015 In Figures*. Available from: OECD Measuring wellbeing www.oecd.org
[34] European Union Agency for Fundamental Rights. (2012) Autonomy and inclusion for people with disabilities. Accessible from www.fra.europa.eu

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Topic 16: Personal Characteristics

Demographic characteristics are fundamental to understanding any population group. They include the age profile of the group, and the sex and ethnic distributions.

Understanding the demographic profile helps to ensure that any support or intervention to improve disabled people's lives is appropriate for them. For example, older people have different needs from children. It also enables researchers to establish whether there are demographic differences in any observed disadvantage, are support services working well for some groups and not others.

Answering the enduring questions on personal characteristics will allow us to quantify and describe aspects of the disabled population and assess the situation of specified population subgroups such as women[35] and children[36] as required by the CRPD.

Enduring questions on personal characteristics

1. What is the age structure of the disabled population and does it differ from that of others?
2. What is the sex distribution of disabled population and does it differ from that of others?
3. What is the ethnic distribution of disabled people and does it differ from that of others?

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[35] UNCRPD Article 6
[36] UNCRPD Article 7

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Topic 17: Disability, Impairment and Limitations

For any data collection about disabled people the threshold criteria for being disabled must be identified and the relevant characteristics for assigning disability status captured in the collection.

In official data collections it is usually information on functional or structural impairments and/or limitations in everyday activity that provide the threshold characteristics. Eligibility criteria for targeted services require that applicants have, for example, a vision impairment or mobility limitation at some predetermined and measurable level. Combinations of impairment types and activity limitations at specified levels are generally used in setting thresholds for who counts as disabled in surveys.

Threshold criteria are also necessary when collecting information on groups within the disabled population. These may be specified in terms of impairment type, level of difficulty with specified activities or extent of participation in specified aspects of life.

Where the extent of impairment or level of limitation a person has are used in defining thresholds for disabled population groups within data collections they must be available for this purpose. These aspects of disability also allow us to better understand people's differing situations and needs. The cause, duration and time of onset of impairments and limitations are important factors in understanding the effects of disability on people's lives.

Enduring questions on disability, impairment and limitations

1. What groups of disabled people are of interest (for policy and funding decisions, research, and monitoring systems) and why?
2. How are the groups of interest to be identified?
3. To what extent are people impaired or limited?
4. What are the causes of impairments and limitations?
5. When was the onset of impairments and limitations?
6. What is the duration of impairments and limitations?
7. What underlying health conditions are associated with impairments or limitations (where relevant)?

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Appendix: Members of the Disability Data and Evidence Working Group **(at July 20th 2016)**

1. Diane Ramsay (General Manager, Labour Market and Households Unit, Statistics New Zealand) co-chair
2. Megan McCoy (Director, Office for Disability Issues) co-chair
3. Dr Catherine Brennan (Advisor, Office for Disability Issues)
4. Litia Tapu (Manager, Wellbeing and Housing Statistics, Statistics New Zealand)
5. Clare Shepherd (Regional Practice and Implementation Manager, Special Education, Ministry of Education)
6. Anne Hawker (Principal Disability Advisor, Ministry of Social Development)
7. Patrick Power (Principal Advisor, Information Management, Ministry of Justice)
8. Christopher Carroll (Senior Policy Analyst, Disability Policy Team, Ministry of Health)
9. Samuel Murray (National Policy Coordinator, CCS Disability Action) representing disability service providers
10. Dr Brigit Mirfin-Veitch (Senior Lecturer, Centre for Postgraduate Nursing, University of Otago/Director, Donald Beasley Institute) representing university researchers
11. Dr Jonathan Godfrey (Senior Lecturer in Statistics, Massey University, Palmerston North) representing Disabled Persons' Organisations
12. Raymond Burr (Senior Communications and Engagement Advisor, ACC Communications and Customer Engagement)
13. Kevin Eames (Advisor, People and Environment, Ministry of Transport)

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