

Disability Strategy

For the Thames-Coromandel District



November 2012





Disability Strategy

Thames-Coromandel District Council
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Mayoral Introduction

It is with much pride that the Thames-Coromandel District Council adopted its first Disability Strategy in November 2012.

Our Council's focus has been to build a Stronger Coromandel, and one of our main ways of doing this is by working with our communities.

This strategy has been developed collaboratively with a wide range of individuals, groups and organisations who work locally, regionally and nationally in the disability sector. We've also worked with individuals who live with a disability.

The way this strategy has been developed is a great example of Council listening to and working with its communities. This approach will be carried through to the actions - in particular by introducing a forum for our disability stakeholders so that we maintain a stronger relationship with this sector.

We look forward to continuing to work with our communities to make the Coromandel a more accessible and inclusive place, where the rights of every individual are recognised.

A handwritten signature in black ink, which appears to read 'Glenn Leach'.

Glenn Leach
DISTRICT MAYOR



Introduction

Around 17 percent of all New Zealanders have a disability.¹ Many of these people are unable to participate fully in the community because of barriers they face on a daily basis. These barriers range from physical barriers, such as the ability to access a building or cross a road with ease, to attitudinal barriers imposed by others.

In 2001 the New Zealand Government adopted a New Zealand Disability Strategy to guide government action and to promote a more inclusive society. Whilst there is no legal requirement for local authorities to give effect to the New Zealand Disability Strategy, the strategy does acknowledge that local authorities have a significant impact on the lives of disabled people by the decisions they make. We agree with this view and for that reason, in 2012 the Thames-Coromandel District Council decided to develop a disability strategy for our District.

Although we recognise that as Council we have a significant impact on the lives of disabled people, we also acknowledge that there are many positive and meaningful services being provided already by community and social organisations within the local disability sector. We would like to work alongside existing service and support providers to improve accessibility for disabled people in our District and better enable their full participation in society by addressing barriers where they exist.

Disabled people have the same basic rights and freedoms belonging to all people - to be treated fairly and equally, with respect and dignity. Everyone has a right to:

- Be safe and protected from hurt
- Make their own decisions
- Have a good life
- Be involved in their community and society.

¹ Statistics New Zealand. (2007). *Hot Off the Press: 2006 Disability Survey*. Retrieved from: http://www.stats.govt.nz/browse_for_stats/health/disabilities/disabilitysurvey2006_hotp06.aspx



This is clarified in the United Nations Convention on the Rights of Persons with Disabilities (Disability Convention) which guides governments on how to remove barriers and make sure disabled people have “full and equal enjoyment of all human rights and fundamental freedoms”.² The New Zealand Government (along with the governments of many other countries) has agreed to follow the Disability Convention.³

We recognise that as a local governing body, we have a part to play in upholding the rights of disabled people in our communities.⁴

This strategy has been developed collaboratively with a wide range of individuals, groups and organisations in the local disability sector, including individuals whom have lived experience of disability. We value and consider this input essential to the development, implementation and monitoring of our Disability Strategy to ensure it is relevant and will make a meaningful difference for disabled people in the Thames-Coromandel District.

² United Nations. *Convention on the Rights of Persons with Disabilities, Optional Protocol*, Article 1. Retrieved from: <http://www.un.org/disabilities/default.asp?id=261>

³ Human Rights Commission. *Convention on the Rights of Persons with Disabilities*. Retrieved from: <http://www.hrc.co.nz/disabled-people/convention-on-the-rights-of-persons-with-disabilities>

⁴ Refer to Appendix A for more information regarding national context.



What is disability?



What is disability?

The New Zealand Disability Strategy explains that:

Disability is not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments. Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have.

(New Zealand Disability Strategy)

The New Zealand Disability Strategy explains that:

This is the definition for disability that we use in this strategy for the Thames-Coromandel District. It guides our perspective of disability - that it is society that disables people with impairments, and that those impairments are wide in scope. Our strategy acknowledges that impairment may develop as part of the ageing process, for example lack of mobility or vision impairment, and that our population here in the Thames-Coromandel District (as for New Zealand as a whole) is ageing and more and more people will have some form of impairment brought on by the natural ageing process.⁵

Our strategy also recognises temporary impairment, which most people experience at some stage in their lives (such as the need to use crutches following an injury, a parent of a young child using a pushchair, or mental illness). Issues that affect people with permanent impairment will impact on those with temporary impairment as well.

⁵ Refer to Appendix A for more information regarding national context.

What does this strategy ultimately aim to achieve?

Consistent with the Disability Convention and the vision of the New Zealand Disability Strategy, this strategy aims to achieve an inclusive and non-disabling society in the Thames-Coromandel District where the rights of disabled people are recognised and protected. We want people with impairments to be able to live and participate in their communities without facing barriers, and for each person to be able to reach their potential and be valued for their contribution to society.

The ultimate aim of this strategy contributes to Council's overall broad direction that includes aiming to achieve a liveable District, with healthy communities where people can live, work, raise a family and enjoy a safe and satisfying life.



How this strategy fits in with Council's other plans

This Disability Strategy is intended to ensure that our business and work responds to the actual needs of our communities - in this case, disabled people.

It is intended that this strategy will guide Council's business so that as a business, we will actively include a disability perspective in our planning and delivery of services and facilities. It should also ensure that our business is supporting the efforts of others in the disability sector.

This strategy is intended as a guide for future work programmes of the Council. It does not provide the means for giving effect to the strategy, which is done via the Council's annual plans and ten year plans when work programmes are determined.

It is intended that this Disability Strategy would sit alongside other Council strategies, such as the Positive Ageing Strategy which was adopted in 2011. It is recognised that there will be areas of overlap between these two strategies as many elderly have impairments that if not recognised and supported in both the physical and attitudinal sense, can mean the elderly face barriers to their full participation in society.

Respecting the role of the Positive Ageing Strategy, this Disability Strategy focuses on addressing issues for disabled people in our District, recognising that in so doing, will also address issues for older people (and vice versa).

What do we know about disability in New Zealand?

There is limited statistical data available on disability in New Zealand, especially at a local level. The generally accepted best source of information is the New Zealand Disability Survey which is conducted after each national census (every five years) and can provide information on the prevalence, nature, duration and cause of disability at a national level.

Limitations do exist with using national level information to inform decisions at a local level, such as for our communities in the Thames-Coromandel. The New Zealand Disability Survey is not a census and therefore it does not capture all disabled people. Further, the information is not available by district or smaller community, meaning it can provide a broad indication only and may not accurately reflect the local situation.

However, we do know that we have permanent residents living in our communities who have impairments. Those people themselves, local service providers and other representative groups can give evidence of this. We can also assume that visitors come to our District who have impairments.

We know that the population in New Zealand, and especially the Coromandel Peninsula, is ageing. Within the Wider Waikato region, we have the highest percentage of usual residents aged 65 years and over (21%) and this is projected to increase to around 27% by 2024.⁶ It is generally accepted that with age, comes the likelihood of some form of impairment(s).

⁶ Thames-Coromandel District Council. (2011). *Positive Ageing Strategy of the Thames-Coromandel District Council*. Thames-Coromandel District Council. Thames, p. 11.



Some facts

The statistics below are sourced from the 2006 New Zealand Disability Survey. Although the survey was conducted over six years ago (at the time of writing this strategy) we use the statistics as indicative of disability in New Zealand, and potentially in the Thames-Coromandel, at the present time.

Note

- *People may have more than one type of disability.*
- *The 2006 New Zealand Disability Survey defines children as people aged less than 15 years, and adults are defined as people aged 15 years and over.*⁷

- Around 17% of all New Zealanders (an estimated 660,300 people) have a disability.
- Of the people with disability:
 - 82% are adults living in households
 - 5% are adults living in residential care facilities (representing 99.7% of all adults living in residential care facilities). Of those adults living

in residential care facilities, most have multiple disabilities (94%) and high support needs (82%).

- 14% are children living in households.
- The percentage of people with disability generally increases with age, from around 10% for children aged less than 15 years and also for people aged 15 to 44 years, to 20% for adults aged 45 to 64 years, and 45% for adults aged 65 years and over.
- Of the working age population (15 to 64 years), the labour force participation rate of disabled people is 64%. This is compared to 84% for non-disabled people. This pattern of disabled people having lower levels of participation can be observed for men and women across all major age groups and ethnic groups.

⁷ These age definitions are used by Statistics New Zealand for the purpose of the New Zealand Disability Survey. It is noted that youth overlap both children and adult age groups somewhat and there is no data available specific to disability and youth. However, the needs of this group in our communities will still be considered as part of this strategy.

Children:

- An estimated 5% of all children have special education needs and this is the most common disability type for children, followed by chronic conditions or health problems (4%). An estimated 2% of all children have psychiatric or psychological disabilities.
- Conditions or health problems that exist at birth followed by disease or illness is the most common causes of disability for children (under 15 years), representing 52% and 26% of all disabled children respectively.
- Just over half of all children with disability (52%) have a single disability and the remaining 48% have multiple disabilities. The majority of children with disability have low or medium support needs.⁸

Adults:

- Physical disability is the most common type of disability for adults, affecting 12% of all adults (an estimated 385,500 adults).

- Sensory disabilities (hearing and/or seeing disabilities) are the second most common disability type for adults, affecting 8% of all adults (an estimated 239,000 adults).
- Overall, diseases and illnesses is the most common cause of disability for adults (37% of people with disability), followed by accidents or injuries (29%), and natural ageing (27%).
- The most common *type* of accident or injury causing disability is one that occurs at work.
- The most common *causes* of disability for adults differ by age group. Accidents or injuries are the most common cause of disability for adults aged 15 to 44 years, and also for adults aged 45 to 64 years. Natural ageing is the most common cause of disability for adults aged 65 years and over, affecting more than half of adults with disability. Disease or illness is the second most common cause of disability for adults aged 45 to 64 years, and also for adults aged 65 years and over.

⁸ 'Support level' is a measure of the level of support required for people with disability, based on the need for assistance and/or special equipment relating to the disability.

- Of adults with disability, 60% have multiple disabilities and 40% have a single disability. The percentage of adults with multiple disabilities increases with age.
- Of adults with disability:
 - 37% have low support needs (7% of all adults)
 - 47% have medium support needs (9% of all adults)
 - 16% have high support needs (3% of all adults)

By ethnic group:

- The highest rate of disability is in the European ethnic group (18%) followed by Māori (17%) and then Pacific peoples (11%).⁹



⁹ Ethnic group figures are based on prioritised data. Prioritisation is the method of categorising the ethnicity of a respondent who belongs to more than one ethnic group to a single ethnic group.

What we've heard from the community

In preparing this strategy, the Council conducted a workshop on 6 September 2012 with approximately 30 stakeholders from the disability sector, including people with lived experience of disability. Meetings were also held and/or discussions had with individuals and groups unable to attend the workshop. A main intention of this contact was to gather information regarding disability in our Thames-Coromandel communities.

What we heard through this research was that:

- There are many physical barriers to participation in society and it is important to address the 'whole journey'.
 - Such barriers include difficulty to cross roads and move around, limited or no access to some shops and community facilities.
 - Accessibility audits are seen as a favourable means of raising awareness about the extent of physical barriers and things that could be improved.
 - There is strong support for accessibility audits to be conducted in areas of high activity, such as town centres and other public spaces, to inform how the Council and other organisations may be able to address some of these concerns. There are various ways that accessibility audits could be carried out, such as engaging the New Zealand Barrier Free Trust, the Be. Institute (via the Be. Accessible campaign), CCS Disability Action, or using Council staff and members of the local disability sector. It is considered that involving the local disability sector could be a positive exercise.
- There is a need to take a broad view of disability, not limited to only disabled people but to the range of family, friends and other support networks that may exist and the access required to be barrier-free. For example, considering a mother needing to take her disabled son to a public bathroom, or a grandfather with impairment wanting to take his able-bodied grandson to the playground.
 - There is cross over regarding needs of, and providing access for, disabled people and the elderly, for example mobility and/or sensory impairment.
 - The sector is keen to support, lead and participate in awareness raising initiatives.

- Disabled people are recognised as valuable contributors to society and we have an active disability sector here on the Coromandel Peninsula, especially in Thames. There is a desire to improve the sharing of information and consider opportunities to work more collaboratively, to be more effective.
- By improving accessibility in our town centres for disabled people, it is recognised that this would improve accessibility for other groups (for example, people requiring temporary mobility aides due to injury, parents with push chairs/strollers) and ensure full access for all. Having accessible public spaces would possibly encourage more visitors to the Coromandel Peninsula and could be a marketing point.
- There is currently no forum for the disability sector here on the Coromandel Peninsula to get together for networking and information sharing, and there is support for this to happen.



Strategy vision

The vision statement for this Disability Strategy is intended to guide not only the business of the Council, but intended to be consistent with the outcomes of those within the Thames-Coromandel District already working in support of disabled people. For that reason, a broad statement has been chosen that encompasses fostering an inclusive society and promoting, supporting and valuing the rights and voice of disabled people.

Our vision is that the Coromandel Peninsula is an accessible, inclusive place that values the rights and diversity of each individual.



Achieving the vision: Areas of focus

To enable focused attention to some of the issues, three areas of focus have been chosen and are deliberately action-focussed.

As for the strategy vision, the areas of focus are intended to guide not only the business of the Council, but are intended to be consistent with the national context for disability and the efforts of those within the Thames-Coromandel District already working in support of disabled people.



Area of focus #1: Recognise and protect the rights of disabled people

This means:

- understanding what disability rights are
- considering the needs of visitors who are not familiar with our District
- enabling disabled people to take a lead in decisions that affect them
- raising awareness regarding disability within our communities
- advocating to business stakeholders regarding matters that affect disabled people
- advocating to government (as appropriate).

Area of focus #2: Address physical and attitudinal barriers to participation

This means:

- considering a disability perspective in planning
- actively identifying and working to eliminate physical barriers that exist in our built environment and public spaces
- actively understanding and identifying attitudinal barriers in our communities
- raising awareness regarding barriers in our communities, business sector and government (as appropriate).

Area of focus #3: Encourage collaboration in the disability sector

This means:

- enabling the disability sector, including those with lived experience of disability, to share information, foster relationships and build capacity.



Achieving the vision: Implementation and review

This strategy has two supporting documents. One that outlines what the Council is currently doing that supports disabled people (at the time of writing). The other is an action plan that sets out additional things that the Council and others could do to foster a more inclusive society and promote, support and value the rights and voice of disabled people in the Thames-Coromandel District.

The action plan will be reviewed annually, in line with Council's annual planning process and an update will be provided to the Council regarding actions undertaken towards the achievement of the strategy vision and areas of focus.

The Disability Strategy will be reviewed triennially (every three years).



Acknowledgements

The Council would like to collectively acknowledge the support and invaluable contributions of the numerous people involved in the development of this strategy.

Acknowledgement of support

The following organisations and individuals have been involved in the process of developing this Disability Strategy for the Thames-Coromandel District and acknowledge and support the vision and areas of focus of the strategy. All named agree to work collaboratively towards the achievement of an accessible, inclusive and non-disabling society in the Thames-Coromandel District where the rights of disabled people are recognised and protected.

Organisations

Age Concern Hamilton, Thames Branch

CCS Disability Action

Community Living Trust

Coromandel Independent Living Trust

Population Health, Waikato District Health Board

St John Thames

TCA Your Gym, Thames

Te Korowai Hauora o Hauraki

Thames Community Link (partner agencies), Thames

Thames-Coromandel District Council

Thames/Hauraki Health and Disability Resource Centre Trust

The Halberg Disability Sport Foundation

The Supported Life Style Hauraki Trust

Whitianga Community Services Trust

Individuals

Barbara Rothschild, Nationwide Health and Disability Advocacy Services, Thames

Charan Mischewski, Policy Analyst, Hauraki District Council

Chris Wornall

Melanie Williams, Parafed Waikato

Paul Gibson, Disability Rights Commissioner

Philomena Lee

Renee Clark

Sheryl Goulin, Community Services Manager, IDEA Services, Thames



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Be. Institute. *Be. Accessible. Join the Movement*. Accessed September 2, 2012, from: <http://www.beaccessible.org.nz/>

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<http://www.odi.govt.nz/resources/guides-and-toolkits/disability-perspective/index.html>

Statistics New Zealand. (2007). *Hot Off the Press: 2006 Disability Survey*. Retrieved August 17, 2012, from:
http://www.stats.govt.nz/browse_for_stats/health/disabilities/disabilitysurvey2006_hotpo6.aspx

Thames-Coromandel District Council. (2011). *Positive Ageing Strategy of the Thames-Coromandel District Council*. Thames-Coromandel District Council. Thames.

Appendix A: National context

The rights of disabled people are provided for in New Zealand's general human rights law (the New Zealand Bill of Rights Act 1990), its specialised non-discrimination law (the Human Rights Act 1993), and in specific recognition in legislation governing health, education and other social services.

Since 2000, New Zealand law has required a national Disability Strategy (New Zealand Disability Strategy) under which the Minister for Disability Issues is required to report to Parliament annually on progress made. The New Zealand Disability Strategy, which includes initiatives across government, is reviewed on an ongoing basis.¹⁰

The New Zealand Disability Strategy 2001 (the Strategy) is the current national legislation regarding disability in New Zealand. Underpinning the Strategy is a vision of a fully inclusive society. It says that New Zealand will be inclusive when people with impairments can say they live in:

A society that highly values our lives and continually enhances our full participation.

(New Zealand Disability Strategy)

The Strategy sets out how Government will go about removing barriers that prevent people with disabilities from participating fully in our society.

¹⁰ Office for Disability Issues. (2011). *First New Zealand Report on Implementing the United Nations Convention on the Rights of Persons with Disabilities*. Retrieved from: <http://www.odi.govt.nz/what-we-do/un-convention/monitoring-implementation/2010-report.html>

*“More often than not, barriers are made out of people’s ignorance towards something different.”
(New Zealand Disability Strategy, consultation comment)*

The Strategy has 15 objectives and additional detailed actions to help achieve the Government’s aim to remove the barriers to participation faced by disabled people and create a fully inclusive society.

It recognises that **territorial authorities** (and other non-departmental public health bodies) can impact the lives of disabled people by the decisions they make, therefore it is important that they support and assist with implementing the Strategy.

The Principles given effect in the Strategy provided the basis for New Zealand’s role in the development of the United Nations Convention on the Rights of Persons with Disabilities, which New Zealand ratified (agreed to follow) in September 2008.

The Convention is a worldwide human rights agreement that clarifies the rights of disabled people - that they have the same rights and freedoms as everyone else. It aims to protect the civil, political, economic, social and cultural rights of disabled people and guides governments on how to remove barriers and ensure disabled people have access to their rights.¹¹

¹¹ The United Nations General Assembly adopted the Disability Convention in December 2006. Many nations have signed and ratified the Convention. New Zealand signed the Convention on 30 March 2007 and ratified it on 25 September 2008.



The Human Rights Commission¹² says of the Convention:

The Convention on the Rights of Persons with Disabilities gives voice, visibility, and legitimacy to disabled people and their issues in New Zealand and the rest of the world. It is aimed at protecting the dignity of persons with disabilities and ensuring their equal treatment under the law including the right to health services, education and employment. (Human Rights Commission)

In New Zealand, the Office for Disability Issues is the government agency responsible for promoting and monitoring the Disability Strategy and the United Nations Convention. It supports the Minister for Disability Issues and the Ministerial Committee on Disability Issues. Governments must report to the United Nations on their progress with implementing the Convention and New Zealand submitted its first report in 2011.¹³

¹² The Human Rights Commission is New Zealand's independent national human rights institution and it works to promote, protect, and monitor the human rights of all New Zealanders. The Commission has identified disabled people as one of the most disadvantaged groups in New Zealand and it has a vision that "disabled people are respected for who they are and are able to participate fully in New Zealand society".

¹³ Human Rights Commission. *Convention on the Rights of Persons with Disabilities*. Retrieved from: <http://www.hrc.co.nz/disabled-people/convention-on-the-rights-of-persons-with-disabilities>

There are several non-government organisations and movements in New Zealand that are prominent in the disability sector in New Zealand. At the time of writing, some of these include the Barrier Free New Zealand Trust, the Halberg Trust, and Be. Accessible.

The **Barrier Free New Zealand Trust** is a charitable trust that works to promote the concept of 'Universal Access for All People'. Its mission is to encourage, promote and facilitate the creation of built environments that are accessible and usable by everyone in the community including people with disabilities.

The Trust provides education and training, technical advice, research and advocacy, and is recognised as a leader both in New Zealand and internationally for promoting "the Accessible Journey". Its focus is on the built environment as it is used by the public, regarding building compliance and legislation, but does not address external routes (such as around towns). The Trust is not involved in residential property or the needs of specific individuals.

The mission of the **Halberg Trust** (founded by Sir Murray Halberg in 1963) is to honour sporting excellence and link people with a disability to sport and active leisure. The Trust offers various programmes and funds to provide opportunities for disabled people in New Zealand to be more active, more often.

Be. Accessible is a social change initiative and a holistic framework for accessibility, with a mission to create a truly accessible country for everyone that enables full potential to be reached. Be. Accessible is managed by the Be. Institute, a social enterprise that takes a ‘coaching role’ with a perspective that includes people, buildings and communities, and aims to work with all sectors and communities across New Zealand. The belief is that every person has a role in creating accessibility regardless of how big or small the change.

The Philosophy of Be. Accessible is about accessibility and inclusion, rather than barriers and exclusion. It encourages engagement at all levels, working together and taking responsibility individually and collectively to create a truly accessible society. Supporting the Be. Accessible initiative are several programmes developed by the Be. Institute, such as Be. Welcome (working with businesses and organisations to improve their accessibility), Be. Leadership (leadership development for disabled people), and Find Accessible Places (a guide that provides access information across New Zealand).

Accessibility rather than disability
Possibility rather than limitation
Innovation rather than the status quo
(Be. Accessible)







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