

Waitematā District Health Board Disability Strategy Implementation Plan 2016-2026

Waitematā District Health Board has a vision of being fully inclusive.

Being fully inclusive means ensuring the rights of disabled people, eliminating barriers so that people can get to, into and around our physical spaces; and everyone can access information and services that they need.

The New Zealand Disability Strategy 2016-2026 provides a framework for organisations to focus on enabling the full participation of disabled people. It has a vision of New Zealand as a non-disabling society – a place where disabled people have an opportunity to achieve their goals and aspirations and all of New Zealand works together to make this happen.

The Vision, principles and approach of the NZ Disability Strategy 2016-2026, with input from the disability sector and disability community, have shaped our District Health Board (DHB) **Disability Strategy Implementation Plan 2016-2026**.

Our ten year implementation plan aligns with the timeline of the NZ Disability Strategy 2016-2026. There will be two reviews of our Disability Strategy Implementation Plan during the ten year period – one in 2020 and one in 2023. These are an opportunity to ensure that the work being done is making a positive difference to disabled people and is supporting our goal of being fully inclusive and non-disabling.



New Zealand Disability Strategy 2016-2026

Figure 1 | Disability Strategy Framework



The Disability Strategy identifies eight outcome areas -

The outcome areas that will contribute to achieving the vision of the Strategy are:

Outcome 1 – Education

We get an excellent education and achieve our potential throughout our lives

Outcome 2 – Employment and economic security

We have security in our economic situation and can achieve our full potential

Outcome 3 – Health and wellbeing

We have the highest attainable standards of health and wellbeing

Outcome 4 – Rights protection and justice

Our rights are protected; we feel safe, understood and are treated fairly and equitably by the justice system

Outcome 5 – Accessibility

We access all places, services and information with ease and dignity

Outcome 6 – Attitudes

We are treated with dignity and respect

Outcome 7 – Choice and control

We have choice and control over our lives

Outcome 8 – Leadership

We have great opportunities to demonstrate our leadership

All eight outcomes are relevant to the work of the District Health Boards and will drive our core work over the next ten years. Our work will have a particular focus on five outcomes – Employment & economic security, Health & wellbeing, Accessibility, Attitudes and Choice & control.

Influences

There are a number of other principles, disability strategies and action plans that influence the DHB's Implementation Plan. These include:

- Te Tiriti o Waitangi / The Treaty of Waitangi
- Disability Action Plan 2019-2023
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Whāia Te Ao Mārama: The Māori Disability Action Plan 2017-2022
- Faiva Ora: National Pasifika Disability Plan 2016–2021
- Waitematā DHB Annual Plan

Te Tiriti o Waitangi

Te Tiriti o Waitangi (Te Tiriti) sets the expectations for the relationship between Te Tiriti partners, in particular Crown or Government entities and Māori. Despite Te Tiriti principles, Māori continue to experience marked inequities in access to services, health outcomes and satisfaction.

We will frame our work to uphold the four articles of Te Tiriti :

- Kāwanatanga - active partnerships with Māori at a decision making level. Providing mechanisms to enable Māori to contribute to decision making on and participate in the delivery of health and disability services
- Tino Rangatiratanga - Māori sovereignty and self-determination. Ensuring opportunities for Māori leadership, engagement and participation at every level of governance and operations
- Ōritetanga – our commitment to Māori as tāngata whenua (people of the land) to achieve health equity with priorities directly linked to reducing systematic inequity in health determinants, health outcomes and health service utilisation.
- Te Ritenga – guarantees Māori the right to practice their own spiritual beliefs, rites and Tikanga, honouring the beliefs, values and aspirations of Māori patients, staff and communities across all activities.

Disability in Māori

Māori experience more disability than other population groups in New Zealand; the age-adjusted disability rate for Māori is 32% compared to 24% for non-Māori. Almost one in four Māori with a disability have high support needs (23% compared to 14% for non-Māori), but only 16% accessed MoH funded disability support.

A Māori lens incorporated in the planning and provision of disability supports and services requires centring on Mātauranga Māori (Māori knowledge systems) and tikanga Māori (Māori practices and customs), rather than trying to adapt non-Māori models. Central to this is recognising the importance of and incorporating holistic models of hauora and oranga (health/wellbeing), rongoā (medicines), karakia (prayers/ incantations), and community input in care planning and provision.

Disability in Pasifika

The issues for Pasifika peoples' cultural values and ensuring partnership, participation, choices and equity in health and disability provision are very similar to those experienced by disabled Māori. It should be noted that while Pasifika cultures share some similarities in principles and concepts, each has specific and independent world views.

The family (āiga, kāiga, magafaoa, kōpū tangata, vuvale, fāmili) is the centre of the community and provides identity, resilience, care and support. Care for family members with disabilities is often informally provided within the family.

Pasifika people account for 6% of recipients of Ministry-funded disability support services. Pasifika with disabilities are a relatively young population, with 42% being aged 19 years or below. In adults, chronic diseases such as stroke, diabetes and ischaemic heart disease contributed significantly more to disability, and at a younger age, than in other ethnic groups. The Auckland Region accounted for nearly three-fourths of all recorded Pasifika disabled people.

Improving the experience of Māori

In order to provide disability services that are responsive to cultural perspectives of Indigenous people and meet Te Tiriti obligations, the key actions for DHBs include:

Uphold the principles of Te Tiriti o Waitangi, centre Māori in governance and decision-making, involve community and kaupapa Māori providers, and develop strategies with Māori with disability that reflects their needs and aspirations.
Acknowledge and incorporate mātauranga Māori (Māori knowledge systems), tikanga Māori (Māori practices and customs) and Māori health models in planning and delivering disability services.
Invest in regular collection, sharing and analysis of data to allow meaningful insight into equity and choice for Māori with disability.
Provide access to culturally appropriate information, tools and resources that are tailored to different access needs and relevant for Māori living with disabilities and their whānau.
Develop supportive and inclusive processes for needs assessment, navigation and service coordination, to enable tino-rangatiratanga of Māori with disability to actively participate in healthcare choices and decision-making.
Support advocacy and whānau decision-making, if desired, in planning disability support and services at the individual client level.
Promote cultural safety, patient-centred care, and equity by increasing recruitment of Māori staff at all levels to plan/ deliver disability services and support kaupapa Māori providers of disability services.
Provide staff training to enable staff to support te ao Māori (Māori world view), tikanga Māori (customary practices) and to understand disability in a Māori cultural context.
Record disability information for workforce, categorised by disability and ethnicity to ensure equal employment opportunities for Māori with disability.

Improving the experience of Pasifika

In order to provide disability services that are responsive to cultural perspectives of Pasifika people, the key actions for DHBs include:

Invest in regular collection, sharing and analysis of data to allow meaningful insight into equity and choice for Pacific disabled people.
Provide access to culturally appropriate information, tools and resources that are tailored to different access needs and relevant for Pacific disabled people, their family members and aiga
Develop supportive and inclusive processes for needs assessment, navigation and service coordination, to enable Pacific disabled people to actively participate in healthcare choices and decision-making.
Support advocacy and aiga decision-making, if desired, in planning disability support and services at the individual client level.
Promote cultural safety, patient-centred care, and equity by increasing recruitment of Pacific staff at all levels to plan/ deliver disability services and support Pasifika providers of disability services.
Provide staff training to enable staff to support Pacific disabled people, their family members and aiga and to understand disability in a Pacific cultural context. Support staff to access Le Va's Engaging Pasifika disability training.
Record disability information for workforce, categorised by disability and ethnicity to ensure equal employment opportunities for Pacific disabled people.

Many of these principles are equally applicable to people with disabilities from other ethnic groups in whom the western models of disability are at divergence with their world view, cultural beliefs and values.

We encourage all staff to complete the CALD (Culturally and Linguistically Diverse) Module 8: Working with CALD Families - Disability Awareness.

Enabling Good Lives

<https://www.enablinggoodlives.co.nz>

The system for support for disabled people is undergoing change. Enabling Good Lives (EGL) is a new approach to supporting disabled people that offers greater choice and control over the supports they receive, so that they can plan for the lives they want. We will use the eight principles of Enabling Good Lives to help guide our work.

The principles are -

Self-determination

Disabled people are in control of their lives.

Beginning early

Invest early in families and whānau to support them; to be aspirational for their disabled child; to build community and natural supports; and to support disabled children to become independent, rather than waiting for a crisis before support is available.

Person-centred

Disabled people have supports that are tailored to their individual needs and goals, and that take a whole life approach rather than being split across programmes.

Ordinary life outcomes

Disabled people are supported to live an everyday life in everyday places; and are regarded as citizens with opportunities for learning, employment, having a home and family, and social participation - like others at similar stages of life.

Mainstream first

Disabled people are supported to access mainstream services before specialist disability services.

Mana enhancing

The abilities and contributions of disabled people and their families are recognised and respected.

Easy to use

Disabled people have supports that are simple to use and flexible.

Relationship building

Supports build and strengthen relationships between disabled people, their whānau and community.

Disability Action Plan 2019-2023

The Disability Action Plan 2019–2023 (Action Plan) aims to deliver the eight outcomes in the New Zealand Disability Strategy 2016–2026.

The Action Plan responds to the main issues identified by disabled people, the Disabled People’s Organisation (DPO) Coalition and government agencies working together. The work programmes are either directly related to improving government funding and services for disabled people or bring a significant disability focus to broader policy or work programmes. As a result, 25 work programmes have been included in the Action Plan, which will be delivered by 14 government agencies and their partners.

In addition to the 25 work programmes in the Action Plan, government agencies have been asked to commit to two cross-cutting issues: collecting better data about disabled people, and greater involvement of disabled people in policy and service development. This builds on the commitments of government agencies in the previous Action Plan to making public information accessible and improving employment opportunities for disabled people in the public service.

The Disability Action Plan 2019-2013 can be found at the Office for Disability Issues website - <https://www.odi.govt.nz/disability-action-plan-2/>

Values

The Values of Waitematā DHB reflect a vision for equity and inclusion of disabled people in their care and in the design of patient facilities and services.

“ best care for everyone

This is our promise to the Waitemata community and the standard for how we work together.

Regardless of whether we work directly with patients/clients, or support the work of the organisation in other ways, each of us makes an essential contribution to ensuring Waitemata DHB delivers the best care for every single patient/client using our services.

“ everyone matters

Every single person matters, whether patients/clients, family members or staff members.

“ with compassion

We see our work in health as a vocation and more than a job. We are aware of the suffering of those entrusted to our care. We are driven by a desire to relieve that suffering. This philosophy drives our caring approach and means we will strive to do everything we can to relieve suffering and promote wellness.

“ connected

We need to be connected with our community. We need to be connected within our organisation – across disciplines and teams. This is to ensure care is seamless and integrated to achieve the best possible health outcomes for our patients/clients and their families.

“ better, best, brilliant...

We seek continuous improvement in everything we do. We will become the national leader in health care delivery.

 **Waitemata**
District Health Board
Best Care for Everyone

Monitoring and Reporting

Work is underway at the Office for Disability Issues to ensure that progress toward achieving the outcomes of the New Zealand Disability Strategy can be measured. This will involve the development of an Outcomes Framework which will specify targets and indicators that will be regularly reported on. Work on this will include getting advice from disabled people, the disability sector and other government agencies.

Waitematā DHB's New Zealand Disability Strategy Implementation Plan 2016-2026 will be monitored internally and progress of actions will be reported to the Disability Support Advisory Committee (DiSAC) on a quarterly basis.

We will ensure that the DHB Disability Strategy Implementation Plan continues to align with the NZ Disability Strategy, as well as other government strategies and action plans.

There will be two reviews of our Disability Strategy Implementation Plan during the ten year period – one in 2020 and one in 2023. These are an opportunity to ensure that the work being done is making a positive difference to disabled people and is supporting our goal of being fully inclusive and non-disabling.

Current Priorities

Waitematā DHBs are committed to the vision of being fully inclusive and non-disabling. Current work that will continue across the DHBs as part of the Disability Strategy Action Plan includes improving health literacy and enhancing the patient experience.

Health Literacy

Waitematā District Health Board has made a commitment to improve health literacy across the organisation. Health Literacy means that *“people can **obtain, understand and use the health information and services** they need to enable them to make the **best decisions** about their own health or the health of a dependant family member/friend”*

This work focusses on two areas:

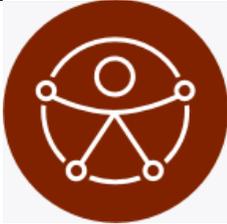
- improving health literacy of the organisation and its staff
- enabling communities to become more health literate

Patient Experience

There is a focus on Patient Experience and Community Engagement across the DHB. This has led to greater inclusion of disabled people in design and planning of both facilities and services. An example of this is the Waitematā DHB commitment to universal design as a core design principle.

Outcomes

Of the eight outcome areas of the New Zealand Disability Strategy 2016-2026, there are five key outcome areas that align with the work of District Health Boards.

				
Outcome 2: employment & economic security	Outcome 3: health & wellbeing	Outcome 5: accessibility	Outcome 6: attitudes	Outcome 7: choice & control
<i>We have security in our economic situation and can achieve our potential</i>	<i>We have the highest attainable standards of health and wellbeing.</i>	<i>We access all places, services and information with ease and dignity.</i>	<i>We are treated with dignity and respect.</i>	<i>We have choice and control over our lives.</i>



Outcome 2: employment & economic security

We have security in our economic situation and can achieve our potential

1. Increase the number of disabled people into paid employment.

2. Increase the confidence of Hiring Managers to recruit disabled people.

3. Record the number of staff with impairments working for the DHB.

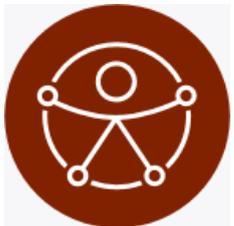
4. Ensure Diversity & Equality work includes disabled people.



Outcome 3: health & wellbeing

We have the highest attainable standards of health and wellbeing.

5. Improve the health outcomes of disabled people.
6. Robust data and evidence to inform decision making.
7. Barrier free and inclusive access to health services.
8. Increased understanding of the support needs of people with learning disabilities.
9. Better understanding of the needs of Deaf people. This includes access to interpreters, information available in NZSL and knowledge of Deaf culture.
10. Better support for young people moving from child to adult health.



Outcome 5: accessibility

We access all places, services and information with ease and dignity.

11. Barrier free and inclusive access to health services.
12. The principles of universal design and the needs of disabled people are understood and taken into account.
13. Improve & increase accessible information across the DHB.
14. Information available in different formats, eg. Easy Read
15. Ensure physical access to DHB buildings and services, including signage and way finding.



Outcome 6: attitudes

We are treated with dignity and respect.

16. All health and well-being professionals treat disabled people with dignity and respect.

17. Disabled people and their families respected as the experts in themselves.

18. Provide a range of disability responsiveness training.

19. Promote the Disability Awareness e-Learning module to all staff across the DHBs.

20. Ensure disabled people are able to access supports that they need in hospital.

21. Increase cultural awareness of disability.



Outcome 7: choice & control

We have choice and control over our lives.

22. Engage regularly with the disability sector and community.

23. Ensure a diverse range of disabled people are identified as stake-holders.

24. Ensure the voice of disabled people from the community is included.

25. Enable supported decision making and informed consent.

26. Ensure services are responsive to disabled people and provide choice and flexibility.

27. Improve access to screening services for disabled people.

28. Continue the implementation of the Health Passport across both DHBs.