Taranaki Disability Strategy

“Taranaki is a non-disabling society, a place where every person with impairments leads a life free of disability”
Te Rewa Rewa Bridge curls white and elegant above the New Plymouth landscape. As part of New Zealand’s new built heritage, the footbridge does more than provide a pedestrian/cycle way across the Waiwhakaiho River. Some liken its form to a wave, others to a rib, albatross feathers or a korowai (cloak).

For the Taranaki Disability Strategy team it is symbolic of the accessible crossing to an inclusive society within Taranaki.

“Not only was the bridge to invoke a Sense of history and mystery, it was to Engender a feeling of peace and harmony.”

Peter Charles Mulqueen, MIPenz, CPEng, IntPE(NZ), Bridge Designer and Director, Novare Design Ltd., Wellington, New Zealand

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Acknowledgements

As strategy leader since 2009 I have seen some wonderful achievements made from the coalition and strategy partners. To name everyone who has made a contribution would be difficult because there is so many but I would thank and acknowledge everyone that contributed in some way. Every member of the coalition have both represented their organisation and the coalition with a positive vision for people with disabilities in Taranaki. The 2012 original coalition members Channa Perry, Mary Bird, Chris Clarke, Kirsty Linnell, Craig Campbell – Smart, Lance Girling- Butcher, Karen Mekalick, Karen Coleman, Kate Whareaitu, John Sigurdsson and Esther Tan have and still are giving their time and energy to make sure the strategy achieves what it was set out to do. We acknowledge the contribution that Marion Wellington from Disabled Persons Assembly gave to the group before her sudden passing.

This year we have updated the 2012 version of the strategy and installed some new actions for the next three years, thanks to the support of Callum Williamson New Plymouth District Council and Keryn Roderick Taranaki Disabilities Information Centre Trust in preparing the document for the coalition members. One project that is driven by the strategy group is the Top Shop accessible shop award as this is now a permanent fixture within the Coalition group’s annual program in conjunction with the Chamber of Commerce, thank you to the Taranaki Disabilities Information Centre for driving this project.

The New Zealand Disability Strategy is being re designed around the enabling good lives model for disabilities and this has prompted the coalition group to take on some new challenges; employment, housing and having an accessible province to live in are now part of the action plan designed by the coalition in the October 2016 planning session held at the NPDC.

For those who have helped fund the strategy reprint and those that have funded the top shop project; financial support is the driver of outcomes.

I would like to acknowledge my Board of the Taranaki Disabilities Information Centre Trust for their support to allow me to be part of this project.

Yours Sincerely

Brian Eriksen
General Manager
Taranaki Disabilities Information Centre Trust
Chair Person
Taranaki Regional Strategy Coalition
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Foreword

We are delighted to present to you the 2017 Taranaki Disability Strategy. This strategy is the result of a collaborative approach to making Taranaki a non-disabling society, a place where every person with impairments leads a life free of disability. To produce this strategy and 2017 to 2020 action plan

The Taranaki Disability Strategy Coalition reviewed what has been working well identifying any gaps and how to work better together. This Disability Strategy Coalition is believed to be the first region wide cooperation and coordination of its kind and to involve so many organisations from one region. The first disability strategy was the result of months of research and region-wide investigation by its driving force, the Taranaki Disability Information Centre; to establish the needs and feelings of the disabled community. These finding combined with feed-back from consultation and collaboration with organisations working with and caring for people.

Since then a number of milestone have been achieved, including increasing access to public transport, public buildings, open spaces, district health services and sporting and social activities. Collaboratively, work has been ongoing to improve access to shops across the district and improve public awareness of disabled needs. Coalition partners are also interested in work opportunities for people with disabilities and attended Work and Income’s EmployAbility information session.

The Strategy has Government support. At its launch ceremony in 2012 the then Disability Minister Tariana Turia was loud in her praise of the venture. The revised Strategy will continue the progress to an enabling society by a Coalition that is an excellent example of what can be achieved by interested people from a geographic area working together for mutual benefit.

Lance Girling-Butcher QSM
Health and Disability Advocate
Introduction

According to the 2013 New Zealand Disability Survey (Statistics New Zealand, 2013), 30% (32,000) of Taranaki people were limited in their daily lives by long-term impairment. 24% of New Zealanders (1.1 million people) identify as having a disability. The number of people who experience disability in society is much higher than the recorded statistics - if people experiencing temporary disability (e.g. from injuries or illness) and people who experience age-related disability are also included. All of us are likely to experience disability at some point in our lives. We are all also likely to know someone who is affected by disability. It makes sense to have a co-ordinated response to this issue because it touches the lives of every person in our community.

Background

In 2000, Central Government directed the Minister for Disability Issues to develop the New Zealand Disability Strategy 2001. This Strategy was to provide “the framework for the Government’s overall direction for the disability sector in improving disability support services” (Parliamentary Counsel Office). The New Zealand Disability Strategy 2001 was developed by a sector reference group and involved extensive consultation with the disabled community. Government departments are required to develop annual disability work plans. Progress reports are published annually to enable transparent monitoring. Local authorities and other organisations are encouraged to incorporate the New Zealand Disability Strategy into their work programmes. A national Disability Action plan was produced and has been regularly updated. The current Disability Action Plan 2014-2018 – brings together key priorities and actions that require cross-agency collaboration.

Central Government recognised the need to review the Disability Strategy. In 2016 the New Zealand Disability Strategy 2016-2026 was published. The development of this strategy was supported by the New Zealand Disability Strategy Revision Reference Group, of whom the majority of members identify as disabled people. It is also based on what
disabled people said was most important to them during the public consultation in 2016 (Office for Disability Issues, 2016). A public consultation process followed to develop the Outcomes Framework for the strategy with agreement by Cabinet planned for 2017. An action plan will be developed and agreed by Cabinet in 2019. The 2016-2026 strategy and subsequent action plan progresses the New Zealand Disability Strategy 2001. Annual reports from the Minister for Disability Issues, including baseline information against the Outcomes Framework where possible will be produced and the Government will report to and receive recommendations from the United Nations Committee and an Independent Monitoring Mechanism.

The Taranaki community has been working to raise awareness about disability and remove barriers. After consultation with people with disabilities, a cross-sector group developed the Taranaki Disability Strategy and the 2012-2015 action plan. This created a framework for a regional response by the Taranaki community. The Taranaki Disability Strategy coalition was launched in 2012, see appendix A for signatory membership document. The partners are:

New Plymouth District Council
South Taranaki District Council
Stratford District Council
Taranaki Regional Council
Taranaki Disabilities Information Centre
Disabled Persons Assembly
Taranaki District Health Board
Ministry of Social Development
Māori Coalition Group
Sport Taranaki
Parafed
Idea Services
The Taranaki Disability Strategy Coalition works together to monitor and implement the strategy’s action plan. In 2016 the Taranaki Disability Action plan was updated for 2017-2020 and endorsed by the Taranaki Disability Strategy Coalition. This updated strategy and action plan provides a framework for greater collaboration in working together towards a non-disabling society. Working together, the strategy partners can achieve better and more sustainable outcomes for people with disabilities, and increase opportunities to participate.

TDSC member Lance Girling-Butcher and his guide dog Yogi; with the winner of the inaugural Accessibility Award (sponsored by TDSC) and the highly commended and commended businesses at the 2016 TSB Bank Top Shop Gala evening.

Audience at the 2016 TSB Bank Top Shop Gala evening
Vision

The vision for the strategy:

**Taranaki is a non-disabling society, a place where every person with impairments leads a life free of disability.**

*Strategic Goals*

This strategy aims to achieve the following goals:

1. The Taranaki Community is aware of and understands the issues facing people.

2. Disabled people are seen and valued for their strengths and abilities.

3. People with impairments have equal opportunity to positively engage in our community.

Milly Marshall-Kirkwood, Swimming at the Halberg Junior Disability Games
Perspective of disabled people: Who we are – our community

We are children, young people and adults, we are parents and grandparents. We are also friends, family and whānau. What we want is no different to anyone else in New Zealand; we want to belong, contribute to our families and whānau and participate in our communities.

We are 1.1 million New Zealanders and we represent almost a quarter (24 percent) of New Zealand’s population. (Office for Disability Issues, 2016)

What disability means to us

Disability is something that happens when people with impairments face barriers in society; it is society that disables us, not our impairments, this is the thing all disabled people have in common. It is something that happens when the world we live in has been designed by people who assume that everyone is the same. That is why a non-disabling society is core to the vision of this Strategy.

Every human being is a unique individual. Even if we have the same impairment as someone else, we will experience different opportunities and barriers because of where we live and how we are treated by those
around us. The time and context in our lives when we acquire our impairment(s) also impacts on what barriers or opportunities we may experience. This is the social model of disability and it is how we understood disability in the first Strategy in 2001. It still holds true today. (Office for Disability Issues, 2016)

**Definition of disability**

“Disability is the outcome of the interaction between a person with impairment and the environment and attitudinal barriers he/she may face. Individuals have impairments; they may be physical, sensory, neurological, psychiatric, intellectual or other impairments.” (Minister for Disability Issues, 2001)

**Plain English definition**

“Disability is what happens when people experience difficulty because things designed for others are difficult or impossible to use or because they are treated differently because of others negative attitudes.”

“A person’s physical or mental impairment only becomes a disability when the environment or attitudes of other people prevent them from living normal lives.”

(Minister for Disability Issues, 2001)
Strategy principles of operation

**Equal opportunity for all**
That people with disabilities have the same rights and opportunities as people with no disabilities. This principle recognises that sometimes extra or different things are needed to enable this to happen.

**People are valued for their abilities**
That disabled people have skills, knowledge and experiences that may be overlooked due to their impairment. This undervalues the person, their abilities and contribution to their community. This principle is about recognising and valuing a person’s abilities and their potential to contribute rather than focusing on reasons why they cannot.

**Nothing about us without us**
That disabled people are involved in the decision making process particularly where the outcomes will directly affect them.

**Community ownership**
The issue of disability is wide-ranging and will therefore require all stakeholders in our community to take responsibility for achieving the vision of an inclusive society. This will require a collaborative approach amongst community groups and disability support service providers. It will require residents to understand disability issues and make a conscious decision to consider the needs of disabled people and alter their behaviour as a result. These types of changes cannot be forced on a community and must instead be community-driven and owned.
Disability in New Zealand

The 2013 Disability Survey collects and focuses predominantly on the prevalence and nature of disability. Information is also collected on barriers that people with disabilities encountered in their everyday life, including current and unmet needs for services and assistance, employment, transport, education, accommodation and special equipment. These survey findings provide a comprehensive understanding of the nature and scale of disability in New Zealand.

In terms of the percentage of people with disability in New Zealand the 2013 findings note that 24% of respondents reported experiencing disability (17% in 2006). The percentage of people with disability increased with age, and 59% of adults aged 65 years and over had a disability (45% in 2006). Nearly 35% of people with disability were in this age group. Taranaki’s disability rate is 30%, which is noticeably higher than the national figure, and is the highest regional percentage.

Figure 1 - Percentage Comparison of People with Disability 2001, 2013

The percentage of people with disability increased with age, from 11 percent for children aged less than 15 years to 59 percent for adults aged 65 years and over.
An estimated six percent of children had special education needs and this was the most common disability type for children. Chronic conditions or health problems and psychiatric or psychological disabilities were the next most common disability types.

Understanding Disability in the Taranaki Region

Taranaki regional profile

Population

The Taranaki region lies on the west coast of the North Island of New Zealand with a land area of 723,610 hectares (3% of New Zealand’s area) and a population of 109,608 (2013 Census). There are three district councils in the Taranaki region – New Plymouth, South Taranaki and Stratford. The majority of people live in the New Plymouth District.

Figure 2 - Population Distribution in Taranaki Region – 2013 Census

Source: Statistics NZ
According to the 2013 Census, the median age for people in Taranaki is 39.9 years, compared with the national median age of 38 years. This reflects the high proportion of the population aged 65 years and over (16.2 percent of Taranaki people compared with 14.3 percent of the total New Zealand population).

Statistics New Zealand has forecast the trend of an ageing population to continue, with people aged 65 years and over forecast to make up 27 percent of the region’s population by 2043, an increase of 11 percent over a 30-year period.

**Figure 4 - Projected Population Structure and Composition 2013 to 2043**
Ethnicity

The majority of people living in Taranaki identify with being European (86.2 %) followed by Māori (17.4 %). There is less ethnic diversity in Taranaki, compared with nationally.

Disability in Taranaki

Figure 5 – Disability in Taranaki

According to the 2013 New Zealand Disability Survey 30% of people in Taranaki are limited in their daily lives by long term impairment. The number of people with disabilities will be higher than this figure when short term impairment, injuries, illness and ageing are considered. Further indications of the level of disability experienced in Taranaki have been gathered through a variety of sources below. This includes government benefits, ageing and health statistics:
### Table 1: Numbers of Taranaki People with Impairments

<table>
<thead>
<tr>
<th>Impairment</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td>14,000</td>
</tr>
<tr>
<td>Seeing</td>
<td>4,000</td>
</tr>
<tr>
<td>Mobility</td>
<td>17,000</td>
</tr>
<tr>
<td>Agility</td>
<td>8,000</td>
</tr>
<tr>
<td>Intellectual</td>
<td>1,000</td>
</tr>
<tr>
<td>Psychiatric/psychological</td>
<td>7,000</td>
</tr>
<tr>
<td>Speaking</td>
<td>3,000</td>
</tr>
<tr>
<td>Learning</td>
<td>6,000</td>
</tr>
<tr>
<td>Memory</td>
<td>Suppressed</td>
</tr>
<tr>
<td>Developmental delay</td>
<td>Suppressed</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36,000</strong></td>
</tr>
<tr>
<td><strong>Total private household population</strong></td>
<td><strong>121,000</strong></td>
</tr>
</tbody>
</table>

Note: Impairments have been counted separately, so a person with multiple impairments may be counted more than once in the statistics. This does not include people living in residential care facilities.

Taranaki Regional Council lift user (lift installed 2017)
ACC Payments

In the year ended 30 June 2015, 6,104 people in the Taranaki region were receiving long-term payments from the Accident Compensation Corporation (ACC). This is the highest level in 17 years, although this figure was almost matched in 2008.

Figure 6 - Numbers of Active Paid Claims in Taranaki

![Chart showing the numbers of active ACC claims in Taranaki from July 2010 to June 2015.]

People receiving these payments are likely to share similar disability issues facing those with permanent impairments, such as reduced mobility and reduced sensory awareness.

Work and Income Payments

The Ministry of Social Development through Work and Income offers a number of payments (Jobseeker Support, Supported Living Payment, Disability Allowance) to people who are unable to work due to either permanent or temporary impairments. This provides a small indication of the number of people with disabilities who are not in paid employment in the region. This excludes those who do not wish to receive this financial support, those who do not know about it, or those who lack appropriate advocacy, or those who do not qualify (e.g. partner works and their income can support the whole family).
A total of 5,691 people in Taranaki (5% of 2015’s usually resident population) received a Jobseeker Support or Supported Living Payment as at 30 June 2016.

**Figure 7 - Number of Registered Recipients of Supported Living Payments and Jobseeker Support**

![Bar chart showing numbers of recipients of Supported Living Payment and Jobseeker Support in Taranaki from 2009 to 2016.](source: Ministry of Social Development)

Jobseeker Support is available to people who are temporarily out of work and this includes people who are working less than usual due to sickness, injury, pregnancy or disability. (NB: a specific Sickness Benefit is no longer available due to changes under Welfare Reforms). The Supported Living Payment (previously Invalid’s Benefit) helps to meet the living costs of applicants who are unable to work due to permanent sickness, injury or disability.

**Ageing population**

While many older people are fit and healthy, people in this age group are more likely to have a disability and suffer from a chronic illness than any other age group. According to the 2013 Census, over 16% of the region’s population are aged 65 or older. Most people acutely hospitalised with a chronic illness are aged between 65 and 74 years.
**Long-term chronic conditions**

Long-term chronic conditions have a significant impact on disability as chronic disease is persistent or long-lasting in nature. Cardiovascular disease, respiratory disease, diabetes, mental health and addictions and obesity are included in this group.

**Cardiovascular Disease –**

Cardiovascular disease (CVD) is the leading cause of death in New Zealand (Heart Research Institute) and in Taranaki. It is also the leading cause of potential years of life lost by people dying early. Of the cardiovascular diseases, ischaemic heart disease is the major cause of death, followed by stroke, which is the greatest cause of disability in older people. Cardiovascular disease is the leading cause of death for Māori people and Māori have higher rates of the disease than the general population.

**Respiratory Disease –**

Respiratory diseases, in particularly asthma and Chronic Obstructive Pulmonary Disease (COPD), are a significant burden of disease and cause of death for people within Taranaki. Asthma is particularly significant for children and Māori, and accounts for high numbers of admissions to hospital in Taranaki. COPD (which includes emphysema and chronic bronchitis) has a significant impact on older people.

**Diabetes –**

Diabetes is an important chronic disease which can result in a number of complications such as peripheral vascular disease, stroke, blindness, cardiovascular, kidney complications and limb amputation. Most diabetics (85–90%) have Type 2 diabetes, which usually develops during adulthood and is frequently associated with obesity. In 2015/16 the prevalence diabetes in New Zealand adults is 5.8% (Ministry of Health). The 2015 Virtual Diabetes Register records 7,616 people in Taranaki with diabetes (Ministry of Health).
Mental Health & Addictions –

In the 2012/13 New Zealand Health Survey, one in six New Zealand adults (16%, or an estimated 582,000 adults) had been diagnosed with a common mental disorder at some time in their lives (including depression, bipolar disorder and/or anxiety disorder) (Mental Health Foundation). Te Rau Hinengaro: The New Zealand Mental Health Survey (MA Oakley Browne, 2006) found that 46.6% of the population are predicted to meet the criteria for a disorder at some time in their lives. Māori and Pacific people have a higher prevalence as do younger people, people with less education, people with less income and people who live in more deprived areas. While mental disorders are common, not all people find them to be disabling. An estimated 242,000 people, or 5% of New Zealanders, are living with disability caused by psychological and/or psychiatric conditions (i.e. limitations in their daily activities due to long-term emotional, psychological or psychiatric conditions), according to the 2013 Disability Survey. For an estimated 122,000 people (13% of the disabled population), psychological/psychiatric disability is either their only impairment or the most limiting of their impairments (Mental Health Foundation).

Obesity –

Obesity is an important health issue for the developed countries as it is associated with a raft of chronic disease including Type 2 diabetes, cardiovascular disease and osteoarthritis. In 2011/13 29.3% of adults in Taranaki were obese, up two percent from the 2006/07 survey. This is slightly below the national average of 29.9%. Taranaki had a slightly higher proportion (27.3%) of obese adults, compared to the national rate (26.5%). In 2011/13 one in 5 Taranaki children (21.9%) were obese. This is double the national average of 10.8% (Ministry of Health).

Temporary impairment

Temporary Impairments include musculo-skeletal injuries and other non-permanent disabling conditions. The most common cause of temporary impairment is injury. Key findings from the Injury-related Health Loss report (Ministry of Health and Accident Compensation Corporation, 2013) are as follows:
- Injuries are the third most important cause of health loss in children and young people, and the fifth most important cause of health loss across all age groups.

- Males account for nearly three-quarters of injury-related health loss.

- Over half of all injury-related health loss occurs in those under 35 years old.

- Self-inflicted and transport injuries are the leading causes of injury-related health loss.

- Falls account for more than half of all injury-related health loss in older age groups.

- Māori experience twice the rate of injury-related health loss compared to non-Māori, with health loss from assault four times higher in Māori.

- Self-inflicted injury rates are highest in young people.

- A third of all injury-related health loss results from traumatic brain injury and spinal cord injury, the majority of which is due to transport injuries.

- Alcohol and mental illness each contribute towards a quarter of all injury-related health loss.

Parents with young children

Parents with young children have some of the same mobility issues as people in wheelchairs and on mobility scooters. Navigating with a single or double pram on footpaths, doorways and supermarket aisles or just having enough room to open the car door wide enough to get prams and children out of the car can be challenging.
Summary of long-term and temporary impairment

What the brief analysis demonstrates is that at some point in our life-time we will all experience a reduction in our sensory functions, mobility or mental capacity. The issue of disability is therefore a large one which affects us all. On reflection, we can assume that every part of our community will be affected either directly or indirectly by the issue of disability.

Understanding barriers

One in four people in New Zealand reports having a long-term impairment. Because everyone comes from different backgrounds, holds different beliefs and has different needs, there is a great diversity of people who have impairments.

The key common factor among people with impairments is that they face many lifelong barriers to their full participation in New Zealand society.

Attitudes have been identified as the major barrier that operates at all levels of daily life in the general population. Attitudes and ignorance make their presence felt as stigma, prejudice and discrimination.

Stigma, prejudice and discrimination affect our behaviours. Sometimes the combination of attitudes and behaviours can seem to create almost insurmountable barriers, for example, whole systems or organisations can become a barrier much in the way that institutionalised racism operates. (Minister for Disability Issues, 2001)

The following information has been reproduced from the New Zealand Disability Strategy 2001 (Minister for Disability Issues, 2001)

When I’m a child …

For disabled children, it is hard to get the best start to their life ahead. Children’s needs can put big demands, including financial pressure, on their families and whānau.

When I’m a youth …

Disabled people are much less likely to achieve educational qualifications than non-disabled people.
When I’m an adult …
Disabled people are much less likely to be employed. For instance, the unemployment rate for people with ongoing mental illness is very high. Half of recent complaints to the Human Rights Commission in regard to disability related to employment. The public service employs a far lower proportion of disabled people than exist in the general working age population, despite equal employment opportunity policies.

Disabled people often have reduced housing options through poverty or factors such as discrimination when neighbours object to supported houses being established in their area.

When I’m older …
Older people experience difficulties when their problems are seen as an inevitable part of ageing. Faced with this attitude, they may miss the opportunity to remain able and independent through rehabilitation, correction of health problems or provision of support services.

For older disabled people, one of the biggest problems can be being denied the opportunity to remain in their familiar surroundings and ‘age in place’. Even in their own homes, some can feel isolated and insecure if they have limited contact with families, friends and their community.

My whole life …
- Despite New Zealand having strong standards for physical accessibility, access to public facilities and other buildings such as marae is poor. On top of that, most public transport is not independently accessible, and car modifications are expensive.

- People in higher socio-economic areas are more likely to access and receive support services than people in low socio-economic areas. Reflecting this situation, Māori as well as Pacific peoples are typically low users of support services.

- The majority of support for everyday activities comes from families.

- Poor literacy is a problem for many and is a cause of communication barriers. This problem extends to Braille and sign language literacy.
• Disabled people, especially those with psychiatric or intellectual impairments, are often shut out of social networks and full participation in community activities, because people are ignorant or fearful of behaviour they perceive as different.

• As a group, disabled people are likely to have lower incomes and fewer financial and family resources than the general population. This economic disadvantage is compounded by the financial cost of disability. The earning potential of families with disabled children can be curtailed by their need to provide support for their children or live and work in areas where they can access family or professional support.

• Disabled women are more likely to have low incomes than men or non-disabled women.

• Disabled people are almost three times as likely to get income from a government benefit as non-disabled people (excluding superannuation from this calculation).

Callum Rae, Parafed Taranaki Surf Day
The language about disability is really important

There are many words and terms that are used to identify disability. The way these are understood differs. For some of us, the term ‘disabled people’ is a source of pride, identity and recognition that disabling barriers exist within society and not with us as individuals.

For others, the term ‘people with disability’ has the same meaning and is important to those who want to be recognised as a person before their disability.

Not all members of our community identify with disability-focused language. For example, older people and their families and whānau sometimes think that disability is a normal part of the ageing process. People with invisible impairments such as mental health issues can sometimes identify as part of the mental health community, and not the disability community. Deaf people identify as part of the Deaf community with its own unique language and culture, and do not always identify as being disabled. Most Māori disabled people identify as Māori first. The importance of their cultural identity, which encompasses language, whānau, cultural principles, practices and linkages to the land through genealogy, is paramount to how they live their day to day lives in both Te Ao Māori and Te Ao Pakeha.

We know that non-disabled people are sometimes not sure which words or terms to use in order to be respectful. Our advice is to listen to how we refer to ourselves and use the same language. If you are still not sure, then just ask us what language we prefer (Office for Disability Issues, 2016).

Where to from here?

This strategy has identified a number of disability related issues and opportunities for the strategy partner agencies. The development of this strategy illustrates the willingness amongst the community to address disability issues. The current range of actions to reduce the experience of disability and interest in exploring better ways of working are positive. The combination of willingness to act and positive attitude, provides a solid framework to support this strategy and the associated action plan.
Action Plan

Overview of Objectives

The following section outlines objectives the strategy will focus on and the actions that the strategy will achieve and implement during 2017-2020. The objectives remain the same as the 2012 Taranaki Disability Strategy. Whilst we have made gains in creating a non-disabling society, a number of barriers remain. The objectives were developed in consultation with the Taranaki disabled community and remain pertinent. The actions were identified from an analysis of what remains relevant from the previous action plan, gaps that would benefit being filled, and our understanding or priorities for people with disabilities in the Taranaki community.

The actions incorporate a whole of community approach to improving accessibility, and draw on particular strengths of the existing providers and government organisations.

The action plan focuses on the following key objectives, with specific activities for action:

1. The Taranaki Community is aware of and understand the issues facing people.
2. Disabled people are seen and valued for their strengths and abilities.
3. People with impairments have equal opportunity to positively engage in our community.

Strategic Goal One: The Taranaki Community is aware of and understands the issues facing people

One of the biggest barriers facing disabled people is a lack of awareness and understanding of the issues facing disabled people. This lack of awareness and understanding may lead to decision making which neglects to consider needs and aspirations.

This goal is about raising the community’s awareness and creating a society where those with impairments can participate fully in the life of the community.
Strategic Goal Two: Disabled people are seen and valued for their strengths and abilities

The United Nations Convention of the Rights of Persons with Disabilities recognises that people with impairments often face discrimination because of their disability.

Disabled people have talents, experiences and skills that could be used to enhance the social, cultural, economic and environmental well-being of the communities they live in. More often there is a tendency to focus on the impairment rather than the person, their talents and knowledge. This devalues the disabled person and can negatively affect that person's confidence and feeling of self-worth.

This goal is about encouraging people to challenge their thinking and focus on what is possible rather than excluding valuable contributions to our community.

Strategic Goal Three: People with impairments have equal opportunity to positively engage in our community

The UN Convention recognises that sometimes extra or different things are needed to enable disabled people to reach the same level of enjoyment/opportunity as non-disabled people.

This goal is about working to remove barriers to participation in the Taranaki community. This includes physical environments and the way that services are provided.

Jono Brownjohn, IPC Athletics Grand Prix, Australia
Action Plan 2017 - 2020

The Taranaki Disability Action Plan 2017 - 2020 provides a comprehensive framework to improve the lives of people with disabilities in the community by increasing accessibility and the understanding of disability issues. It sets out an integrated action across government, non-government and community sectors, informed by engagement, consultation, and co-design.

This action plan focuses on the following key strategic goals, with specific action:

1. Increasing accessibility awareness and understanding of people experiencing disabilities in the community
2. People with disabilities are seen and valued for their strengths and abilities
3. People with disabilities have equal opportunity to positively engage in our community

The Action Plan demonstrates increased partnership working with key coalition focus on:

- Accessible Taranaki – increasing accessibility in public spaces, public buildings, transport, sport and culture.
- Employment project scoping
- Housing project scoping
- Development of a communication plan
### Table 2 - Strategic Goal 1: Increasing accessibility awareness and understanding of people experiencing disabilities in the community

<table>
<thead>
<tr>
<th>Project Number and Name</th>
<th>Goal</th>
<th>Action</th>
<th>Lead Agency</th>
<th>Time-frame</th>
<th>Key Indicators of Progress (What we are doing)</th>
<th>Key Indicators of Progress (Is it effective)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Taranaki Disability Strategy Coalition (TDSC)</td>
<td>A regional coalition of partners is maintained that works to improve lives for disabled people by increasing disability access and raising awareness in the community</td>
<td>TDICT</td>
<td>2017-2020</td>
<td>4 meetings held each year</td>
<td>100% of TDSC partners report that meetings are effective</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Coalition group monitors and coordinates</td>
<td>TDICT</td>
<td>2017-2020</td>
<td>Effectiveness of the Taranaki disability strategy evaluated, through measurement of outcome measures, and through production of annual reports.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TDICT</td>
<td>2017-2020</td>
<td>80% of projects completed</td>
<td>KPIs met</td>
</tr>
<tr>
<td>2</td>
<td>Media Communication</td>
<td>Comprehensive media messages delivered to the general public that promote disability awareness and understanding</td>
<td>Develop a communication plan</td>
<td>TDICT</td>
<td>2017-2018</td>
<td>Communications plan developed</td>
</tr>
<tr>
<td>Collaboration occurs for events for people with disabilities. Partner agencies support events</td>
<td>TDICT</td>
<td>2017-2020</td>
<td>Partner members support events, e.g. through promotion, venues, funding, participation at events, and/or celebration of achievements</td>
<td>Engagement and attendance at events</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Disability Responsiveness Workshops (DRW)</strong></td>
<td><strong>Organisations are accessible and inclusive for all.</strong></td>
<td><strong>Nationally-recognised NZFDIC training programme delivered by TDICT to raise staff awareness of disability as experienced by customers, staff with disabilities and members of the community.</strong></td>
<td><strong>TDICT</strong></td>
<td><strong>2017-2020</strong></td>
<td><strong>TDSC members committed to putting some staff through the DRW TDICT delivers 6 workshops a year</strong></td>
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</tr>
<tr>
<td>4</td>
<td><strong>Awards</strong></td>
<td>Disability awareness and understanding is promoted to businesses and/or community</td>
<td>Sponsor Accessibility Award in Taranaki TSB Top Shop Awards</td>
<td><strong>TDSC</strong></td>
<td><strong>2017-2018 minimum</strong></td>
<td>TDSC sponsor accessibility category for 2017 and 2018</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>Support Bizlink Hawera Business Awards</strong></td>
<td><strong>TDICT</strong></td>
<td><strong>2018</strong></td>
<td><strong>2018 awards supported</strong></td>
</tr>
</tbody>
</table>
Table 3 - Strategic Goal 2: People with disabilities are seen and valued for their strengths and abilities

<table>
<thead>
<tr>
<th>Project Number and Name</th>
<th>Goal</th>
<th>Action</th>
<th>Lead Agency</th>
<th>Time-frame</th>
<th>Key Indicators of Progress (What we are doing)</th>
<th>Key Indicators of Progress (Is it effective)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Disability representation and co-design</td>
<td>Improve effectiveness of disability strategy actions by building engagement, participation and co-design with people experiencing disability</td>
<td>People First &amp; DPA</td>
<td>2017-2020</td>
<td>People with disabilities and DPOs are involved in planning around service development and delivery</td>
<td>Survey of current members with disabilities and DPOs to assess if they feel their input is valued</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Encourage people with disabilities and DPOs to advise members of the strategy group on best practice</td>
<td></td>
<td></td>
<td>Survey people with disabilities to see if they feel they are being consulted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Employment</td>
<td>Increase the number of people experiencing disability into and retaining employment.</td>
<td>TDSC partners to establish baseline of headcount and % of workers with disability within their organisations</td>
<td>TDSC</td>
<td>2017-2020</td>
<td>1st year – baseline established</td>
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<tr>
<td></td>
<td></td>
<td>Increase case manager awareness of disability issues</td>
<td>W&amp;I</td>
<td></td>
<td>2017-2020</td>
<td>Work and Income will provide case managers who specifically work with clients who have a health condition or disability and who are receiving Job Seeker Support with deferred work obligations due to a health condition, injury or disability.</td>
</tr>
<tr>
<td></td>
<td>Employment Project</td>
<td>TDSC employment project developed</td>
<td>Employment project scope to be developed</td>
<td>TDSC subgroup</td>
<td>December 2017</td>
<td>Employment project scope developed</td>
</tr>
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<tr>
<td>7</td>
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<td></td>
<td></td>
<td>Increase in people with disabilities gaining employment</td>
</tr>
</tbody>
</table>
### Table 4 - Strategic Goal Three: People with disabilities have equal opportunity to positively engage in our community

<table>
<thead>
<tr>
<th>Project Number and Name</th>
<th>Goal</th>
<th>Action</th>
<th>Lead Agency</th>
<th>Time-frame</th>
<th>Key Indicators of Progress What we are doing</th>
<th>Key Indicators of Progress Is it effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Public space accessibility</td>
<td>People with disabilities have access to public spaces (footpaths, walkways, parks and reserves)</td>
<td>NPDC STDC SDC</td>
<td>2017-2020</td>
<td>Regularly meet with councils to promote accessibility issues</td>
<td>Reports to council include accessibility issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Encourage councils to improve public spaces accessibility</td>
<td></td>
<td></td>
<td>TDICT used as consultants</td>
<td>100% of new projects have TDICT involvement</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Public space managers work to improve public space accessibility</td>
<td></td>
<td></td>
<td>Talk to public space managers</td>
<td>100% of new or upgraded public spaces are accessible to people with disabilities where practicable.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Work with Tourism and Department of Conservation on accessibility issues</td>
<td>Accessible Taranaki (TDICT) Halberg</td>
<td></td>
<td>Talk to tourism and DOC staff</td>
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</tbody>
</table>

<p>|   | Public building accessibility | Access to public buildings is enhanced | Public buildings are audited | NPDC STDC SDC Accessible Taranaki (TDICT) | 2017-2020 | Complete 100% of accessibility audits for council owned buildings TDICT used as consultants TDICT are consulted for 100% of new council projects from the design stage Regular discussions occur with councils about accessibility issues | 10% of recommendations completed Reassessment audits have more recommendations actioned 100% of new projects are designed to accessible standards |</p>
<table>
<thead>
<tr>
<th>10</th>
<th>Accessible Transport</th>
<th>People with disabilities have access to appropriate transport options</th>
<th>Advocate for all public transport to be accessible</th>
<th>TDSC Idea Services</th>
<th>2017-2020</th>
<th>Advocate at PTOG and any public forums that are held for all public transport to be accessible</th>
<th>All public transport is accessible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Increase community awareness of transport options for people with disabilities</td>
<td>Continue to improve ease of use of Total Mobility scheme and regional bus services</td>
<td>TRC</td>
<td>2017-2020</td>
<td>Work with local organisations, including disability support groups, to raise awareness of services available e.g. Total Mobility, bus services</td>
<td>Number of engagements with organisations</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ongoing customer satisfaction surveys</td>
<td>Report on implementation outcomes of improvements to Total Mobility and bus services</td>
</tr>
<tr>
<td>11a</td>
<td>Sport, recreational and cultural opportunity for people with disability</td>
<td>Ensure public transport service staff are trained in disability awareness</td>
<td>2017-2020</td>
<td>Service provider staff attend training workshops</td>
<td>Number of service provider staff who have attended awareness training</td>
<td></td>
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<tr>
<td></td>
<td>Opportunities for participation are available for people experiencing disability</td>
<td>Regional sport funding and disability sport organisations promote and encourage inclusion.</td>
<td>Parafed Sport Taranaki &amp; Halberg</td>
<td>2017-2020</td>
<td>Opportunities for people with disabilities to participate in sport and active recreation are provided No exceptions training NET courses held in Taranaki</td>
<td>People with disabilities take part in these sports and active recreation opportunities. Increase in the number of people in Taranaki using an inclusive sports model</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>To increase cultural and arts participation</td>
<td>NPDC STDC SDC</td>
<td>2017-2020</td>
<td>Work with Len Lye and Govett-Brewster, Womad, Festival of Lights etc</td>
<td>Continue interpreter tours at Len Lye and Govett-Brewster</td>
<td></td>
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<tr>
<td>Work with Arts Access Aotearoa, local groups and events managers, to increase accessible cultural and arts opportunities</td>
<td>New accessible opportunities identified</td>
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<tr>
<th>Work with art gallery, museums and stadiums</th>
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<tr>
<th>Promote Te Whakaheitanga Marae Kua wa-tea te huarahi (Marae Accessibility Toolkit)</th>
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<tr>
<th>Tui Ora</th>
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<table>
<thead>
<tr>
<th>2017-2020</th>
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<table>
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<tr>
<th>Contact mane with iwi/hapu trustees</th>
</tr>
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<tr>
<th>Number of Marae up taking accessibility audits</th>
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<tr>
<th>More flexible funding from NPDC to provide for accessibility upgrades at Marae</th>
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<tr>
<th>Number of actions/building changes implemented</th>
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<tr>
<td>12</td>
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MEASURING THE DIFFERENCE

A key question for strategy development and action planning is “how well does it achieve what it sets out to achieve”? This section outlines how the performance of the strategy will be measured and reported on.

**Reporting**

The annual report is a comprehensive record of activities undertaken throughout the preceding year. It is intended to give stakeholders and other interested people information about the activities and performance.

The annual report will be prepared to consider the impact achieved by implementation. Regular reporting will perform two functions:

1. Evaluating the effectiveness of the strategy (i.e. the difference it is making over time), and
2. Assisting with future delivery and planning through understanding success factors and challenges.

Reporting will be a shared responsibility of the Taranaki Disability Strategy Coalition (see Project 1).

Actions in the action plan will be the principle activities to be measured. We will look at what we are doing and how effective it is. Wider outcomes that support the overall assessment of the strategy will be monitored.

The report will focus on the above considerations by reporting against the structure below:

- **Highlights**
- **Achievements** – report against indicators
- **Emerging Issues** – what is occurring in the environment that impacts on the strategy and what will be done about it
- **Summary of Actions** – report against the progress of the action plan
- **Background**
- **Appendices**
Indicators

Indicators are measures that sit between the high level statements of vision and goals, and the concrete actions delivered. Indicators provide an understanding of how well we are addressing strategy goals, based on the actions completed in the action plan.

The relationship between Vision, Indicators and Actions are represented below:

- **Vision & Strategic Goals**: What the Strategy aims to achieve
- **Indicators**: How well we are delivering on the vision
- **Action Plan & Reporting**: What is planned and what has been done

The indicators in this action plan focus on “what we are doing” (often referred to as outputs) and “is it effective” (often called outcomes). These indicators will measure how well we are delivering on the vision - 'Taranaki is a non-disabling society, a place where every person with impairments leads a life free of disability’ and will provide understanding on the effectiveness of the Strategy.
SUPPORTING INFORMATION

This Taranaki Regional Disability Strategy is informed by the New Zealand Disability Strategy (Minister for Disability Issues, 2001) of which the long-term plan for changing New Zealand from a disabling to an inclusive society remains current with the latest associated action plane extending to 2018. The New Zealand Disability Strategy 2016-2026 (Office for Disability Issues, 2016) is relevant; this strategy acknowledges the work of the 2001 plan and outlines the following eight outcomes moving forward:

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
Consultation is planned to develop an Action Plan for the New Zealand Disability Strategy 2016-2026.
**Taranaki Disability Strategy development process**

The original 2012 Taranaki Disability Strategy was the result of a wide range of regional partners working towards an agreed understanding of disability and joint action to improve accessibility and understanding.

Led by the Taranaki Disabilities Information Centre an initial strategy group formed in 2009 with representatives from the three District Councils, District Health Board, Work and Income, Sport Taranaki, Te Whare Punanga Korero Trust, Taranaki Disability Information Centre, Disabled Persons Assembly, IDEA Services and other disability support and advocacy groups.

Following the development of a discussion paper and workshops held with the strategy team, a draft vision, goals and values were formed to provide a starting point for further refinement and consultation. Consultation was held throughout mid 2010 to 2011 with a wide range of groups, including six disability strategy workshops, which asked four key questions:

1. What do you think about the draft strategy vision, goals and guiding principles?
2. What are you currently doing in your organisation to minimise disability?
3. What are you planning to do in the future to minimise disability?
4. What support would you do with support from other partners to minimise disability in the future?

Consultation feedback was collated and analysed, leading to the development of a regional strategy draft. The original strategy group was reformed to consider this document in a workshop held in November 2011. This workshop provided an opportunity to:

- Review progress and feedback
- Establish strategy timeframe
- Develop Action Plan
- Understand and set indicators
A final draft strategy was then developed and given final opportunity for comment, before launch and formal adoption by Taranaki Disability Strategy Coalition partners on the 3rd December 2012.

In 2016/17 the Taranaki Disability Strategy Coalition partners worked together to update the Taranaki Disability Strategy and Action Plan to provide a framework to continue to the work towards a non-disabling society.

Strategic links
The Taranaki Disability Strategy is designed to reflect the type of community that the people of Taranaki region would like to live in and the ability for all people to have equal access to community life without the experience of barriers to participation. As a strategic document, guidance is provided to a number of stakeholders for the implementation of actions.

Links between national and organisational specific strategies and plans
With a regional focus the Taranaki Disability Strategy is seen as the linking document between the national strategy and localised strategies. The strategy’s role is to ensure that local efforts are coordinated, are complementary and prevent duplication. Localised strategies and plans that address disability and accessibility issues are independent, but combined help achieve a region that enables every person to live a life free of disability. The Taranaki Disability Strategy Coalition plans to introduce collective projects into the 2017-2020 Action Plan, with the view that together we can achieve more.

Figure 8 demonstrates the link between national, regional and localised disability related strategies.
Roles and responsibilities of coalition partners

A number of partners working together will achieve the strategy vision as previously outlined. It is important to understand and acknowledge the particular roles and responsibilities each have, to ensure that strategy actions that best match skills, resources and roles.

New Plymouth District Council

New Plymouth District has a population of 74,184 (2013 census). New Plymouth District Council (NPDC) manages the environment, social, economic and cultural wellbeing of New Plymouth District – making decisions for and on behalf of the local community and setting the district’s overall strategic direction. Operating under the Local Government Act 2002 (which provides the general framework for local government) and through consultation with the community, the NPDC seeks to meet the current and future needs of the district’s communities for good-quality local infrastructure, local public services, and performance of regulatory functions. New Plymouth District Council is constantly working to improve accessibility across the District. They have an Accessibility and Aged Issues Working Party.
South Taranaki District Council

South Taranaki has a population of 22,577 (2013 census). South Taranaki District Council (STDC) perform the purpose of local government as outlined in the Local Government Act 2002 which is to meet the current and future needs of communities for good quality local infrastructure, local public services and the performance of regulatory functions in a way that is most cost effective for households and businesses.

The South Taranaki District Council works towards this purpose through their Mission Statement and Community Outcomes and use these to guide decision making, developing policies, strategies or determining priorities regarding the activities and services provided. Accessibility is a focus on the work the council carries out.

Stratford District Council

Stratford District Council (SDC) has a population of 8,991 (2013 census). SDC operates under the Local Government Act 2002 which is to meet the current and future needs of communities for good quality local infrastructure, local public services and the performance of regulatory functions. Stratford District Council supports this regional strategy through advocacy, promotion, services, facilities and positive leadership. SDC has a Positive Ageing Group and a commitment to improving accessibility.

Taranaki Regional Council

The purpose of the Taranaki Regional Council (TRC) is to enable democratic local decision making to meet the current and future needs of the Taranaki community for good quality local infrastructure, local public services, and performance of regulatory functions in a way that is most cost-effective for households and businesses. TRC manages the Total Mobility scheme for Taranaki and is committed to improving accessibility across all work streams.
Local Authorities are responsible for maintaining, managing and developing key public assets (such as roads, parks and halls) and delivering services (buildings and resources consents, events, community development and public transport) that enhance the quality of life of the communities they are responsible for.

**Taranaki Disabilities Information Centre (TDICT)**
TDICT aims to provide accessible resources that will empower people with disabilities to make personal choices about their quality of life. A range of information is provided on disability and health. Services include hire of equipment, disability awareness ‘hands on’ workshops and the ‘barrier free’ advisory service to meet compliance with New Zealand Standard, Design for Access and Mobility – Buildings and Associated Facilities (NZS 4121:2001).

**Disabled Persons Assembly (DPA)**
The DPA promotes self-advocacy and acts as the collective voice of people with disability in New Zealand based on principles of human rights and equal value of life. DPA is an umbrella organisation representing people with all types of impairments — physical, sensory, intellectual, psychiatric and neurological, acquired at any stage of life, the families of people with disability, disability advocacy organisations and disability service providers. Local branches exist around New Zealand, including the Taranaki area.

**Taranaki District Health Board**
District Health Boards (DHBs) are responsible for the provision and funding the provision of health and disability services in their district. As a DHB Taranaki District Health Board (TDHB) has a responsibility to implement the New Zealand Disability Strategy (NZDS) 2001, which it achieves through its functions as a DHB and Disability Action Plan.
Ministry of Social Development - Work and Income

Work and Income provides financial assistance and employment services throughout New Zealand and offers a single point of contact for New Zealanders needing job search support, financial assistance and in-work support. There are many specific health and disability related benefits and programmes provided.

Taranaki Māori Disability Coalition Group (Tui Ora)

The Taranaki Māori Disability Coalition Group is a Coalition Group to establish a recognised forum which represents Māori clients and whānau issues within the Taranaki disability sector, to voice the concerns and issues within this sector, and, to monitor and scrutinize issues affecting Māori disabled clients and whānau. The primary goal of the Coalition Group is to liaise with iwi, hapu and provider services working towards a holistic approach for disabled Māori in Taranaki.
**Sport Taranaki**

Sport Taranaki is a community focused organisation whose role is to identify and respond to the sport and recreation needs of people of all ages in the Taranaki region. They work with the sport, education and health sectors. Specific to disability, Sport Taranaki is working alongside ParaFed Taranaki to provide opportunities to participate and compete in sport and recreational activities. In addition a Halberg Disability Sports Advisor works with clubs, organisations, schools and individuals to assist in making sport and recreation accessible through educating providers and through assisting in children acquire any modified equipment to help them to participate in the activity of their choice through the Halberg Trust Activity Fund.

**ParaFed Taranaki**

Parafed (Paraplegic & Physically Disabled Federation) Taranaki strives to improve the lives of people with disabilities through sport and recreation to encourage all people with physical disabilities to participate in life to the full in the areas of sport and recreation. The aim of Parafed Taranaki is to inspire and support people with physical disabilities in the community to become involved and active in sports and recreation. This will increase the participant’s wellbeing and also their opportunities for inclusiveness in the community. This is done by offering sport and recreational opportunities that build confidences, motivation and provide an equal opportunity.

**IDEA Services**

IDEA Services stands for Intellectual Disability Empowerment in Action. IDEA services provide support for people with intellectual disability so they can live, learn, work and enjoy life as part of the community. Services are provided by IDEA Services Limited, IHC’s service delivery arm and include; accommodation services, supported living, day services, supported employment, family/whānau services.
Legislative framework

The legislative framework for disability within New Zealand is vast. Many Acts have reference to disability and have special provisions for how people that meet particular categories of disability are to be treated. That said there are a number of key pieces of legislation that form the basis on New Zealand’s approach. Main Acts are as follows:

The New Zealand Public Health and Disability Act 2000 and subsequent amendments

The New Zealand Public Health and Disability Act 2000 (NZPHD Act) and subsequent amendments establishes the structure underlying public sector funding and the organisation of health and disability services. It establishes District Health Boards, and sets out the duties and roles of key participants, including the Minister of Health, Ministerial committees, and health sector provider organisations.

The NZPHD Act also sets the strategic direction and goals for health and disability services in New Zealand. These include to improve health and disability outcomes for all New Zealanders, to reduce disparities by improving the health of Māori and other population groups, to provide a community voice in personal health, public health, and disability support services and to facilitate access to, and the dissemination of information for, the delivery of health and disability services in New Zealand.


The Convention on the Rights of Persons with Disabilities is an international human rights treaty of the United Nations intended to protect the rights and dignity of persons with disabilities. Parties to the Convention are required to promote, protect, and ensure the full enjoyment of human rights by persons with disabilities and ensure that they enjoy full equality under the law (Wikipedia the free encyclopedia).

Health and Disability Commissioner Act 1994

This Act establishes the role of the Health and Disability Commissioner is to ensure that the rights of consumers are upheld. This includes making sure that complaints about health or disability services providers are taken care of fairly and efficiently.

Disabled Persons Community Welfare Act 1975

The Disabled Persons Community Welfare Act 1975 requires adequate and reasonable access to premises, parking and sanitary conveniences for disabled people. This Act is incorporated with the Building Act. All centres established since 1991 must provide access for disabled people. An international access symbol must be displayed.
**Human Rights Act 1993**

The Human Rights Act 1993 defines the circumstances in which discrimination is unlawful. When a person is treated unfairly or unjustly compared to another person in the same or similar circumstances, discrimination has occurred. The Human Rights Commission has been established to assist people who have been discriminated against.

**Health and Disability Services (Safety) Act 2001**

The purpose of this Act is to promote the safe provision of health and disability services to the public by setting consistent and reasonable standards.

**New Zealand Sign Language Act 2006**

The purpose of the New Zealand Sign Language Act is to promote and maintain the use of New Zealand Sign Language. The NZSL Act is consistent with the United Nations Convention on the Rights of Persons with Disabilities.

**Other important legislation related to Disability**

Many other New Zealand Acts have particular provision for people with disabilities and include:

- Social Security Act 1964 (related to disability allowances)
- Dog Control Act 1975 (related to special treatment of disability assistant dogs)
- Education Act 1989 (legislates for equal rights to primary and secondary education)
- Special treatment provisions for compulsory assessment, treatment, care, rehabilitation and criminal procedures.
Appendix A – Taranaki Disability Strategy Coalition

Our vision is for every person with impairments to lead a life free of disability

The Taranaki Disability Strategy aims to make our community a place that is accessible for all people. Everybody has the right to have their talents, experience and skills acknowledge, to determine how they wish to live their lives, and have equal access to enable the same level of enjoyment and opportunity.

This is achieved through the following strategic goals:

1. The Taranaki Community are aware of and understand the issues facing people;
2. People with disabilities are seen and valued for their strengths and abilities;
3. People with impairments have equal opportunities to participate.
Bibliography


