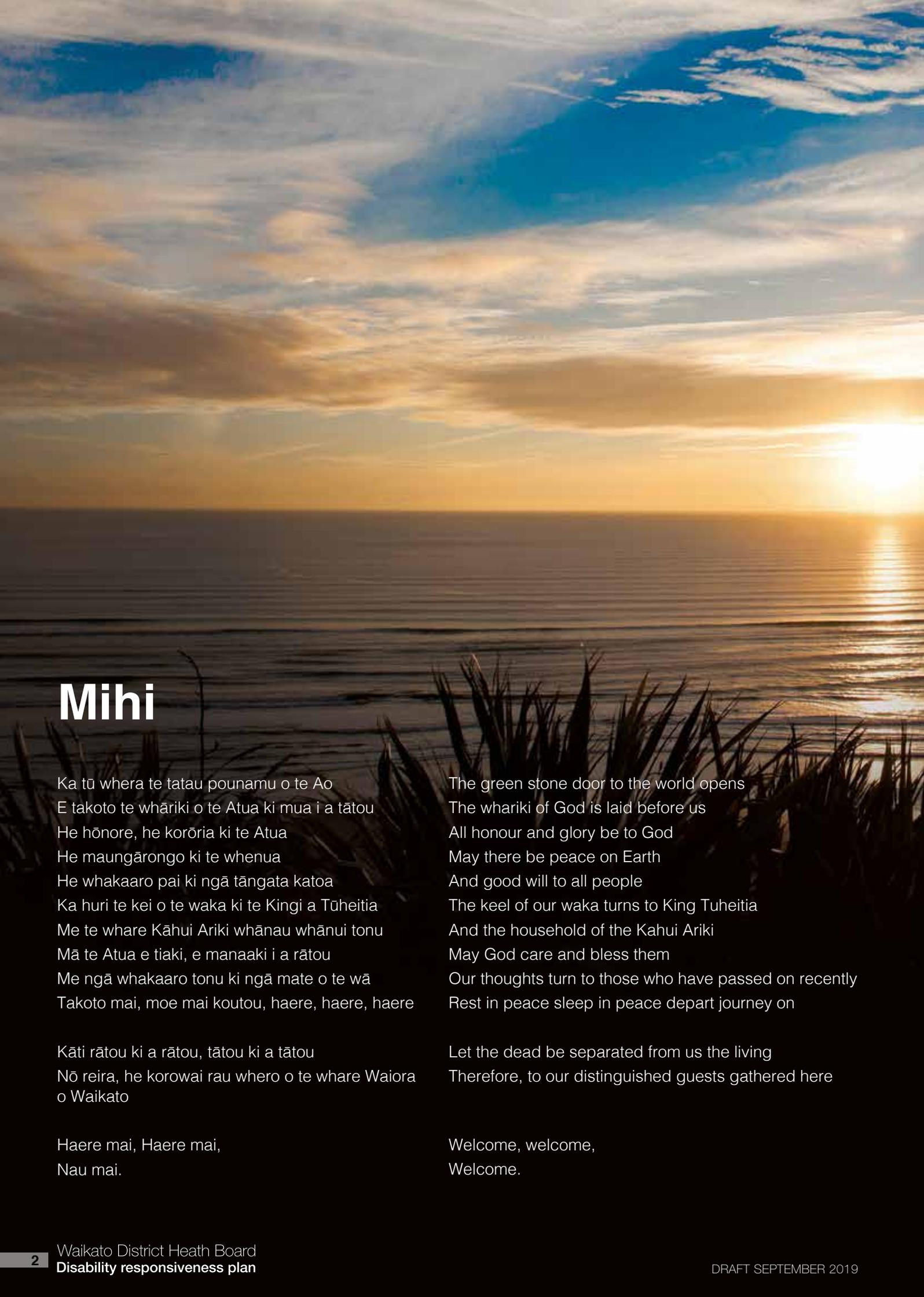




DRAFT SEPTEMBER 2019

Waikato District Health Board **Disability responsiveness plan**





Mihi

Ka tū whera te tatau pounamu o te Ao
E takoto te whāriki o te Atua ki mua i a tātou
He hōnore, he korōria ki te Atua
He maungārongo ki te whenua
He whakaaro pai ki ngā tāngata katoa
Ka huri te kei o te waka ki te Kingi a Tūheitia
Me te whare Kāhui Ariki whānau whānui tonu
Mā te Atua e tiaki, e manaaki i a rātou
Me ngā whakaaro tonu ki ngā mate o te wā
Takoto mai, moe mai koutou, haere, haere, haere

Kāti rātou ki a rātou, tātou ki a tātou
Nō reira, he korowai rau whero o te whare Waiora
o Waikato

Haere mai, Haere mai,
Nau mai.

The green stone door to the world opens
The whariki of God is laid before us
All honour and glory be to God
May there be peace on Earth
And good will to all people
The keel of our waka turns to King Tuheitia
And the household of the Kahui Ariki
May God care and bless them
Our thoughts turn to those who have passed on recently
Rest in peace sleep in peace depart journey on

Let the dead be separated from us the living
Therefore, to our distinguished guests gathered here

Welcome, welcome,
Welcome.



*“Mehemea ka moemoeā ahau
Ko au anake
Mehemea ka moemoeā e tātou, Ka taea e tātou”*

*“If I am to dream
I dream alone
If we all dream together
Then we will achieve”*

Te Puea Herangi (1883-1952)

Contents

Mihi	2	Goal 4: Tāne matua	
Whakataukī	3	Help us to achieve our full health and wellbeing potential	21
The vision for this plan	6	Action 4.1 There is dedicated disability expertise within Waikato DHB	21
Key changes that will enable the vision	6	Action 4.2 Enable whānau hauā to make informed decisions about their care and wellbeing	21
Why do we need a Disability Responsiveness plan?	9	Action 4.3 Whānau hauā accessing multiple health services and transitioning from one area to another find the process easy and seamless	21
Who are whānau hauā in the Waikato DHB district?	10	Action 4.4 The Waikato DHB makes decisions which are informed by robust evidence	22
How has the plan been developed	12	Goal 5: Tāne te waiora	
Goals and actions to achieve the vision	14	We are treated with respect and empathy by staff who are knowledgeable about disability	24
Goal 1: Tāne te wānanga		Action 5.1 Educate the workforce so they understand and can work responsively with whānau hauā. This will include training provided by Māori and Pacific disability trainers	24
Be whānau hāua centred – listen to and value, our voice and experience	15	Goal 6: Tāne te waiora	
Action 1.1 Welcome feedback from whānau hauā and act on this to improve responsiveness and service delivery	15	We are active partners in improving quality, ensuring accountability and monitoring services	26
Action 1.2 Support whānau hauā as a collective	15	Action 6.1 Whānau hauā monitor and influence the quality of care and services	26
Action 1.3 Inform whānau hauā about their rights when using any of the Waikato DHB services	15	How this plan will be put into place, monitored and reviewed	28
Goal 2: Tāne-toko-i-te-rangi		Appendices	30
Give us the information we need in a way we can understand and access	17	Appendix 1	31
Action 2.1 Make all information accessible	17	Appendix 2: People and organisations who contributed to the Disability Responsiveness Plan	33
Goal 3: Tāne-toko-i-te-rangi		References	35
Barriers to accessing care are eliminated	19		
Action 3.1 Whānau hauā experiencing a high level of difficulty accessing care are prioritised for action	19		
Action 3.2 Physical spaces are designed to be universally accessible and utilise appropriate equipment and/or technology to ensure they are easy to navigate	19		
Action 3.3 Innovative solutions are found to reduce barriers that prevent easy access to care	19		



The vision for this plan

The barriers and inequities disabled people and their families (whānau hauā) face when accessing health services are eliminated¹.

Key changes that will enable the vision

Moving toward the vision means a shift from current attitudes and practice to a new way of behaving. The Disability Responsiveness Plan recommends a set of activities, but these will only be successful if we work in a way that respects whānau hauā as equal partners in the journey to health and wellbeing.

We need to make positive change in the following areas:

- Address inequities for whānau hauā
- Make information available and accessible to all
- Remove barriers that prevent whānau hauā having full and equitable access
- Provide equitable access to whānau hauā living in rural communities
- Be responsive and timely
- Behave with empathy and respect
- Provide a strength based approach where whānau hauā are at the centre of their care
- Whānau hauā are active participants in their treatment and care

While drafting this plan we consulted with Te Rōpū Tiaki Hunga Hauā and also got advice from Waikato Tainui that whānau hauā was the more appropriate reference to use for disabled people and their whanau. This term has been in use in the Waikato since 2006. Tāngata whaikaha was initially used as it was developed for Whāia Te Ao Mārama 2018-2022: The Māori Disability Action Plan in 2014. We have heeded Waikato Tainui advice and used whānau hauā instead of tāngata whaikaha throughout this plan.

Donny Rangihau (Tuhoe) gifted the term whānau hauā and its description to Te Rōpū Waiora, a Māori disability agency based in South Auckland².

Whānau hauā distinct from common understandings of disability is that from this perspective a disability does not define a person. In other words, disability is positioned within a person's background, coming to the forefront in times of need and compromised ability to achieve or undertake necessary activities. Whānau hauā manage disability as part of their daily life rather than it being central to an individual's identity or everyday life.

This term has been deliberately used throughout this plan to emphasise that whānau hauā are driven by a collective effort and the cultural obligations and responsibilities that whānau members have to each other and the whānau as a whole, while they strive to achieve balance within an environment of change and institutional barriers.

¹ Waikato District Health Board Consumer Council Terms Of Reference 2018

² MAI Journal 2017: Volume 6 Issue 1 – www.journal.mai.ac.nz/content/whānau-hauā-reframing-disability-indigenous-perspective



Two year plan

The Disability Responsiveness Plan is a two year plan for Waikato District Health Board (DHB). It focuses on addressing the barriers and inequities facing whānau hauā including children, adults, older people who use Waikato DHB services. It is an aspirational plan and will form part of a longer term disability strategy which will be developed in the next two to three years.

Whānau hauā are those who have physical, mental, learning or sensory impairments. There are many who have life-long impairments as well as a growing number who acquire disability later in life, often as a result of long-term health conditions. Disability however, is something that happens when whānau hauā with impairments face barriers in society.

We know that whānau hauā experience poor health outcomes when compared to the general population. Research has identified the multiple barriers faced by whānau hauā of all ages and disability categories when accessing primary and secondary care³.

- Māori and Pacific peoples have worse health on average compared with non-Māori and non-Pacific peoples, and have greater unmet needs
- Whānau hauā with intellectual disability often have a lower life expectancy, an increased risk of a range of chronic health conditions, and higher hospitalisation rates
- Whānau hauā with physical disabilities are more likely to have chronic health conditions and secondary health conditions

- Some health risk factors are more common among whānau hauā.

This plan identifies goals and activities that will ensure whānau hauā have access to appropriate and timely services at Waikato DHB which are respectful and mana enhancing.

We acknowledge and thank the whānau hauā who shared their experiences and learning with us.

We also thank Waikato DHB Consumer Council, Te Rōpū Tiaki Hunga Hauā (Māori Disability Forum), Waikato Tainui, Enabling Good Lives and other disability providers who have provided valuable insight.

Over 70 people have given generously of their time to shape the goals and actions in this plan (see appendix 1).

The principles of Te Tiriti o Waitangi of participation, protection and partnership have guided how this plan has been developed. The principles embody what a whānau hauā led approach is and this approach will continue as the plan is put into action and monitored.

The plan will provide clear direction for those working alongside whānau hauā to address inequities to ensure better health outcomes. It will identify a number of key areas of improvement across a defined range of dimensions, and it will set some clear performance measures for the DHB.

³ Ministry of Health indicators of people with intellectual disabilities, 2011. Te Pou o te Whakaaro Nui, Improving access to primary care for disabled people, 2013



Why do we need a Disability Responsiveness plan?

There are district, national, and international, imperatives for improving the way we respond to the health and wellbeing needs of whānau hauā.

District:

- The New Zealand Public Health and Disability Act 2000 lays out expectations for DHBs to follow regarding disability support. These include improved health, independence, participation and inclusion of whānau hauā in the planning and delivery of health services
- Waikato Health System Plan, Te Korowai Waiora 2019 commits to “improve health outcomes for our population particularly for Māori and other priority groups”
- Healthy people. Excellent care, Waikato DHB Strategy 2016 recognises and seeks to address issues impacting on whānau hauā and lays the foundation for a robust approach to addressing health system inequities impacting on the wellbeing of whānau hauā
- Waikato DHB Consumer Council terms of reference focuses on elevating issues and solutions that remove barriers and eliminate inequities for whānau hauā. To give effect to this vision, the Consumer Council has committed to the strategic imperative of health equity for high needs populations / oranga, such as Māori, and whānau hauā.

National:

- Te Tiriti o Waitangi in health, the treaty is used alongside the current New Zealand Public Health and Disability Act 2000 to ensure equitable health outcomes for Māori
- The New Zealand Māori Health Strategy, He Korowai Oranga sets the overarching framework that guides the government and the health and disability sector to achieve the best health outcomes for Māori
- The New Zealand Disability Strategy updated in 2016 states that whānau hauā must have access to mainstream and disability specific services that are high quality, available and accessible
- Whāia Te Ao Mārama 2018-2022: The Māori Disability Action Plan is a culturally anchored approach to supporting whānau hauā because Māori are more likely to be disabled than the general population
- Faiva Ora National Pasifika Disability Plan 2016-2021 sets out priorities that guide health providers when working towards the wellbeing of Pacific whānau hauā
- The Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996 outlines the rights people have when using health services.

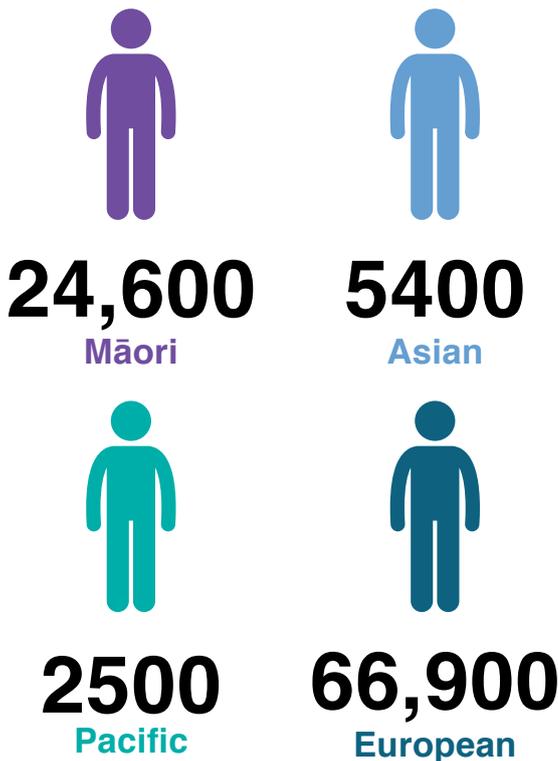
International:

- The United Nations Convention on the Rights of Persons with Disabilities states that whānau hauā “have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.” New Zealand signed the Convention on Rights of Persons with Disabilities in 2007 and ratified it in 2008.

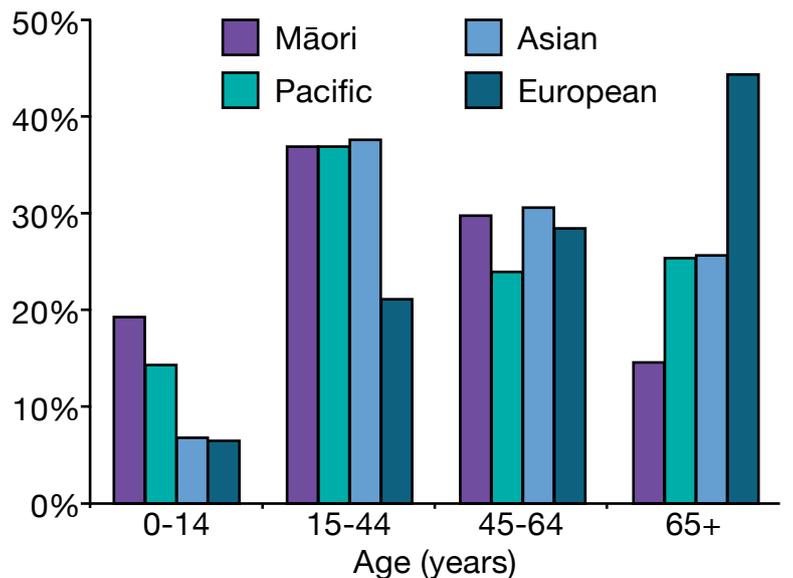
Who are whānau hauā in the Waikato DHB district?



102,600
estimated whānau hauā
in the Waikato (2018)⁴



Whānau hauā presented by age and ethnicity

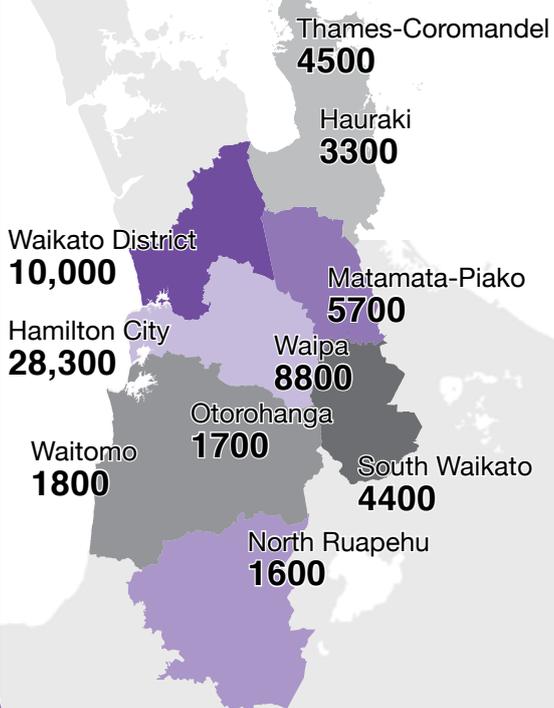


A higher proportion of the Māori and Pacific whānau hauā are in the younger age groups compared to the European age distribution.

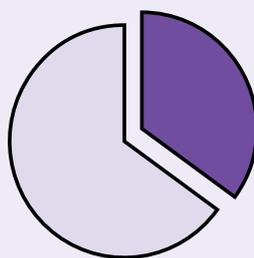
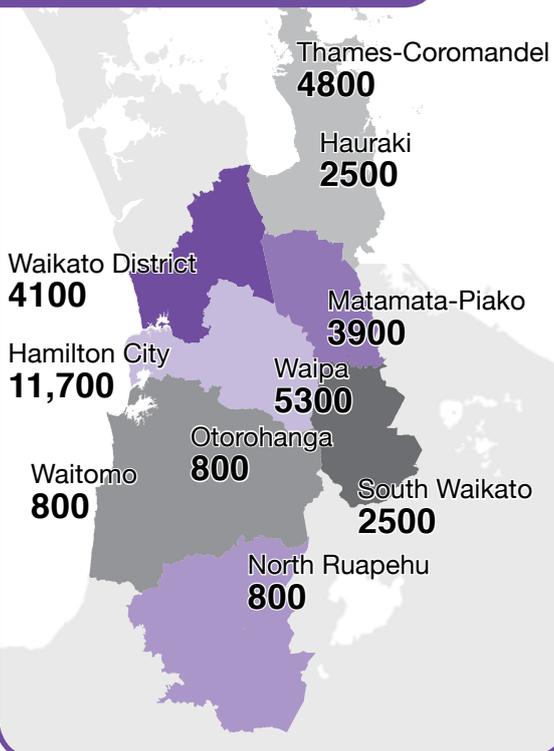
⁴ Whānau Hauā Disabled Peoples Health and Wellbeing Profile, Waikato DHB 2019

Estimated number of whānau hauā across the Waikato DHB area

Under 65 years



65+ years



35%

Around 35% of Māori whānau hauā are aged 15-44 years

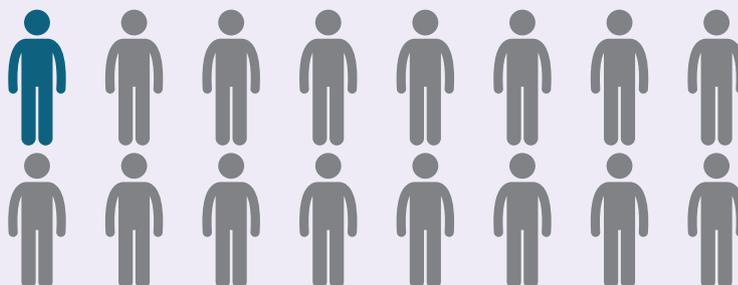
A similar proportion is seen in the Pacific and Asian population



One in five (19%) of Māori whānau hauā are under the age of 15 years



One in seven (14%) of Pacific whānau hauā are under the age of 15 years



One in 16 (6%) of European whānau hauā are under the age of 15 years

The difference and diversity of whānau hauā needs to be understood, acknowledged and celebrated. Addressing the inequity that Māori and Pacific whānau hauā face is important. Social and economic factors contribute to poorer disability outcomes for Māori and Pacific, including from lower income and poverty, higher unemployment and lack of education.

Twenty-four percent of Māori identified as disabled in 2018. A high proportion of the Māori and Pacific whānau hauā are in the younger age groups (under 45 years). In education 42 percent of Māori at school receive support from the on-going resourcing scheme, one third of Māori whānau hauā receive jobseeker support and a supported living payment. For Pacific the information in the disability profile raised some concern that Pacific whānau hauā are not accessing a lot of additional support in education, in employment, or a supported living payment⁴. Over the coming decades, we will see more cultural and ethnic diversity in the disability community.

How has the plan been developed

Whānau hauā and key stakeholders have been involved in the development of this plan. They have been engaged in discussions to identify issues and priorities for action.

Contributions have been sought through community focus groups, hui and individual feedback. (See appendix 1).

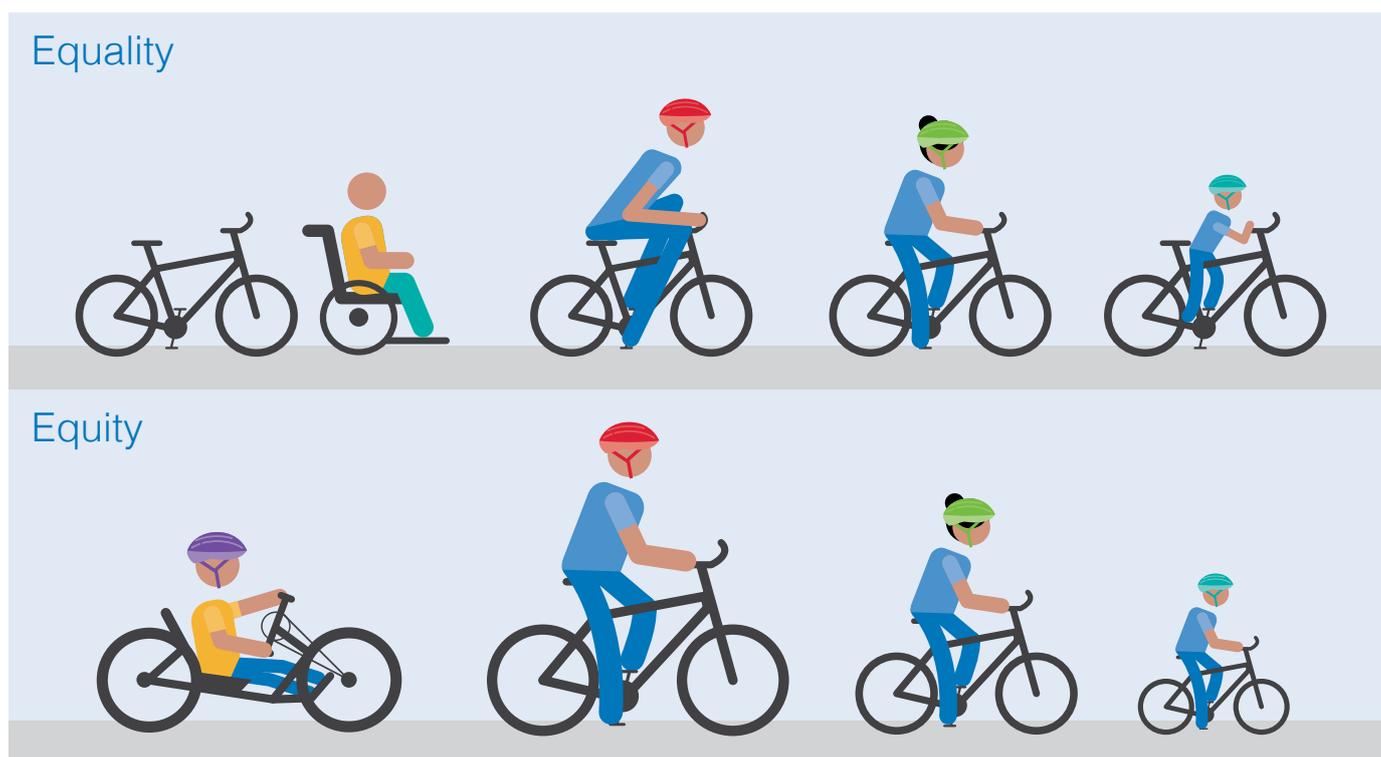
Whānau hauā asked for the plan to focus on actions which will have a positive impact, and for the actions to be aligned with existing documents:

- The Waikato DHB Programme Priority Plan 1.3 Remove barriers for people experiencing disabilities has been a key source document for this plan
- Whāia Te Ao Mārama
- New Zealand Disability Plan;
- New Zealand Disability Strategy;
- Health and Disability Commissioner Code of Rights
- United Nations Convention on the Rights of Persons with Disabilities

The Disability Responsiveness Plan has been developed to sit within the broader context of the Waikato Health System Plan, Te Korowai Waiora. This Plan describes the determinants of health and wellbeing which apply to all people, including those with impairments.

The Disability Responsiveness Plan recognises that certain groups, including whānau hauā, do not achieve health equity due to factors such as discrimination, social and economic factors and barriers to access.

Equality vs equity⁵



⁵ Diagram adapted from original concept developed by 'Robert Wood Johnson Foundation 2017'



Goals and actions to achieve the vision



Goal 1

Tāne te wānanga

Be whānau hāua centred – listen to and value, our voice and experience

This will mean

- we get the service that best meets our needs and wishes
- we become active partners with you in our journey to health and wellbeing
- it is easy to give feedback about how services are working for us and our feedback is responded to
- we know how to get support to assist us to resolve issues.

Action 1.1 Welcome feedback from whānau hauā and act on this to improve responsiveness and service delivery

Activities

Develop and promote a whānau hauā led easy to use, culturally appropriate and accessible feedback process. It is supported by a service improvement programme and information to address improvement priorities

As part of the development of the DHB engagement framework, whānau hauā will have the ability to engage with the DHB and options are provided to support the range of disabilities. Other communication platforms are also used i.e. social media

Action 1.2 Support whānau hauā as a collective

Activities

Ensure front line staff (those that interact with whānau hauā) receive training as part of the learning and development programme so they understand the needs of whānau hauā. This would include cultural training by Māori trainers

Provide support for whānau hauā using hospital services by using trained kaitiaki and/or hospital volunteers

Action 1.3 Inform whānau hauā about their rights when using any of the Waikato DHB services

Activities

Promote the Health and Disability Code of Rights throughout all hospital and community services.

Make resources relating to the rights of whānau hauā when using health services available online in accessible formats including Māori and Pacific languages

Provide information about the Health and Disability Advocacy Service at all hospital and community venues



Goal 2

Tāne-toko-i-te-rangi

Give us the information we need in a way we can understand and access

This will mean

- we have increased knowledge and understanding about our own health and wellbeing
- we understand our treatment options and are in control of the choices we make
- we become active partners with you in our journey to health and wellbeing.

Action 2.1 Make all information accessible

Activities

Review all communication channels and materials and develop a plan to improve accessibility using expertise of accessible information specialists and specific impairment groups

Identify and remove barriers that prevent whānau hauā from independently accessing information

Implement a plan to make information accessible for all including whānau hauā

Ensure disability related information is available to Māori and Pacific health services to increase access to disability and health services

Review all DHB plans to ensure that they are accessible in easy read format



Goal 3

Tāne-toko-i-te-rangi Barriers to accessing care are eliminated

This will mean

- it is easy and affordable for us to get the care we need
- we do not face barriers that negatively affect our health and wellbeing
- we do not experience disability discrimination due to access barriers.

Action 3.1 Whānau hauā experiencing a high level of difficulty accessing care are prioritised for action

Activities

People experiencing acute mental distress in rural localities⁶ can access crisis response services

Quality of care for whānau hauā using general and mental health** services is improved

Young adults and adults with Autism Spectrum Disorder and mental health issues receive expert diagnosis and treatment

Action 3.2 Physical spaces are designed to be universally accessible and utilise appropriate equipment and/or technology to ensure they are easy to navigate

Activities

Input from access experts is sought at design stage for all building projects so that the built environment is fit for all groups irrespective of impairment

The physical accessibility of the Waikato Hospital campus will be audited and improved

A pool of specialised equipment is available to whānau hauā, to enable them to easily navigate and access services and facilities

Action 3.3 Innovative solutions are found to reduce barriers that prevent easy access to care

Activities

A range of virtual health technology options are in place to support engagement with, and access to, information, services and supports

Define any financial barriers preventing whānau hauā from accessing care are addressed

There are a range of transport options (public, community and private) that are accessible, affordable and timely

The limits on medication and other supplies are reduced

⁶ Around 60% of the 394,000 people that live in the Waikato DHB area live rurally, making it difficult to give everyone consistent and appropriate healthcare. (Waikato DHB, 2016)

** Systematic challenges in Mental Health and Addictions and Dementia have specific work streams that are currently happening. Meeting the specific needs of these groups of tāngata whaikaha will be addressed in this work



Goal 4

Tāne matua

Help us to achieve our full health and wellbeing potential

This will mean

- We are not discriminated against because of our impairment or culture
- Our wider social needs are considered alongside our health and disability needs
- Care is given early, continues at transition points and is consistently good
- We are in control of decisions about our care
- We are kept safe
- We have ready access to interpreter services.

Action 4.1 There is dedicated disability expertise within Waikato DHB

Activities

Resources are made available to establish roles which focus specifically on improving outcomes for whānau hauā using Waikato DHB services

Co-design with whānau hauā a complex care service to coordinate services for whānau hauā with high and complex health needs

Resources are made available for accessible interpreter services for whānau hauā

Action 4.2 Enable whānau hauā to make informed decisions about their care and wellbeing

Activities

Improve communication (particularly around transition discharge planning and treatment options) so people can make choices that increase the likelihood of positive outcomes

Supported decision making is understood and practiced to ensure whānau hauā have their will and preferences taken into account

Action 4.3 Whānau hauā accessing multiple health services and transitioning from one area to another find the process easy and seamless

Activities

The process for transitioning from child disability/health services to adult services is reviewed and improvements made

Clinic appointments and surgery bookings are coordinated so people don't have to come back multiple times

Innovative solutions are found to reduce barriers that prevent easy access to care, to include kiosks in the hospitals



Action 4.4 The Waikato DHB makes decisions which are informed by robust evidence

Activities

Disability profiles are completed and include pathway showing how the data will be used to inform decision making and make improvements to health services

Evidence based and anecdotal information is collected through a variety of mechanisms and is used to guide decisions and practice

A system is developed to hold essential information about whānau hauā and is universally accessible across the Waikato DHB



Goal 5

Tāne te waiora

We are treated with respect and empathy by staff who are knowledgeable about disability

This will mean

- we feel welcome, respected and are treated with empathy
- we are not discriminated against because of our impairment or culture
- we experience staff who demonstrate a positive attitude about disability.

Action 5.1 Educate the workforce so they understand and can work responsively with whānau hauā. This will include training provided by Māori and Pacific disability trainers

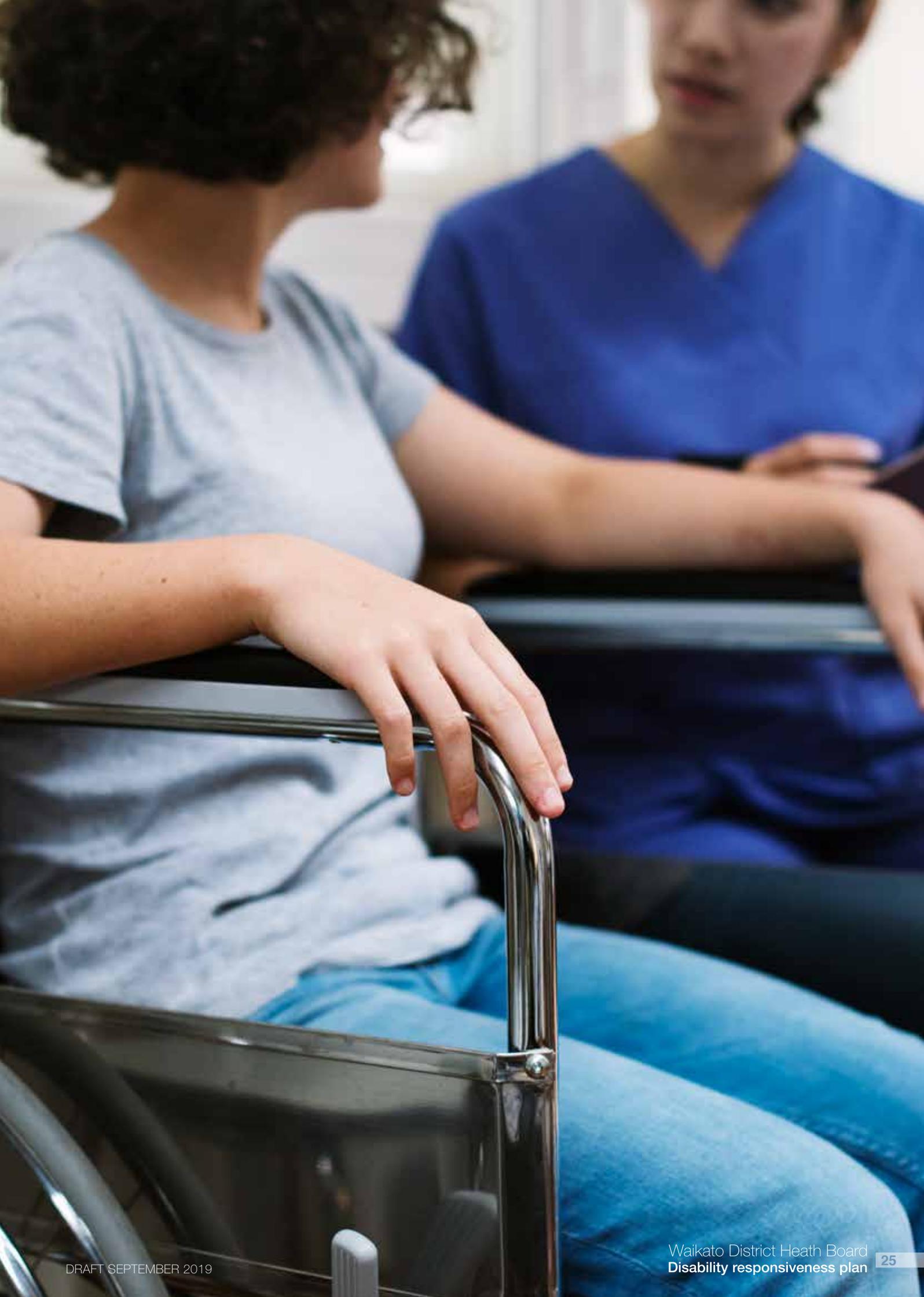
Activities

Introduce disability rights and responsiveness training as part of the learning and development programme for all staff. Let's get real: Disability Workforce Development framework outlines the competencies required to work with whānau hauā

Contract whānau hauā for the co design and delivery of Te Ao Māori cultural and disability responsiveness training

Educate staff about the cultural needs and disability perspectives of Māori and Pacific peoples and other ethnic groups making up the Waikato community

Build internal staff capacity and capability by valuing whānau hauā staff as a key resource and identify opportunities for them to build a network, grow knowledge and expertise and lead change



Goal 6

Tāne te waiora

We are active partners in improving quality, ensuring accountability and monitoring services

This will mean

- we experience improvements in care that are linked directly to our feedback
- resources are used in way that maximises positive outcomes
- we are recognised and valued for our expertise.

Action 6.1 Whānau hauā monitor and influence the quality of care and services

Activities

Whānau hauā representatives on the Waikato DHB Consumer Council provide leadership and oversee systems performance and improvement impacting on them

A disability lens is included on all new and reviewed Waikato DHB plans and policies

Whānau hauā are involved in service review, co-design of services and quality improvement initiatives

The Disability Responsiveness Plan is included as part of the overall Waikato DHB quality improvement framework



How this plan will be put into place, monitored and reviewed

Quality and Patient Safety will undertake an accessible journey approach to establish a baseline against which quality improvements will be measured. The accessible journey approach will involve whānau hauā walking through a range of Waikato DHB experiences to identify barriers and solutions.

Quality and Patient Safety and Learning and Development will have significant responsibility for implementing all staff training and will be obligated to deliver or source Māori and Pacific responsiveness training. They will also develop:

- a change framework to measure changes over time and provide reports to the Disability Support Advisory Committee
- an evaluation framework to review progress on implementing the actions in the plan.

As a start we have identified the following key measures of success using the key themes and Waikato DHB values.

Key measures of success

Themes	Change
Tāne te wānanga Mauri Pai	<ul style="list-style-type: none"> • The DHBs engagement approach facilitates the whānau hauā community's voice in planning and service development • Progress to remove disabling barriers will be underway and reported
Tāne-toko-i-te-rangi Whakarongo	<ul style="list-style-type: none"> • Planned and reportable changes to facilities and the built environment of health facilities will be implemented
Tāne matua Whakapakari	<ul style="list-style-type: none"> • Purchasing and service development approaches will be driving models of care with reportable equity gain measures for whānau hauā with a particular focus on Māori and Pacific communities
Tāne te waiora Whakamana Kotahitanga	<ul style="list-style-type: none"> • There will be a culture and capability change across the DHB and its providers • Whānau hauā will feel empowered, respected and properly engaged in decisions about their care. Their voices will be central to decision making

Disability Support Advisory Committee will be responsible for monitoring the process and overseeing ongoing change. A disability champion will take responsibility for the implementation of the actions in this plan.

Appendices

In the community consultation hui that was held at the end of January 2019, themes were set by the facilitator Ike Rakena. These themes aligned with the key areas identified in all the strategic disability documents noted and reflect the Waikato DHB values.

The themes are based on the Māori legend of the creation with Rangi and Papatūānuki. Tāne god of the forest strategises to separate his parents to allow the children to grow and fulfil their dreams. The themes highlight the key areas of focus for whānau hauā to allow them the opportunity for equity and better health outcomes.

Participants commented on the current situation and what their aspirations are.

Appendix 1

Tāne te Wānanga

Empowering and engaging people, inclusion and support

Nothing happening in rural, or smaller towns. Needs to include children, all ethnicities. People with disabilities are tired because the DHB aren't listening

There needs to be a culture change. Practice what you preach. Concern that it's policy without action

Important that services have an understanding of disabilities and what this means in terms of service delivery

No services/initiatives for people with disabilities should be done without consultation with the affected group

Support holistic wellbeing that is inclusive, and whānau based. Services need to be centred on people and the person

The expectation and aspiration of people with disabilities is to have the same health outcomes as everyone else. The services need to make the appropriate accommodations for people with disabilities

Fully accessible and meets the physical, emotional, and social needs. There is information readily available and clear communication, mana enhancing, Good coordination/collaboration between primary and secondary/tertiary health providers

Celebrate and recognise diversity of people. Health system needs to be simple to navigate and you are able to get your needs met. Seamless

Need to be accepted, my voice, your voice, being heard and really understood. I'm not a diagnosis, seeing/knowing the person

The right to privacy and informed consent. Equity – equitable with non-disabled, togetherness and co-design

We all want to be treated with dignity, having control and choice in their own lives. Integrated system that recognises who you are

Tools that can support these aspirations, understanding, empathy, commitment, client-centred services, easier access to specialists consultations

Families and whānau of disabled children and young adults:

There was no follow up after seeing the paediatrician. Multiple specialities involved but no coordination between the specialities. No follow-up or support once we left the hospital

No access to speciality services once discharged. No follow-up with GP or advice on medical management or medication management once we left the hospital

Couldn't get through on the phone, left messages no one called back, I had to phone 5 times before my child was seen

The dietician never did any of the things she said she would do, and my son just kept losing weight

We were treated disrespectfully, the staff found it all very amusing. Discussion of personal issues about the person with whānau in front of them i.e. talking about a non-resuscitation order in front of our daughter

Multi-disciplinary meeting held between specialists but whānau not involved. One doctor decided to do something then the next shift came on and reversed the treatment decision. A positive attitude toward my child's disability. To be treated with respect – parents know their child best

I have difficulty communicating and the nurses didn't even have the patience to wait and hear what I have to say

As a young female adult I was embarrassed when a male nurse came to change my nappy. I told them I wanted a female but they didn't listen. I complained but never received a response

I had a male friend visit and the nurse asked him to hold my catheter bag. I was really embarrassed

Adults with disabilities:

Couldn't they coordinate clinics and surgery – get your ears and teeth done at the same time. There need to be disability alerts on file for people with high vulnerability. Easy to understand information would be great

It's a duty of care – you can't send someone away and refuse to treat them because they haven't got a legal guardian

Car parking is challenging and expensive. There are never enough wheelchairs plus mobility aids need to be available everywhere

Generally staff are welcoming – building a relationship with key people is important. If you say you are in pain they need to listen – not assume you are just complaining. Staff need to tell you what is going to happen every step of the way (*person who is blind*)

Tāne-toko-i-te-rangi

Environment and facilities. Improved access to services

More welcoming, less clinical environments and people (attitudes and behaviour)

Parking at hospital: car parking building – safety. Sensors for indicating vehicles. Primary health appointment lengths

Interface between mental health services, disability supports, and health services. Fully accessible environments

Lack of technology to increase access. Design places for people who use them, not staff. Silo approach limits access

Clinical lead for disabled people with a range of health issues, once they leave paediatric services

Clinical staff default to support people and step back

Anxiety increase due to poor sensory accommodations = increased cost (staff, time, \$) to manage increased behavioural issues (mainly children)

Planned discharge with information and services in place

Tāne te matua

Eliminating health inequities and improved health outcomes. Re-orientating models of care

Removing barriers, lack of interpreters including multi languages, language interpretations - e.g. medical terminology is confusing

Medication instructions need to clearly understand what we're taking, what it's for etc. Written instructions needs to be available

Need to utilise media IT devices in hospital, skype video conference, independence, the same service as everyone else

Equal opportunity, disability navigators in the hospitals, and community. Māori cultural medication (herbal)

More funding for aids (hearing aids and wheelchairs) to improve quality of life. Medical files state that the patient needs an interpreter but most of the time no one books one

Discharge planning with an interpreter. Staff (hospital) learning basic sign language. Hospital staff are of another ethnicity / challenging English is a second language

Need to understand how to communicate with people who may be deaf or have another disability. They want to be accepted

Tāne te waiora

Leadership, strengthening governance and accountability

Be really driven by the Waikato DHB values and priorities, disability champions, include a person with learning disability on disability consumer council

We need more welcoming less clinical environments and people (attitudes and behaviour). Disability responsiveness

Educate the community. Importance of an independent disability consumer council at a governance level

Educating staff to provide accessible services. Leadership by example, clear chain of communication up and down

Connectedness at all levels. Clear visibility and voice at all governance levels. Intersectorial collaboration with government agencies. Data repository, can't advocate without some evidence

The only good thing I've got to say about the disability system is about Enabling Good Lives Waikato

McKenzie Centre help parents navigate the system

Appendix 2

People and organisations who contributed to the Disability Responsiveness Plan

- Disabled Persons Assembly NZ
- Disability service providers
- Enabling Good Lives, Ministry of Social Development, Waikato
- McKenzie Centre, early intervention service parent group
- People First NZ
- Personal Advocacy Trust
- Rauawaawa Kaumātua Charitable Trust
- South Waikato Pacific Islands Community Services Trust
- Te Rōpū Tiaki Hunga Hauā
- Waikato DHB Consumer Council
- Waikato DHB staff
- Waikato Tainui
- Whānau hauā, including Māori and Pacific peoples, with a range of impairments and complex health needs
- Whangamata Community Services Trust (representing the interests of people experiencing mental illness)



References

Document name

Deaf Aotearoa (2010) **Deaf Way report** <http://deaf.org.nz/resources/deaf-way-report>

Health and Disability Commissioner (1996) **Code of Health and Disability Services Consumers' Rights**

Hickey H. and Wilson D. (2017) **Whānau hauā: Reframing disability from an Indigenous perspective**. MAI Journal 2017: Volume 6 Issue 1, <http://www.journal.mai.ac.nz>

Ministry of Health (2017) **Faiva Ora 2016–2021: National Pasifika Disability Plan**

Ministry of Health (2014) **He Korowai Oranga: Māori Health Strategy**

Ministry of Health (2011) **Health Indicators for New Zealanders with Intellectual Disability**

Ministry of Health (2001) **Living a good life**

Ministry of Health (2018) **Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan**

Ministry of Social Development (2018) **Leading the way in accessible information**

New Zealand Government (2018) **New Zealand Public Health and Disability Act 2000**

Office for Disability Issues (2015) **Disability Action Plan 2014-2018**
www.od.govt.nz/disability-action-plan

Office for Disability Issues (2016) **New Zealand Disability Strategy 2016-2026**

Statistics New Zealand (2015) **He hauā Māori: Findings from the 2013 Disability Survey**

Statistics New Zealand (2014) **Disability Survey: 2013**

Te Pou o te Whakaaro Nui (2013) **Improving access to primary care for disabled people**

United Nations (2008) **Convention on the Rights of Persons with Disabilities**

Waikato District Health Board (2018) **Consumer Council Terms of Reference**

Waikato District Health Board (2019) **Consumer Council Draft Annual Priority Plan 2019**

Waikato District Health Board (2019) **Whānau Hauā Disabled Peoples Health and Wellbeing Profile Waikato DHB 2019**

Waikato District Health Board (2016) **Healthy people. Excellent care, Waikato DHB Strategy**

Waikato District Health Board (2019) **Waikato Health System Plan, Te Korowai Waiora**

Waikato District Health Board (2019) **Programme Priority Plan (draft) 1.3 Remove barriers for people experiencing disabilities**

Wairarapa, Hutt Valley and Capital & Coast district health boards (2017) **Sub-Regional Disability Strategy 2017-2022 Enabling Partnerships: Collaboration for effective access to health services**



© **Waikato District Health Board Disability Responsiveness Plan - DRAFT**
was published in September 2019 by the Waikato District Health Board

Waikato District Health Board
Pembroke Street
Private Bag 3200
Hamilton 3240
NEW ZEALAND

Email info@waikatodhb.health.nz

Website www.waikatodhb.health.nz