

DISABILITY WORKING GROUP

Key Messages June 2022 – EASY READ

Members: John Marrable, Jasmin Taylor, Simon Fogarty, George Kerr, Te Aroha Springford

Standing members: William Robertson, Kathryn Harkin, Mel Warhurst

Apologies: Jack Devereux, David Bainbridge-Zafar

Guests: Chris Fleming, Jeff Melville, Vanessa Taane

The Disability Working Group members met on Friday 10 June 2022.

- Over 300 staff have been through the current Disability Equity Training, being made available to staff who have been at the organisation beyond its start as well. Has been a jump in staff this year completing the training, so it is working.
- 35 people have been through the Accessibility Game. Another Game is starting next week. Also running quarterly networking meetings.
- Mel has recently resigned; Vanessa and Jeff will be taking over this work

Talked about the possibility of a badge to wear showing the staff had completed the disability training and can help with disability and accessibility.

- New training being developed nationally for staff around Enabling Good Lives principles, hoped all staff have to do this training.
- Wakari Hospital entrance assessment completed – noted that signs are not wheelchair friendly and universal design principles are not being followed. Suggestions made to fix this, and a visit planned for next month to check.
- Invercargill audit occurring next month
- Entrance to Emergency Department carpark from Great King Street – meeting planned with DCC and hospital to discuss.
- Accessibility Bill. Example given of handrails – universal design model chosen not often used, often the cheapest option to make is chosen.

Limited references to hearing impairment across the bill.

Importance placed on the need to read and understand the bill to know whether rights are being breached.

- Chris Fleming – recognized the labelling and categorizing that happens for those with disabilities.

Need to understand them instead.

Disability should be front and centre in planning, keen for a workforce that includes disabled people.

Chris gave an example of a person who applied for a role with Southern District Health Board and the wrong thoughts on the persons abilities were made.

Another example provided by a member of how they must either be Maori, Pasifika, or disabled but they cannot be all three and received personalised care.

Encouraged to advocate for a person from the disability community be on the Clinical Council with a focus on equity rather than disability.