

DISABILITY WORKING GROUP

Key Messages June 2022

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 inception 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 one is starting next week. Also running quarterly networking meetings.
- Mel has recently resigned, Vanessa and Jeff will be taking over this work
- Discussed possibility of wearing a badge on completion of the training to identify staff who understand disability and accessibility
- New training being developed nationally for staff around Enabling Good Lives principles, hoped it will be made compulsory but still in very early stages of development
- Wakari assessment completed of main entrance – identified that wayfinding is not user friendly, universal design principles are not being followed. Recommendations made and a return visit planned for next month.
- Invercargill audit occurring next month
- Concourse access from Great King Street – aiming to meet to discuss this as well as potential entry change
- Accessibility Bill. Example provided of handrails – rarely is a universal design model chosen, predominantly the cheapest option to construct is chosen. Limited references to hearing impairment across the bill. Emphasis placed on the need to read and understand the bill to know whether rights are being breached.
- Chris Fleming – acknowledged the stereotyping and pigeonholing that occurs for those with disabilities. Need to embrace them instead. Disability should be front and centre in planning, keen for a representative workforce. Gave an example of an individual who applied for a role with SDHB and the assumptions that 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 disability representative on Clinical Council with a focus on equity rather than disability.