

# Step Up Auckland

Decision-makers getting it right  
for disabled Aucklanders



Auckland Disability Research Group

September 2009

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## **Executive summary**

Disabled Aucklanders love Auckland and they want to contribute more actively to the social and economic fabric of the city.

This report provides evidence about the key issues, needs and aspirations of the 77,000 disabled people in New Zealand's largest city. It has been brought together by representatives of the Auckland City Council, Auckland District Health Board, Waitakere City Council and AUT University's Institute of Public Policy. These agencies aimed to provide a clear snapshot of Auckland City's heterogeneous disabled people and the reality of their lives that can be used to inform decisions in achieving enhanced citizenship.

The report has been commissioned by the Auckland City Council and Auckland District Health Board, as two key agencies responsible for improving services to, access for and wellbeing of disabled people. However, it also clearly points to the enabling roles and responsibilities of all key decision-makers in the Auckland region. It is based on the understanding that disability is a result of the interaction between people's impairments and their environments.

The researchers found that while there have been pleasing improvements in some areas for disabled Aucklanders over recent years, significant and urgent change is still required. Improvements to ways of communicating with disabled citizens are also needed.

## **The four key challenges**

### **1. Getting around**

- Getting around the city is still blocked for disabled Aucklanders by barriers in transport, the built environment and public spaces.

Barrier-free transport and built environments will better allow disabled Aucklanders to contribute to our economy and society. Moving freely and reliably around the city will enable a profound and positive change in the economic and social lives of individuals and families. This includes disabled people and also those with temporary injuries or illness, parents with children and buggies, and people who are getting frailer.

Failure to dismantle the barriers is likely to mean that people will continue to be disabled unnecessarily by the environments they live in. Furthermore, risk management issues and costs may mount for the Auckland City Council and District Health Board.

### **2. Economic wellbeing**

- Disabled people earn substantially less than non-disabled people, even where they have tertiary qualifications.
- Disabled people's low income is predominantly sourced from government benefits and casual, low-paying work.
- Higher numbers of disabled people are not in the labour force compared with non-disabled people, even for those disabled people with tertiary qualifications.

Poverty is a daily reality for many disabled Aucklanders and their families: from available figures, the authors estimate that about half of disabled Auckland adults have personal incomes of less than \$20,000, predominantly sourced from benefits, casual, part-time, and/or low-paying work. Further statistical work is needed as disability is not included as a factor in regular labour force or income surveys. Local employers need to understand that hiring disabled people will in fact attract high-calibre, loyal employees.

### 3. Support

- Support services play a critical and fundamental role in many disabled people's lives and the quality of those disability support services remains a significant concern.
- Home-based services can be both a physical and social support for some disabled people.

The quality and reliability of personal support services can 'make or break' securing a job, undertaking study opportunities or other necessary economic and social commitments.

### 4. Active citizens

- Disabled Aucklanders love Auckland.
- Disabled Aucklanders have the skills and desire to contribute to District Health Board and Council work but require organisational responsiveness and capacity to listen to disability perspectives.

"Disabled people expect to participate as full and equal citizens – with the same set of rights, obligations and opportunities that other people have... Disabled people's full participation in society is limited by their lack of access to things that help most people to operate in society... These things include access to information, communications, transport, buildings and the physical environment."<sup>1</sup>

The interaction of these things can also compound the challenges. For example, disabled Aucklanders' success in securing employment is also directly linked to being able to use reliable public transport and to accessing their built environment, including footpaths, as well as having dependable personal support where needed.

People's livelihoods already depend upon continuous quality improvement in all four key areas identified. However, with a rapidly ageing population and disability on the increase, there is even more pressure on city leaders to plan for the thousands of disabled people who want to live, work and play in Auckland now and in the future.

This report concludes that Auckland District Health Board and City Council can make a substantial difference to the lives of the 77,000 disabled Aucklanders in their city (and the 250,000 in the wider region) primarily by working together with other agencies that impact the lives of disabled people. The researchers also note that a much larger number of people would also benefit, including people with temporary injuries or illness, parents with children and buggies, and older people.

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<sup>1</sup> Office for Disability Issues, 2008:8

## **Three recommendations for decision-makers**

Stepping up to the four challenges described above will require consistent focus as well as coordination, both within and between organisations.

Three key actions have been identified that will help our local bodies and other public agencies work together to unleash thousands of disabled Aucklanders' contributions to our communities and economy. Once these actions are agreed in principle, we acknowledge that more detailed scoping will be required before resources are finally committed.

1. In addition to immediate strengthening of the individual agencies' current disability programmes and services, develop a joint regional Strategic Action Plan that can be shared with all public agencies in the region and which prioritises action to ensure the best use of resources in meeting the challenges. It is recommended that the Auckland City Council, Auckland District Health Board and AUT University get this underway, but look for opportunities for other agencies to join or create their own specific action plans over time. With the Council, District Health Board and University demonstrating leadership, partnership, innovation and action, the authors contend that practical, achievable and cost-effective solutions for the challenges can be identified and implemented.
2. Increase capacity for engagement with disabled people, along with community and leadership development, by developing smart, shared communication infrastructure. This would focus on removing communication barriers and enabling disabled Aucklanders to contribute to public policy, community capacity-building, and action.
3. Commit to an ongoing research programme to continue finding out the views of disabled Aucklanders and what works for them and for agencies. A particular focus now needs to be given to local research in specific communities, aligned with the new regional representation arrangements.

## Introduction

Disabled people are part of every community and population group in Auckland. Census figures tell us that about **one in five** New Zealanders experience disability (Ministry of Health 2004), which means there are about **77,000** disabled Aucklanders (and about 250,000 in the wider region).

Disabled people's contribution to our economy and communities is often thwarted by unnecessary barriers. Removing those barriers (and not creating new ones) is part of the core business of local bodies (Councils and District Health Boards) and other public agencies.

District Health Boards are responsible for the health and wellbeing of the populations in their area – including disabled people. In addition, they are key agencies for management of specialist support services that are crucial for many disabled people's everyday lives.

Councils are also responsible for the wellbeing of their area and its people, including environmental, economic, social and cultural wellbeing. They have a major role to play in creating cities, regions and communities that work well for current and future populations, and they must cooperate with other organisations to achieve that.

These responsibilities are set out in the laws that govern local bodies: the Local Government Act 2002 and the Public Health and Disability Act 2001. Honouring those obligations is not optional, and yet many organisations are only just beginning to take them seriously. The Government's 2001 New Zealand Disability Strategy has been a catalyst for change across public agencies. The impending restructuring of the Auckland region's councils is a golden opportunity for progress.

Although the solutions for removing and preventing barriers are known, there are gaps in our knowledge at local level about disabled populations, and differences in understanding that make coordinated action more difficult than it should be. In 2008, four agencies in the Auckland region worked together to fill some of those gaps through a research project.

This research involved the collection of information through the analysis of literature and through direct engagement with a wide range of disabled people: a total of 34 people took part in six focus groups, key informant interviews, written journals and a workshop. All participants reside within the shared local body boundaries of Auckland City Council and the Auckland District Health Board.

The researchers wanted to examine disabled Aucklanders' interests, capabilities and aspirations, as well as the impairments and barriers which they personally and collectively described. The research partners were very interested to understand what disabled people want for themselves, their families and their city, as well as to seek clarity about what already works well in their lives. These discussions are reflected throughout this report and are cited as "Bennett and Bijoux" – the researchers who undertook the discussions with disabled Aucklanders in mid-2008.

## Setting the scene

Disability is a social process that is experienced personally by about one in five Aucklanders. The following stories provide an insight into the lives of two disabled Aucklanders.<sup>2</sup>

The stories also clearly illustrate the need for different sectors and organisations to work together to remove the disabling barriers that stop disabled Aucklanders from contributing fully to our economy and society. Organisations are often struggling to address exactly the same barriers. Many cannot be removed by any single agency or person and so it makes good sense to pool our resources, coordinate our actions and work together for long-term change.

### Lilly's story

Lilly is a vivacious 18-year-old Aucklander. She is just about to start her first day as a tertiary student at university where she is beginning her Bachelor of Business and Information Technology. Lilly topped her school in Design and Japanese and has already forged a reputation for designing cool websites and posters for local bands. Lilly's dream is to run her own international business.

Lilly uses a wheelchair to get around. She became paralysed from the neck down when she was 12 years old after a drunk driver crashed into the car her father was driving. He was killed instantly. She currently lives with her mother, stepfather and three younger siblings in a small family home in the Auckland suburb of Panmure.

**What does it take for Lilly to get to her first lecture at 9am on Monday morning at the University?**  
**How many people and organisations will determine whether she can make it to class or not?**

Lilly wakes up at 6am. Fortunately her support worker arrives on time this morning and cheerfully helps her out of bed, into the shower and into her clothes. Lilly's mother is busy with her brothers aged 18 months and three years old. Once dressed, Lilly helps get breakfast for her five-year-old sister who is still getting used to school.

Lilly struggles with her old manual chair which is not only too small for her now but also makes her reliant on someone else to push her around for more than short trips. She is still waiting to hear if she qualifies for a new electric chair, but it is a long process with lots of forms to fill out.

It is now 8am and Lilly has one hour to get to her lecture. Her support worker pushes her manual chair out the front door and onto the pavement. Unfortunately Lilly's neighbourhood has old footpaths and kerbs. Lilly is nearly tipped from her chair as they negotiate the asphalt obstacle course to where she parked her car last night.

Now on her own, as she has used up all her support allocation for that day, Lilly gets into her car which has been modified with hand controls and a special hoist. She enjoys the feeling of independence as she drives off to her lecture. However, after several circuits of the campus and

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<sup>2</sup> These are composite and realistic scenarios, not the exact experiences of real people.

surrounding streets, Lilly cannot find an empty mobility carpark space near the university. They are all full, and she knows that about half of them are likely to be illegal parkers without the proper mobility permit.<sup>3</sup> Finally she resorts to a parking space on Queen Street, down the hill from her class.

On her own and now running late for university, Lilly wonders how she will manage the steep hill to her class. Quite by chance, a young woman notices her struggling across the pedestrian crossing and rushes to help her. It turns out that Mia was at primary school with Lilly before moving away. They start chatting and discover that they are actually in the same class that morning, which has been moved to a different lecture theatre at the last moment.

As they finally reach the room together, they realise in dismay that there is a flight of stairs at the entrance and Lilly cannot even get in the door. Lilly's friend goes inside and tells the lecturer about the access problem. While he is sympathetic, he tells Mia that he has a class of 200 students to teach and he cannot leave them waiting for one student.

Lilly is now despondent and exhausted and Mia decides to flag the lecture and grab a coffee with her friend next door at the student café and consider what to do next. A pamphlet on a neighbouring table catches Lilly's eye. It is about the university's Disability Resource Office. It turns out there is a team dedicated to supporting the disabled staff and students. Perhaps all is not lost after all?

Lilly takes a deep breath and tries to picture herself in a few years' time: a highly successful business woman with her own global company earning export dollars and providing opportunities for other young people. She knows it will be a very difficult journey to get there, but she is determined to make it.

**Are our agencies part of the problem or part of the solution to Lilly's life and future career?  
Which pieces of the puzzle are we responsible for?**

Lilly's story involves a range of agencies who can make part of her life barrier free – or not. These are some of them:

- Home-based support services (NASC agency, service provider).
- Footpaths (Local Council).
- Equipment, vehicle and personal support funding (Ministries of Health, Social Development, Department of Internal Affairs).
- Mobility parking provision and enforcement (Local Council, University, service provider).
- Campus built environment, including consents (University, Local Council).
- Academic course (University, Tertiary Education Commission).
- Campus support services (University, service providers).
- Café, including consents (Business, Local Council).

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<sup>3</sup> From mobility parking usage research, CCS Disability Action 2007.

## Fred's story

Fred celebrated his 70th birthday last year after he finally retired from his lifelong profession as a lawyer. He has always loved sport and on his weekends Fred coaches the local Epsom under-15 rugby team.

Recently Fred has had some difficulty reading the sport section in the newspaper and has been told that he can no longer drive. Apparently he is experiencing the early stages of a very common age-related condition called macular degeneration.

Fred has also become increasingly forgetful. Usually he forgets just little things like where he put his wallet or his keys, but sometimes he finds himself standing in the middle of the footpath with no idea where he is going or where he has just come from. A proud man and also deeply fearful of what this might mean, he has kept this to himself so far.

It is Wednesday morning and it is the last day to post a vote for the local-body elections. Fred is passionate about his civic responsibilities and never misses an election. His four-year-old grandson Sione is spending the day hanging out with his beloved grandfather.

**What does it take for Fred and his grandson to cast a vote?**

**How many people and organisations will have an impact on their journey?**

As Fred and Sione leave the house for their big day out, Fred grabs the envelope with his voting papers in it by the front door. He pauses momentarily to reflect on the rigmarole he and his wife had to go through the day before in order for him to fill out the forms.

As a lawyer, he had filled out more forms than he had had hot dinners, but last night was without a doubt the most frustrating time ever. The forms and the candidate descriptions were in such tiny print he simply could not read them. This was the first time in his life he had to rely on someone else to fill out his voting papers, and it felt like being a helpless burden rather than a resourceful husband.

Fred decides that they will catch the local bus to the post office which is beside Sione's favourite playground. Fred has actually never done this before as his wife usually drives them, but really how hard can it be? On the way to the bus-stop, Fred decides to take Sione to the nearby café. He loves to spoil his grandson and he wants today to be an adventure.

Fred heads towards what he thinks is the entrance to the café. It is one of those modern places with lots of glass and stainless steel. Suddenly he realises that he is about to walk straight into a floor-to-ceiling window. Startled and embarrassed, he turns abruptly and walks straight into some tables and chairs with a fearful clatter. Sione instinctively grabs his grandfather's hand and gently leads him to the café entrance. Fred is shaking and visibly upset.

Now in front of the counter, Fred looks around for a menu. The woman behind the counter points in an offhand manner at the wall behind her. With dread, Fred realises the menu is only on the blackboard behind the counter. There is simply no way he can read that.

Again a feeling of panic starts to grow and Fred tries to think how he can save face and not look stupid by asking to have the menu read out. He guesses that most cafés sell hot chocolates and chocolate cake, and he knows Sione likes them too. Fred bluffs by pretending to look at the blackboard and makes the order. Thankfully, he made a clever guess and the waitress takes his order without batting an eye.

Now having finished their treats, Fred is feeling calmer and, still determined to get to the post office and playground, he takes Sione to the nearest bus-stop just up the road from the café. He remembers having seen buses stop there over the years even though he has never actually caught one himself.

Fred looks for the timetable to work out which bus they need to catch. The timetable is behind a reflective Perspex cover inside the shelter and it is printed in tiny eight-point font. He has no chance of reading anything under 18 point and preferably in bold. Angry and frustrated, Fred vows to call the transport authority when he gets home to complain about the inaccessible timetable. He also wonders which of the people he has voted for will advocate for people with impaired vision? Perhaps he should have stood for the local community board himself?

Suddenly, Sione jumps to his feet and says “look Grandpa it’s a talking bus-stop”. Sure enough, they are on one of the routes that has the audio timetable as well. Sione presses the big yellow button on the signpost and a mechanical voice states that the next bus is due in five minutes.

Sione and Fred get on the next bus and make it to the post office and post his vote with no problems. Sione has a great time at the playground and shows his grandfather just how clever he is on the monkey bars. They chat all day about their favourite subject, rugby!

As they get off the bus on the way home, Fred notices a poster of John Kirwan on the bus shelter talking about depression. For the first time ever, Fred stops and understands what the campaign is really about. He has always admired JK!

**Are our agencies part of the problem or part of the solution to Fred’s independence and rights as a citizen?**

**Which pieces of the puzzle are we responsible for?**

Throughout this research report we will return to the stories of Lilly and Fred.

## Who are disabled Aucklanders?

Disabled people are part of every community and population group in Auckland. Census figures tell us that about **one in five** New Zealanders experience disability (Ministry of Health 2004), which means there are about **77,000** disabled Aucklanders (and 250,000 in the wider region).

The proportion of disabled people increases dramatically with age, with more than half of over-65 year olds being disabled. Our rapidly ageing population means that the number of disabled people will increase significantly over forthcoming decades.

Selected demographic data about disabled people in Auckland and New Zealand is in Appendix II (p.29).

## What disability means

Though we have started with individual stories, disability is not an individual problem. Disability is a complex social process – not simply something wrong with a person. This project has used a modern understanding of disability consistent with the New Zealand Disability Strategy, although we accepted that research participants would use a variety of ways and words to describe it, which is reflected in their quotes throughout this report<sup>4</sup>.

Disability has two parts to it – how a person functions and how our world functions. Historically, disability meant only the **personal** aspect, and it was seen as an individualised “health problem”, described in terms of weakness, deficit and cost.

What used to be called “disabilities” are now known as “impairments”. An **impairment** is an ongoing reduction, absence or difference of personal function. Impairment means a person may have difficulty doing some things in their daily life, like moving around, hearing, learning or socialising. Those difficulties are often reduced by simply doing things differently or using forms of support, including equipment and human services. Most disabled people are impaired in only certain aspects of daily living, and have many other personal strengths. Impairment is usually not something that can be “treated” or “cured” through health services, although rehabilitation services may be helpful for some people. Impairment comes about in many ways, from birth, illness, accident and ageing – and it has always been a normal part of human life.

**Disability** is the interaction between people’s impairments and the various “environments” we all live in – built environments, service environments, communication environments, civic environments and social environments. Those “environments” can contain barriers that prevent disabled people from participating and contributing in the same way as everyone else. General attitudes and assumptions about disability are a common underlying barrier at both individual and societal levels.

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<sup>4</sup> The following explanation is taken from *Strengthening Contribution – Waitakere Disability Plan, 2008 Draft*. (Waitakere City Council 2008:5).

Disability is experienced when a person with impairments interacts with “environments” that have not anticipated diverse needs. Rather than seeking to “fix” people, our logical focus for improvement is to design and manage all environments so that they meet everyone’s needs, and to remove barriers that prevent people being able to contribute and participate on a fair footing.

The New Zealand Disability Strategy (2001) puts it like this:

“Disability is the process which happens when one group of people creates barriers by designing a world only for their way of living, taking no account of the impairments other people have. Our society is built in a way that assumes that we can all move quickly from one side of the road to the other; that we can all see signs, read directions, hear announcements, reach buttons, have the strength to open heavy doors and have stable moods and perceptions.”

**Lilly has impaired mobility, but when she uses her wheelchair to get around she is only disabled by inadequate built environments – like a lecture theatre that just has steps. By contrast, the nearby café is not a disabling environment, even though her impairment still exists. Her friend Mia has impaired vision, but is not disabled as long as she is able to wear her spectacles.**

# The challenges

Our research identified four main challenges for decision-makers to address.

## Getting around

- **Disabled Aucklanders are blocked from getting around their city by extra barriers in transport, the built environment and public spaces**
- **Removing those barriers is core public business for local bodies**
- **Barrier-free transport and built environments allow disabled Aucklanders to contribute to our economy and society**

### Transport issues

Disabled Aucklanders involved in this research told us that using public transport in Auckland could be unsafe, exhausting and overwhelming. Buses were the most frequently used mode of public transport for disabled Aucklanders, yet these services could be very challenging. The customer service attitudes of drivers, the physical structure of buses and the lack of reliability of services meant that travel could not always occur, or was extremely uncomfortable. There were significant social and economic ramifications of transport barriers:

“There is no safe way for me to use existing public transport with my set of disabilities which affect walking, vision and hearing. I live in [suburb] and work at the University Tamaki campus in Glen Innes. It is possible to get there using two bus trips, however this is not safe. I can walk the short distance from my apartment to the bus-stop and ride to Glen Innes terminal, but from there I must catch a second bus up Merton Rd and get off on the footpath opposite Tamaki Campus. So far so good, except to get to work I must cross Morrin Rd which is heavily used by large trucks and where there is no pedestrian crossing. This is very unsafe for anyone wishing to access the campus by foot, let alone people with physical disability” (Bennett and Bijoux 2008:61).

This correlates closely with the findings of the New Zealand Human Rights Commission’s 2005 Inquiry into Accessible Public Land Transport:<sup>5</sup>

“Barriers in one form or another unfairly prevent many disabled people from using public land transport to go to work, to go to school, to enjoy community activities and to fully participate in society... the manner in which public transport is currently provided and regulated in New Zealand amounts to systemic discrimination against disabled people.”

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<sup>5</sup> Human Rights Commission, 2005. *Accessible Journey Report of the Inquiry into Accessible Public Land Transport*, (pp.10-12).

That Inquiry found there was a general agreement that a number of immediate actions could be taken to improve the accessible journey for disabled people, but that others would take some time:

“There was considerable transport provider agreement for a timetabled approach to the introduction of national accessibility design performance standards that recognises the reality of funding large capital works and is consistent with the human rights approach of progressively realising improvement”.<sup>6</sup>

Regional Councils can make public transport services more accessible for all members of the public by writing compulsory universal design standards into their transport contracts. Local Councils can ensure that associated transport infrastructure like bus-stops and footpaths work well for everyone. Public property owners can make sure that internal footpaths, transport linkages and other forms of built infrastructure are universally accessible.

National figures show that people with mobility, seeing and intellectual impairments reported the highest levels of difficulty using public transport (Dylan and Waitakere City Council 2008). People with hearing impairments reported a lower level of difficulty, although announcements and information about transport services were problematic.<sup>7</sup>

“We need Auckland City to focus on [people] getting around with dignity, good information, transport – we can’t assume one way will work for everybody – and the enforcement of standards. So, more of what they are doing but fulfilling it, resourcing it, making it happen... We need the city to keep going” (Bennett and Bijoux:38).

However, there was some positive feedback for the public transport work accomplished in the city so far:

“If you go to Britomart the chances are they will be accessible... The recent increase in audible traffic signals is a good step forward; installing these into other areas, not just shop areas, is good... A plan to ensure [that] all controlled intersections will also be audible, and [have] vibrating signals as well is essential for blind-deaf people... it is a gold star for the City Council” (Bennett and Bijoux:25).

The Office for Disability Issues has noted that making public transport more accessible is beneficial for everyone such as people with temporary injuries or illness, parents with children and buggies, and people who are getting frailer.<sup>8</sup> This benefit to a wide range of people is key to the current disability strategies of both the Auckland and Waitakere City Councils. LaGrow and Daye<sup>9</sup> (2005) note that complex transport issues must be addressed by local, regional and national-level government.

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<sup>6</sup> Human Rights Commission, 2005, p.13

<sup>7</sup> Dylan and Waitakere City Council, 2008, p.29

<sup>8</sup> Office for Disability Issues, 2008, p.3

<sup>9</sup> LaGrow, S and Daye, P., 2005, *Barriers to employment identified by blind and vision-impaired persons in New Zealand*

For those disabled Aucklanders who drive, access to mobility parking spaces is a very contentious issue. Many disabled Aucklanders report that there are insufficient available mobility parking spaces, which is reiterated in other local research.<sup>10</sup> Mobility parking is often illegally used by vehicles not displaying a valid permit. This results in additional travel time and high levels of frustration.<sup>11</sup> Not all disabled drivers use mobility parking spaces, but approximately 17,000 disabled Auckland adults need to park close to their destination.<sup>12</sup>

Based on national figures, about 7,000 disabled Auckland adults have no vehicle which means that public transport is a vital service for them.<sup>13</sup> Conversely, the lack of accessible public transport is one reason why disabled people may rely on private vehicles.

### **Barriers in the built environment and public spaces**

Disabled Aucklanders understand that the Council is responsible for ensuring that the Building Code is legally implemented. However, many people report that there are a large number of new buildings and public spaces that are not accessible, thus negating the city's aspiration of being 'a world-class global city', completely inclusive of disabled people (Bennett and Bijoux:92). It is noted by disabled Aucklanders that many of inner-city Wellington's buildings inter-connect and are therefore more accessible (Bennett and Bijoux:28).

Disabled Aucklanders told us that they frequently experience significant challenges with unsafe footpaths and inadequate kerb cuts (Bennett and Bijoux:92). A Council commitment to providing level footpaths is wanted (Bennett and Bijoux:40). Even entry into shops is an everyday difficulty for many disabled locals:

"So many buildings have an insurmountable step that's impossible, like by Aotea Square – I went to the dairy there to get a snack but couldn't get in, so I went to the Starmart but that has a step I can't manage... I never feel more disabled than when I go to High Street. Every shop has steps up and I have to go to Newmarket instead... The easier it is for us to get in and shop there the more it will economically benefit owners" (Bennett and Bijoux:30-32).

Several disabled Aucklanders talked about the 'entrenched stereotypes of disability' and how disability is not considered in planning and design of both places and processes, even though such a consideration would benefit wider society as well.

Public toilets were an issue:

"They've just redeveloped Kingsland... the door weighs heaps and there's a massive long handle on it which gets in the way of this thing (motions to his [wheel]chair)" (Bennett and Bijoux:62).

<sup>10</sup> Dylan and Waitakere City Council, 2008

<sup>11</sup> Bennett and Bijoux, 2008, p.61

<sup>12</sup> Dylan and Waitakere City Council 2008:30

<sup>13</sup> Dylan and Waitakere City Council 2008:31

If users of disabled toilets and barrier-free experts had been involved in the design of the toilet block, it would more effectively and efficiently meet the needs of a significant number of Auckland's citizens and visitors.

The inability to access many of Auckland's glorious waterways and beaches was a big issue for some – how do people with impaired mobility and with prams get down to the sea? Hiring mobility scooters in the city was mooted, as was the availability of wheelchairs at the numerous ferry terminals across the city:

“You can hire tandem bikes, roller blades, cars, but can you hire scooters or wheelchairs? – No” (Bennett and Bijoux:42)... I found out about the mobility scooters at the Botanical Gardens by chance... I don't think that they understand how... my life was changed by knowing that they have three scooters out there” (Bennett and Bijoux:64)... “Water wheelchairs are available all over the world so why not here?... In Christchurch at Sumner Beach, they've put a walkway right down to the sea” (Bennett and Bijoux:29-31).

Collectively, these limitations impact upon Auckland City's commercial capacity, including tourism. Increased accessibility would have a positive impact on the bottom line of local businesses.

“Travellers with physical disabilities do face unique circumstances that must not be understated... Individuals with disabilities may find themselves relegated to the role of 'windshield traveller', as indicated by one individual who found sights consistently inaccessible: “the view from the carpark is a poor substitute”.<sup>14</sup>

**Poor kerb cuts and broken footpaths restrict Lilly getting around her neighbourhood and pursuing an education. Councils are responsible for building and maintaining footpaths and other infrastructure. When done well, these can work for everybody.**

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<sup>14</sup> Daniels, M; Rodgers, E; and Wiggins, B. 2005:925

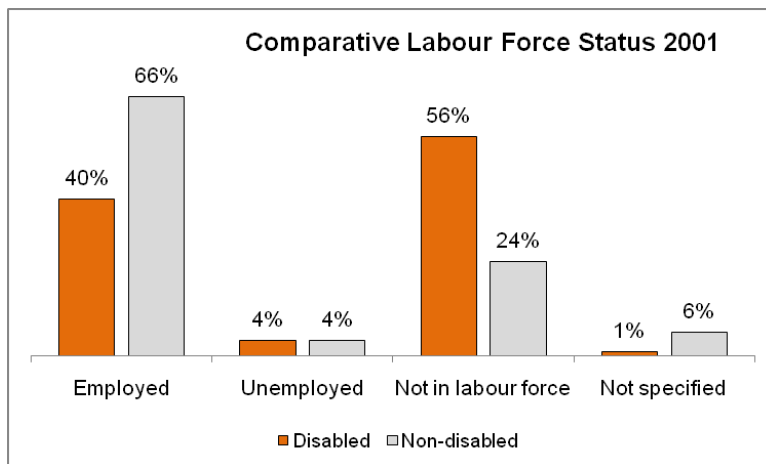
## Economic wellbeing

- Disabled people earn substantially less than non-disabled people, even where they have tertiary qualifications
- Higher numbers of disabled people are not in the labour force compared with non-disabled people
- A lack of understanding from employers means that securing a job is very hard
- Disabled people’s low income is predominantly sourced from benefits and casual, low-paying work

### Employment

National figures<sup>15</sup> show that a high number of disabled adults (56%) do not participate in the paid labour market, although the unemployment rate is identical to non-disabled people.

Figure 1 – Comparative labour force status, 2001, national



Source: Statistics NZ 2001 Household Disability Survey.

In this research, a number of disabled Aucklanders reported having diplomas and degrees, yet these higher qualifications did not correlate with an increased income over their unqualified peers. Many disabled Aucklanders commented that it is very difficult to secure and sustain a satisfying job, career path and income. Also, some disabled Aucklanders report active discrimination from potential employers as a result of their impairment:

“After I graduated, there was six months of nothing, I had ‘deaf’ on my CV so I took it off, and then I got a job... then I was laid off. So many interviewers once they meet me say there is going to be a communication problem. I say ‘no I am good at communicating with hearing people’, but they don’t believe me. Now I am three years without a job” (Bennett and Bijoux:46).

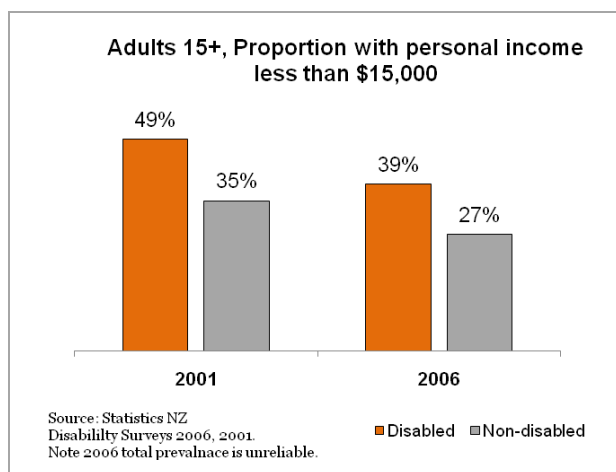
<sup>15</sup> Dylan and Waitakere City Council 2008 note that the most recent reliable figures at the time of this research came from the 2001 Census, are likely to be rather out of date and should be interpreted with caution.

Some disabled people need equipment and workplace modifications for them to be effective and to work to their full capacity, or to retain a job following an accident, yet employers are not always interested in making these modifications.

## Income

Disabled New Zealanders earn significantly lower levels of income compared to non-disabled New Zealanders. Poverty is a daily reality for many disabled Aucklanders and their families. From available figures, the authors estimate that about half of disabled Aucklanders have personal incomes of less than \$20,000<sup>16</sup>, predominantly sourced from benefits, casual, part-time, and/or low-paying work. Further statistical work is needed as disability is not included as a factor in regular labour force or income surveys. The national five-yearly post-censal Disability Survey is the only source of personal income figures available for disabled New Zealanders.

**Figure 2 – Comparative personal income, 2001 and 2006, national**



Source: Statistics NZ 2001 and 2006 Household Disability Surveys.

Disabled people's engagement in the paid labour force is significantly lower than that of non-disabled people. Research participants told us they had multiple sources of income which are predominantly from benefits and casual, low-paying work.

**Table 1 – Source of personal income, 2001, national**

Income source	Disabled	Non-Disabled
Wages, salary, etc	33%	<b>59%</b>
Employer or self-employed	12%	17%
Investment, rental, interest	26%	27%
ACC or other insurance	4%	1%
Superannuation, Veteran's pension	<b>32%</b>	9%
Other pension	6%	2%
Invalid Benefit	7%	1%
Unemployment Benefit	5%	6%
Sickness Benefit	4%	1%

<sup>16</sup> Calculation derived from both 2006 and 2001 Disability Survey data supports this conservative income estimate.

Income source	Disabled	Non-Disabled
Domestic Purposes Benefit	4%	3%
Student Allowance	1%	3%
Other govt income support	5%	3%
Other income	2%	2%
No source	3%	6%

Source: Statistics NZ 2001 Household Disability Survey.

Disabled Aucklanders are quick to point out differences between those who qualify for no-fault state accident insurance payouts through the national Accident Compensation Corporation (“ACC”) and those not covered by that scheme. Basically, ACC clients are likely to have better incomes and superior access to support services and equipment than non-ACC clients.<sup>17</sup>

Being in receipt of a benefit precludes individuals from increasing their income by restricting the amount they can earn. It also therefore restricts employment options and the development of career pathways, vocation and income (Bennett and Bijoux:91). Until recently, it was assumed that “people on an Invalid’s Benefit were not able to work, so benefit eligibility rules limited them to 15 hours’ paid work a week. Since last year [2007] people who want to work more than 15 hours can do so with the right support, while continuing to receive some level of Invalid’s Benefit to top up their income”.<sup>18</sup>

“I’ve done a certificate in human services in Rotorua and it was totally different coming to Auckland. I can only work ten hours and it is really limiting (due to WINZ restrictions)” (Bennett and Bijoux:46)...

“I must say I am very grateful for the job I do, even though it is only for a few hours a week. I feel valued because it is paid” (Bennett and Bijoux:66).

In 2003, the National Health Committee found it “worrying” that people with intellectual disabilities experienced “high poverty levels; low educational opportunities; lack of communication support; little opportunity to form sustaining personal relationships; lack of purposeful futures; and a lack of culturally appropriate services”.<sup>19</sup>

Whilst disabled Aucklanders feel that their social integration is enhanced through achieving fulltime work, or being able to be independent of any state-provided support, this is not easily achieved for a variety of reasons:

“One of the biggest issues facing disabled young people and their parents is the need for planned transitions from school to work, tertiary education or training and other meaningful daytime activities<sup>20</sup>... You are creating an educated underclass where people are getting educated but can’t find employment” (Bennett and Bijoux:45).

<sup>17</sup> Addressing that disparity was the genesis of the cross-government Review of Long-Term Support Services project led by the Office for Disability Issues.

<sup>18</sup> Office for Disability Issues, 2008, p.5

<sup>19</sup> National Advisory Committee on Health and Disability, 2003, p.8

<sup>20</sup> Office for Disability Issues, 2008, p.11

It could be projected that improving labour market access for disabled people will improve economic outcomes for Auckland City and for disabled people directly. More research is needed.

## Education

Many of the disabled Aucklanders research participants complimented the services and facilities provided at both AUT University and the University of Auckland:

“At AUT it was mostly really positive. They provide interpreters and note-takers. Most lecturers were understanding... That’s why I moved here because of the availability of interpreters. A big city means more interpreters are available. But a shortfall is that interpreters are not provided or funded for private education... AUT made their [disability support services] presence known straight away, they are discreet and helpful with a range of services... AUT provides funding for voice software, I was blown away by the support available” (Bennett and Bijoux:43).

However, improvements can still be made at both institutions, in terms of study practices, resources and the physical environment:

“I was at AUT five years ago. It didn’t improve during my time there, lectures were held in theatres where there was no space for me, so I had to sit right up the front of everyone and I felt embarrassed and like they didn’t really want me here – if there was no place for me to sit then they must not want me – but nothing changed when I complained... [at the University of Auckland] there needs to be more parking [and they need to] publish booklets saying what the access is for classes, rooms, parking, etc. Ramps that are big enough for scooters... But they see students with disabilities as another area of spending. If they got the buildings right in the first place that would reduce the costs” (Bennett and Bijoux:44).

**Lilly, like any intelligent and ambitious young student, is looking forward to gaining her tertiary qualification with all the opportunities she hopes this will provide for her future employment. Intent on studying hard, she remains unaware that graduation may have one less-positive outcome: as her income subsequently increases, she may no longer qualify for some of her essential support services.**

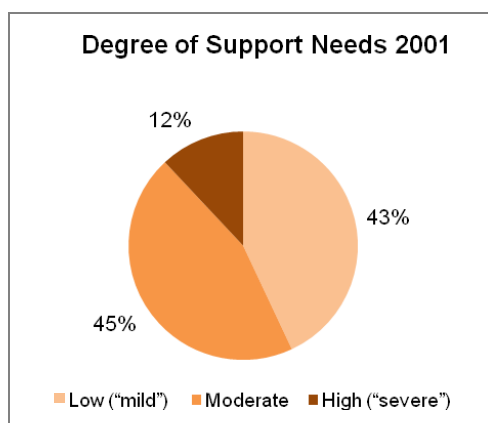
## Support matters

- Home-based and other disability support services are a significant concern
- Home support has the capacity to be both a physical and social support for disabled people

Specialised personal support services are used by about half of disabled people (Ministry of Health 2004).

- About one in eight disabled people is using such services every day – a “High” level of need in the following graph, and estimated at about 9,200 disabled Aucklanders of all ages.<sup>21</sup>
- A “Moderate” level indicates regular usage of services, but not daily. That applies to about 33,100 disabled Aucklanders.
- People with “Low” levels of need do not tend to use support services. Locally, that amounts to about 33,700 people.

Figure 3 – Degree of support needs, 2001, national



Source: Statistics NZ 2001 Household Disability Survey.

Support services cover a variety of tasks. For instance, it is estimated that about 14,000 disabled Auckland adults get help with everyday housework, while about 17,000 with moderate needs use some form of assistive equipment.<sup>22</sup>

Because of the fundamental influence of such services in enabling most other economic and social activities, they are a prime topic of conversation amongst disabled Aucklanders. When a support worker turns up late or not at all, the disabled person is usually unable to meet their professional and personal commitments and appointments.

“It really affects my social ability to get around. I am stuck at home without help to get out” (Bennett and Bijoux:33).

<sup>21</sup> Dylan and Waitakere City Council 2008:32

<sup>22</sup> Dylan and Waitakere City Council 2008:34-35

There are well-known issues with the availability and quality of support services and improvements have long been a focus of government action (Office for Disability Issues 2008). Staff turnover is high and training is inconsistent. Participants are largely satisfied but most report concerns about “reliability; level of skills; level of spoken English; and issues of personal safety” with their support person (Bennett and Bijoux:92-93). Negotiating those concerns takes a fair amount of personal effort and skill, and building a sound relationship with support workers and agencies is seen as crucial by the disabled Aucklanders involved in this research.

“It’s really tricky managing all of the relationships on a daily basis, month after month with very little learnt about each other as you go” (Bennett and Bijoux:73).

Overall, disabled Aucklanders indicate that they feel afraid or powerless to address their concerns with the service provider (Bennett and Bijoux:93). A small number of disabled Aucklanders manage their own home-based support packages, which enables them to have more choice over how care is delivered – a highly favoured option for those people (Bennett and Bijoux:73).

A recent Dunedin-based study<sup>23</sup>, specifically undertaken with older recipients of low-level home support, contributes another perspective:

“Home helpers make a vital contribution to [older] participants’ quality of life experience, rather than home support being just a service. Participants were unanimous in their response that having home help makes a positive difference to their quality of life. This was the case even in situations where it was thought that the home support arrangement was less than desirable for reasons of high turnover, or temporary and non-performing staff.”

Thus, home support has the capacity to be both a physical support and social enabler for the recipient.

**Lilly cannot get up and ready in the morning by herself. Knowing that her support worker will reliably turn up is essential. It means that she can get herself and her siblings out of the house each day to their respective jobs and study. That enables her to further her tertiary education and build the skills to be a contributor to our export economy.**

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<sup>23</sup> Hambleton, P; Keeling, S; and McKenzie, M, 2008, p.157

## Active citizens

- **Disabled Aucklanders love Auckland**
- **Disabled Aucklanders want to influence local body work**
- **Organisations need to strengthen their capacity to listen to disability perspectives**

Many participants in the Bennett and Bijoux study consider that Auckland City offers more opportunities than other locations around New Zealand to support work, study or social interests:

“I like the lifestyle, there’s always something to do, always people I know everywhere and stuff to do, like concerts and shows, and the transport is getting better... Natural beauty here is amazing, I like to do a lot of cycling and I like the cycle ways that Auckland City has provided. Being deaf I feel isolated but getting on the bike I feel part of the world again” (Bennett and Bijoux:23).

Most disabled Aucklanders want to be more involved with their local body, to participate as citizens in having their say, particularly on disability issues, but are unsure how to achieve this. Disabled Aucklanders are keen to be actively involved in civic and rate-payer matters:

“Even when consultation is included at the inception of projects it is often felt to be too restricted and inadequate” (Bennett and Bijoux:49).

Many disabled Aucklanders have contacted the Auckland City Council when trying to identify disability-specific information about venues, access and events. Disabled Aucklanders consider that the Council is often involved in supporting public events across the city in a range of ways, and therefore it could be a valuable advocate on behalf of the needs of people with impairments at such events and could indeed model good practice for inclusion at these events. For example, disabled Aucklanders in wheelchairs report that they are *often* required to sit separately from their friends and family; hearing-impaired people report that there are very few events that actively cater for the deaf community (Bennett and Bijoux:89).

Disabled Aucklanders have also made general enquiries of the Council about issues such as noise control or planning and permits. The feeling is that the Council’s customer service staff are generally positive and helpful, but the Council’s subsequent effectiveness is uneven (Bennett and Bijoux:48).

“Lots of people miss out on information, the City Council has a deaf events coordinator, it does happen but it’s just not enough... Deaf people need to be involved at the communication level more” (Bennett and Bijoux:38)... Participants encourage Council to develop more facilitatory processes to assist the modification and renovation of owner-occupied and rented residences to better accommodate people living with disability” (Bennett and Bijoux:92).

Similarly, many disabled Aucklanders have been in contact with the Auckland District Health Board services but have found the service provision to be wanting:

“Hospital doesn’t work well for deaf people. For example, emergency services for my dad – he was at emergency services in a critical condition but I couldn’t have an interpreter because I wasn’t the patient, I couldn’t be involved in dad’s health care, in the big decisions that were being made about his care and it was serious because he eventually died. I complained, so they put a reminder note on dad’s notes to book an interpreter but it never happened. I constantly harassed them, I made a formal complaint. This is the experience of many deaf people... So many parents say they don’t know where to go for information regarding disabled children. There are a lot of people out there who don’t know where to go to get information... My quality of life is at the mercy of people in the health system” (Bennett and Bijoux:51-52).

In Waikato-based research, 61% of disabled Māori people are dissatisfied with the way the health system is configured whereby a ‘systems’ rather than a ‘consumer’ focus is being pursued, and with cultural barriers to service delivery being particularly highlighted.<sup>24</sup> Additionally, discrimination was experienced by disabled Māori from many service providers; it was exhausting and ongoing. This ‘double-whammy’ of discrimination is extremely disabling for whānau to manage. A primary aspiration from this Waikato study is for the needs of future generations of disabled people to be better planned for.

Disabled Aucklanders have not experienced any real democratic engagement with the Auckland District Health Board beyond triennial voting; they have no awareness of how they might participate and feel that disabled people need to be in positions of power within local bodies so as to progress their issues more positively. This would also serve to support local body staff, particularly those who interact with the public, to have better awareness and understanding of disability issues – although the onus of responsibility to upskill staff would lie with the organisation itself and not with disabled staff specifically. Importantly, customer-service skills would be focused around appropriate communication and assistance, as well as in the provision of particular resources, including written material, interpreters, ramps, wide accessways, assistance with bags and the availability of seats. Disabled Aucklanders want customer service staff at their local bodies to talk *directly* with the disabled person rather than with the family member or friend who might be accompanying the disabled person in their business (Bennett and Bijoux:36).

One example of inclusion is the Auckland Regional Transport Authority (ARTA), which established its Transport Disability Advisory Group (TDAG) in early 2008. TDAG includes representatives of transport operators, each of the region’s Councils and a variety of disability organisations. Whilst it is hard to assess how effective this group has been with so many transport issues remaining problematic for disabled Aucklanders, this kind of public policy-specific structure could be replicated by the local bodies.

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<sup>24</sup> Nikora, L; Karapu, R; Hickey, H; and Te Awekotuku, N, 2004, p.40

Many disabled Aucklanders are supportive of effective and systemic relationships between various organisations which could drive positive changes and “defuse the bogey of disability” (Bennett and Bijoux:82). For example, the Auckland District Health Board could include specific contract provisions about timeliness and quality of delivered services with contracted home-based support providers, with a confidential feedback facility available to consumers and providers of those contracted services. ‘Real’ quality-of-life costings could be better identified, included and shared between the local body decision-makers to mitigate existing system failures. One disabled Aucklander, for example, identified the ‘real’ cost of bad footpaths:

“Bad footpaths → falls → health costs → fear → social isolation → mental health issues → loss of participation in society” (Bennett and Bijoux:85).

This approach would see the Council and the District Health Board as local leaders who could mutually model **leadership, partnership, innovation** and **action** with other government agencies (Bennett and Bijoux:83). This principled approach to public business is considered the best mechanism to address the current frustrations, inefficiencies and discriminatory practices which disabled Aucklanders experience regularly.

Many participants aspire to be perceived as an integral part of the community with their visibility in community activities being noted. Many feel “judged” because of disability:

“You could look at it as a kind of racism, based on visible racism” (Bennett and Bijoux:32).

Despite these judgemental experiences, it is felt that attitudes towards disability and disabled people have improved over time and this is sometimes linked with physical environment upgrades undertaken by the Council:

“Panmure has been re-done [and] it’s nicer and easier to access and more people with disabilities are using it and it’s blowing me away how many people will now help me; the more they see people with disabilities the more they are willing to help” (Bennett and Bijoux:26).

Disabled Aucklanders feel that being visible in the community is important as it is possible to facilitate community change to enable increased access for all, as the example below demonstrates:

“I used to push around One Tree Hill in my wheelchair... and like everyone pushing prams you somehow get over the cattle stop. After doing this for about a year, one of the ground-keepers stopped, and he said ‘I’ve been watching you guys do this every week for ages’. He said, ‘Would it help if we had gates, paved gates, either side of the cattle stops, would that make it easier?’ I said, ‘oh yeah.’ And lo and behold that’s there now and the amount of prams, the amount of runners who no longer leap the cattle stops, you know, it’s there for all” (Bennett and Bijoux:64-65).

**Fred cares about his community and city. Being able to vote ensures he can have his say in shaping Auckland, and involve his beloved grandson in the city's wonderful facilities.**

**Fred had to rely on his wife to fill out the voting forms because they are in small print. Fred cannot change this on his own. Public agencies including Councils and District Health Boards must provide information and processes that work for everyone.**

## Conclusion

Disabled Aucklanders have both the skills and desire to contribute more actively to the social and economic fabric of the city they love.

The key issues, needs and aspirations of the 77,000 disabled people in New Zealand's largest city, outlined in this report along with the snapshot of the reality of their lives, can help to inform decisions in achieving enhanced citizenship.

Significant and urgent change is still required by key decision-makers in the region to step up and address the challenges disabled people face daily: getting around, economic wellbeing, support, and the ability to be active citizens. Stepping up to those four challenges will require consistent focus as well as coordination, both within and between organisations.

**Three key actions** have been identified that will help our local bodies and other public agencies work together to unleash thousands of disabled Aucklanders' contributions to our communities and economy. Once these actions are agreed in principle, we acknowledge that more detailed scoping will be required before resources are finally committed.

1. In addition to immediate strengthening of the individual agencies' current disability programmes and services, there needs to be a joint regional Strategic Action Plan developed that can be shared with all public agencies in the region, and that prioritises action that ensures the best use of resources in meeting the challenges. It is recommended that the Auckland City Council, Auckland District Health Board and AUT University get this underway, but look for opportunities for other agencies to join or create their own specific action plans over time. With the Council, District Health Board and University demonstrating leadership, partnership, innovation and action, the authors contend that practical, achievable and cost-effective solutions for the challenges can be identified and implemented.
2. Increase capacity for engagement with disabled people, along with community and leadership development, by developing smart, shared communication infrastructure. This communication infrastructure must be focused on removing communication barriers and enabling disabled Aucklanders to contribute to public policy, community capacity-building, and action.
3. Commit to an ongoing research programme to continue finding out the views of disabled Aucklanders and what works for them and for agencies. A particular focus now needs to be given to local research in specific communities, aligned with the new regional representation arrangements.

# Appendix I – About the research project

## Purpose and objectives

The purpose of the research project was to better understand the needs and aspirations of disabled people in Auckland so that key agencies could more effectively plan initiatives and purchase services that include and benefit the disabled population. Project partners and other relevant stakeholders will respond to the research's results over the medium and longer term.

The principal research question was:

Who and where are disabled people in Auckland City and what are their needs and strengths?

Research objectives were:

- To find out the cultural, economic, environmental and social realities of disabled Aucklanders.
- To create a shared understanding about disability and the experiences of disabled people.
- To enhance the citizenship experiences of disabled people in Auckland City by growing the community's capacity through civic engagement and involvement.
- To better understand and meet the health and educational needs of disabled Aucklanders now and into the future.
- To appropriately distribute the research findings to interested individuals, agencies, and communities.

The research partners were interested in exploring linkages about how issues in one area of a person's life (or family or community life) were influenced by other aspects of life, and the cooperative solutions required – for example, success in employment being connected to the quality of personal support, transport, and housing available.

## Scope, method and participants

This research involved the collection of information through the analysis of literature and through direct engagement with disabled people who reside in the shared territorial local authority boundaries of the Auckland City Council and the Auckland District Health Board.

Thirty-four disabled Aucklanders, aged 18 or more, participated in the people-centred research.<sup>25</sup> They were sourced through channels including both disability organisations and non-disability organisations.

Twenty-nine people took part in six focus groups; eighteen people had key informant interviews and in-depth written journals, and eleven people attended the solutions-focused workshop. While aiming for a sample of people with sensory, physical, psychological and intellectual impairments,

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<sup>25</sup> Bennett and Bijoux, 2008

the researchers made particular efforts to recruit Māori, Pacific and Asian peoples as well as to include perspectives from the gay community and from people experiencing a range of self-assessed levels of impairment. Additionally, effort was made to recruit males and females over 18 years who were employed, unemployed or retired and who lived in different localities across Auckland City. A range of household and family compositions were obtained in the sample, as were participants with a variety of educational achievements.

Comparing research participants to the overall city population of disabled adults:

- Men and women made up half and half of the sample, exactly the same as the overall population.
- Fewer Asian people participated, about the same proportion of Pacific people, more Māori and even more NZ European/Pakeha.
- Fewer people in older age groups, and many more younger people than the overall population.
- Far more people with post-school qualifications, and none at all with no qualifications.
- About the same proportions with low and middle incomes, and more with high incomes.
- Far more people not in the current labour force.
- Far more people living alone, and fewer who own their own home.
- More people with impaired intellect, learning and memory, far fewer people with impaired hearing and many more with impaired mobility.

The sample had more students and those already having post-school qualifications, which may reflect levels of interest in self-reflection and contribution, as well as connectedness through civic organisations that were recruitment channels for the research. Participants were all motivated, and seem likely to be active contributors and leaders in the city's future. It may also be that those who are able to devote time to participate in research are less likely to currently be in full-time work. The higher-than-average incidence of impaired mobility comes through in many of the examples that participants discussed.

The reviewed literature was drawn predominantly from the AUT University electronic library, with book chapters and journal articles predominating in the found results. The search for this literature focused upon Auckland-located research which was published post-2004.<sup>26</sup> These strict parameters significantly limited the subsequent results found. In the absence of Auckland-specific research, a small amount of other New Zealand-originating research which was pertinent to disabled people's strengths and needs, including research published pre-2004, was also integrated.

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<sup>26</sup> Keywords were: disability, access, cultural, economic, environment, social, health, education, need, aspiration, strength, challenge, barrier, council, employment, citizen/ship, local government, engage

Specifically, we chose to focus upon *the people* living within the territorial local authority area of Auckland City, Aotearoa-New Zealand and to examine their interests, capabilities and aspirations, as well as the impairments and barriers which they have personally and collectively expressed. The research partners were very interested to understand specifically what disabled people want for themselves, their families and their city, as well as to seek clarity about what already works well in their lives.

The Disability Resource Centre (Auckland) was used as a venue for the face-to-face focus groups. An AUT University Ethics Committee Approval Process was undertaken and granted in April 2008 so as to guide all ethical considerations associated with this project.

## Appendix II – Statistics about disabled Aucklanders

Statistics were developed for this project by Sacha Dylan and Waitakere City Council, and by Connectos Consulting Ltd. Full details are in Dylan and Waitakere City Council, 2008.

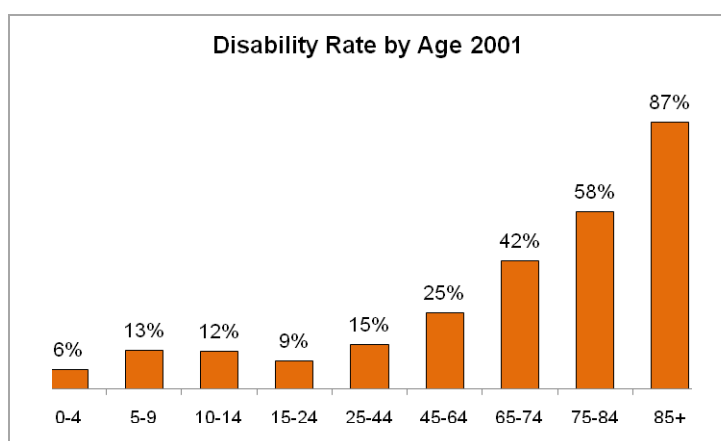
Disability demographics are only collected at a national level in a post-census survey every five years and published some time later. Other regular public surveys largely do not record disability at either national or local levels. Although the Disability Survey does contain information about use of specialist disability support services and general health services, it does not collect information about the health status of disabled people. Note that disability is *not* a health status in itself.

Only selected figures for the 2006 Disability Survey have been released at the date of this report, and so the most recent comprehensive and reliable data is from the 2001 Disability Survey as analysed by an inter-agency working group in the 2004 Ministry of Health publication *Living With Disability in New Zealand*. Localised figures for this report were derived by applying national 2001 rates to the 2006 counts for Auckland city's total population.

### Estimated population by age and sex

From the Auckland city 2006 Census population of 405,000, there are about **77,000** disabled Aucklanders, including 68,000 disabled adults<sup>27</sup> (Dylan and Waitakere City Council 2008:12). By 2011 it is estimated that there will be 460,000 people living in the area currently defined as Auckland City<sup>28</sup>, with a corresponding increase in the disabled population expected. Nationally, the proportion of disabled people increases dramatically with age.

Figure 4 – Disability rate by age, 2001, national



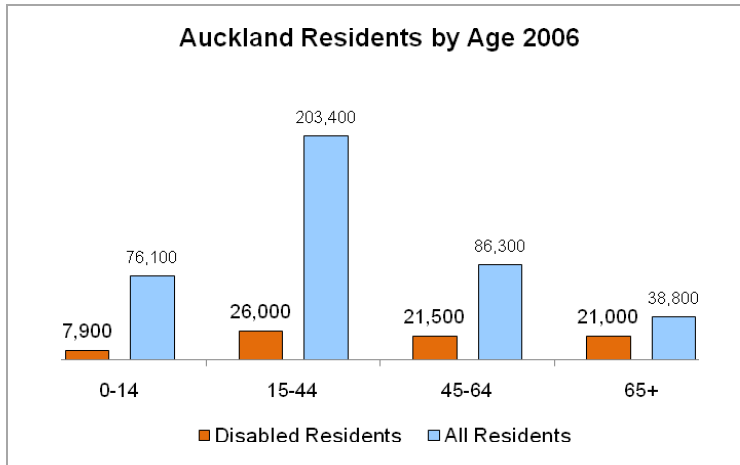
Source: Statistics NZ 2001 Household Disability Survey.  
Note that age bands are not equal width.

<sup>27</sup> "Adult" is defined in these statistics as 15 years and older, but research participants were 18+.

<sup>28</sup> From: [http://www.adhb.govt.nz/About/population\\_stats.htm](http://www.adhb.govt.nz/About/population_stats.htm)

Localised estimates show that despite a relatively young population, older disabled people make up a fair proportion of the total and will continue to do so with forecast demographic changes.

Figure 5 – Aucklanders by age, 2006 counts and estimates



Source: Statistics NZ 2001 Household Disability Survey, 2006 Census.  
 Note that age bands are not equal width.

Disability prevalence also differs by gender. Women have longer life expectancy yet they also experience greater levels of disability and illness.<sup>29</sup> Localised estimates show more disabled boys than girls, and greater numbers of disabled older women than older men.

Table 2 – Estimated counts of disabled Aucklanders by age and sex

Age Group	Disabled Male	Disabled Female	Disabled All
0-4	1,100	600	<b>1,700</b>
5-9	1,800	1,300	<b>3,100</b>
10-14	1,900	1,200	<b>3,100</b>
15-24	2,700	3,500	<b>6,100</b>
25-44	9,000	11,000	<b>20,000</b>
45-64	12,000	10,000	<b>22,000</b>
65-74	4,000	4,300	<b>8,300</b>
75-84	3,100	4,600	<b>7,800</b>
85+	1,500	3,400	<b>5,000</b>
All	37,000	40,000	<b>77,000</b>

Source: Statistics NZ 2001 Household Disability Survey, 2006 Census.  
 Note that age bands are not equal width.

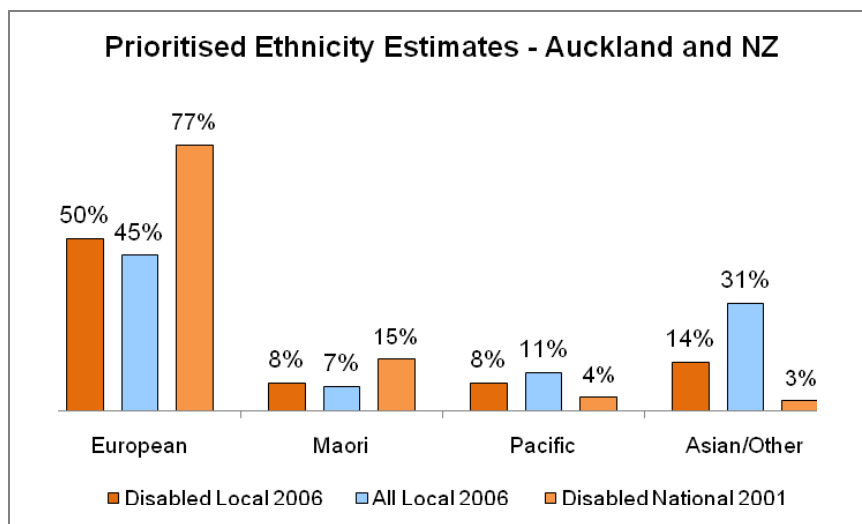
In line with the New Zealand population, females are about 51% of all disabled people. That proportion varies in different age groups (from 35% of 0–4 year olds, to 63% of those 85 and over) and reflects the overall age structure including women’s greater longevity (Dylan and Waitakere City Council 2008:11).

<sup>29</sup> Langlois, J; Norton, R; Campbell, J; and Leveille, S, 1999

## Ethnicity

The ethnicity of disabled Aucklanders differs significantly from national figures, with approximately 38,000 NZ Europeans; 6,000 Maori; 6,300 Pacific; and 10,500 Asian/Other. The prevalence of disabled Pacific and Asian/Other people is also significantly lower than those ethnic groups' shares of the total Auckland population. Immigration restrictions and cultural factors may contribute to this, but further analysis is needed and caution is advised.<sup>30</sup>

Figure 6 – 2006 local and national prioritised ethnicity estimated rates, all ages



Source: Statistics NZ 2001 Household Disability Survey, 2006 Census.

## Māori

In Te Ao Māori, disability may be conceptualised quite differently to prevailing European models, but so far there is little research about this.

Whilst the proportion of Māori who experience disability is similar to that for New Zealand European/Pakeha people, disability is a more 'concentrated' experience because Māori have shorter life expectancies and experience more years disabled than non-Māori.<sup>31</sup>

This is compounded by poverty. The New Zealand deprivation index reflects aspects of material and social deprivation – of poverty. The scale ranges from **1** (least deprived) to **10** (most deprived). In 2001, a much higher percentage of Māori (50%) and Pacific peoples (65%) lived in the most-deprived areas, compared with Asian peoples (34%) and 19% of New Zealand Europeans.<sup>32</sup>

<sup>30</sup> The 2001 Disability Survey used the old "prioritised" method for recording ethnicity, making it unable to be directly compared with Census total population figures. A special extract was obtained from Statistics NZ to allow localised calculation (Dylan and Waitakere City Council 2008:14). Ethnicity categories are different in the 2006 Census from earlier data including the 2001 Disability Survey. Categories are amalgamated here to match the 2001 Disability Survey, so in particular the "Asian/Other" category will include 2006 MELAA responses. 2001 national figures are included in Figure 6. Figures in this section are for all ages, not just adults.

<sup>31</sup> in Nikora, L; Karapu, R; Hickey, H; and Te Awekotuku, N, 2004, p.4

<sup>32</sup> From [http://www.adhb.govt.nz/About/population\\_stats.htm](http://www.adhb.govt.nz/About/population_stats.htm)

Thus “duration and quality of life is poorer for Māori” (Waikato District Health Board, 2002).<sup>33</sup>

## Impairment type

Knowing which type of personal function is impaired provides part of the picture, but their interaction with different settings and circumstances must be taken into account and so we do not dwell in this report on impairment type. Impairment type categories from the 2001 Disability Survey are used here despite their limitations (for more detail, see page 33).

Because more than half of disabled people have more than one type of impairment (Dylan and Waitakere City Council 2008:16), note that totals do not add up to 100%.

**Table 3 – Estimated impairment type for Auckland adults by sex**

Impairment Type	Total	% of All Disabled Males	% of All Disabled Females	% of All Disabled	% of All
Mobility	36,500	45%	61%	54%	11%
Hearing	22,200	40%	26%	33%	7%
Seeing	7,400	9%	12%	11%	2%
Agility	28,500	40%	43%	42%	9%
Intellectual	3,400	5%	5%	5%	1%
Learning	8,100	14%	10%	12%	2%
Remembering	9,900	15%	14%	14%	3%
Psychiatric / psychological	11,100	14%	19%	16%	3%
Speaking	4,700	8%	6%	7%	1%
Other	15,000	26%	19%	22%	5%
(Local Disabled Adults)				68,100	
(All Local Adults)					328,566

Source: Statistics NZ 2001 Household Disability Survey, 2006 Census.

In a representative group of disabled Auckland adults:

- **five** in nine would have impaired **mobility**,
- **three** in nine would have impaired **hearing**,
- **three** in nine would have impaired learning, remembering and intellect, and
- **one** in nine would have impaired **sight**.

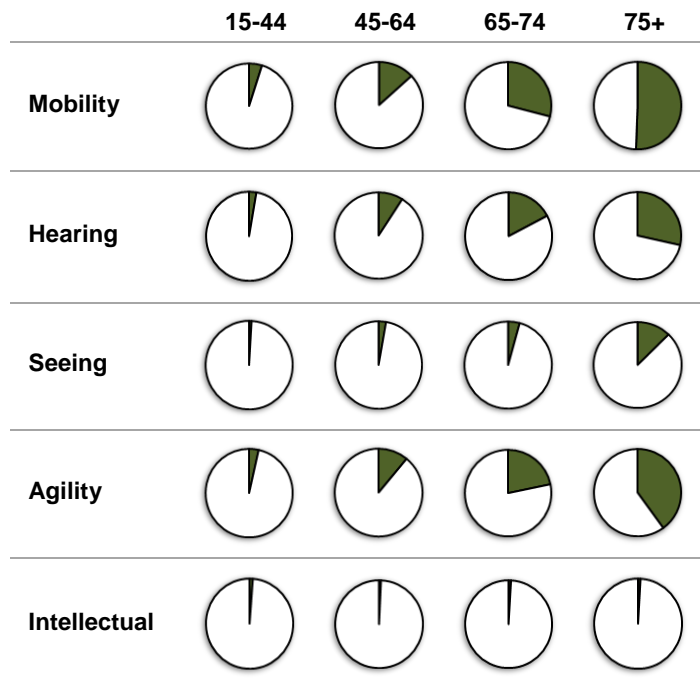
Impaired mobility affects one in nine of **all** Auckland adults.

Impairment type varies by gender. More females than males have impaired mobility, while more males have impaired hearing.

<sup>33</sup> in Nikora, L; Karapu, R; Hickey, H; and Te Awekotuku, N, 2004, p.4

Impairment type also largely varies by age (Sacha Dylan and Waitakere City Council 2008:17).

Figure 7 – Impairment type for local adults by age



Source: Statistics NZ 2001 Household Disability Survey.

**How Statistics NZ classifies impairment types**

Dylan and Waitakere City Council (2008:37) note that categorising impairment is problematic and that in the national Disability Survey, Statistics NZ applies a superseded World Health Organisation standard from 1980. The problems with that approach are also described in the Ministry of Health’s *Living with Disability in New Zealand* (2004:441). Despite their limitations those categories are the only ones currently available in this core dataset, and so they are used in this report.

The 2001 Household Disability Survey defined ten types of impairment:

- **Mobility** – includes people who have difficulty with or cannot walk about 350 metres without resting; walk up or down a flight of stairs; carry an object as heavy as five kilograms for a 10-metre distance; move from room to room; or stand for periods longer than 20 minutes.
- **Agility** – includes people who have difficulty with or cannot bend over to pick something up off the floor; dress or undress themselves; cut their own toe-nails; grasp or handle small objects like scissors; reach in any direction; cut their own food; or get themselves in or out of bed.
- **Hearing** – includes people who have difficulty hearing or cannot hear what is said in a conversation with one other person and/or a conversation with at least three other people. If the difficulty or inability to hear was completely corrected by, for example, a hearing aid, the person was *not* defined as having a hearing disability.

- **Seeing** – includes people who have difficulty seeing or cannot see ordinary newsprint and/or the face of someone from across a room, even when wearing corrective lenses.
- **Speaking** – includes people who have difficulty speaking or being understood.
- **Psychiatric/psychological** – includes people who, because of a long-term emotional, psychological or psychiatric condition, have difficulty with or are stopped from doing everyday activities that people their age can usually do, including communicating, mixing with others or socialising.
- **Learning** – includes people with a long-lasting condition or health problem that affects their mental capacity and makes it hard for them to learn.
- **Remembering** – includes people with a long-lasting condition or health problem that causes them to have ongoing difficulty remembering things.
- **Intellectual** – includes people who need support or help from people or organisations, or who have been to a special school or received special education because of an intellectual disability or handicap.
- **Other** – includes people with other types of long-term conditions or health problems that cause them ongoing difficulty with, or stop them from doing, everyday activities that people their age can usually do.<sup>34</sup>

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<sup>34</sup> Dylan and Waitakere City Council (2008:37)

## Appendix III – Acknowledgements

The Auckland Disability Research Group was established with partners Auckland City Council, Auckland District Health Board, Waitakere City Council and AUT University's Institute of Public Policy. Bennett and Bijoux Ltd were contracted to perform qualitative research, with assistance engaging participants from the Disability Resource Centre (Auckland). Connectos Consulting Ltd contributed to statistical and editorial aspects of the report. AUT University contributed project management, literature review and peer review elements.

The project team included both disabled and non-disabled members, and one of the research objectives was developing a stronger shared understanding about disability. The project team were:

Minnie Baragwanath  
Sacha Dylan  
Lisa Gestro  
Kiri Le Heron  
Caroline Lim  
Nic Mason  
Tony O'Connor

Manase Lua is gratefully acknowledged for helping with the selection of contractors who undertook the research:

Sara Bennett  
Denise Bijoux

Brian Osborne and Owen Hughes helped with statistics. Tricia Fitzgerald and Virginia Cattell also assisted in some final editing.

The project team would finally like to sincerely thank all disabled participants for their time and input into this report.

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