



Community inclusion of wheelchair users during the long-term recovery phase following the 2010/2011 Canterbury earthquakes



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ABSTRACT

Research exploring how people living with disability experience community inclusion during the medium to long-term recovery following natural disasters is scant. Yet such information is vital to ensure that recovering communities are inclusive of all members within the population. This study explored the perspectives of people with specific functional needs, wheelchair users, regarding their experience of community inclusion in the four years following the 2010/2011 earthquakes in Christchurch, New Zealand. Thirteen adult wheelchair users were interviewed one-to-one and then invited to attend a group interview. The group interview presented a summary of the interview data for discussion to help clarify and prioritise elements of community inclusion. All data were subjected to thematic analysis. Four interrelated themes described the key elements of the participants' experience of community post-earthquakes: 1) earthquakes magnified barriers, 2) community inclusion requires energy, 3) social connections are important, and 4) an unprecedented opportunity for change. Findings emphasized the need for recovery energies at a local and national level to move from conceptualizing disability in terms of individual vulnerability, to instead, focusing on reducing environmental barriers that inhibit community inclusion. Of critical importance is creating pathways for people who experience disability to be co-creators of this change.

1. Introduction

The earthquake sequence in the Canterbury region of New Zealand in 2010/2011 began at 4:35 am on 4 September 2010 when a magnitude 7.1 earthquake struck near the small town of Darfield, 40kms east of Christchurch city¹ [1]. Four years after the September 2010 earthquake more than 14,164 aftershocks have been reported [2]; the most catastrophic aftershock occurred at 12:51 pm on 22 February 2011 when a magnitude 6.3 struck 6kms southeast of Christchurch, claiming 185 lives, and injuring at least 7171 people [1]. Christchurch has experienced a complex and extensive recovery, which is ongoing. Three quarters of the housing stock in the Canterbury region experienced damage, and over 600 commercial buildings in the central business district were demolished [3]. Ground shaking and subsequent liquefaction caused severe damage to roads, water, electricity, and

sewage infrastructure, with estimates of the entire recovery total cost being around \$40 billion [1,4]. The social and community impact of the Christchurch earthquakes was extensive, with those identifying as living with a health condition or disability more likely to report increased levels of stress, and less likely to rate their lives positively [5].

The number of people who experience disability in New Zealand is increasing. The 2013 New Zealand Disability Survey estimated that 1.1 million people reported a disability,² representing 24% of the total population, an increase from 17% reported in 2006 [6]. More specifically, the number of wheelchair users is unknown. However, some indication can be drawn from the 2013 New Zealand Disability Survey [6], which reported that 13% of the national population (551,466 people) identified as having a mobility impairment. At a regional level, the same survey reported that approximately 143,000 people in Canterbury identified as disabled, of which 12% (17,160 people)

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¹ Christchurch is the main city in the Canterbury region.

² The 2013 NZ Disability Survey defined disability as: “an impairment that has a long-term, limiting effect on a person's ability to carry out day-to-day activities”. Long term is defined as six months or longer.

reported having a mobility impairment and residing in a private dwelling [6].

Studies in the United States and United Kingdom indicate that the number of people who use a wheelchair is increasing. Reasons may include advancing medical care in which people experiencing accidents and/or disease live longer, increased prescription of wheelchairs, changes in attitudes to disablement such that people may feel less stigmatised about using a wheelchair, and ageing populations [7–9]. Ageing of the population is likely to increasingly impact wheelchair use; in 2013 people aged 65 years or older made up 14.3% of the New Zealand population and this is estimated to grow to just over one quarter of the total population (26.7%) by 2063 [10].

Government policy in New Zealand requires the building of an inclusive society [11]. The New Zealand Bill of Rights (1990), the Human Rights Act (1993), and the New Zealand Disability Strategy ensure that central and local government, including state owned enterprises, have a responsibility to avoid the discrimination of people based on impairment or disability and create a fully inclusive society. Government legislation also requires that the construction and alteration to any buildings, premises, facilities to which members of the public are to be admitted, either free or by way of charge, must comply with section 118 of the Building Act 2004 [12]. Section 118 states that building consent authorities must not grant consents for the construction and alteration of buildings unless satisfied that “reasonable and adequate provision by way of access, parking provisions, and sanitary facilities are made for persons with disabilities who may be expected to visit or work in that building, and/or carry out normal activities and processes in that building” [12] (p. 113). In 2007 New Zealand signed The United Nations Convention on Rights of Persons with Disabilities, which requires the full realisation of all human rights and equal opportunities for all people who experience disability, without discrimination of any kind [13]. However a recent United Nations review reported that people who experience disability in New Zealand still experience barriers accessing health services, education, employment, and that there appeared to be limited supports and services in place to enable people who experience disability choice to be included in the community [14].

After the earthquake, people experiencing disabilities residing in the wider Christchurch area appeared to have disproportionately less access to resources such as information, housing, transport, and mobility [15]. A two-day symposium held in Christchurch in May 2011, which included people experiencing disability, disability and health organizations, and government and non-government organizations reported that a lack of interim accommodation, toileting facilities, accessing necessary supplies, and inaccessible welfare centres were all problematic issues [16]. Phibbs et al. [15] explored perspectives of people with a variety of impairments, family members, support workers, and disability organizations regarding their experiences six-months after the February earthquake. [15] reported that finding accessible housing was difficult after the earthquakes, with 63% of participants reporting that they (or their clients) had to evacuate their homes. Certain buildings were also inaccessible due to lifts being out of order, leaving stairs as the only option, limiting the access for wheelchair users. Damaged infrastructure, disrupted public transport routes, and temporary safety barriers further limited the mobility of people experiencing disability. For those with mobility impairments who could drive, mobility was made more difficult due to roads being closed. For those who could not drive, the closure of supermarkets and other businesses meant that trips to shops and appointments required more organising, and were more expensive and time consuming.

These findings are in line with international research on disability and disasters, which has suggested people who experience disability are unduly vulnerable during the initial period after a natural disaster [17,18]. Reasons for this vulnerability include damaged infrastructure which restricts mobility, inaccessible shelters and temporary housing options, and requiring assistance to organize supplies and equipment

[18,19]. Furthermore, disaster response plans are often designed for able bodied people, resulting from insufficient collaboration with people who experience disability during emergency response planning which creates emergency organizations who struggle to understand the extent or specific nature of the issues that need to be addressed [19].

However, disaster literature examining disability often focuses on the time immediately following an event, from the perspective of emergency preparedness [20], emergency response [19], and coordinated and integrated rehabilitation preparation and planning [21]. Scant research has explored the perspectives of people who experience disability regarding recovery over the longer-term following a disaster. One exception was a study by Stough et al. [22] that used a grounded theory approach to understand how 31 people who experience disability experienced recovery two years following Hurricane Katrina. Stough et al. [22] suggested that two years post-disaster, participants felt they had still not recovered due to significant barriers such as finding accessible housing, transportation, employment, and accessing services. Stough et al. [22] argued that while these barriers are often experienced by the general population, the disability status of participants enhanced the challenges experienced when negotiating the recovery process.

First hand narratives from people with disabilities constitute a small yet increasing voice in disaster recovery research [18,22,23]. Furthermore, Kelman and Stough [24] have recently edited a collection of first-hand narratives written by individuals with disabilities regarding their experience in disaster contexts. It is imperative to continue to accumulate reports of the personal experience of individuals with disabilities in disaster contexts in order to ensure that all members of a population are afforded equal opportunities to live independent, productive lives as communities recover post-disaster. While it is crucial to understand the experience of all people with disabilities, it is equally important to understand the specific needs of certain groups within the disability community [24].

This paper examined the specific intersection between the consequences of a natural disaster (an earthquake) and people who use wheelchairs (with their specific functional needs) with respect to community inclusion four years post-disaster. This research was the first, qualitative, phase of a mixed methods project which aimed to understand how people who use wheelchairs experienced community inclusion in the four years following the 2010/2011 earthquakes in Christchurch, New Zealand.

2. Methods

Data were collected from individual interviews, followed by a group interview to which all individual interview participants were invited. Semi-structured interviews (both the individual and group) were considered an ideal method of data collection to understand the participants’ experiences of community inclusion following the earthquakes. The open ended nature of questions in the interview guides, and the flexibility of semi-structured interviews was enough to enable the expression of unanticipated ideas [25]. This approach can provide a thick description of participant experiences, in which a deeper understanding of the phenomena might be achieved [26]. In the group interview a summary of the preliminary themes from individual interviews were presented for discussion. The purpose of the two-stage process was to help to clarify and prioritise key findings. The theoretical framework informing the overall project was pragmatism, which is focused on answering research questions in practical, action-orientated ways, and acknowledges that researchers may have to use a mix of methods to best achieve this [27,28].

All interviews were conducted by the first author (JB), drawing on five years of experience in qualitative, interview-based, research. He also drew on an ‘insider’ perspective [29]: as a wheelchair user, a resident of Christchurch, and having experienced several of the 2010/2011 earthquakes. Benefits of insider status include potential for

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