

# The new zealand disability strategy health and social care essay



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1. There are various definitions of disability. The New Zealand Disability Strategy describes disability as: "Disability is not something individuals have. What individuals have are impairments. They may be physical, sensory, neurological, psychiatric, intellectual or other impairments... Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have... Statistics NZ defines disability as "any self-perceived limitation in activity resulting from a long-term condition or health problem; lasting longer or expected to last longer than six months or more and not completely eliminated by an assistive device". Statistics NZ also draws on the World Health Organisation's functional definition of disability of "... any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner of within the range considered normal for a human being". [www.ssc.govt.nz/node/16712](http://www.ssc.govt.nz/node/16712). When most people think of the word "disability" they immediately picture someone in a wheelchair. But there are many different types of disability. People with a disability may include: a) people who are blind or partially sighted b) people with learning or intellectual disabilities c) people who are deaf or hearing impaired d) people with a physical disability e) people with long term illnesses f) people with mental health or psychological difficulties g) people with an acquired brain injury. According to the World Health Organisation, a disability is... "any restriction or lack (resulting from any impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" A disability includes those that: a) are present, or b) once existed but don't any more, for example, a person who has had a back injury, a heart attack or an episode of mental illness, or c) may exist in <https://assignbuster.com/the-new-zealand-disability-strategy-health-and-social-care-essay/>

the future, for example, a person with a genetic predisposition to a disease, such as Huntington's disease or heart disease or a person who is HIV positive, ord) someone thinks or assumes a person has. hcdg. org/definition. htm3. Disability includes :-a) Total or partial loss of the person's bodily or mental functions; orb) Total or partial loss of a part of the body; orc) the presence in the body of organisms causing disease or illness; ord) the presence in the body of organisms capable of causing disease or illness; ore) the malfunction, malformation or disfigurement of a part of the person's body; orf) a disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction; org) a disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behavior, and includes a disability .

### **Comparison of three above definitions of disability as follows :-**

According to these three definition , Similarities are loss or find any impairment in physical, sensory, intellectual or other impairment in body causing disease, illness, malfunction, malformation, or disfigurement of a part of the person's body .

### **Difference between three definations:**

NZ defines disability as " any self-perceived limitation in activity resulting from a long-term condition or health problem; lasting longer or expected to last longer than six months or more and not completely eliminated by an assistive device. Australia defines as a disorder, illness or disease that

affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behavior; and includes a disability .

### **Definitions of aging :-**

Starting at what is commonly called middle age, operations of the human body begin to be more vulnerable to daily wear and tear; there is a general decline in physical, and possibly mental, functioning. In the Western countries, the length of life is often into the 70s. The upward limit of the life span, however, can be as high as 120 years. During the latter half of life, an individual is more prone to have problems with the various functions of the body and to develop any number of chronic or fatal diseases. The cardiovascular, digestive, excretory, nervous, reproductive and urinary systems are particularly affected. The most common diseases of aging include Alzheimer's, arthritis, cancer, diabetes, depression, and heart disease. Human beings reach a peak of growth and development around the time of their mid 20s. Aging is the normal transition time after that flurry of activity. Although there are quite a few age-related changes that tax the body, disability is not necessarily a part of aging. Health and lifestyle factors together with the genetic makeup of the individual, and determines the response to these changes. Body functions that are most often affected by age include: Hearing, which declines especially in relation to the highest pitched tones. The proportion of fat to muscle, which may increase by as much as 30%. Typically, the total padding of body fat directly under the skin thins out and accumulates around the stomach. The ability to excrete fats is impaired, and therefore the storage of fats increases, including cholesterol and fat-soluble nutrients. The amount of water in the body decreases, which

therefore decreases the absorption of water-soluble nutrients. Also, there is less saliva and other lubricating fluids. The liver and the kidneys cannot function as efficiently, thus affecting the elimination of wastes. A decrease in the ease of digestion, with a decrease in stomach acid production. A loss of muscle strength and coordination, with an accompanying loss of mobility, agility, and flexibility. A decline in sexual hormones and sexual functioning. A decrease in the sensations of taste and smell. Changes in the cardiovascular and respiratory systems, leading to decreased oxygen and nutrients throughout the body. Decreased functioning of the nervous system so that nerve impulses are not transmitted as efficiently, reflexes are not as sharp, and memory and learning are diminished. A decrease in bone strength and density. Hormone levels, which gradually decline. The thyroid and sexual hormones are particularly affected. Declining visual abilities. Age-related changes may lead to diseases such as macular degeneration.. A compromised ability to produce vitamin D from sunlight. A reduction in protein formation leading to shrinkage in muscle mass and decreased bone formation, possibly leading to osteoporosis. medical-dictionary. thefreedictionary. com/aging2. Aging can also be defined as a progressive functional decline or a gradual deterioration of physiological function with age, including a decrease in fecundity, or the intrinsic, inevitable, and irreversible age-related process of loss of viability and increase in vulnerability. Clearly, human aging is associated with a wide range of physiological changes that not only make us more susceptible to death but limit our normal functions and render us more susceptible to a number of diseases. The purpose of senescence. info is not to describe all age-related changes and pathologies typical of old age, as there are excellent resources <https://assignbuster.com/the-new-zealand-disability-strategy-health-and-social-care-essay/>

on the topic , including our lab's. Nonetheless, a brief inspection of the most important physiological changes that occur with age and the pathological consequences of these changes is useful to understand aging. [www.senescence.info/aging\\_definition.html](http://www.senescence.info/aging_definition.html)<sup>3</sup>. Gradual change in an organism that leads to increased risk of weakness, disease, and death. It takes place in a cell, an organ, or the total organism over the entire adult life span of any living thing. There is a decline in biological functions and in ability to adapt to metabolic stress. Changes in organs include the replacement of functional cardiovascular cells with fibrous tissue. Overall effects of aging include reduced immunity, loss of muscle strength, decline in memory and other aspects of cognition, and loss of colour in the hair and elasticity in the skin. In women, the process accelerates after menopause. In biology, cumulative changes in an organism, organ, tissue, or cell leading to a decrease in functional capacity. In humans, aging is associated with degenerative changes in the skin, bones, heart, blood vessels, lungs, nerves, and other organs and tissues. The branch of medicine that deals with the disorders of aging in humans is geriatrics. [encyclopedia2.thefreedictionary.com/aging](http://encyclopedia2.thefreedictionary.com/aging)

### **Comparison of three above definitions of aging:**

Aging process means general decline in physical, and possibly mental, functioning including a decrease in fecundity, or the intrinsic, inevitable, and irreversible age-related process of loss of viability and increase in vulnerability. Gradual change in an organism that leads to increased risk of weakness, disease, and death. The cardiovascular, digestive, excretory, nervous, reproductive and urinary systems are particularly affected. The

most common diseases of aging include Alzheimer's, arthritis, cancer, diabetes, depression, and heart disease.

### **Differences between three definitions of aging:**

Medical-dictionary said aging process start at middle age, operations of the human body begin to be more vulnerable to daily wear and tear, Western countries, the length of life is often into the 70s. The upward limit of the life span, however, can be as high as 120 years. senescence believe that the most important physiological changes that occur with age and the pathological consequences of these changes is useful to understand aging. As Encyclopedia2 overall effects of aging include reduced immunity, loss of muscle strength, decline in memory and other aspects of cognition, and loss of colour in the hair and elasticity in the skin.

### **Disability theory:**

Disability theorists have debated at length how disability should be defined. The theoretical roots for these debates reside in models which reflect the socio cultural beliefs of any given society. For example in the United Kingdom the disabled peoples movement, scholars, activists and practitioners construct debates around two distinctly different models of understanding what disability is: The 'social' and 'medical/individual' models of disability. In America debates focus upon the 'structural and 'minority' models. The medical/individual model is an assumption that disability is located with an individual who has an impairment. The social model challenges the medical/individual model through the idea that disability is constructed through social, structural and environmental barriers not an individual's impairment. The minority model sees a lack of equal rights as a <https://assignbuster.com/the-new-zealand-disability-strategy-health-and-social-care-essay/>

primary impediment to equality between able and disabled populations; and the structural model looks to environmental factors as the cause of disability. The field of academic study of disability is growing worldwide; one of its major backers, the transnational Society for Disability Studies (US), took up the task in the mid-1990s to create an official "definition" for what the field involves. It offers the following working guidelines for any program that describes itself as 'Disability Studies': It should be interdisciplinary/multidisciplinary. Disability sits at the center of many overlapping disciplines in the humanities, sciences, and social sciences. Programs in Disability Studies should encourage a curriculum that allows students, activists, teachers, artists, practitioners, and researchers to engage the subject matter from various disciplinary perspectives. It should challenge the view of disability as an individual deficit or defect that can be remedied solely through medical intervention or rehabilitation by "experts" and other service providers.[citation needed] Rather, a program in disability studies should explore models and theories that examine social, political, cultural, and economic factors that define disability and help determine personal and collective responses to difference. At the same time, Disability Studies should work to de-stigmatize disease, illness, and impairment, including those that cannot be measured or explained by biological science. Finally, while acknowledging that medical research and intervention can be useful, Disability Studies should interrogate the connections between medical practice and stigmatizing disability. It should study national and international perspectives, policies, literature, culture, and history with an aim of placing current ideas of disability within their broadest possible context. Since attitudes toward disability have not been the same across

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times and places, much can be gained by learning from these other experiences. It should actively encourage participation by disabled students and faculty, and should ensure physical and intellectual access. It should make it a priority to have leadership positions held by disabled people; at the same time it is important to create an environment where contributions from anyone who shares the above goals are welcome. However, the actual scope of disability studies differs from country to country in spite of its common core. Some, such as the United Kingdom, tend to see the field primarily as belonging only to disabled people and the disability activism they might tend to promote; in the United States, by contrast, a much wider range of professions, such as sociology and social work more generally, which involves both able-bodied and disabled people, may be involved. One of the earliest academic publications in the area was 'Deformity as Device in the Twentieth-Century Australian Novel' (1991), a PhD thesis, at the University of Tasmania, by CA. Cranston.

### **Example.**

**Gender:** Disability rates are lower among males than among females. Males had a disability rate of 18.7 percent and a severe disability rate of 8.1 percent. The comparable rates among females were 20.2 percent and 11.0 percent. **Age:** Persons 65 years old and over made up with a severe functional limitation, needing assistance with an ADL, IADL and use wheelchairs, cane, crutches, or a walker. **Sexuality:** People with disabilities are as vulnerable as anyone to the problems that accompany sexual relationships. These problems include harassment, assault, and domestic violence **Ethnicity:** People from a non-English speaking background (NESB)

with disability experience multiple layers of discrimination. Discrimination occurs at both an individual and systemic level. Due to the high level of social control that people with disability experience. [http://en.wikipedia.org/wiki/Disability\\_studies](http://en.wikipedia.org/wiki/Disability_studies)

### **Aging theory:**

Ageing (British English) or aging (American English) is the accumulation of changes in a person over time. Ageing in humans refers to a multidimensional process of physical, psychological, and social change. Some dimensions of ageing grow and expand over time, while others decline. Reaction time, for example, may slow with age, while knowledge of world events and wisdom may expand. Research shows that even late in life, potential exists for physical, mental, and social growth and development. Ageing is an important part of all human societies reflecting the biological changes that occur, but also reflecting cultural and societal conventions. Roughly 100, 000 people worldwide die each day of age-related causes. Age is measured chronologically, and a person's birthday is often an important event. However the term " ageing" is somewhat ambiguous. Distinctions may be made between " universal ageing" (age changes that all people share) and " probabilistic ageing" (age changes that may happen to some, but not all people as they grow older including diseases such as type two diabetes). Chronological ageing may also be distinguished from " social ageing" (cultural age-expectations of how people should act as they grow older) and " biological ageing" (an organism's physical state as it ages). There is also a distinction between " proximal ageing" (age-based effects that come about because of factors in the recent past) and " distal ageing"

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(age-based differences that can be traced back to a cause early in person's life, such as childhood poliomyelitis). Differences are sometimes made between populations of elderly people. Divisions are sometimes made between the young old (65–74), the middle old (75–84) and the oldest old (85+). However problematic this is, chronological age does not correlate perfectly with functional age, i. e. two people may be of the same age, but differ in their mental and physical capacities. Each nation, government and non-government organisation has different ways of classifying age.

Population ageing is the increase in the number and proportion of older people in society. Population ageing has three possible causes: migration, longer life expectancy (decreased death rate), and decreased birth rate. Ageing has a significant impact on society. Young people tend to commit most crimes, they are more likely to push for political and social change, to develop and adopt new technologies, and to need education. Older people have different requirements from society and government as opposed to young people, and frequently differing values as well. Older people are also far more likely to vote, and in many countries the young are forbidden from voting. Thus, the aged have comparatively more political influence. Recent scientific successes in rejuvenation and extending a lifespan of model animals (mice 2.5 times, yeast and nematodes 10 times) and discovery of variety of species (including humans of advanced ages) having negligible senescence give hope to achieve negligible senescence (cancel ageing) for younger humans, reverse ageing or at least significantly delay it. In spite of the developments mentioned above and the fact that ageing is admitted to be the major cause of mortality in developed worlds, scientists consider anti-ageing and life extension research to be greatly underfunded. Although <https://assignbuster.com/the-new-zealand-disability-strategy-health-and-social-care-essay/>

human life is declared to be a basic value in many societies, there is no strong awareness and thus demand for society to cancel human ageing. The body still technically ages after death as it still gets older from birth.

<http://en.wikipedia.org/wiki/Ageing>.

## **Examples**

Age: Wear and tear theories of biological aging in humans and other animals is simply the result of universal deteriorative processes that operate in any organized system. Sexuality: Some organisms are dying from gradual aging or some die suddenly following reproduction. Deprivation: All the cars have deprecated exterior paint because suffer from corrosion and mechanical wear. The same experiences we describe here are very similar to the experience of human aging. Ethnicity: a multi-ethnic epidemiologic study indicated that prevalence rates for aging disease may be higher for African Americans and Hispanics than for other ethnic groups.