Disability Support Advisory Committee Meeting

Wednesday, 06 June 2018
1.30pm

Totara Room
CCS Disability Action
14 Erson Avenue
Royal Oak, Auckland

Healthy communities | World-class healthcare | Achieved together
Kia kotahi te oranga mo te iti me te rahi o te hāpori

Published 30 May 2018
**Agenda**

**Disability Support Advisory Committee Special Meeting**

06 June 2018

**Venue:** Totara Room, CCS Disability Action, 14 Erson Ave, Royal Oak, Auckland

**Time:** 1.30pm

<table>
<thead>
<tr>
<th>Committee Members</th>
<th>Auckland DHB and Waitemata DHB Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jo Agnew (Chair)</td>
<td>Dr Dale Bramley Chief Executive Officer Waitemata DHB</td>
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<tr>
<td>Michelle Atkinson</td>
<td>Ailsa Claire Chief Executive Officer Auckland DHB</td>
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<tr>
<td>Edward Benson-Cooper</td>
<td>Samantha Dalwood Disability Advisor Waitemata DHB</td>
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<tr>
<td>Matire Harwood (Deputy Chair)</td>
<td>Kim Herrick Organisational Development Practice Leader, Auckland DHB</td>
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<tr>
<td>Robyn Northey</td>
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<tr>
<td>Allison Roe</td>
<td>Dr Debbie Holdsworth Director of Funding Auckland and Waitemata DHB</td>
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<tr>
<td>Gwen Tepania-Palmer (ex-officio)</td>
<td>Fiona Michel Chief Human Resources Officer, Auckland DHB</td>
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<td></td>
<td>Kate Sladden Funding and Development Manager, Health of Older People</td>
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<td></td>
<td>Michelle Webb Corporate Committee Administrator</td>
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<td></td>
<td>Sue Waters Chief Health Professions Officer</td>
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<td></td>
<td>Tim Wood Funding and Development Manager, Primary Care</td>
</tr>
</tbody>
</table>

(Other staff members who attend for a particular item are named at the start of the respective minute)

**Apologies Members:** Nil.

**Apologies Staff:** Dale Bramley, Ailsa Claire, Debbie Holdsworth, Sue Waters, Tim Wood.

**Karakia**

**Agenda**

Please note that agenda times are estimates only

1.30pm 1. **Attendance and Apologies**  
2. **Register and Conflicts of Interest**

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?

1.35pm 3. **Confirmation of Minutes 14 March 2017**  
4. **Resolution to Exclude the Public**
<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
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<tbody>
<tr>
<td>1.50pm</td>
<td>5. <strong>Action Points</strong></td>
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<tr>
<td>2.20pm</td>
<td>6. <strong>CHAIR’S REPORT</strong> (verbal update)</td>
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<td>7. <strong>STANDING ITEMS</strong></td>
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<tr>
<td>2.35pm</td>
<td>7.1 <strong>Disability Advisor Update</strong></td>
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<td></td>
<td>Service Access (Outcome 5), Rights Protection and Justice (Outcome 4), Choice and Control (Outcome 7)</td>
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<tr>
<td>2.45pm</td>
<td>7.2 <strong>Ministry of Health Disability Support Services Newsletter</strong></td>
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<tr>
<td>3.05pm</td>
<td>8. <strong>DISCUSSION ITEMS</strong></td>
</tr>
<tr>
<td></td>
<td>8.1 Integrated governance arrangements for disability issues (verbal update)</td>
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<td></td>
<td>8.2 <strong>Proposed draft agenda for first metro-Auckland Disability Support Advisory Committee meeting</strong> (for comment)</td>
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<td></td>
<td>8.3 <strong>DRAFT Waitemata &amp; Auckland DHB Disability Strategy Implementation Plan 2016-2026</strong></td>
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<td></td>
<td>8.4 <strong>Implementation of the New Zealand Disability Strategy 2016 to 2026 in Waitemata and Auckland DHBs: Progress Report</strong> (seeking comment on format)</td>
</tr>
<tr>
<td>3.55pm</td>
<td>9. <strong>INFORMATION PAPERS - NIL</strong></td>
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<tr>
<td>4.10pm</td>
<td>10. <strong>General Business</strong></td>
</tr>
</tbody>
</table>

**Next Meeting:** Wednesday, 29 August 2018 at 1.30pm  
Auckland Deaf Society, Terrace Boardroom, 164 Balmoral Road, Auckland

*Healthy communities | World-class healthcare | Achieved together*

*Kia kotahi te oranga mo te iti me te rahi o te hāpori*
Karakia

E te Kaihanga e te Wahingaro

E mihi ana mo te ha o to koutou oranga

Kia kotahi ai o matou whakaaro i roto i te tu waatea.

Kia U ai matou ki te pono me te tika

I runga i to ingoa tapu

Kia haumie kia huie Taiki eee.

Creator and Spirit of life

To the ancient realms of the Creator

Thank you for the life we each breathe to help us be of one mind
As we seek to be of service to those in need.
Give us the courage to do what is right and help us to always be aware
Of the need to be fair and transparent in all we do.

We ask this in the name of Creation and the Living Earth.

Well Being to All.
## Attendance at Disability Support Advisory Committee Meetings

<table>
<thead>
<tr>
<th>Members</th>
<th>29 Mar. 17</th>
<th>21 Jun. 17</th>
<th>13 Sep. 17</th>
<th>06 Dec. 17</th>
<th>14 Mar. 18</th>
<th>06 Jun. 18</th>
<th>29 Aug. 18</th>
<th>21 Nov. 18</th>
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</thead>
<tbody>
<tr>
<td>Jo Agnew, Auckland DHB (Chair)</td>
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<tr>
<td>Michelle Atkinson, Auckland DHB</td>
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<tr>
<td>Edward Benson-Cooper, Waitemata DHB</td>
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<tr>
<td>Matire Harwood, Waitemata DHB (Deputy Chair)</td>
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<tr>
<td>Robyn Northey, Auckland DHB</td>
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</table>

Key: x = absent, # = leave of absence, c = meeting cancelled
Conflicts of Interest Quick Reference Guide
Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An “interest” can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction
- Having a financial interest in another party to a transaction
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction
- Being otherwise directly or indirectly interested in the transaction

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be “interested in the transaction”. The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT
If in doubt – declare.

Ensure the full nature of the interest is disclosed, not just the existence of the interest.

Register of Interests – Disability Support Advisory Committee

<table>
<thead>
<tr>
<th>Member</th>
<th>Interest</th>
<th>Latest Disclosure</th>
</tr>
</thead>
</table>
| Jo AGNEW             | Professional Teaching Fellow – School of Nursing, Auckland University  
Casual Staff Nurse – Auckland District Health Board  
Director/Shareholder 99% of GJ Agnew & Assoc. LTD  
Trustee - Agnew Family Trust  
Shareholder – Karma Management NZ Ltd (non-Director, minority shareholder)  
Shareholder - Karma Food New Zealand LTD –[50% shareholding, non-director] | 22.11.2017        |
| Michelle ATKINSON    | Evaluation Officer – Counties Manukau District Health Board  
Director – Stripey Limited  
Trustee – Starship Foundation  
Contracting in the sector                                                                                                                                   | 18.04.2018        |
| Edward BENSON-COOPER | Chiropractor – Milford, Auckland (with private practice commitments)                                                                                                                                 | 15.03.2017        |
| Matire HARWOOD       | Senior Lecturer – Auckland University  
Board Director – Health Research Council  
Director – Ngarongoa Limited, which is contractor providing services to National Hauora Coalition.  
GP at Papakura Marae Health Clinic  
Advisory Committee Member – Stroke Foundation NZ (Maori Health)  
Member Te Ora, Maori Medical Practitioners                                                                                                                   | 29.03.2017        |
| Robyn NORTHEY        | Shareholder of Fisher & Paykel Healthcare  
Shareholder of Oceania  
Member – New Zealand Labour Party  
Husband - member Waitemata Local Board  
Husband – shareholder of Fisher & Paykel Healthcare  
Husband – shareholder of Fletcher Building  
Husband – Chair, Problem Gambling Foundation  
Husband – Chair, Community Housing Foundation                                                                                                               | 05.07.2017        |
| Allison ROE          | Chairperson – Matakana Coast Trail Trust  
Member - Rodney Local Board, Auckland Council                                                                                                                                                           | 15.03.2017        |
Minutes
Disability Support Advisory Committee Special Meeting
14 March 2018

Minutes of the Disability Support Advisory Committee Special Meeting held on Wednesday, 14 March 2018 in the A+ Trust Room, Clinical Education Centre, Level 5, Auckland City Hospital, Grafton commencing at 3:00pm

<table>
<thead>
<tr>
<th>Committee Members present</th>
<th>Auckland DHB and Waitemata DHB Staff present</th>
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<tbody>
<tr>
<td>Jo Agnew (Chair)</td>
<td>Ailsa Claire</td>
</tr>
<tr>
<td>Michelle Atkinson</td>
<td>Chief Executive Officer Auckland DHB</td>
</tr>
<tr>
<td>Edward Benson-Cooper [arrived at 3.15pm]</td>
<td>[arrived at 3.29pm]</td>
</tr>
<tr>
<td>Allison Roe</td>
<td>Dr Debbie Holdsworth</td>
</tr>
<tr>
<td>Gwen Tepania-Palmer (Board Chair, Auckland DHB, ex officio)</td>
<td>Director of Funding Auckland and Waitemata DHBs [arrived at 3.24pm]</td>
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<td></td>
<td>Sue Waters</td>
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<td>Chief Health Professions Officer</td>
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<td>Michelle Webb</td>
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<td>Committee Secretary</td>
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(Other staff members who attend for a particular item are named at the start of the minute for that item)

1. **ATTENDANCE AND APOLOGIES**

   The apologies of committee members Matire Harwood (Deputy Chair) and Robyn Northey, and of senior staff members Dale Bramley were received.

   The apologies of Ailsa Claire, Chief Executive Officer Auckland DHB and Dr Debbie Holdsworth, Director of Funding Auckland and Waitemata DHBs for lateness were also received.

   [Secretarial Note: As this was a special meeting of the committee supporting officers were not required to be in attendance].

2. **CONFIRMATION OF MINUTES 6 DECEMBER 2017 (Pages 5-11)**

   Resolution: Moved Michelle Atkinson / Seconded Edward Benson-Cooper

   That the minutes of the Disability Support Advisory Committee meeting held on 6 December 2017 be confirmed as a true and accurate record.

   Carried

3. **RESOLUTION TO EXCLUDE THE PUBLIC (Page 12)**

   Resolution: Moved Michelle Atkinson / Seconded Edward Benson-Cooper
That in accordance with the provisions of Clauses 34 and 35, Schedule 4, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

<table>
<thead>
<tr>
<th>General subject of item to be considered</th>
<th>Reason for passing this resolution in relation to the item</th>
<th>Grounds under Clause 32 for the passing of this resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attendance and Apologies</td>
<td>As per the open agenda</td>
<td>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&amp;D Act 2000]</td>
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</table>
| 2. Integrating Governance Arrangements for Disability Issues | **Commercial Activities**
Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public [Official Information Act 1982 s9(2)(i)]

**Negotiations**
Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time [Official Information Act 1982 s9(2)(j)] | That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&D Act 2000] |

**Carried**

The meeting closed at 3.57pm.

Signed as a true and correct record of the Disability Support Advisory Committee meeting held on Wednesday, 14 March 2018

Chair: ______________________________________ Date: ________________________

Jo Agnew
Resolution to exclude the public from the meeting

Recommendation

That in accordance with the provisions of Clauses 34 and 35, Schedule 4, of the New Zealand Public Health and Disability Act 2000 the public now be excluded from the meeting for consideration of the following items, for the reasons and grounds set out below:

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</thead>
<tbody>
<tr>
<td>Confirmation of Confidential Minutes 14 March 2018</td>
<td>Confirmation of Minutes As per the resolution(s) from the open section of the minutes of the above meeting, in terms of the New Zealand Public Health and Disability Act [NZPH&amp;D Act 2000]</td>
<td>That the public conduct of the whole or the relevant part of the meeting would be likely to result in the disclosure of information which good reason for withholding would exist under any of sections 6, 7, or 9 (except section 9(2)(g)(i)) of the Official Information Act 1982 [NZPH&amp;D Act 2000]</td>
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### Action Points from Previous Disability Support Advisory Committee Meetings

As at Wednesday, 06 June 2018

<table>
<thead>
<tr>
<th>Meeting and Item</th>
<th>Detail of Action</th>
<th>Designated to</th>
<th>Action by</th>
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</table>
| 29 Mar 17 Item 5.2 | **Disability Support Advisory Committee Terms of Reference**  
1. That the Disability Support Advisory Committee Terms of Reference be amended to reflect a proposed transfer of reporting for Health of Older People to the Community Public Health Advisory Committee.  
2. That a recommendation report on the proposed changes to the Terms of Reference for the Disability Support Advisory Committee be presented to the next Disability Support Advisory Committee meeting.  
   1. Advise the Minister of Health of the proposed amendments to the Committees’ Terms of Reference.  
   2. Subject to the Minister of Health’s agreement to the proposed amendments to the Committees’ Terms of Reference, submit the draft paper to the Auckland and Waitemata District Health Board Boards.  
   3. That the Committee Secretary seek an update on the status of the Disability Support Advisory Committee Terms of Reference from the Board Chair and report back to the June Committee Meeting. | D Holdsworth | 21 June 2017 – on hold |
| And 3 Jun 2015 Item 8.1 And 9 Mar 2016 Item 4 |  | Chair of Auckland and Waitemata Health Boards | On hold |
| And 16 Nov 2016 Item 4 | That the Corporate Business Manager remind the Board Chair that this Disability Support Advisory Committee had recommended that the terms of Reference required review and that this issue currently remains with the Board Chair for action. | M Skelton | 29 March 2017 – on hold |
| 29 Mar 17 Item 5.4 | **Draft Future Agenda Outline**  
That the Committee Chair, Director Funding and Chief Health Professions Officer consider and discuss how the disability community can effectively engage in DHB decision-making processes. | J Agnew, S Waters, D Holdsworth | 21 June 2017 – deferred to February 2018 |
| 3 Jun 2015 Item 8.2 | **Update on Collation of Statistic that Identify People with Impairments**  
That the Auckland Metro DISAC groups recommend to their Boards that:  
3.1 The same method of data collection be employed across the three regional DHBs  
3.2 They investigate processes for the collection of the identified data about staff with disabilities.  
3.3 A small working party be established | F Michel | On hold |

Discussion held between Committee Secretaries of ADHB &
<table>
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<tr>
<th>Representing the three DHBs to establish guidelines relating to the collection of data to support the DHBs to be good employers of people with disabilities.</th>
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</table>
| Passed: Auckland DHB on 3 August 2016
  Counties Manukau DHB on 7 September 2016
  Waitemata DHB on 14 December 2016 |
| CMDHB on proposal to action. To be considered by DSAC Chair and Chief Human Resources Officer |
Disability Advisor Update

Recommendation

That the Disability Support Advisory Committee receives the Disability Advisor Update report for February 2018.

Prepared by: Samantha Dalwood (Disability Advisor, Waitemata DHB)
Endorsed by: Debbie Holdsworth (Director, Funding, Auckland & Waitemata DHBs)

Glossary

ARDS       Auckland Regional Dental Service
ASD        Autistic Spectrum Disorders
DISAC      Disability Support Advisory Committee

1. Executive Summary

This report is a summary of collaboration and service coordination activities in the period since the last DiSAC meeting in December 2017.

2. Work Areas

<table>
<thead>
<tr>
<th>Outcome 2: employment &amp; economic security</th>
<th>Outcome 3: health &amp; wellbeing</th>
<th>Outcome 5: accessibility</th>
<th>Outcome 6: attitudes</th>
<th>Outcome 7: choice &amp; control</th>
</tr>
</thead>
<tbody>
<tr>
<td>We have security in our economic situation and can achieve our potential</td>
<td>We have the highest attainable standards of health and wellbeing.</td>
<td>We access all places, services and information with ease and dignity.</td>
<td>We are treated with dignity and respect.</td>
<td>We have choice and control over our lives.</td>
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Waitemata DHB combined the Recruitment and Employment of Disabled Staff policies - previous information about inclusive recruitment practice is now included in one Recruitment Policy.

Auckland and Waitemata are looking at improvements to the transition for young disabled people and their families as they move from child into adult health services.

Kōrero Mai (Talk to Me) Project -

Waitemata and Auckland DHB will run separate health literacy projects in 2018. Waitemata DHB is holding a Health Literacy Symposium for staff on 24 May to create an understanding of the concept and the role staff play

Waitemata DHB Facilities Team completed the one day Barrier Free training. Auckland DHB completed this in 2016. This gives both teams an overview of access issues and universal design.

Community consultation across the three Auckland DHBs was completed, with feedback provided online and face to face.

This has been used to update the Disability Strategy Implementation

Auckland and Waitemata District Health Boards
Disability Support Advisory Committee Meeting 14 March 2018
WDHB Retention of Disabled Staff policy is in place – It has been designed to assist Management and HR staff to look at potential barriers within Waitemata DHB and remove these to enable more disabled people to access job opportunities and to provide accessible work places.

Disability Advisor completed five in-depth interviews with disabled people and/or their family members to hear about their inpatient experiences and include their recommendations in the Kōrero Mai (Talk to Me) Project. Key issues were better communication and a need for better understanding of disabled people.

Auckland DHB is continuing work in consultation with its consumer advisory group to improve way finding and access to Level five of Auckland Hospital. This includes the lifts, signage, retail offerings and hospital entrance from the main car park.

The Disability Advisor is working with Programme Managers across the three metro Auckland DHBs to increase the formats of information available about cervical screening. The Donald Beasley researchers are also presenting their findings at the metro Auckland cervical screening education meeting on 1 May.

Plan and develop it into a metro-Auckland Plan.

We have also developed a Progress Report so that work can be fed back to the DSAC and other interested parties.

### 3. Conclusion

The above are examples of work that has been happening since the December 2017 DISAC meeting and will be on-going. In future, work will be reported as part of the Disability Strategy Implementation Plan 2016-2016 Progress Report.
Happy New Year everyone! The team is back from their summer holidays and re-energised for the coming year. Here in Wellington we have had some fabulous weather over the holiday period and I hope you are enjoying a great summer where you are.

There are some big pieces of work from Disability Support Services over the coming year, including an update of Whaia te ao Marama (Māori Disability Action Plan), Faiva Ora (Pasifika Disability Action Plan), the Respite Strategy and Community Residential Strategy.

We are pleased to have worked with a small group of providers and the New Zealand Disability Support Network (NZDSN) to progress the residential pricing model to test our assumptions and comment on the way the model works. I would like to thank those providers for their contribution so far.

We are also looking to move pay equity funding into some of our contract lines over the next few months and will be writing to providers to ask for feedback on how we plan do this.

Lastly, the system transformation team is busy finalising a more detailed plan for the MidCentral region. We will be working closely with the team on the transition planning for these changes. We are excited by the proposed changes and are keen to support the transition process.
Kia ora koutou. The Enabling Good Lives Christchurch team has already linked with over half the young people who are expected to leave school this year. It is helpful to start early with planning and thinking about life beyond school.

People can use their Enabling Good Lives personal budgets and use them to get the most out of their last year at school. Some students have chosen to employ a favourite teacher aide outside of school hours, go on a camp and push themselves physically, or buy equipment to improve their independence.

The Enabling Good Lives independent facilitators are looking forward to meeting with many of the 2018 school leavers and whānau at our annual ‘meet the independent facilitator family event’ on Saturday 3 March. This will be followed by the ‘Next Steps’ expo on 16 April, where we partner with community organisations and service providers to showcase the groups and connections that Christchurch has to offer (details on page 10).

We will also be hosting a variety of events and forums through the year as we start to think about what the transformation of the disability support system might mean for us in Canterbury. The first meetings are on 8 and 9 March and we will have invitations out soon.

In the meantime, earlier Enabling Good Lives participants are getting on with their good lives. There are young people who are flatting with their friends, and pooling their budgets so they have the support they require, when they want it and from people they choose to work with. Some people are pursuing further education at a variety of places including ARA, National Trades Academy and Hagley Community College.

Finally, we hear wonderful stories about people having fun and developing strong friendships and relationships with others. There is a young man who invites his friends over for a swim (in what has been a very hot summer!); a woman whose fine weaving is made into a garment (pictured) and sold in a shop; and a young man who loves working outside and has secured a job at a gardening store and café.
There are now more than 300 disabled people and families involved in Enabling Good Lives Waikato. They are diverse in every way: their age, ethnicity, geography, living situation, family make up and support, dreams and goals and disability.

Two hundred and forty-three people have personal budgets and are buying the supports, services and items that make sense for them. The remaining 60 people are working through the Enabling Good Lives process and will move to budgets over the next couple of months.

Demand for Enabling Good Lives remains high, with 102 people currently waiting to join.

The Enabling Good Lives Waikato leadership group continues to ensure the work of the demonstration is well supported and aligned with the Enabling Good Lives principles and approach. In addition, regular forums run by families, disabled people and providers also support the Enabling Good Lives approach. The leadership group is contributing to the system transformation work.

In December, a tangata whaikaha hui was held in Hamilton, attracting people from Huntly/ Ngaruawahia, Raglan/Kawhia, Te Awamutu and Hamilton. Twenty-three disabled Māori and whānau attended. The major aim of the hui was to connect participating whānau with each other and share information and stories. Feedback was that people thoroughly enjoyed themselves, especially meeting others, sharing kai and karaoke. A second hui is being planned for south Waikato.

Enabling Good Lives Waikato needs to be able to respond easily and quickly to changes in people's lives. Sometimes people need budget increases and, at other times, their budget can reduce and this needs to be an easy and straightforward process.

A recent example is of a one-off, 12-month investment into a young person, Brigid. She used her Enabling Good Lives budget to connect with community activities, improve her communication, purchase one-on-one mentoring from a service provider, secure a part-time job, attend a conference, join the gym and to help her become comfortable going out.

Brigid's mum summarised their year with Enabling Good Lives: ‘The support from Enabling Good Lives has enabled Brigid not only to achieve the plan we originally put in place, but so much more. I feel Brigid has been able to achieve the strategies she will need to be successful next year and be able to cope with what lies ahead.’

There is other recent feedback.

This, from Rose: ‘I can't believe how this has changed Te Kaha and my life, we are able to be free, spontaneous and to live life. I am allowed to be Te Kaha’s mother and act like a mother, not a keeper . . . we can live life like ordinary people. I can ensure the best for Te Kaha and we as a family can plan the future with and for Te Kaha. Enabling Good Lives has given us freedom and Te Kaha independence from service provider life.’

Another young woman and her mum described that Enabling Good Lives gave them back independence and the control of her life that the disability took away. ‘Enabling Good Lives enabled us to make a whole shift to look at life differently and try things again. We should be renaming Enabling Good Lives to . . . Hope.’
Sacha O’Dea, Programme Lead, Ministry of Health

It’s been a busy start to the year as we meet with new Ministers about the prototype for the transformed disability support system, planned to be rolled out in MidCentral later this year.

To recap where we’ve got to: the system transformation team was formed in April 2017. We then had a three-month co-design process with the sector where we came up with the high-level design. That was followed by almost 20 working groups developing the detailed design.

Before Christmas, the team set up virtual testing groups for the information front end hub; funding mechanism for disabled people and whānau; information tools, pathways and processes; team roles; system responsiveness; provider analysis and capability; and environmental support services. We are using an online space called Loomio that helps groups to read documents, test ideas and make collective decisions. The prototypes which the working groups have developed are posted on Loomio and people are reading and commenting on these.

Now we are working on a Cabinet paper that is asking for agreement to the detailed design for the prototype to be rolled out in MidCentral, for the funding to do that, and for decisions on what funding comes across from other government agencies. It also outlines the process for making decisions about how organisations will be arranged to support the new disability support system.

Virtual testing groups in regards to safeguarding and network building have been set up in the last week, along with virtual testing groups on government interfaces such as ACC, Education and the Ministry of Social Development. We will also be starting new working groups on market shaping, brand and identity, Whānau Ora and organisational arrangements for the new system.

Up to this point, communication has been about the design process, what we’ve been doing in terms of working groups and testing groups and how it’s being pulled together. This year it will focus much more on what the changes will look like in practice and what it will mean for you, whether you are a disabled person, a family member, a provider or you are currently working within a NASC or a government agency.

Thank you to everyone who has participated and provided feedback. There is still time to be part of virtual testing groups. If you are interested in taking part, please contact us at STfeedback@moh.govt.nz
Complaints

Anyone can make a complaint to the Ministry of Health about problems or concerns with a Disability Support Services-funded service. We aim to resolve all complaints within 20 working days, depending on their complexity. If a complaint is not resolved in 20 working days, complainants can expect regular updates on the status of their complaint.

The information collected from complaints gives Disability Support Services opportunities to look at how to improve the quality and delivery of Ministry-funded services for disabled people.

Number and types of complaints

During 2016/17, Disability Support Services received 41 complaints relating to 27 providers, with an average of 3.4 complaints per month. This was a decrease in complaints received compared to the previous year (66 complaints). This continues the trend over the last 10 years of a decreasing number of complaints received by Disability Support Services.

We want a culture where people can speak up about the supports they receive and use the complaints process as an opportunity to improve the quality of provider services. As only seven of the 41 complaints made last year were by disabled people, we also need to seek ways to make the complaints process more accessible. Most complaints were made by relatives of the people using the services (including partner, parents or other family members).

The most common reason for complaints (71%) was about service delivery (eg, inappropriate care, understaffing and vetting of staff, communication). The second most common reason for complaints (17%) was about allegations of abuse including staff to client, client to staff or client to client.

For more information on who to contact if you’ve got a question about Ministry-funded disability support services, or to make a complaint, go to: [www.health.govt.nz/your-health/services-and-support/disability-services/more-information-disability-support/contact-disability-support-services](http://www.health.govt.nz/your-health/services-and-support/disability-services/more-information-disability-support/contact-disability-support-services)

We are always looking at how we can improve our complaints process and make it more accessible to people with disabilities. If you have any suggestions please contact us on [dsscomplaints@moh.govt.nz](mailto:dsscomplaints@moh.govt.nz)
Transforming Respite

Deborah Mills, Development Manager, Ministry of Health

We expect to see good progress in implementing the respite strategy during 2018. During the next few months we will:

• publish information on the disability respite market on the Ministry’s website – this is to support providers to respond to opportunities for service development arising from implementation of the respite strategy. The document includes information about the number/age/ethnicity of Disability Support Services’ clients in each region and provides a snapshot of what services are currently available and the potential gaps

• make the results of a disability respite stocktake available online – this is to help disabled people and their whānau to find out about the respite options currently available in each region

• continue with planning to change Carer Support to ‘flexible respite budgets’. Once available, families will be able to use flexible respite budgets to achieve a break from caring in the way that suits them best. We will also release new purchasing guidelines that will show families how the budgets can be used.

Disabled people, their families/whānau and existing or new providers of disability support are welcome to contact us at any time to discuss the opportunities that may be available for them through changes to respite (respitestrategy@moh.govt.nz).

Te Ao Mārama: The Māori Disability Advisory Group

Jason Moses, Senior Advisor Maori, Ministry of Health

Disability Support Services is looking for new members for Te Ao Mārama, the Māori Disability Advisory Group. Te Ao Mārama is responsible for:

• monitoring the implementation of Whāia Te Ao Mārama, the Māori Disability Action Plan

• providing advice to Disability Support Services (and the wider Ministry of Health) on the effectiveness of the plan to improve the lives of tāngata whaikaha Māori (Māori people with disabilities)

• providing advice and support to the future design and implementation of the disability support system.

Members of Te Ao Mārama should:

• have a good understanding of and connections to Te Ao Māori (the Māori world)

• be excited and passionate about improving the disability support system so that it is more responsive to the needs of tāngata whaikaha Māori and their whānau
• be able to translate their experience of living with a disability, or as a caregiver or parent of a tāngata whaikaha Māori, into possible service improvements and future actions
• be available and willing to provide timely advice to Disability Support Services on providing health and disability services to tāngata whaikaha Māori.

If you are interested in being a member of Te Ao Mārama, please contact Jason Moses on jason_moses@moh.govt.nz or telephone 021 936 864.

Faiva Ora: Pasifika Disability Action Plan

Bella Bartley, Contract Relationship Manager, Ministry of Health

Faiva Ora: National Pasifika Disability Plan 2016–2021 builds on past achievements of previous Faiva Ora plans¹ and provides a coordinated and collaborative response by the Ministry of Health (the Ministry) to address issues faced by Pacific people with a disability. Support from across government agencies, health and disability services, DHBs and NGOs is required for addressing the needs of Pacific peoples with disabilities and their families.

Over the next five years, the Faiva Ora plan will deliver four priority outcomes and will focus on:

1. improving outcomes for Pasifika disabled children, youth and their families
2. strengthening Pasifika communities to engage with and support people with disabilities and their families to participate in their communities
3. increasing the cultural responsiveness of disability support services
4. stakeholders working together to address challenges experienced by Pasifika disabled people and their families.

In 2017, the Ministry contracted Le Va to lead the implementation of some actions of Faiva Ora. Le Va works alongside Vaka Tautua and various community groups and services to ensure important health and disability messages and information to access support is reaching the Pasifika community.

Faiva Ora Community Innovation Fund provides an opportunity for innovative projects from Pasifika community groups and support for people who support Pasifika people with disabilities. It is aligned with priority outcome 2 of the Faiva Ora Action Plan 2016–2021. This innovation fund helps community groups and individuals with disabilities to live independently, raise awareness of disability services and challenge and eliminate stigma.

The Faiva Ora Community Innovation Fund has been promoted widely within the health and disability sector and also on all of Le Va’s social media platforms. Applications have now closed for 2017–18. The assessment process is under way and successful applicants will be notified.

Engaging Pasifika cultural competency training programme ensures that the health and disability workforce learn how to effectively engage with Pasifika disabled people and their families.

Le Va delivered five training sessions in late 2017 in Auckland, Palmerston North and Christchurch. A total of 148 disability workers successfully completed the Engaging Pasifika programme. Participants were from 13 health and disability organisations. Providers are encouraged to contact Le Va to book training time for staff on (09) 2613490 or visit the website: www.leva.co.nz

**Faiva Ora Leadership Group (FOLG)** enables Pasifika people with disabilities and their families to champion Pasifika disability issues by having their views represented at the highest levels in New Zealand. The first Faiva Ora Leadership group meeting for 2017/18 was held on 11 December, 2017. The next meeting is scheduled for April this year. The group has also provided valuable feedback and input into the system transformation project.

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**New service**

**Liz O'Callaghan, Development Manager, Ministry of Health**

Over recent years the Ministry of Health has identified the need to develop individualised services for a small number of people currently living within mental health and intellectual disability services.

These people have an intellectual disability and/or mental health conditions. They have been in long-term hospital level care but have not made significant gains in moving towards community placement. This group often present significant risk to themselves and/or others.

The Ministry is working with Capital and Coast District Health Board (CCDHB) to develop a business case for a new service for this group of people. A number of single units at Ratonga Rua Hospital in Porirua, Wellington, have been suggested to be used for this service. This will give this small group of people increased independence, a greater quality of life and a reduction in restrictive practice. The project is still in its early stages of development.

The Ministry will be running information sessions on the new service over the coming months. Regular updates will also be available on the Ministry’s website.

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**Provider news**

**Community Living delivers accessible housing**

**Charlotte Tollervey, Advisor Communications, Community Living Trust, Hamilton**

Five new houses at 32 Fifth Avenue, Enderley have now become homes to the people we support. The new houses were in response to the lack of affordable housing in our community and for suitable homes for the people we support.

In 2014, a property within Community Living Trust’s own portfolio was identified as having the potential to provide such housing.
In 2015, the decision was made to demolish the existing building and develop five new homes in its place. Demolition began in July 2016, with groundwork starting in August 2016.

The homes were completed in August 2017 and the site now has three, two-bedroom units and two, four-bedroom houses.

Being in the convenient Hamilton location of Enderley and offering affordable housing that also meets the needs of those living with an intellectual disability and/or a physical disability, the houses were quick to be tenanted.

The build was headed by our Property and Assets Manager – Ron Pollock, who lived and breathed the project and to whom we are so grateful for his dedication and tenacity.

At the opening event Ron commented: ‘The project’s greatest success was the way that numerous contractors worked alongside each other, new and existing partners really came together to support the project.’

The homes have all been designed according to the Lifetime Design principles, ensuring accessible, adaptable, inclusive and usable housing.

The homes all meet the 33 design features listed to gain a Lifemark award including level entry points, widened doors and passageways, and provision for future installation of a stair lift. Community Living also opted to install fire sprinkler systems throughout to add an additional level of safety for residents, sound proofing, and HRV fresh air systems. The homes have been constructed from quality, sustainable materials to extend the lifetime of the properties.

Our Chief Executive Marese McGee commented: ‘We’re proud to be providing much needed safe, secure and healthy homes for those with intellectual disabilities or those in need of social housing in Hamilton.’

The houses were officially opened at a ceremony with Stu and Camille from The Breeze Waikato and with many of the partners who assisted with the build, staff and board members.
Show Your Ability – 2018

Enable NZ information sessions on disability support system change
The next steps for transforming New Zealand’s disability support system is under way. Come along to one of the information sessions.

Information Sessions at Show Your Ability 2018

Information sessions from Enable New Zealand on the Ministry of Health disability support system transformation are being presented at Show Your Ability 2018 at the following times:

Auckland  ASB Showgrounds, Tuesday 27 February 2018, 8–9 am and 2–3 pm
Hamilton  Claudelands Event Centre, Thursday 1 March 2018, 8–9 am and 2–3 pm
Palmerston North  Central Energy Trust Arena, Friday 2 March 2018, 8–9 am and 2–3 pm
Christchurch  Pioneer Recreation & Sports Centre, Monday 5 March 2018, 8–9 am and 2–3 pm
Dunedin  Edgar Stadium, Tuesday 6 March 2018, 8–9 am

Registration to attend is not required.

Next Steps Expo
16 April 2018

The Next Steps Expo showcases the different community groups and organisations that support Enabling Good Lives.
Kia ora tatou

My name is Victoria Parsons and I am the new Development Manager in the Family and Community Support team in Disability Support Services.

I have joined Disability Support Services after working as an Educational Psychologist at the Ministry of Education. Prior to this I also worked as a communications specialist with the NGO sector and within government. In all my roles I have supported schools and communities to create cultures that are inclusive and responsive to children and their families. I am looking forward to working in Disability Support Services to support children and their families access the right support to enable them to thrive and lead good lives.

I will be responsible for the Autism Spectrum Disorder portfolio and working with Child Development Services. As part of this work I will be representing Disability Support Services on the cross-agency Enabling Good Lives project.

I am passionate about working as part of a team to create services that are child and whānau centred and finding ways to deliver consistent and integrated support.

Please contact me with any ideas, comments or questions at victoria_parsons@moh.govt.nz
Disability Support Advisory Committee Meeting

Select meeting date
1.30pm

Totara Room
14 Erson Avenue
Royal Oak, Auckland
Disability Support Advisory Committee

**Agenda**

**Venue:** Totara Room, CCS Disability Action, 14 Erson Ave, Royal Oak, Auckland  
**Time:** Click here to enter time

<table>
<thead>
<tr>
<th>Committee Members</th>
<th>Auckland DHB, Waitemata and Counties Manukau DHB Staff</th>
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<tr>
<td>TBA</td>
<td>Dr Dale Bramley, Chief Executive Officer Waitemata DHB</td>
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<td>Ailsa Claire, Chief Executive Officer Auckland DHB</td>
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<td>Dr Gloria Johnson, Acting Chief Executive Officer, Counties Manukau DHB</td>
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<td>Samantha Dalwood, Disability Advisor Waitemata DHB</td>
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<td>Kim Herrick, Organisational Development Practice Leader, Auckland DHB</td>
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<td>Dr Debbie Holdsworth, Director of Funding Auckland and Waitemata DHBs</td>
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<td>Fiona Michel, Chief Human Resources Officer, Auckland DHB</td>
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<td>Kate Sladden, Funding and Development Manager, Health of Older People</td>
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<td></td>
<td>Michelle Webb, Corporate Committee Administrator</td>
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<td>Sue Waters, Chief Health Professions Officer</td>
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(Other staff members who attend for a particular item are named at the start of the respective minute)

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<thead>
<tr>
<th>Counties Manukau Health Committee Members</th>
<th>Counties Manukau Health Staff</th>
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(Other staff members who attend for a particular item are named at the start of the respective minute)

**Apologies Members:** Click here to enter Member apologies  
**Apologies Staff:** Click here to enter Staff apologies
Agenda
Please note that agenda times are estimates only

1.30pm 1. Attendance and Apologies
2. Register and Conflicts of Interest
   Does any member have an interest they have not previously disclosed?
   Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?

3. Minutes of the Previous Meeting - NIL
4. Action Points - NIL

1.40pm 5. GOVERNANCE REPORTS
5.1 Integrating Governance for Disability Support: Resolutions passed by the Boards
5.2 Disability Support Advisory Committee Terms of Reference
5.3 Functions, Responsibilities and Authorities of the Disability Support Advisory Committee [includes outcomes required]
5.4 Officers Supporting the Disability Support Advisory Committee

2.30pm 6. STRATEGIC ITEMS
6.1 Government Priorities for Disability Issues [include information on Minister, Amanda Bleckmann to provide update on status of changes at MOH]
6.2 Key Guiding Documents [NZ Disability Strategy, Disability Action Plan, DHB Annual Plans]
6.3 Strategic Objectives and Priorities for Auckland, Waitemata and Counties Manukau DHBs Under the New Zealand Disability Strategy 2016 to 2026

3.35pm 7. DISCUSSION ITEMS
7.1 Future Meeting Format and Processes
7.2 Sample Future Agenda Outline (for discussion)

4.00pm 8. STANDING ITEMS
8.1 Implementation of the New Zealand Disability Strategy 2016 to 2026: Disability Strategy Implementation Plan Update [All 3 DHBs]

4.20pm 10. General Business

Next Meeting: Wednesday, 29 August 2018 at 1.30pm
Venue

Healthy communities | World-class healthcare | Achieved together

Kia kotahi te oranga mo te iti me te rahi o te hāpori
## Attendance at Disability Support Advisory Committee Meetings

<table>
<thead>
<tr>
<th>Members</th>
<th>29 Mar. 17</th>
<th>21 Jun. 17</th>
<th>13 Sep. 17</th>
<th>06 Dec. 17</th>
<th>14 Mar. 18</th>
<th>06 Jun. 18</th>
<th>29 Aug. 18</th>
<th>21 Nov. 18</th>
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<td>Jo Agnew, Auckland DHB (Chair)</td>
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<td>Matire Harwood, Waitemata DHB (Deputy Chair)</td>
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<td>Robyn Northey, Auckland DHB</td>
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<td>Allison Roe, Waitemata DHB</td>
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Key: x = absent, # = leave of absence, c = meeting cancelled
Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act Board members must disclose all interests, and the full nature of the interest, as soon as practicable after the relevant facts come to his or her knowledge.

An “interest” can include, but is not limited to:

- Being a party to, or deriving a financial benefit from, a transaction
- Having a financial interest in another party to a transaction
- Being a director, member, official, partner or trustee of another party to a transaction or a person who will or may derive a financial benefit from it
- Being the parent, child, spouse or partner of another person or party who will or may derive a financial benefit from the transaction
- Being otherwise directly or indirectly interested in the transaction

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out duties under the Act then he or she may not be “interested in the transaction”. The Board should generally make this decision, not the individual concerned.

Gifts and offers of hospitality or sponsorship could be perceived as influencing your activities as a Board member and are unlikely to be appropriate in any circumstances.

- When a disclosure is made the Board member concerned must not take part in any deliberation or decision of the Board relating to the transaction, or be included in any quorum or decision, or sign any documents related to the transaction.
- The disclosure must be recorded in the minutes of the next meeting and entered into the interests register.
- The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if the majority of other members of the Board permit the member to do so.
- If this occurs, the minutes of the meeting must record the permission given and the majority’s reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned.

IMPORTANT

If in doubt – declare.

Ensure the full nature of the interest is disclosed, not just the existence of the interest.

## Register of Interests – Disability Support Advisory Committee

<table>
<thead>
<tr>
<th>Member</th>
<th>Interest</th>
<th>Latest Disclosure</th>
</tr>
</thead>
</table>
| Jo AGNEW        | Professional Teaching Fellow – School of Nursing, Auckland University  
Casual Staff Nurse – Auckland District Health Board  
Director/Shareholder 99% of GJ Agnew & Assoc. LTD  
Trustee - Agnew Family Trust  
Shareholder – Karma Management NZ Ltd (non-Director, minority shareholder) | 17.01.2017        |
| Michelle ATKINSON | Evaluation Officer – Counties Manukau District Health Board  
Director – Stripey Limited  
Trustee – Starship Foundation | 29.03.2017        |
| Edward BENSON-COOPER | Chiropractor – Milford, Auckland (with private practice commitments) | 15.03.2017        |
| Matire HARWOOD  | Senior Lecturer – Auckland University  
Board Director – Health Research Council  
Director – Ngarongoa Limited, which is contractor providing services to National Hauora Coalition.  
GP at Papakura Marae Health Clinic  
Advisory Committee Member – Stroke Foundation NZ (Maori Health)  
Member Te Ora, Maori Medical Practitioners | 29.03.2017        |
| Robyn NORTHEY   | Shareholder of Fisher & Paykel Healthcare  
Shareholder of Oceania  
Member – New Zealand Labour Party  
Husband - member Waitemata Local Board  
Husband – shareholder of Fisher & Paykel Healthcare  
Husband – shareholder of Fletcher Building  
Husband – Chair, Problem Gambling Foundation  
Husband – Chair, Community Housing Foundation | 05.07.2017        |
| Allison ROE     | Chairperson – Matakana Coast Trail Trust  
Member - Rodney Local Board, Auckland Council | 15.03.2017        |
| TBA, CMDHB      |                                                                                                                                            |                   |
| TBA, CMDHB      |                                                                                                                                            |                   |
| TBA, CMDHB      |                                                                                                                                            |                   |
Integrating Governance Arrangements for Disability Issues

Recommendation

That the Disability Support Advisory Committee:

1. Receives the Integrating Governance Arrangements for Disability Issues report.
2. Notes the resolution passed by the Auckland, Waitemata and Counties Manukau DHB Boards at their first meetings of 2018.

Prepared by: Michelle Webb (Committee Secretary)
Endorsed by: Jo Agnew (Chair, Auckland and Waitemata DHBs joint Disability Support Advisory Committee)
Approved by: Gwen Tepania-Palmer, Board Chair, Auckland DHB

1. Executive Summary

The attached paper was considered by the Boards of Auckland, Waitemata and Counties Manukau DHBs.

The Board passed the following resolution:

Resolution:

That the Board:

1. Agree that a single disability support advisory committee (DiSAC) with the terms of reference set out in Appendix 1 to this paper be established to advise them on disability issues, as required by the New Zealand Public Health and Disability Act 2000.
2. Note that, subject to Recommendation 1 being agreed, the CEOs of the metro Auckland DHBs have agreed that, to support the work of a single DiSAC, the Chief Executive of Counties Manukau DHB will assume a strategic leadership role for disability issues for the metro Auckland DHBs.
3. Invite the chairpersons of the Boards of Auckland, Counties Manukau and Waitemata DHBs to make appointments to the proposed DiSAC in accordance with the process set out in this paper.

Carried

The Committee are asked to note the contents of the proposal that has been endorsed by the Boards of the metro-Auckland DHBs for new governance arrangements for disability issues.
Integrating Governance Arrangements for Disability Issues

<table>
<thead>
<tr>
<th>Reason for Confidentiality</th>
<th>Explanation</th>
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<tr>
<td>Commercial Activities</td>
<td>Information contained in this report is related to commercial activities and Auckland DHB would be prejudiced or disadvantaged if that information was made public.</td>
</tr>
<tr>
<td>Negotiations</td>
<td>Information relating to commercial and/or industrial negotiations in progress is incorporated in this report and would prejudice or disadvantage if made public at this time.</td>
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Emargoed until: 02 July 2018

Recommendation

That the Board:

1. Agree that a single disability support advisory committee (DiSAC) with the terms of reference set out in Appendix 1 to this paper be established to advise them on disability issues, as required by the New Zealand Public Health and Disability Act 2000.

2. Note that, subject to Recommendation 1 being agreed, the CEOs of the metro Auckland DHBs have agreed that, to support the work of a single DiSAC, the Chief Executive of Counties Manukau DHB will assume a strategic leadership role for disability issues for the metro Auckland DHBs.

3. Invite the chairpersons of the Boards of Auckland, Counties Manukau and Waitemata DHBs to make appointments to the proposed DiSAC in accordance with the process set out in this paper.

Glossary

DiSAC  Disability Support Advisory Committee
MHGAC  Maori Health Gains Advisory Committee/Manawa Ora

1. Executive Summary

This paper proposes that a single disability support advisory committee (DiSAC) be formed to advise the Boards of Auckland, Counties Manukau and Waitemata DHBs (metro Auckland DHBs) on disability issues.

2. Background

Section 35 of the New Zealand Public Health and Disability Act 2000 (the Act) requires the Board of a DHB to have a committee to advise on disability issues called the Disability Support Advisory Committee. The committee must provide for Māori representation.

Clause 3 of Schedule 4 of the Act stipulates the functions of Disability Support Advisory Committees.
It states that:

(1) The functions of the disability support advisory committee of the board of a DHB are to give the board advice on:

(a) the disability support needs of the resident population of the DHB; and

(b) priorities for use of the disability support funding provided.

(2) The aim of a disability support advisory committee’s advice must be to ensure that the following promote the inclusion and participation in society, and maximise the independence, of the people with disabilities within the DHB’s resident population:

(a) the kinds of disability support services the DHB has provided or funded or could provide or fund for those people.

(b) all policies the DHB has adopted or could adopt for those people.

(3) A disability support advisory committee’s advice may not be inconsistent with the New Zealand disability strategy.

Auckland and Waitemata DHBs operate a joint DiSAC whose chairperson is currently Jo Agnew, a member of the Auckland DHB Board. Counties Manukau DHB operates a separate DiSAC whose chairperson is currently Colleen Brown, a member of the Counties Manukau DHB.
3. Terms of Reference

The proposed terms of reference for a single DiSAC to advise all three Boards of the metro Auckland DHBs are attached at Appendix 1. These have been seen and commented on by Waitemata DHB’s legal counsel.

4. Establishment

Subject to agreement by all three Boards, the following process will be used to establish the proposed DiSAC:

5. Conclusions
2. Note that, subject to Recommendation 1 being agreed, the CEOs of the metro Auckland DHBs have agreed that, to support the work of a single DiSAC, the CEO of Counties Manukau DHB will assume a strategic leadership role for disability issues for the metro Auckland DHBs.

3. Invite the chairpersons of the Boards of Auckland, Counties Manukau and Waitemata DHBs to make appointments to the proposed DiSAC in accordance with the process set out in this paper.
Appendix 1:
Draft Disability Support Advisory Committee Terms of Reference
2. The development of strategies and policies relevant to disability issues, including:

(a) the United Nations Convention on the Rights of Persons with Disabilities
(b) the New Zealand Disability Strategy
(c) the Health of Older People Strategy and the New Zealand Positive Ageing Strategy
(d) the strategic planning processes of the metropolitan Auckland DHBs, including the Northern Region's Long-Term Investment Plan (LTIP), Information Systems Strategic Plan (ISSP) and Health Plan, and related consultation processes

3. The performance of disability support services against expectations as set out in Annual Plans and other relevant accountability documents, documented standards and legislation

4. The delivery of mainstream health services to disabled people

5. Contributions that can be made by the metropolitan Auckland DHBs to the development and implementation of regional and national policies related to disability issues

6. The development and maintenance of relationships with disability stakeholders to support regional collaboration and coordination

7. The extent to which Annual Plans demonstrate how disabled people will access health services and how the metropolitan Auckland DHB will ensure that the disability support services they provide are coordinated across the DHBs and with services of other providers to meet the needs of disabled people

8. How the metropolitan Auckland DHBs can meet their responsibilities to deliver the Government's vision and strategies for people with disabilities

9. How to build capacity for Māori and Pasifika to participate in the health and disability sector and for the sector to meet the needs of Māori and Pasifika

10. The criteria, priorities and systems to be used in providing, auditing and monitoring disability support services

11. The management of risks relevant to the provision of disability support services

12. The implications of strategic planning, prioritisation and funding decisions.

Accountabilities

DiSAC is accountable to the Boards of the metropolitan Auckland DHBs. While DiSAC's role is advisory only, the Boards of the metropolitan Auckland DHBs may delegate to DiSAC the authority to make decisions and take actions on their behalf in relation to certain matters. In this event, the Boards of the metropolitan Auckland DHBs may need to amend their delegation policies and seek the approval of the Minister of Health pursuant to clause 39 of Schedule 3 of the Act.
Any recommendations or decisions of DiSAC must be ratified by the Boards of the metro Auckland DHBs (unless authority has already been delegated to DiSAC).

DiSAC may only give advice or release information to other parties under authority from the Boards of the metro Auckland DHBs.

DISAC must comply with all relevant provisions of the Act, including requirements relating to committee meetings.

Members of DiSAC must comply with processes and requirements of the Boards of the metro Auckland DHBs, whether or not they are Board members or external appointees.

Membership

DiSAC shall comprise:

- Up to four Board members from each of the three metro Auckland DHBs
- Appointed members as may be required to complement the skills and experience of Board members.

At least three members of DiSAC shall be Māori.

Quorum

A majority of DiSAC’s Board members must be present before DiSAC can be convened.

DiSAC decisions can be reached by a simple majority of members present (whether Board members or external appointees).

Conduct and frequency of meetings

It is envisaged that DiSAC will meet quarterly, although the frequency of meetings will be a matter for the chairperson to decide.

The chairperson will also decide the venue for meetings.

Conflicts of interest

As required by clause 6(3) of Schedule 3 of the Act, prospective appointees to committees are required to disclose existing and potential conflicts before they are appointed. Any subsequent conflicts must also be declared, especially when funding matters are being considered.

Review

These terms of reference will be reviewed by DiSAC and the Boards of the metro Auckland DHBs after one year of operation and subsequently at least every three years.
Disability Support Advisory Committee Terms of Reference

Recommendation

That the Disability Support Advisory Committee:

1. Receives the Disability Support Advisory Committee Terms of Reference.
2. Notes the responsibilities of the Disability Support Advisory Committee as per the Terms of Reference.

Prepared by: Jo Agnew (Chair, Disability Support Advisory Committee)

Glossary

DSAC  Disability Support Advisory Committee
TOR  Terms of Reference

1. Executive Summary

The Terms of Reference and specific responsibilities set out within them should be used to guide planning for future meetings. This will enable the Committee to ensure it is meeting its responsibilities to the Boards, and assist with ensuring that the disability support needs of the resident population of Auckland, Waitemata and Counties Manukau DHBs are met.

2. Overview

Function of the Committee

The Terms of Reference for the Disability Support Advisory Committee outline the function of the Committee as being to provide advice to the Board on:

(a) The disability support needs of the resident population of Auckland, Waitemata and Counties Manukau DHBs
(b) Priorities for use of disability support funding provided

In order to do this, the DSAC needs to review and maintain oversight of the following:

- Service performance
- Strategy and policy development and implementation
- Annual planning
- Prioritisation of funding
- Service access
- Service coordination
- Stakeholder relations

Responsibilities of the Committee

The specific responsibilities of the Committee are to review and provide advice to the Board on the following:
<table>
<thead>
<tr>
<th>RESPONSIBILITY</th>
<th>OUTCOME REQUIRED</th>
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<tbody>
<tr>
<td><strong>Performance</strong></td>
<td>The DSAC will ensure that disability support services provided by (or that could be provided by) Auckland, Waitemata and Counties Manukau DHBs promote the inclusion and participation of disabled people in society, and maximise their independence</td>
</tr>
<tr>
<td>• Performance of disability support services for Auckland, Waitemata and Counties Manukau DHBs</td>
<td></td>
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<tr>
<td>• Performance against Annual Plan targets, accountability documents, standards and legislation</td>
<td></td>
</tr>
<tr>
<td><strong>Strategy and policy development and implementation</strong></td>
<td>The DSAC will ensure that all policies Auckland, Waitemata and Counties Manukau DHB have adopted or could adopt, promote the inclusion and participation of disabled people in society, and maximise their independence</td>
</tr>
<tr>
<td>• Strategies and policies being developed related to disability support services, disability issues and health service provision</td>
<td></td>
</tr>
<tr>
<td>• The impact on Auckland, Waitemata and Counties Manukau DHBs of the development and Implementation of regional and national policies relating to disability issues</td>
<td></td>
</tr>
<tr>
<td>• Processes required to enable the inclusion and participation of Maori and Pacifica peoples with disabilities in development of strategies for health improvement</td>
<td></td>
</tr>
<tr>
<td><strong>Annual planning</strong></td>
<td>The DSAC will ensure that disability support needs of the community are reflected in all Auckland, Waitemata and Counties Manukau DHB strategic planning processes, including the Northern Region’s Health Plan and Annual Plans, and to ensure that appropriate processes, including consultation, are followed in preparation of all documents</td>
</tr>
<tr>
<td>• Annual Plan development, consultation and processes and ensuring that they demonstrate how disabled people will access health services that meet their needs</td>
<td></td>
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<tr>
<td>• How the Board can meet their responsibilities relating to the government’s vision and strategies for people with disabilities.</td>
<td></td>
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<tr>
<td><strong>Prioritisation of funding</strong></td>
<td>The DSAC will ensure that disability support services funded by (or that could be funded by) Auckland, Waitemata and Counties Manukau DHBs promote the inclusion and participation of disabled people in society, and maximise their independence</td>
</tr>
<tr>
<td>• Prioritisation of funding for disability support services based on population needs</td>
<td></td>
</tr>
<tr>
<td>• Ensure that disability support services provided or funded by (or could be provided or funded by) Auckland, Waitemata and Counties Manukau DHBs promote the inclusion and participation of disabled people in society, and maximise their independence</td>
<td></td>
</tr>
</tbody>
</table>
### Service access
- Access barriers for disabled people to mainstream health services
- Improvement opportunities for collaboration and coordination of Auckland, Waitemata and Counties Manukau DHB services provided to people with disabilities.

The DSAC will ensure that disability support services provided by Auckland, Waitemata and Counties Manukau DHBs meet the needs of people with disabilities, are coordinated with the services of other service providers and that those services are physically accessible.

### Stakeholder relations
- The development and maintenance of relationships with disability stakeholders to develop district and regional inter-sectorial collaboration and coordination

The DSAC will ensure that disability support services provided by Auckland, Waitemata and Counties Manukau DHBs meet the needs of people with disabilities, are coordinated with the services of other service providers and that those services are physically accessible.

### 3. Conclusion
The Terms of Reference for the Disability Support Committee set out the responsibilities and authorities of the Committee. Members should make themselves familiar with these and consider how best the Committee can support their Boards and the disability population within the Auckland region.
Authority of a Statutory Advisory Committee

Recommendation

That the Disability Support Advisory Committee:

1. Receives the Authority of a Statutory Advisory Committee report.
2. Notes that the function of advisory committees is to provide advice and recommendations to the Board for consideration and decision
3. Notes that advisory committees focus purely on the strategic aspects of the DHB
4. Notes that advisory committees have no delegated decision-making powers.

Prepared by: Michelle Webb (Committee Secretary)
Endorsed by: Jo Agnew (Chair, Disability Support Advisory Committee)

Glossary

DSAC Disability Support Advisory Committee

1. Executive Summary

The Boards rely on the DSAC to provide advice and recommendations relating to the areas of focus specified in the Terms of References for the Committee that result in achieving outcomes that increase access to healthcare services and improve health outcomes for disabled people.

Advisory Committees are established by and accountable to the Boards. Advisory committees bring recommendations to the Board for consideration and final approval or refusal. The Committees role is advisory only and has no decision-making powers.

2. Background

The New Zealand Public Health and Disability Act requires each District Health Board to establish three advisory committees. The Disability Support Advisory Committee (DSAC) is one of these three statutory advisory committees.

A DHB has three advisory committees which typically consist of both members of the public and board members of the DHB. These committees provide a key means for community voices to be heard. The role of an advisory committee is to support the Board by providing advice and make recommendations. The advisory committees bring recommendations to the Board for consideration and final approval or refusal.

3. Authorities of Advisory Committees

No decision-making powers are delegated to Advisory Committees so they cannot make decisions. This is outlined in the Terms of Reference for each advisory committee, as follows:
Relationship with Boards and Management

(a) The Committees are established by and accountable to the Boards. The Committees’ role is advisory only, and unless specifically delegated by a Board from time to time in accordance with clause 39(4) of Schedule 3 of the Act, no decision-making powers are delegated to the Committees.

(b) The Committees shall receive all material and information for review or consideration through the respective Chief Executive Officers.

(c) The Committees shall provide advice and make recommendations to the Boards only.

Advisory committees have no power to veto, instruct or direct. Instead, they are relied upon to review, monitor and advise on strategies, policies, planning and reporting and to develop and maintain relevant stakeholder relations.

The Disability Support Advisory Committees (DSAC) are established by the boards of the Auckland District Health Board (“ADHB”) and Waitemata District Health Board (“WDHB”) and Counties Manukau DHB (“CMDHB) under section 34 of the New Zealand Public Health and Disability Act 2000 (“Act”). While constituted as each Board’s separate DSAC they meet and act as one committee.

The Committees must also comply with the standing orders of the Auckland, Waitemata and Counties Manukau DHBs based on the model standard Standing Orders.

4. Conclusion

The Disability Support Advisory Committee is a statutory committee of the Auckland, Waitemata and Counties Manukau DHBs. Its role is advisory and as such has no power of decision making and cannot instruct the DHBs to act.

The Boards rely on the DSAC to provide advice and recommendations relating to the areas of focus specified in the Terms of References for the Committee that result in achieving outcomes that increase access to healthcare services and improve health outcomes for disabled people.
Senior Staff Supporting the Disability Support Advisory Committee

Recommendation

That the Disability Support Advisory Committee:

1. Receives the report.
2. Notes the key roles and responsibilities of the Executive team members and senior staff supporting the Disability Support Advisory Committee.

Prepared by: Enter name (Committee Secretary)
Endorsed by: name(s) (Chair, Disability Support Advisory Committee)

1. Executive Summary

The following Executive Team members and senior staff work with the Disability Support Advisory Committee to provide expert advice relating to their key roles and responsibilities, and strategic information and direction on the priorities of the Annual and Strategic Plan.

2. Executive Leadership Team Key Roles and Responsibilities

Dr Debbie Holdsworth
Director of Funding, Auckland & Waitemata DHBs

Key roles and responsibilities:
- Lead funding directorate across both DHBs.
- Ensure funds are allocated effectively and efficiently for health outcome.

Sue Waters
Chief Health Professions Officer

Key roles and responsibilities:
- Professional accountability/leadership.
- Clinical governance.
- Family violence and child protection.
- Disability and rehabilitation.
Fiona Michel  
Chief Human Resources Officer  
Key roles and responsibilities:  
- Developing patient-centric leaders.  
- Delivering cultural transformation.  
- Providing people & capability services, strategies and systems.

Samantha Dalwood  
Disability Advisor, Waitemata DHB  
Key roles and responsibilities:  
- xxxxx.  
- Xxxxxx  
- xxxxx

Kim Herrick  
Organisational Development Practice Leader, Auckland DHB  
Key roles and responsibilities:  
- xxxxx.  
- Xxxxxx  
- xxxxx

name  
role, Counties Manukau DHB  
Key roles and responsibilities:  
- xxxxx.  
- Xxxxxx  
- xxxxx
name

role, Counties Manukau DHB

Key roles and responsibilities:

- xxxxxx.
- Xxxxxx
- xxxxx

name

role, Counties Manukau DHB

Key roles and responsibilities:

- xxxxxx.
- Xxxxxx
- xxxxx

name

role, Counties Manukau DHB

Key roles and responsibilities:

- xxxxxx.
- Xxxxxx
- xxxxx

name

role, Counties Manukau DHB

Key roles and responsibilities:

- xxxxxx.
- Xxxxxx
- xxxxx
Key Guiding Documents for the Disability Support Advisory Committee

Recommendation

That the Disability Support Advisory Committee:

1. Receives the Disability Support Advisory Committee Key Guiding Documents report.
2. Discusses the future direction and areas of focus of the Disability Support Advisory Committee
3. Agrees on an appropriate reporting framework that supports and enables the Board to achieve outcomes that increase access to healthcare services and improve health outcomes for disabled people in the Auckland region.

Prepared by: name (Chair, Disability Support Advisory Committee)

Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>DSAC</td>
<td>Disability Support Advisory Committee</td>
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<tr>
<td>TOR</td>
<td>Terms of Reference</td>
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<tr>
<td>NZDS</td>
<td>New Zealand Disability Strategy</td>
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<tr>
<td>DAP</td>
<td>Disability Action Plan</td>
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1. Board Strategic Alignment

| Community, whanau and patient-centred model of care | The DHBs commitment to its communities, patients and families aligned to the specific outcomes of the New Zealand Disability Strategy 2016 to 2026 will be reviewed and monitored, and advice will be given to the Boards on how they can effectively meet their responsibilities towards the government’s vision and strategies for people with disabilities. |
| Intelligencen and insight | The focus and work programme of the Disability Support Advisory Committee will be based on the disability support needs of the resident population of Auckland, Waitemata and Counties Manukau DHBs and the strategic priorities for giving action to the outcome areas of the New Zealand Disability Support Strategy 2016 to 2026. |
| Outward focus and flexible service orientation | The Committee will focus on strategies and provision of advice that will reduce inequalities in health outcomes for disabled people. It will develop and maintain stakeholder relationships to promote an inclusive healthcare environment that maximises health outcomes for disabled people in the region. |
1. Executive Summary

In order to set the direction for the Committee and support development of an appropriate work programme for the Committee it is suggested that the Terms of Reference and specific responsibilities set out within them are used to guide planning for future meetings.

This should be further informed by the New Zealand Disability Strategy 2016 to 2026 and the outcomes and priorities specified in the Disability Action Plan once it has been updated to align to the new Disability Strategy.

The new strategy, action plan and responsibilities of the committee as set out in the Terms of Reference provide the opportunity to consider a new reporting framework that will enable the Committee to function effectively, and to provide advice to its Boards that results in achieving outcomes that increase access to healthcare services and improve health outcomes for disabled people.

Previous meetings of the DiSAC have at times been operationally focused. In order for the Committee to be effective it needs to ensure it is focussing at the right level and that the right people are at the table.

2. Key Guiding Documents

Terms of Reference

The Terms of Reference for the Disability Support Committee set out the responsibilities and authorities of the Committee. They have been enclosed in this agenda to support discussions about developing a work programme for the Committee for 2018.

New Zealand Disability Strategy 2016 to 2026

A new Disability Strategy was launched by the Minister for Disability Issues on 29 November 2016 and replaces the version previously being implemented by the DHBs.

The new strategy has been enclosed in this agenda to support discussions about developing the Committee work programme for 2018. Implementation plans for Auckland, Waitemata and Counties Manukau DHBs have been developed.

Disability Action Plan

The Disability Action plan is being updated to align with the new Disability Strategy. There was public consultation on the draft Outcomes Framework and the updated Disability Action Plan in mid-2017.

District Health Boards Annual Plans

The DHB Annual Plans have a specific section on Disability Support Services, and have been aligned with the objectives of the New Zealand Disability Strategy 2016 to 2026. There are internal work streams across each DHB responsible for the key response actions to deliver improved performance against the government planning priorities.
3. Strategic Topics of Potential Focus

In considering the responsibilities of the Committee, both the objectives and priorities of the New Zealand Disability Strategy as well as the undertakings committed to by the Auckland, Waitemata and Counties Manukau DHBs, the following topics could be included in the DSAC work programme for 2018.

**Outcome 3: health and wellbeing**
- Service accessibility

**Outcome 5: accessibility**
- Access to information (and meeting the requirements of the UNCRPD), communication methods and formats.
- Environmental accessibility, access standards and compliance

**Outcome 6: attitudes and Outcome 2: employment and economic security**
- Staff awareness and responsiveness
- Use of disability surveys to contribute to policy work, service development and monitoring
- Data collection – collection and use of relevant information about disabled people and disability issues

4. Conclusion

Discussion by the Committee to determine its future direction and areas of focus is invite, to achieve agreement on the appropriate reporting framework for a 2018 work programme. This framework should support and enable the Board to achieve outcomes that increase access to healthcare services as well as improve health outcomes for disabled people in the Auckland region.
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We have come a long way since the first New Zealand Disability Strategy was agreed in 2001. The aim of the strategy was to eliminate barriers to enable disabled people to reach their potential and participate fully in the community.

The progress that we have made in partnership with disabled people is something that we can all be proud of.

Our journey since 2001 has seen the development of initiatives that will oversee the transformation of the disability support system, an increased focus on supporting disabled people into employment, improvements in inclusive education opportunities for disabled children, and New Zealand Sign Language becoming one of our official languages.

There is much to celebrate.

Together, this work has helped New Zealand take a lead role in the negotiation on the United Nations Convention on the Rights of Persons with Disabilities.

Since ratifying the Convention in 2008, we have established a unique mechanism for independent monitoring, actively considered and responded to recommendations from the Committee on the Rights of Persons with Disabilities, and supported Robert Martin in his successful candidacy for the Committee.

We have reaffirmed our lead role internationally on the rights of disabled people.

The development of the New Zealand Disability Strategy 2016–2026 has given us an opportunity to reflect not just on our progress, but also what we are still learning as a country about disability and how we can keep improving the lives of disabled people.

We must continue to acknowledge and respect the diversity within the disability community and recognise the value it adds to the community.

People can experience disability in different ways depending upon age, gender, ethnicity, impairment and many other factors.

For example, during the consultation to develop this Strategy, disabled adults shared the importance of having a meaningful job and being able to support their families. Disabled children talked about wanting to fit in at school and get out and about with their friends.

Despite what we have learnt and the progress that has been made since 2001, many disabled children and adults still face some barriers that prevent them from reaching their full potential.

If these barriers are not dismantled and removed, then all of us miss out. We will not prosper if disabled people are not able to participate in and contribute to our communities on an equal basis with others.

The United Nations Convention on the Rights of Persons with Disabilities has reinforced that disabled people have the same rights as others. It is about making sure everyone is treated with dignity and respect at all times, and that no one is left behind.
Our government is committed to continuing to improve the lives of disabled people and the New Zealand Disability Strategy will guide the government to achieve this over the next 10 years.

The direction and priorities outlined in the Strategy are based on what disabled people have said is most important to them.

During the two-stage consultation process, more than 1130 people attended the workshops we held throughout the country. We also received around 770 submissions from individuals and organisations via our ‘Join the Conversation’ website.

It is this strong foundation that gives us confidence in this Strategy guiding the work of government agencies for the next 10 years. After all, disabled people are experts in their own lives.

The Strategy will be critical in ensuring we are all working together towards achieving the same vision. There is much to be done and it is vital that we have a consistent framework from which to make decisions on where to focus our efforts.

We would like to acknowledge and thank members of the New Zealand Disability Strategy Revision Reference Group. Their expertise and advice proved invaluable in shaping this Strategy into something we are very proud of.

We want to thank the disabled people who participated in and supported the consultation to develop the New Zealand Disability Strategy.

You shared your hopes and dreams through this process with honesty and integrity. Your experience matters and your voices have been heard; it has become the foundation upon which this new Strategy has been built.

Finally, thank you to all the families, whānau and others who were involved in this process, particularly when disabled children or adults were not able to speak up for themselves.

We all have roles and responsibilities for achieving the vision of a non-disabling society. The Government will lead by example and we encourage others to join us too.

Hon Nicky Wagner
Minister for Disability Issues
The New Zealand Disability Strategy (the Strategy) will guide the work of government agencies on disability issues from 2016 to 2026.

The vision of this Strategy is:

- New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen.

Three sets of principles and two approaches will help implement the Strategy

The principles and approaches will help make sure the disabled community is visible, acknowledged and respected on an equal basis with others, and that disabled people can live a life with dignity and feel valued.

The three principles are: Te Tiriti o Waitangi, the Convention on the Rights of Persons with Disabilities, and ensuring disabled people are involved in decision-making that impacts them. The two approaches are: Investing in our whole lives – a long-term approach, and Specific and mainstream services – a twin-track approach.
The Strategy identifies eight outcome areas

The outcome areas that will contribute to achieving the vision of the Strategy are:

**Outcome 1 – education**
We get an excellent education and achieve our potential throughout our lives

**Outcome 2 – employment and economic security**
We have security in our economic situation and can achieve our full potential

**Outcome 3 – health and wellbeing**
We have the highest attainable standards of health and wellbeing

**Outcome 4 – rights protection and justice**
Our rights are protected, we feel safe, understood and are treated fairly and equitably by the justice system

**Outcome 5 – accessibility**
We access all places, services and information with ease and dignity

**Outcome 6 – attitudes**
We are treated with dignity and respect

**Outcome 7 – choice and control**
We have choice and control over our lives

**Outcome 8 – leadership**
We have great opportunities to demonstrate our leadership.

Targets will be developed, measures will be in place, and actions will be undertaken to implement the Strategy

An Outcomes Framework will be developed in 2017 which will set targets and measures for the Strategy. Annual reporting against the Outcomes Framework will be published on the Office for Disability Issues website. The Disability Action Plan will be the primary vehicle for implementing the Strategy. Figure 1 on the following page outlines the Strategy’s framework.
Vision
New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen.
Our journey – an introduction

He aha te mea nui o te ao?
He tangata! He tangata! He tangata!

What is the most important thing in the world? It is people! It is people! It is people!

The New Zealand Disability Strategy – A map to guide our way

The New Zealand Disability Strategy (the Strategy) will guide the work of government agencies on disability issues from 2016 to 2026.

It can also be used by any individual or organisation who wants to learn more about, and make the best decisions on, things that are important to disabled people.


The way we look at disability in New Zealand has changed

Since the first New Zealand Disability Strategy was developed in 2001 there has been real progress in the lives of many disabled people and their families and whānau. A significant milestone was the development of the Convention, which New Zealand ratified in 2008.

Disabled children are growing up wanting the same things as non-disabled children and the expectations of disabled adults have changed and grown. There is also a growing recognition that disabled people are experts in their own lives, and ensuring their right to be involved in the decisions that impact on them will lead to better outcomes.

There is still more work to be done

Even though there has been progress since 2001, this revised Strategy is needed because disabled people remain worse off than non-disabled people across all social and economic outcomes.\(^1\) This persistent gap has a flow-on effect. When disabled people are not able to participate in society, the entire country misses out on their contribution.

---

Written from the perspective of disabled people

The development of this Strategy was supported by the New Zealand Disability Strategy Revision Reference Group, of whom the majority of members identify as disabled people. It is also based on what disabled people said was most important to them during public consultation in 2016.

In order to remain true to the vision and priorities of the people at the centre of this Strategy, the Who we are, Principles and Approaches and Outcomes sections have been written from the perspective of disabled people.

Some words and terms can be understood by different people in different ways. Wherever possible, an explanation of how a word or term has been used in this Strategy has been included. A Glossary is available on page 49.

2 The New Zealand Disability Strategy Revision Reference Group members are listed in Appendix 1 on page 50.
Our vision – where to from here

New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen.

*The Strategy’s Vision*

A note on terms:

Non-disabling is about removing the barriers in society that disable people with impairments. We consider this to be stronger and more meaningful than ‘enabling’, which will only help disabled people get around barriers rather than remove them completely.
Who we are – our community

We are children, young people and adults, we are parents and grandparents. We are also friends, family and whānau. What we want is no different to anyone else in New Zealand; we want to belong, contribute to our families and whānau and participate in our communities.

We are 1.1 million New Zealanders and we represent almost a quarter (24 percent) of New Zealand’s population.

What disability means to us

Disability is something that happens when people with impairments face barriers in society; it is society that disables us, not our impairments, this is the thing all disabled people have in common. It is something that happens when the world we live in has been designed by people who assume that everyone is the same. That is why a non-disabling society is core to the vision of this Strategy.

Every human being is a unique individual. Even if we have the same impairment as someone else, we will experience different opportunities and barriers because of where we live and how we are treated by those around us. The time and context in our lives when we may acquire our impairment(s) also informs what barriers or opportunities we may experience.

This is the social model of disability and it is how we understood disability in the first Strategy in 2001. It still holds true today. It is also the same understanding of disability that is embodied in the Convention. The Convention says that disabled people include:

“…those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others…” (Article 1).
The language about disability is really important

There are many words and terms that are used to identify disability. The way these are understood differs and this was apparent during consultation to support the development of this Strategy. For some of us, the term ‘disabled people’ is a source of pride, identity and recognition that disabling barriers exist within society and not with us as individuals.

For others, the term ‘people with disability’ has the same meaning and is important to those who want to be recognised as a person before their disability.

This Strategy uses the term ‘disabled people’. This is based on advice from the New Zealand Disability Strategy Revision Reference Group and in recognition of the history of the term in the 2001 Strategy. In future, it is possible that our community reaches a consensus on a different way to describe us. If this happens, the language in this Strategy can be changed to reflect this.

Not all members of our community identify with disability-focused language. For example, older people and their families and whānau sometimes think that disability is a normal part of the ageing process. People with invisible impairments such as mental health issues can sometimes identify as part of the mental health community, and not the disability community. Deaf people identify as part of the Deaf community with its own unique language and culture, and do not always identify as being disabled. Most Māori disabled people identify as Māori first. The importance of their cultural identity, which encompasses language, whānau, cultural principles, practices and linkages to the land through genealogy, is paramount to how they live their day to day lives in both Te Ao Māori and Te Ao Pakeha.

It is also important to recognise that Te Reo Māori and New Zealand Sign Language are both official languages of New Zealand. Their place in our society needs to be acknowledged, respected and supported in the implementation of this Strategy.

We know that non-disabled people are sometimes not sure which words or terms to use in order to be respectful. Our advice is to listen to how we refer to ourselves and use the same language. If you are still not sure, then just ask us what language we prefer.

We are part of diversity and we are diverse ourselves

Disabled people are part of the vast and diverse human experience. Just as we accept and respect differences like gender, ethnicity, language or belief, the difference and diversity of disabled people need to be understood, acknowledged and celebrated.

Just like other communities, the disability community has different groups of people who experience life in different ways. We think it is important to acknowledge the diversity of our community, both because we are proud of it and also because we want to make sure that no one is left behind. The Strategy is for all of us.
The points below describe some of the rich diversity within our community:

- Māori are the tangata whenua of New Zealand and as the indigenous people they have a special relationship with the Crown. This relationship is recorded in the founding document of Aotearoa New Zealand, Te Tiriti o Waitangi.

- Addressing the inequality that Māori disabled people face is important; 26 percent of Māori identified as disabled in 2013. When adjusted for age, the Māori disability rate is 32 percent.\(^3\) A Māori world view needs to be woven into the implementation of this Strategy. This includes the cultural importance of whānau and a whānau-centred approach which differs from Western concepts of family and disability.

- New Zealand Sign Language (NZSL) is an official language of New Zealand used by some 20,000 New Zealanders\(^4\), approximately 4,000 of whom are Deaf people who use NZSL as their first or preferred language\(^5\).

- The demography of our country is changing, and we are increasingly becoming a multicultural society. This is important to the disability community, as people from different ethnic and cultural backgrounds can sometimes understand and experience disability in different ways to others.

- Pacific peoples make up a growing proportion of our country and of the disability community (19 percent of Pacific people identified as disabled in 2013), as do people from Asian backgrounds (13 percent in 2013). Twenty-eight percent of people from Middle Eastern, Latin American and African backgrounds identified as disabled in 2013. Over the coming decades, we will see more cultural and ethnic diversity in the disability community.

- New Zealand has an ageing population which will result over time in an increasing proportion of people experiencing disability. In 2013, 59 percent of people over the age of 65 identified as disabled\(^6\). Disabled people are also living longer, and there will be an increasing number of people with age-related impairments. This is a global trend and one that is drawing greater attention to disability. Meeting the needs and challenges of our ageing population is a significant issue now, and will continue to be over coming decades.

- Gender norming plays out in the disability community, just like it does in society more generally. Disabled women and girls face different barriers to disabled men and boys.

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\(^3\) Statistics New Zealand (2015). He hauā Māori: Findings from the 2013 Disability Survey

\(^4\) Statistics New Zealand Disability Survey: 2013


• Disability and sexuality is also important for our community. Some of our members do not identify as part of the gender binary (male or female) or have a predominant sexual orientation. There can also be an incorrect perception that disabled people do not have sexual needs or desires.

• The international catch-cry of disabled people is ‘nothing about us, without us’. For our disability community in New Zealand, this also includes those of us who find it hard to, or are not able to, speak for ourselves. We are amongst the most vulnerable and marginalised members of our disability community. While there may be different terms used for our group, such as people with ‘intensive support’, or ‘special’ needs, the thing we have in common is that we often rely on other people to support us to make decisions and to communicate.

Our community will change

This is just a snapshot of the rich diversity of the disability community. Because disability is about the way other people treat us, it is a dynamic concept that will continue to evolve as our society changes over time.

Future economic growth of the country has the potential to be constrained by skill and labour shortages. The low employment rates of disabled people represent a significant loss of potential contribution to New Zealand’s economy.

Disability impacts on many non-disabled people too

Our families, whānau, friends, carers and supporters are an important part of our community. In this way, disability is something that impacts on people without impairments. The disabling society we experience affects them too.
Principles and approaches

Figure 2 | Principles and approaches

Principles

- Te Tiriti o Waitangi
- Convention on the Rights of Persons with Disabilities
- Ensuring disabled people are involved in decision-making that impacts them
- A whole-of-life and long-term approach to social investment
- Specific and mainstream supports and services — a twin-track approach

Approaches
The principles and approaches that will be used to implement the Strategy are outlined in this section; they are the ‘how’ to complement the outcomes (which are the ‘what’).

The principles and approaches will help make sure all of our community is visible, acknowledged and respected on an equal basis with others, and that we can live a life with dignity and feel valued.

This section has three sets of principles:
1. Principles of Te Tiriti o Waitangi
3. Ensuring disabled people are involved in decision-making that impacts them.

It also has two approaches:
1. Investing in our whole lives – a long-term approach
2. Specific and mainstream services – a twin-track approach.

Figure 2 on the previous page illustrates the connection between the principles and approaches.
Principles

The principles of both Te Tiriti o Waitangi and the Convention will be reflected in the way this Strategy is implemented; they are for everyone and apply to Māori and non-Māori, disabled people and non-disabled people. The principles are a framework for building a positive relationship between disabled people and the Government.

1. Principles of Te Tiriti o Waitangi

The Strategy will be guided by the principles of Te Tiriti o Waitangi as the founding document of our country.

The principles of the Treaty are:

- **Partnership:** Māori and the Crown have a relationship of good faith, mutual respect and understanding, and shared decision-making.

- **Participation:** the Crown and Māori will work together to ensure Māori (including whānau, hapū, iwi and communities) participate at all levels of decision-making. This includes the right to seek opportunities for self-determination and self-management.

- **Protection:** the Crown actively contributes to improving the wellbeing of Māori, including support for independent living and the protection of Māori property and identity, in accordance with Māori values. Māori have the same rights and privileges as other citizens.

The principles of the Convention are:

• Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons
• Non-discrimination
• Full and effective participation and inclusion in society
• Respect for difference and acceptance of disabled people as part of human diversity and humanity
• Equality of opportunity
• Accessibility
• Equality between men and women
• Respect for the evolving capacities of disabled children and respect for the right of disabled children to preserve their identities.

3. Ensuring disabled people are involved in decision-making that impacts them

We are experts in our own lives and making sure we are involved in decision-making on issues that impact us leads to better quality results. The Convention also has a specific obligation on this (Article 4.3):

“In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organisations.”
Approaches

1. A whole-of-life and long-term approach to social investment

It is important that both whole-of-life and long-term approaches are considered when social investment decisions are being made by the Government on things that impact on us. This will help ensure that we are more independent, are able to participate as much as we choose to, and that we are able to contribute to our communities and reach our potential.

Such an approach will help ensure that:

- the silos between different supports and services are removed to provide a coordinated approach to enable us to achieve our potential
- we receive the right supports and services throughout our lives. Early and proactive support, particularly after an impairment has been diagnosed or it changes, will help set us up for a better future
- the contribution we make to our families, whānau and communities is recognised across a broad range of areas including economic, community and social participation
- our families, whānau and carers are also able to access the right supports and services in order to help us reach our potential.

Making sure there is the right evidence at the right time to inform investment decisions is critical. All too often we have been invisible because disability has not been counted, recognised or understood, and therefore our needs have not been considered.

Evidence is both quantitative (data) and qualitative (lived experience, or stories, directly from us and those who care for us). We know that both are equally important and need to be valued alike to ensure there is a good understanding of the problem (before deciding on solutions); what interventions work best for us; and to be able to measure results against the outcomes we are seeking.
2. Specific and mainstream supports and services – a twin-track approach

A twin-track approach is about making sure mainstream services and supports are inclusive of, and accessible to, us and that services and supports that are specific to us as disabled people are also available. This approach is not about having to choose between the specific or mainstream option; rather it is about having the right access to the right high quality support or service, at the right time and in the right place.

Some of us do not need any specialised supports or services, whereas some of us do so that we can access mainstream opportunities. Our needs for either or both can change over time too.

Ensuring that mainstream services and supports are inclusive of us requires the provision of reasonable accommodation and incorporation of universal design.

- **Reasonable accommodation** is defined in the Convention as:
  - “…necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms” (Article 2).
  - Reasonable accommodation can often cost very little or nothing at all. Because it is specific to a situation, what it looks like in practice can vary significantly.

- **Universal design** is good design that works for everyone.
  - It is about making sure everything is accessible to, understood by and used to the greatest extent possible by everyone, without adaptation or requiring little adaptation. Incorporating universal design early on is cost-effective.
  - Universal design is often referred to in relation to the built environment, but it applies to services, supports, the curriculum and technologies as well.
  - Universal design is distinct from accessible design. Accessible design represents the minimum accessibility requirements in built design, whereas universal design seeks accessible design outcomes that work for everyone.

**A note on terms:**

Mainstream refers to services or supports that are not designed to be specific to or only for disabled people. It includes things that are open for everyone to use or participate in (such as public transport) and also things that may still be targeted towards a particular group (such as maternal health services).
Our outcomes – priorities for change

Figure 3 | Interconnections of outcomes
The eight outcomes that will contribute towards achieving the vision of the Strategy are outlined in this section.

Each outcome has two parts to it:

1. A description of what our future looks like – this is an aspirational description of what things should look like for disabled people in the future. This will help make sure that everyone has the same understanding about what the future should look like and that all actions are consistent with this.

2. What this means – this describes at a high level what needs to happen to achieve the aspirational description. It also gives direction to what needs to happen in implementation.

   • For each outcome, the first bullet point states that disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning the outcome area.

   • This language is taken directly from the Convention.

Specific actions to implement the outcomes will be determined through the Disability Action Plan. You can read more about this in the Making it work section from page 40.

All outcomes are interconnected and should not be read in isolation. For example, achieving the employment outcome is dependent upon the education outcome. The outcome on attitudes is also relevant to all other outcomes. Figure 3 on the previous page shows this interconnection.
We get an excellent education and achieve our potential throughout our lives

What our future looks like

Our learning pathway supports us to develop friendships and social skills, as well as resilience, determination and confidence. It gives us a sense of belonging, builds our identity and language skills and prepares us for life beyond compulsory education.

All local schools and education services (including early childhood, primary secondary, tertiary, kohanga reo and kura kaupapa Māori) are welcoming and provide a great inclusive education for us. We have trained teachers and educators who support and believe in our progress and achievement, and value our contribution to the learning environment.

Education is provided in a way that supports our personal, academic and social development, both in and out of the formal schooling system. This includes making sure that those of us who use different languages (in particular New Zealand Sign Language), and other modes or means of communication, have ready access to them to achieve and progress. Information will be made available at the right time to those who support us, both when we are young or for those of us who need on-going support. This will help us succeed – whatever our individual education pathway may look like.

We are treated with respect and dignity by those around us in the education system, including our peers and those who teach and support us. The love and expertise of our families and whānau and their wish to see us succeed in education will be honoured without question.

As we move on to tertiary and life-long learning, the transition periods are smooth, with the right information and supports available at the right time – particularly when our needs or situations change.
What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning education, including early childhood, primary, secondary and tertiary education.
- Access to mainstream education is inclusive (including policy, practice and pedagogy).
- Services that are specific to disabled people are high quality, available and accessible.
- Inclusive education is a core competency for all teachers and educators.
- Decision-making on issues regarding education of disabled people is informed by robust data and evidence.
Outcome 2: employment and economic security

We have security in our economic situation and can achieve our potential

What our future looks like

We take pride in the meaningful paid and voluntary work we do, knowing that we are contributing to our families and whānau, communities and the country as a whole.

We are proportionately represented at all levels of employment, we are self-employed, we own businesses, and we are employers, managers and employees. Career progression is an important part of our working life.

Employers are confident and willing to employ us in meaningful jobs that utilise our strengths and make the best use of what we have to offer. They also have access to on-going support, guidance and tools to help support them in their role as a fair and equitable employer. When we apply for jobs, we do not face any barriers in the application process.

We are treated with respect and dignity by our non-disabled peers and we feel that the work we do is meaningful, valued and real.

Those of us who need specialised supports and services have ready access to them to secure and sustain employment. Reasonable accommodation is understood and provided by our employers. We will have the same opportunities to progress our careers as our non-disabled peers. The additional costs of disability are met, so that we are able to enjoy the same standard of living as other workers.

We have an adequate standard of living that enables us to fully participate in society, where necessary through the provision of income support which takes into account the additional cost of disability. This applies to everyone, including those of us who are not able to work, are retired, are unable to work full-time, or work full-time yet are still unable to afford and maintain an adequate standard of living.
What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning employment and income support.
- Access to mainstream employment and income support services is barrier-free and inclusive.
- Services that are specific to disabled people are high quality, available and accessible.
- All frontline workers, including case managers and employers, treat disabled people with dignity and respect.
- Decision-making on issues regarding employment and income support of disabled people is informed by robust data and evidence.
Outcome 3: health and wellbeing

We have the highest attainable standards of health and wellbeing

What our future looks like

Healthcare professionals treat us with dignity and respect. We are seen as individuals and receive appropriate and timely support for all of our health needs, not just those related to our impairment. We do not face barriers accessing mainstream health services because of our impairments, in particular sexual and reproductive health services for disabled women and girls. When we need to, we can access services specific to our impairment (including habilitation, rehabilitation and recovery) in a way that provides early diagnosis and ensures our needs as individuals are taken into consideration.

We have choice and control over all the supports and services we receive, and information about these services is available in formats that are accessible to us. We also have access to information about us. Those of us who need support to communicate or make decisions receive it in an appropriate way at the right time, and those decisions are recognised and respected. We are not secluded within services, and not segregated from or isolated within our communities.

Issues of bio-ethics and bodily integrity are treated with sensitivity, with due regard for our rights and informed consent. This includes making sure our families, whānau and those who support us have the right access to the right information when they are involved in supporting us to make decisions. In the rare circumstances when decisions need to be made on our behalf, these are based on the best interpretation of our will and preference, as opposed to just thinking about what is in our best interests.

Access to high quality peer support enables us to recover from periods of being unwell, and flourish with the confidence that we are not alone.

Our identity as members of other communities, such as Māori or Pacific, will be respected and we will have access to services that are culturally appropriate.

The importance of belonging to and participating in our community to reduce social isolation, and increase our overall wellbeing, is recognised and supported. We get involved in sport, recreation and arts activities, and are recognised and valued for this. Those of us who identify as members of other communities do not face barriers participating in and contributing to cultural activities because of our impairments. We are supported to be healthy and well, and can participate in community activities on an equal basis with others.
What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning health and wellbeing, including sport, recreation, arts and culture.
- Access to mainstream health services is barrier-free and inclusive.
- Services that are specific to disabled people, including mental health and aged care services, are high quality, available and accessible.
- All health and well-being professionals treat disabled people with dignity and respect.
- Participation in community activities if we choose (for example, sport, recreation, arts and culture), or just being present and belonging to our community is supported and valued.
- Decision-making on issues regarding the health and well-being of disabled people is informed by robust data and evidence.
Outcome 4: rights protection and justice

Our rights are protected; we feel safe, understood and are treated fairly and equitably by the justice system

What our future looks like

We will continue to be treated with fairness and respect at all stages of our journey through the justice system, regardless of whether we are victims, perpetrators, witnesses, or fulfilling a civic duty such as jury service.

Those of us who need services or supports specific to our impairment will receive them, wherever possible, the first time we interact with the justice system. We will continue to receive these supports in a way that does not require us to keep telling our story or risk missing out on something we need, unless our needs change. The people we interact with have a good understanding of any impact our impairment may have on our journey, and take this into account as appropriate.

Those of us who need support to communicate or make decisions receive it in an appropriate way at the right time, and those decisions are recognised and respected. We will continue to be recognised as a person before the law. We feel secure exercising our rights as there are appropriate safeguards in place, even if we need support to make decisions and understand what’s happening.

For those of us who end up in the youth or adult justice system, the transition out of it is accompanied by rehabilitation services that recognise and understand our impairment, and help us to find a positive place in society.

If we feel unsafe, vulnerable to or affected by violence and abuse, we will continue to have access to support that recognises our needs and responds effectively and with sensitivity. We also feel confident in speaking up or complaining if we have been discriminated against or hurt, because we are listened to and our concerns are addressed.

Our needs and rights continue to be taken into account in any prevention and response initiatives. This includes making sure there continue to be safeguards in place for those of us who may be at risk of violence and abuse (for example, caring relationships, community awareness).
What this means:

• Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning justice, violence and abuse prevention and human rights.
• The justice sector is barrier-free and inclusive of disabled people with supports and services specific to a person’s impairment provided readily when required.
• All justice sector professionals treat disabled people with dignity and respect.
• Supported decision-making will increasingly be recognised and disabled people can use it in practice.
• Decision-making on issues regarding justice, violence and abuse prevention and human rights is informed by robust data and evidence.
Outcome 5: 
accessibility

We access all places, services and information with ease and dignity

What our future looks like

We have access to warm, safe and affordable housing that meets our needs and enables us to make choices about where we go to school or work and to fully participate as members of our families, whānau and communities.

We can get from one place to another easily and safely, for example from home to school, work or to a friend's house. We can also access all public buildings, spaces and facilities with dignity and on an equal basis with others.

We feel safe taking public transport to get around and are treated well when we do so. Our needs are also appropriately considered when planning for new transport services. Private transport services are responsive to and inclusive of us. For those of us who need it, there is access to specific transport options that are affordable, readily available and easy to use.

Information and communications are easy for us to access in formats and languages that are right for us, including in our country’s official languages of Te Reo Māori and New Zealand Sign Language. This helps us to be independent because we do not have to rely on other people. We use technology on the same basis as everyone else; those of us who need specific technology solutions will have access to these in a way that is innovative, progressive and helps to eliminate barriers. The evolving opportunities presented by new technology helps us to achieve our goals.

Our accessible communities are free of barriers (for example, access to shops, banks, entertainment, churches, parks, and so on), which enables us to participate and contribute on an equal basis with non-disabled people.
What this means:

• Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning housing (home ownership, social housing and private rentals), transport (public and private), public buildings and spaces and information, communication and technology.

• Universal design is understood, recognised and widely used.

• All professionals involved in accessibility have a good understanding of the principles of universal design and the needs of disabled people and take these into account in their work.

• We enjoy and are fully included in artistic, cultural, sporting and recreation events whether as spectators or as performers.

• Decision-making on issues regarding housing, transport, public buildings and spaces and information, communication and technology are informed by robust data and evidence.
Outcome 6: attitudes

We are treated with dignity and respect

What our future looks like

Disability is understood and accepted as a part of the diversity of the human experience and we are treated with dignity and respect by those around us and society more broadly.

There is a willingness to explore attitudes towards disability, in particular those that negatively stereotype, stigmatise and discriminate. There is an appetite for seeking out ways to change attitudes and ensure that basic human rights are upheld for all people. These changes are made in a way that is safe and that upholds our views and diverse voices.

We are able to choose how we want to be identified and this is acknowledged and respected by society. This is particularly important for those of us who identify first within, for example, our ethnicity or culture and not with disability.

We will be encouraged to speak out in whatever language we use, and our views will be listened to. This includes those of us who may communicate differently, use technology to communicate, and/or have support to communicate or express our preferences. As a result, we are confident demonstrating the value we bring to our families, whānau, community and the country as a whole.

Our views, either as an individual or as part of a group, will be listened to without being diminished, and society will not seek to take this away, either by accident or design.
What this means:

• Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning attitude change, stigma and discrimination, in particular where they are specific to disabled people.

• The rich diversity of the disability community will be included and represented in initiatives to change attitudes and behaviours, which will also ensure that disabled people are seen as part of other communities or groups.

• There is a particular focus on making sure all frontline service providers and professionals treat disabled people with dignity and respect.

• Decision-making on issues regarding attitude change, stigma and discrimination, is informed by robust data and evidence.
Outcome 7: choice and control

We have choice and control over our lives

What our future looks like

When we are young, our families, whānau and carers will be supported to help us grow up. Our views as children and those of our families, whānau and carers will be considered when choices are made about what supports and services we receive and what things work best for us. There will also be respect for the evolving capacities of disabled children, and ensuring their input into decisions that affect them.

As we get older we will make our own choices and decisions on things that affect how we live our lives, including where we live. Some of us may need support some of the time or all of the time. Plans or decisions that affect, or have implications for us, will not be developed without our involvement or consent. We have access to information in ways that help us understand what is happening so that we give consent in an informed way.

Those of us who need support to communicate or make decisions receive it in an appropriate way at the right time and those decisions are recognised and respected. The way this support is provided will be empowering and will help build our confidence. In the rare circumstances when decisions need to be made on our behalf, they are based on the best interpretation of our will and preferences, as opposed to just thinking about what is in our best interests. Needing support does not diminish our independence or our ability to have choice and control over our lives.

We will make informed choices based on what is available, rather than settling for a less desirable option because that is all that is offered to us. We are able to change our mind about our decisions.

Sometimes the decisions we take may expose us to risk. Taking risks is part of the human experience, and it is our right to take risks, learn from our mistakes and live our lives as we see fit. If we need support to understand risks and make decisions, this will be provided in a way that helps us understand all the options and consequences. The times when we are prevented from taking risks will be the exception rather than the rule.
What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning supports and services that are both specific to them and for the mainstream.

- Those who support disabled people to make choices or decisions will have a good understanding of their role and access to information and support to help them do this in an informed way.

- Decision-making on issues regarding choice and control over supports and services, in particular those specific to disabled people, is informed by robust data and evidence.
Outcome 8: leadership

We have great opportunities to demonstrate our leadership

What our future looks like

We have opportunities and are supported to be leaders or role models in whatever field or level we may choose. Leadership for us includes doing great things on behalf of our country or at a national level, and also doing everyday ordinary things for ourselves, our families, whānau or communities. For example, we can be leaders in employment, through voluntary work or at a political level, both locally and nationally.

We are on a level playing field with others and are recognised for our skills, talents and leadership potential. We are supported to develop our leadership potential, and take responsibility for the pursuit and achievement of our goals. When we are young or have an emerging leadership role, we are supported and mentored.

When there are discussions and decisions on things that are important to disabled people, we have strong leaders who represent our views around the table. Our experience of disability is recognised as expertise, and we are acknowledged as experts in our own lives. This representation includes the diversity of the disability community, including the groups within our community who often have not had a voice.

When there are non-disabled people in leadership roles that are important to our community, in the public, private and not-for-profit sectors, they will act as our allies and work closely with us. In this way they can use their influence to help break down the barriers that we experience and that disable us.
What this means:

- Disabled people are consulted on and actively involved in the development and implementation of legislation and policies concerning leadership, in particular where this is specific to them.
- Disabled people are recognised as experts in their own lives.
- People in leadership roles in the public, private and not-for-profit sectors will be supported to see themselves as allies to the disability community. They will work in partnership with disabled people on things that are important to them.
- Decision-making on issues regarding leadership, in particular those specific to disabled people, is informed by robust data and evidence.
Figure 4 Governance and Monitoring

Governance
- Cabinet
- Chief Executives Group on Disability Issues
- Senior Officials Group on Disability Issues
- Disabled People’s Organisations

New Zealand Disability Strategy

Convention on the Rights of Persons with Disabilities

Strategy Outcomes Framework

Disabled Action Plan

Independent monitoring
- Human Rights Commission
- Ombudsman
- Convention Coalition Monitoring Group

Making it work
This section outlines how the Strategy will be implemented.

It has two parts:

1. Keeping on track with progress
2. Achieving practical action
   - Disability Action Plan
   - Governance
   - Monitoring implementation
   - Convention on the Rights of Persons with Disabilities – making rights a reality
   - Making sure the priorities are right – how consultation will work.

An area of strength for the disability community and sector is that it is diverse, with a range of perspectives. This includes different experiences, areas of expertise and representation (either being representative of a particular group or more formally representing an organisation/group) and advocacy. This is sometimes referred to as wearing many different ‘hats’. We are also recognised as experts in our own lives and making sure we are involved in decision-making on issues that impact on us leads to better quality results.

All of these perspectives are important in different ways for the governance and independent monitoring mechanisms, as well as the consultation processes that will support the effective implementation of this Strategy. These mechanisms and processes should aim to reflect the diversity and the changing nature of the disability community.

Figure 4 on the previous page reflects the governance and monitoring of the Strategy.
Keeping on track with progress

It is a priority for the Government that progress toward implementing the Strategy remains on track. To monitor this, an Outcomes Framework will be developed with public consultation in 2017. The Outcomes Framework will outline how we will monitor progress against the Strategy. The framework will specify:

- the targets and indicators (including for each outcome and the principles and approaches where appropriate)
- where the information comes from
- how often it will be collected
- who is responsible for collecting it
- where proxies are needed and how information gaps will be addressed. (Note: ‘proxy’ or ‘proxies’ means ‘something similar’. Proxy indicators are used when the required data is not available, so a similar indicator is used instead.)

The Outcomes Framework will also help make sure there is continuous learning and improvement prior to a final evaluation of the Strategy in 2026.

Every year, the Minister for Disability Issues will report publicly to Parliament on the progress made to implement the Strategy against the Outcomes Framework. This will meet the requirement for the Minister to report under the New Zealand Public Health and Disability Act 2000. The reports will also be submitted to Cabinet to ensure they inform the development and update of Disability Action Plans.
Achieving practical action

Disability Action Plan

The Disability Action Plan (the Plan) will be the primary vehicle for implementation of this Strategy. Future plans will:

• focus on high priority and significant actions for one or more government agencies (this will help make sure the Plan is manageable and easy to understand)

• present a complete picture of the priorities in implementing the Strategy

• support effective learning across government agencies, particularly in the application of the principles and approaches that are applied throughout the Strategy.

Future Plans will continue to cover a four-year period and they will be updated at the mid-point to ensure priorities remain relevant (that is after two years). Issues like funding or legislation need to be considered in the context of actions in the Plans rather than in this Strategy.

There are other strategies and plans that are also relevant to the Disability Strategy. A description of some of these links can be found on the Office for Disability Issues website.

Governance

As a Government Strategy, decisions on implementation will be made by Cabinet.

These will be informed by the existing governance mechanisms for the Disability Action Plan: the Chief Executives’ Group on Disability Issues (and associated Senior Officials Group) and Disabled People’s Organisations.
Monitoring implementation

The Independent Monitoring Mechanism (IMM) will help provide an independent perspective on progress toward achieving the outcomes and goals of the Disability Strategy.

The IMM was established by the Government in 2011. It fulfils an obligation for the Government under the Convention to have an independent mechanism to promote, protect and monitor implementation under Article 33 of the Convention. It is made up of the Human Rights Commission, Office of the Ombudsman and the Convention Coalition Monitoring Group (a group of Disabled People’s Organisations).

The Strategy is the primary vehicle for progressive realisation of the Convention. Therefore it is appropriate for the IMM to provide an independent perspective on implementation of the Strategy. This will not however, be seen to limit in any way, the IMM’s mandate to monitor the Convention.

Convention on the Rights of Persons with Disabilities – making rights a reality

Every four years, the Government reports to and receives Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities. Concluding Observations recognise areas of good progress but also include recommendations on things that need to be improved.

The Concluding Observations will be included as part of the public consultation process to develop and update the Disability Action Plans. Recommendations from the IMM will also be considered as part of this consultation alongside those from the Committee.

Making the Concluding Observations and recommendations an integral part of implementation of the Disability Strategy will help make the rights of disabled people a reality.
Consultation

Every two years there will be public consultation to inform the development or update of the Disability Action Plans. There is a lot that needs to be done to make this Strategy work, and it is important that priorities for action are informed by what disabled people and the community says is most important to them.

The process for public consultation will reflect the diversity of the disability community as well as the principles of Te Tiriti o Waitangi and the Convention (including Articles 4.3).
# Making it work – a schedule of implementation

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<th>Year</th>
<th>What happens</th>
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<tbody>
<tr>
<td>2016</td>
<td>- New Disability Strategy 2016–2026 agreed by Cabinet</td>
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</table>
| 2017 | - Public consultation process to develop the Outcomes Framework for the Strategy  
      - Outcomes Framework for the Strategy agreed by Cabinet  
      - Update of the Disability Action Plan – to align with the new Strategy  
      - Annual report from Minister for Disability Issues, including baseline information against the Outcomes Framework where possible |
| 2018 | - Government reports to and receives Concluding Observations from the United Nations Committee on the Rights of Persons with Disabilities  
      - Government receives recommendations from the Independent Monitoring Mechanism  
      - Annual report from Minister for Disability Issues against Outcomes Framework |
| 2019 | - Public consultation process to develop new Disability Action Plan (to include recommendations from the United Nations Committee/Independent Monitoring Mechanism)  
      - New Disability Action Plan (2019–2022) agreed by Cabinet  
      - Annual report from Minister for Disability Issues against Outcomes Framework |
| 2020 | - Annual report from Minister for Disability Issues against Outcomes Framework |
| 2021 | - Public consultation process for mid-point update of Disability Action Plan  
      - Updated Disability Action Plan to be agreed by Cabinet  
      - Annual report from Minister for Disability Issues against Outcomes Framework |
<table>
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<tr>
<th>Year</th>
<th>What happens</th>
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| 2022 | • Government reports to and receives recommendations from the United Nations Committee  
      • Government receives report from the Independent Monitoring Mechanism  
      • Annual report from Minister for Disability Issues against Outcomes Framework |
| 2023 | • Public consultation process to develop new Disability Action Plan (to include recommendations from the United Nations Committee/Independent Monitoring Mechanism)  
      • New Disability Action Plan (2023–2026) agreed by Cabinet  
      • Annual update report from Minister for Disability Issues against Outcomes Framework |
| 2024 | • Annual report from Minister for Disability Issues against Disability Outcomes Framework |
| 2025 | • Public consultation process for mid-point update of Disability Action Plan  
      • Annual report from Minister for Disability Issues against Outcomes Framework |
| 2026 | • Government reports to and receives recommendations from the United Nations Committee  
      • Government receives report from the Independent Monitoring Mechanism  
      • Evaluation of the Strategy (and Disability Action Plans)  
      • Annual report from Minister for Disability Issues against Outcomes Framework  
      • End of current Disability Strategy 2016–2026. Next steps to be confirmed |
Getting it going – who is involved

Achieving the vision and outcomes of the Strategy will take all New Zealanders working together. With rights there also come responsibilities, for everyone. There are also some key groups who have particular responsibilities under the Strategy. They are:

- **Disabled people, families, whānau, allies and the disability community and sector** – providing input through governance, independent perspectives and public consultation.
- **Cabinet** – responsible for considering regular reports and making decisions on implementation of the Strategy through the Disability Action Plan.
- **Ministerial Committee on Disability Issues** – supports co-ordination of implementation across government.
- **Independent Monitoring Mechanism** – responsible for providing an independent perspective on implementation of the Strategy.
- **Chief Executives’ Group on Disability Issues (and Senior Officials Group) and Disabled People’s Organisations** – responsible for governance and coordination of the Disability Action Plans.
- **Government agencies** – responsible for implementing the Strategy according to the priorities agreed in the Disability Action Plan.
- **All New Zealanders** – breaking down the barriers of a disabling society and supporting implementation of the Strategy.
- **Local Territorial Authorities (City, District and Regional Councils)** – consider their responsibility for disabled people in the space they oversee, in line with the Strategy and the Convention.
- **Private sector, businesses and Non-Governmental Organisations** – ensure their business as usual is inclusive and responsive to disabled people on an equal basis with others.
Glossary

**Barrier** is something that makes it difficult or impossible for people to do something.

**Demography** is statistics about people, such as age and ethnicity.

**Disability** is something that happens when people with impairments face barriers in society that limit their movements, senses or activities.

**Disabled people** are people who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. This is the understanding of disability in the Convention.

**Enabling** is to provide with the ability or means to do something.

**Equality** means that everyone gets the same opportunities.

**Equity** is recognising that sometimes people need different things in order to be equal.

**Impairment** is a problem with the functioning of, or the structure of someone’s body.

**Investing** is about spending time, energy or money on something.

**Mainstream** means things including activities, services, supports, attitudes or ideas, that are open to everyone to use or participate in (for more detail of the disability context, see page 21).

**Non-disabling** is about removing the barriers in society that disable people with impairments.

**Pedagogy** is the theory of teaching.

**Proxy** means something similar.

**Reasonable Accommodation** is making necessary and appropriate modifications and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms.

**Twin-track approach** is making sure that mainstream activities and opportunities are inclusive of, and accessible to, all people and that specific activities and opportunities that are required by some people are also made available to those people (for more detail of the disability context, see page 21).

**Universal design** is good design that works for everyone (for more detail of the disability context, see page 21).
Appendix 1 – The Reference Group

Members of the New Zealand Disability Strategy Revision Reference Group (for further details on each member of the group please refer to the Office for Disability Issues website): www.odi.govt.nz

Colleen Brown MNZM, from Auckland, brings a families perspective.

Robbie Francis, from Hamilton, brings the perspective of young people and lived experience of disability.

Lance Girling-Butcher QSM, from New Plymouth is a nominated Disabled People’s Organisations (DPOs) representative. Lance became blind as an adult.

Peggy Koopman-Boyden CNZM, from Hamilton brings an older person’s perspective from research and personal experience.

Clive Lansink, from Auckland, is a nominated DPOs representative. Clive is blind and is a strong advocate for disabled people speaking for themselves.

Victoria Manning (Co-Chair) MNZM, from Wellington is also the Chair of the NZSL Board. Victoria is Deaf and also brings 20 years’ experience in disability policy.

David Matthews, from Christchurch and Wellington, brings a service provider’s perspective.

Papaalii Seiuli Johnny Siaosi, from Auckland, brings a perspective from mental health and addictions consumers, their families and Pasifika communities.

Dr Martin Sullivan QSO, from Palmerston North, brings his perspective as a disabled person.

Hamish Taverner, from Palmerston North, speaks up for the rights of people with learning disabilities. He brings the perspective of lived experience of this disability.

Jonny Wilkinson, from Whangarei, brings the perspective of a person with lived experience of disability.

Gary Williams MNZM, from Christchurch, is a self-employed disability consultant bringing over 40 years of expertise in the disability sector. Gary also brings a perspective of a Māori disabled person.

Government agencies had two representatives on the group. During the development of the Strategy, these representatives were Brian Coffey (Ministry of Education), Kathy Brightwell (Ministry of Health) and Sacha O’Dea (Ministry of Social Development).

Paul Brown from the Office of the Ombudsman was an observer.

Megan McCoy, Director of the Office for Disability Issues, Co-Chaired the reference group meetings.
SAMPLE FUTURE AGENDA
Disability Support Advisory Committee

Agenda
Please note that agenda times are estimates only

1.30pm  1.  Attendance and Apologies
         2.  Register and Conflicts of Interest
             Does any member have an interest they have not previously disclosed?
             Does any member have an interest that may give rise to a conflict of interest with a matter on the agenda?

1.35pm  3.  Minutes of the Previous Meeting

1.40pm  4.  Action Points

1.50pm  5.  CHAIR’S REPORT

Time  6.  STANDING ITEMS
      6.1 Implementation of the New Zealand Disability Strategy 2016 to 2026
          Service Access (Outcome 5), Rights Protection and Justice (Outcome 4), Choice and Control (Outcome 7)
          [any barriers, issues, improvements, service coordination with other DHBs and providers etc. initiatives i.e. MOH Service strategy development]
      6.2 Ministry of Health Disability Sector Update [Amanda Bleckmann, MOH]
      6.3 Disability Advisor Updates
      6.4 Environmental Accessibility (Outcome 5)
          [i.e. Facilities reports, Wayfinding project, access standards updates]
      6.5 Access to Information (Outcome 5)
          [access to information websites, digital, communication formats]
      6.5 Health and Wellbeing (Outcome 3)
          [Activities against the Annual Plan, health outcomes targets]

Time  7.  INFORMATION PAPERS
      Employment (Outcome 2)
          [employment opportunities]
      7.1 Update on Collation of Statistics that Identify DHB Employees with Disabilities
      7.2 Auckland DHB Diversity and Inclusion Plan Update

Time  8.  General Business
Implementation of the New Zealand Disability Strategy 2016 to 2026 Update

Recommendation

That the Disability Support Advisory Committee receives the Implementation of the New Zealand Disability Strategy 2016 to 2026 Update report.

Prepared by: Samantha Dalwood (Disability Advisor Waitemata DHB); Name (role, Counties Manukau DHB)
Approved by: Debbie Holdsworth (Director Planning and Funding Auckland and Waitemata DHBs); (name, role Counties Manukau DHB)
[insert Auckland and Waitemata update report here]
[insert Counties Manukau update report here]
Disability Strategy Implementation Plan 2016-2026 – Updated DRAFT

Recommendation

That the Disability Support Advisory Committee:

1. Receives the Updated DRAFT Disability Strategy Implementation Plan 2016-2026.

Prepared by: Samantha Dalwood (Disability Advisor, Waitemata DHB)
Endorsed by: Debbie Holdsworth (Director, Funding, Auckland & Waitemata DHBs)

Glossary

DHB District Health Board
DisAC Disability Support Advisory Committee

1. Executive Summary

Please find attached the updated DRAFT Waitemata & Auckland Disability Strategy Implementation Plan 2016-2026 for feedback from the DiSAC. Following feedback from the DiSAC, the joint DHB Disability Strategy Implementation Plan will be finalised, disseminated across the two DHBs and promoted across the disability community and disability sector.

2. Community Consultation

A community consultation process was completed in 2017. This included an online survey and face to face meetings in the three metro-Auckland DHB areas. Following the consultation, the draft Disability Strategy Implementation Plan has been updated.

We have also developed a Progress Report for updating the DiSAC and any other interested parties on the work that has been done to implement the Plan. This is attached.

3. Conclusion

The attached documents are the updated DRAFT Waitemata & Auckland Disability Strategy Implementation Plan 2016-2026 and the Progress Report template. Following feedback from DiSAC any final changes will be made and the document completed.

4. References

Office for Disability Issues – Disability Strategy 2016-2026
Waitemata & Auckland District Health Board’s Disability Strategy Implementation Plan 2016-2026

Waitemata and Auckland District Health Boards have a shared vision of being fully inclusive.

Being fully inclusive means ensuring the rights of disabled people, eliminating barriers so that people can get to, into and around our physical spaces; and everyone can access information and services that they need.

The New Zealand Disability Strategy 2016-2026 provides a framework for organisations to focus on enabling the full participation of disabled people. It has a vision of New Zealand as a non-disabling society – a place where disabled people have an opportunity to achieve their goals and aspirations and all of New Zealand works together to make this happen.

The Vision, principles and approach of the NZ Disability Strategy 2016-2026, with input from the disability sector and disability community, have shaped our joint District Health Boards (DHBs) Disability Strategy Implementation Plan 2016-2026.

Our ten year implementation plan aligns with the timeline of the NZ Disability Strategy 2016-2026. There will be two reviews of our Disability Strategy Implementation Plan during the ten year period – one in 2020 and one in 2023. These are an opportunity to ensure that the work being done is making a positive difference to disabled people and is supporting our goal of being fully inclusive and non-disabling.
Figure 1 | Disability Strategy Framework
The Disability Strategy identifies eight outcome areas

The outcome areas that will contribute to achieving the vision of the Strategy are:

**Outcome 1 – Education**
We get an excellent education and achieve our potential throughout our lives

**Outcome 2 – Employment and economic security**
We have security in our economic situation and can achieve our full potential

**Outcome 3 – Health and wellbeing**
We have the highest attainable standards of health and wellbeing

**Outcome 4 – Rights protection and justice**
Our rights are protected; we feel safe, understood and are treated fairly and equitably by the justice system

**Outcome 5 – Accessibility**
We access all places, services and information with ease and dignity

**Outcome 6 – Attitudes**
We are treated with dignity and respect

**Outcome 7 – Choice and control**
We have choice and control over our lives

**Outcome 8 – Leadership**
We have great opportunities to demonstrate our leadership

All eight outcomes are relevant to the work of the District Health Boards and will drive our core work over the next ten years. Our work will have a particular focus on five outcomes – Employment & economic security, Health & wellbeing, Accessibility, Attitudes and Choice & control.

**Influences**

There are a number of other principles, disability strategies and action plans that influence the DHB’s Implementation Plan. These include:

- Te Tiriti o Waitangi/The Treaty of Waitangi
- Disability Action Plan 2014-2018
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
- Faiva Ora: National Pasifika Disability Plan 2016–2021
- Auckland DHB, Waitemata DHB & Counties Manakau Health Annual Plans
Disability Action Plan 2014-2018

This is a key document in the implementation of the Disability Strategy. The Disability Action Plan presents priorities set by the Ministerial Committee on Disability Issues for actions that advance the implementation of the UN Convention on the Rights of Persons with Disabilities and the New Zealand Disability Strategy 2016-2026. These priorities emphasise actions requiring government agencies to work together, as well as with disability sector organisations and others.

Five Person Directed outcomes:
- Safety/autonomy
- Wellbeing
- Self-determination
- Community
- Representation

Four main areas of focus:
- Increase employment opportunities
- Ensure personal safety (includes decision making and consent)
- Transform Disability Support system
- Promote access in the community

‘Promote access in the Community’ includes 11c – Access to health services and improve health outcomes for disabled people with a focus on people with learning disabilities.

Values

The Values of Auckland and Waitemata DHBs reflect a shared vision for equity and inclusion of disabled people in their care and in the design of patient facilities and services.
Monitoring and Reporting

Work is underway at the Office for Disability Issues to ensure that progress toward achieving the outcomes of the New Zealand Disability Strategy can be measured. This will involve the development of an Outcomes Framework which will specify targets and indicators that will be regularly reported on. Work on this will include getting advice from disabled people, the disability sector and other government agencies.

The Auckland and Waitemata DHBs’ New Zealand Disability Strategy Implementation Plan 2016-2026 will be monitored internally and progress of actions will be reported to the Disability Support Advisory Committee (DISAC) on a quarterly basis.

We will ensure that the DHB Disability Strategy Implementation Plan continues to align with the NZ Disability Strategy, as well as other government strategies and action plans.

There will be two reviews of our Disability Strategy Implementation Plan during the ten year period – one in 2020 and one in 2023. These are an opportunity to ensure that the work being done is making a positive difference to disabled people and is supporting our goal of being fully inclusive and non-disabling.

Current Priorities

The three metro-Auckland DHBs are committed to the vision of being fully inclusive and non-disabling. Current work that will continue across the DHBs as part of the Disability Strategy Action Plan includes improving health literacy and enhancing the patient experience.

Health Literacy
Waitemata and Auckland District Health Boards have made a commitment to improve health literacy across both organisations. Health Literacy means that “people can obtain, understand and use the health information and services they need to enable them to make the best decisions about their own health or the health of a dependant family member/friend”

This work focuses on two areas:
- improving health literacy of both organisations and their staff
- enabling communities to become more health literate

Patient Experience
There is a focus on Patient Experience and Community Engagement across both DHBs. This has led to greater inclusion of disabled people in design and planning of both facilities and services. Examples of this are the Public Spaces work at Auckland DHB and the Waitemata DHB commitment to universal design as a core design principle.
Outcomes

Of the eight outcome areas of the New Zealand Disability Strategy 2016-2026, there are five key outcome areas that align with the work of District Health Boards.

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<th>Outcome 6: attitudes</th>
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<td>We have choice and control over our lives.</td>
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**Outcome 2: employment & economic security**
*We have security in our economic situation and can achieve our potential*

1. Increase the number of disabled people into paid employment.

2. Increase the confidence of Hiring Managers to recruit disabled people.

3. Record the number of staff with impairments working for the DHB.

4. Ensure Diversity & Equality work includes disabled people.

**Outcome 3: health & wellbeing**
*We have the highest attainable standards of health and wellbeing.*

5. Improve the health outcomes of disabled people.

6. Robust data and evidence to inform decision making.

7. Barrier free and inclusive access to health services.
8. Increased understanding of the support needs of people with learning disabilities.

9. Better understanding of the needs of Deaf people. This includes access to interpreters, information available in NZSL and knowledge of Deaf culture.

10. Better support for young people moving from child to adult health.

### Outcome 5: accessibility

*We access all places, services and information with ease and dignity.*

11. Barrier free and inclusive access to health services.

12. The principles of universal design and the needs of disabled people are understood and taken into account.

13. Improve & increase accessible information across the DHB.

14. Information available in different formats, eg. Easy Read

15. Ensure physical access to DHB buildings and services, including signage and wayfinding.

### Outcome 6: attitudes

*We are treated with dignity and respect.*

16. All health and well-being professionals treat disabled people with dignity and respect.

17. Disabled people and their families respected as the experts in themselves.

18. Provide a range of disability responsiveness training.

19. Promote the Disability Awareness e-learning module to all staff across the DHBs.

20. Ensure disabled people are able to access supports that they need in hospital.

21. Increase cultural awareness of disability.
**Outcome 7: choice & control**

*We have choice and control over our lives.*

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### Waitemata & Auckland District Health Board’s Implementation of the New Zealand Disability Strategy 2016-2026

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Outcome 3: Health & Wellbeing

We have the highest attainable standards of health and wellbeing

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