MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

[redacted]

31 JAN 2020

Tēnā koe [redacted]

On 1 November 2019, you emailed the Ministry requesting, under the Official Information Act 1982, the following information:

> *The raw, unedited consultation responses of disability organisations both within and outside of the Disabled People's organisation.*

As discussed over the phone in December 2019, your request was refined to be for the following information:

> *Consultation feedback from the DPO coalition organisations on the revision of the New Zealand Disability Strategy in 2016, as well as a selection of submissions from other organisations.*

Please find enclosed the following submissions:

1. Blind Citizens NZ- Organisation Submission, 21 August 2016
2. Deaf Aotearoa- Organisation Submission, 21 August 2016
3. Disability Persons Assembly New Zealand- Organisation Submission, 21 August 2016
4. Kāpo Māori Aotearoa- Organisation Submission, 23 August 2016
5. People First New Zealand- Organisation Submission, 19 August 2016
6. Anonymous- Organisation Survey submission 1025, 17 August 2016
7. Anonymous- Organisation Survey submission 1051, 17 August 2016
8. CCS Disability Action Northern Region- Organisation Submission, 21 August 2016
9. IHC New Zealand- Organisation Submission, 23 August 2016
10. Independent Monitoring Mechanism (IMM)- Organisation Submission, 23 August 2016
11. NZ Kindergarten Association- Organisation Submission, 19 August 2016
12. New Zealand Disability Support Network (NZDSN)- Organisation Submission, 19 August 2016

Document 10 is the submission from the Independent Monitoring Mechanism (IMM) which is made up of three partners. These partners include the Office of the Ombudsman, the Human Rights Commission, and the Disabled People's Organisations (DPO) Coalition. Further information about the IMM can be found on the ODI website: https://www.odi.govt.nz/united-nations-convention-on-the-rights-of-persons-with-disabilities/nzs-monitoring-framework/#IMM

Submissions from five of the seven current DPO Coalition Organisations are included. The other two DPO Coalition Organisations; Balance Aotearoa and Muscular Dystrophy Association did not send in submissions by email. However, they may have provided submissions as survey responses. All surveys were submitted anonymously.

You will note that the phone numbers of two individuals (page 10 and 38) have been withheld from the submissions under section 9(2)(k) of the Act in order to reduce the possibility of those individuals being exposed to phishing and other scams. This is because information released under the Act may end up in the public domain, for example, on websites including the Ministry's own website.

The principles and purposes of the Official Information Act 1982 under which you made your request are:

- to create greater openness and transparency about the plans, work and activities of the Government,
- to increase the ability of the public to participate in the making and administration of our laws and policies and
- to lead to greater accountability in the conduct of public affairs.

This Ministry fully supports those principles and purposes. The Ministry therefore intends to make the information contained in this letter and any attached documents available to the wider public shortly. The Ministry will do this by publishing this letter and attachments on the Ministry of Social Development's website. Your personal details will be deleted and the Ministry will not publish any information that would identify you as the person who requested the information.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with this response about submissions for the review of the New Zealand Disability Strategy in 2016, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Yours sincerely

Brian Coffey
Director, Office for Disability Issues

A blind BIT OF difference

Response to Draft Disability Strategy

Blind Citizens NZ

Introduction

The Association of Blind Citizens of New Zealand Inc (Blind Citizens NZ) is pleased to submit in response to Government's Draft Disability Strategy. Blind Citizens NZ reaffirms that we uphold the principle that all disabled people are entitled to live a full life and participate as much as we can in all aspects of society. We believe that Government must make every effort to ensure society is fully inclusive so people are no longer disabled by society.

Recommendations

1. That the next Disability Strategy continues to uphold the vision of New Zealand being a non-disabling rather than an enabling society.
2. That the strategy includes a statement that the Government is committed to taking all reasonable steps, including appropriate legislation, regulations and education, to uphold the right of disabled people to be fully included in all aspects of society. More specifically, the Government must ensure that Government itself, local government, the public and the private sector are aware of and comply with their legal obligations to deliver services that fully include disabled people.
3. That the strategy emphasises more strongly that the twin-track approach should be perceived as "both and" and not "either or". In other words, the existence of specialist disability services, where justified, does not detract from the overall objective of New Zealand being a non-disabling society.
4. That the accessibility outcome be strengthened to reflect the desire of disabled people to function with maximum independence, dignity and autonomy in our homes, so we can carry out our roles as children, parents, flat mates, etc.
5. That the accessibility outcome be strengthened along the following lines with respect to finding information: "I can readily access the same information as everyone else".
6. That new outcomes be included in the strategy to cover access to goods and services, and arts and culture.
7. That the strategy clearly states that the outcomes framework will be developed in full consultation with disabled people.
8. That the strategy encourages, through appropriate resourcing and other arrangements, existing and new DPOs to develop and flourish so they can better reflect the diversity of the disabled population. More specifically, Government must develop programmes to encourage minorities to play their full part in the

collective voice of disabled people, e.g. Maori, women, youth, Pacifica and other ethnic groups.

9. That the strategy includes a section on enforcement of rights, which ensures agencies tasked with monitoring and promoting human rights are sufficiently resourced to carry out their functions to the level required for New Zealand to fully meet its obligations to disabled people.

Non-Disabling Instead of Enabling

It may be assumed that the term "enabling" should be preferred over "non-disabling" that appears at first glance to be an unnecessary double-negative. However, from the point of view of disabled people, the term "enabling" conjures up a completely different impression compared to the term "non-disabling".

Elsewhere in the draft strategy, it refers to disabled people having impairments but it is society that disables us. The point about "enabling" versus. "non-disabling" is that if we are "enabled", that could simply mean we can be assisted around society's barriers. The term "non-disabling" puts the onus on society itself to eliminate the barriers so they are not there in the first place.

Objective 1 of the current strategy adopted in 2001 is to Encourage and educate for the emergence of a non-disabling society that respects and highly values the lives of disabled people and supports inclusive communities. While much has been achieved in the last fifteen years, there is still much to do before we can really say society is fully inclusive of disabled people.

We recommend that the next Disability Strategy continues to uphold the vision of New Zealand being a non-disabling rather than an enabling society.

The Need to Recognise Inclusion of Disabled People as a Fundamental Human Right

We acknowledge the general tone of the draft strategy speaks clearly about the outcomes disabled people are seeking, i.e. that we want to be fully included in all aspects of society. What is lacking however is that inclusion is now seen as a human right. There needs to be a genuine statement of commitment that the Government now sees the full inclusion of disabled people in all aspects of society as a human right and that it will take all reasonable steps to ensure New Zealand will truly be a non-disabling society. The strategy needs a section that explains this in human rights terms.

We recommend that the strategy includes a statement that the Government is committed to taking all reasonable steps, including appropriate legislation, regulations and education, to uphold the right of disabled people to be fully included in all aspects of society. More specifically, the Government must ensure that

Government itself, local government, the public and the private sector are aware of and comply with their legal obligations to deliver services that fully include disabled people.

Twin-Track Approach

We support the reference to the twin-track approach being sometimes necessary. We believe there will continue to be a need for some disability-specific services and supports that cannot be expected from mainstream society.

We acknowledge some people in the disability sector will oppose this, arguing that the very mention of the twin-track approach could be taken as an excuse for separateness, even when this is not needed, and this would tend to encourage mainstream society to not be fully inclusive of all disabled people.

We recommend that the strategy emphasises more strongly that the twin-track approach should be perceived as "both and" and not "either or". In other words, the existence of specialist disability services, where justified, does not detract from the overall objective of New Zealand being a non-disabling society.

The Identified Outcome Areas

We generally support the eight identified outcome areas. However, we feel the following areas should be strengthened:

☐ There is insufficient attention to accessibility in the reference to housing. The strategy simply says "I have a home that enables me to participate in my community". We recommend that the accessibility outcome be strengthened to reflect the desire of disabled people to function with maximum independence, dignity and autonomy in our homes, so we can carry out our roles as children, parents, flat mates, etc.

☐ We are concerned that the reference to accessing information does not imply information should be accessible. Finding information in a way that I can access at the same time as everyone else could be taken to mean finding alternative but equivalent information. We recommend that the accessibility outcome be strengthened along the following lines with respect to finding information: "I can readily access the same information as everyone else".

☐ We are concerned that the outcomes identified in the strategy do not cover access to goods and services and arts and culture. While it might be said these are implied by the existing outcomes, we believe they should be highlighted because disabled people often experience discrimination in these areas. We recommend that new outcomes be included in the strategy to cover access to goods and services and arts and culture.

Implementation

We support the use of future Disability Action Plans as the primary mechanism to implement the strategy, particularly given that these will be based on an outcomes framework and will include single agency actions as well as those actions involving multiple Government agencies. However we are concerned that the strategy does not clearly state that the collective voice of disabled people will play a key role in developing the outcomes framework.

We recommend that the strategy clearly states that the outcomes framework will be developed in full consultation with disabled people.

Having said that however, we do not want it to be assumed that disabled people need to prove the extent to which we are currently excluded from mainstream activities. As already stated in our comments on a human rights focus, we do not see anything in this strategy where the Government actually commits to changing its ways starting from now. At least with regard to all public services, there must be an immediate commitment to ensure these will be delivered in a way that directly includes disabled people.

We note that it is intended that the existing governance and coordination mechanisms will continue, but work will be done to explore ways to embed stronger disability expertise within them. Consideration will also be given to ensuring these mechanisms represent the diversity of the disability community. These mechanisms include Disabled People's Organisations.

While not wishing to take anything away from DPOs that have got themselves established despite particularly limited resources, we acknowledge there is a need for DPOs to be more representative of the full diversity of disabled people.

We recommend that the strategy encourages, through appropriate resourcing and other arrangements, existing and new DPOs to develop and flourish so they can better reflect the diversity of the disabled population. More specifically, Government must develop programmes to encourage minorities to play their full part in the collective voice of disabled people, e.g. Maori, women, youth, Pacifica and other ethnic groups.

The Need for More Effective Complaints Mechanisms

Although New Zealand has laws that protect disabled people from discrimination in many different aspects of life, disabled people are deeply concerned that the very mechanisms designed to enforce these protections are not fully effective. It is often hard to substantiate a complaint, and even when this can be done, it may well be settled through the confidential mediation process. Thus there is a lack of good information to help society better understand how to meet its legal obligations to disabled people. While this issue could be left to be dealt with in the outcomes framework, we believe it is sufficiently important to be covered by the strategy itself.

We recommend that the strategy includes a section on enforcement of rights, which ensures agencies tasked with monitoring and promoting human rights are sufficiently resourced to carry out their functions to the level required for New Zealand to fully meet its obligations to disabled people.

Deaf
AOTEAROA
TĀNGATA TURI

19th August 2016

Join the Conversation
Office for Disability Issues
PO Box 1556
Wellington

To whom it may concern

Please find attached Deaf Aotearoa's feedback on the Draft New Zealand Disability Strategy 2016 – 2026, July 2016.

Deaf Aotearoa is happy to provide any further clarification or information, and please feel free to contact us.

Yours sincerely

Lachlan Keating

PO Box 25439, Featherston Street,
Wellington 6146, New Zealand
0800 332 322 | www.deaf.org.nz

First Signs   Youth Service   iSign

New Zealand Sign Language and Deaf culture

After more than 20 years of lobbying by the Deaf community, New Zealand Sign Language (NZSL) was made an official language of New Zealand in 2006 by the passing into law of the New Zealand Sign Language Act 2006.

The NZSL Act recognises the language and culture of New Zealand's Deaf community as unique to New Zealand, and the provisions of the Act closely mirror those of the Māori Language Act 1987.

As one of New Zealand's three official languages, NZSL deserves mention in the introductory sections of the New Zealand Disability Strategy.

- In the section "Who we are – Our Community". The diversity of the Disability community includes the Deaf community and those who use NZSL as their first or preferred language and identify with Deaf culture.
- In the section "Who we are – Our Community". There is diversity within the Deaf community. Deaf people want diverse groups within the Deaf community to be able to access and celebrate their diverse and multiple cultures, for example Māori Deaf people.
- In the section "What's Important to Us" alongside the principles of the Treaty of Waitangi and the CRPD, the NZSL Act is a key piece of New Zealand legislation relating to a linguistic group unique to New Zealand and one that is also defined by disability policy and legislation.

New Zealand Sign Language and education

Education has a crucial role to play in the preservation and maintenance of NZSL. This is because unlike other ethnic or cultural groups, most deaf children are born into hearing families meaning that NZSL is most often passed on in language-rich education settings and in the Deaf community.

In the "Outcome: Education" there is mention of "resource centres" for the provision of specific supports. However, resource centres are not the same as Deaf schools. Well-resourced Deaf schools are arguably the most appropriate way to provide education through NZSL as it provides a language rich learning environment in much the same way Kura Kaupapa Māori schools reflect Māori cultural values and aim to revitalise Māori language and culture.

Deaf people want to ensure deaf children and their families have access to learning and using NZSL throughout their education. Language acquisition and use is dependent on regular and frequent opportunities to be immersed in a critical language mass of fluent speakers of that language.

The education of deaf children needs to include specific learning about Deaf culture and history and related learning and development of deaf student's Deaf identity. NZSL and Deaf culture must also be promoted and celebrated throughout the education system as part of New Zealand's rich diversity of languages and cultures.

Deaf people want to be able to access tertiary education, universities, polytechnics and private training establishments through NZSL. NZSL Interpreting services for tertiary study needs to be fully funded.

Access through NZSL

Deaf people want to be able to access interpreting services 24 hours a day, 7 days a week and for 365 days of the year. Accidents and emergencies happen at any time, not just in working hours. Deaf people want to have choice in accessing interpreting services, and to be ensured of quality interpreting services.

Access and participation for Deaf people means access to qualified NZSL interpreters and NZSL information.

Being able to make decisions and informed choices, for Deaf people, means access to NZSL interpreting services and NZSL information.

Deaf people want to see more government information accessible in NZSL and television adverts with captions.

Deaf people want to see NZSL on TV every day. As an official language of New Zealand, NZSL must have a regular presence in public broadcasting. For example, NZSL versions of news broadcasts.

Real jobs

Deaf people want to be employed in jobs that suit their skills and qualifications, and that provide career paths and career progression.

Deaf people want to be employed at the same rate as hearing/non-disabled people. And want to contribute to the economy of New Zealand in the same ways that hearing/non-disabled people do.

Services and support

Deaf people want to access services that understand NZSL and Deaf culture. Deaf people do not want to only have the option of mainstream services - these services often do not understand Deaf culture and values or NZSL. Providing NZSL interpreting services or NZSL information does not equate to the services being welcoming or appropriate for Deaf people.

Deaf people want to access health services that understand Deaf culture and NZSL. Deaf people ask and answer questions differently to hearing people. Staff in all health services need to understand Deaf culture, how Deaf people think and how Deaf people respond to questions.

Implementing the Disability Strategy

In the section, “Making it Work – a plan for action” the IMM and the DPOs Network are suggested as a mechanism, or potential mechanisms, to provide and independent view and disability expertise on implementation of the Disability Strategy. Deaf Aotearoa has been an active member of the DPO Network and the Convention Coalition which forms one third of the IMM.

The DPOs Network has seven members yet not all disability perspectives are represented, the DPOs Network does not guarantee a majority of disabled members in group meetings and it is not resourced to provide disability expert advice to government.

The Convention Coalition is not set up or resourced to be a means of ensuring an independent expert voice of disabled people, with a guaranteed majority of disabled disability expert members with the purpose of working in partnership with government. Deaf Aotearoa has been led to understand that the Convention Coalition will discontinue beyond June 2016.

For the implementation of the Disability Strategy to be effective, the government needs to work in partnership with disabled people, disabled peoples’ organisations and disability experts. Such a partnership would require a group/mechanism that guaranteed a majority of disabled/deaf members who are considered experts on disability issues, experienced in working with government and well connected in disability community groups and organisations, including DPOs.

Disabled Persons Assembly **NZ**

21 August 2016

To the Office for Disability Issues

Please find attached DPA's submission on the draft revision of the New Zealand Disability Strategy.

Disabled Persons Assembly NZ Inc.

Contact:
Dr Esther Woodbury
Principal Analyst – Policy and Relationships
s 9(2)(k) [redacted]

Level 4, 173-175 Victoria Street PO Box 27524, Wellington 6011, NZ **dpa.org.nz**

Thank you for the opportunity to submit on this Draft Revision of the New Zealand Disability Strategy (NZDS). Disabled Persons' Assembly NZ Inc. (DPA) welcomes ongoing discussion about the issues raised in this submission.

DPA has repeatedly heard concerns from people in the disability community about what they consider to be an unacceptable consultation timeframe on the draft strategy. The NZDS is the major tool that the disability community has to hold government and government agencies to and is one of very few strategies that are legislatively mandated. Four weeks is an insufficient time for disabled people, their organisations, parents and families to absorb, process, discuss and respond to the draft strategy.

DPA considers that while this document is called a strategy, it isn't one; it is a vision and one that contains significant and concerning gaps. The distinction between a strategy and a vision is an important one, as the disability community cannot hold the government to a vision. While the draft strategy alludes to the continuation and refreshing of the Disability Action Plan, as well as an as yet defined Outcomes Framework, the strategy itself needs to be a strategy – and one that is robust enough to validate any further work.

General Comments

The consultation process was far too brief and there was not enough advertising of the consultation process. Four weeks is too short a time period for the disability community and disabled individuals to be able to read the content of the draft, process the draft, speak to others in the community and make a submission. This is a draft strategy that seeks to inform government policy and practice that affects approximately a quarter of the population for the next 10 years.

Advertising of the consultation process was insufficient. Social media, which was a large part of the is a fast and affordable way of disseminating information, but it should not be relied upon to reach a large enough number or a wide enough range of disabled people, as many do not or cannot use the internet, particularly older people.

In 2014/15, $4 million was spent on communications and engagement during the 10 month NZ Flag referendum and public consultation process. The NZ government should be embarrassed to compare this to the level of communications and engagement around the NZ Disability Strategy, particularly given the potential of the Disability Strategy to affect and improve the lives of 24% of the population. This is a section of the population that have consistently worse outcomes than non-disabled people in every social and economic measure.

What we believe is missing

1. A plan – this is a draft vision, not a strategy.

In 2001, the NZDS introduction opens with:

> "We live in a disabling society. The New Zealand Disability Strategy presents a ***plan*** for changing this." [emphasis added]

There is no plan contained in this draft strategy. As stated above, while DPA welcomes the continuation (and hopes for an acceleration) of the Disability Action Plan, as well as a newly developed Outcomes Framework, this strategy needs to be robust enough to inform those pieces of work now and for the next ten years. This is not a strategy for tangibly improving the lives of disabled people in New Zealand or a demonstrable commitment to meeting obligations under the CRPD.

2. Legislative context and action plan

The draft lacks any form of commitment to amending legislative frameworks that disabled people with a wide range of impairments are affected by.

3. Māori and Pasifika

The draft lacks an understanding and a commitment to addressing the specific issues that affect Māori and Pasifika disabled people.

4. Older people

Older disabled people are missing from this strategy – including a plan for disabled people as they age. Disabled people need to be able to age in place, in their communities, with their peers and with the support and infrastructure that they require to participate on an equal basis with others.

Additionally, many older people experience disability and their perspective is missing.

5. Children and youth

Children and younger disabled people are missing from this strategy – including issues around their social and recreational inclusion, sufficient mechanisms and support for educational involvement and achievement, development of disability community and identity, choice and control and supported decision-making.

6. Families

Families and family support are missing from this strategy.

7. Transport and mobility

Transport and mobility are some of the most crucial issues for disabled people and DPA is surprised and disappointed that it has not received a section to itself in the draft strategy. Disabled people face issues in using public, private, and long-distance transport; they face massive barriers to moving around their communities and being able to access and participate in all facets of society. Disabled people in rural areas face specific barriers related to transport and mobility when it comes to isolation and sometimes non-existant public transport.

8. Housing, homes and community

DPA are very concerned that such a crucial factor in disabled people's lives has been omitted from the draft Strategy. We would like to see Housing as a dedicated Outcome in the Strategy, including a focus on:

- Tackling the experience of insecure tenancy, severe housing deprivation and homelessness for disabled people.
- Ensuring healthy (warm, dry, safe and secure) housing for disabled people.
- Eliminating discrimination in the rental housing market.
- Insufficient accessible housing stock – the need for which is growing and will continue to grow as the population ages.
- Access to emergency housing providers.
- Disabled people being able to age in place.
- Formerly 'non-disabled' people are able to age in place.
- Disabled people being able to live in their communities with sufficient resources, participation, facilities and supports to be able to live a good life.

9. ACC and MOH

The draft is missing a plan to address inequities between ACC and MOH coverage, support and funding.

10. Violence and abuse

The draft is missing a plan to remedy the high rates of abuse and violence directed towards disabled people.

11. Right to a family life

The strategy must address the right to a family and a family life as part of full participation in society – the opportunity for disabled people to make choices (supported or not) about creating and participating in families. The strategy must also address the need for support for disabled parents when caring for their non-disabled children.

12. International treaty commitments

The strategy is missing links to other international commitments that New Zealand has made and which have significant implications for disabled people, for example, the Convention on the Elimination of all Forms of Discrimination Against Women, the Convention against Torture, the Convention on the Rights of the Child.

13. Emerging knowledge about impairment

The strategy needs to acknowledge changing understanding and knowledge around impairment and include a plan to support people who have been diagnosed with impairments that have little existing supports, for example, Foetal Alcohol Syndrome.

14. Working definitions

The strategy needs to include a commitment to developing commonly understood working definitions of legislative terms such as 'reasonable accommodation', so as to give full effect to the protection of disabled people's rights.

15. Mechanisms for recourse

The strategy needs to include a plan for new and improved mechanisms for recourse to discrimination to be developed and strengthened across government.

16. Structural analysis

The strategy needs to take a structural and systemic approach to the societal position of disabled people, including the discrimination encountered by disabled people from government agencies.

Specific comments

'Investing long-term'

DPA is pleased that a whole-person, whole-of-life approach to disabled people being discussed in terms of a government disability strategy, but we are extremely concerned with the language and ideological basis that inform the concept of an 'investment approach'.

We are very concerned that an 'investment approach' to the lives of disabled people could result in targeted provision of (wanted or unwanted) services or support based on an analysis of financial risk to the government.

We would like to explicitly state that improving and supporting the lives and futures of disabled people may never result in a reduction of 'financial risk' to government, the community, families or individuals. Disabled people are not risks to be minimised or eliminated, but are a part of society.

We would like this section to be re-framed around committing to the well-being of disabled people across their lives.

Building evidence

We are pleased about the establishment of the Disability Data and Evidence Working Group and the development of its programme of work. We are also pleased to see work being undertaken on Enduring Questions around Disability, as there has been calls for many years around this critical issue. However, we would like to see a commitment to building long-term sustainable frameworks around disability research in New Zealand.

Language and tone

- The draft has an individual focus rather than a systemic one, this is not appropriate for a national strategy.
- Much of the front section of the strategy needs to be condensed or removed and stated more firmly.
- We would like to note that while we understand and commend the intent of first person language, the 'I' language used in the draft strategy is both inconsistent and inappropriate for a government strategy. We would suggest any use of 'I' language to be reserved for one example or statement per section.
- As others have commented, the use of the phrase 'like everyone else' is not appropriate – disabled people are a *part of* 'everyone', not *like* 'everyone'. We believe the language of the strategy should match that of the CRPD, "on an equal basis with others".

DPO funding

We would like to see an explicit commitment in the strategy to supporting disabled people to work together through representative organisations, including resourcing organisations to provide a strong, independent and critical voice.

Twin track approach

The use of 'twin track approach' in this strategy is different from the CRPD usage and concept. A twin track approach is not limited to a discussion of supports and services for disabled people as is stated in this draft strategy, and to use it in such a way distorts the original concept.

Comments on Education

DPA believes that an education outcome needs to acknowledge and address the changed landscape of the education sector since 2001 – schools are now run by boards of trustees and issues of disabled children and young people being to access their local schools now play out differently.

There is no commitment to ensuring that young disabled people are able to access their local schools.

There is no commitment to disabled people participating and flourishing in tertiary, continuing and adult education.

Comments on Employment

DPA believe that the 'employment' outcome should be re-framed and a commitment made to disabled people having sufficient income to live across their lifetimes, without experiencing the effects of long-term poverty.

We would like to see a broader view of work and contribution to society acknowledged, that includes voluntary work and unpaid labour. Many disabled people who are not able to participate in paid work contribute a significant amount to society through unpaid and voluntary labour.

Paid work is simply not an option for some disabled people, and not the best option for other disabled people. Any disability strategy must acknowledge this, as well as the discrimination that disabled people face when they can and do try to enter the paid labour market.

Comments on Health & Wellbeing

DPA would like to see an explicit discussion of mental health – both an acknowledgement of the experience of psycho-social impairment, and of the common experience of mental illness by disabled people who experience other forms of impairment.

We would like to see a specific acknowledgement of the experience of multiple impairments and of the overlapping experience of health issues and impairment. We would also like to see a commitment to improving understanding of disability and impairment among clinicians and the wider health sector.

We believe that the strategy must include a commitment to guarding the bodily integrity of disabled people, including ending forced sterilisations and restricted growth treatments, through practicable measures.

We would like to see a commitment to reconciling disparities between ACC and MOH funding and support that disabled people are happy with and does not simply diminish the supports that either group may receive.

We would like to see an acknowledgement of the social determinants of health and the health effects of all of these other outcomes. However, we do not want all of them to be included under health in a way that glosses over their complexity.

The placement of recreational and cultural participation under health and wellbeing and not under their own outcome is inappropriate and shows a lack of commitment to understanding or enabling the recreational and cultural participation of disabled people.

Comments on Justice

DPA would like to see an acknowledgement of the structural reasons for disabled people being overwhelmingly over-represented in the criminal justice system and prison population, particularly for people with hearing impairments, learning disability and ASD.

We would like to see an acknowledgement of the structural reasons that disabled people have a high risk of experiencing abuse and yet are more likely to experience barriers to preventing or responding to that abuse.

We would like to see an explicit commitment to working on structural factors that affect the imprisonment and detention of disabled people and the criminalisation of impairment.

We would like to see a commitment to enshrining in legislation the mechanisms of supported decision making.

We would like to see a focus on eliminating detention of disabled people without due cause and forced treatment.

We would like to see an explicit commitment to preventing and responding to violence against disabled people – including that almost all of prevention and response is done by community organisations that do not have the knowledge, capacity or funding to support disabled people.

We would like the removal of all discriminatory legislation in New Zealand which treats disabled people differently from non-disabled people – for example section 8a of the Adoption Act 1955.

Accessibility & Attitudes

DPA believes that together accessibility and attitudes underpin many of the other 'outcomes' in the strategy – we believe they should be placed higher and/or be incorporated into the entire document. Further, we believe 'attitudes' contain too much prevarication and 'accessibility' does not contain enough specifics.

We would like to see a government-wide commitment to changing individualistic and disabling attitudes to disabled people within its own organisations, as well as throughout society. We would like to see this done in an ongoing and sustainable way and not through one-off initiatives such as Think Differently.

We would like to see an explicit acknowledgement of disabled people's experience of discrimination.

Comments on Choice & Control

DPA believes that initiatives such as Enabling Good Lives which promote choice and control must be moved from pilot schemes to sustainable options for those that choose to participate in them.

We believe that many of the issues around choice and control require legislative commitment.

Comments on Leadership

DPA believes that it is inappropriate for allies to be described as leaders of the disability community; they are allies of the disability community, not part of it.

We believe this section is too vague and does not commit to disability leadership in and alongside government.

Plan for Action

DPA are eagerly awaiting discussions and thorough consultation about the proposed outcomes framework and targets.

We believe the title “making it work – a schedule of implementation” is misleading and should be changed or removed – it is a schedule of consultation and launches and reports.

Final comment

DPA understand the difficulties of collation, analysis and writing under tight timeframes and within constraints. We commend ODI on the openness to the disability community and willingness to receive critical feedback on the draft strategy. However, DPA considers the draft to need substantial revision in terms of content, analytical framework and tone if it is to be accepted as New Zealand’s national disability strategy.

New Zealand Disability Strategy Review

Kāpō Māori Aotearoa New Zealand Inc. Submission in Response to Draft Strategy

1. INTRODUCTION

This submission is presented on behalf of the members of Kāpō Māori Aotearoa (KMA) in response to the invitation of Office for Disability Issues (ODI). On behalf of our members we thank ODI for the opportunity to provide feedback about the draft strategy.

Our comments are delivered in two parts:

a) Part 1: KMA organisational comments that are specific to particular sections of the strategy; and
b) Part 2: General comments received from KMA members, Te Kahui Tumuaki, National Executive Board members, management and staff.

Overall, we commend ODI in producing a draft strategy that has the intent of putting tangata whai kaha (disabled persons) at the center. We particularly liked the readability of the document.

We were particularly pleased to note the respect demonstrated in recognizing the indigenous peoples of Aotearoa New Zealand, the important place that Te Tiriti o Waitangi has within Aotearoa New Zealand society and the importance of cultural identity for tangata whai kaha Māori and whānau, this including the recognition given that whānau are important and also need support.

2. PART 1

2.1 Our Journey – an introduction:

a) We note that the whakatauki is not correct, both Te Reo Māori and English transliteration. We suggest that this be appropriately amended.

Alternatively, given the significance of the strategy we would suggest that ODI approach Te Taura Whiri (Māori Language Commission) to discuss the writing of a whakatauki that is unique to the strategy.

b) We support that the strategy be written from a disabled perspective.

2.2 Our Vision – where to from here:

a) We feel that there is something missing along the lines of equal opportunity; inclusive participation; disability/impairment are celebrated as part of our society's diversity.

2.3 Who we are – our community:

a) We understand the reason in using the term 'Kiwis' and its related symbolism in NZ society ethos. However, for Māori identifications relates to 'I am Māori'. So we would suggest the word 'Kiwis' be replaced with the word 'people'.

b) We note the reference to children, parents, grandparents and friends. However, there is no reference to 'teens', 'young people', 'couples'

c) We suggest the word 'New Zealanders be replaced with the word 'Kiwis'.

2.4 What disability means to us:

a) Disabled people – We do not agree that this term should be used because it is our opinion that it perpetuates a deficit perspective, putting emphasis on the term 'disability'. Te term 'people with disability' removes emphasis away from 'disability', instead putting emphasis on 'we are people first'. Adopting the term 'people with disability' marries well with the opening statement "Who we are – our community" - we are ordinary people.

2.5 We are diversity and we are diverse:

a) We are very pleased with the paragraph about tangata whai kaha Māori (Māori disabled) – it is factual and respectful, emphasizing the unique relationship Māori as indigenous people have with the Crown which in turn sets the indigenous peoples apart from other ethnicities in Aotearoa NZ.

b) Last paragraph: We feel that another example should be given in relation to the indigenous community e.g. many Māori disabled identify with their indigeneity first and do not consider themselves disabled.

2.6 Disability impacts on many non-disabled people too:

a) We feel that there should be an additional paragraph that acknowledges the cultural importance of whānau to Māori disabled and the whānau-centered approach, which differs from the western concept of family should be added.

2.7 Respecting diversity:

a) KMA acknowledges ODI in recognising the significance of Te Tiriti and its place as the founding human rights document for Aotearoa New Zealand.

2.8 Investing long-term:

a) First paragraph: We feel that there should be a statement that relates to control to making one's own decisions e.g. we are in control and the primary decision maker about the supports and services we wish to access.

b) Last bullet point: It seems that the statement about family and carers is an 'add on'. We suggest that family and carers be given its own bullet point to emphasise the importance of families and carers in a disabled person's life e.g. To enable us to reach our full potential it is important that our families and carers are also able to access the right supports and services.

c) We suggest an additional bullet point recognising ethnicity and related cultural principles and practices are integral to a person's identity e.g. Māori.

2.9 Our outcomes – priorities for change

a) Outcome 1: education: We agree in principle with this outcome and supporting statement but would also suggest:

- What the future looks like: We note that the word whānau is noted 'family/whānau', however, whānau is not noted in any of the sections preceding this outcome. We would also comment that whānau has a wider interpretation to what is traditionally understood in western culture as 'family'.
- We feel that recognition should be given to Māori mainstream education e.g. kohanga reo, kura kaupapa Māori, whare kura and wananga from the perspective that choice and control e.g. I can choose an education pathway that supports my cultural identity.

b) Outcome 2: employment: We agree in principle with this outcome and supporting statement.

c) Outcome 3: health and wellbeing: We agree in principle with this outcome and supporting statement.

d) Outcome 4: justice: We agree in principle with this outcome and supporting statement but would also suggest:

- What the future looks like: As general statistics highlight Māori are over represented, we would therefore suggest that a statement as noted in health and wellbeing be added.

e) Outcome 5: accessibility: We agree in principle with this outcome and supporting statement but would also suggest:

- First paragraph: We feel that recognition to the difficulty for our elderly community be noted as an example.

f) Outcome 6: attitudes: We agree in principle with this outcome and supporting statement.

g) Outcome 7: choice and control: We agree in principle with this outcome and supporting statement.

h) Outcome 8: leadership: We agree in principle with this outcome and supporting statement but would also suggest:

- What the future looks like, first paragraph second sentence: We do not understand or the significance of 'as well as someone experiencing disability' tacked on the end of this sentence. It's insinuates 'Look at me I'm a leader and I am disabled' – if we are talking of being seen no differently then all that needs to be said is 'they just see me as a leader'.

2.10 Making it work – a plan for action

a) Other strategies and other Action Plans: We are pleased to note that the NZ Māori Health Strategy and Whāia te Ao Marama – Maori Disability Action Plan are noted in the strategy as important in support Māori disabled.

b) Disabled Māori versus Māori disabled: In Outcome 3 the term Māori disabled is used. We would suggest that this term be used instead of disabled Māori.

c) A new outcomes framework and development of targets: We believe that a sentence should be added recognizing the importance of developing targets, indicators and measures that tie back to the Treaty of Waitangi principles and that they are incorporated into the outcomes framework.

2.11 Getting it going – who's involved

a) We feel that the Iwi Chairs Forum should be included in this list e.g. ensure that the appointed indigenous leaders consider their responsibility for Māori disabled in Iwi policy and initiatives.

3. PART 2:

The following comments were received from KMA members, Te Kahui Tumuaki, National Executive Board members, management and staff. As stated these are the opinions of individuals and not KMA:

- Not enough is said about Māori needs.
- More should be made of Māori disability needs under the Treaty and because Māori statistics are higher than the rest of the community.
- More needs to be made about housing needs. This is more obvious within the Maori disabled community because of lower incomes and support.
- Through my work elsewhere I am aware that most New Zealand Marae are poor in providing access for their disabled. This often discourages those who are needed most at gatherings, such as the elderly who are the custodians of much cultural knowledge.
- There is no recognition of the support to the disabled of family and friends. Māori pride themselves on looking after their needy and I know of cases where this has been at great personal cost to those concerned. Such people deserve as much recognition as those needing care.
- There is mention of older people in the strategy, but it seems to play a lesser role to the young.
- There is no mention of those who become disabled later in life. The emphasis seems to be in supporting people from cradle to retirement age concentrating on education and employment. This is fair enough, but particularly the elderly suffer a lot of sensory and mobility loss where extra support is required. Too any, particularly Māori, do not want to bother others and suffer in silence missing out on aspects they should be

enjoying at this stage of life. Their communities miss out on the benefits of their experience and knowledge

- I think the whole document is too long and needs either a summary, or some way of helping people to find the sections of particular interest to them.
- I like the narrative form in which it is written, but there should be some way of editing down the middle section into bullet points.

Submission to the draft New Zealand Disability Strategy

People First New Zealand Ngā Tāngata Tuatahi is pleased to make this submission to the draft New Zealand Disability Strategy.

1. About People First New Zealand

People First NZ is a Disabled Persons Organisation and a national self-advocacy organisation run by and for people with learning disability.

People First NZ uses the term "learning disability" rather than "intellectual disability" as members think it is more respectful.

People First NZ was set up in New Zealand in the 1980's and has been an independent Incorporated Society for over 12 years. There are over 28 local groups around New Zealand where members meet monthly to learn about their rights and how to speak up for them.

To be a member of People First NZ you must be a person with a learning disability, over 18 years of age.

People First NZ members speak up on issues that are important to them such as:

- having the same rights as all other New Zealanders
- being a member of the community
- being a citizen of New Zealand.

People First NZ works in a human rights framework and works to implement the United Nations Convention on the Rights of Persons with Disabilities to make sure people with learning disabilities have a good life. People First NZ is also a member of the New Zealand UN Convention Coalition Monitoring Group that monitors the rights of disabled people against the UN Convention.

People First NZ runs a translation service called **Make It Easy**, which translates information into Easy Read – everyday words and pictures. Easy Read is a format that is more accessible for people with a learning disability, low-literacy or English as a second language.

People First NZ also provides information and advice about rights and supports for people with learning disability. We run courses for people with learning disability and deliver educational presentations to the wider community.

2. Why People First New Zealand wants to make this submission.

People First NZ members are concerned with the human rights of all people and want to have their say about important issues.

Members believe it is particularly important to speak up on issues for disabled people and in particular the rights of people with a learning disability.

Members believe the rights in the CRPD are the minimum standard for disabled people and it is important that New Zealand puts in place policies and practices that make these rights real.

People First New Zealand thinks the New Zealand Disability Strategy is an important document which together with the and the Disability Action Plan will assist to make rights real in New Zealand.

People First New Zealand is part of the Disabled Persons Coalition that works in partnership with the government making Article 4.3 real.

3. What People First NZ New Zealand thinks about the draft strategy:

- **Easy read information**

  The easy read version was easy to understand and relate to.

  “I am very pleased to see an Easy read version of the draft document this made having my say a lot easier.

  People First NZ looks forward to the final strategy also being in Easy read.

- **Overall the strategy seems to have covered all areas of life.**

  “It would be good it the world was like this”.

- **Outcome 1 Education –**

  Members had examples of not being included at school.

  “ I know what it feels like to not be included and left behind form my peers on class trips” .

- **Outcome 3 Health and Wellbeing**

  Members know that some people need to use specialist services. There is some concern people may get stuck in specialist services if the Twin Track approach can't easily access Mainstream services.

  Member's feedback said that relationships, marriage and having children are important to people with learning disability but this wasn't included.

- **Outcome 5 Accessibility**

  Members said they thought all new buildings, public and private need to be fully accessible.

  "Accessibility needs to be in the law".

  Public transport should be subsidized as if you are a lifelong beneficiary it can be a struggle to afford to get around your community.

  Better transport options for people who need extra support would help to create more accessible communities.

"Please put driverless cars into the 10 year plan."

- **Outcome 6 Attitudes**

  Members said they thought it was important to understand inclusion starts at the very start of life. Early childhood centres, kindergartens and schools need to cater for children of all abilities.

- **Outcome 7 Choice and control**

  Members could relate to times when they didn't have choice and control and were pleased this was in the strategy

- **Outcome 8 leadership – being a leader**

  Strong disabled leaders will come through strong DPOs.

  Leadership training should be ongoing and refreshed regularly.

  "To have a strong voice we need to have a strong organisation."

  "To be strong a DPO we need to have the right staff who understand how to assist us to become leaders. We need enough money to do our work and to be able to plan ahead".

- **Nothing about us without us**

  Through the DPOs disabled leaders need to be part of the making of all policies and practices that affect us.

  "We need to have a voice through People First otherwise we will be forgotten about and miss out on our rights and what we are entitled to".

Join the conversation

Help build a new disability strategy for New Zealand.

Survey

Welcome to the survey. The first question is a general question about the strategy overall. The other questions seek your feedback on the specific sections in the strategy. You can answer as many or as few questions as you like.

1. Overall draft Disability Strategy

Overall, what do you think of the draft strategy? Are there any overall changes or improvements you would like to be made? Is there anything missing? (For feedback on specific sections, please go to the questions below.)

Although well intentioned the draft that is not specific nor does it visit any negative considerations, it does not quertion any areas where things are not going right. It also does not consider the greater diversity that exists in the dissability community. If you talk about a good life what exactly is the length and bredth of "good" ? As a descriptor my experience of good life and your will vary considerably. If we consder dissability there are multiple dissabilities and many variables on each continum. Intellectual dissability is not on the same continum as an amputee, yet both are disabled there for it is inaccurate to suggest they would "all get the same" the needs and requirements vary disproportionately. Many intellectually disabled people are on the same benefit as those that can work. How can it be the same? how can costs for carers, mobility taxi's etc be covered if they all get the same? We need a system and people administering within the system in a way that values the individual, actually really considers their human rights as apposed to just saying so, people with the abuility to assess and use their common sense to assit peroperly people with diverse dissability.

Please let us know what you think about one, some or all of the following sections.

2. Our vision – where to from here

What do you think of the draft vision? Would you like anything in the vision to be changed or improved?

Yes, it must consider a sliding scale of needs and asessment, the vision is lost if the reality ofwhat is actually needed is not considered. some disabled people do not need the same as other New Zealanders, they need specific help for their situation and circumstances. If help is not individual it sets people backwards.

3. What's important to us

What do you think about this section? Would you like anything in this section to be changed or improved?

What is a good life? Do all able people have good lives? Nice aim but to broad and wishy washy

4. Outcome 1: Education

What do you think of this section? Would you like anything in this section to be changed or improved?

We do not all need the same, so we may not want the same, therefore gettiong the same may not be good if it is not what is required.

5. Outcome 2: Employment

What do you think of this section? Would you like anything in this section to be changed or improved?

This is valid until Cerebral Palsy means you are unable to hold things, if you are partially sighted or can't see well or at all, Health and Safety laws limit opportunity and companies will not pay disabled staff if for the same base wage they can employ able bodied. We need to consider these realities. Earning money also threatens the safety net of the benefit, which instead of encouraging skills growth, stops people taking the chance. Taxi and carer costs prohibit change. Intellectual impairment and brain injury makes behaviour unpredictable and inconsistent to be able to be in a work model, whichh makes these proposals redundant if we cannot individualise the reality these people live

6. Outcome 3: Health and Wellbeing

What do you think of this section? Would you like anything in this section to be changed or improved?

it seems fine

7. Outcome 4: Justice

What do you think of this section? Would you like anything in this section to be changed or improved?

The law which does actuallt treat people on face value the same as everyione else fails to consider the extended natural support required by disabled people, these natural supports (parents and services) often break or ifgnore human rights, and cause fear through manipulation, threats, misinformation and ignorance often becoming abusive! EPOA and gaurduianship are often enforced with little recourse or ability to undersand the limits of it or the correct use of these, agfain resulting in abuse of rights.

8. Outcome 5: Accessibility

What do you think of this section? Would you like anything in this section to be changed or improved?

Pavements are inaccessable by power wheelchairs and resolving it can take years or decisions are made to not go ahead without deeper understanding or consultation. Stop lights are designed and built on inacceccable islands as no consultation with the disablesd community takes place. Ferrys need 24 warning to use ramps, busses often do not stop for wheel chairs, and some do not even have ramps, North Shore busses are inaccessable, mobilitytaxi costs are exhorbitant even with subsidy - Accessible where? shall i continue…

9. Outcome 6: Attitudes

What do you think of this section? Would you like anything in this section to be changed or improved?

People talk a good game PC is a good look but attitudes are divisive, people are fearful, ignorant and prefer not to get involved. Inclusion is for others to do, there is no consideration that a carer is no different to a walking stick and must be along, but the disabled person on a supported living benefit must pay for them self and the carer - Really shall we really talk incluson/ attitudes? Attitudes of the greater community rests on greater education, these lives are not treated with dignity.

10. Outcome 7: Choice and Control

What do you think of this section? Would you like anything in this section to be changed or improved?

When families/ whanau choose what is best they often disregard the fact that disability is not always global and some choices should not be theirs to make ion behalf of the disabled person, however often their good intentions are restrictive, limiting and abusive. Choice is limited by finances, family and community. Goals and auditing at residentaial NGO's reduce choice as these auditoring tools make these compulsory , this is hypocritical and limiting when finances, transport and reality get in the way - it makes a joke of the system.

11. Outcome 8: Leadership

What do you think of this section? Would you like anything in this section to be changed or improved?

great!

12. Making it work – a plan for action

This section describes how the targets and actions for each of the outcome areas will be developed. What do you think of this approach? Would you like anything else in this section to be changed or improved?

It sounds great but many disabled people cannot speak for themselves and auditing roles make companies work towards approval rather than towards a better life in ernest.

13. Final thoughts

Do you have any final thoughts, comments or suggestions about the draft Disability Strategy?

Anything will be an improvement - it is necessary and needed. Please consider high needs and intellectual impairment very carefully and differently their needs are far greater.

About you

To help us put your feedback in context, please tell us a little about yourself. These questions are optional.

In what capacity have you completed your feedback about the draft disability strategy?

☐ I am a disabled person / I have an impairment
☐ I am a family member or friend of a disabled person
☒ I am with a disability organisation
☐ I am none of the above

Which ethnic group (or groups) do you identify as? Please select all that apply.

☒ NZ European/Pakeha/European
☐ Māori
☐ Other European
☐ Samoan
☐ Cook Islands Māori
☐ Tongan
☐ Niuean
☐ Tokelauan
☐ Fijian
☐ Other Pacific Peoples
☐ Southeast Asian
☐ Chinese
☐ Indian
☐ Other Asian
☐ Middle Eastern
☐ Latin American
☐ African
☐ Other (please specify)

What gender do you identify as?

☐ Male
☒ Female

☐ Gender diverse

To which age group do you belong?

☐ Under 15
☐ 15–24 years
☐ 25–34 years
☐ 35–44 years
☒ 45–54 years
☐ 55–64 years
☐ 65–74 years
☐ 75–84 years
☐ 85 and over

Thank you for taking the time to provide feedback.

You can come back at any time until the conversation closes on Sunday 21 August 2016, to provide further feedback.

Please email your response to: disability_strategy@msd.govt.nz

Or you can post it to: Office for Disability Issues, PO Box 1556, Wellington.

From: WordPress
To: Disability Strategy (MSD)
Subject: {jointheconversation.nz} Survey submission on draft Disability Strategy
Date: Thursday, 4 August 2016 9:42:55 AM

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1. Overall draft Disability Strategy
Overall I think the strategy has laudable goals, I especially like the concept of twin-tracking. I work in a disability service and there is a real tension between valuing mainstream and natural support for people, however as a service we are expected to provide everything needed and if there is a problem its considered our responsibility.

2. Our vision - where to from here
Totally agree with it, I realize this is a broad document focused on values, but it would be good to see some practical goals too.

3. What's important to us

4. Outcome 1: Education

5. Outcome 2: Employment

6. Outcome 3: Health and Wellbeing

7. Outcome 4: Justice
Really really agreed with this. I have been working in the sector for 6 years and continually see people with disabilities treated differently from regular citizens. Police are keen to hand over problems to the service, court system usually throws charges out rather than holding a person responsible, or rather decisions are made on superficial judgments like the person presents as harmless.

The flip-side to full citizenship is taking the same responsibility as everyone else. People assume that disability is an excuse or seek more supportive interventions even when this is inappropriate. For example expecting support services to provide restrictions and/or supervise people to prevent harm to the community.

If society accepts people as not-responsible for their own actions/behaviour then those people will not take responsibility.

8. Outcome 5: Accessibility

9. Outcome 6: Attitudes
This maybe outside the purview of the strategy but I believe education for everyone is vital for changes attitudes. I work in the disability sector and the disconnect in knowledge between someone within the area and someone outside is phenomenal.

The skills required to work with disabilities (including mental illness and learning difficulties) are universally beneficial skills, such as good communication, de-escalation, coaching and guidance etc.

10. Outcome 7: Choice and Control
I am a big supporter of choice and control. Something that does challenge me is the balance between entitlement and having appropriate choice. The strategy draft mentioned people not having to settle for poor options because it was the only choice. The truth is we all have to accept what is available at times. I strongly believe that providing as many options for robust support is a high priority, but I do feel strongly that the onus on services is to have timely and appropriate options for people, NOT to put it bluntly, run around after people meeting their desires.

11. Outcome 8: Leadership

12. Making it work – a plan for action

13. Final thoughts
Overall a big fan of the values and purpose of the strategy. I apologize for my comments being largely focused on the frustrations and negatives of my experiences in the area there is a lot of awesome positive stuff happening (I just didn't have anything useful to add)

In my opinion the two biggest changes to NZ disability I would like to see, is overall society not taking an institutional stance (i.e. that professional services should take responsibility for everything) and people with disabilities being expected to take more responsibility for themselves (in regards to justice)

About you

Person type:
I am with a disability organisation

Ethnicity:
New Zealand European

If Other:

Age:
25–34 years

Gender:
Male / Tane

Feedback on the
New Zealand Disability Strategy Draft
August 2016

From: Disability Action Advisors
(Disabled Staff Members)
CCS Disability Action
Northern Region

What we like:

- The layout – it is simple, clear and easy to understand
- That the NZDS draft is still based on the Social Model of Disability. It is very important that this remains the underlying philosophy of the strategy.
- The definition of disability and being referred to as 'disabled people'
- The acknowledgement that there is more work to be done to ensure equity and human rights for disabled people
- We like the inclusion of diversity
- We like the inclusion of reference to the Treaty of Waitangi and UN Convention of the Rights of Persons with Disabilities.
- We like Universal Design, especially as it is not the minimum standard, and recognise that sometimes barrier free works better for individuals.
- Having 'outcomes' and fewer than the 15 of the first NZDS is a good thing.
- It's great to have reasonable accommodation included and glossary of terms would be useful.
- We like how there has been two opportunities to contribute to the strategy and we want to contribute ideas to the Action Plan

We have different opinions on:

- Some of us would prefer more facts and figures
- Some of us find the 'future' story more helpful
- Some of us were confused about the 'twin-track' approach and think this needs to be clarified
- Some of us like the vision of an enabling society, others preferred an inclusion society
- Some believe a strategy is not enough and it is going to take legislation to make permanent changes. For example having business employed a certain percentage of disabled people.
- Some of us think the Government needs to provide incentives especially around employment.

What we don't like:

- The draft says it is written from a disabled person's perspective – we are aware that a number of other, nondisabled people, have contributed and been on the reference group so we would prefer that was acknowledged.
- We don't like being compared to 'everyone else' we want our rights recognised because we are citizens of Aotearoa New Zealand.
- We want clarity and to have a sense of pride in being disabled rather than opening the experience to our non-disabled supporters (page 7). They have a different experience.
- The outcomes are not in the order of priority we believe is more important – primarily that changing attitudes should be number 1.
- That the Action Plan is not yet written so we don't have a clear idea of how this strategy will be achieved.
- There is little mention of Maori – specifically whanau

- There is no acknowledgment of double and triple discrimination for disabled women and girls, and those of non-dominant cultures/ethnicity.
- The Rights of the Child are not specifically mentioned
- We would like the Minister of Disability Issues to endorse the strategy, have a summary and acknowledgement section.

Specifics:

- Our preference is the removal of the term 'just like everyone else' – we think it fosters a 'them' and 'us'
- Please change deaf to Deaf
- Outcome 1: Education is a life time journey and this doesn't include enough of the early childhood experience.
- On page 4 of 24 – the vision: A place where disabled people have the same opportunities ~~as everyone else~~ to achieve outcomes, ~~their~~ (**our**) aspirations become a reality, and all of New Zealand works together to achieve this.
- On page 6 of 24 – I don't like how again the disability community is lumped in with aged care, maybe to mention it briefly would be okay, but it is quite a significant piece in the 'Who Were are – Our Community' section
- On page 8 of 24 (the final sentence of the opening paragraph) – change to: It's about living a life with dignity, feeling valued and making sure that all of our community is visible, acknowledged, and respected on an equitable basis within New Zealand society
- On page 10 of 24 (the second sentence under 'Building Evidence') – there is confusion between impairment and being disabled in this section
- Outcome 3: We believe our health and wellness is behind other countries and think this will require more technology and funding
- Outcome 4: Justice – we think this is important and that disabled people really struggle under the current system – especially those who require sign and social interpreters. We like wording like – when my needs are met, I am treated fairly and have my rights recognised.
- Outcome 5: We like the dignity element – access through the front door, rather than past the bins, round the back!
- Outcome 6: I am valued by society – is closer to the wording we like.
- Outcome 8: we want opportunities to take leadership, represent ourselves and be supported to learn how to do this in effective ways.

Areas missed or not enough emphasis:

- Housing – accessible and affordable.
- Safety – disabled people are overly represented in abuse numbers
- Inclusion of legislation changes that would make change more possible. For example signing the Optional Protocol UNCRPD

Thank you,

Susan Sherrard
Team Leader, Disability Action Team,
CCS Disability Action, Northern Region

IHC feedback: Draft New Zealand Disability Strategy 2016-2026

August 2016

Trish Grant
Director of Advocacy
IHC New Zealand Inc
PO Box 4155
Wellington

Tel: s 9(2)(k)

1. Overall draft Disability Strategy

In the feedback IHC gathered about the draft strategy people agreed that most of the areas identified are important and the outcomes sought were the right ones. However, the wording of the draft and lack of practical actions that need to be implemented make it difficult to see how it can be the basis for a living document that moves beyond 'aspirational' statements to become real in people's lives.

There are areas that are missing and there should be stronger wording to that recognises and responds to rights and the entitlements of citizenship. As an example there is no reference to the right to an adequate standard of living and income.

Also missing are the obligations and duties of government. These need to be stated in stronger terms than that of simply being a guide.

The right to equal recognition before the law needs to be more clearly articulated throughout the Strategy. In the draft it is only explicitly referenced in Outcome 4: Justice.

While there are some nods to inclusion and belonging overall the draft sets a very individualistic tone that does not recognise our interdependence. Families and friends are more than just people who "support and care for us (disabled people)". The strategy would be better served by having an overarching area that conveyed a sense of belonging and being connected in communities. This would cover much of what currently sits in Outcome 6: Attitudes. This would also set a better basis for indicators for monitoring progress – that of participating and contributing as same rates as non-disabled peers.

IHC is pleased to see the recognition of changing demographics and of diversity. The Treaty of Waitangi, however, has a critical place in New Zealand that is more than acknowledging diversity as it is placed in the draft. The Treaty should be upfront in the vision and underpinning principles.

The draft is wordy and in many places lacks clarity and/or coherence. The final version would benefit from less government and bureaucracy 'speak'. There are some sweeping and unnecessary statements. As an example – 'designed by people who don't realise that not everyone is the same' (p.5). Two paragraphs below in 'What disability means to us', (starting with "The social model of disability...") is all that is needed.

The statements that begin each outcome area "I am treated the same" could be read and interpreted literally as reasons not to individualise or respond to diversity or make adaptations and accommodations. The wording used in the draft needs a rethink. At times in the draft statements read as excluding people with more severe communication and intellectual impairments and high support needs.

Using the heading 'What my future looks like' in each outcome area implies that there is a long wait for things to happen. Disabled people and their families have waited long enough. They are what should be happening, what we should be seeing. Again a rethink in words used is needed.

Many people commented that the Easy Read version of the draft conveys much more clearly the purpose of the strategy and outcomes sought than the non Easy Read text. For example the purpose of the Strategy is to "ensure disabled people are treated fairly, get what they need to have a good life....." (p.2). A number of suggestions are made in our specific comments in the outcome areas about places where the Easy Read text could replace the words in the draft Strategy.

2. Vision- where to from here

The vision should include 'inclusive' – 'New Zealand is an inclusive and enabling society...' and reference made to enhancing wellbeing.

"... have the same opportunities as everyone else to achieve outcomes' – as this is currently worded these could be negative outcomes. We don't think this is what is meant to be implied.

As in our point made in question 1 the Easy Read version conveys a better sense of the vision (p. 4)

3. What's important

There was agreement in the feedback we gathered that living a life with dignity, feeling valued, being visible, acknowledged and respected on an equal basis and incorporating the principles of the Treaty and CRPD are important.

We're not clear exactly what is meant in the investing long term section (p.9). This may be better headed as 'taking a whole of life approach' and include investing early, proactively and sustainably. Surely "investment decisions" (first bullet point p.9), should just be 'decisions'.

IHC endorses the sentiment that underlies the "twin track approach" but we have concerns that the phrase and description in the draft runs the risk of being interpreted as two separate and possibly segregated/exclusive systems that create artificial distinctions between supports and services. Links need to be made earlier in the Strategy than in the last section on 'Making it work – a plan for action' to strategies, policies and plans for all New Zealanders.

Include universal design for learning in the 'Universal design' section so it reads as not just being about accessible buildings

We agree that 'Building evidence' and counting disability are important. As stated in question 1 the draft suffers from lack of the practical actions need and indictors for tracking progress. More attention needs to be paid to the "what and how" of equitable access and opportunities, reducing disparities and disabled people participating and contributing at the same rates as their non-disabled peers.

4. Outcome 1: Education

We don't all have the same education outcomes. What we should have is equal access to learning opportunities and the curriculum. This section needs to be stronger on government obligations and actions to make the right to education real in individual and families lives.

What does “a tangible demonstration” mean?

IHC has serious concerns about the wording in paragraphs 4-6 in this outcome area. As these sections currently read they could be interpreted as meaning segregated settings that are not consistent in with an inclusive education approach. While there is value in having resource centres the main way that supports and specialist services are provided should be in student’s class and school. Teachers and schools should be supported to build capacity. Experience shows that once students are removed from their local school, even if it is in the guise of them returning when the “challenges are resolved” it is very difficult if not impossible for many to do so. These sections need a stronger emphasis on proactive and early support for students in their local schools and communities.

The outcome “my classmates will value me and benefit from my being their classmate.....” (p.12) is a big ask that doesn’t belong in this section and neither does “help shift attitudes towards disability and promote further advances in accessibility, choice and control”. These are not consistent with a social model of disability.

Education is not just about being able to take up “employment opportunities” a greater emphasis is needed on the role of education in citizenship for participating and contributing in communities and civic life.

5. Outcome 2: Employment

IHC is supportive of the highlighting of having the same opportunities, expectations as non-disabled peers but is it really possible that “I” will have “the same employment outcomes as everyone else”? Is what meant to be conveyed is that disabled people will have the same rate of participation in the workforce as their non disabled peers?

This section would be a good place to link income/ money from paid work as contributing to better economic and social outcomes. While supports are referred to this section also needs to be clearer on reasonable accommodations being the way things are done/business as usual.

The wording conveys a sense of paid employment being the only valued adult outcome

6. Outcome 3: Health and Wellbeing

This section is an odd mix and would be better titled and restructured as in the as in the Easy Read version p.20 – Health and well-being

Wellbeing is broader than health services that are they focus of the draft. As we suggested earlier wellbeing should be included in vision and in a first outcome area about belonging and being ‘connected to communities’.

“If I need specialist supports and services, these will be flexible to meet my needs and I will have choice and control over what I receive and how it is delivered” What does this mean in the context of health and well-being? Specialist services for diabetes, stroke? No-one has unlimited choice and control rather it is about being able to make informed choices and not being discriminated against on the basis of disability.

This is another area where adequate income/enough money should be added – to pay to see the doctor, to have a healthy diet, to afford transport, to be able to get out and about.

The sentence "This sees me able to play a stronger role in society and I am more likely to succeed in areas such as education and employment" should be deleted.

7. Outcome 4: Justice

Change the order so that p.15 paragraph 4 – "I will be treated fairly and with respect......" comes first.

IHC endorses "support for communication and making decisions" and "right for equal recognition". These outcomes need to be made included or strengthened across all outcome areas.

8. Outcome 5: Accessibility

IHC recommends this section be restructured using the Easy Read version, p.22 'Getting in and around my community'

This section is missing any reference to having money to pay for things, to get around and affordability. Finding affordable housing to rent or own is an issue for all New Zealanders and often there are additional difficulties and costs for disabled people.

"This helps me be independent because I don't have to rely on other people when the information isn't available in formats I can use" (p.16) – needs to be reworded to better capture our interdependence and just because a person needs help to understand doesn't mean they can't make or be involved in decisions.

People don't have homes so "that I have a home that enables me to participate in my community". Having a home gives us place and a base in our communities and is better located in the suggested outcome area 'Belonging and being connected in communities'.

9. Outcome 6: Attitudes

As already suggested this section would be better included in new area 'Belonging and being connected in communities'.

Take out – "By being valued and accepted and by having a voice equal to that of any other person, I will have the chance to demonstrate to society the value I can bring to my family, my community and New Zealand as a whole". The starting point is that people have valued lives and equal opportunities to participate and contribute – this doesn't have to be demonstrated.

Again the wording of the Easy Read version, p.24 could usefully be used in restructuring.

10. Outcome 7: Choice and Control

No-one has limited choice and control and this section needs strengthening and greater clarity given in ways to promote, fulfil, support decision making and safeguard (as in CRPD Artilce12). There is confusion between being involved and making decisions and the legal meaning of 'informed consent'.

Without the broader context of protections and safeguards the statement "If I choose to take a risk, I will be able to do so, the same as anyone else" (p.18) is dangerous. It opens the door for choice to be used as excuse for neglect and unethical practices. Does this mean if someone is saying they are choosing to harm themselves or others they should be left to do so?

11. Outcome 8: Leadership

The feedback we gathered supported the importance of building and expanding leadership capacity. We suggest the wording of the last sentence p.19 be reordered to start with the positive – "contributions...." and omit "feel sorry for"

12. Making it work – a plan for action

To be successful the actions needed to make the Disability Strategy real in people's lives won't be solely implemented through the Disability Action Plan. For this reason this section should start with linking to strategies, policies and action plans for all New Zealanders.

While we endorse the intent of this section, the absence of an outcomes framework and indicators make it difficult to comment any further on this section. We hope that the final version of the Strategy addresses this problem.

Draft Disability Strategy comments—from the Independent Monitoring Mechanism (IMM)

1. The IMM are pleased to provide comments on the Draft New Zealand Disability Strategy (the Strategy).

2. The IMM are pleased that many of our comments on the first phase of consultation were taken on board in the Strategy.

General Comments

3. The IMM is concerned that the Strategy lacks the mechanisms and structures to be truly transformative. It does not seem to the IMM to contain the necessary levers to, for example, ensure that agencies work together to prioritise and progress those issues that directly affect the lives of disabled people. Nor are we convinced that it has the correct balance of rights-based approaches along with early intervention strategies/social investment to truly improve the lives of disabled people.

4. The IMM has not had the opportunity to discuss in detail what the mechanisms and strategies needed to achieve this transformative change in the lives of disabled people might be nor to fully explore the levers needed to ensure agencies work together effectively to prioritise and progress issues that affect disabled people. However, the Strategy seems to us to chart a *'business as usual'* course to realising the rights of disabled people.

5. The concept of writing the Strategy in the first person provides a feeling of authenticity but we feel the statements do not encompass the breadth of voices in the disability community eg; voices of Māori/Pacifica, families.

6. We feel that a number of groups at risk of being marginalised are not strongly represented enough in the Strategy eg; children, women, Pacifica, people with neurodisability(ies), family/carers.

7. While we acknowledge *'investment'* is mentioned, we believe that a case for data driven social investment could be incorporated more strongly. This would require a consistent approach to be taken across agencies outside of the Strategy and an outline of available resources to make this happen.

8. In order for the Strategy to bring about the transformative change needed we believe that there needs to be a wider breadth of ownership of those involved, including but not limited to, media, whānau/hapū/iwi, churches, DHBs.

9. While Cabinet is listed as being responsible for reporting/making decisions on implementation, we believe that there needs to be a greater recognition of the role of Parliament—including to change laws that are inconsistent with the aims of the Strategy and the United Nations Convention on the Rights of Persons with Disabilities (the Convention), and allocate and invest resources into the implementation of the Strategy.

10. The absence of concrete timeframes/outcomes/indicators/details of responsible agencies for each outcome makes it difficult to see how this Strategy will influence decision-makers. Some examples of strategies with such concrete details include the Youth Crime Action Plan (YCAP), the Child Youth and Family (CYF) reforms, and the Australian Disability Strategy.

11. We believe that the IMM will need to be heavily involved in the creation of the outcomes framework as this will inform subsequent monitoring. The framework will need to include indicators and timeframes for action. The *'Gold Indicators'* used by the Danish NHRI may contribute to thinking about how this could be done.

12. While we acknowledge the aspirational nature of the Strategy, we feel there is an overall lack of vision of system transformation compared to, for example, the review of CYFs.

Specifics

Our journey—an introduction (P3)

13. Check the Whakataukī—we understand from comments by other stakeholders that it is not correct at present.

14. We understand the message about not wanting to be treated as special or different, but this section of the Strategy doesn't quite capture everything. There are particular elements of being a disabled person that are different and we want those to be respected, valued and welcomed. Changing society to include disabled people sometimes does mean doing things differently—a properly inclusive society would build in those elements so they were no longer different but included as a standard part of what society does. However, in the transformation phase, the difference and the changes may need to be more visible. eg; once you have a society where everything is wheelchair accessible then you would no longer have to use the Access Symbol, but until then, encouraging the use of this symbol whenever something is accessible helps to raise awareness of wheelchair access. It also lets people know what is accessible and hopefully encourages more places to become accessible and publicise their accessibility too.

Our vision—where to from here (P4)

15. Vision—we agree with the New Zealand Disability Strategy Revision Group that *'enabling'* can be misinterpreted and that the vision should be *'New Zealand is a non-disabling society...'*

Who we are—our community (P5)

16. What disability means to us—paragraph 2

    '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. Every human being is a unique individual, and this is no different for a disabled person.'

    We appreciate that everyone has different experiences, but there is a common thread that disabled people face, otherwise there wouldn't be a purpose in having a disability strategy. We think the two strands need to be in there. It's good to acknowledge disabled people as unique individuals but we should also be recognised as facing similar barriers, otherwise the exercise doesn't make sense.

P6

17. *'Māori are over-represented in our community, with 26 percent of Māori being identified as disabled in 2013. When adjusted for age, the Māori disability rate is 32 percent. We believe it's important to acknowledge this in order to address the inequality that our Māori community members face compared to others. There is also a special relationship between the Crown and Māori through the founding document of New Zealand, the Treaty of Waitangi.'*

    We feel that this paragraph should not start by saying that Māori are over-represented. It's not the right place to start. It should start with the special place of Māori as tangata whenua and then the Treaty, and go on to talk about the numbers and the need for a Māori worldview to be included (and then include a Māori worldview which should be woven throughout the Disability Strategy).

18. There should be mention of sexuality as well as gender in this section.

Disability impacts on many non-disabled people too (P7)

19. *'The workforce in New Zealand is also ageing, and skill and labour shortages have the potential to constrain future economic growth. The low employment rates of disabled people represent a significant loss of potential contribution to New Zealand's economy.'*

    We do not think that this is the correct place for this paragraph.

Universal design (P9)

20. We feel that a short section on reasonable accommodation should follow that on universal design.

Outcome 1: Education (P12)

21. This section should include tertiary and lifelong learning, as most people acquire impairments later in life and we want disabled people to achieve high levels of educational success throughout their lives.

22. We would have liked something more explicit about being able to go to my local school—i.e. that the school will take me—and being welcomed into my local school.

Outcome 2: Employment (P13)

23. This section isn't quite right: it focuses almost entirely on disabled people who have come through the school system as disabled people. This section needs more about retaining employment once a person acquires an impairment.

Outcome 3: Health and wellbeing (P14)

24. We don't believe that sport fits well here (it would be better in a section on *Cultural Life, Recreation and Leisure*).

25. We need more on habilitation and rehabilitation in this section.

Outcome 4: Justice (P15)

26. We feel that the outcome of being treated the same way as everyone else by the justice system is not right at all. It is at odds with the key messages in the section. The outcome could be something like *'I am treated fairly by the justice system'*.

Outcome 5: Accessibility (P16)

27. We are pleased that housing is included in this outcome.

Outcome 6: Attitudes (P16)

28. This section misses out on visibility, political representation, and being properly represented in the media.

29. We particularly don't like the end of the second paragraph: *'I will feel confident in my role as a contributor to society, rather than as being solely dependent on society.'* It sounds like that's what we are now, which is unhelpful.

Outcome 7: Choice and control (P18)

30. We think that this section needs to better cover issues of supported decision-making and cover issues around ethics and bio-medicine.

Outcome 8: Leadership (P19)

31. We believe that disabled people should be involved in all areas of leadership, and this section seems to limit them to the discussions about things that are important to disabled people.

Missing Outcomes

32. We believe that the Draft Strategy requires the addition of several Outcomes:

    - Participation in Cultural Life, Recreation and Leisure (Convention Article 30);
    - Family Life/whānau hauā—families with disabled children or parents receive the services and support they need to live and participate together successfully in their community (Convention Articles 19 and 23); and
    - Standard of Living (Convention Article 28).

The Disability Action Plan (P20)

33. We are very pleased to see that ongoing iterations of the Disability Action Plan will include those actions which are the responsibility of just one government agency.

A new outcomes framework and development of targets (P21)

34. We understand that it is planned to consult on a draft Outcomes Framework in 2017. This should be stated in the Strategy.

An independent view of implementation (P22)

35. The Office for Disability Issues raised the possibility of the Independent Monitoring Mechanism (the IMM) having responsibility for monitoring the Strategy and Action Plans. The IMM has not yet had the chance to fully discuss this matter. However, issues that are raised by this possibility include:

    - the scheduled review of the Article 33 New Zealand Convention Coalition Monitoring Group
    - IMM funding—is the current level of funding for monitoring implementation of the Convention sufficient to include this additional monitoring?
    - IMM capacity—does the IMM have the capacity to undertake this additional monitoring?
    - IMM membership—is the current IMM membership appropriate to undertake this additional monitoring?

Making it work—a schedule of implementation (P23)

36. We understand that the Strategy will be evaluated on an ongoing basis and not just in 2025. This needs to be explicit in the Strategy.

23 August 2016

Ends

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Draft Disability Strategy consultation

New Zealand Kindergartens (NZK) *Te Pūtahi Kura Puhou o Aotearoa* welcomes the opportunity to provide comment on the draft *Disability Strategy*.

About us

New Zealand Kindergartens Incorporated, *Te Pūtahi Kura Puhou o Aotearoa*, is the umbrella organisation representing 25 regional kindergarten associations covering 445 kindergartens and early childhood education (ECE) services. Kindergartens in the NZK network provide early childhood education services for nearly 23,000 enrolled children as well as support for their families and whānau.

Overall draft Disability Strategy

We have based our submission on the findings of a report, *Success for every learner*, by our special education working group. The group surveyed parents, teachers, managers and specialist representation from NZK and Early Childhood Leadership (ECL) kindergarten associations. Combined, these associations represent a network covering all kindergartens in the country.

The report found: "A cohesive and systematic approach to special education policy development and implementation and practice needs to be in place to ensure every child succeeds. We have identified three key factors to support that shift: consistency and cohesion across the system, equitable provision and access, and effective transitions."

The draft strategy does focus on equitable provision and access, and the importance of successful transitions to and from school, and into tertiary education and employment. However, a focus on system cohesion is less evident and this factor is important for children and their families and whānau accessing education services at ECE or ngā kōhanga reo and school or kura. We discuss this further in the section on outcome 1.

What's important to us

This section outlines the strategy's principles and approaches effectively. It is thought-provoking and informative, particularly on universal design and taking a twin-track approach.

Outcome 1: Education

Cohesive service access and delivery is vital to successful learning. Some families and whānau with young children who need learning support experience disjointed services from Early Intervention and may have to tell their story over and over to access support. One example is a family who moved cities and had to lobby for the same early intervention services for their child from scratch, rather than have the entitlement move with them. Access to services currently varies across regions but we hope this will change as a result of the Special Education Update.

We would like to see the strategy place more emphasis on consistency and cohesion across service delivery systems, including learning support, health and social services, and between universal services and specialist services.

Another factor to consider is the timeliness of access to services. Children with speech and language delays, for instance, are often on waiting lists for many months. This is an investment issue: if the Early Intervention Service was resourced to provide sufficient speech-language therapists for the growing demand, children would be able to receive support earlier. Timely access to learning support in the early years will improve children's education and social outcomes. Therefore, we would also like to see more emphasis on the importance of timely access to services in the strategy.

We found the education outcome statement – 'I have the same education outcomes just like everyone else' – to be ambiguous. Does it mean I am set the same education achievement goals as everyone else? Or, I can achieve positive education outcomes the same as everyone else? Amending it will provide a clearer understanding of this outcome.

One thing to note is that ngā kōhanga reo are distinct from ECE services so it is appropriate to refer to ECE services and ngā kōhanga reo in the strategy. To be inclusive of Māori medium students and their whānau it would also be appropriate to refer to schools and kura.

Outcome 6: Attitudes

Having a single voice to represent a community whose members may only have their identity as disabled people in common is difficult to achieve. There are a couple of occasions where it seems ethnic diversity is not always well represented. The main example, in outcome 6, is the reference to an 'elderly ethnic woman'. Since many people may identify with one or more ethnicity, this is not an apt descriptor.

Making it work – a plan for action

There is a lot riding on the new action plan. The strategy is aspirational; the plan is where a real difference can be made. Our report *Success for every learner* recommends that policy for learning support is integrated with health and social services policies. This will help bring about cohesive service delivery. We support the prioritisation of interagency initiatives in the plan and hope this will be with the intent of agencies collaborating more effectively on integrating services. We also note the strategy was drafted with input from other agencies and support this approach.

Recommendations

We recommend the draft strategy is amended to:

1. place more emphasis on consistency and cohesion across service delivery systems
2. place more emphasis on the importance of timely access to services
3. make an unambiguous education outcome statement
4. prioritise interagency initiatives that aim to integrate relevant education, health and social services policies more effectively in the plan.

Ngā mihi

Jacinta Blank
Policy advisor

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Join the conversation

Help build a new disability strategy for New Zealand.

Survey

Welcome to the survey. The first question is a general question about the strategy overall. The other questions seek your feedback on the specific sections in the strategy. You can answer as many or as few questions as you like.

1. Overall draft Disability Strategy

Overall, what do you think of the draft strategy? Are there any overall changes or improvements you would like to be made? Is there anything missing? (For feedback on specific sections, please go to the questions below.)

The Strategy needs to clearly set the strategic direction for government to make meaningful changes in structures and systems to make a real difference in the lives of disabled people and their families and whanau. The Strategy acknowledges some of the disaparities experienced by disabled people (eg employment, high numbers of Maori and Pacific people are disabled).
However, other areas of significant disparity include
*poor health status, especially for people with intellectual impairments/learning disabilities;
*lower levels of educational achievement;
*lower income levels/low financial security reflected in measures such as low rates of home ownership and fewer opportunities to go away on holidays.
The draft strategy does not adequately address these enduring issues.

While it is heartening that the draft Strategy is trying to reflect the perspective(s) of disabled people, NZDSN is cautious about the use of the the first person tone. The strategy needs to be consistent with the understanding of Disability as a social construct in that the strategy therefore needs to focus on structural change. It is essential that government and other stakeholders are clear that the Strategy is a structural analysis about what the societal barriers are that disabled people and their families and whanau face living and participating in their communities. Change is not going to occur at the population level for disabled people by Government agencies continuing largely with "Business as Usual with a few tweaks"! We are concerned that some parts of the draft strategy come across as being quite patronising. We are very concerned at the emphasis throughout for disabled people to have "equal opportunities to..." and "equal access..." as this misses the point - that for many disabled people there is no level playing field! What is needed is a recognition that often people need additional supports/resources to achieve, therefore the focus needs to be on "equitable" opportunities/access etc. This is likely to be so for different people at different ages and stages (eg early intervention, at periods of transition).

The draft strategy has ACCESSIBILITY and ATTITUDES as outcomes - these should be overarching themes that provide a framework for the strategy. If "accessibility" is broadened to Universal Design principles then it would require government structures/systems and environments/facilities to ensure "accessibility" as being approachable (eg can I get there and can I get in? can I easily understand eligibility/entry criteria?) and useable (eg once I am in can I navigate my way around and find what I need? can I easily engage with people in the system/service and participate in processes/activities?). Attitudes are linked with accessibility (eg is the system/are people welcoming and inclusive in the way they work?). Accessibility and attitudes are crucial for disabled people and their families and whanau to be able to effectively engage and participate in systems/services for EDUCATION, EMPLOYMENT, HEALTH AND WELLBEING, JUSTICE, to be able to have CHOICE AND CONTROL over their lives, and to be able be leaders and provide LEADERSHIP for meaningful change.

The Strategy needs to include Local Authorities to have direct accountability. City Councils have direct responsibility for compliance of building code requirements, and for city and town planning - thus are responsible for zoning, allocating and maintaining pedestrian access (eg footpaths, roading, bus shelters). Many councils have developed their own disability action plans but these are not linked to the disability strategy reporting mechanisms - without formalised accountability requirements councils can see these as "nice to have" rather than "we need to have". Regional councils are directly responsible for the provision of public transport systems. There is significant regional variability in both the availability and accessibility/usability of public transport. This impacts significantly on the lives of disabled people. Transport is currently not identified as an outcome in the draft strategy but it needs to be (with a particular focus on public transport systems, both intra-city and inter-city).

Finally, the Strategy needs to include DHBs directly. There is a significant amount of work required to make hospital services more accessible and to improve the overall experience of engaging with hospital services for disabled people. DHBs not only provide hospital services (secondary and tertiary), they are also pivotal in contracting primary health care services and public health services. As stated above, there are significant disparities in health status for disabled people- many of the health needs should be being addressed by primary health services (GP practices) and through public health services.

Please let us know what you think about one, some or all of the following sections.

2. Our vision – where to from here

What do you think of the draft vision? Would you like anything in the vision to be changed or improved?

The vision is weak, vague and largely meaningless. The vision does not reflect "Who we are - our community" at all - that is, the experience for most disabled people of being marginalised and excluded in many aspects of society. The vision needs to make an explicit commitment from government to address the inequalities and to ensure that comprehensive systems and supports are in place to work with and alongside disabled people and their families and whanau. As we stated above, there is no level playing field and the strategy should not be providing "business as usual with some tweaks" for government!

3. What's important to us

What do you think about this section? Would you like anything in this section to be changed or improved?

NZDSN supports what is outlined in this section, particularly the expressed commitment to the implementation of the Strategy being guided by the principles of the Treaty of Waitangi and the Convention. We also endorse the commitment for long-term investment of disabled people with a whole of life approach.

We would like to see what is outlined in this section and in "Who we are - our community" more strongly reflected in the framing of the Outcomes.

4. Outcome 1: Education

What do you think of this section? Would you like anything in this section to be changed or improved?

Policies to develop access to inclusive education need to focus less on concerns about resourcing and instead promote leadership and practice that would facilitate inclusion. There is an urgent need to deal with the complexity of special education services and funding and to sort out the policy and funding quagmire that currently sits around transition from school.

There is still the absence of a legislative and regulatory framework that would enable parents to truly exercise their rights to enrolment of disabled children in their local school.

The absence of independent mediation at a local level for enrolment and attendance issues remains a glaring gap.

The draft strategy does not acknowledge or address these issues - they are fundamental and deep-rooted systemic issues that contribute to the inequitable education experiences for disabled children.

5. Outcome 2: Employment

What do you think of this section? Would you like anything in this section to be changed or improved?

The government's current social investment approach for getting disabled people and people with long-term health conditions into employment is laudible however it is based on a very narrowly defined target of reducing people on benefits. There is a significant risk that an increasing cohort of people will not be regarded as worthy of investment and their employment aspirations ignored.

What is needed is a comprehensive strategic approach to employment (rather than a narrow benefit reduction target). The approach needs to be a cross-government initiative with clearly established leadership responsibility and a co-design approach with the sector. The focus needs to be on achieving sustainable employment outcomes that enables all disabled people to pursue their employment aspirations. Consideration needs to be given to the full range of factors creating barriers to employment and the full range of benefits that accrue – for disabled people and society.

Disabled people have the lowest workforce participation rates of any group in New Zealand. We cannot continue to have disabled people missing out on the wider health and economic benefits of working and have the economy miss out on their significant economic contribution as participants in the paid workforce.

6. Outcome 3: Health and Wellbeing

What do you think of this section? Would you like anything in this section to be changed or improved?

There is a significant amount of work required to make hospital-based and community-based health services more accessible to improve the overall experience of engaging with health services for disabled people. NZDSN agrees with the view that health professionals need to see disabled people as more than just their disability/impairment, and help them with any other health needs they might have. It needs to be explicitly stated acknowledged that there is a significant disparity in health status, especially for people with intellectual impairments/learning disabilities. This is an area where the focus should not be just on helping "to facilitate [my] access to mainstream health services just like [my] non-disabled peers", rather, that health profesionals need to better understand the health needs of disabled people, and resources and services need to be targetted to improve the health status of disabled people.

When considering what comprises wellbeing - there are monetary costs to participating in community activities that are frequently beyond the financial resources of many disabled people. This is exacerbated with additional accessibility requirement costs, for example mobility transport. Poverty and a lack of financial security are real barriers to community participation.

7. Outcome 4: Justice

What do you think of this section? Would you like anything in this section to be changed or improved?

This section needs to incorporate the concept of safeguarding. Safeguarding is a concept that can operate at personal, community and system levels and takes a much broader view than just regulation and legislative provision. There is a need for system(s) to improve performance around the prevention and management of neglect and abuse of disabled people (including bullying). There are a number of quality of life elements that are key to a safeguarding approach, the things that keep people safe are really the things that are needed to have a good life – caring relationships, opportunities to participate in communities/society, and power over the conditions of everyday life."

This section needs to be CITIZENSHIP AND JUSTICE. There needs to be a clear direction set for developing structures/systems for Supported Decision Making to be developed (eg supporting disabled people and their families and whanau to develop greater understanding and capacity to make their own decisions and to be able to express them). There is also the need for professionals in justice, health and education etc to develop understanding of and skills to facilitate processes for supported decision making to occur and to be seen as legitimate. Supported decsion making opportunities need to be developed in eg general and local body elections.

8. Outcome 5: Accessibility

What do you think of this section? Would you like anything in this section to be changed or improved?

See comments in question 1

9. Outcome 6: Attitudes

What do you think of this section? Would you like anything in this section to be changed or improved?

See comments in question 1

10. Outcome 7: Choice and Control

What do you think of this section? Would you like anything in this section to be changed or improved?

See comments for question 7.

11. Outcome 8: Leadership

What do you think of this section? Would you like anything in this section to be changed or improved?

NZDSN endorses the government's commitment to the approach of "nothing about us without us" in working to develop structures and processes for consultation and co-design with disabled people. However we are aware that the disability community has high expectations of its own representatives, and that government has high expectations of these representatives as well.The voice of, and leadership from disabled people needs to be supported with far better levels of resourcing for DPOs so that participation in policy development and system design is without barriers.

NZDSN is aware of tensions regarding what 'representation' means. A representation structure evolves through mana, expertise, trust and good faith. There needs to be greater clarity about who is "in the tent" with government at the moment? Who decides? To whom are they accountable? What attributes are needed to be a DPO? How can an individual or an organisation not currently considered a DPO that represents disabled people be part of working with government? How does government ensure there are no critical gaps that should be filled? Consideration needs to be given as to how representation can more fully embrace the 24 percent of NZers identified as disabled.

There is a need to broaden the network of "Active involvement" to include greater diversity of impairment, experience, age including children, intersectionality (e.g.ethnicity, GLBTI)

Family voices need to be better included, but not in a way that outnumbers disabled people.

12. Making it work – a plan for action

This section describes how the targets and actions for each of the outcome areas will be developed. What do you think of this approach? Would you like anything else in this section to be changed or improved?

The approach appears to be very comprehensive. It is likely that a new Disability Action Plan will need to be developed before 2018 to relect the directions set in the new Disability Strategy.

13. Final thoughts

Do you have any final thoughts, comments or suggestions about the draft Disability Strategy?

About you

To help us put your feedback in context, please tell us a little about yourself. These questions are optional.

In what capacity have you completed your feedback about the draft disability strategy?

☐ I am a disabled person / I have an impairment
☐ I am a family member or friend of a disabled person
☐ I am with a disability organisation
☒ I am none of the above

Which ethnic group (or groups) do you identify as? Please select all that apply.

☐ NZ European/Pakeha/European
☐ Māori
☐ Other European
☐ Samoan
☐ Cook Islands Māori
☐ Tongan
☐ Niuean
☐ Tokelauan
☐ Fijian
☐ Other Pacific Peoples
☐ Southeast Asian
☐ Chinese
☐ Indian
☐ Other Asian
☐ Middle Eastern
☐ Latin American
☐ African
☐ Other (please specify)

What gender do you identify as?

☐ Male
☐ Female
☐ Gender diverse

To which age group do you belong?

☐ Under 15
☐ 15–24 years

☐ 25–34 years
☐ 35–44 years
☐ 45–54 years
☐ 55–64 years
☐ 65–74 years
☐ 75–84 years
☐ 85 and over

Thank you for taking the time to provide feedback.

You can come back at any time until the conversation closes on Sunday 21 August 2016, to provide further feedback.

Please email your response to: disability_strategy@msd.govt.nz

Or you can post it to: Office for Disability Issues, PO Box 1556, Wellington.