

**OUR VISION:
TO MATOU TIROHANGA WHAKAMUA
(2002-2005)**

DPA (NZ) INC
KI TE IWI HAUA O AOTEAROA
The National Assembly of People with Disability

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1 PLAIN LANGUAGE SUMMARY

- 1.1 DPA is an organisation made up of us, all different people with disability.
- 1.2 We can vote for a New Zealand Government. Governments make decisions about our lives. We make decisions about who is the Government by voting at elections. There will be an election this year when we all get to vote.
- 1.3 We vote by first choosing a political party. This is the most important vote because the party with the most votes gets to be in Government. We also vote for a local candidate.
- 1.4 DPA has written *Our Vision: To Matou Tirohanga Whakamua (2002-2005)* to tell the Government what people with disability think needs to be done in the next three years.
- 1.5 DPA wants political parties to say they will do what we want. Political parties that will do what we want are more likely to get our vote.
- 1.6 DPA has achieved a lot over the years. DPA released *Our Vision (2000-2002)* three years ago, and many positive things happened for us as a result. Things like the New Zealand Disability Strategy. Things like more of us getting to live in the community.
- 1.7 We want the Government to know:
 - We are of equal value to other people.
 - We must have the same rights as all New Zealand citizens.
 - Maori and non-Maori must live in partnership.
 - We must be involved in decision-making.
 - We should have well-paid and meaningful jobs.
 - When we don't earn enough from our job, we must be given enough to live on in the community.
 - We are disabled, we should not be treated as though we are always sick.
 - We must have good services that meet our needs.
 - We must have good homes and be able to live in the community, not in institutions.
 - We must have transport including buses, trains, planes, and taxis that we can all use.
 - When we get sick, we must have access to good health services.
 - We want other people's negative attitudes towards us to change.

- We are self-advocates. Nothing about us without us.
- We need information we can understand so we can make decisions that are important to us.
- We must be able to get into buildings and parks and move around.
- We must be allowed to do art, play sport, go on holidays and have fun.
- When we are young, we have a right to learn about ourselves, our sexuality, have relationships, and always feel good about ourselves and feel safe.
- If we are Maori or Pacific Islanders or people from other ethnic groups, we must have our specific needs met.
- As women, we must have the same right as others to be parents.
- Our families support us and they must be given support as well.
- We must do what we can for people with disability in other countries.

1.8 To make all this happen:

- the New Zealand Disability Strategy must be implemented
- a Disability Discrimination Act and Disability Commission is needed.

**OUR MESSAGE:
We Can Speak For Ourselves – LISTEN**

2 ABOUT DPA

The Disabled Persons Assembly (DPA) is the collective voice of the one in five people with disability in New Zealand, based on principles of human rights and equal value of life.

DPA is an umbrella organisation representing:

- people with all types of impairments – physical, sensory, intellectual, psychiatric and neurological, acquired at any stage of life;
- the families of people with disability;
- disability advocacy organisations;
- disability-related service provider organisations.

DPA is recognised:

- nationally, by Government as the voice of people with disability in New Zealand and is regularly consulted, and
- internationally, and is a member of Rehabilitation International and Disabled People's International.

DPA believes in a society that provides both equity and maximum opportunity to participate for all people.

People with disability have the right to:

- equality and full participation;
- dignity and respect;
- make informed choices;
- live as we choose with appropriate support;
- influence and shape policy at all levels.

DPA has regional assemblies to facilitate its work on local issues.

Who we are is OK – what happens to us isn't!

Nothing about us without us!

3 BACKGROUND

- 3.1 *“Kotahi te kohao o te ngira e kuhuma ai te miro ma,te miro pango,te miro whero. I muri, kia mau ki te aroha, ki te ture, ki te whakapono.”*

“Through the eye of the same needle pass the white threads, the black threads, and the red threads. Afterwards, hold firmly to your love, to the law, and to your faith.”

- Potatau Te Wherowhero, the first Maori King, on diverse peoples living inclusively in harmony.

- 3.2 It is election year. According to 2001 Census figures 744,800 or one in five of the New Zealand population have a disability, and more than one in five of the voting age population have a disability. Also for many families and whanau, disability issues are the predominant issues in their lives. We are a large constituency.

- 3.3 We are people with disability, our families and whanau, and our supporters. For some years our participation in our communities has been slowly increasing. In 1999, DPA released *Our Vision (2000-2002)*, a manifesto of what we believed was achievable by a Government in the following three years. *Our Vision (2000-2002)* had an influence on the Government's thinking on disability issues. Many of its recommendations were taken up, including the need for a disability strategy. After extensive consultation, the Labour-Alliance Coalition Government released *New Zealand Disability Strategy: Making a World of Difference - Whakanui Oranga (NZDS)*.

- 3.4 The vision of the NZDS “is a fully inclusive society. New Zealand will be inclusive when people with impairments can say they live in:

A society that highly values our lives and continually enhances our full participation.”

- 3.5 Although there are still some recommendations in *Our Vision (2000-2002)* yet to be taken up by the Government, and many of the actions within the NZDS fall short of the realistic and realisable expectations of people with disability, the vision and philosophy underpinning the NZDS are consistent with, and were developed from, DPA's own vision and philosophy

- 3.6 Given the influence of *Our Vision (2000-2002)* on the New Zealand Government, DPA is releasing this manifesto document *Our Vision: To Matou Tirohanga Whakamua (2002-2005)* to influence political parties and the next Government of New Zealand.

This document draws on:

- DPA's policy manual;
- discussions at DPA National Executive Committee meetings;
- discussions at Annual General Meetings;
- advice from DPA's Maori Advisor Support Group;
- *Our Vision (2000-2002)*;
- *Our Vision for a Fully Inclusive Region* (DPA's manifesto for the 2001 Local Government and District Health Board (DHB) elections);
- the NZDS and its consultation process;
- Census information; and
- anecdotal evidence and feedback from us and our families and supporters.

3.7 Some people prefer the term "disabled people", as it draws directly from the social model of disability, and recognises we are people with impairments, but it is society that disables us. Others prefer "people with disability" as it puts the person first and the disability second. *Our Vision: To Matou Tirohanga Whakamua (2002-2005)* uses the latter. We use the terms "we", "our" and "us" to signal that DPA is our collective voice, and we speak on our own behalf to Government and to others.

4 PURPOSE OF THIS DOCUMENT

- 4.1 The people we elect to parliament will make many decisions that will affect our lives. There is much to be done if we are to be fully included in our communities. This document provides an opportunity for you to give the people we elect to parliament direction and make them accountable.
- 4.2 This document represents the views and aspirations of all of us and our networks. It outlines the strategies we want and we know can be introduced by Government during the next three years. It can be implemented during these next three years, but to do this requires constant dialogue with DPA, appropriate expertise in Government and, most of all, political will.
- 4.3 The target audiences of *Our Vision: To Matou Tirohanga Whakamua (2002-2005)* are political parties, candidates, the media, and us and our supporters.
- 4.4 It can be used before the elections by:
- Political parties and candidates to inform their disability policies and commitment to disabled constituents, and seek our endorsement;
 - The media to use as a basis for informed debate on disability issues;
 - DPA and its members to influence political parties and candidates, including through forums.
- 4.5 After the elections it can be used by:
- Members of Parliament (MPs) to refer to in working towards a fully inclusive and non-disabling society;
 - The media to hold MPs accountable;
 - DPA and its members to remind MPs of their commitments;
 - Members of the community to increase their own understanding of the issues we face.
- 4.6 In advance of the election, the strongest signal a prospective Government could send to people with disability about their commitment would be to make one of their half dozen or so major pledges “to make New Zealand a more inclusive society for people with disability”. Such a pledge would align with our, and most voters, values and is not likely to alienate any groups of voters. Implementing *Our Vision: To Matou Tirohanga Whakamua (2002-2005)* and the NZDS in the next three years would provide many tangible results to which a Government could point as evidence of pledges being kept.

5 WHAT HAS DPA ACHIEVED?

Here are examples of DPA's successful lobbying initiatives.

5.1 Prior to the release of *Our Vision (2000-2002)* in 1999:

- People involved in the establishment and early years of DPA were integral in the passage of the Disabled Person's Community Welfare Act 1975 that laid the foundations for our greater involvement in our communities;
- DPA started the Total Mobility scheme in 1983;
- DPA was at the forefront of the successful campaign and subsequent introduction of teletext;
- DPA successfully advocated that children with disability have the right to attend their local school, and this was incorporated into the Education Act 1989;
- DPA ensured accessibility provisions for people with disability were integral in the Building Act 1991;
- In 1992, the late John Stott, past-president of DPA, was the first person with disability to be elected President of Rehabilitation International, the world's largest and most influential disability organisation;
- We have legal rights as a result of DPA successfully campaigning to have disability included in the Human Rights Act 1993, and DPA has subsequently been part of successful human rights actions;
- Disability services reflecting DPA's treaty partnership commitment meant the start up of services better meeting the needs and aspiration of Maori with disability in the mid-nineties;
- We were counted for the first time with the inclusion of a Census question on disability and a follow up survey in 1996;
- DPA hosted a landmark accessible Rehabilitation International Congress in New Zealand in 1996, the largest and most successful international cross-disability conference anywhere in the world;
- We were among those citing the need for a Mental Health Commission and a mental health strategic plan (the Blueprint).

5.2 Some of what DPA has achieved from *Our Vision (2000-2002)*:

- We have the New Zealand Disability Strategy and it is based on the social model of disability. It describes the bigger picture and many DPA members participated in its development as submission writers and as attendees at consultation meetings. Also, the majority of the strategy's sector reference group were DPA members;
- We now have a Minister for Disability Issues with associate ministerial portfolios working across Government departments and focusing on the bigger picture of issues facing us and our families, whanau and supporters;
- We have the New Zealand Public Health and Disability Act 2000 which says a New Zealand Disability Strategy must exist;
- Government agencies must now comply with the provisions of the Human Rights Act 1993 and they cannot discriminate against us without providing adequate justification;
- We have secured a question on disability in the Census so accurate data about us can be collated, enabling proper planning for resources and services;
- DPA successfully advocated for the removal of work capacity testing for us in determining our eligibility for benefits;
- More of us are moving out into supported living options in the community and large major Government-run institutions closing;
- More of us will be transitioned into meaningful work and we will all be covered by employment legislation;
- More resources are being targeted on previous gaps in the special education policy;
- Government is examining more inclusive schooling models;
- Groups of people who previously had unmet needs are now being recognised and services are being developed to meet those needs, e.g. autism services and deaf-blind services;
- The Minister for Disability Issues is to be directly advised by an Office for Disability Issues situated within the Ministry of Social Development rather than Ministry of Health;
- A relay service is to be established so Deaf, deaf-blind, hearing-impaired and speech-impaired people have the same access to the phone system as everyone else, and everyone else can also contact them;
- There has been repeated public acknowledgement by the Minister for Disability Issues of the crucial role of DPA as the credible leading voice on disability issues;
- DPA continues to foster our leadership.

6 OVERARCHING ISSUES

6.1 Value of Life

We believe;

The life of a person with disability has equal value to, and shall be accorded the same rights, dignity and respect as that of a person without disability. DPA acknowledges and supports our rights to make informed choice without coercion.

Government must ensure;

- 6.1.1 A Disability Commission (see section 8.2) is established, with appropriate resourcing, so that the Commissioner can advocate for the value of our lives in bioethical debates, and a disability advocacy service is established to act as a values advocate for individuals where necessary.
- 6.1.2 A guidelines committee is established, reporting directly to the Minister of Health, comprising a majority of us and with representatives of families and the Centre for Bioethics.
- 6.1.3 Guidelines for the provision of medical treatment are developed to ensure that decisions to withhold treatment are not made, either solely or predominantly, on the grounds of disability.
- 6.1.4 Guidelines are developed to ensure disability is not grounds to deny opportunity to grow from embryo to birth, through childhood, adulthood and old age.
- 6.1.5 Guidelines are developed on prevention of impairment campaigns (ACC, foetal alcohol syndrome etc) so as to appropriately value us, and people with the specific impairments will be consulted and involved in the specific impairment prevention campaign.
- 6.1.6 Guidelines are developed to ensure we are the leading voice in ethical debates regarding research and modification to genes identifying us as impaired.
- 6.1.7 The National Health and Disability Services Ethics Committee, and the Bioethics Committee have significant disability representation.
- 6.1.8 We are the leading voices on disabled gene technology, particularly those with the specific gene.
- 6.1.9 Effecting non-voluntary euthanasia remains a criminal offence.

6.2 Human Rights

We believe;

We have equal rights to all other New Zealanders, including the right to participate in all aspects of economic, social and political life. These rights must be protected by the Human Rights Act 1993 and its subsequent amendments must protect these rights.

The Government must ensure;

- 6.2.1 The Human Rights Commission must always include a Commissioner who identifies as a person with disability and who has an extensive knowledge of disability issues.
- 6.2.2 An Equal Employment Opportunities (EEO) Commissioner with extensive knowledge of disability issues is appointed because disability is the most common reason for employment-related human rights complaints.
- 6.2.3 A Disability Discrimination Act is enacted, giving detail of what constitutes breaches of our rights and timelines for compliance (e.g. all public transport must be accessible by 2015) are in the legislation.
- 6.2.4 A Disability Commission is established by the above Act and provides rights education, policy recommendations, values advocacy, and an alternative route for complaints.
- 6.2.5 Resources are sufficient to make the Commissions and their empowering legislation effective, including the ability to take strategic cases to court.

All Human Rights legislation is reviewed and amended to ensure;

- 6.2.6 Disability harassment is grounds for complaint.
- 6.2.7 Immigration and military exemptions are removed.
- 6.2.8 Children and family legislation is not exempt, including adoption.
- 6.2.9 We do not have control inappropriately taken from us through the Protection of Personal and Property Rights Act 1988.
- 6.2.10 The sterilisation of young girls and women without their own informed consent ceases, and contraception is managed with informed consent.
- 6.2.11 Our rights are not subject to the “reasonable accommodation” test because we are the only people for whom such a test applies. In effect, we are discriminated against in anti-discrimination legislation.
- 6.2.12 Retain sections 73 and 74 of the Human Rights Act 1993 which are our advancement to achieve an equal place.
- 6.2.13 The gap between the Human Rights Act 1993 and the Health and Disability Commissioner Act 1994 is closed, i.e. complaints processes are extended to cover the situation where there is no health or disability support service or no funding for a service.
- 6.2.14 Broad support is sought for eventual entrenchment of the Human Rights Act 1993, requiring 75% of parliament to amend it.

The Human Rights National Plan of Action must ensure;

- 6.2.15 Government's non-compliance with the Human Rights Act 1993 is identified, and a compliance plan is implemented.
- 6.2.16 We are educated to recognise when our rights are breached.
- 6.2.17 We are educated and trained by people with knowledge of disability issues so that we can let others know of our rights, including employers and the wider community.
- 6.2.18 Agencies responsible for supporting children and families are educated about the rights and abilities of parents with disability
- 6.2.19 Pre-employment complaints procedures are effective.
- 6.2.20 Our rights to education are guaranteed.
- 6.2.21 Strategic court action is taken against large private sector organisations that breach the Human Rights Act 1993.
- 6.2.22 The justice, courts, and corrections systems are accessible to us, guarantee our rights and appropriately meet our needs.
- 6.2.23 New Zealand's performance on our rights is evaluated.

6.3 Treaty Partnership

We recognise;

The Treaty of Waitangi is New Zealand's founding document and the Government must be committed to fulfilling its obligations as a Treaty partner. This special relationship is ongoing and is based on the underlying premise that Maori should continue to live in Aotearoa as Maori.

- 6.3.1 Crown and Maori must relate to each other in good faith with mutual respect, co-operation and trust.

Government must ensure;

- 6.3.2 Article II of the Treaty is recognised in developing all disability policies and practices.
- 6.3.3 We all have the choice of accessing services being offered by both Treaty partners.

6.4 Government, Legislation and the Public Service

We believe;

There is a strong and continuing obligation on Government to provide appropriate and enforceable legislation to advance the rights, opportunities and participation of people with disability in our New Zealand society.

The Government should have a "nothing about us, without us" policy in regards to policy making, legislation, practices and service development.

Government must ensure;

- 6.4.1 The NZDS is implemented (see section 8.1) and undergoes an overarching review in early 2003 using 2001 Census figures as a baseline and every five years thereafter.
- 6.4.2 A Minister for Disability Issues exists and is our advocate within cabinet.
- 6.4.3 An office advising the Minister exist, separate from health.
- 6.4.4 A Disability Discrimination Act establishing an independent Disability Commission is introduced.
- 6.4.5 The Local Government Act 1974 is amended to ensure local Government complies with the NZDS.
- 6.4.6 Legislation, guidelines, and standards are developed in partnership with us in appropriate areas so we can point clearly to our rights and entitlements.
- 6.4.7 New Zealand Sign Language is recognised as an official language and Braille as an official means of communication in New Zealand.
- 6.4.8 All draft legislation and all official public information is made available in alternative formats (e.g. braille, audio, electronic, accessible websites, plain language) without delay and at no extra cost to us.
- 6.4.9 Sign language interpreters are provided for within the Legislature and at all public meetings.
- 6.4.10 All Government strategies, including those viewed as not being specifically about us, include our perspectives, needs and aspirations.
- 6.4.11 The public service is aware, informed, responsive and respectful to us and our issues.
- 6.4.12 Public sector training is adapted to ensure service development and service delivery is consistent with the NZDS.

7 SPECIFIC PRIORITISED AREAS

7.1 Educating for a Fully Inclusive and Non-Disabling Society

We believe;

Disability awareness and equality programmes must be promoted throughout the community to inform society about the rights, needs, aspirations, potential and contribution to society, of people with disability.

According to the NZDS consultations, the most common barrier that disables us is the attitudes of other people.

Government must ensure;

- 7.1.1 A nationally co-ordinated “educating for a fully inclusive society” media campaign is initiated, positively focusing on our rights, needs, successes, aspirations and potential.
- 7.1.2 Support is available for locally-based inclusive community programmes, with a paid key contact person who has a community education role in each region.
- 7.1.3 We are recognised as the experts on our own experience.
- 7.1.4 Our achievements are recognised and honoured.
- 7.1.5 Positive disability education campaigns are targeted at our non-disabled peers in schools.
- 7.1.6 Positive disability education campaigns are targeted at employers to promote our employment.
- 7.1.7 The “helping professions” including medical professionals, social workers and disability service workers, are targeted for their attitudes, and positive information is available on disability issues in waiting areas, especially where pre-natal services are available.
- 7.1.8 The public service is educated.
- 7.1.9 Positive information is available to our families.
- 7.1.10 Media professionals are educated on the appropriate language to be used when referring to us and our issues, and the appropriate presentation of our stories to avoid sensationalising or degrading us, or presenting stories that express overly exaggerated amazement at our everyday lives.
- 7.1.11 It is recognised the “Like Minds” campaign has successfully increased the inclusion of a small part of the disability spectrum, and this campaign continues.
- 7.1.12 Debate is encouraged on disability issues and cultural issues amongst ourselves and in society. For example, the role of children in decision-making, parenting choices, abuse, the role of family and whānau in decision-making, use of language, Deaf culture, and Māori and Pacific concepts of disability.

7.2 Education

We believe;

Every person with disability has the right to quality education at every level of the education system.

Government must ensure;

- 7.2.1 The recommendations within the Wylie Report which lead to a more inclusive education system are implemented and give particular focus to the new “inclusion” goal.
- 7.2.2 Inclusion in education is understood as participation on our terms, and our voices are the leading voices in education policy for children with disability.
- 7.2.3 All levels of the new special education structure, national, regional and local, have people with diverse impairments and educational experiences in governance and advisory roles.
- 7.2.4 We are not denied access to our local school and we are all well resourced and supported in mainstream settings by 2012.
- 7.2.5 We are allowed to choose alternative settings for cultural and linguistic reasons.
- 7.2.6 The “Daniel’s Decision” (the court decision finding that the Minister of Education is responsible for the right of children with disability to enrol and receive an education, and that the Special Education 2000 policy reforms led to such children’s educational needs not being met) results in children with disability having their needs met through appropriate resourcing, schools being responsible in legislation for educating all learners equitably, and previously closed segregated settings are not reopened.
- 7.2.7 A Disability Commission has educational expertise within it, and reports to parliament on progress towards inclusion.
- 7.2.8 Independent advocates from a service established under a Disability Discrimination Act are available to assist our families and whanau in having our educational needs met.
- 7.2.9 Material is developed to assist our families to make informed decisions regarding educational options and reports are available through the Education Review Office (ERO) and the Ministry of Education on how inclusive each education institution is.
- 7.2.10 Boards of Trustees, principals, and teachers are educated to understand our learning needs and our place in our communities.
- 7.2.11 Disability education is compulsory within teacher education, pre-service and ongoing professional development programmes, to teach diverse learners in regular classrooms.
- 7.2.12 Teacher Aids undergo professional training.
- 7.2.13 We are actively recruited as trainee teachers.
- 7.2.14 Opportunities for us to make contact with our peers in other schools are facilitated.

- 7.2.15 The use of New Zealand Sign Language and Braille are promoted, and are available to Deaf or Blind students in any setting.
- 7.2.16 Further work is done on meeting the needs of those of us on the Autistic spectrum, or with ADHD or Dyslexia.
- 7.2.17 Our needs, as Maori and Pacific Island peoples, are met in any school.

For pre-schooling:

- 7.2.18 Early intervention programmes and pre-schooling for us is actively supported.

After compulsory schooling:

- 7.2.19 Resources are diverted into transition and employment programmes so we do not have to stay at school till age 21 unnecessarily while our non-disabled peers leave earlier.
- 7.2.20 We have access to second-chance education and appropriate job training.

For tertiary education:

- 7.2.21 Establish and maintain an expert advisory group on our needs in the tertiary system, with us as the majority of members.
- 7.2.22 Amend the tertiary education strategy to include an additional sub-strategy 'Tertiary Education Strategy for People with Disability', developed in partnership with us.
- 7.2.23 Comprehensively review the Special Supplementary Grant and funding model to ensure our needs are met equitably regardless of the tertiary provider.
- 7.2.24 Development and implementation of a code of practice for tertiary institutions with regard to students with disability is actively supported.

7.3 Employment

We believe;

It is our right to have the opportunity to be engaged in productive and meaningful employment, which provides flexibility, equal opportunity and career path development.

Government must ensure;

- 7.3.1 The Ministry of Social Development establishes an advisory group of us, and works to meet all our needs as job seekers.
- 7.3.2 The Job Support and other funds are increased to meet the need of individual accommodations based on the advice of the above group.
- 7.3.3 All legislative barriers to our participation in employment are removed and we are all covered by employment-related legislation including the Employment Relations Act 2000, Minimum Wage Act 1983, Holidays Act 1981 and Health and Safety in Employment Act 1992.
- 7.3.4 Those of us currently in sheltered workshops all receive appropriate supports to work in meaningful well paid jobs, and the transition is managed smoothly.
- 7.3.5 Community-based supported employment initiatives are themselves supported or established where none currently exist.
- 7.3.6 We are actively recruited into the state sector, funding is available to support us there, and the EEO provisions of the State Sector Act 1988 are complied with and reported on.
- 7.3.7 We are represented in all areas of the public service relative to our proportion of the population, and over-represented in areas that operate disability policy or disability services and programmes.
- 7.3.8 Our additional resource needs are met in public service jobs.
- 7.3.9 A private sector EEO Act is enacted ensuring good practice in our employment, such as flexible hours, universally designed systems and equipment, adaptive technology, workplace, job, and equipment modifications, task negotiation, job coaching, mentoring and other accommodating work practices.
- 7.3.10 We are targeted for capacity building (upskilling) to move into employment and we are given advice, mentoring, and financial assistance to start our own businesses.
- 7.3.11 We lead the development of our own training and employment goals, and the development of support options to achieve those goals.
- 7.3.12 Any occupational safety and health legislation must not be implemented to force unnecessary disclosure of disability or pre-existing condition (e.g. psychiatric disability, stress disorders) because they increase the opportunity for pre-employment and employment related discrimination.
- 7.3.13 Information about career options, ways to generate income, and the assistance available for us is communicated to us more appropriately.

- 7.3.14 Volunteer work is acknowledged as a meaningful employment option for many of us, and the additional needs relating to our impairment are met so we can do such work.
- 7.3.15 We are transitioned smoothly from school to work.
- 7.3.16 Business, staff and service organisations (e.g. Business New Zealand, unions) are encouraged to appoint or elect us as delegates and members of their executives.
- 7.3.17 Initiatives such as the knowledge economy, and innovation strategy recognise our potential to contribute, and our current under-utilisation.

7.4 Income

We believe;

All people must have the right to an income adequate for them to live and participate in their community with dignity and respect.

We recognise that Government-funded income maintenance will be the sole source of income for some people with disability, and that income maintenance must be set at a rate that recognises both the true cost of impairment and the cost of living.

Government must ensure;

- 7.4.1 The Ministry of Social Development (MSD) has an advisory group of us to advise on benefit policy and service delivery.
- 7.4.2 MSD works to meet our needs, as beneficiaries.
- 7.4.3 Assistance and entitlements are communicated appropriately by MSD.
- 7.4.4 The Invalid's Benefit is reviewed, renamed, and our day to day living costs, without other sources of income, are met.
- 7.4.5 The Disability Allowance is reviewed and meets our impairment-related costs, regardless of income.
- 7.4.6 Emergency benefits and timely lump sum payments are available to meet the emergency and one-off costs we may face.
- 7.4.7 Abatement is reviewed, and the whole system is integrated and abates at a rate so as not to act as a barrier to entry into open employment, including gradual entry and part-time work.
- 7.4.8 Benefits are adjusted annually for inflation.
- 7.4.9 The system must be fair and equitable, with a basic rate regardless of age, gender and family status. We, as individuals, must be the recipient unit and given directly to us.
- 7.4.10 The system is based on need, not type or cause of impairment (including congenital, progressive, or acquired through illness or accident) and gaps are closed between ACC clients and others.
- 7.4.11 Assessments of the costs incurred are based on the application of acceptable standards, and are performed by non-medical, appropriate professionals, and avoid unnecessary repeat assessments and having to prove we are still disabled.

7.5 Disability Support Services

We believe;

We must receive whatever services and other support or assistance that may be needed to reduce the disabling effects of impairment. Services should be designed to make possible for us a full, meaningful and constructive life of our choosing.

Government must ensure:

- 7.5.1 A single, national funder of Disability Support Services (DSS) is created. Disability is not a health issue and should not be devolved to District Health Boards (DHBs). The only option is to fund DSS nationally through an organisation governed by us.
- 7.5.2 Partnerships between the Ministry of Health and DPA are fostered throughout the country.
- 7.5.3 Our representatives, and particularly those of older people, are consulted to decide which services currently defined as age-related disability are to be funded locally, regionally, and nationally.
- 7.5.4 Over-arching frameworks are implemented meeting the needs of people with “age-related disability” as they grow older and other people particularly the needs of those of us who have had disability throughout most of our adult lives.
- 7.5.5 We comprise all the non-elected board members of DHB Disability Advisory Committees and we are the majority of each committee.
- 7.5.6 All DSS are delivered consistent with the NZDS, with an understanding of impairment and disablement, and that medicalisation of DSS does not occur.
- 7.5.7 Contracts with DSS providers include mandatory ongoing training for staff in all aspects of impairment and disability, and a highly skilled workforce to support us is developed.
- 7.5.8 The Health and Disability Services (Safety) Act 2001 is implemented so service providers are required to meet high quality and safety standards.
- 7.5.9 Census data is used as a basis of purchasing and planning decisions particularly in relation to unmet need.
- 7.5.10 Needs assessment and service co-ordination (NASc) is based on clearly defined rights and principles rather than rigid criteria, and NASc providers are not linked to hospital sites or business units of the hospital health services.
- 7.5.11 The development of an holistic approach to assessment and service provision, that applies across agencies, funding sources and geographical boundaries is implemented.
- 7.5.12 All needs are met and all services are fully funded, are nationally consistent, the person with disability is at the centre of service delivery and services meet safety and quality standards.
- 7.5.13 Equity of funding and service provision for people with similar needs, regardless of the cause of their impairment occurs.

- 7.5.14 Needs assessment processes are holistic and take into account the needs of our families and whanau as well.
- 7.5.15 Equipment services are fully funded, and equipment meets appropriate standards, meets our needs and aspirations, is delivered in a timely manner, comes with appropriate training and support, and equipment manufacture and maintenance capacities are maintained.
- 7.5.16 Mobility equipment including powered wheelchairs and personalised modified vehicles be funded to enable our participation in our communities
- 7.5.17 Contracting with DSS providers progressively moves toward requiring that a majority of us are on provider governance boards and we have input into all service decisions.
- 7.5.18 Development occurs of service organisations and their services of, by, and for us; of, by and for Maori; and of, by and for Pacific peoples.
- 7.5.19 A “Direct payment” system exists, with appropriate information and ongoing support, for those who wish to manage their own services.
- 7.5.20 Appropriate Compulsory Care exists for offenders with disability whose impairment makes mainstream corrections inappropriate,
- 7.5.21 Non-offenders and children receive appropriate care and support, and are never subjected to compulsory care.
- 7.5.22 Appropriate support services are available outside of work time to those leaving workshops.

7.6 Accommodation

We believe;

Accommodation support and housing policies must actively promote the right to human dignity and the right of the individual to choose their own lifestyle and accommodation options.

The Government must ensure;

- 7.6.1 All residential institutions are closed and we are transitioned into the community smoothly.
- 7.6.2 We are involved in ongoing housing policy work, aimed at identifying gaps and meeting need.
- 7.6.3 Contracting with residential service providers (excluding rest homes) to progressively move toward ensuring a majority of us are on their governance boards, that we have input into all service decisions, and residential facilities look more like our home rather than a workplace.
- 7.6.4 The Health and Disability Services (Safety) Act 2001 is implemented so accommodation providers are required to meet high quality and safety standards.
- 7.6.5 The promotion and development of a range of Supported Living options within the community occurs so we can live independently.
- 7.6.6 We are supported to live in our communities, free from the not-in-my-back-yard syndrome, through inclusive community campaigns and through not using the Resource Management Act 1991 inappropriately.

- 7.6.7 We are supported to live in rural communities, if we choose.
- 7.6.8 Younger people have more independent living options.
- 7.6.9 At least half of Housing New Zealand existing housing stock is accessible, and that all new public housing is accessible.
- 7.6.10 Local Government is forced to act to ensure at least 20% of all new private housing can be modified simply to be accessible to meet current needs and future needs based on demographic trends.
- 7.6.11 Public housing adequately addresses our physical and social needs, and Marae-based housing for Maori elders is encouraged.
- 7.6.12 Legislation such as the Resource Management Act 1991, the Building Act 1991, and the Local Government Act 1974 are amended to ensure consistency with the New Zealand Disability Strategy, and we live in our communities without stricter compliance than others (e.g. fire safety issues).

7.7 Access to the Built and Natural Environment

We believe;

Everyone benefits from the human right of people with disability to participate with dignity in the normal activities and processes of life in the community.

Government must ensure;

- 7.7.1 The legislative backing of NZ Standard 4121:2001 is maintained.
- 7.7.2 All new and renovated buildings comply with the Building Act 1991 and NZ Standard 4121:2001, exemptions are granted only in exceptional circumstances and we are given the legal right, and supported financially, to appeal such exemptions.
- 7.7.3 All buildings, except non-rental private dwellings, are fully accessible by 2015.
- 7.7.4 The provisions of the Resource Management Act 1991 relating to our access to the physical environment is enforced in the district plans of local authorities.
- 7.7.5 Section 44-(5)(e) of the Building Act 1991 is enforced and all signage and other communication is made accessible using alternative formats and new technologies.
- 7.7.6 “Door-to-door accessible journeys” are recognised and planned for, from all forms of transport, and including parking, kerb cuts and ramps, uncluttered pavements, tactile surfaces, easy to locate audio and tactile traffic signals, and accessible all-gender toilets.
- 7.7.7 We maintain a strong presence on the Building Industry Authority.
- 7.7.8 The International Symbol of Access is not used without authorisation.
- 7.7.9 “Universal design” principles are promoted and all Government spaces, information, equipment, and processes are accessible to the equivalent standards to the USA’s Rehabilitation Act 1973 sections 504 and 508.
- 7.7.10 Public parks, gardens, and walkways are made accessible, and all others are made as accessible as practicable.

7.8 Transport

We believe;

Transport is the basic right of all people. Recognising this, Government must ensure that all forms of public transport and its infrastructure, in local communities and nationally, must be accessible to people with disability.

Government must ensure;

- 7.8.1 All national and regional transport long, medium and short term plans and contracts must take into account our needs, ensure our access at no extra cost, and recognize demographic changes.
- 7.8.2 Where public transport exists, all new purchases must be fully accessible, including signage and announcing, and all existing inaccessible public transport must be phased out by 2015.
- 7.8.3 Air, water, land and mobile home transport becomes accessible, and airports, ferry terminals, train stations and bus-stops meet our needs.
- 7.8.4 Transport, including the provision of accessible parking, is seen as part of the door-to-door accessible journey, and numbers of accessible parking spaces are increased to meet need.
- 7.8.5 Funding is available for vehicle modification, a database of modified vehicles exists, and regular safety inspections occur for vehicles used to publicly transport us.
- 7.8.6 A disability transport advisory group exists to advise the Ministry of Transport on implementing our needs.
- 7.8.7 A report to parliament is presented annually on progress towards accessible transport.

As a complement to public transport, Government must work in partnership with regional Government to ensure;

- 7.8.8 There is a Total Mobility Scheme (TMS) that provides a minimum of 50% subsidy to all fares and does not have an unreasonably low maximum dollar subsidy per journey.
- 7.8.9 The TMS has nationally consistent eligibility criteria.
- 7.8.10 It is recognized some of us can take public transport sometimes and at other times we can't.
- 7.8.11 It is recognized our needs are door-to-door.
- 7.8.12 We are able to get a taxi on the same basis as others without undue delay or needing to book hours, days or weeks in advance.
- 7.8.13 Adequate driver training (both practical and disability awareness) is provided, and regular refresher courses are undertaken by taxi drivers.
- 7.8.14 We are the majority of any TMS advisory committee.
- 7.8.15 External administrators of the scheme are recompensed for their work.
- 7.8.16 There are incentives to ensure an adequate number of accessible taxi-vans in urban and rural regions.

7.9 Health

We believe;

We have the right to receive a range of quality and appropriate health services. Health care must, with informed consent, provide a maximum of choice and personal input and take full account of our particular needs. It must be understood we may have both health needs specific to our impairment and the same health needs as non-disabled people, but needing delivery in an appropriate way.

Government must ensure;

- 7.9.1 We are appointed so that we are represented on all DHBs.
- 7.9.2 DHB disability advisory committees are maintained to advise on our health issues even if DHBs are not the funder of DSS.
- 7.9.3 Our representatives, and particularly mental health consumers, are consulted to decide which mental health services are to be funded locally, regionally (through groupings of DHBs), and nationally.
- 7.9.4 If DHBs are to fund DSS, the funding agreement clearly distinguishes between health services and DSS, and transparent processes are in place to ensure appropriate spending.
- 7.9.5 We receive appropriate personal and mental health care, taking into consideration our cultural and ethnic origins and gender, with the maintenance of privacy.
- 7.9.6 Our treatment for an impairment or other non-related conditions is not prejudiced because we have an impairment or by of the nature of our impairment.
- 7.9.7 Doctors, nurses and other health care professionals have ongoing training in all aspects of impairment and disability and an awareness of its implications for health care service providers.
- 7.9.8 Medical research must include informed consent and ethical input from us, particularly from those of us whose impairment is being researched.
- 7.9.9 An easily accessible appropriate complaints procedure exists to which all clients are given accessible information.
- 7.9.10 The potential impact on people with disability of “managed care” and population-based funding around primary healthcare groupings is understood and not allowed to negatively impact on the provision of both health and disability support services for us.
- 7.9.11 Mental health issues are seen where appropriate in an impairment and disability context.
- 7.9.12 As mental health consumers, we are the majority involved in mental health policy issues.
- 7.9.13 The Mental Health Commission’s document: “The Blueprint for Mental Health Services in New Zealand, How Things Need to Be” is implemented with updates for demographic changes.
- 7.9.14 Medical professionals better understand the Privacy Act 1993 and its obligations and there is no increase in their power to compulsorily assess and treat.

7.10 Advocacy and Self-Advocacy

We believe;

Self-advocacy is the strongest and most effective form of advocacy and therefore DPA supports efforts by people with disability to promote assertiveness and self-confidence.

Government must ensure;

- 7.10.1 Our role is recognised first, our families and whanau and unpaid carers second and finally service providers in identifying, advocating, and leading policy debates on our issues.
- 7.10.2 We need funded training in self-advocacy skills in order to enhance our self-responsibility and self-esteem.
- 7.10.3 We are upskilled so we can take part in decision-making as service users, as staff in service delivery, and in the governance, management, planning and evaluation within all services we use.
- 7.10.4 Consumer organisations, advocacy groups, and self-help initiatives are given capacity building assistance, and information on how to influence the Government.
- 7.10.5 A register of us, for Government appointments, is maintained and our inclusion in leadership roles within Government and its agencies is modelled, in order to encourage our leadership within all organisations.
- 7.10.6 The establishment of a leadership development and mentoring programme for us is supported.
- 7.10.7 We all have the right to a Government-funded advocate of our choice to investigate our situations, to speak on our behalf and to assist in those situations where necessary, independent of a service provider.
- 7.10.8 An overarching, independent, rights-based disability advocacy service is established under a Disability Discrimination Act, with a broader brief than health and disability services, and with a rights educative role.

7.11 Information and Research

We believe;

We should control our own lives. There are many issues in the field of disability that require in-depth study so as to enhance our quality of life. Available, accessible, accurate, relevant and timely information is the basis for informed consent and decision making.

Government must ensure;

- 7.11.1 All official public information is available in alternative formats, at the same cost as print versions, and as an “ordinary” rather than “special” choice.
- 7.11.2 All Government web-sites are fully accessible.

- 7.11.3 All surveys collect relevant and useful information about disability and the Census disability question and follow-up survey continue to occur every five years.
- 7.11.4 Policy and planning makes use of evidence from the Census and other research.
- 7.11.5 An advisory group with a majority of us as well as representation from key Government departments amends Census and follow-up survey questions and definitions to give a basis for planning and to both ensure consistency with the NZ Disability Strategy and ensure pre- and post-strategy longitudinal comparisons are possible.
- 7.11.6 Guidelines for research funding take into account the need for research on disability issues, we are included in the development and monitoring of the disability research agenda, and we are supported to put forward our own experiences in the context of the research.
- 7.11.7 Undertake research focusing on disability issues for Maori, Pacific peoples, and people from ethnic minorities, including over-sampling of these groups where necessary.
- 7.11.8 Ensure telecommunications providers fulfil human rights obligations and provide a relay service so that everyone's telecommunications needs are met, if necessary, through legislation or court action.
- 7.11.9 Interpreter services are developed and well resourced to ensure our access to spoken information.

7.12 Arts, Culture, Sports, Recreation and Leisure

We believe;

All people have the right to seek and gain fulfillment in life through participation in arts, recreation, leisure or sporting activities in their community.

Government must ensure;

- 7.12.1 We are included in all community social activities.
- 7.12.2 We all have opportunities to create, perform and develop our own arts, and to access arts activities as practitioners, participants and audiences.
- 7.12.3 Arts administrators and organisations and other recreational and sporting organisations work in partnership with us to learn how to create inclusive opportunities for participation.
- 7.12.4 Arts, recreational and sports projects run by and for us, are developed and those activities that celebrate and are representative of our communities and cultures are promoted.
- 7.12.5 Community and tourism promotional campaigns include people with disability, and our needs as host, visitors and tourists are met.
- 7.12.6 Professional and amateur sportspeople with disability are given the same status as non-disabled professional and amateur sportspeople.
- 7.12.7 Medal tally targets are set for the 2004 Paralympics in Athens, and athletes with disability are well resourced and supported to compete.

7.13 Children and Youth

We believe;

Our years as children and youth should be fun, give us a positive self-identity, allow us the “dignity of risk”, and give us what is necessary for the future.

Government must ensure;

- 7.13.1 All agencies that support children and youth, work collaboratively to ensure their services are accessible, appropriate and welcoming to us and our families.
- 7.13.2 The Children’s Agenda and Youth Development Strategies address our needs too; the Ministries of Youth Affairs and Social Development undertake leadership roles in promoting our participation as well, and each establishes a position with disability expertise.
- 7.13.3 A process occurs for including advice from us on disability issues for children and youth within relevant Government agencies and Commissioners’ offices.
- 7.13.4 The office of the Commissioner for Children establishes a position with disability expertise.
- 7.13.5 We have access to child and youth focused support, education, health care services, rehabilitation services, recreation opportunities and training.
- 7.13.6 Support for us during transition between early childhood education, primary school, secondary school, tertiary education and employment is improved.
- 7.13.2 We are more involved in decision-making and control over our lives.
- 7.13.2 Leadership forums of youth with disability are actively supported and a youth with disability strategy is developed and implemented.
- 7.13.2 We receive age appropriate and meaningful education and information on sexuality and relationships, and all mainstream sexuality and relationship programmes include our needs and perspectives.
- 7.13.2 “Keeping ourselves safe” and positive identity and self-esteem programmes target our needs.
- 7.13.2 Anti-bullying programmes meet our needs.
- 7.13.2 New Zealand’s particularly high rate of suicide amongst young people with disability is addressed and youth suicide prevention programmes meet the specific needs and deal with the identity issues of youth with disability.

7.14 Maori People

We believe;

The specific needs of Maori with disability, both individually and in the context of their whanau, hapu and iwi must be considered whenever policy is being formulated which may affect them. Further, policy must be flexible enough to take into account that whanau, hapu and iwi may also be disadvantaged by an individual's impairment.

Government must ensure;

- 7.14.1 Maori with disability are consulted on Maori issues and disability issues.
- 7.14.2 All service provision is appropriate, flexible, adaptable, and applicable to the individual, whanau, hapu and iwi rather than recipients having to fit the service.
- 7.14.3 Te Puni Kokiri takes a leadership role in promoting the participation of Maori with disability, establishes a position with disability expertise, and reports on outputs of itself and all other Government agencies with regards to Maori with disability.
- 7.14.4 The gaps close between Maori with disability and the general population.
- 7.14.5 Capacity building of Maori with disability is resourced within the context of Maori development frameworks such as the Whare Tapa Wha model and He Anga Whakamana.
- 7.14.6 More services of, by and for Maori with disability are developed.
- 7.14.7 All Government funded or sponsored marae-based initiatives meet the access requirements for us, including independent physical access, guide dogs, and interpreters; and encourage all other marae-based initiatives to also meet those requirements
- 7.14.8 Training and development of trilingual interpreters for Deaf people occurs.
- 7.14.9 Debate is encouraged, lead by Maori with disability, on identity, disability and being Maori, including traditional, spiritual and mental health perspectives on disability.

7.15 Pacific People

We believe;

The specific needs of Pacific people with disability, both individually and in the context of their family, must be considered whenever policy is being formulated which may affect them. Further, policy must be flexible enough to take into account that families may also be disadvantaged by an individual's impairment.

Government must ensure;

- 7.15.1 Pacific people with disability are consulted on Pacific people's issues and disability issues.
- 7.15.2 Access to, and quality of, both Pacific and mainstream service provision to Pacific people with disability, their families and communities is improved.
- 7.15.3 Disability workforce development and training for Pacific people is supported, by training Pacific people as providers of disability information and services for their local communities.
- 7.15.4 Capacity building of Pacific people with disability is resourced.
- 7.15.5 More services of, by and for Pacific people with disability are developed.
- 7.15.6 Pacific communities are encouraged to consider disability issues and perspectives and further their own understanding of disability through the development of community-based plans for disability issues.
- 7.15.7 Government acknowledges and adapts to the differences between and within Pacific cultures. For example, differences between generations, and between individuals and families that are established in New Zealand as well as those who are newer immigrants.
- 7.15.8 Training and development of multi-lingual interpreters for Deaf people is supported.
- 7.15.9 The Ministry for Pacific Island Affairs undertakes a leadership role in promoting the participation of Pacific people with disability, and establishes a position with disability expertise.

7.16 Ethnic Minorities

We believe;

There are issues that concern people with disability from ethnic minorities which often inhibit or prevent their choosing a lifestyle that is appropriate to their cultural heritage

Government must ensure;

- 7.16.1 Access to, and quality of service provision to people with disability from ethnic minorities, their families and communities is improved.

- 7.16.2 Disability workforce development and training for people from ethnic minorities is supported, by training such people as providers of disability information and services for their local communities.
- 7.16.3 Ethnic communities are encouraged to consider disability issues and perspectives and further their own understanding of disability through the development of community-based plans for disability issues.
- 7.16.4 The Office of Ethnic Affairs undertakes a leadership role in promoting the participation of people with disabilities from ethnic minorities.
- 7.16.5 Information on the experience of ethnic minority people with disability is collected and used to develop services.

7.17 Women

We believe;

There are issues that relate specifically to women with disability that prevent them from exercising choice and attaining social and economic independence in the home, the workplace, and the community.

Government must ensure;

- 7.17.1 The Ministry of Women's Affairs undertakes a leadership role in promoting the participation of women with disability and establishes a position with disability expertise, awareness programmes viewing women with disability in a positive and dignified light are developed, and the Ministry ceases to treat disability as a subset of health.
- 7.17.2 Programmes aimed at eliminating violence towards women within the home or community, and Government supported community initiatives supporting victims of violence, urgently address the needs of women with disability and all children.
- 7.17.3 The needs of women with disability are addressed, and their perspectives are included in the development of all Government strategies and delegations.
- 7.17.4 Women and girls with disability, regardless of impairment, have the right to participate in the making of informed decisions about their own lifestyles, fertility and sexuality.
- 7.17.5 Criteria and considerations for the health and reproduction-related treatment of women and girls are the same for all women and girls.
- 7.17.6 Women with disability are supported to live independent and secure lives in the environment and with the people of their choosing.
- 7.17.7 Women with disability who are responsible for the care of others must be given access to whatever services are required to enable them to function effectively.
- 7.17.8 Women with disability are assisted in achieving the same level of economic well-being and educational attainment as men through EEO legislation pay equity, affirmative action and other programmes.
- 7.17.9 Women-only services where appropriate are supported.

7.18 Families, Whanau and Carers

We believe;

Families and whanau nurture us during our childhood and youth, and are there to support us afterwards.

Government must ensure;

- 7.18.1 All agencies that support children and families work to ensure they are accessible, appropriate and welcoming to us and our families.
- 7.18.2 The support and choices for those who support us are improved.
- 7.18.3 Education and information for our families is provided, including success stories.
- 7.18.4 Where appropriate, our family, whanau and those who support us are given a legitimate voice in issues that affect them or their loved ones. It is appropriate for them to be involved where the issue is about or impacts on them or the issue relates to a child or youth. In this case, families should be involved to the same extent as they would if the child or youth did not experience disability. It is also appropriate for our families to help interpret our needs when we are not able to communicate independently.
- 7.18.5 A resource kit for professionals on when and how to interact with our families and whanau is developed, this is particularly urgent for professionals dealing with family violence where we are the victims.
- 7.18.6 A free, independent advocacy service, established under the Disability Discrimination Act, is available to assist our families and whanau in advocating for our needs.
- 7.18.7 Mental health service professionals understand the Privacy Act 1993 and our needs and those of our family.
- 7.18.8 Responsibility for caring, payment for supporting, and how to further recognise and value the caring role is clarified.
- 7.18.9 Families have more flexible respite options available to them, including more non-hospital based respite services.
- 7.18.10 When we are moving on from institutions and workshops, our families are given information on the options available to us and they are assured responsibility will not fall on them.

7.19 International Issues

We believe;

The New Zealand Government as a member of the international community has a responsibility to ensure our participation in the international disability community to ensure involvement in sharing of new developments and to promote people with disability's rights and aspirations here and everywhere.

The New Zealand Government must ensure;

- 7.19.1 It leads the development of a United Nations Convention on the Rights of People with Disability, including action against genocide on the grounds of disability, and seeks a Special Rapporteur for Disability within the UN High Commission for Human Rights. In the meantime, it implements and supports ongoing work on the UN Standard Rules for the Equalisation of Opportunities for People with Disabilities.
- 7.19.2 It supports work on disability issues in the Pacific.
- 7.19.3 It ratifies International Labour Organisation Convention on the Rehabilitation of Workers with Disabilities (ILO 159).
- 7.19.4 It takes a lead in promoting the rights of children with disability to survive, live and be supported within their own cultures and societies.
- 7.19.5 Migrants and their families wishing to come to New Zealand are not prohibited to do so on the grounds of disability.
- 7.19.6 Refugee status is granted by New Zealand, and, through New Zealand's lobbying, by the United Nations to asylum seekers who face oppression on the grounds of disability.
- 7.19.7 New Zealanders with disability are supported to be active on international disability issues.
- 7.19.8 We are considered whenever New Zealand's performance is being evaluated against international human rights obligations, for example, the Convention on the Elimination of All Forms of Discrimination Against Women, and United Nations Convention on the Rights of the Child.

8 WHAT WILL HELP ACHIEVE THESE GOALS?

8.1 Implementing the New Zealand Disability Strategy

- 8.1.1 This document provides guidance on how a Government can implement the New Zealand Disability Strategy: Making a World of Difference - Whakanui Oranga. To implement the strategy in the spirit intended, we are to be given the leading voice. DPA leads in providing the collective voice of people with disability in NZ. This document covers the strategy and gives firm details, where it is necessary, to plug some of the gaps in the NZDS.
- 8.1.2 The Government must maintain a position of Minister for Disability Issues. This Minister should be in cabinet, and be our advocate there. The Minister would receive advice directly from an office located at a senior level within the Ministry of Social Development.
- 8.1.3 The successful implementation of the strategy requires an aware, informed, responsive and respectful public service, working collaboratively across departments, and with community agencies, that acknowledges our lived experience of disability as expertise, and treats us with dignity and respect. All departments will have a NZDS implementation workplan, developed with internal and external disability expertise.
- 8.1.4 DPA will have a role in monitoring the work plans and the whole strategy, and we look forward to a larger role in the over-arching review of the strategy. The over-arching review should occur in early 2003 using 2001 Census and follow up disability survey information as the "baseline", with strategic reviews completed at five yearly intervals after that, making use of Census comparisons.
- 8.1.5 The cabinet manual should be amended so as before all policy is signed off the question is asked: "How does this effect people with disability who make up 20 per cent of the population and is this consistent with the New Zealand Disability Strategy?"
- 8.1.6 In advance of the election, the strongest signal a prospective government could send to people with disability about their commitment would be to make one of their half dozen or so major pledges "to make New Zealand a more inclusive Society for people with disability". Implementing the Strategy in the next three years would provide many tangible results.

8.2 A Disability Discrimination Act and Disability Commission

- 8.2.1 As well as the Office for Disability Issues directly advising the Minister, an independent policy and monitoring organisation is needed. Unlike the USA, UK, Australia, and many other countries, New Zealand does not yet have a Disability Discrimination Act.
- 8.2.2 The Office for Disability issues will be small compared with other ministries playing a similar coordination and monitoring role e.g. Women's Affairs and Te Puni Kokiri, so a strong and influential voice is required somewhere. The independent Mental Health Commission was established "to ensure the implementation of the mental health strategy". Though small, it has proved efficient, influential and has achieved success. Independence was critical in leading thinking on the recent shift in values leading to the mental health strategy. The NZDS articulates a similar shift in values around the lives of a broader population, and a specific independent Commission is needed to lead thinking on disability issues. The inability of the Human Rights Commission to resolve the simplest of disability issues, and Government agencies inability to grasp the NZDS, reinforce the need for an independent commission.
- 8.2.3 The Disability Commission would put policy into the public arena and facilitate public debate on disability issues, do research, create resources and provide information.
- 8.2.4 It would also provide a complaints service, and proceedings, offering an alternative to the Human Rights Commission and its processes.
- 8.2.5 Under the Disability Discrimination Act, a disability advocacy service would be established, covering all services, disability and mainstream, public and private, and giving us the right to use an advocate independent of a service provider in all situations. It would also be an alternative to the advocacy service established under the Health and Disability Commissioner Act 1994.
- 8.2.6 The monitoring of the NZDS should follow a formal cycle, based around an annual report back to parliament from the Disability Commission. It should include surveys of our perceptions. An overarching review should be conducted every five years, beginning in 2003, using information from the Census and follow-up surveys.
- 8.2.7 With the implementation of *Our Vision: To Matou Tirohanga Whakamua (2002-2005)*, our vision will be significantly closer to that of:

**A society which provides both equity and maximum opportunity
for all people to participate.**