MINISTRY OF HEALTH
MANATU HAUORA

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Report

Date:	4 December 2020	**Security Level:** IN CONFIDENCE
To:	Hon Carmel Sepuloni, Minister for Disability Issues and Hon Andrew Little, Minister of Health

Disability Support System Transformation: Machinery of Government Scope and Options

Purpose of the report

1. This joint paper accompanies the Ministry of Health's (MoH) Disability Support System Transformation paper. It seeks your agreement to endorse the key features to be reflected in the machinery of government (MoG) arrangements and direction on scope to support the system transformation and MoG arrangements.

Executive summary

2. In April 2018, Cabinet initiated the Machinery of Government Review (the Review) [SWC-18-0029 refers] and in April 2019, responsible Ministers agreed the scope and Terms of Reference [REP/18/11/1502 refers]. The purpose of the MoG Review is to propose one or more options for the organisational form for a nationwide transformed disability support system[1].

3. A MoG Working Group (the Working Group), comprising representatives from the disability community alongside officials, has undertaken work to identify one or more MoG options to support the transformation of the disability support system.

4. The Health and Disability System Review also made recommendations regarding arrangements for disability support services, in particular that disability support services are eventually devolved to District Health Boards.

5. The Working Group do not support the status quo and consider only extensive and transformative change can achieve the outcomes sought through system transformation. Further the Working Group and the wider disability community have made it clear that they do not support the recommendation of the Health and Disability System Review to devolve disability support to District Health Boards, and more broadly want to see disability support shifted out of the health system.

6. The Working Group has also been clear that irrespective of the form MoG arrangements take, these arrangements must ensure that disabled people, family and whānau are heard at all levels of governance and are equal partners in a system that embeds Te Tiriti o Waitangi and meets the needs of disabled people, family and

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[1] For the purpose of this paper, the disability support system refers to the Disability Support Services and associated strategic and regulatory policy, funding, and commissioning that sit predominantly within MoH.

whānau. The Working Group has developed seven features that they want reflected in any MoG arrangements. We seek your endorsement of these features.

7   The disability support system and associated strategic and regulatory policy, funding, and commissioning sit predominantly within MoH. Other agencies such as Ministries of Social Development and Education and the Office for Disability Issues (ODI) have disability related policy, advocacy, funding and service delivery functions across the wider disability system.

8   The experiences of disabled people, family and whānau interacting with the disability support system, tell us that there are several issues with the current MoG arrangements that result in their voice not being heard at all levels of the system, fragmentation across the system and a medicalised model that focuses on health outcomes rather than a person's whole life.

9   Choices about the form of MoG to deliver system transformation need to be informed by the scope for the transformation and considerations such the functions (and governance of the functions) needed to support system transformation, sustainability to respond to future changes, and arrangements that will most likely contribute to good outcomes and costs. Further work is needed as part of the system transformation design to clarify these issues and enable informed decisions on what form MoG arrangements should take.

10   We seek direction from Ministers on the preferred scope for system transformation. The scope for the disability support system transformation could be limited to people eligible for services within the disability support system and the associated functions or it could take a broader view of the disability system to include the whole disability population and disability related functions across the system.

11   There are merits and trade-offs with each of the scopes and the subsequent options. A narrow scope would allow a focus on addressing the issues identified within the disability support system and to test and implement a new commissioning framework within an agency.

12   A broader scope provides the opportunity to create more meaningful change and leadership across the whole system for all disabled people and to action the values of Te Titiri o Waitangi, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), and the Disability Strategy. It also moves towards the Working Group's preference for a rights-based system.

13   There is a risk that a broader scope with one agency responsible for disability, dilutes the responsibility of other government agencies for outcomes of disabled people. For instance, MoH would need to continue to play a key role in improving health outcomes for disabled people.

14   While the nature of the scope does not rule out any of the options, some options may be more appropriate and effective depending on the nature of the preferred scope. Several MoG options have been identified:

s 9(2)(f)(iv)

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15   There are risks of expanding too broad, too soon and ahead of a clear plan to transform and implement the current disability support system. As such, you may wish to consider a phased approach that starts with the development and implementation of a new commissioning framework for the disability support system and which includes consideration of transition of Government's broader disability

leadership, policies and service delivery functions and MoG arrangements over the medium to longer term.

16 Work on the detailed MoG options will need to include consideration of the recommendations made by the Health and Disability System Review and how system transformation fits alongside these recommendations as well as other work such as the Ministry of Social Development led Accelerating Accessibility work programme[2]. This will involve working closely with the Health and Disability System Review Transition Unit.

17 Following your agreement and direction on the scope for transformation and options, officials will progress detailed work on the MoG options alongside the Health and Disability System Review report back to Cabinet scheduled for March 2021.

Recommended actions

It is recommended that you:

1 **Note** that there are a number of possible machinery of government options for the transformed system each of which would provide a different organisational form and institutional arrangements and will be informed by the scope for system transformation

2 **Agree** to endorse the set of seven mana, self-determination and voice key features which will be reflected in the final machinery of government arrangements for the transformed system

Agree/Disagree

3 **Note** that other criteria including, effectiveness to deliver on system transformation and outcomes for disabled people; impact on core functions and performance; sustainability and future viability to adapt and respond to changing circumstances, costs, ease and risks of implementation; and legal considerations will be considered

4 **Note** that the machinery of government options are high level at this stage and direction and further work on the scope and design for system transformation is needed to inform the detailed work on the machinery of government options

5 **Note** that more substantial engagement with other agencies on the machinery of government options is required to progress these options

6 **Indicate** the scope of machinery of government arrangements that you want officials to progress further detailed advice on:

1. eligible population and services within the Disability Support System

Yes/No

2. whole of disability population and cross-government disability functions

Yes/No

3. scopes 1 and 2 – a phased approach which starts with scope 1 with the intention to transition to scope 2 over the medium to long term

Yes/No

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[2] Introduction of an Accessibility for New Zealanders Act is a manifesto commitment.

7 **Note** that any machinery of government arrangements for the transformed system will need to be considered in the context of other disability-related work including the Health and Disability System Review and the Ministry of Social Development led Accelerating Accessibility work programme

8 **Note** that the Machinery of Government Review Working Group and wider disability community do not support the recommendation of the Health and Disability System Review to devolve disability support to District Health Boards

9 **Agree** to seek agreement from Cabinet on the preferred machinery of government arrangements for the transformed system alongside the Health and Disability System Review report to Cabinet in early 2021

Agree/Disagree

10 s 9(2)(f)(iv)

Agree/Disagree

11 **Agree** that officials can share this report and decisions on this report with the disability community

Agree/Disagree

_____   7/12/20
Julia Bergman   Date
General Manager
Disability, Seniors and International Policy,
Ministry of Social Development

                                                 4/12/20

_____   _____
James Poskitt   Date
General Manager
Disability, Strategy, Policy and Performance,
Ministry of Health

_____   12/12/20
Hon Carmel Sepuloni   Date
Minister for Disability Issues

_____   _____
Hon Andrew Little   Date
Minister of Health

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Background

18 In April 2018, Cabinet agreed to initiate the Machinery of Government Review (the MoG Review) [SWC-18-0029 refers]. In April 2019, responsible Ministers agreed to the scope of the Review and the Terms of Reference [REP/18/11/1502 refers].

19 The purpose of the Review is to propose one or more options for the organisational form for a nationwide transformed disability support system, and governance arrangements, including the leadership role of disabled people, families and whānau partnership with government, to support that system. The MoG Review is led by a Working Group comprised of representatives from the disability community alongside officials from the Ministries of Social Development and Health, Oranga Tamariki, and the Public Service Commission.

The current machinery of government do not adequately allow the voice of disabled people, family and whānau to be heard

20. Machinery of Government (MoG) refers to the governance, functions and structures of government. MoG for the disability support system includes the organisations providing disability support services, their functions and governance arrangements, and how they work to deliver results to Ministers and the public. MoG also includes aspects that are non-structural in nature, i.e., system-design aspects that may not require legislative or Orders in Council to affect.

21. The disability support system refers to the Disability Support Services. The status quo MoG arrangements and responsibility for functions such as strategic and regulatory policy, funding, and commissioning for the disability support system sit predominantly within the MoH.

22. Other agencies such as the Ministries of Social Development (MSD) and Education (MoE), the ODI and the Accident Compensation Corporation have different roles and functions, including regulatory, policy, advocacy, funding and service delivery. For example, the following provides an illustrative example (and not exhaustive) of the types of functions and roles:

Table one: Example of disability roles and functions across government

• **ODI:** disability policy and advocacy and advancing disability rights, New Zealand Sign Language Board
• **MSD:** disability policy, service delivery, Work and Income – employment services and financial assistance, funding e.g., Community Participation, Very High Needs and supported employment
• **MoH:** Disability Support Services, Needs Assistance Service Co-ordination, mainstream health services
• **MoE:** Learning support
• **ACC:** Delivery of ACC scheme and injury related disability services
• **Ministry of Transport:** Total Mobility Scheme

23. Based on the experience of disabled people, family and whānau, who interact with disability support system, several key issues have been identified with the current MoG arrangements:

• the voice of disabled people, family and whānau is not built into the MoG arrangements and pathways for disabled people, family and whānau to be heard are unclear

- there is a lack of accountability to disabled people, family and whānau who are not adequately involved in the governance of the disability support system

- Tāngata whaikaha are not equal partners in the governance of the disability support system

- the cross-government disability support system is fragmented, with responsibility for the provision of supports and services split across multiple agencies

- the current alignment of the disability support system with the health system promotes a medicalised model focused on health outcomes, rather than an all of life approach to disability.

24. While MoG arrangements can address some of the issues, structural change is unlikely to be the full solution for successful system transformation.

The Working Group has been clear that the status quo is not an option

25. The Working Group does not support the status quo and believe that only extensive and transformative change can achieve the outcomes sought through the system transformation. The Working Group and wider disability community has also made it clear that they do not support the recommendation of the Health and Disability System Review to devolve disability support to District Health Boards (appendix two provides a thematic summary of the views of the Working Group).

26. The preference of the Working Group and the wider disability community is to lift the disability support system out of the health system. They consider the disability support system remaining in the health system will continue to perpetuate poor life outcomes with disability being viewed as a health issue to the detriment of taking a broader and whole of life approach to disability.

27. To address the problems with the current MoG arrangements, the Working Group developed a set of key features to be reflected in any arrangements to ensure the voice of disabled people, family and whānau are incorporated in the system. These key features are based on what disabled people, family and whānau want to see for the transformed system and will also be critical to the design of the transformed system.

28. The key features are shaped around the concept of 'mana, self-determination, and voice' which best represents the features and what they aim to achieve. Mana represents the strength and inherent dignity of disabled people and their contribution to society. Self-determination recognises that disabled people, family and whānau are experts in their own lives and should have control over their lives. Voice acknowledges that disabled people, family and whānau are heard through multiple channels and their voices incorporated into decisions that affect them.

29. The key features are:

1. ensure arrangements, which include engaged decision making and clear communications, are transparent, accountable and timely

2. enable voice of disabled people, family and whānau to be heard through multiple channels

3. enable capability building for disabled people, family and whānau

4. partnership between disabled people, family and whānau, and government is built on trust, mutual respect, and a shared purpose

5. ensure there is proactive engagement with disabled people, family and whānau throughout the process

6. voice mechanisms are independent and an integral part of machinery of government

7. make certain that machinery of government arrangements are collectively responsible to hear, respond and adapt to the voices of all.

We seek your direction on the scope of system transformation to progress work on the machinery of government options

30. The scope could either be limited to people eligible for services within the Disability Support System and the associated functions or it could take a broader view of the disability system to include the whole disability population and disability related functions across the system. We seek from Ministers an indication of preferred scope for system transformation.

31. While the nature of the scope does not rule out any of the options outlined in the table on pages 9-10, some options may be more appropriate and effective depending on the nature of the preferred scope.

Scope 1 for system transformation: eligible population and services within the Disability Support System

32. This scope would be limited to people eligible for services within the disability support system and the associated system functions. Under this scope MoG arrangements could remain within the health system or be transferred to another agency with changes to the commissioning framework.

33. The Working Group considered the Whānau Ora model as an example of a different commissioning model. It is acknowledged that there is no single Whānau Ora approach. One of the documented benefits of the Whānau Ora and Enabling Good Lives approaches are that they enable localised and locally led solutions and one model invests directly in whānau. For Māori, Pasifika, and disabled people, family and whānau this approach is critical to success. Other commissioning models will need to be considered, including the implementation at regional and local levels.

Scope 2 for system transformation: whole of population and cross-government disability functions

34. This scope would include people eligible for disability support services and associated functions and widen to reach broader populations. Broader populations could include disabled people, disabled older people and children and young people, not eligible for services within the disability support system as well as broader policy, advocacy and funding functions that sit across several agencies, including the Ministries of Social Development, Education and the ODI.

35. Possible MoG arrangements could include an Interdepartmental Venture model (as under the Public Services Act 2020) or a new departmental agency with the ability to house all disability related functions. Under this option, a new department could be established within an existing agency or a new standalone department could be created.

36. Taking a narrower scope would allow for a focus on transforming the system for all people eligible for services within the disability support system and testing and rolling out a new commissioning model but risks missing an opportunity to create more meaningful change for all disabled people.

37. A wider view of disability could create meaningful change and leadership across the whole disability system that takes a whole of life approach and embodies the values of Te Tiriti o Waitangi, the United Nations Convention of the Rights of Persons with Disabilities, and the Disability Strategy. There is a risk that a broader scope with one agency responsible for disability, dilutes the responsibility of other government agencies for outcomes of disabled people. For instance, MoH would need to continue to be play a key role in improving health outcomes for disabled people.

38. The broader scope (scope 2) is preferred by the Working Group and wider disability community.

Scope 3 for system transformation: phased approach to scope 1 and 2

39. Ministers may wish to consider a phased approach to the scope. For instance, phase one of system transformation could focus on disability support system and the development and implementation of a new commissioning framework within an agency. The new commissioning framework could remain within in MoH or transfer to another existing agency which would be the preference of the Working Group.

40. Phase 2 of system transformation could consider a broader view of the wider disability system, including population groups outside disability support system eligibility and other disability related functions (policy, funding and advocacy), and bringing these together with the new commissioning framework under a new structure, such as a new Ministry or Interdepartmental Venture.

Several MoG options could give effect to system transformation and make changes to the existing system

41 The table on pages 9-10 provides a high-level overview of each of the MoG options organisational form and functions.

42 Choices about the form of MoG to deliver system transformation need to be informed by considerations such as the role of government, the functions (and governance of the functions) needed to carry out the role, funding arrangements and the powers required to support the transformation. Further work is needed as part of the system transformation design to clarify these issues and enable informed decisions on what form MoG arrangements should take.

43 There will be costs to implementing new MoG arrangements under either scope for transformation. s 9(2)(f)(iv)

44 To date, the MoG Review has focused on MoG arrangements or how government needs to arrange itself to give effect to a transformed system. We will also need to understand the role of other players, including non-government providers of disability support and any implications transforming the system will have for them. For example, on a larger scale, we need to understand the impact of moving to personalised budgets on providers and disabled people becoming employers within the disability support system.

s 9(2)(f)(iv)

For disabled people, family and whānau success means they are heard and are equal partners in a transformed system that embeds Te Titiri o Waitangi and meets their needs

45. Importantly success means that a Te Tiriti o Waitangi framework is embedded at all levels of the transformed system (governance level, strategic level, service level) so that tāngata whaikaha are partners within the transformed system. A successful and genuine embedding of Te Tiriti o Waitangi will be built on the values of kāwanatanga (partnership and shared decision making), rangatiratanga (protection, revitalisation and development of taonga Māori) and rite tahi (equity, participation and equality). The principles of this framework also connect with Pasifika to enhance their mana and place in the transformed system.

46. The Working Group developed a number of success criteria they want to inform the MoG options. They advised that the transformed system will also be successful when the voice of disabled people, family and whānau is built into the transformed system at all levels and disabled people, family and whānau are equal partners in the system and that the needs of disabled people are met when:

- there is a broad treatment of disability in line with Te Tiriti o Waitangi, the UNCRPD, and the Disability Strategy which focuses on all life outcomes, not just health outcomes

- fragmentation is reduced and services across the disability system are streamlined

- funding is more individualised and flexible thereby enabling greater choice, control and decision-making authority for disabled people, family and whānau

- the system is future proofed, including MoG arrangements with the scope to be broader than just the disability support system.

47. It is noted that there are crossovers between the success criteria above and the key features identified (paragraph 29 of this report refers). The Working Group intends the criteria and features to be used for different purposes. The success criteria will inform the assessment of the MoG options while the features are what is important to the Working Group irrespective of the form of the MoG arrangements.

48. As well as ensuring the success criteria of the Working Group are reflected in the MoG arrangements, further work is needed to assess preferred MoG options, including:

- costs and benefits

- effectiveness to deliver on system transformation

- likelihood of improving outcomes for disabled people

- how each option will affect existing core functions and performance

- sustainability and future viability (e.g. will the option be able to adapt and respond to changing circumstances)

- ease and risks of implementation

- legal considerations and requirements.

49. Engagement and consultation with other agencies that could be impacted by changes to MoG arrangements, including ACC, is also needed.

MoG arrangements for system transformation need to consider other disability related work, in particular the Health and Disability System Review

50. Other significant disability related work, such as the Health and Disability System Review and the Accelerating Accessibility work programme, will also have implications

for MoG arrangements. Any change to MoG arrangements for the disability support system needs to be cognisant of this related work, including overlaps of the work programmes.

51. As previously noted in this report, the disability community has been explicit that they do not support the disability specific recommendations of the Health and Disability System Review. These recommendations do not align with what the community wants and expects from system transformation. Further while disability support-related recommendations of the Health and Disability System Review broadly support the directions being taken by the system transformation work programme there are considerable differences in the approach to MOG issues. In particular the allocation of disability support being a tier 1 health service, with remaining disability support functions being devolved to DHBs is something the disability community does not support.

52. MoH's Disability Support System Transformation paper seeks your agreement to seek Cabinet endorsement to progress the system transformation work, an implementation plan for system transformation alongside the Health and Disability System Review report to Cabinet in March 2021. This approach would enable a stronger focus on disability issues and greater alignment with the Enabling Good Lives approach and expectations of disabled people, family and whānau.

53. Work on the detailed MoG Review options will need to include consideration of the recommendations of the Health and Disability System Review and how system transformation fits alongside these recommendations. This will involve working closely with the Transition Unit.

Next steps

54. Following joint Ministers' direction on the scope for system transformation, officials will progress detailed work on the MoG options in conjunction with the Working Group and other government agencies.

Appendix One: Thematic Analysis of Machinery of Government Working Group

Note: the following summary was developed from a series of two workshops with the Working Group. The following summary reflects the views of the Working Group and not those of government agencies. Note the workshops also included representatives from Te Ao Mārama, the Whanau Ora Interface Group and a representative from the Disabled People's Organisations Coalition.

Purpose

This document provides a concise summary of the key insights expressed to officials by representatives of disabled people, family and whānau during our Machinery of Government workshops. This document was written by officials but has been checked by workshop participants for authenticity.

Scope

Whole of life, not just Health: Disability support to date has primarily been about health, any new system should take and all of life approach which will enable disabled people to achieve self-determined outcomes.

A Tripartite Relationship: This mahi should be progressed with a recognition that The Crown, disabled people, family and whānau, and tāngata whaikaha are all equal members of this relationship.

Holistic, Not Monolithic: Any new system must unify government responses, but resist other departments ceding their responsibilities to it. Transport, Education, Health etc should all maintain their unique relationships and mahi with disabled people.

Key Functions

Joined-Up Governance: Leaders, policymakers, providers and participants should all understand where the waka is going and how their mahi contributes to that kaupapa.

Transparent Policy: Isolated silos should be avoided, and fragmentation reduced. Policy should be developed transparently with and clearly understood by officials, providers, disabled people, family and whānau.

High-Trust Budgeting: Funding should be flexible and provided swiftly for maximum impact. Compliance mechanisms should come later and not compromise support. Funding must be adequate to realize the aspirations of disabled people, family and whānau, and be inflation adjusted.

Outcomes evaluation framework: This would encompass the functions of monitoring, compliance, complaints etc but provide a more mana enhancing strengths-based approachwith a focus on development. Recognize mana, the system should shift in line with feedback. Progress should be transparently communicated alongside failures.

Empowering Commissioning: The voice of disabled people, family and whānau must be heard and empowered at all levels of the commissioning. Supports should be flexible and adaptable to evolving preferences of disabled people, family and whānau.

He Tāngata, He Tāngata, He Tāngata: In all functions and at all levels, we prioritize recognizing, empowering and valuing disabled people and their whānau. The system should partner with, cede authority to and trust disabled people, family and whānau.

Ensuring Accountability In all functions and at all levels there are established processes of accountability to disabled people, family and whānau.

Comments on Structural Options

Do Not Devolve to DHBs: Disability is not just about health; it is an all of life issue. Further embedding it within the health system is inconsistent with our kaupapa, the UNDRPD and Te Tiriti.

A 'Whare' for disabled people, family and whānau : Any new system should provide a single place for disabled people, family and whānau to hui, co-ordinate and have their voice heard and responded to by government. Our preference is that whatever system we choose be called a 'ministry'.

Departmental Agency

Pros

- A good option for explicitly broadening the scope of disability to be consistent with UNCRDP, Te Tiriti and the Disability Strategy.
- Could provide leadership and pull functions together from across government.
- A very good 'whare' for the disabled people, family and whānau, vastly improving ease of use for disabled people.

Cons/Risks

- Other agencies must retain their responsibilities to engage with disabled people, family and whānau. This should not be another silo.
- It is critical this agency is resourced sufficiently.
- This approach does not address inequities between those born with a disability and those who acquire them from accidents.
- MoH/MSD have a lot of this mandate already. A new department would need to carefully manage its culture to avoid copying mistakes of the past.

ACC

Pros

- Addresses inequities between those born with a disability and those who acquire them from accidents. Upholds principle of 'mainstream first'.
- Long-term, invest early approach.
- Potentially the best 'future proofed' option. Able to legislate disability funding and flexible supports, making them hard to erode over time.

Cons/Risks

- Shifting ACC's mandate would require legislative change and may not be possible.
- ACC has a mechanistic culture, not a rights-based one. Inconsistent with whānau Ora, Te Tiriti and UNCRPD principles.
- Co-Governance would be challenging with an existing structure like ACC. Would require significant culture change.
- Disability is significantly larger in scale than ACC.

Whānau Ora Model

Pros

- EGL, Whānau Ora and Te Tiriti principles written into the core of the system, a very coherent approach.
- Excellent stories, history and culture of disabled people, family and whānau involvement to build upon.

- An independent complaints mechanism is already delivered through the Health and Disability Commissioner and the Office of the Ombudsman.

Cons/Risks

- There is no single 'Whānau Ora' approach to copy, would require a lot of development.
- Disability is significantly larger in scale than Whānau Ora.
- Whānau Ora has struggled to attracted funding, been evaluated to death and focused too much on providers in the past.
- People do not know how Whānau Ora works, so it may struggle to provide a 'whare' for disabled people, family and whānau. It's not the 'ministry' disabled people, family and whānau want.

Success Criteria Comments

Guiding Values: The new system should embody the expressed values of the UNDRPD, Te Tiriti and The Disability Strategy. This requires a broad treatment of disability, incremental changes to existing systems are not enough.

"Nothing About Us, Without Us": Mechanisms must be present which ensure the voice of disabled people, family and whānau is heard clearly, considered carefully and responded to effectively.

Co-Governance: Ability for co-governance should be carefully built into the new system and have explicit and clear reference to Te Tiriti.

Genuine Partnership: The new system should cede power to disabled people, family and whānau and foster their capacity to contribute directly to the system and be meaningfully accountable.

The Disability Strategy and the UNCRPD: should inform all strategy, policy and operational functions that impact on disabled people's supports.

Mana Enhancing: The system should include and bolster the mana of disabled people, family and whānau (leaders, groups, individuals) rather than only working on their behalf.

Recognizing Expertise: Disabled people, family and whānau are experts in their own lives. We should recognize, value and harness this expertise. Expertise amongst workers and providers should also be valued, nurtured and compensated.

Adequate Funding: The system must be funded at a level that supports meaningful change and is inflation adjusted. The rights of disabled people, family and whānau should trump attempts to limit funding.

Flexibility and Ease of Use: The system should shift in line with the will of disabled people, family and whānau and be easy to use by disabled people, family and whānau.

Trust: The structure should presume good intent, rather than assuming disabled people, family and whānau will exploit their support.

Future-Proofed: Success criteria will change over time, so criteria should be flexible and resistant to erosion. Review processes are built in to ensure the structure changes in line with the needs of disabled people, family and whānau.

Strengths-Based: The system should focus on developing the strengths of disabled people, family and whānau, not their limitations.

Equitable Outcomes: Outcomes should be equitable.

Equal Weight: All criteria should be given equal weight.

Additional Insights

Trauma, Space & Understanding: Existing systems have harmed, disempowered and marginalized disabled people, family and whānau. To thrive, space must be made for disabled people, family and whānau to heal, fail and grow with support and without risk of disengagement from The Crown.

MSD as Tuakana Kaitiaki: MSD has done some exceptional mahi in transforming the EGL vision into a reality. In Manawhai Kaha, MoH proved less able to produce outcomes for disabled people and this eroded trust. In future, there is a preference that MSD be tuakana kaitiaki to MoH.

Expanding ACC: Perhaps ACC's mandate could be expanded beyond accidents and folded into a new department? This could provide the best of both worlds.

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Author: [Outside Scope] Principal Policy Analyst, Disability, Seniors and International Policy

Responsible manager: Julia Bergman, General Manager, Disability, Seniors and International Policy