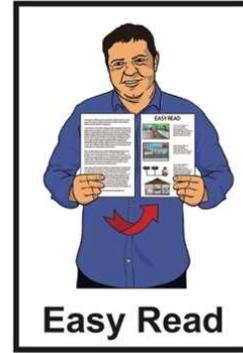




Te Kāwanatanga o Aotearoa
New Zealand Government



MINISTRY OF HEALTH



Summary – Provisional Health of Disabled People Strategy 2023

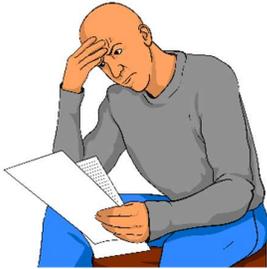


Published: January 2024

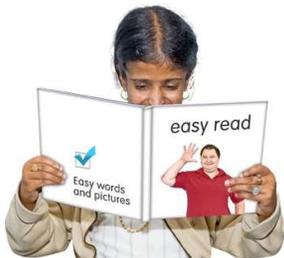
Before you start



This is a long document.



It can be hard for some people to read a document this long.



Some things you can do to make it easier are:

- read it a few pages at a time
- set aside some quiet time to look at it
- have someone read it with you to support you to understand it.



What you will find in this document

Page numbers:



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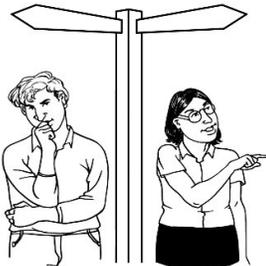


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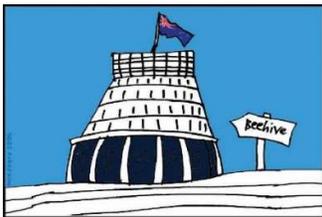


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About this document



This Easy Read document is from Manatū Hauora – the Ministry of Health.

When you see the word **we** in this document it means the Manatū Hauora – the Ministry of Health.



This is an Easy Read **summary** of a bigger report called the **Provisional Health of Disabled People Strategy**.



A **summary** is a smaller document with the main things from a bigger document.



You can find the full report here:

shorturl.at/bizM2



The full report is **not in** Easy Read.



In this document the Provisional Health of Disabled People Strategy is called **the report**.

About the report



The report is about how Aotearoa New Zealand can have **equity**:

- in:
 - health
 - **wellbeing**
- over the next 10 years for:
 - disabled people
 - their whānau / families.



Equity means that everyone has a fair chance at things.



Wellbeing means how people feel about their lives.



There are over 1 million disabled people in Aotearoa New Zealand.

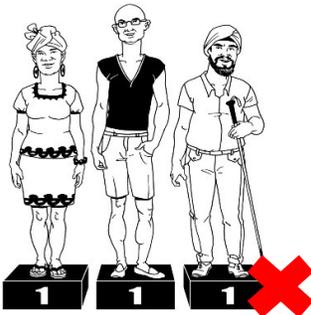
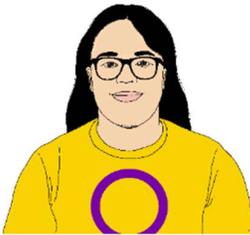


We know that disabled people experience **inequity** in health care like:



- tāngata whaikaha Māori / Māori disabled people
- Pacific disabled people
- people with learning disability
- disabled people from **rainbow communities**.





Rainbow communities means people who are:

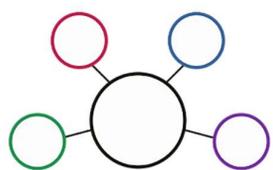
- lesbian
- gay
- bisexual
- transgender
- queer
- intersex
- asexual.

Inequity is when things are not fair for everyone.

We want everyone to be able to access a health care system that:



- is fair
- is fully accessible which means that it is easy for everyone to use
- thinks about all the things that affect your health / wellbeing.



Health organisations will use this report to help them do this.



While making this report we have considered:

- Te Tiriti o Waitangi / The Treaty of Waitangi
- the **United Nations Convention on the Rights of Persons with Disabilities**
- the **New Zealand Disability Strategy 2016 – 2026.**





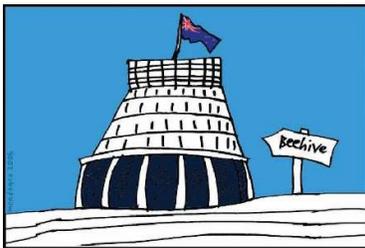
Te Tiriti o Waitangi / The Treaty of Waitangi is a legal document that was signed in 1840.



Te Tiriti / The Treaty is important to Aotearoa New Zealand.

It is about Māori and the New Zealand Government:

- making decisions together
- protecting things that are important to Māori.



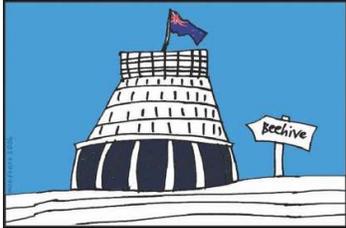


The **United Nations Convention on the Rights of Persons with Disabilities** is a law lots of countries have agreed to.

The United Nations Convention on the Rights of Persons with Disabilities is also called the **UNCRPD**.



It says what governments must do to make sure disabled people get the same rights as everybody else.



The **New Zealand Disability Strategy 2016 – 2026:**

- says what disabled people have said is important to them
- tells the Government how to make good decisions about disabled people.



You can read an Easy Read document called **New Zealand Disability Strategy 2016 – 2026** here:

www.shorturl.at/mopvl

What people have told us

We made the report after:



- talking to:
 - disabled people
 - their whānau / families
- looking at:
 - the health of people of different backgrounds
 - how the health system is taking care of people
 - other health research.





We were told that disabled people want:

- to be heard
- to make their own choices about their health / health care
- a health system that respects tāngata whaikaha Māori / Māori disabled people
- better access to health care that is:
 - based in their community
 - focused on supporting them before they get very sick
- more disabled people working in health care
- more disabled people in health research.



Priority areas



Priority means the things that are the most important.



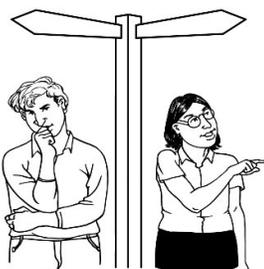
At the end of our report we found that there are **5 priority areas**.

The rest of this document will go over these 5 areas.

Priority 1: Assisting you to make your own choices



Making this priority happen means that people can be confident that their choices will be respected by the health system.



The health system will assist in **supported decision making** when **appropriate** for:



- disabled people
- their whānau / family



- carers
- supporters.



Supported decision making is when you get support to make your decisions.



A **supporter** is someone who helps you:

- understand your choices
- think about what you want
- think about what may happen when you make a decision.

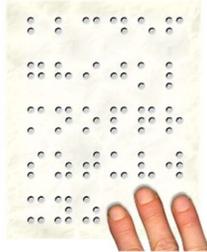


Appropriate means you will be assisted in supported decision making when it is safe for you.



Accessible health information will be available at all times.

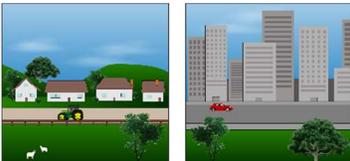
This means the information will be given in a way that people can understand like in:



- Braille
- Easy Read
- New Zealand Sign Language.



Health organisations will often talk with people around Aotearoa New Zealand including in **rural areas**.



Rural areas are places away from cities where not many people live.

The health system will put these things first:



- **prevention** – trying to help people before they get very sick

- more chances for disabled people to access things like:
 - **early diagnosis** – finding out what is affecting people as soon as possible

 - **intervention** – how to treat people who have just found out about a medical condition.



Priority 2: Making sure the health system works well for all disabled people



Making this priority happen means that health organisations will work with disabled people to create health services that are:

- fully accessible
- community based
- focused on stopping health conditions from happening.



This includes access to:



- sexual services
- reproductive health care services
- equipment which is the things used to treat people.

The health system will acknowledge the value of:



- kaupapa Māori services – services that work in a Māori way of doing things



- mātauranga Māori / Māori knowledge
- rongoā Māori / traditional Māori healing.



We will also make sure that tāngata
whaikaha Māori / Māori disabled
people have their **culture** respected
when they use services meant for
everyone.



Culture is a way of:

- thinking that a group shares
- doing things as a group.



People will be given clear information
about how they will be taken care of.



This includes at important times like
when someone goes from child
health services to adult health
services.

Priority 3: Working with other government agencies

Making this priority happen means that the health system will acknowledge that disabled people have different:



- experiences to other people
- health needs to other people.



The health system will work with other government agencies to assist disabled people to access support services for things that affect their health like:



- housing
- education / learning.



Priority 4: More disabled people as health care workers



Making this priority happen means that more disabled people will have jobs in the health system.



Work places will be safe places for people of different backgrounds like:

- tāngata whaikaha Māori / Māori disabled people
- Pacific disabled people
- disabled people from rainbow communities
- disabled people from **ethnic** communities.



Ethnic communities means people from different countries like:



- Aotearoa New Zealand
- India
- Samoa.

Work places will also be better at including:



- Te Tiriti o Waitangi / The Treaty of Waitangi

Enabling Good Lives



- **Enabling Good Lives** ideas
- disability rights
- disability needs.

Enabling Good Lives



Enabling Good Lives is a different way of thinking about disability support.

Enabling Good Lives is about having:

- choice and control in your life
- the support you need and want
- a good life.

Priority 5: More disabled people included in health research

Making this priority happen means that there will be more research that includes:



- disabled people
- tāngata whaikaha Māori / Māori disabled people
- their whānau / families.



Disabled people will be able to decide how:

- their information is used within the health system
- health services are made.





The health system will also support **research** done by disabled people.



Research is finding out information about something.



Health organisations will get in touch with disabled people often on how their information is being used.



This information has been written by Manatū Hauora – the Ministry of Health.



It has been translated into Easy Read by the Make it Easy Kia Māmā Mai service of People First New Zealand Ngā Tāngata Tuatahi.



The ideas in this document are not the ideas of People First New Zealand Ngā Tāngata Tuatahi.



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