**DISABILITY WORKING GROUP**

**Key Messages March 2024**

**Easy Read Format**

**Members**: John Marrable, Kirsten Dixon, Jaime Randhawa, Paula Waby, Te Aroha Springford, Kim Kennedy, Jacqui Eggleton, Philippa Henderson, Adam Hall,

**Standing members:** Kathryn Harkin, Jack Devereux, Ruth Zeinert,

**Apologies**: David Bainbridge-Zafar, Vanessa Taane, Heather Clay,

**Guests**: Shyla Hona from ASB Community Banker

Moko Mataa from Te Whatu Ora National Disability Strategy Team

The Disability Working Group members met on Friday 15 March 2024.

* Actions Update:
* Good? Service – Service that supports people leaving hospital and going back home is a privately owned service, no funding available publicly.
* The meeting with Deaf Aotearoa was held in early December. Large challenges with interpreters nationally, including the booking and invoicing process. We have it better in the Southern region.
* Now able to sort outpatient clinic lists by “Impairment filter” - next step is getting the data into the system, and finding what barriers we might encounter. Members will be asked to take part in this soon.
* Next “Quarterly Forum” - end of April
* **Talk by Shyla Hona, community banker with ASB Bank spoke on “financial wellbeing”.**

Financial wellbeing is about having security and freedom of choice in both now and in the future.

Financial background has important impact on future financial decisions.

Example of banks not understanding why spending might be different for whānau with disabilities.

Deaf community often have special employment needs in place, eg self-employed but bank doesn’t necessarily understand these. Also need to provide for people who are Deaf or hearing impaired.

Person with intellectual disabilities who withdrew money at request of another person. Notes on file but were overlooked. - how to stop this in future?

3 monthly contacts with customer to ensure that everything is ok. A range of financial wellbeing workshops for people as well. Keen to identify apps which can help people with disabilities as well.

Suggestion of talking to learning support teams in high schools, but this has been poorly supported by schools. She is very keen and wants contacts. Keen to go to specialists’ schools but hasn’t had any contact with them.

A lot of people with disabilities don’t have internet or computers and even opening a bank account with a lot of paperwork, and no ID can be hard.

* **Moko Mataa from national Disability Strategy team**.

It has been identified that many want to work with disability but limited tools to help with this in New Zealand compared with overseas

A lot of areas in how to progress towards where they wanted to be.

Co-designed framework with consumers as well.

Has been rolling this out for around 18 months. Six areas, with several sub-areas as well.

Example of having disabled people in leadership roles. Attitudes and behaviours the biggest challenges currently.

Looking to change towards a “rights-based” model which is not about there being something wrong but about enabling the person to take part fully.

* Round table
* Philippa spoke about the IHC “Research Report” from “Data to Dignity.”

People with an intellectual disability have worse health than other people and they usually die much younger.

Māori with an intellectual disability can die much younger.

People with intellectual disability more likely to have “ongoing health issues” or mental health conditions and use health services more than others. Also more likely to have more possibly avoidable hospital treatment than others.

* St John are doing a cost study on providing a health shuttle.
* A question which has come up is around appointment time.

Can there be note of out-of-town patients, be on their file, so they can be booked in the middle of the day instead of early in the morning?

It would be good if the choice of times was with the consumer. Survey has come out with questions around this.

* Kirsten has talked to Jason Evered from “Stronger Waitaki” and met with members from the “Stronger Waitaki” about starting a group for the area, and one of the members is looking at who is most likely to be affected as a minority group and could be a part of this as well.
* The “Time for Change” spoke about equity but only in relation to Māori and Pasifika.

Kirsten has asked for disabled to be considered in this as well.

In the past there has been a big gap between Māori Deaf and White Deaf, it makes it very hard to access mental health. There is a group called “Platform Trust” who have established a system called “Deaf Mental Health”, all about Deaf Māori and saying there is not enough inclusion. Not enough resource, not enough professionals who use NZSL.

* Accessibility report underway for Southland Community Services building. Hoping to identify projects which can be done quickly for low cost. Also doing a report on the accessibility report on the new hospital inpatient building in Dunedin plans.