

Disability Support Services

Faiva Ora

National Pasifika Disability Plan

January 2014 - June 2016

1. EXECUTIVE SUMMARY

FAIVA ORA 2014 - 2016

Faiva Ora¹ translates to ‘the work for life’. It embodies the Pasifika world view that an individual represents not only the person but his or her family collective, community and heritage. In pursuit of an inclusive and fulfilling life with more choice and control, it is important that a Pasifika person with a disability is connected to their culture and work with their collective family and community supports.

This Faiva Ora spirit of working together transcends to the wider disability sector. It encourages disability support services, Government agencies and Pasifika communities to work together to achieve Faiva Ora’s vision - Pasifika disabled people and their families can live in their home and take part in their community in the same way other New Zealanders do.

Over the next three years, the Faiva Ora plan will deliver on three priority areas to achieve its vision. It will aim to ensure Pasifika peoples are aware of, understand and know how to access disability services. It will support disability support services in their response to meet the needs of its Pasifika service users and ensure family members and carers of Pasifika disabled people are supported to provide quality and friendly care.

These priorities have been informed by Ministry of Health priorities, consultation with stakeholders and guidance from the Faiva Ora Leadership Group². It builds upon achievements from the previous Faiva Ora plan 2010 -2013.

The Ministry of Health has contracted Le Va to support the implementation of Faiva Ora. The Faiva Ora Leadership Group will monitor implementation of the plan and provide ongoing advice to Le Va and the Ministry of Health.

¹ Faiva – Samoan word for ‘work’ and ‘Ora’ is Cook Island word for ‘life’

² Group comprised of Pasifika people with disabilities, family members of Pasifika people with disabilities, Pasifika disability workers and community leader.

2. INTRODUCTION

FAIVA ORA 2014 -2016

Faiva Ora 2014–2016 is the second national Pasifika disability plan and follows on from the achievements (Appendix 1) of the first Faiva Ora 2010 -2013 plan. This three year plan is aligned with Government priorities (Appendix 2) and supports the delivery of the Ministry of Health priorities (Appendix 3). It has been developed, and will be implemented, in partnership with Pasifika disabled people and communities and the disability sector.

While this is a national plan, Faiva Ora 2014 -2016 will specifically focus its activities within the four main regions of New Zealand - Auckland, Hamilton, Wellington and Christchurch given the concentration of the Pasifika population in these areas. It is important to note that within the Pacific population there are six main Pacific ethnicities³, each having their own distinctive language and cultural practices. However despite the differences, all these Pacific ethnicities share common views of disability (Appendix 4) (Huakau & Bray, 2000) and experience similar issues in regards to disability.

Faiva Ora 2014 -2016 aims to address issues experienced by Pasifika people specifically in relation to the lack of awareness of disability services and the lack of understanding of disability issues. This plan aims to support the development of evidenced based data for reporting and planning purposes and enhance disability service responsiveness to the needs of its Pasifika service users. It further pursues to support family members and carers in their care of their disabled people.

³ Samoan, Cook Island, Tongan, Niuean, Fijian, Tuvalu

3. CURRENT STATUS

PASIFIKA DISABLED PEOPLE

In 2013, there were 296,944 Pasifika people in New Zealand. This made up 7.4 per cent of the New Zealand population. This figure is up from 6.9 per cent in 2006.

In a report on the demographics of users of Ministry-funded disability support services⁴ in September 2013 it was noted that:

- Pasifika peoples represented 5.9 per cent (1,874) of people who access the Ministry of Health funded disability support services.
- A large proportion of Pasifika people accessing disability services are under the age of 19 years old (42 per cent - compared with 32 per cent of European / Other ethnicity).
- 50 per cent of the Pasifika people accessing Ministry of Health funded disability support services have an intellectual disability. This includes intellectual disability (type not specified) (27 per cent), Autistic Spectrum Disorder (9 per cent), disabilities relating to developmental delay (8 per cent) and Down Syndrome (6 per cent).
- The proportion of services users who are Pasifika people, accessing different types of disability support services is as follows:
 - Carer Support – 7 per cent (i.e. 7 per cent of users of Carer Support are Pasifika)
 - Respite – 7 per cent
 - Home and Community Support Services (personal care and household assistance) – 6.6 per cent
 - Residential Services – 3.3 per cent
 - Supported Living – 2.8 per cent.
- Compared with the 5.9 per cent of total service users being Pasifika, these statistics show that Pasifika are under-represented in Residential Services and Supported Living.
- Most Pasifika disabled people access services in the Auckland region (74 per cent) while others access services in the Wellington (11 per cent), Waikato (3 per cent) and Christchurch (3 per cent) areas.

⁴ Ministry of Health Disability Support Services Client Demographics Report September 2013

4. CRITICAL ISSUES AND OPPORTUNITIES

PASIFIKA DISABLED PEOPLE

1. Lack of information and awareness of disability and related services in the Pasifika community and insufficient evidence based data on Pasifika disabled people.

Prior to 2010, Pasifika peoples were traditionally lower users of Ministry funded disability support services (Ministry of Health, 2008). Negative Pacific community views on disabilities and the lack of awareness of disability services due to limited access to Pacific language specific and user friendly information contributed to lower rates of service access in the past (Ministry of Health, 2005).

Over the last three years, significant work has been undertaken to address these issues through the first Faiva Ora Disability Plan 2010 -14. The Pasifika information guide has been developed in six Pasifika languages and these have been widely circulated and promoted in community forums and events. Targeted campaigns have been delivered via Pacific radio and churches to encourage a more positive view of disability amongst Pasifika people. Feedback and service use by Pasifika disabled and their families and communities suggests that these activities have had a positive impact in raising the awareness of services and changing community attitudes and behaviour on disability (Te Pou, 2012). The 2013 report on the demographics of users of disability support services confirms the increase in disability support service use by Pasifika peoples (Ministry of Health, 2013). With this, disability awareness activities will continue over the next two years to build on these initial achievements.

Pasifika people in New Zealand are a youthful population (Statistics NZ, 2013). The median age of the Pasifika population is 22.1 years, compared with 41 years for European ethnicity, and 23.9 years for Maori. This youthfulness is reflected in the demographics of Pasifika peoples using disability support services, where the median age group of Pasifika service users is 20-24 years (compared with 35-39 years for those of European ethnicity).

Currently there is little evidence regarding the extent to which Pasifika young peoples' disability needs are being met. Research on this demographic group is scheduled to occur in 2014. This research will identify the issues and challenges for the growing group of Pasifika disabled children, youth and their families, as well as the current and likely impact of these matters on Ministry-funded disability support services.

2. Responsiveness of disability support services

Research had shown that Pasifika peoples experienced barriers in access and use of services across the disability system (Ministry of Health et al, 2004). This research noted that access barriers included cultural, linguistic, logistic and physical factors. The health and disability sector standards (2008)⁵ serves to guide providers in their response to gain maximum engagement to achieve better outcomes for Pasifika disability service users, Pasifika staff and the community (Ministry of Health, 2010).

Some disability support services employ Pasifika staff and work with Pasifika consumer groups to improve service delivery to disabled Pasifika peoples and the wider Pasifika community (Le Va, 2013). While this addresses cultural and linguistic challenges and fosters relationships, Pasifika disabled people and their families – through Ministry of Health-hosted fono and other forums - have identified the need for further development of culturally responsive service provision. The development of Pasifika service user satisfaction measures will assist the Ministry to monitor improvement in the responsiveness of disability support services to Pasifika people. The importance of culturally responsive personal plans of Pasifika disabled people is also acknowledged.

Key to on-going support of service responsiveness to Pasifika disability issues through advice and information is the Faiva Ora Leadership Group. This group will continue to meet 6-monthly to provide leadership and guidance. In addition to this, a draft Pacific service guideline is currently being developed for disability service providers to inform and guide their responsiveness to the needs of their Pasifika disabled consumers. It planned that this resource will be available in 2014. Further to this, service responsiveness could also be strengthened by the new Pasifika disability cultural training. Workers in disability services who have completed this training have noted its effectiveness in enhancing their engagements with Pasifika people and communities (Le Va, 2012).

Sector feedback has advised of the need for a Pasifika specific respite service. A Pasifika respite service will give Pasifika disabled and their families choice, control and flexibility on respite service options that they may choose to use. It further gives them access to a more culturally specific and appropriate service.

⁵ Standard 1.5: Recognition of Pacific values and beliefs. This guideline promotes participation of Pasifika peoples through effective service relationships, it supports access to services and encourages a culturally engaged workforce. It also guides service development that promotes Pasifika cultural competence (Ministry of Health, 2008).

3. Supports for family members and carers of Pasifika disabled people.

Pasifika disabled people are often cared for and supported by family members and carers who may be extended family members or trusted people from their wider community. For Pasifika peoples, care is often provided in their own home with limited access to formal supports (Ministry of Health, 2008).

Given the significance of their roles as carers, it is important that they are aware of, and have access to, family and carer learning to ensure effective care is provided to Pasifika disabled peoples while also ensuring family and caregivers' health and well-being is maintained (Twenty Pages, 2011).

4. Workforce Capacity and Capability

A well trained and skilled workforce is essential in the provision of quality services and supports for disabled people including Pasifika disabled people (Heathrose, 2009). Since 2010, the Pasifika disability workforce's access to training and development opportunities has improved through the availability of Ministry-funded workforce development and training grants. Building on this achievement will ensure the Pasifika workforce have core skills to undertake their responsibilities to achieve better outcomes for disabled people and also to safeguard their own health and wellbeing.

While Pasifika people make up eight per cent of the total paid disability workforce (DHBNZ, 2010), work is required to increase this number given future population projections and workforce demand. It is predicted that by 2051 one in five children in New Zealand will be of Pasifika ethnicity (Statistics NZ, 2006). Given these future projections, there will be a corresponding increase in the Pasifika disabled population. With this, it is critical that efforts be taken to have a workforce that reflects these changes. With Pasifika disability workers, services will be able to strengthen their linkages with Pasifika communities and address cultural and language barriers. This would lead to better outcomes for Pasifika disabled people (Ministry of Health, 2010). To this end, more Pasifika peoples should be encouraged to consider working and pursuing a career in the disability sector. For the non-Pasifika disability workforce who work with Pasifika disabled people and their families, there is a need for these workers to undergo Pasifika cultural training. This will improve engagement with Pasifika people.

Workforce development issues relating to Pacific people as outlined above will be addressed in actions outlined in the workforce action plan 2013 – 2016:

- *Increase the skills of the disability workforce (including Pacific disability workforce).*
This includes improving recruitment and retention strategies for disability services, and recognition of disability needs including cultural needs to regulated workforce.
- *Increase the skills of people with disabilities.*
This includes increase the uptake of training opportunities by Pasifika disabled.

5. FAIVA ORA 2014-2016

VISION

Pasifika disabled people and their families can live in their home and take part in their community in the same way other New Zealanders do.

PASIFIKA VALUES AND PRINCIPLES

To achieve the vision of Faiva Ora, it is important that Pasifika disabled people and their families are valued included and respected, have influence and control on how and where they live, are connected to their Pasifika communities, and have disability support services that are useful and culturally appropriate.

The following values and principles⁶ will guide the implementation of Faiva Ora:

- **Awareness and understanding the need of Pasifika disabled people and their families**
Pasifika disabled people are understood in the context of their disability, family, community and cultural preferences and are the centre of service planning and delivery.
- **Improving disability outcomes**
Pasifika disabled people receive quality supports that are culturally appropriate, useful and effective, and which enable them to fully participate in their lives.
- **Respecting Pasifika culture**
Pasifika people's connectedness to their family and communities is enabled, and Pasifika peoples world view, practices and protocols are respected.
- **Valuing family**
Pasifika families and their special role in Pasifika culture and community are respected, valued and supported.
- **Working together**
Pasifika peoples are supported through a holistic approach which includes Pasifika disabled people, their families and communities working together with the shared vision of government sectors and non-government sectors.
- **Equity of Access**
Pasifika peoples have equal access to services and supports and achieve better outcomes, in comparison to other population groups.

⁶ Guiding principles from the Faiva Ora – National Pasifika Disability Plan 2010/13

PRIORITY OUTCOMES AND ACTIONS

Faiva Ora sets out the actions for the next three years that will contribute to achieving its vision. There are three priorities of Faiva Ora 2014 - 2016.

1. Pasifika people are aware of, understand and know how to access disability services.
2. Disability support services meet the needs of Pasifika service users.
3. Family members and carers of Pasifika disabled people are supported to provide effective care.

PRIORITY ONE

Pasifika people are aware of and understand disability issues and know how to access disability services

The following actions aim to meet the above objective:

Actions	Deliverables	Contributing	Due Date
1. Improve Pasifika community awareness of disability.	<ul style="list-style-type: none"> • Disability awareness communication delivered to Pasifika churches, community groups, church leaders' forums and radio campaigns⁷. 	Le Va	June 2016
2. Improve access to information about Ministry funded disability support services.	<p>Pasifika languages used in Ministry written and oral communication. This includes:</p> <ul style="list-style-type: none"> • Information in clear and simple language and in easy to read format is made available to Pasifika with disabilities by Le Va. • Media campaign by Le Va to heighten awareness of disability services available to Pasifika communities. • Communicate with primary and secondary healthcare providers on Pasifika disability needs. 	<p>Le Va</p> <p>Vaka Tautua Ltd</p>	June 2016

⁷ Include Pasifika festivals, Pasifika magazines, Pasifika leaders forums and professional peak body groups

Actions	Deliverables	Contributing	Due Date	
	<ul style="list-style-type: none"> Pasifika disabled people and their aiga know how to access disability support services. 			
3.	Identify and address barriers facing Pasifika disabled children, youth and their families.	<ul style="list-style-type: none"> Research report on Pasifika children, youth and their families is completed. Actions are taken to improve outcomes for Pasifika disabled children, youth and their families. Support to implement vulnerable children's action plan with a focus on Pacific disabled people. 	University of Auckland / School of Population Health	June 2016
4.	Work with Ministry funded disability Needs Assessment Service Coordination agencies to improve information on Pasifika needs assessment and service referral rates.	<ul style="list-style-type: none"> Improved NASC data capture and reporting of access numbers for Pasifika people. Increase in Pasifika disabled people's awareness and more access of the Individualised Funding Scheme. Six monthly reporting on needs assessment numbers for Pasifika people. 	Needs Assessment Service Coordination agencies Vaka Tautua Ltd	June 2016
5.	Collect and report on disability services access rates for Pasifika people.	<ul style="list-style-type: none"> Annual report on Pasifika people services access rates to monitor trends and issues. Report to include demographic data. 	Ministry of Health	June 2015

PRIORITY TWO

Disability support services meet the needs of Pasifika service users

The following actions aim to meet the above objective:

Actions		Deliverables	Responsibilities	Due Date
1.	Establish mechanism to measure Pasifika peoples' satisfaction with Ministry-funded disability support services.	Tool to measure satisfaction specific for Pasifika peoples using disability support services.	Le Va Disability Support Services	June 2015
2.	Ensure Pasifika disabled peoples' needs are specifically identified and addressed by Ministry funded support services.	Bi -annual Pasifika consumer fonos. Personal plans for Pasifika disabled peoples include: <ul style="list-style-type: none"> • Cultural needs • Timeliness and flexibility of service delivery. 	Ministry of Health Le Va	June 2016
3.	Support the provision of advice and expertise of the Faiva Ora Leadership Group	Faiva Ora leadership Group annual plans implemented and completed.	Le Va	June 2016
4.	Strengthen connection between Faiva Ora Leadership Group members with Pasifika communities they represent.	Awareness heightened by Pasifika communities and disability services of group purpose and members.	Le Va	June 2016
5.	Finalise, disseminate widely and support the use of the Pasifika good practice guideline.	Ministry funded disability support services use, Pasifika good practice guideline. Pasifika peoples' satisfaction with disability support services increases.	Le Va Vaka Tautua Ltd	June 2016
6.	Provide carer respite service for Pasifika people.	Pasifika specific carers service.	Ministry of Health	December 2015

Actions		Deliverables	Responsibilities	Due Date
7.	Continue to deliver Pasifika cultural training to Ministry funded disability support services.	10% increase in the number of disability workers trained in Pasifika cultural training.	Le Va	December 2015

PRIORITY THREE

Family members and carers of Pasifika disabled peoples are supported to provide effective care

The following actions aim to meet the above objective:

Actions		Deliverables	Responsibilities	Due Date
1.	Deliver family and carer learning opportunities tailored to meet the needs of Pasifika peoples.	Family and carer learning opportunities are delivered and resources developed and made available to Pasifika peoples.	Ministry of Health	July 2015

7. MONITORING OF ACTION PLAN

REPORTING AND MONITORING OF THE ACTION PLAN

The Ministry of Health will oversee, monitor and report on implementation of all plan activities. Le Va and the Faiva Ora Leadership Group will be engaged in implementing some of the actions.

The Faiva Ora Leadership Group will meet six-monthly to provide advice and leadership regarding the effective delivery of actions in the plan.

Progress reports on the plan will be provided to the Minister for Disability Issues through the monthly Ministers' reports. Quarterly progress reports will be reviewed by the Senior Leadership Team, and communicated to the disability sector through the Ministry of Health disability support services newsletter.

8. REFERENCES

FAIVA ORA 2014 -2016

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APPENDIX ONE

Background

Faiva Ora – National Pasifika Disability Plan 2010 -2013

In October 2010, the Minister of Disability Issues and Associate Minister of Health launched the first Ministry of Health Faiva Ora National Pasifika Disability Plan 2010-2013. This plan signified a national co-ordinated and collaborative response by the Ministry of Health Disability Support Services and the disability sector to addressing issues experienced by Pasifika disabled people, their families and caregivers.

To deliver on the plan's priorities and achieve its intended outcomes, the Ministry contracted Le Va⁸ to implement the plan. Working with Pasifika disabled people and communities and Ministry funded disability support services, Le Va implemented initiatives which aimed to strengthen the capability and capacity of the Pasifika disability workforce, improve disability service responsiveness to Pasifika disabled peoples and address service access barriers including traditional Pasifika perspectives of disability.

While significant achievements have been noted as a result of the previous plan, further work is required to address barriers to accessing specific disability services and enhance service provider responsiveness to Pasifika disabled people and their families.

Achievements

Implementation of the Faiva Ora plan 2010-2013 has resulted in a number of achievements which include:

A more culturally competent disability workforce

The Engaging Pasifika disability cultural programme was specifically designed for and delivered to staff working within disability support services to strengthen their engagements with Pasifika disabled, their family members and caregivers. A total of 282 (Te Pou, 2013a) workers have completed the training and over 90% (Te Pou, 2013a) of participants have reported an improvement in their basic knowledge and understanding towards engaging confidently with Pasifika service users (Te Pou, 2013a).

A better-trained and skilled Pasifika disability workforce

- There has been an increase in the number of Pasifika disability workers accessing training and development opportunities and gaining qualifications (Year 2010: 371 people, Year 2011: 215 people, Year 2012: 467 people (Te Pou, 2013b)). As a result, more Pasifika workers are well equipped with the core skills and knowledge to undertake their responsibilities.

⁸ Legal entity now Le Va Pacific Inc

- Pasifika peoples have become more aware of, and have become more interested in, the variety of careers in the disability sector (Te Pou, 2013a). This has been achieved through the 'Work that Matters' booklet⁹, advertisements on Pacific radio¹⁰, disability work profiles¹¹ on Le Va website and social media Facebook (Te Pou, 2013a).

Pasifika advice and perspectives inform Ministry of Health policy, planning and programme delivery

Since its establishment in 2010, the Faiva Ora leadership group¹² has provided valuable Pasifika disabled, family, community and worker advice on Ministry of Health work programmes¹³. As a result, Pasifika representation is now prominent in the Enabling Good Lives work¹⁴ and New Model work¹⁵ and other Ministry of Health sector groups¹⁶.

Accessible and culturally appropriate information on disability services for Pasifika people

Pasifika people are now able to access easy to read and culturally appropriate information on disability support services through the Pasifika information guide. Available in six Pasifika languages¹⁷, this user friendly guide provides Pasifika people with information on how to access disability services and the types of services available.

Positive Pasifika solutions challenge entrenched views and issues facing Pasifika disabled

- In 2010, the *Lu'i Ola*¹⁸ Pasifika church toolkit in Auckland region challenged traditionally negative views and has improved community attitudes and behaviour on disability (Synergia, 2010).
- The Growing Pacific Solutions (GPS) - national Pasifika conference in 2012 provided a forum for disability service providers, community groups and funders to share Pasifika solutions to addressing Pasifika disability issues. Over 70% of attendees noted the forum was valuable in raising awareness and sharing knowledge of solutions which they can implement in their work and community environment (Te Pou, 2012).

⁹ Booklet developed and distributed at Pasifika community forums, to high schools and Pasifika youth studying health and allied tertiary students and Ministry of Health consumer and provider forums.

¹⁰ Niu Fm and 531 PI

¹¹ 1298 individual views of profiles on Le Va website

¹² Members include Pasifika disabled people (7) with varying disabilities, family and carers (1), disability workers (3). Group members are of different Pasifika ethnicity from the Auckland, Wellington, Christchurch and Dunedin areas.

¹³ New Model programme, Enabling Good Lives work, Choices in Community Living Project, Individualised Funding Scheme, Spinal Cord Injury Initiative, Disability Workforce Development Programme, Funded family carers, DSS Strategic and Business Planning.

¹⁴ Two members of Faiva Ora leadership group in the Enabling Good Lives Leadership Group 2013

¹⁵ National Reference Group and Framework Redesign Group

¹⁶ Ministry of Health Disability Sector Strategic Reference Group, Disability Consumer Consortium

¹⁷ Samoan, Tongan, Cook Island, Niuean, Fijian, Tokelauan

¹⁸ Lu'i Ola Auckland Regional Cross Government Project 2009/11 was a collaborative response by government agencies aimed to raise awareness of issues and challenges facing Pasifika disabled people.

APPENDIX TWO

Government Priorities

The Faiva Ora plan contributes to improving outcomes for Pasifika disabled people and their families in New Zealand. To support the achievement of this, the plan reflects the priorities, and contributes to the delivery of, the following Government policies and strategies:

1. New Zealand Disability Strategy 2001 (2001)

This strategy outlines the need to promote participation of disabled Pacific peoples¹⁹. This involves increasing access to, and quality of, both Pacific and mainstream service providers, support Pacific disability workforce development, encourage Pacific communities to consider disability issues and perspectives and promoting Pacific disabled participation.

2. Ministry of Health 'Ala Mo'ui – Pathways to Pacific Health and Wellbeing 2010 – 2014

This sets out the priority outcomes and actions over five years that will contribute towards achieving better health outcomes for Pacific people, their families and communities. It aims to ensure Pacific workforce supply meets service demand, support systems and services to meet the needs of Pacific people, support more services delivered locally in the community and in primary care, ensure Pacific people are better supported to be healthy and to improve broader determinants of health for Pacific people.

3. United Nations Convention on the Rights of Persons with Disabilities (2006)

The New Zealand Government has ratified this Convention which aims to promote, protect and ensure full and equal rights and freedoms for all disabled people and promote respect for their inherent dignity. Its core principles include: accessibility, equality of opportunity, non-discrimination, participation and inclusion, independence and autonomy, freedom to make choices, respect for difference and acceptance of disabled people as part of human diversity.

4. Children's Action Plan (2012)

This plan aims to protect vulnerable children who are at risk of harm now or in the future. It contains comprehensive solutions to complex problems which include legislative changes, information sharing, tracking vulnerable children, tougher penalties and monitoring of child abusers, screening those who work with children, a free child protect phone line, public awareness campaigns, local children's teams and shared responsibilities for all New Zealanders.

5. New Zealand Carers' Strategy and Five Year Action Plan (2008)

This strategy and action plan aimed to address some of the issues that impact on the thousands of New Zealanders who assist friends and family members who need help with everyday living because of ill health, disability or old age.

¹⁹ Objective 12 – Promote participation of Pacific disabled people.

6. All of Government Initiatives for Better Public Services.

Delivering better public services within tight financial constraints is one of the Government's four priorities and achieving results that make a difference to New Zealanders is central to that. Ten specific results have been identified, set across five result areas of which includes initiatives on boosting skills and employment, vulnerable children, improving interaction with government and for New Zealanders to live longer, healthier, more independent lives - all of which have Pacific peoples development implications.

APPENDIX THREE

Ministry of Health Priorities

Disability Support Services

The Ministry of Health Disability Support Services (DSS) is a business unit within the Ministry of Health. It is responsible for the planning and funding of disability support services. DSS also supports forums including the bi-annual Pacific consumer fonos²⁰ and groups like the Faiva Ora leadership group where Pacific disabled, their families and caregivers can identify strategic disability issues and opportunities, which are then used to inform the Ministry's policy advice to government, the DSS strategic direction and the procurement of disability support services. Disability services, which are purchased using the National Disability Support Services appropriation, are for people (generally under 65 years of age) with long term physical, intellectual and / or sensory impairment that require on-going support²¹.

Disability Support Services Strategic Plan

The first DSS strategic plan set out the overarching direction for the work of Disability Support Services (DSS) from 2010 to 2014. It aimed to give disabled people equitable and quality services including the implementation of Faiva Ora National Pasifika Disability Plan. The new DSS Strategic Plan being developed for 2014-18 will continue to aim for improved outcomes for Pasifika people with disabilities.

Strategic Direction

Over the last three years, Disability Support Services has embarked on a new strategic direction which offers disabled people and their family/*aiga* 'more choice, control and flexibility' regarding the disability support services they use. It is recognised that people with disabilities and in some instances their families are best placed to determine how they want to live, develop goals for their lives and determine how their support needs can best be met.

To support the achievement of the new strategic direction, the Ministry of Health has focussed on developing, demonstrating and evaluating the New Model for Supporting People with Disabilities. The model focuses on greater information and assistance being offered to people with disabilities and their families through local area coordinators. It also aims to increase the availability of individualised funding arrangements and more flexible service contracting.

²⁰ This is a term used in Pasifika languages like Samoan, Cook Island and Tongan which means councils or meetings great and small and applies to national assemblies, as well as local village councils or any type of meeting between people

²¹ District Health Boards provide supports for people with a disability who are over 65 and those aged 50-65 with similar support needs.

Individualised Funding (IF) allocates funding to people with disabilities to purchase their home and community support services directly. It enables people with disabilities to directly manage the resources allocated for their disability supports. This arrangement allows people with disabilities to be employers of their own support workers and gives them increased choice and control to choose who provides this support, and how and when they use it. This involves engaging with support workers, planning how their supports will be used, employing their own care providers and managing all aspects of service delivery.

Also as part of the New Model programme of work, the Ministry of Health is working on a project to demonstrate Choice in Community Living in the Auckland and Waikato regions. Choices in Community Living is an alternative to residential services, and provides opportunities for disabled people and their families to have more choice and control about their living circumstances - where they live, who they live with and how they are supported.

Also aligned with the new model work, the Ministry of Health is working with the Ministries of Social Development and Education to implement the Enabling Good Lives project in Christchurch and in Waikato. This programme works with people with disabilities and families and involves school leavers using disability support funding – combined from the three Ministries – in more flexible ways.

Given the strategic shift from a service delivery approach to a person-centred model, this is likely to have implications on how Pasifika disabled people and their families and caregivers access supports. Expert advice and guidance of the Faiva Ora leadership group and sector intelligence obtained from Ministry led consumer fonos and provider forums will be critical when planning and implementing these changes. Information from the evaluation of the new model demonstration and learnings from the Enabling Good Lives work and other disability initiatives impacting Pasifika people will also influence how Pasifika disabled access supports.

APPENDIX FOUR

View on cause of disability

Pacific views on the cause of disability

When working with Pacific disabled peoples and their families it is important to consider views Pacific people have in regards to disability.

Research has shown that Pacific people see disability and its origins differently from non- Pacific peoples. Pacific people view the cause of disability from either a religious and/or cultural beliefs point of view. These views cause stigmatisation and further discriminate Pacific disabled people and their families from the Pacific community.

From a religious belief perspective, Pacific people believe that disability is a divine punishment from God due to sinful acts by the person with a disability and/or their family.

Pacific people also hold cultural beliefs that disability is a curse on the individual and their family due to wrongdoing by family or ancestors.

Medical view on the cause of disability

The medical view on the cause of disability is more a scientific and research based view. The medical view states that disability is caused by a number of factors, either:

- disease or illness, eg, leg amputation as a result of diabetes
- accident or injury, eg, paralysis as a result of a fall
- congenital condition, eg, disability from a birth defect or abnormality
- ageing, eg, older peoples health.

Social view on the cause of disability

The social view of disability places disability more within its social context. This approach has a lot of international support and is the basis of the United Nations Convention on the Rights of Persons with Disabilities. It is the approach currently applied in New Zealand and is actively promoted by disabled people. Its focus is on the relationship between people with impairments and their social and physical environment and the removal of barriers to their independence.

Every person is likely to have an impairment at some time in their lives, be it a permanent or temporary impairment caused by either an accident, illness, ageing or a congenital condition.