



Draft New Zealand Disability Strategy 2016 – 2026

Submission to the Office for Disability Issues

August 19 2016

Introduction

Who we are

The New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (the PSA) is the largest trade union in New Zealand with over 62,000 members. We are a democratic organisation representing members in the public service, the wider state sector (the district health boards, crown research institutes and other crown entities), state owned enterprises, local government, tertiary education institutions and non-governmental organisations working in the health, social services and community sectors.

We welcome the opportunity to submit on the draft updated Disability Strategy. The PSA has an active Deaf and disabled members' network which has approximately 300 members from across the union.

We also have several thousand members providing support to people with disabilities. The largest number are employed in home support, funded through DHBs but a significant proportion work in residential disability support services, funded through the Ministry of Health.

The PSA is an affiliate of the New Zealand Council of Trade Unions.

Principles

The PSA supports the five principles that will underpin the strategy's implementation: respecting diversity, investing long-term, a twin-track approach, universal design, and building evidence.

Outcome 2: Employment

We agree with the aspirational statement that introduces this outcome section. We are disappointed however, that the strategy doesn't include any mention of the importance of decent pay and conditions in the employment section. Working conditions (including pay and job security) are important components in ensuring that people feel valued in the workplace, which is one of the aims of this strategy. We recommend that the strategy include a commitment to decent pay and conditions in employment.

We note that the *Australian and New Zealand Consensus Statement on the Health Benefits of Work*¹ developed by the Australasian Faculty of Occupational and Environmental Medicine (AFOEM), a Faculty of the Royal Australasian College of Physicians (RACP), has moved beyond just talking about the benefits of work to the need for good/decent and safe work and the Disability Strategy should also reflect this.

As a core component of this we are fully committed to the removal of the minimum wage exemption. We recognise that the issues are complex but look forward to this goal being met earlier rather than later. We would like to see this operationalized through the Disability Action Plan that follows-on from this strategy.

The PSA supports the submission of Workbridge that employment targets for people with disabilities should be aspirational and that we should be aiming for employment rates that are the same as those for non-disabled people. This is in response to the sample target shown on p.21 of the Strategy which suggests employment rates that are closer to those of non-disabled people. In addition, it's important that government policies recognise that for some people with disabilities, employment may not be possible – either on a short-term or long-term basis – and our social security system must provide the necessary support for people in these circumstances.

Outcome 7: choice and control

We endorse the aspirational statement: "I can make my own choices and have control over my life just like everyone else".

The PSA supports the principles of choice and control. However it's important that the strategy recognise the need to develop, resource and support the workforce required to deliver Individualised Funding (IF). Currently there is a lack of consideration of the workforce required to provide independence for the person with disabilities. We have concerns relating to employment relationships, wages and conditions, training and

¹ <http://www.racp.edu.au/docs/default-source/default-document-library/afom-pos-aus-nz-consensus-statement-health-benefits-work-pack.pdf?sfvrsn=0>

qualifications, and health and safety.

Under the New Zealand model of IF, many disabled people will directly employ their support staff. There is no doubt that many will be good employers, but generally small employers struggle with the capacity and capability to deal with employment matters well. From a worker perspective it is best that support workers under IF are employed by providers.

If is to be successful in its empowerment aims, the strategy must be informed and accompanied by a detailed and long-term plan about how the workforce is going to be developed and supported to enable IF. This includes putting in place safeguards to ensure that service users and those providing services are protected from unsafe employment practices. There is a high risk that the absence of such safeguards will lead to costly, time-consuming and stressful employment grievances, which would be damaging to the whole model of IF, and the individuals involved in purchasing, and delivering services.

We would like the strategy to include a principle that would support good employment practices as part of the move towards IF. Some suggested wording could be that: Individualised funding arrangements must be backed up with good employment practices, preferably through providers.

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