



**Response to the
New Zealand Productivity Commission
More Effective Social Services
Draft Report April 2015**

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TABLE OF CONTENTS

- 1. Introduction.....3
- 2. Summary statements.....4
- 3. Investing in improving system stewardship.....6
- 4. Investing in people, families and communities.....10
- 5. Investing in smarter commissioning.....11
- 6. Investing in getting better information.....12
- 7. Investing in continuous improvement.....13
- 8. Conclusion.....13
- 9. Bibliography.....14

1. Introduction

IHC's Mission Statement

IHC will advocate for the rights, inclusion and welfare of all people with an intellectual disability and support them to lead satisfying lives in the community

- 1.1 IHC New Zealand Incorporated (IHC) is a community-based organisation advocating for, and providing services to people with an intellectual disability and their families. We have a proud history which reaches back 65 years to a group of families who set up an association to lobby for a better deal for their children. IHC remains firmly committed to the values these early parents represented - the inclusion of all people with intellectual disabilities in their local communities.
- 1.2 IHC is New Zealand's largest provider of services to people with intellectual disability and their families. We have around 5,500 staff working to support 7,000 people in IDEA services (IHC's service arm) that include residential care, supported living, home support, vocational and day services, respite care and autism spectrum disorder (ASD) services.
- 1.3 Accessible Properties (a subsidiary company of IHC) is New Zealand's largest non-government social housing provider.
- 1.4 Through our charitable arm IHC raises awareness and advocates for the rights of over 50,000 people with intellectual disability at both a national and an international level. This includes an extensive advocacy programme, a one to one volunteer programme and the country's largest specialist intellectual disability library.
- 1.5 IHC welcomes the opportunity to follow our response to the New Zealand Productivity Commission's issues paper (October, 2014) *More effective social services* with this submission on the subsequent draft report (April, 2015).
- 1.6 The Productivity Commission's work to investigate improving outcomes for New Zealanders that result from publically funded services affords the opportunity to consider the issues and solutions through a whole system - across government and community – lens. As noted by the Commission this is a complex area and “numerous government reviews over the last 20 years have identified remarkably consistent lists of issues and proposed similarly consistent solutions”(p.30).
- 1.7 IHC hopes that the Productivity Commission's investigations will result in more effective commissioning arrangements focused on achieving positive outcomes and genuine partnership with people with intellectual disability, families and service providers. We stress however that the narrow focus on efficiency fails to address or resolve the complex relationships, transactional or

otherwise, between the individual and the state. The limited exploration on the role of the state in supporting its most vulnerable citizens, what is required to support individuals with intellectual disability as active citizens and what is required to build responsive, capable, connected, inclusive communities will lead to limited results.

- 1.8 Appendix D – *Services for people with disabilities* gives some background context to disability policy in New Zealand, the emergence of client-directed services and some of the lessons and insights to date. Additional information or analysis about the differences between and within impairment types could have served to signpost potential benefits or adverse outcomes (and subsequent need for safeguards to be put in place) related to the “new” approaches recommended. There are worrying inferences within Appendix D that the disabled population is homogenous, that the new approaches will lead to “empowerment” and that this in turn will lead to improved outcomes and quality of life for all disabled people. For many people with intellectual disability, particularly those with high and complex needs who may face challenges in being understood or having their voice heard, the new approaches as currently being implemented may not appropriately respond to their needs nor provide the safeguards, support and accommodations required for self determination.
- 1.9 The intellectually disabled population is not homogenous either with a range of support needs in a variety of community settings. The majority live at home with family, some live independently and others in residential group homes and a few live in secure settings. Most of these arrangements involve government funded and other support. While IHC supports the report’s recommendations to increase opportunities for client directed budgets we suggest that there are a number of factors which may impact on successful implementation. These include existing budget constraints related to individualised funding, residential care and vocational services. There is also a lack of research in New Zealand about effective supports services and outcomes for people with intellectually disability using different funding arrangements and types of support services.
- 1.10 IHC is further concerned that given the economic climate and constraints, pressures on affordable housing, the legacy of a lack of sustained investment in provider capability, workforce and community development combined with difficulties accessing universal social services that people with intellectual disability will be disadvantaged by many of the recommendations from the report and driven further into isolation, poverty and poor health with fewer safeguards in place to protect them from poor quality support services, abuse and exploitation.

2. Summary Statements

- 2.1 IHC agrees with many of the areas identified in the Productivity Commission’s draft report as those where improvements can be made. The people IHC advocates with and for and the services we provide are likely to benefit from

the long overdue signalled improvements to stewardship and commissioning practices, a more transparent purchasing and contracting environment, early and sustained investment, decisions made closer to where people are, and a social service environment which is characterised by learning and continuous improvement, a better evidence base and use of data and technology.

- 2.2 Recommendations 5.2 and 5.3 are supported by IHC. IHC's mission is enhanced by the valuable efforts of approximately 1000 volunteers. We would be very concerned if their efforts were crowded out by new regulations within the Health and Safety Reform Bill. Equally we support the need for increased clarity about Government's role and overarching responsibilities as system steward to not only shape the system but also to monitor, plan and manage resources so as to maintain and improve system performance.
- 2.3 IHC strongly agrees with recommendations 6.9, 6.10 and 6.11, which affirm the need for "fully funded" social service payments so that providers can invest in training, systems and tools while keeping up with cost of living adjustments. IHC has participated in multiple pricing reviews related to residential, vocational and behaviour support services, over the last fifteen years. Within those reviews IHC has consistently and repetitively called for transparent pricing and purchasing arrangements which respond to the historic underfunding and underinvestment in the sector while also allowing for flexibility, innovation, quality development and sustainability.
- 2.4 Despite acknowledgement of the complexity of the problems much of the analysis and solutions offered in the draft report focuses on a few ideas that are dominated by individualistic and market models. The investment approach adopted privileges reducing future welfare liability as the main criteria for deciding where to invest in social services. These parameters have huge potential to further disadvantage people with intellectual disability and their families.
- 2.5 By definition intellectual disability is life-long with on-going and fluctuating support needs. Targeting on a basis of a return on investment is problematic for the intellectually disabled population in several ways. Firstly, most life-long beneficiaries with life-long support needs may not be seen as individuals who will deliver a high return. Conversely people with high and complex support needs could make significant gains in well being if they received quality, skilled and sustained support. Secondly there are perverse incentives with the targeted for outcomes approach in that people with fewer support needs will be selected over those with more complex support needs because they have a greater chance to achieve the desired outcomes. For these reasons IHC does not support recommendations 9.1 and 9.2.
- 2.6 IHC recommends that a broader investment approach is adopted that is grounded in human rights and our interdependence as citizens. This would give greater emphasis to equity and rights, guide ethical decision making and position people with intellectual disability and their families as active decision makers in ways that enable their participation and contribution. Such a

framework demands investing in individuals, families, communities and service providers to a greater degree than is evident in the draft report recommendations. IHC's earlier submission identified the importance of investing early and investing in maintaining what is working well.

- 2.7 Such an approach would also recognise and respond to the government's obligations under the Treaty of Waitangi and as a signatory to international treaties such as the United Nations *Declaration of Human Rights*, the *Convention on the Rights of Children*, the *Covenant of Social and Economic Rights* and the *Convention on the Rights of Persons with Disabilities*.
- 2.8 In the initial discussion paper '*More effective social services*' the Commission suggested that the notion of a social contract "warrants further discussion beyond the scope the Issues paper allows". The nature of the social contract between government and its citizens and its underpinning values are at the heart of determining how the Commission's two broad questions are answered. That this discussion has not taken place or been at the very least acknowledged in the draft report is unfortunate and regrettable.
- 2.9 There are some passing references to notions of equity, fairness and entitlement in the text but these occur in the absence of a fuller consideration of the meaning of 'social contract' or 'public good'. Having these would give a clearer sense of direction to what smart commissioning entails and guide the exploration of funding decisions that can be delegated to citizens and communities and where they are best left at a strategic level.
- 2.10 Also missing from the report is discussion or analysis on the fundamental linkages between the social service workforce and quality outcomes for disabled people holding their own budgets and provider capability and sustainability. IHC reiterates that changes to provision, commissioning and purchasing will not result in more effective quality services if the persistent underfunding and underinvestment is not addressed. Wage rates in the intellectual disability sector have progressively eroded to a point that skill levels have diminished and quality compromised. Issues of work force planning and provider investment in capacity and capability also arise in person directed budget holding arrangements. Equally there will be vulnerabilities for support workers, including scarce opportunities for skill development in private employment arrangements. Private employment arrangements may lead to increased vulnerability for disabled people given the lack of oversight of those arrangements.
- 2.11 In the following sections we expand on our summary statements and relate these to themes and recommendations in the draft report.

3 Investing in improving system stewardship

- 3.1 The draft report states that the most effort in New Zealand has been paid to developing programmes and initiatives aimed at specific social services or

client groups with relatively little attention paid to overall system design. IHC concurs with the Productivity Commission's finding that weaknesses in current arrangements contribute to and perpetuate many of the observed systemic problems. We agree that a more considered approach to high level thinking about design is needed – what is referred to as the institutional architecture.

- 3.2 IHC's endorses the recognition by the Commission of government's role in creating an enabling environment. Reshaping roles, responsibilities and processes are important parts of improving the system. A shift is also needed from some of the controlling, overly prescriptive practices currently in place and the narrow investment approach that is espoused in the draft report. Greater attention needs to be paid to equity and recognition of and responsiveness to human rights in system stewardship given New Zealand's obligations as a signatory to multiple international human rights conventions.
- 3.3 The institutional architecture needs to enable both effective universal services for all alongside needed supports, accommodations and specialist services. This will require deliberate capacity building within universal supports to better respond to people with intellectual disability and their families.
- 3.4 IHC suggests that the starting question to improve system stewardship is to ask "How can we best use resources in ways that value the lives and contributions of all citizens, and promote effective supports and safeguards?" People are placed at greater risk when they do not have the right support at the right time to enable them to set their own direction, find paths that are right for them and be part of and have valued roles in their communities. People with intellectual disability and their families face significant system and attitudinal barriers to achieving equitable access to opportunity and good support.
- 3.5 As identified by the Commission "one size does not fit all" and there is potential in some of the recommendations to change system design and architecture to enable better ways of working with people with intellectual disability, families and service providers.
- 3.6 Recommendation 5.1 suggests "the government should make greater and smarter use of delegation and devolution in the social services system as these architectures often feature better incentives for encouraging innovation and improving social services". IHC supports the Commission's call to look at ways to get decision making closer to communities and in the following sections we highlight some areas where this would be beneficial to people with intellectual disability, families, service providers and funders.
- 3.7 Question 5.1 asks, "Which communities of interest would like to be part of greater devolution of service commissioning? It is premature to answer this without further investigation into and development of the right architecture for devolving decision making and possible partnerships between local crown entities, local government, regional authorities and communities. There are initiatives underway that will help in providing guidance. The current update of the New Zealand Health Strategy is one. The proposed update this year of the

New Zealand Disability Strategy is another. The Enabling Good Lives demonstration projects will also provide useful learning. There are also overseas models such as in the UK where health, education and social services are commissioned by local authorities.

- 3.8 Addressing question 5.1 also involves getting the right balance between those decisions that can be devolved to local communities and those that are best left at a strategic level because of legislative and policy commitments and responsibilities. As an example the Education Act (1989) gives disabled children the right to attend and learn at their local school yet many face barriers to having their rights under legislation and policy recognised and responded to. Many disabled children are refused enrolment or have limited enrolment and are not able to access the curriculum due to a lack of support and/or accommodations. It is clear that devolved decision makers in the “Tomorrow’s schools” model, Principals and Boards of Trustees, regularly make decisions which are both unlawful and contrary to policy imperatives. This example highlights the importance of and the need for devolved or decentralised decisions to reflect the intent and detail of domestic legislation, government policy and international obligations.
- 3.9 Good system stewardship should include access to and funding for advocacy and independent review. These are areas that need strengthening in New Zealand and go beyond complaints procedures and references to independent review as discussed in the draft report. Advocacy is missing entirely which is problematic.
- 3.10 The provision of reasonable accommodation is central to people with intellectual disability being able access equal opportunities for learning, work and community participation. The area of reasonable accommodations is one that lacks clarity and definition in our laws and practices. There is a need for improved government system stewardship to provide better guidance on the requirements of reasonable accommodation. Getting reasonable accommodations right is a critical element in addressing equity issues and meeting our human rights obligations and standards.
- 3.11 These are complex problems that cannot be reduced to simple solutions. However, we should not exacerbate this complexity by having systems that are difficult and time consuming to negotiate and still too often do not result in needed supports, enhanced well-being or achievement of meaningful outcomes. Change is needed so that systems and services are better connected and are easier to find and use.
- 3.12 Navigator roles have been suggested and used in a number of service provider initiatives and new model and Enabling Good Lives demonstration projects as a way to help negotiate the system. While they have a useful place, IHC would like to see more attention paid to making the system easier to access and use within existing networks rather than creating new roles in a system that remains complex and fragmented. Indeed some new initiatives and trials have added

more complexity and bureaucracy rather than simplifying processes.

- 3.13 The Funded Family Care scheme (not mentioned in Appendix D) which was introduced following court decisions upholding a human rights discrimination case brought by families is an example of a complex and bureaucratic scheme that is difficult to make work. This is reflected in the low uptake of only around 200 families when the government had earlier stated 1600 families would be eligible. It is even more difficult to understand why the Ministry of Health was not able to get a workable scheme in place when ACC has for many years managed to pay families to be support people for their disabled family member.
- 3.14 The Productivity Commission proposes that an Office of Social Services, preferably within a central agency, as a mechanism to bring together and oversee some functions such as data and evaluation (p.39). IHC is cautious about this proposal. While at one level it would seem to address some of the concerns about fragmentation and the need to get better integration and stewardship there is also the potential to add another layer of bureaucracy and complexity. This is an outcome that most definitely should be avoided.
- 3.15 IHC does not support recommendations 9.1 and 9.2 to expand the investment approach as currently conceived. IHC reiterates the concerns expressed both in our response to the earlier issues paper and earlier in this submission about the narrow focus of the current “investment approach” on future welfare liability as the proxy for social return. We consider that the investment approach needs to be broadened with greater emphasis on equity, quality services and human rights to avoid the risk of further disadvantaging people with intellectual disability and their families.
- 3.16 The draft report acknowledges “equity of access is an important consideration in delivering social services” (p.43) but there is scant reference to this in the remainder of the draft report and is not reflected in the recommendations. Alarm bells are raised as to the practical implications of statements such as “the social services system will be most effective if decisions are made about what services are provided, who they are provided to and when they are provided, are made to maximise the net social benefit from the funds provided (p.186) and “A well functioning system would see government funding targeted at areas with a high return on investment, improving both the well-being of clients and the efficiency of government spending” (p.307). The context used is one that is missing issues of equity and rights and collective responsibility.
- 3.17 Under the criteria and targeting proposed there is a danger that people with intellectual disability who need lifelong supports and most of whom as adults are on the Supported Living Payment will not be seen as individuals who will deliver a high return. Investing in people with high and complex support needs, who are among the most vulnerable and excluded, will be seen as even less likely to deliver the sought returns.
- 3.18 Such an approach runs the risk of incentivising service providers to work with

people who are perceived to have lower support needs and be more likely to achieve targeted outcomes. This would exclude even further those who face greater challenges and barriers and even further restrict their choice and control.

- 3.19 The Ministry of Social development's recent discussion document *Employment, Participation and Inclusion Services: Draft proposals for change* (March, 2015) is an example of getting it wrong with a narrow view and application of an investment approach. The proposals in valuing and investing more in those who could work more than 15 hours a week and get off benefits discriminated against and potentially reduced support for people with intellectual disability. In addition proposals for MSD to control referrals to employment services and limit service access not only reduce people's choice and control but could also negatively impact on their well-being.
- 3.20 The draft report highlights the need for longer term thinking and consideration of longer term outcomes. Risks are identified in a short political cycle that has typically resulted in short term thinking and quick fixes and results. This highlights the need for an institutional architecture that has cross party agreement and builds trust and confidence with citizens and communities.

4 Investing in people, families and communities

- 4.1 People, their families and communities have the greatest incentive to get things right and make sure resources are used in the best possible way. Investing in people, families and communities is critical to achieving improved outcomes and underpins all seven themes for implementation outlined in the draft report.
- 4.2 Finding 7.4 states that "the social services system appears to be too focussed on government as source of new ideas and as gatekeeper of which ideas are trialled". Within the disability sector many of the best ideas and innovations have come from disabled people, families and community services working together. IDEA Active is one example. This was initiated by families with sons and daughters with intellectual disability who wanted different post schools options than those available. They worked with IDEA and other community groups to develop a different way of working. Where government was involved was as the gatekeeper of funds. In this instance the government agency worked collaboratively to enable the service. This is not always the case and government agencies can work in ways that stifle or do not sustain new ideas and innovations that are effective. The problem that often arises in the system is that government agencies seek to control and take over innovations and claim them as their own rather working in genuine partnership and investing in community development.
- 4.3 IHC believes that the report's consideration of "empowerment" is too limited in that it focuses on individual choice and control as the only pathway to being empowered and that this in itself strengthens incentives on providers to continuously improve their services and increase their ability to respond to

individual circumstances and preferences.

- 4.4 Person Directed Budgets although platforms for increased choice and self determination should not be seen as the only way to achieve this. There are disparities in both an individual and families ability, time, resources and preference to take on the role of administering a budget and becoming an employer.
- 4.5 To be effective Person Directed Budgets require adequate funding, support for well informed decision making, a well supported, remunerated and developed workforce and sustainable purchasing arrangements for providers to enable choice and control to be meaningful.
- 4.6 In addition there will be benefit in understanding and addressing the tensions that exist and create barriers to collaboration and getting better connected and integrated supports and services. For example the market model focus on competition reduces incentives for collaborative and integrated responses.
- 4.7 Investing in Community development needs to include developing services which build in the involvement of the community, even when this is lacking, in ways that enhance community capacity.
- 4.8 A useful resource to draw from is the UK example “working together for change” (Helen Sanderson Associates). This involves an eight step process to inform systemic change and community and service development.

5 Investing in smarter commissioning

- 5.1 IHC supports the emphasis throughout the report for more long-term thinking. This requires re thinking commissioning, considering longer term outcomes and longer term funding arrangements for individuals, families and service providers. Commissioning practices need to be flexible, shift authority and move from passive service and programme based solutions.
- 5.2 The findings of the draft report that government’s commissioning and purchasing arrangements have been restrictive and impacted adversely on providers and people who use their services is particularly welcomed. We hope that these admissions signal a way forward with new and better commissioning arrangements which reflect co design principles that are grounded in genuine partnerships.
- 5.3 Commissioning/purchasing that focuses effort on the right things and doesn’t distract from obligations to people with intellectual disability and their families will involve;
 - simple funding levels that reflect the different resource requirements associated with different levels of need
 - capacity for individuals and providers to pool that funding to achieve the

- most effective and efficient use of resource
 - multi-year high trust contracts with reduced compliance and auditing costs than those in current contracts
 - reporting on outcomes (as agreed between client, provider and funder)
- 5.4 Relevant material to draw from in further developing these ideas include two publications authored by Simon Duffy *Unlocking the imagination-rethinking commissioning and Individual Service Funds (ISFs) and Contracting for Flexible Support*. A recent evaluation of the *Choice Support Personalisation Programme* (Ellis, Sines & Hogard, 2014) in the UK demonstrates the value of trusting service providers to work more flexibly by enabling them to use personal budgets more creatively in partnership with the people they work for. The programme achieved both improvement in quality of support and of life outcomes and a reduction in costs of 30% over four years.
- 5.5 The draft report contains many unquestioned and untested assumptions about market models, investment for outcomes, insurance approaches and social bonds with common threads across those options of reducing costs and shifting risk away from government. The text within the report also contains some cautions about each of these approaches which are not evident in the recommendations. In light of this Question 9.1 *“What non government organisations have the potential to become social insurers for enrolled populations? What are the potential advantages of a multiple - insurer approach?”* is somewhat premature.
- 5.6 IHC does agree however that further consideration is warranted of a social insurance model with a single government owned (or Crown entity) insurer for disability support services. It could either be based on the ACC model or ACC expanded to include non accident related disability. It is worth noting that the Australian NDIS scheme is tax based and that it came about through the Australian Productivity Commission report which also identified that disability support services were significantly underfunded.

6 Investing in getting better information

- 6.1 The Commission makes a number of recommendations about the need for better data and analytics (8.1-8.6,10.4) that IHC endorses as suggestions that will enable more effective measurement, monitoring, evaluation and planning.
- 6.2 This should occur in the context of making better use of what we know. As identified by the Commission there have been failures in learning that have resulted in poor use of resources. These can also be seen in some of the demonstration projects in the disability sector. Better use of what was known already in designing the New Model local area coordination trial would have resulted in a starting point that was much further ahead and made more effective use of the resourcing allocated to the trial. One of the opportunities lost was to integrate services from government agencies and pool funding.

- 6.3 As identified within IHC's previous submission there appears to be a lack of economic analysis using appropriate methodologies including how initiatives could be scaled up from a demonstration project to a national programme.
- 6.4 Of equal concern is the absence in most of the disability support related trials of a comparison of the effectiveness of piloted services with existing services. This means a key evaluation question remains unanswered - Do the trials lead to better outcomes than existing supports and services? While randomised controlled design is most typically not appropriate matched comparison groups is a suitable methodology to address the question above.
- 6.5 IHC believes there needs to be greater investment in research in the field of intellectual disability. The paucity of knowledge about best practice is a barrier not only to enhancing the quality of services but also to any ability to approximate an investment approach to underpin more effective social services.

7 Investing in continuous improvement

- 7.1 IHC supports the emphasis within the draft report to embed continuous improvement. This includes using and building on what works well as well as encouraging innovation and increasing the evidence base.
- 7.2 The suggestions within the draft report would benefit from further consideration of how to create a safe environment in which organisations could share learning. This necessitates going beyond contracting for outcomes and decentralised service models as mechanisms for innovation.
- 7.3 Recommendation 7.6 proposes that Superu develop and adopt a set of principles for good evaluation and provide guidance to support these principles. This proposal would be enhanced by a shared understanding and co design process between representative organisations of people with intellectual disability and their families and service providers.
- 7.4 A useful resource to guide developmental evaluation include the New Zealand *Standards and Monitoring Service (SAMS) Creating a new way: Working together for Change* resource.

8 Conclusion

IHC has appreciated the opportunity to engage in discussions with the Productivity Commission and to respond to the draft report. While we are very supportive of the need for change in commissioning and funding arrangements and to build capability and capacity we are not convinced that many of the proposals within the report will enable rights, inclusion and enhanced wellbeing for people with intellectual disability and their families. The emphasis on market models and individualistic approaches could further disadvantage and marginalise people who experience poor outcomes in all quality of life indicators.

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