

Should Government changes to Disability Support Services concern us?

In April 2024 stricter rules for Carer Support payments and Equipment Management Services (EMS) through Enable, were made, to manage Whaikaha's projected 10% budget overspend. This prompted the Government to review Whaikaha's performance. The [Independent Review](#) was released on 28 June 2024.

The review's recommendations were:

1. Budgets for Needs Assessment and Service Co-ordination (NASC's), Enabling Good Lives (EGL) sites and Equipment Management Services (EMS) providers – to be fixed. Monitoring and reporting requirements to be developed.
2. Freeze funding for residential care - to maintain the current levels of funding for facility based care for 2024/25 pending a review of contract and pricing models. Have a panel to review and approve packages over \$105,000.
3. Take no action on price increases for providers in 2024/25.
4. Monitor NASC and EGL performances.
5. Update the assessment and allocation settings – to be implemented by MSD.
6. Establish Flexible Funding criteria and review guidelines - to improve clarity and consistency.
7. Strengthen how agencies work together – Ministry of Health (MOH), Ministry of Social Development (MSD), and Health NZ.

In addition to these recommendations the Government transferred the responsibility for Disability Support Services (DSS) from Whaikaha to the Ministry of Social Development (MSD) in September 2024.

In 1993 the responsibility for Disability Support Services was taken away from MSD's predecessor and transferred to the Ministry of Health where the funds were ring fenced. The move was made because disabled people were not being served well under MSD. The move back to MSD seems to be a retrograde step.

Whaikaha was established in response to disabled people requesting a specific department for their issues and to help streamline a system which had become complex and hard to navigate. Not two years into Whaikaha's existence, this rushed and scathing review of its performance has been done, with barely any input from consumers, their families or providers.

Was this fair when for the past six years Whaikaha and formerly the Ministry of Health's Disability Support Services, ran over budget by about 10% per year? This wasn't due to mismanagement by these government agencies, it was the result of chronic underfunding over decades, the growing demand and the ageing population they serve.

Effectively these recommendations are a way of rationing services to keep spending within an unrealistically low budget. The recommendations don't recognise the increasing demand for services is growing yearly as a result of:

- the increased life expectancy of those with disabilities,
- greater survival rates for premature babies and babies born with disabilities
- Autism being added to DSS responsibilities in 2014 with no additional budget allowance.

The New Zealand Disability Support Network *“estimates a 10.4% increase in funding is needed just to keep pace with rising demand and costs in the disability sector, with 24% in total needed to make up for historic underfunding. Additionally, the Government must fund the stalled Pay Equity settlement for carers and support workers”*.

The Disability sector supports the most vulnerable New Zealanders and the people who work in the area are either unpaid or paid a low wage to do demanding and very challenging work. Currently nearly all the funding in the sector goes to “frontline” services. Without a realistic increase in funding there will be cuts to “frontline” services even though the Government promised there won't be cuts to “frontline” services. The government's defence is they aren't cutting frontline services they are just asking the sector to stay within budget.

The majority of those using DSS have limited ability to advocate for themselves because of their disability and the level of deprivation they live in. This population needs our help to ensure our government looks after this vulnerable group of people by increasing the budget to account for the historic underfunding, and have a system to adjust the budget for the growing demand and the ageing population.

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