



The Paediatric Society of New Zealand  
Te Kāhui Mātai Arotamariki o Aotearoa



September 2025

## Submission on the Draft New Zealand Disability Strategy 2026-2030

**From: Te Kāhui Mātai Arotamariki o Aotearoa | The Paediatric Society of New Zealand**

The Paediatric Society of New Zealand welcomes the Draft Disability Strategy 2026-2030, which provides solid principles aligning with clinical best practice. This submission reflects consultation with our clinical network, who work daily with New Zealand's 98,000 disabled children.

We support the strategy's direction while identifying specific opportunities to strengthen implementation and child-focused approaches based on clinical experience and international evidence.

Fundamental to our perspective is ensuring disabled children can **live to their full potential** through coordinated, developmentally appropriate support across health, education, and social services.

### Key Recommendations

**Implementation and Accountability:** Our clinical members identify gaps between policy aspirations and implementation mechanisms. Previous strategies have contained similarly worthy goals but struggled with operationalisation. We think this needs considerable attention.

Recommendation: Specify concrete accountability measures, including clear timelines, measurable outcomes, and enforcement mechanisms and supports.

**Child-Specific Approaches:** The strategy predominantly uses adult examples ("15 years and over"), creating gaps for children who have unique developmental needs requiring specialised approaches.

Recommendations:

- Include child-specific indicators across all priority areas
- Adopt "mokopuna centred, whānau focused, whānau led" approaches for tāngata whaikaha Māori and all tamariki and rangatahi in Aotearoa

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- Ensure early intervention is explicitly addressed in health priorities, not just education and justice

**Health System Reform:** Our clinical members identified a systemic health barrier where professionals are required to diagnose eligibility for disability services rather than assess needs, creating barriers and misusing resources.

Recommendations:

- Reform eligibility systems to support needs-based rather than diagnostic-based service access
- Strengthen the health workforce with neurodiversity competency training, including specific training and resourcing for learning disability and intellectual disability support

**Health-Education Integration:** Our clinical experience demonstrates that disabled children benefit most from coordinated approaches across health and education services, yet the current strategy addresses these sectors separately, potentially missing integration opportunities.

Recommendations:

- Establish formal coordination mechanisms between health and education for children with disabilities
- Ensure Learning Support Coordinators have clear pathways to health professional input when needed
- Develop shared protocols for children with complex medical and educational needs

**Evidence-Based Implementation:** Cost-effective interventions with successful international evidence can be implemented within existing constraints:

- Communication assistance in legal/health settings (proven cost-effective in UK/Australia)
- Neurodiversity training for healthcare teams, particularly in inpatient care
- Family-centred approaches integrating patient/parent voice in service design

**Measurement Framework:** Robust measurement is often overlooked but critical. It determines whether strategies achieve real impact or remain aspirational documents. Without clear metrics and accountability, well-intentioned policies risk becoming ineffective despite their good intentions.

Recommendations:

- Implement both process measures ("did we do this") and outcome measures ("did it improve children's lives")

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- Involve disabled children and their families in survey design, data collection, and analysis processes
- Clearly define key terms like "equity" and "intersectionality" to ensure consistent understanding and implementation

## Professional Commitment

PSNZ commits to constructive and pragmatic engagement through clinical resource development, evidence-based advocacy, professional education, and partnership approaches with Whaikaha and disability communities.

This strategy represents an important opportunity that requires moving from aspirational goals to concrete implementation. Our recommendations focus on specific, evidence-based improvements achievable within existing frameworks.

The Paediatric Society stands ready to partner in implementation efforts that translate these commitments into meaningful change for disabled children and their whānau.

**Ngā mihi,**

Te Kāhui Mātai Arotamariki o Aotearoa | The Paediatric Society of New Zealand

### Key Contributors:

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