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4 September 2024

**Hon Louise Upston,**  
Minister for Disabilities  
[Louise.Upston@parliament.govt.nz](mailto:Louise.Upston@parliament.govt.nz)

**Hon Dr. Shane Reti**  
Minister of Health  
[s.reti@ministers.govt.nz](mailto:s.reti@ministers.govt.nz)

**Hon Matt Doocey**  
Minister for ACC  
Associate Minister of Manatū Hauora Ministry of Health  
[Matt.Doocey@parliament.govt.nz](mailto:Matt.Doocey@parliament.govt.nz)

E nga rangatira, tēnā koutou,

We (Brain Injury New Zealand) write to you as Ministers with Disability and Health portfolios respectively, as the issues of brain injury, disability services, and Enabling Good Lives fall into both these portfolios.

We have been following the recent announcements regarding Whaikaha, including the transition of Disability Support Services to the Ministry of Social Development (MSD). We have significant concerns, especially with the lack of consultation with the disability community. The lack of consultation raises concerns about how well the transition will align with the needs and priorities of those it directly impacts.

Before Disability Support Service contracts were moved to Whaikaha, the contracts were administered by the Ministry of Health. We acknowledge that there are aspects of social development that are relevant to disability services. However, we strongly believe that any relocation of Disability Support Services should be back to the Ministry of Health, which is

better positioned to address the holistic health and well-being needs of people living with disability.

Please provide the rationale on why Disability Support Services contracts are not being returned to the Ministry of Health.

We also seek clarification on the current status of Enabling Good Lives (EGL). EGL is a framework that has been developed in consultation with disabled communities over a number of years in various locations, updating processes with what has be learnt. Considerable work has been done by ministries and disability communities to bring the principles of EGL into service provision.

We are concerned this rollout was paused without consultation with those it would most impact, and this in itself is anti-thetical to EGL principles and practices. It has been stated in communications (media statement on MSD website, 15/8/24) that expansion of this initiative has been paused, to focus on delivering services based on need, not location. It is our belief rolling out EGL more comprehensively across the country would in fact mean service delivery *is* based on need, not location. As it stands, regional variability can be reduced by EGL expansion, and conversely partial roll-out means location does play a determining role in the services and care one receives.

We recognise there are costs to expanding EGL models throughout Aotearoa New Zealand. However, we would like to know the expected duration of this pause, and what is being done to ensure this pause is temporary?

Moving forward, we strongly believe consultation with stakeholders is essential. Please indicate what is being done to ensure timely consultation, the scope of consultations, and what is being done to ensure transparent dialogue.

Sincerely,  
Ngā manaakitanga,



Lync Aronson  
President  
Brain Injury New Zealand