

Tamariki and Rangatahi Whaikaha:

Access to Health and Education Services



Kia Ora!

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About I.Lead:



- I.Lead is a national disability-led movement that amplifies the voices of rangatahi whaikaha at local, regional and national levels. Members of I.Lead have the opportunity to participate in consultations with regional and national organizations
- In March of 2024 I.Lead hosted their two-day I.Lead Conference. More than 40 rangatahi whaikaha were invited to Wellington to attend the event. The conference gave young disabled people a safe space to be able to speak their minds regarding topics and policies relevant to them.
- As a result of the conference, I.Lead went from having just one committee in Auckland to having four around the country (with more in the works!). These committees are located in Auckland, Waikato, Wellington, and Dunedin. Our regional I.Lead committees facilitate projects within their area, developing programmes and initiatives for local I.Lead members; along with attending expos and conferences.



The harsh reality:

- 35.8% of disabled New Zealanders aged 15+ experienced an unmet need for professional help on mental health, as opposed to 13.3% of non disabled New Zealanders (Figure NZ)
- 10.4% of disabled New Zealanders aged 15+ have not visited their GP due to disliking or fearing the GP, as opposed to 3.6% of non-disabled New Zealanders (Figure NZ)
- In the June 2017 quarter, The not in employment, education, or training (NEET) rate for disabled youth (42.3 percent) was over four times that of non-disabled youth (10.0 percent). (Statz NZ)
- 34% of disabled women have no educational qualification, compared with 15% of non-disabled women (ODI)

Imagine this:

While this is a fictional story, it is based on real experiences, and is the reality for many tamariki and rangatahi whaikaha.



**Discussion: What were the
barriers?**





Answers Part 1: Healthcare

- **Waiting room is overcrowded and noisy:** Non-accessible friendly GP practice
- **15-minute appointment:** Not enough time, feeling rushed
- **Extended one was unaffordable:** Extra cost of extended appointment
- **The doctor is unsure what else she can do to support your complex needs:** Inability to treat complex cases
- **Private treatment is out of the question financially:** High cost of private appointments
- **Public waitlist is at least nine months long:** Long waitlists
- **Quickly becomes frustrated with you:** High stress levels of professionals
- **Next available appointment is in four weeks.:** Long waitlist even for GPs
- **You struggle to communicate with her, and feel misunderstood:** Medical professionals lack training in communicating with neurodiverse individuals



Answers Part 2: Education

- **The school claims they are not able to provide work to do from home.** Lack of flexibility in meeting student needs
- **Denied have access to the school elevator and you are unable to bring your own mobility aid to due a “Health & Safety” risk:** Discrimination based on physical/mobility needs
- **You struggle to communicate with your teachers:** Lack of teacher training in communicating with neuro-diverse students
- **The correspondence school applications are denied:** Under-resourced system and harsh eligibility criteria that excludes students in need
- **Suggestion of an Early Leavers Certificate:** Excluding disabled students rather than making education accessible.
- **You’re becoming more and more frustrated and feel like highschool is inaccessible to you:** Lack of confidence due to others’ ignorance and inaccessibility

Discussion: What can you do?

Brainstorm what practices you can implement in your mahi to improve experiences for disabled youth



What if things were different?

A positive twist:





Conclusion:

During I.lead's 2024 conference, the young disabled attendees identified barriers they faced in their lives and made recommendations for how these barriers could be minimised.

When identifying barriers faced when accessing health services, rangatahi whaikaha listed:

- **There is not enough focus on training medical professionals that have lived experience** in the disability and/or mental health space
- **A lack of access to medication** that is more available in other countries, due to local legislation and a lack of funding
- **A lack of training for medical professionals regarding methods of communicating with disabled patients.**

When identifying barriers faced during their education journeys, rangatahi whaikaha listed:

- **Lack of education & training provided to staff within the education system** regarding both invisible and visible disabilities
- **Lack of intent by the teaching profession to develop a co-design process with young people**

We hope that this presentation encourages you to consider what progress needs to be made in order to ensure the meaningful participation of children with disabilities, in particular in the work of Whaikaha (the Ministry of Disabled People), in the shaping of all policies that affect them.

Q&A:

Do you have any questions for us?



Thank you!



Want to know more about I.Lead's mahi or the other recommendations that arose from the conference?

Find us through our socials or our website:

Website: <https://www.ilead.org.nz/>

Facebook: <https://www.facebook.com/ileadconferencenz>

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