

**[In Confidence]**

Office of the Minister for Disability Issues

Cabinet Social Outcomes Committee

**New Zealand Disability Strategy refresh – approval for approach and consultation**

**Proposal**

- 1 This paper seeks agreement to my proposed approach to refresh the New Zealand Disability Strategy by December 2025.

**Relation to government priorities**

- 2 The proposed refresh of the New Zealand Disability Strategy supports our priorities as a Government. I expect the priority outcome areas in the strategy to improve the lives of disabled people and to help us achieve our Government Targets across the education, employment, health, housing, and justice sectors, as well as contributing to our economic growth priorities.

**Executive Summary**

- 3 The current New Zealand Disability Strategy (Strategy) concludes in 2026. A refresh of the Strategy is an opportunity to outline our priorities as a Government to improve the lives of disabled people in New Zealand; who consistently experience poorer outcomes across publicly funded services.
- 4 I propose to develop a five-year Strategy 2026-2030 to drive tangible change, and set a clear vision, principles and expectations for how public services and initiatives should meet the needs of disabled people. Effective universal design<sup>1</sup> benefits all New Zealanders and should complement the disability focussed supports and services funded by government.
- 5 I recommend that the new Strategy prioritise actions in key outcome areas for disabled people and the Government: education, employment, health, housing and justice. These areas also align with Government Targets. I seek your agreement to:
  - 5.1 work with disabled people to develop the vision, principles and associated measures for the new strategy;
  - 5.2 the establishment of Outcome Area Working Groups, made up of officials, disability community representatives and industry/sector experts, to develop priority actions for the new strategy; and

---

<sup>1</sup> Universal design refers to the design of products, environments and services to be usable by all people to the greatest extent possible.

- 5.3 delegate approval of the draft Strategy to my Ministerial Disability Leadership Group and responsible portfolio Ministers, prior to public consultation in the latter half of 2025.
- 6 I intend to report back to Cabinet by November 2025 for approval of the Strategy. I am planning to release the final Strategy on the International Day of Persons with Disabilities on 3 December 2025.

## Background

- 7 The role of the New Zealand Disability Strategy (the Strategy) is to set expectations for government actions to improve the lives of the 851,000 disabled people in New Zealand.
- 8 As Minister for Disability Issues, I have an obligation under Schedule 1, Subpart 2 (7) of the Pae Ora (Healthy Futures) Act 2022 to determine a Strategy, and in doing so I must:
- 8.1 Consult any organisations and individuals that I consider appropriate
- 8.2 Report on progress against the Strategy annually
- 8.3 Make publicly available and present a copy of the Strategy, report, or amendment, as soon as practical to the House of Representatives.
- 9 The 2016–26 Strategy concludes next year, and has eight outcome areas: education, employment and economic security, health and wellbeing, rights protection, justice, accessibility, attitudes, choice and control, and leadership.
- 10 In August 2024, Cabinet agreed to establish the Ministry of Disabled People (the Ministry) as a standalone public service department, with responsibility for system leadership, leading and influencing policy as it pertains to disabled people and facilitating societal change [CAB-24-MIN-0301 refers]. The Ministry advises me on cross-government progress against the Strategy.
- 11 In December 2024, Cabinet agreed to progress 30 of the Concluding Observations (recommendations) from the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) received in 2022, and that a further 17 Concluding Observations would be considered in the refresh of the Strategy during 2025 [SOU-24-MIN-0155 refers].
- 12 The Strategy is government's key mechanism to determine priorities for the implementation and progressive realisation of the UNCRPD in New Zealand. The UNCRPD 'social model of disability' includes people who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. It is vital for New Zealand's economic and social progress that these barriers are reduced.

## Development of a refreshed New Zealand Disability Strategy 2026 – 2030

- 13 The current Disability Strategy is a high-level document that has served us well over the past ten years. However, it has needed to be supplemented by short term Disability Action Plans that covered a long list of work programmes, have

not always adequately focused and reported on disabled people, and were not all completed. This has made progress against the strategy difficult to measure.

- 14 I am therefore proposing a different approach for a refreshed New Zealand Disability Strategy (Strategy), with a focus on driving real change for the 851,000 disabled people who make up 17 percent of New Zealand's population. This will require a strategy that contains tangible actions within its priority outcome areas.
- 15 The strategy will contain a vision and principles to outline what we aim to achieve for disabled people across all public policy and services, and to assist local government, non-government and community organisations to be accessible and effective for disabled people. A vision and principles will set clear expectations about the New Zealand we are aiming to create for disabled people across all aspects of their lives.
- 16 Within the overarching vision and principles, I propose that the Strategy prioritises actions within the following five outcome areas, which are key priorities for our Government and important to disabled people: education, employment, health, housing and justice. This will improve the inclusion of disabled people in society.
- 17 Appendix 1 summarises key statistics for disabled people in each of the outcome areas. This appendix clearly shows the challenges disabled people face in achieving parity of outcomes with other New Zealanders, including areas relevant to our Government Targets.
- 18 Improving outcomes for disabled people in the proposed outcome areas – particularly in employment – will aid in the Government's economic growth agenda. There are opportunities for growth in the economy and businesses to be gained by addressing labour productivity losses from a disability perspective, as well as for individuals who currently face barriers to reach their potential to achieve in education, be employed, and participate at all levels of society.
- 19 The portfolio Ministers for the five outcome areas, working with the Ministerial Disability Leadership Group, will have responsibility for leading any actions agreed as part of the Strategy. The proposed areas:
  - 19.1 align with the Government's social sector priorities and Targets;
  - 19.2 reflect important aspects of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) recommendations agreed by Cabinet in December 2024 [SOU-24-MIN-0155]; and
  - 19.3 include areas highlighted by the Independent Monitoring Mechanism (IMM)<sup>2</sup> where progress is needed due to current inequities.
- 20 While MSD-funded Disability Support Services (DSS) play a critical role in the lives of over 50,000 disabled people<sup>3</sup> who access them, I have not included the

---

<sup>2</sup> The Independent Monitoring Mechanism monitors and reports on progress to realise the United Nations Declaration of Persons with Disabilities. It is comprised of the Disabled People's Organisations' Coalition, the Human Rights Commission, and the Ombudsman.

<sup>3</sup> As well as the further 100,000 people who receive DSS-funded equipment and modification services.

role of DSS in the proposed Strategy. Work to improve the sustainability and quality of DSS will complement the Strategy but will be taken forward, monitored and reported on separately to the outcome areas of the Strategy.

- 21 The current strategy has spanned ten years. While some progress has been made towards the outcomes in the strategy, disabled people continue to face a range of barriers to good outcomes.
- 22 I propose that the new Strategy covers a five-year period from 2026 to 2030. This will enable us to prioritise tangible actions that benefit disabled people, align with the timeframe for Government Targets, and progress implementation of UNCRPD recommendations as appropriate prior to the next examination under the UNCRPD in 2030 [SOU-24-MIN-0155 refers].
- 23 It is also important to develop measures for assessing progress on the new strategy as a part of the process of developing the strategy. Having robust measures will make annual reporting on the strategy clearer and more meaningful.

#### **Developing the Strategy with disabled people, overseen by the Ministerial Disability Leadership Group**

##### *Vision and principles*

- 24 The current NZ Disability Strategy vision is: *“New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen”*. This vision was developed with disabled people to reflect the importance of creating an economy and society that meets their needs.
- 25 We therefore need to work with disabled people to establish a clear vision for the refreshed Strategy, which describes what we aim to achieve over the next five years, alongside the principles and approaches that agencies should utilise in achieving the Strategy’s vision.
- 26 The Ministry of Disabled People will lead a process, working with key groups within the disability community including Disabled People’s Organisations, to refresh the current vision and principles. This vision and principles will set expectations to guide all work, both government and non-government, to better meet the needs of disabled people, particularly relating to accessibility.

##### *Priority outcome areas and actions*

- 27 Achieving a more action-oriented strategy will require the identification of achievable actions that can be taken by government, local government and non-government organisations, including businesses and the community, to improve the lives of disabled people. This recognises that societal change to improve outcomes for disabled people is everyone’s responsibility, and does not rest entirely with government.
- 28 I therefore propose developing actions for the Strategy by bringing together our Government priorities and input from disabled people and industry/sector

expertise. The Ministry of Disabled People will establish Working Groups comprised of disabled people, officials, and industry/sector members, to:

- 28.1 develop draft actions in the outcome areas for Ministers' consideration
  - 28.2 develop measures of success for each outcome area, to assess progress and impacts against the Strategy's actions and activities.
- 29 The Ministry is running a process to identify experienced and skilled disabled people and industry/sector representatives to join the working groups. The Ministry is seeking relevant officials from other government agencies to join the working groups, and will work alongside the Groups to develop the content for each outcome area. The working groups will use data and evidence to focus on prioritising achievable and impactful actions that can be progressed.

*Ministerial Disability Leadership Group oversight*

- 30 In November 2024, I re-established a Ministerial Disability Leadership Group (MDLG) to drive collective action for disabled people across our priorities. Over the course of 2025 I intend to work with the MDLG to oversee the development of the Strategy and associated actions.
- 31 The agencies responsible for actions and activities within the Strategy outcome areas will be responsible for delivering them, and will report to their portfolio Ministers and the MDLG. Agency leads for outcome areas will be determined during the development of the Strategy.
- 32 I am seeking Cabinet agreement to delegate the development of the draft Strategy to the MDLG and the Minister of Justice as the relevant portfolio Ministers, including approval for public consultation later in 2025. The Group meets quarterly, and core members include the Ministers of/for Disability Issues, Social Development and Employment, Housing, Health, Education, Local Government, and Children.
- 33 The Terms of Reference for the MDLG allow for other Ministers to be invited to attend meetings as required and note that other portfolios relevant to disabled people include Mental Health, Justice, Māori Development and Whānau Ora, Seniors, Tertiary Education and Skills, Transport, Building and Construction, Hospitality and Tourism, and Statistics.

**Cross-cutting considerations in the refreshed Strategy, and link to Government Targets**

- 34 We know from data and evidence that progress across our key outcome areas is interconnected. For example, success in education is critical for good employment outcomes and poor health can negatively impact employment outcomes.
- 35 I have therefore asked the Ministry of Disabled People to consider the relationship and interactions between the outcome areas. We may take a life-course approach to presenting the Strategy, such as interventions at critical life stages based on needs.

- 36 I expect actions in the refreshed Strategy outcome areas to contribute to improving disabled people's outcomes overall, and to achieving the following Government Targets for disabled people:
- 36.1 **Education:** Target 6 – Increased Student Attendance, and Target 7 – More students at expected curriculum levels.
  - 36.2 **Employment:** Target 5 – Fewer people on Jobseeker Support benefit.
  - 36.3 **Health:** Target 1 – shorter stays in emergency departments, and Target 2 – Shorter wait times for treatment.
  - 36.4 **Housing:** Target 8 – Fewer people in emergency housing
  - 36.5 **Justice:** Target 3 – Reduced child and youth offending, and Target 4 – Reduced violent crime.
- 37 I anticipate that the Strategy will comment on the need to improve data about disabled people, the services they receive, and their outcomes. This would enable better tracking of progress, and improve the evidence base to inform future decisions about disabled people across public services. This aligns with life-course and social investment-based approaches.
- 38 The need to improve the accessibility of government services and society overall (e.g. workplaces) is likely to be another key theme across outcome areas. Accessibility refers to whether disabled people can access facilities, services, the physical environment and information, on an equal and dignified basis with others.

*Some groups, including Māori disabled and Pacific disabled, and people with intellectual impairments, are more disadvantaged than others in all outcome areas*

- 39 The data and evidence we currently have available tells us that tāngata whaikaha Māori (Māori disabled), as a population sub-group are experiencing poorer outcomes than other groups of disabled people. For example, in 2024 the labour force participation rate for tāngata whaikaha Māori was 34.6 percent, compared with 44.7 percent for all disabled people and 78.1 percent for Māori non-disabled.<sup>4</sup>
- 40 Previously, the aspirations of tāngata whaikaha Māori have been reflected through Whāia Te Ao Mārama, the Māori Disability Action Plan, which expired in 2022, and focussed on access to health and disability supports. I have asked the Ministry to work with tāngata whaikaha Māori to consider how to develop practical approaches that identify and target the barriers tāngata whaikaha Māori experience.
- 41 Pacific disabled people also have poorer access to and outcomes from services compared to others. Pacific people experience persistent disadvantage at even higher rates than households with Māori and disabled people.<sup>5</sup> In 2024, the Ministry engaged with Pacific disabled people on priorities for future action. The

<sup>4</sup> Stats NZ. (August 2024). *Household Labour Force Survey June 2024 quarter*. Ministry of Disabled People. (2024). Labour market statistics for disabled people - June 2024 quarter. Retrieved from: <https://www.whaikaha.govt.nz/news/news/labour-market-statistics-for-disabled-people-june-2024-quarter>

<sup>5</sup> New Zealand Productivity Commission. (June 2023). *A fair chance for all: Breaking the cycle of persistent disadvantage*.

Ministry will build this into the refresh of the Strategy, and consider how to reflect the aspirations of Pacific disabled people.

- 42 In addition, people with neurological or intellectual impairments typically have much poorer outcomes from services and supports compared with other disabled people – such as in health, employment, and education.<sup>6</sup>
- 43 There are often compounding intersectional challenges for people who belong to multiple disadvantaged groups, such as Māori, Pacific, women, rural and elderly disabled people.

#### Timeframes and engagement process to develop the new Strategy

- 44 I propose to develop the new Strategy based on the following timeframe and process. Final timing will be confirmed after Cabinet decisions.

Milestone	Timeframe
<b><i>In progress – early development:</i></b> policy development, pre-engagement with key disability community groups, Working Group expressions of interest, Cabinet agreement to the process, engagement and consultation approach.	February – April 2025
<b>Working with the disability community to establish the vision and principles for the refreshed strategy.</b> <b>Working Groups</b> develop actions under the outcome areas: <ul style="list-style-type: none"> <li>establishment of Working Groups for the five outcome areas - disabled people, officials and industry/sector members</li> <li>development of measures for outcomes and actions</li> <li>prioritisation of actions and preparation of draft Strategy.</li> </ul> Engagement with disability community groups on a draft Strategy, including tāngata whaikaha Māori and whānau.	April – July 2025
<b>Ministerial Disability Leadership Group</b> – endorsement of a proposed Draft Strategy for consultation	July 2025
<b>Public consultation</b> and further disability community engagement on the Draft Strategy	August – October 2025
<b>Cabinet agreement to finalised Strategy and actions</b>	November 2025
<b>Launch of the refreshed New Zealand Disability Strategy</b> (International Day of Persons with Disabilities)	3 December 2025

- 45 I will report-back on implementation next steps as part of my November 2025 Cabinet paper seeking agreement to the final Strategy and Actions.

#### Cost-of-living Implications

- 46 The proposals in this paper do not have direct cost-of-living implications. Disabled people are one of the groups experiencing the highest rates of persistent disadvantage,<sup>7</sup> and many are disproportionately impacted by cost-of-living pressures. Progress through Strategy could help to mitigate this issue.

<sup>6</sup> IHC, (December 2023) *From Data to Dignity: Health and Wellbeing Indicators for New Zealanders with Intellectual Disability*.

<sup>7</sup> New Zealand Productivity Commission (June 2023) *A fair chance for all: Breaking the cycle of persistent disadvantage*.

## Financial Implications

47 There are no direct financial implications arising from this paper.

## Legislative Implications

48 There are no legislative implications arising from this paper. Refreshing the Strategy will fulfil my obligations under the Pae Ora (Healthy Futures) Act 2022.

## Impact Analysis

49 The regulatory impact analysis requirements do not apply to this paper.

## Population Implications

50 Population implications are summarised below to demonstrate the main groups relevant to the Strategy, based on 2023 Disability Survey data:

Population group	How the proposal may affect this group
Disabled people	The proposals in this paper are focused on the 17% of the New Zealand population who were identified as disabled.
Pākehā NZ European	18% of people of European ethnicity were identified as disabled.
Māori	21% of the Māori population were identified as disabled. Tāngata whaikaha Māori (Māori disabled people) tend to have poorer material wellbeing and quality of life outcomes than Māori non-disabled and the disability population as a whole.
Pacific people	16% of the Pacific population were identified as disabled.
Asian	9% of the Asian population were identified as disabled.
Women	18% of women were identified as disabled, compared to 15% of men. Disabled women face additional barriers, such as access to health care. In 2019 40% of disabled women experienced physical intimate partner violence over their lifetimes, compared with 25% of non-disabled women. <sup>8</sup>
Children	10% of children under the age of 15 were disabled, with the most common impairment being learning difficulty. 14% of Māori children were disabled. Disabled children are much more likely to live in poverty than non-disabled children.
Seniors	Older people experience high rates of disability (35% of New Zealanders aged over 65). It is expected older people will make up an increasing proportion of the disabled population.

## Human Rights

51 The proposals in this paper are consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993. They will contribute to our implementation of the UNCRPD, by driving change in key outcome areas.

<sup>8</sup> Note this study was upper North Island-based, and survey results were only weighted to be representative of the population in terms of ethnicity. NZ Family Violence Clearinghouse (2019). *He Kōiara Matapopore 2019 NZ Family Violence Study*.



## Use of external Resources

- 52 The Ministry will not use substantial external resources. Strategy Working Groups which will run from around April to November 2025, will have some external resources funded from within Ministry baseline funding.

## Consultation

- 53 The following agencies were consulted on this paper: the Accident Compensation Corporation; Department of Corrections, Public Service Commission; and Statistics New Zealand; and the Ministries of/for Business, Innovation and Employment; Children – Oranga Tamariki; Education; Ethnic Communities; Health; Housing and Urban Development; Kāinga Ora; Justice; Māori Development - Te Puni Kōkiri, Pacific Peoples; Social Development; Women; and Youth Development, the Treasury, the Office for Seniors, and the Department of Prime Minister and Cabinet.
- 54 I am required under the Pae Ora (Healthy Futures) Act 2022 to consult anyone that I consider appropriate when determining a new Strategy. It is critical that disabled people are involved in the key Strategy that affects their futures. I consider it appropriate to engage with them throughout the process.

## Communications

- 55 I intend to announce the upcoming development of a refreshed Strategy alongside the proactive release of this paper, which will be communicated in alternate formats to ensure it is accessible.

## Proactive Release

- 56 I intend to proactively release this paper in accordance with CO (23) 04, subject to any appropriate redactions under the Official Information Act 1982.

## Recommendations

The Minister for Disability Issues recommends that the Committee:

- 1 **Note** that the current New Zealand Disability Strategy (the Strategy), provided for under the Pae Ora (Healthy Futures) Act 2022 will expire in 2026
- 2 **Note** that I propose to develop a refreshed Strategy over the course of 2025, for release on the International Day of Persons with Disabilities on 3 December 2025
- 3 **Note** that I intend to put in place a five-year Strategy 2026-2030 with a vision, principles, and actions to set clear expectations in sectors that are priorities for both disabled people and the Government, and align with our Government Targets
- 4 **Note** that public consultation on a draft Strategy will take place in the second half of 2025, subject to Cabinet's decisions on this paper and approval of the draft strategy by relevant portfolio Ministers

- 5 **Note** that I have re-established a Ministerial Disability Leadership Group to drive collective action for disabled people across Government priorities, which can oversee the progression of the Strategy, with core members including the Ministers of/for Disability Issues, Social Development and Employment, Housing, Health, Education, Local Government, and Children, and other Ministers to be invited as required
- 6 **Authorise** the Minister for Disability Issues to develop the new Strategy with a vision and principles to guide all work for disabled people, and with priority Outcome Areas of Education, Employment, Health, Housing and Justice
- 7 **Approve** the proposed approach to engagement and consultation outlined in this paper, including the establishment of Working Groups made up of officials, disability community representatives, and sector or industry members to develop clear actions under the Strategy Outcome Areas referred to in recommendation six
- 8 **Agree** to delegate approval of the draft Strategy for public consultation later in 2025 to the Ministerial Disability Leadership Group and the Minister of Justice, as the portfolio Ministers responsible for the proposed Outcome Areas referred to in recommendation six
- 9 **Invite** the Minister for Disability Issues to report-back to Cabinet by November 2025 to seek agreement to the final Strategy.

Authorised for lodgement

Hon Louise Upston  
Minister for Disability Issues

## Appendix 1: Key comparative statistics for disabled people

### Education

- 1 Disabled people's life outcomes, such as employment and housing, are influenced by how well they are supported to achieve in the education system.
- 2 Educational outcomes are lower for disabled learners aged 15-64 across the system, and they are more than twice as likely to leave school without qualifications than non-disabled people. Disabled people are less likely to have a bachelor's degree or higher (15 percent compared with 35 percent of non-disabled people).<sup>9</sup>
- 3 Young disabled people aged 15-24 are much less likely to be earning or learning; with 46.3 percent Not in Employment, Education, or Training – over four times higher than the rate for non-disabled young people (11.0 percent).<sup>10</sup>

### Employment

- 4 Being employed creates financial benefits and a wider range of opportunities for disabled people, as well as improved social connections, a sense of purpose, and better choice and control in life. Our disabled population includes a large untapped workforce, and improving their employment outcomes would add huge value to society and the economy.
- 5 Many disabled people face multiple barriers to employment, such as discrimination, attitudes, and inconsistent knowledge of how to adapt jobs. Those aged 15-64 are less likely than non-disabled people to be employed (39.8% compared with 80.3%), and receive significantly less income than non-disabled people (median weekly income of \$523 compared with \$1,141).<sup>11</sup>
- 6 Some groups of disabled people have poorer outcomes than others, such as tāngata whaikaha Māori (Māori disabled) for whom the employment rate was 27.2 percent, compared with 71.2 percent of Māori non-disabled.<sup>12</sup>

### Health

- 7 Disabled people have significantly poorer health outcomes compared with non-disabled people, across physical, mental health and social wellbeing measures.
- 8 In 2023/24, disabled people presented at emergency departments at more than double the rate of non-disabled people. 22.3 percent of disabled adults reported not visiting a GP due to cost, compared to 14.9 percent of non-disabled adults.<sup>13</sup>
- 9 Some groups of disabled people have even worse outcomes, for example people with an intellectual disability were more than 2.5 times as likely to receive

<sup>9</sup> Statistics NZ. (August 2024). *Household Labour Force Survey June 2024 quarter*. Ministry of Disabled People. (2024). *Labour market statistics for disabled people - June 2024 quarter*. Retrieved from: <https://www.whaikaha.govt.nz/news/news/labour-market-statistics-for-disabled-people-june-2024-quarter>

<sup>10</sup> Ibid

<sup>11</sup> Ibid

<sup>12</sup> Ibid

<sup>13</sup> Ministry of Health, (2024), 2023/24 New Zealand Health Survey.

care in an emergency room and over 3.5 times more likely to have avoidable public hospital admissions.<sup>14</sup>

- 10 Disabled people have poorer cancer survival rates; 32 percent of disabled people aged 65–74 years died within one year of diagnosis compared with 16 percent of non-disabled people.<sup>15</sup>

## Housing

- 11 Adequate housing is a key determinant of health and wellbeing outcomes. Many of the housing issues experienced by disabled people are shared by all New Zealanders. However, disabled people can experience significant and unique housing difficulties, especially relating to accessibility and affordability.
- 12 In 2023, 4.1 percent of disabled people aged five years and over were estimated to be severely housing deprived – more than double the 2.0 percent of non-disabled people. Outcomes were poorer for Māori and Pacific, with 6.5 percent of tāngata whaikaha Māori and 9.9 percent of Pacific disabled people aged 5 and over, experiencing severe housing deprivation.<sup>16</sup>
- 13 While there is limited data available about the number of disabled people in emergency housing, improving overall housing suitability and disability outcomes could reduce the number of people accessing it over time.

## Justice

- 14 Disabled people aged over 15 are often over-represented as victims of crime, with higher lifetime prevalence rates of victimisation than non-disabled adults (39 percent compared with 30 percent). They are also over twice as likely to experience violence from an intimate partner during their lifetime.<sup>17</sup>
- 15 Some disabled people also have higher involvement in the criminal justice system; for example:
  - 15.1 People with intellectual disability are at increased risk as they may be more likely to be caught, and have reduced capacity to understand implications of their offending or fully participate in the legal process.<sup>18</sup> People with Fetal Alcohol Spectrum Disorder, and some other neurodevelopmental conditions, can also be at increased risk of offending.
  - 15.2 As many as 90% of justice-involved male youth offenders have below average hearing, auditory processing, and language skills for their age.<sup>19</sup>

<sup>14</sup> Compared to non-intellectually disabled people. IHC, (December 2023) *From Data to Dignity: Health and Wellbeing Indicators for New Zealanders with Intellectual Disability*.

<sup>15</sup> Ministry of Health (2024). *Briefing: Health of Disabled People*, 28 March 2024, H2024036832

<sup>16</sup> Stats NZ, (2024). *2023 Census severe housing deprivation (homelessness) estimates*.

<sup>17</sup> Using pooled data based on Ministry of Justice (2024). *NZ Crime and Victims Survey, Key Findings – 2023 Cycle 6 report*.

<sup>18</sup> IHC, (December 2023) *From Data to Dignity: Health and Wellbeing Indicators for New Zealanders with Intellectual Disability*.

<sup>19</sup> Lount, S. A., Purdy, S. C., Hand, L. (2017). *Hearing, auditory processing, and language skills of male youth offenders and remandees in youth justice residences in New Zealand*. *Journal of Speech, Language, and Hearing Research*, 60(1), 121-135.