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Briefing

Date:	17 October 2024
For:	Hon Louise Upston, Minister for Disability Issues
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Approach to the development of the next New Zealand Disability Strategy

Purpose

The New Zealand Disability Strategy is set to expire in 2026. This briefing seeks a decision on the approach for developing the next Disability Strategy.

Executive summary

The Minister for Disability Issues is required by legislation to determine a New Zealand Disability Strategy (the strategy). The strategy has been used as a document to guide government actions to improve the lives of disabled people in New Zealand across key areas including education, employment, and health.

There have been two disability strategies to date (2001-2015 and 2016 -2026), both with the vision that New Zealand is a non-disabling society. These strategies were co-developed and included a community reference group to capture disabled peoples' input and aspirations. Features of these strategies and the development process applied to them are summarised in **Appendix One**.

As the 2016 Strategy is set to expire in 2026, the ministry of Disabled People – Whaikaha (the Ministry) has begun thinking about the process for developing the next iteration of the strategy.

The Ministry has identified three potential approaches for your consideration:

- A community focused approach – a ground up approach where government input is minimal and secondary to the community who drive the process and set the priorities and actions for inclusion in the strategy.

- A government focused approach - a top-down approach where officials and ministers develop a draft strategy and then consult the community on it.
- A mixed model approach in which the government sets the priorities for the strategy and the community then proposes the actions to be taken in each priority area.

Each approach has implications for strategy content, engagement, length of time to develop, and costs, which are described below.

On balance, the Ministry recommends a mixed model approach for developing the next Disability Strategy. This will ensure community input, uphold the government's relationship with the disability community, and lead to a strategy that has a focused set of priorities. Additionally, it can be developed in a reasonable timeframe and related costs can be managed within existing baselines.

The Ministry is seeking confirmation of your preferred approach for development of the new Disability Strategy.

Recommendations

It is recommended that you:

- a) **Note** the requirement under the Pae Ora (Healthy Futures) Act 2022 that the Minister for Disability Issues determine a New Zealand Disability Strategy, in consultation with appropriate organisations and individuals
- b) **Note** the timeframes for progressing the strategy will be determined by the development approach you decide upon
- c) **Indicate** which one of the three approaches to the strategy you wish to progress:

Noted

Noted

Either

Approach One – community led approach

Yes | **No**

Or

Approach Two – government led approach

Yes | **No**

Or

Approach Three – mixed model approach based on government priorities (*recommended*)

Yes | No

Hon Louise Upston

Minister for Disability Issues

Date



Ben O'Meara

Deputy Chief Executive, Policy, Strategy and Partnerships

Date 17 October 2024

Background

The Minister for Disability Issues must determine a Disability Strategy

- 1 The Minister for Disability Issues has an obligation under the Pae Ora (Healthy Futures) Act 2022 to determine a strategy, called the New Zealand Disability Strategy. The Minister may amend or replace the strategy at any time¹.
- 2 The Act requires that the Minister for Disability Issues:
 - consult any organisations and individuals that the Minister considers appropriate
 - in each year report on progress in implementing the disability strategy
 - make publicly available, and present to the house of Representatives a copy of the strategy, amendment, replacement, or report as soon as practical after this has been determined or made².

The development of a standalone Ministry, coupled with the expiration of the New Zealand Disability Strategy in 2026, creates an opportunity to drive tangible change

- 3 In August, Cabinet agreed [CAB-24-MIN-0301 refers] to 'establish the Ministry of Disabled People as a standalone public service department, with responsibility for leading and influencing policy as it pertains to disabled people'³. Cabinet agreed that the standalone Ministry's functions would include system leadership and facilitating societal change and strategic policy.
- 4 The current Disability Strategy was developed before the Ministry was established. A new strategy creates the opportunity to:
 - influence change across government and improve outcomes for disabled people
 - ensure the standalone Ministry's role, functions, and overall strategic work programme focus on the one in four New Zealanders who are disabled, as well as the people who receive Disability Support Services
 - re-engage with the wider disability community to develop a focused and measurable strategy

¹ Pae Ora (Healthy Futures) Act 2022, Schedule 1, Subpart 2 – New Zealand disability strategy continued. <https://www.legislation.govt.nz/act/public/2022/0030/latest/LMS575655.html>

² New Zealand public Health and Disability Act 2000, part 2 – Responsibilities of Minister. <https://www.legislation.govt.nz/act/public/2000/0091/latest/DLM80487.html#DLM80487>

³ Minute of Decision, Independent Review into the Sustainability of Disability Support Services Administered by the Ministry of Disabled People – Whaikaha: Phase One Report Back, para 9. (CAB-24-MIN-0301)

- connect your portfolio priorities with the Government's response to the recommendations from the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) Committee.⁴

There have been two New Zealand Disability Strategies since 2001

- 5 The New Zealand Disability Strategy is a document to guide government actions to improve the lives of disabled people in New Zealand. Previous strategies were developed with significant resourcing and involvement from disabled people. This approach was well received by the community who feel ownership of the current strategy. This may mean that there are expectations amongst the disability community that a similar approach will be taken to develop the next strategy.
- 6 A comparison table of features of the two strategies and past development processes can be found in **Appendix One**. Some of the common features include:
 - A vision that New Zealand is an inclusive and non-disabling society.
 - Strategies were co-developed, with extensive community engagement overseen by a Disability Sector Reference Group. They have been written with and from the perspective of disabled people.
 - High level outcomes based on community aspirations about participation, leadership, quality of life and equitable access to education and employment.
 - The visions and outcomes of the strategies can only be achieved when all New Zealanders work together. The strategies highlight that the private sector and Non-Government Organisations have a responsibility under the strategies to ensure they are inclusive and responsive to disabled people on an equal basis to others.
- 7 The 2016 strategy reflects the articles and aspirations found in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which New Zealand ratified in 2008. The Strategy has been seen as an implementation vehicle for the UNCRPD and is based on the Articles of the UNCRPD disabled people said were most important to them. The next strategy could continue this approach while linking to the government's response to the UNCRPD Committee recommendations.

⁴ New Zealand appeared in front of the UNCRPD Committee in 2022, and is expected to next appear in 2030.

Disability Action Plans have been the government's tool for progressing the Disability Strategy

- 8 The two strategies have focused on longer term visions and aspirations that cover a significant time period⁵ (10 years or more). Both the 2001 and 2016 strategies were supported by Disability Action Plans (DAPs).
- 9 While the strategies have been largely community developed, the DAPs have been developed by the government to commit to the actions government will take to deliver on the strategy. The latest DAP (2019-2023) had 29 disability related work programmes.
- 10 The DAP was designed to bring together strategic work programmes. Agencies were required to provide six monthly progress reports, which were monitored by the Disabled Persons Organisation Coalition (DPOC) and the former Office for Disability Issues. Between 1 July 2022 and 30 December 2023, the DAP has been monitored by the DPOC and the Ministry.
- 11 While positive progress towards some of the objectives and outcomes in the two strategies has occurred (such as increased choice and control over disability support services and the development of an Accessibility Charter), some of the work programmes in the DAPs were not completed. Additionally, work programmes not exclusively focused on disabled people were included in DAPs, which meant that reporting was not specifically focused on disabled people. Disabled people continue to face barriers, experience poor outcomes and persistent disadvantage in key areas (including employment, health and education).

Links between the New Zealand Disability Strategy and other strategic documents

- 12 There are several documents that link to the work of the New Zealand Disability Strategy.
- 13 In 2022, Whāia Te Ao Mārama (2018 to 2022): The Māori Disability Action Plan expired, creating the opportunity to incorporate a renewal of it into the next Disability Strategy. In addition, work to develop the Pacific Disability Action Plan is nearly complete, so the output of this plan can also feed into the next Strategy.
- 14 We will discuss options for these strategic documents at the upcoming strategy session on 24 October.

Approaches to develop the next Disability Strategy

- 15 The Ministry has identified three possible approaches for the development of a new Disability Strategy. All three approaches would require two phases of

⁵ The 2001 Strategy ran from 2001-2016 and the 2016 Strategy is set to expire in 2026.

Cabinet agreement. A key difference between the approaches is the extent of the community's involvement in developing a draft strategy.

16 The approaches are summarised in the following table.

Approach	Purpose of the Approach	Timing and Mechanism
Community led	A ground up approach in which government input into a draft strategy is minimal and secondary to the community who drive the content and process.	Would require an independent community steering group to govern the process. Likely to take a minimum of 18 months to complete.
Government led	Officials would write a draft strategy, with high level input from the community, and then consult on a Cabinet approved draft strategy. Most of the consultation would occur after the development of a draft strategy.	Would be led by Ministry of Disabled People – Whaikaha (the Ministry) with cross-agency input, reporting to the Ministerial Leadership Group on Disability Issues. Likely to take 12 months to complete.
Mixed model	A shared approach in which the government identifies its priorities, and the Ministry supports the community to develop suggested actions for each priority. Essentially government would set a priorities framework and the community would input within this framework.	Would enable expert officials and community experts to connect on focus areas. Likely to take 12 months to complete.

Analysis of Approach One: a community led approach

- 17 With this approach the government would ask the community to come together and lead the development of a strategy, starting with a blank page so that it is the community who shapes the vision and priorities. The Ministry's direct input would be minimal, but it would offer secretariat support for an independent community steering group to govern the process. The government would then respond to the strategy, using action plans to establish priorities and sequence and align agency work programmes.
- 18 Benefits of this approach are supporting diverse community engagement, empowering community leadership, developing connections across the community, and ensuring the community identifies with and takes ownership of the strategy. This option would also support a positive relationship between the community and the new standalone Ministry.
- 19 However, a community led approach would require additional time and resource, largely because of the need to identify and develop broad capacity, capability

and leadership before starting the development process. This may have a higher cost associated with it, which would be difficult to manage within existing baselines.

- 20 Finally, a community focused approach could take at least 18 months to develop. Due to the open-ended structure of this approach, the final strategy may not have clear measurable parameters with a focused set of priorities. There is also a potential disconnect between community expectations and the government's ability to implement the strategy. Similar to the current strategy, there is a risk the new strategy could be too broad as it seeks to be all things to all people.

Analysis of Approach Two: a government led approach

- 21 With this approach the government would complete an initial draft of a strategy focusing on the government's priorities. While the Ministry would lead this approach and could seek high level input from disability community groups, a cross agency working group would also be established. The draft strategy would be approved by Cabinet, and the community would then be consulted on the draft before the final strategy goes to Cabinet.
- 22 Benefits of this approach would be that the framework and content of the strategy would align with overall government priorities and targets. Alignment between the strategy and action plans would be more focused than the current strategy and DAP, making it easier to implement and monitor progress. This approach is likely to result in a strategy being developed and funded within existing baselines by the end of 2025.
- 23 However, a government led approach, with minimal community input, has a reputational and relationship risk. Contributing to this risk is that previous strategies were developed with significant involvement from the disability community, which has likely led to community expectations of a similar approach for the next strategy.
- 24 An approach that has less community involvement may be perceived by the community as a process that is done to, rather than with them. Further, if Disabled Peoples Organisations (DPO) don't feel sufficiently consulted with, they may perceive this as being inconsistent with article 4.3⁶ of the UNCRPD. Combined, this may cause tension and erode trust between the Ministry and the community at a critical time when the new standalone Ministry is being established.

⁶ Under the UNCRPD the Government is obliged to consult with DPOs. Specifically, the UNCRPD states: "In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations"

- 25 The risks with this approach could be mitigated to some degree by having a well-managed communications and engagement approach.

Analysis of Approach Three: a mixed model approach

- 26 Under this approach the government would set out a framework of the main priorities for the strategy, such as education, housing and employment, and the draft outcomes it wants to achieve, and then work with community experts to develop the areas for action within these topics. To do this the Ministry would need to bring together key members from the community and officials with specific expertise in the focus areas.
- 27 This approach would bring together community, civil society, and government experts (but not to the same degree as the entirely community-focused approach) and involve consultation throughout the development process. We would seek a balance between the priorities of government and the lived experience and voice of the disability community. The Ministry would coordinate the drafting process, while ensuring set timeframes are met.
- 28 Benefits of this approach include striking a balance between a “clean sheet” approach and only consulting on a full draft, a strategy that has both collective ownership and a focused set of priorities, and stronger alignment between the strategy and subsequent DAPs. Furthermore, there is a possibility of adapting this approach, so that the strategy and DAP development happen at the same time (in the past, the strategy has come first, then the DAP subsequently). This would mean progress against the strategy could be demonstrated more quickly.
- 29 However, this mixed model approach could take longer than a government led approach if timeframes were not carefully managed. There is also a risk that, like a community focused approach, this approach may result in tension between community expectations and government priorities.

The Ministry recommends Approach Three: a mixed model approach

- 30 On balance, we think a shared approach would:
- allow for the government to set the parameters of the strategy development process, while including community input
 - align with previous disability strategies
 - produce a targeted and measurable strategy
 - be able to be completed within baseline funding and timeframes
 - allow for better alignment between the strategy and subsequent DAPs
 - have high alignment with the functions and responsibilities of the stand-alone Ministry, and contribute to strategic work programmes and priorities
- 31 We also expect this approach will produce a final strategy that is well-received by the wider community, beyond the disability community, and be seen as a

“strategy for all”. For the purposes of implementation, a strategy for all could be something that inspires action across government (both central and local), disabled people (both individuals and organisations), Non-Government Organisations and the private sector, and could potentially influence change more widely.

Targeted consultation and engagement with the community would be necessary to manage potential conflicts

- 32 There is potential for conflicts between community aspirations and government priorities in the development of the strategy. This could be managed by ensuring that the process involves clear expectations which are outlined at the outset of the process.
- 33 We could also consider the make-up of the officials group to support the strategy to ensure, where possible, the officials involved have connections to the disability community beyond professional experience.

Next steps

- 34 We suggest discussing this advice as a part of the strategy session on 24 October. Once you have signalled your preferred approach, we will draft a Cabinet paper to begin the process, which you could take to Cabinet as early as possible in 2025.

End

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Appendix One: Table Comparison of New Zealand Disability Strategies

Components	2001 -2015 Strategy	2016-2026 Strategy
Approach to development	This had extensive input from the disability sector and was community led and driven. The development took over a year with several months of consultation.	This was developed with extensive community involvement and was community led and driven. The development took over a year with several months of consultation.
Strategy vision	A vision of a fully inclusive society. New Zealand will be inclusive when people with impairments can say they live in: A society that highly values our lives and continually enhances our full participation.	A vision that 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.
Engagement with the disability community	Established a Disability Sector Reference Group with sixteen members; the majority of whom identified as disabled. This group led the community engagement. Engagement included over: • 68 community meetings across the country (three of these were tangata whaikaha Māori focused and held on marae). • 700 online submissions.	A disability strategy revision reference group was created with fourteen members who outlined the process for revising the 2001 strategy and guided the development of content. Extensive public consultation (in two stages) was undertaken throughout 2016. Engagement included over: • 1130 people attended nationwide workshops. • 700 online submissions
Strategy structure	This strategy had fifteen objectives underpinned with key actions to achieve each objective. In addition, there was a yearly implementation work plan for government departments.	This strategy had eight outcomes that describe what the future looks like for disabled people and describes what needs to happen to achieve the outcomes. Outcome areas were; education, employment and economic security, health and wellbeing, rights protection and justice, accessibility, attitudes and choice and control.

Supporting documentation	This strategy had a yearly implementation work plan for government departments to be monitored against.	This strategy had an outcomes framework which was developed in 2017 that set targets and measures for the strategy. This was supported further by a Disability Action Plan which was designed to bring together strategy related work programmes.
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