Scan for NZSL name

Whaikaha
Ministry of Disabled People

Visual description: A purple Whaikaha logo with a QR scan for the NZSL name.

Briefing

Date:	12 June 2025
For:	Hon Louise Upston, Minister for Disability Issues
File reference:	REP/WHK/25/6/042
Security level:	In-confidence

New Zealand Disability Strategy Refresh – Working Group proposals for consideration by MDLG

Purpose

This paper provides the proposals developed by the New Zealand Disability Strategy Working Groups for the outcome areas of education, employment, health, housing and justice for consideration by the Ministerial Disability Leadership Group (MDLG) on 23 June 2025 (Appendix 1 to the attached MDLG report).

Recommendations

It is recommended that you:

a)	**Provide** any feedback on the attached report for the Ministerial Disability Leadership Group (MDLG)	
b)	**Note** that we are still working with other agencies to confirm their advice for some of the actions presented in Appendix 1 of the attached MDLG report, and we will provide you with further advice on this next week alongside talking points for the MDLG meeting	**Noted**
c)	**Agree** to circulate the attached report to the MDLG and the Minister of Justice for discussion on 23 June 2025	**Agree / Disagree**

d)	**Note** that next week we will provide you with a recommended vision and principles for the refreshed NZ Disability Strategy (the Strategy) for your consideration, and this will be included in the draft Strategy	**Noted**
e)	**Note** that the Ministry is consulting with agencies not involved in the Working Groups who would be impacted by the actions proposed, and we can work with your office as necessary to consult other offices where Ministers are not members of MDLG	**Noted**
f)	**Note** that, following MDLG consideration on 23 June 2025, we will finalise content for the draft Strategy, and provide a paper to MDLG Ministers and the Minister of Justice by mid-July 2025 to seek formal approval to publicly consult on the draft Strategy	**Noted**
g)	**Indicate** whether you would like to meet the Working Group chairs, following the MDLG meeting.	**Yes / No**

Hon Louise Upston

Minister for Disability Issues

Date

Ben O'Meara

DCE Policy and Insights

12 June 2025

Actions for private secretaries:

Context

1 As part of the refresh of the New Zealand Disability Strategy (the Strategy), five Working Groups have been developing material on the priority outcome areas for the Strategy: education, employment, health, housing, and justice.

2 The Working Groups include disability community members selected through an open expressions of interest process, industry or sector experts, and officials nominated by relevant government agencies. Senior Ministry of Disabled People officials have supported the Working Groups, and the Ministry has also provided secretariat support for each Group.

Working Groups have developed the attached outcome area proposals for consideration by Ministers

3 The Working Groups were asked to develop a chapter comprising a goal, outcomes, case for change, and up to five actions for each outcome area. For the purposes of the MDLG discussion on 23 June 2025, the attached paper focuses on the core elements we think will be of most interest to Ministers – the goal, outcomes, and actions.

4 We are committed to producing a final draft Strategy that uses plain language as much as possible. This is important for the accessibility of the Strategy and for alternate formats. We will need to streamline and simplify some of the existing content from the working groups to achieve a plain language product. We will do this as a part of the next phase of work, following the MDLG meeting.

5 Some Working Groups have identified more than five actions for each outcome area. For those chapters, if Ministers determine that an action should or cannot be progressed, there would still be enough actions to provide five priority actions for each outcome area.

6 The Ministry supported Working Groups to identify and prioritise the proposed actions on the extent to which actions met the following criteria:

- 6.1 Feasible to deliver over five years, aligned with government priorities and affordable
- 6.2 Tangible and specific to deliver and measure
- 6.3 Clear links with the goals and outcomes identified, and good evidence base for impact on the lives of disabled people and tāngata whaikaha Māori
- 6.4 Advancing Te Tiriti o Waitangi, including addressing equity gaps for Māori
- 6.5 Value for money and cost-effective.

Implications, risks and issues

7 While we have been working with other agencies to address any substantive concerns raised by officials, there is a possibility that Working Groups have proposed some actions that officials and Ministers consider cannot be implemented within government priorities and fiscal constraints. We have been

clear to Working Group members that ultimately the Strategy is a government strategy under the Pae Ora (Healthy Futures) Act 2022, and will reflect commitments that Ministers are able to make.

8 Of particular note, the Employment Working Group has discussed current minimum wage exemption settings. Members felt strongly that an action should be proposed on working towards a solution that addresses wage inequities and perceived unfairness resulting from current settings. A draft action is included as Action 7 under the Employment section. The Ministry sought advice from MSD and MBIE on this proposal, and we understand that MSD will brief you separately for the MDLG meeting on 23 June 2025.

Engagement with government officials and the disability community

9 Officials from the Ministry of Education, the Ministry for Social Development, the Ministry of Health, Health New Zealand, the Ministry of Business, Innovation and Employment (MBIE), the Ministry of Housing and Urban Development, Kāinga Ora, the Ministry of Justice, and Police have participated on the Working Groups. However, in some cases officials are still in the process of testing the proposed actions more widely within their agencies.

10 Last week, the Ministry provided an earlier version of this paper to officials who have been involved in the Working Groups, to enable them to prepare their advice for their Ministers ahead of the MDLG meeting on 23 June 2025. We will continue to liaise with other agencies and update you on any substantive issues that may be raised at the MDLG meeting.

11 Some Working Groups have proposed actions that may impact Ministerial and agency portfolios which are outside of the core MDLG membership and Strategy development. The Ministry has facilitated consultation with agencies whose work relates to the proposed actions from Working Groups they were not part of, including Oranga Tamariki, MBIE, ACC, and Te Puna Aonui. The Ministry can work with your office to contact other Ministers' offices as necessary, to ensure no surprises.

12 Some Working Groups have been undertaking limited engagement within their networks to test their thinking, such as other disability community members.

Next steps

13 Following feedback from you, we will finalise the attached paper for consideration by MDLG on 23 June 2025.

14 Next week, the Ministry will provide you with talking points for the MDLG meeting, and an update on any outstanding concerns that officials or Ministers may raise about the actions proposed by the Working Groups. We can also support your office to consult other Ministers' offices who should be made aware of the proposed actions.

15 After the MDLG discussion, we will incorporate Ministerial feedback and develop a draft Strategy, which will then go to MDLG Ministers and the Minister of Justice by mid-July 2025 to approve for public consultation.

16 Next week, we will also brief you on the recommended vision and principles for the Strategy, based on the feedback received at workshops with groups from the disability community and tāngata whaikaha Māori. Subject to your agreement, we propose that the draft vision and principles be included in the final draft Strategy for approval by the MDLG and the Minister of Justice.

17 You have previously indicated that you would be interested in meeting with the Working Group chairs. We recommend doing this after the MDLG meeting. This would be an opportunity to thank the chairs for their work, provide any feedback that you wish to share from the MDLG meeting, and get their insights on engagement on the Strategy.

End

Author: Amber Coyle, Principal Policy Analyst, Policy and Insights
Responsible manager: Helen Walter, Group Manager Policy, Policy and Insights

Attachment: Report for MDLG on the Disability Strategy refresh - Working Group proposals for outcome areas

Scan for NZSL name

Whaikaha
Ministry of Disabled People

Visual description: A purple Whaikaha logo with a QR scan for the NZSL name.

Report for the Ministerial Disability Leadership Group

Date:	17 June 2025
For:	Ministerial Disability Leadership Group Minister of Justice
File reference:	Attachment to REP/WHK/25/6/042
Security level:	In Confidence

New Zealand Disability Strategy Refresh – Working Group outcome area proposals

Purpose

1 This report presents proposals from the New Zealand Disability Strategy Refresh Working Groups for the outcome areas of education, employment, health, housing and justice. These are attached at **Appendix 1** for your discussion and feedback in advance of further advice seeking your approval to start public consultation on a draft Strategy.

Background

2 On 11 March 2025, the Cabinet Social Outcomes Committee (SOU) authorised the Minister for Disability Issues to develop a refreshed New Zealand Disability Strategy 2026-2030 (the Strategy) with five priority outcome areas: education, employment, health, housing and justice [SOU-25-MIN-0017 refers]. SOU also:

2.1 Approved the approach to engagement and consultation, including the establishment of Working Groups to develop actions for each outcome area

2.2 Authorised the Ministerial Disability Leadership Group (MDLG) and the Minister of Justice to approve the draft Strategy for public consultation.

3 The Strategy will set clear priorities for government action to improve the lives of disabled people, who make up 17 percent of our population and experience much poorer outcomes compared to other New Zealanders – particularly in the five outcome areas of the new Strategy.

Working Groups made up of officials, disability community and sector representatives have developed proposals for the five outcome areas of the refreshed Strategy

4 Since April 2025, the five Working Groups have been developing a proposed goal, outcomes, case for change, and five priority actions for each of the outcome areas that are the focus of the Strategy.

5 In addition to disability community and industry or sector representatives, government agencies have participated in the Working Groups as follows: Health – Ministry of Health and Health New Zealand, Education – Ministry of Education, Employment – Ministry of Social Development, Housing - Ministry of Business, Innovation and Employment, Ministry of Housing and Urban Development and Kāinga Ora, and Justice - Ministry of Justice and New Zealand Police. The Ministry of Disabled People has also consulted other agencies who may be impacted by the proposed actions, such as Oranga Tamariki.

6 This paper presents the **goals, outcomes, and actions (attached at Appendix 1)** for your discussion. Subject to your feedback, these would form the main proposals for each outcome area of the Strategy. Appendix 1 reflects the material developed by Working Groups; this content will be further refined to ensure a clear and consistent narrative when the draft Strategy itself is drafted.

7 Officials have supported the Working Groups to prioritise their proposed actions based on some key criteria. These include how feasible they are to deliver over five years, alignment with government priorities, the evidence base for positive impacts on the lives of disabled people and tāngata whaikaha Māori (disabled Māori), affordability and value for money, and whether they are sufficiently tangible, specific, and measurable.

8 Some Working Groups have identified more than five possible actions for your consideration. This will allow for discussion and prioritisation of what could be progressed over the five-year term of the Strategy in line with portfolio Ministers' priorities.

9 While the Ministry of Disabled People has worked to address concerns raised by officials, some actions proposed by the Working Groups may not be feasible for Ministers to implement within government priorities and fiscal constraints.

Next steps

10 Following your meeting on 23 June 2025, the Ministry of Disabled People will develop a draft Strategy that reflects your feedback on the outcome area goals, outcomes and actions, in consultation with relevant agencies.

11 We will seek your approval by mid-July 2025 to publicly consult on the draft Strategy. The draft Strategy will include an overarching vision and principles, which will be included in the July paper following consideration by the Minister for Disability Issues. Subject to your approval, public consultation would start in August 2025.

Recommendations

It is recommended that you:

a)	**Note** that Working Groups made up of disabled community representatives, sector experts and officials have developed the attached Outcome Area proposals for the refreshed NZ Disability Strategy (the Strategy)	**Noted**
b)	**Discuss** and **indicate** any feedback on the proposed goals, outcomes and actions attached at **Appendix 1** for the five outcome areas of the Strategy: • Education • Employment • Health • Housing • Justice	
c)	**Note** that following MDLG consideration, the Ministry of Disabled People will develop a draft Strategy that reflects your feedback, in consultation with relevant agencies	**Noted**

Author: Amber Coyle, Principal Policy Analyst, Policy and Insights, Ministry of Disabled People

Responsible manager: Helen Walter, Group Manager Policy, Policy and Insights, Ministry of Disabled People

Appendix 1: NZ Disability Strategy Refresh: Working Group Outcome Area proposals

Appendix 1: NZ Disability Strategy Refresh - Working Group Outcome Area Content

Education

Goal

Every disabled ākonga can attend regularly, is welcome, has equitable access to learning support, and there is a high expectation that they will develop their strengths and achieve their educational potential and aspirations alongside their peers in their community place of learning.

Outcome description

All disabled ākonga and their families and whānau have equitable access to an evidence-informed, te ao Māori-grounded, inclusive education, where high expectations of all disabled ākonga are enabled so that they can achieve their education potential, and realise their strengths and aspirations as intended by the Education and Training Act 2020. All educators are confident s9(2)(f)(iv) , and there is consistent data to report on progress and gaps for all ākonga.

Outcomes of each action

Teaching and professional development:

- s9(2)(f)(iv) .
- tailored professional development for kōhanga reo and kura Māori
- s9(2)(f)(iv)
- access to culturally responsive examples of inclusive teaching and assessment—hosted on the Ministry of Educations Tāhūrangi site for educators, whānau, and ākonga
- a new and innovative education support system model will be designed for evaluation
- tertiary educators will understand and apply universal design for learning in teaching, learning, and assessment requirements.

Planning for success:

- boards of trustees and principals will regularly report on Section 127 of the Education and Training Act 2020.
- the efficacy of learning supports will be measured to determine how they support ākonga to achieve their education goals
- accountability for learning support resources will provide detail about unmet need in each place of learning and enhance understanding about efficacy of resources

- a consistent mechanism will enable reviewing of provider progress in implementation of disability action plans in vocational/tertiary education.

Kura Māori Investment and Development:

- kura Māori are empowered to develop appropriate models and approaches in a by Māori, for Māori way to ensure ongoing support and professional learning for kaiako and kaimahi to meet the needs of ākonga whaikaha
- whānau instigated and driven, creative approaches and opportunities are developed through kaupapa Māori networks to problem solve and provide innovative, skills focused programmes and assessment tools to meet the varying needs and interests of ākonga whaikaha
- an effective, transparent and relevant enrolment and transition process in and out of kura, is developed and executed in collaboration with whānau and feeder kōhanga/kura or the chosen pathway beyond kura
- equitable access to all learning support resources for Māori
- specialist schools to authentically uphold the cultural identity of tamariki Māori.

Improved data

- a consistent process to identify disabled ākonga and their learning support requirements in school and tertiary settings
- ability to monitor attendance and learning outcomes for all disabled ākonga
- informed decision making about resource allocation, system gaps, and efficacy of intervention
- ability to analyse the effectiveness of additional learning supports in relation to achieving academic success such as NCEA and curricula learning area goals.

Evidence based approaches

- s9(2)(g)(ii)

Actions

s9(2)(f)(iv) [redacted]

2. Plan for success, monitor, report learning outcomes for ākonga, and build family and whānau confidence in the system.

As part of their strategic and annual plans, require all schools to develop and implement a disability action plan which includes family, whānau, and akonga consultation; monitoring and accountability for resources provided; and requires boards of trustees and principals to regularly report on Section 127 of the Education and Training Act 2020

At tertiary and vocational education level, the Tertiary Education Commission in consultation with the National Disabled Students' Association has a consistent mechanism for reviewing provider progress in implementation of disability action plans.

3. Kura Māori Investment and Development

Ministry of Education will work alongside, in a partnership, taking guidance from Te Rūnanga Nui o Ngā Kura Kaupapa Māori and Ngā Kura ā Iwi, whānau and iwi to support appropriate access to resources, knowledge, and capability to develop, plan, teach and monitor high quality, relevant, kaupapa Māori centred educational programmes to best meet the needs of ākonga whaikaha within a kaupapa Māori setting.

4. Improve data to drive effective policy, practice, and outcomes.

Require effective and consistent data collection processes across all education settings to identify;

- number of enrolled disabled ākonga
- ākonga achievement
- success of learning support resources
- attendance throughout the day in ECE, primary and secondary settings

Data gathering processes should be based on what has already been developed for vocational/tertiary education.

5. Shift investment from approaches that create risk and where there is poor evidence of outcomes.

s9(2)(g)(ii) [redacted].

Employment

Goal

All disabled people, tāngata whaikaha Māori, and Pacific disabled people have access to meaningful career, employment and self-employment opportunities on an equal basis with non-disabled people, supported by disability-confident employers that value their talents, provide accessible and inclusive workplaces, and deliver equal remuneration for work of equal value, throughout the employment lifecycle.

Outcome description

We will have achieved the outcomes when all disabled people, tāngata whaikaha Māori, and Pacific disabled people:

- have access to employment opportunities and are participating in the workforce at all levels and at the same rates as non-disabled people, and this is normalised and accepted by all
- are in paid work, with the value of their work recognised equitably, including in remuneration
- have greater economic security, dignity, self-esteem, mana motuhake (self-determination) and life choices due to better career, employment and health outcomes
- are thriving in employment and self-employment wherever they live (urban, rural and remote work)
- where needed, have access to supports and resources that work for them. Tāngata whaikaha Māori would bring with them their whakapapa and connection to whānau which would enhance their workplaces.

Achieving this outcome also looks like employers in the labour market being confident and having the capability to harness the value of workers who are disabled people, tāngata whaikaha Māori and Pacific disabled people. They would be equipped to realise the benefits of hiring disabled people, which would help to grow their businesses, support their workplace culture, and improve their brands.

Actions

Enable and support disabled people and tāngata whaikaha Māori to thrive in careers that match their interests and strengths, and normalise disabled people as part of the workforce:

1. Work to centralise and make accessible information and guidance for disabled people to identify and pursue job pathways matched to their skills and interests.
2. Work with disabled people to improve MSD funded specialist employment supports with a focus on increasing collaboration between providers and employers to enable appropriate employment supports for employers and for

disabled people entering and sustaining suitable employment, including self-employment.

3. Work with disabled people, employers and employer networks to develop mentorship programs connecting disabled people with successful disabled professionals or employers to provide guidance and support in navigating their careers.

Work with employers and businesses to build disability confidence and capability:

4. Partner with disabled people and support providers to create a centralised, accessible repository of best practice guidance and resources for employers and employer networks on ensuring disabled people are supported throughout the employment lifecycle, including self-employment, and to share knowledge and success stories; and explore with disabled people and employers (including the public service) to develop excellence in the quality of accessibility and inclusion in employment.
5. Partner with disabled people, employers, employee bodies and employer networks to promote and enable the design of jobs and workplaces in a way that is inclusive of all disabled people, including:
    - flexible working arrangements and reasonable accommodations
    - supporting employers to assess the accessibility of workplaces.
6. Implement a targeted, ongoing awareness campaign publicising guidance and resources for employers and employees on accessibility and inclusion, relevant data and reports, and highlighting the positive impact disabled people have had on workplaces. This action will support Action 4.

Action to ensure disabled people are remunerated on the same basis as non-disabled people:

7. Work towards alternative avenues to support disabled people covered by minimum wage exemptions.

Health

Goal

Disabled people and tāngata whaikaha Māori achieve the highest attainable standard of health and wellbeing, and decide what this means for themselves, their family and whānau.

Outcome description

Full self-determination across the whole health journey

Disabled people and tāngata whaikaha Māori have choice and control over all decisions that relate to their health, wellbeing, care and rehabilitation.

Quality of life for disabled people is enhanced by the health system

The health system and health services are accessible, inclusive, and responsive. Disabled people and tāngata whaikaha Māori receive health services which enable them to thrive, grow and enjoy lives that they value, as do all New Zealanders.

The disabled person is at the centre of all healthcare provision and their socio-cultural context is understood and respected

The health system ensures that disabled people, tāngata whaikaha Māori and their whānau can make informed decisions about their health and wellbeing in a culturally safe environment. Support people, including family and whānau, are involved in ways that reflect the wishes of the individual. The health workforce welcomes and works alongside disabled people and their chosen allies.

Decisions made by disabled people are fully informed and respected

Health professionals have the level of training, attitude and resources that enable them to meet the communication and access needs of the disabled person. The disabled person, along with their support people, will receive the health information they need at the right time and in the right way.

Disabled people who need the help of others to understand complex information and effectively communicate their questions and decisions, know that their family and whānau can be included as part of their healthcare journey.

Decisions reached by a disabled person or tangata whaikaha Māori, together with their representatives, are respected and acted on by health professionals who apply legal, ethical and resourcing considerations in ways that recognise and respond to the specific needs, contexts and aspirations of disabled people. This includes addressing systemic barriers to ensure equitable support, outcomes, and experiences rather than simply treating all people the same.

Accessibility is embedded in health system and health service design and delivery

Universal design is utilised in all aspects of health services and mechanisms of delivery, including recruitment and employment processes, physical infrastructure,

locations and environments, transport needs, communication types, and digital technologies.

In addition, the health system offers services that are specifically designed for disabled people and tāngata whaikaha Māori. These services are funded appropriately and are designed for and with disabled people and tāngata whaikaha Māori to ensure equitable health outcomes are achieved.

Health services recognise that equitable outcomes may need extra or timely support to be provided, as reviews or appeals can significantly impact disabled people's health and daily life.

Data collection about disability is prioritised, and leads to a better health system for disabled people

The data collected improves the experience of a disabled person and tangata whaikaha Māori in the health system. Improved data about disability results in better decision-making, improved services and better outcomes across the health system. Disabled people and tāngata whaikaha Māori have control, choice and visibility over data that the health system collects and stores about them.

Nothing about us without us

Disabled people who have lived experience of disability are involved at every level of the health system. There is an increase in the number of disabled people employed in the health system. Disability community perspectives are required within policy development and service delivery to determine health care settings. This means active participation and representation of disabled voices at all levels of decision making, including governance, monitoring, and leadership roles within the health system, including tāngata whaikaha Māori representation, for example on Iwi Māori Partnership Boards.

A Te Ora o Te Whānau approach is preferred

Te Ora o Te Whānau shifts the focus of delivery from the individual to the collective; it is aspirational; strengths-based; locally driven; intergenerational in its scope; collective in its approach. There is consistent and compelling proof of greater social and cultural connection and increased ability of whānau to support one another. Whānau should be enabled to create and measure their own progress; to invest in building capability, courage and innovation to deliver on outcomes they want to see.

Self-determination for disabled people and tāngata whaikaha Māori

Self-determination is achieved because disabled people and tāngata whaikaha Māori have full control over decisions that relate to their lives. This is measured by the individual's experience and achieved through large-scale systemic change grounded in a 'nothing about us without us' approach to health systems and policy.

Actions

Health system and workforce: funding, planning and commissioning *Ensure all publicly funded health services are accessible, inclusive, and responsive to the diversity of disabled people and tāngata whaikaha Māori, including mental health, primary care and aged care across the life course.*

Action 1: Review and implement policy and practice to make sure the health journey is equitable, accessible, and inclusive for disabled people and tāngata whaikaha Māori, including communication, information, informed decision-making, and the built environment. Self-determination should be a key consideration, including how tools that support self-determination and decision-making become standard practice in health care, particularly for people with diverse communication, cognitive or psychosocial needs.

Action 2: Build the capacity and capability of the health workforce to deliver responsive and effective services that are inclusive, culturally safe, and easy to navigate by:

- Increasing the number and proportion of disabled people and tāngata whaikaha Māori across the health and disability workforce, through inclusive recruitment and workplace policies, targeted entry pathways, inclusive and accessible work environments, peer networks, and career development.
- Embedding disability responsiveness expertise and lived experience into education and training at pre-service and in-service and as part of continuing professional development. Ensure the training is consistent with Te Tiriti o Waitangi, the UNCRPD and EGL Principles and is inclusive of disabled people, tāngata whaikaha Māori and their whānau.
- Establishing a national integrated habilitation / rehabilitation navigator service, embedding trained kaiārahi (navigators) in every locality to coordinate and continually support disabled people's health, ACC, education, employment and social-service pathways—ensuring early intervention and the proactive maintenance of functional independence across the lifespan.

Leadership and governance *Partner with disabled communities to ensure the health system delivers equitable outcomes for disabled people, tāngata whaikaha Māori and their whānau*

Action 3: Build community capability and capacity and the creation of opportunities for disabled people and tāngata whaikaha Māori to take up roles across the health system in different capacities including monitoring work, design of service, consultation, leadership and governance roles.

Data development and insights

Improve information about disabled people in the health system to provide an overview of the system (action 5) and to ensure individual health records enable disabled people and tāngata whaikaha Māori to communicate easily and effectively with all health providers (action 6)

Action 4: Ensure the identification of disabled people in national health data to enable monitoring, reporting and analysis of disabled population health outcomes and patient experiences.

Action 5: Improve communication between disabled people and the health system by implementing data systems that enable people to record their individual access requirements against the national health index (NHI) and ensure this can be shared with health providers. This project should reflect disability community expectations for data collection and use and be guided by respect for disability culture, agency and data sovereignty.

Housing

Goal

Disabled people, tāngata whaikaha Māori and whānau can access affordable, healthy, and accessible housing that meets their needs.

Outcome description

This goal will be achieved when:

Disabled people can choose where and with whom they live.

- Disabled people can access housing which meets their needs in the community, meaning they do not need to live in housing which is owned by support service providers if that is their choice, and experience fewer delays in being discharged from in-patient care.
- Disabled people have security of tenure, the freedom to relocate where they live to meet their needs, and home ownership rates that are on par with those of non-disabled people.
- Urban design and planning are fully accessible, ensuring that disabled people live in homes that allow easy access to their neighbourhoods, local amenities, and transport.

Disabled people live in accessible housing that meets their needs.

- There is a sufficient supply of accessible homes to meet present and growing demand. This supply meets the full range of housing needs of disabled people and whānau, especially those with greater accessibility needs.
- Disabled people, particularly those with progressive conditions, can access adaptive housing to meet their changing needs.
- Disabled people have access to finance and funding to meet their housing accessibility needs.
- The housing sector is well-informed of both the needs of disabled people and the requirements of accessible housing.
- The provision of housing to meet the needs of disabled people is regularly monitored and reported on.

Disabled people have access to healthy and safe housing.

- Disabled people experience improved health and wellbeing outcomes – including physical, spiritual, family, and mental health – as a result of having access to suitable housing.
- Disabled people and whānau live in housing that supports their wellbeing and where they are protected from harm, neglect, violence, and abuse.

Actions

1. Develop, consult on, and make publicly available, clear definitions of accessible homes.

2. Develop means of effectively matching data between disabled people's accessibility needs and corresponding accessible social housing properties, and ensure that disabled people and whānau are prioritised to social housing with accessibility features which meet their needs.
3. Develop initiatives and incentives to increase the supply of accessible housing alongside existing initiatives relating to affordability.[1]
4. Review and explore if greater responsiveness in the process for accessing housing modifications can be obtained; and investigate the cost implications for other government services of current inefficiencies in the housing modification system.
5. Develop voluntary national guidelines on accessibility for residential dwellings.
6. Gather detailed data on an annual basis on the housing-related needs of disabled people and compare this to what is actually being built in each region to influence the housing market toward building and making available more accessible housing.
7. Review the social housing system and make necessary changes to ensure the diverse housing needs of disabled people are met and that providers are aware of these needs.

[1] These initiatives and incentives should apply to the government Land for Housing Programme, social housing providers, Local Authority sponsored property development and regulations, and private sector housing.

Justice

Goal

Disabled people's human rights and freedoms are protected, and their disability rights are realised; they are treated fairly and equitably by the justice system, with accessibility, inclusivity, and lived experience embedded across all policies and practices.

Outcome description

This goal will be achieved when:

Whole justice system

- there is an understanding of ableism, intersectionality and its impacts throughout every level of the justice system
- the justice workforce[2] is disability competent at all levels
- information about justice processes is fully accessible to enable disabled people, tāngata whaikaha Māori me ō rātou whānau, and Pacific disabled people to make informed decisions
- disabled people, tāngata whaikaha Māori me ō rātou whānau, and Pacific disabled people have support to make informed decisions when they need it
- historic ableism is addressed in legislation and efforts are made to be consistent with the UNCRPD

Criminal justice system

- disabled people, including disabled children and adults in care, are safeguarded from abuse[3], neglect, and violence (including online violence)
- there is investment in families, particularly through early identification, diagnosis and intervention, kaupapa Māori programmes, and personalised education in schools, to understand and respond to different or non-neurotypical behaviours in order to prevent disabled young people entering the youth justice system (such investment should include adopting a lifecourse framework and a developmental crime prevention public health approach to prevent involvement in the child welfare and criminal justice systems)
- disabled young people who do enter the youth justice system (including those who start in the child welfare system), and disabled adults in prison, are visible in data
- the disability and physical accessibility support needs of disabled young people in youth justice are met, including support to transition out and not end up in the adult criminal system system

[2] The justice workforce includes judges, barristers, parole officers, security personnel, and registry officers; police officers, call centre staff and detectives; social workers, youth workers, and lawyers; forensic psychiatrists and forensic psychologists; forensic accountants, investigators, support staff; and people working in fraud, bribery and corruption prevention.

[3] Physical abuse or assault, psychological or emotional abuse, financial abuse, and sexual abuse or assault.

- the disability and physical accessibility support needs of disabled adults in the criminal justice system are met and they receive transitional and long-term support after release
- disabled people who are charged with an offence, who may not be able to stand trial, are treated on an equal basis to those who go through the trial process

Civil justice system

- disabled people are not denied their parenting rights.

Ensuring that disabled people, tāngata whaikaha Māori me ō rātou whānau, and Pacific disabled people feel safe, exercise autonomy, and have the power to make their own decisions is fundamental to their wellbeing, mana, and self-determination.

Actions

1. *Safety in care and detention settings* - Develop and implement a safeguarding framework for disabled people in residential and secure facilities (including prisons and youth justice residences, residential specialist schools, and other care settings). The framework to include preventing, reporting, responding, and safely removing disabled people from abusive situations.
2. *Improved data about disabled people and the justice system* - Establish a cross-agency project to identify and address gaps in data and evidence about disabled people's experiences of crime, including disabled people in residential and secure facilities, and experiences of cyberbullying.
3. *Social investment to reduce youth offending* - Develop a social investment plan for early intervention and support in education, health, housing, disability, and other relevant services to reduce the number of disabled young people involved in the youth justice system.
4. *Review compulsory care legislation* - Review the legal framework of the Criminal Procedure (Mentally Impaired Persons) Act 2003, Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, and Mental Health (Compulsory Assessment and Treatment) Act 1992 to address natural justice issues.
5. *Strengthen human rights protections* - Review the effectiveness of current protections for disabled people under existing human rights legislation and family law, including adoption, to identify gaps where strengthened provisions or support are needed. This review should consider supported decision-making and use of plain language in justice sector legislation and process.
6. *Strengthen Interagency Work to Prevent Violence Against Disabled People:* Strengthen cross-agency collaboration focussed on preventing family and sexual violence against disabled people, as part of the implementation of Te Aorerekura.
7. *Strengthen workforce capability* - Develop and implement a plan to make the justice workforce more disability competent, including in the use of mana and trauma informed practices. This plan would include increasing recruitment and

retention of disabled people and should consider mandatory professional standards. Relevant workforces include:

- forensic psychologists and psychiatrists
- social workers
- Police
- Court and registry staff
- Corrections and OT Youth Justice Residence staff
- The legal profession and the judiciary