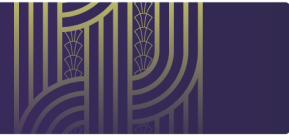


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 **Whaikaha**
Ministry of Disabled People



Part 4: Priority outcome areas and actions for the strategy

Draft for consultation: New Zealand Disability Strategy 2026-2030

Adapted in 2025 by Accessible Formats Service,
Blind Low Vision NZ, Auckland

Transcriber's Notes: The logo at the top of the page is Whaikaha – Ministry of Disabled People.

The visual details of the logo are described in the alt text.

To support accessibility, link is labelled with the corresponding webpage heading, followed by shortened URLs.

Part 4: Priority outcome areas and actions for the strategy

August 2025

This is part 4 of the draft New Zealand Disability Strategy. It is the priority outcome areas and actions for the strategy.

The other parts of the strategy are:

- Part 1: Introduction to the strategy
- Part 2: Background to the strategy
- Part 3: Vision and principles for the strategy

Parts 3 and 4 of the strategy are the parts where people are invited to give feedback.

You can read, watch or listen to only the parts of the strategy that you want to.

You can find all parts of the strategy in alternate formats on our website under the heading "Read the draft strategy 2026-2030" visit [Refresh of the New Zealand Disability Strategy whaikaha govt](https://shorturl.at/18ALN) [short url: <https://shorturl.at/18ALN>].

Priority outcome areas and actions

The sections that follow set out the 5 priority outcome areas for the strategy: education, employment, health, housing and justice.

There is a goal for each priority outcome area, a description of what success means, and a case for change.

We are seeking feedback on how much you agree with each description of what success means. You can also suggest anything else you think should be included in the description of what success means.

Each priority outcome area has a set of actions. These are the actions the Government has committed to, to achieve success in the priority outcome area for disabled people.

We are seeking your feedback on how much you agree with each action. You can also make suggestions for the actions.

Education

Goal for education

Every learner is supported to attend, participate and progress in education. There is a high expectation that all learners – including disabled learners – will achieve their potential in the education setting of their choice.

What success in education means

- a) Educators are well-prepared and supported to **plan for diversity across teaching, learning and assessment to meet the needs of all learners, including disabled learners**, and support them to succeed.
- b) The **education system has high expectations for all disabled learners** and focuses on their diverse strengths and aspirations.
- c) **Learning support is delivered in a timely and effective way**, with a skilled and capable specialist and support staff workforce, so **disabled learners are supported to engage with their education and experience success**.
- d) Early intervention services work to **identify learning support needs early** and can work with students in a timely and effective way.
- e) **Kaupapa Māori education settings have access to curriculum, assessment and learning support**

interventions delivered by a culturally capable and trained workforce.

- f) The **learning support system is responsive, accessible and easy to navigate** for educators, families and learners.
- g) **Data is gathered to support understanding the progress of disabled learners**, allocation of services and supports, and working with their families.
- h) **Disabled learners are supported by effective in-school co-ordination and planning** of the support they need to succeed.
- i) **Tertiary education providers are supported to implement disability action plans**, with progress monitored through the Tertiary Education Commission (TEC) mechanism.

Questions

- How much do you agree with the goal for education?
- How much do you agree with the description of what success in education means?
- Do you have any further comments or suggestions on the goal for education or the description of what success means?

The Government has made a significant investment in Learning Support through Budget 2025

Budget 2025 provided the largest investment into learning support in a generation and is a significant first step in ensuring all learners get the support they need. The Government invested \$645.8 million of operating funding and \$100.9 million of capital funding into learning support. Some of this investment includes:

- \$266.0 million to extend the Early Intervention Service from early childhood education thorough to the end of Year 1 of primary school.
- \$192.5 million so that all state and state integrated schools and kura with Year 1 to 8 students get access to a Learning Support Coordinator.
- \$122.5 million to meet increased demand for the Ongoing Resource Scheme for students with high and complex needs.
- \$41.5 million of operating and \$1.4 million of capital funding for an extra 78.5 full-time equivalent speech language therapists, 6.3 full-time equivalent psychologists.
- \$39.9m of investment in additional Teacher Aide time.

- \$7.3 million for 45 more places in the Intensive Wrap Around Service for students with high-and-complex needs.
- \$90 million invested into 25 new learning support classrooms and up to 365 property modifications to make schools more accessible.

This investment will support more learners with learning support needs, meet growing demand for learning support services, and address funding shortfalls. This funding will enable educators and learning support specialists to identify learning support needs early in a child's life, and to provide the right support for all learners – including disabled learners – to attend, participate and progress in education.

The case for change

Education is a key driver of long-term wellbeing, employment, and life outcomes. However, some learners – particularly disabled learners – continue to face barriers to participation, progress and achievement. Disabled students have lower attendance and are more than twice

as likely to leave school with no qualifications compared to their non-disabled peers.¹

While many disabled students benefit from quality teaching and committed educators, many feel like they do not belong. In 2022, 30 percent of disabled students reported that they did not feel like they belonged at school.²

Ongoing challenges, such as inconsistent educator knowledge and confidence to support disabled learners, specialist staff shortages, long wait times, limited access to support services, and gaps in outcomes data, continue to affect the consistency and effectiveness of support across the education system.³

To meet the needs of all learners it is important to build the capability of teachers to plan, teach and assess in a way that responds to a wide range of learning needs. The system also must provide more equitable, coordinated and

1 Ministry of Education. (2020). *The educational experiences of disabled learners*. He Whakaaro Education Insights. Ministry of Education.

2 Education Review Office, (2022). *Thriving at School? Education for Disabled Learners in Schools*. Education Review Office.

3 Education Review Office, (2022). *Thriving at School? Education for Disabled Learners in Schools*. Education Review Office.

responsive support for disabled learners, enable genuine choice across settings and have high expectations for their success.

Education actions

These are the education actions proposed to be included in the strategy.

Below each action we have shown which education success statement the action will make progress towards. These are the statements on pages 20-22 which describe what success in education means for disabled people.

1. Invest \$266 million to expand early intervention services to support the identification of learning support needs early in a child's life and reduce wait times for assessments and services. **Success area this progresses:**

(c) learning support delivery is timely and effective, so disabled learners are supported to engage and experience success

(d) learning support needs are identified early

2. Explore new options for targeted and specialised support and provisions to reduce wait times using private providers and NGOs. **Success area this progresses:**

(c) learning support delivery is timely and effective, so disabled learners are supported to engage and experience success

(d) learning support needs are identified early

3. Make improvements to the learning support system so it is easier to navigate for educators, families and learners through: funding all schools with Year 1-8 students for a Learning Support Coordinator; and by reducing the complexity and accessibility of the application process.

Success area this progresses:

(f) the learning support system is responsive and easy to navigate

(h) disabled learners are supported by effective in-school co-ordination of support

4. Invest funding in additional learning support classrooms to provide choice for parents. **Success area this progresses:**

(c) learning support delivery is timely and effective, so disabled learners are supported to engage and experience success

(f) the learning support system is responsive and easy to navigate

5. Work with the Ministry of Disabled People – Whaikaha to develop improvements in teacher training and guidance that support teachers to meet the needs of disabled students. **Success area this progresses:**

- (a) educators plan for diversity to meet the needs of all learners, including disabled learners
 - (b) the education system has high expectations for all disabled learners
6. Work with the Ministry of Disabled People – Whaikaha to explore opportunities to improve accountability for schools through reporting on learning and achievement outcomes for disabled learners. **Success area this progresses:**
- (b) the education system has high expectations for all disabled learners
 - (g) data is gathered to support understanding the progress of disabled learners
7. Support kaupapa Māori settings, within the existing Education budget, to access the resources, knowledge and capability to deliver high quality kaupapa Māori educational programmes that meet the needs of disabled ākonga (students) in a kaupapa Māori setting. **Success area this progresses:**
- (e) kaupapa Māori education settings have access to curriculum, assessment and learning support interventions
 - (b) the education system has high expectations for all disabled learners
8. Work with the Ministry of Disabled People – Whaikaha to explore opportunities to identify disabled learners in

education data collections. **Success area this progresses:**

(g) data is gathered to support understanding the progress of disabled learners

9. Continue implementation of the Tertiary Education Commission (TEC) mechanism for reviewing provider progress in implementation of disability action plans (which will be integrated into Investment Plans from 2027). The TEC will consult with disabled student representative groups, including the National Disabled Students' Association, on how the mechanism will be implemented. **Success area this progresses:**

(i) tertiary education providers are supported to implement disability action plans

Questions

- How much do you agree with each action?
- Do you have any further comments or suggestions on the proposed actions?

Employment

Goal for employment

Disabled people will have meaningful career opportunities, equal to non-disabled people, and be valued the same way. Disability-confident employers will recognise disabled

people's talents and will provide accessible and inclusive workplaces throughout the employment lifecycle.

What success in employment means

For disabled people, success in employment means:

- a) Disabled people will have meaningful **career, employment and self-employment opportunities, equal to non-disabled people**. They will participate in all levels of the workforce equal to non-disabled people, and this will be normalised and accepted.
- b) **Disabled people will thrive in employment or self-employment wherever they work** and live – whether they are urban or rural, in a workplace or working remotely.
- c) Disabled people will have **access to the supports and resources** that work for them. They will feel **confident their employers can meet their needs** and can harness their potential.
- d) Better work outcomes will give disabled people more **economic security, dignity, self-determination and choice** – and this will improve other outcomes, like health and housing.

Questions

- How much do you agree with the goal for employment?

- How much do you agree with the description of what success in employment means?
- Do you have any further comments or suggestions on the goal for employment or the description of what success means?

The case for change

Being employed provides a sense of purpose and a means of fulfilment. Work offers greater opportunities for social connection and economic security and supports wellbeing in other areas, like financial independence and improving access to suitable housing. Employers also benefit from having disabled workers, through the lived experience that disabled perspectives can bring, designing goods and services that are accessible, and helping attract a more diverse customer base.

Disabled people however face many barriers to getting into work, and inequities when they are in employment. In the 2023 Household Disability Survey 56 percent of disabled people aged 15 to 64 years had a paid job, compared with 82 percent of non-disabled people. However, of those without a job, almost three quarters (72 percent) wanted to be employed. This reflects longstanding trends.

Education and training are critical determinants of employment outcomes, although disabled people are less likely to have a qualification. Young disabled people aged 15-24 years are less likely to be earning or learning, with

46.3 percent not in employment, education, or training (NEET) – over 4 times the rate for non-disabled young people (11.0 percent) in the June 2024 quarter of the Household Labour Force Survey.

Complex and inaccessible recruitment practices, inaccessible workplaces, and broader societal awareness and attitudes, along with a lack of easy-to-access suitable supports are common barriers disabled people experience in their journey to secure employment. This is made harder when employment pathways do not meet the disabled person's interests and strengths, and when their capabilities are underestimated.

Within workplaces, there is often a lack of understanding and application of disability inclusion. The process of employing a disabled person, including providing appropriate reasonable accommodations, can be complex and confusing. Employers may not be aware of, or have, the right support or tools to hire or enable disabled workers.

Support should be available to workplaces so they are flexible and responsive to the needs of disabled staff. This includes providing accessible infrastructure, and ensuring access to digital and other technologies that support work.

Lifting disabled people's employment opportunities and experiences will need action at several different points

throughout the employment lifecycle. Key shifts will be needed in the following areas:

- Better pathways into employment: inclusive recruitment practices, specialist employment services and supports when needed, and job pathways that meet disabled people's strengths, interests and accessibility needs, including cultural needs.
- Disabled people's readiness: raising and normalising the expectation that disabled people play a key part in the workforce and are supported to thrive in the transitions between education and training and in career development opportunities.
- Employer preparedness: making available practical information, tools and resources to support employers to recruit, design jobs, and provide supportive work environments that enable disabled people to remain in work and develop professionally. We need to work with employers and businesses to build capability and confidence to make the choice to hire disabled employees an easy one.

Underpinning any change in our approach is the need to share what works, and to collect data and analysis that helps us to understand what initiatives are working and where market settings need to be adjusted.

Employment actions

These are the employment actions proposed to be included in the strategy.

Below each action we have shown which employment success statement the action will make progress towards. These are the statements on pages 27-29 which describe what success in employment means for disabled people.

Enable and support disabled people 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.

Success area this progresses:

- (a) equal career, employment and self-employment opportunities
- (b) disabled people thrive in employment wherever they work

2. Review specialist employment supports to improve employment outcomes, in consultation with disabled people. **Success area this progresses:**

- (c) access to supports and resources, confident employers can meet needs

3. Work with disabled people, employers and employer networks to develop mentorship programmes connecting

disabled people with successful disabled professionals or employers to provide guidance and support in navigating their careers. **Success area this progresses:**

(a) equal career, employment and self-employment opportunities

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 practical information and resources for employers and employer networks so they can support disabled people throughout the employment lifecycle and share knowledge and success stories. **Success area this progresses:**

(c) access to supports and resources, confident employers can meet needs

5. Partner with disabled people, employers and employer networks to improve accessibility and inclusion in employment lifecycles for disabled people. This includes promoting and enabling the design of jobs and workplaces to support:

- inclusion of disabled people
- flexible working arrangements and reasonable accommodations
- assessing the accessibility of workplaces.

Success area this progresses:

(b) disabled people thrive in employment wherever they work

(d) economic security, dignity, self-determination and choice

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 employment action 4. **Success area this progresses:**

(c) access to supports and resources, confident employers can meet needs

Questions

- How much do you agree with each action?
- Do you have any further comments or suggestions on the proposed actions?

Health

Goal for health

Disabled people will achieve the highest possible standard of health and wellbeing. They will decide what this means for themselves and their whānau.

What success in health means

For disabled people, success in health means:

- a) The health system will **enhance quality of life for disabled people**, so they thrive, grow and enjoy lives they value.
- b) **Disabled people will have self-determination through their whole health journey** because they have choice and control, can make informed decisions about their health and wellbeing, and those decisions are respected.
- c) **Supporting tāngata whaikaha Māori through te ora o te whānau (the health of whānau)** will mean tāngata whaikaha Māori are understood as part of a collective, and their whānau are involved in their health in ways that reflect their wishes.
- d) **Accessibility, equity, and inclusion will be embedded** throughout the health system, including in health service design and delivery, and supported by a **skilled and responsive health workforce**.
- e) Data collection about disability will be prioritised, with **data used to improve the health system for disabled people**.
- f) **"Nothing about us without us"** will mean disabled people are involved and represented at every level of the health system.

Questions

- How much do you agree with the goal for health?
- How much do you agree with the description of what success in health means?
- Do you have any further comments or suggestions on the goal for health or the description of what success means?

The case for change

Having good health is important to quality of life, but disabled people continue to experience health inequities. For example, the New Zealand Health Survey 2023/24 compared disabled people aged 15 years and over with non-disabled adults aged 15 years and over. It found that disabled people were:

- less likely to report good, very good or excellent health (60 percent of disabled people compared with 88 percent of non-disabled people)
- less likely to be physically active (32 percent of disabled people compared with 48 percent of non-disabled people)
- more likely to have unmet mental healthcare needs (22 percent of disabled people compared with 10 percent of non-disabled people)

- more likely to use emergency departments (38 percent of disabled people compared with 16 percent of non-disabled people).

Some health inequities are worse for tāngata whaikaha Māori. For example, the 2023 General Social Survey run by Stats NZ asked adults aged 15 years and over if they put off going to the doctor due to cost. It found that 54 percent of tāngata whaikaha Māori put off going to the doctor due to cost, compared with 35 percent of disabled people and 27 percent of non-disabled people.

Particular groups of disabled people also face inequities. For example, the IHC report *From Data to Dignity* found that people with an intellectual (or learning) disability have a much shorter life expectancy than people who do not have an intellectual disability. People with intellectual disability often receive care and treatment later than they should, which means they are 3.6 times as likely to have an avoidable hospitalisation.⁴

Disabled people continue to experience barriers across the health system. These include:

4 Beltran-Castillon, L, & McLeod, K. (2023). *From data to dignity: Health and wellbeing indicators for New Zealanders with intellectual disability*. IHC New Zealand.

- physical barriers, including at hospitals and other facilities
- cultural barriers, especially for tāngata whaikaha Māori and Pacific disabled people
- communication barriers due to lack of accessible information at the right times, or difficulties using virtual healthcare provided by phone or online
- the costs of healthcare
- social attitudes of healthcare providers, including discrimination
- gaps in data about disability
- a lack of information sharing, meaning disabled people have to retell their stories every time they engage with a different health service.

Health actions

These are the health actions proposed to be included in the strategy.

Below each action we have shown which health success statement the action will make progress towards. These are the statements on pages 33-34 which describe what success in health means for disabled people.

1. Review and improve policies and practices, so the health journey is equitable, accessible and inclusive.

This review will include all interactions with the health system, covering communication, information, technology, decision-making, service design and delivery, and the built environment.

Self-determination should be a key consideration of this review. This includes making tools for self-determination and supported decision-making standard practice in health care – especially for people with different communication, cognitive or psychosocial needs.

Success area this progresses:

- (a) enhance quality of life for disabled people
- (b) disabled people have self-determination through their health journey

2. Build health workforce capability to deliver services that are inclusive, culturally safe, and easy to navigate.

Building workforce capability includes increasing the proportion of disabled people across the health and disability workforce, through recruitment and workplace policies, inclusive and accessible work environments, and career development.

It also includes embedding disability responsiveness and lived experience into health workforce training and ongoing professional development. **Success area this progresses:**

- (c) support tāngata whaikaha Māori through te ora o te whānau

(d) accessibility, equity, and inclusion supported by a skilled and responsive health workforce

3. Create opportunities to build disabled people's skills and knowledge to take up health system roles.

Government agencies will create opportunities to build the capability and capacity of disabled people to carry out health system roles. These roles will include health system design, consultation, monitoring, leadership, advisory and governance roles. **Success area this progresses:**

(f) "Nothing about us without us"

(d) accessibility, equity, and inclusion supported by a skilled and responsive health workforce

4. Identify disabled people in national health data.

Identifying disabled people in data will make them more visible in the health system. It will enable better monitoring of population health outcomes and patient experiences. **Success area this progresses:**

(e) disability data is used to improve the health system for disabled people

5. Implement systems to enable disabled people to record their accessibility needs against their National Health Index.

Recording people's accessibility needs will mean these needs can easily be shared with health providers.

Disabled people will not have to repeat their accessibility

needs each time they engage with health services, and health providers will be better placed to plan and meet those needs.

Work to progress this action should be guided by disability community expectations and data sovereignty.

Success area this progresses:

- (e) disability data is used to improve the health system for disabled people
- (d) accessibility, equity, and inclusion supported by a skilled and responsive health workforce

Questions

- How much do you agree with each action?
- Do you have any further comments or suggestions on the proposed actions?

Housing

Goal for housing

Disabled people and their whānau have affordable, healthy, secure, and accessible homes that meet their needs.

What success in housing means

For disabled people, success in housing means:

- a) There are a range of **suitable housing options in the community**, so disabled people can choose who they live with and where they live.
- b) The **supply of accessible homes meets the demand**, with homes that meet the full range of accessibility needs. Monitoring will be in place to help ensure supply meets demand.
- c) **Disabled people enjoy secure tenure in their housing**, have the freedom to move if they want to, and do not experience delays in accessing housing if they are leaving hospital inpatient care.
- d) **The housing sector understands the accessibility needs of disabled people** and how to build for accessibility.
- e) **Urban design and planning is fully accessible**, so disabled people can easily access their neighbourhoods, local amenities, and transport.
- f) Having **suitable housing improves disabled people's outcomes**, including their physical, family, and mental health. **It helps to protect disabled people from harm**, neglect, violence and abuse.

Questions

- How much do you agree with the goal for housing?
- How much do you agree with the description of what success in housing means?

- Do you have any further comments or suggestions on the goal for housing or the description of what success means?

The case for change

Accessible⁵ healthy housing is important for disabled people's autonomy, access to employment, and overall quality of life. It can make it easier for disabled people to visit family and friends and access their community, make disabled people less reliant on support workers, and reduce injuries for disabled people, their whānau and carers. Other groups also benefit from having accessible housing, such as older people, children, their parents, and people who have temporary impairments, such as through illness or injury.

However, New Zealand has a large shortage of accessible housing. Although data is limited, it is estimated that less than 2 percent of New Zealand housing is accessible.⁶ At the same time, the need for accessible housing is increasing, in part because the number of older people

⁵ Accessibility in housing means homes which are non-disabling and meet – or can easily be adapted to meet – the diverse range of disabled people's needs.

⁶ Data from Lifemark, cited in James, B. (2024). Encouraging new-build, small, affordable, and accessible homes in Aotearoa New Zealand. *Innovation in Aging*, 8(Suppl 1), 409.

with age-related mobility and sensory impairments is growing. There is a need for better data on how much accessible housing exists so that suitable homes, in the right places, can be matched to disabled people's accessibility needs.

Accessible homes are also less likely to be affordable for disabled people who have lower incomes on average and are less likely to buy their own homes.

The way housing is currently designed and built does not meet the needs of a large portion of the population and means that many disabled people are not able to live in homes which meet their needs. The 2023 Household Disability Survey asked disabled people about the last time they had to search for housing. The survey found that 28 percent of disabled people had to look for a home with special surroundings, features or modifications. Of these, 23 percent were able to find a property that met only some of their needs, and 7 percent could not find a suitable property at all. Of those who did find a property that met some or all of their needs, 40 percent said that it was not easy to find. The survey also found that about 12 percent of disabled people had some level of unmet need for modification in their home.

The shortage of accessible housing can mean that disabled people cannot live in the community and need to live in residential care settings when they do not want to.

More accessible housing that is also affordable can help to take some of the pressure off residential care and support more choice and control for disabled people.

Research has long shown that New Zealand housing and construction practices have not been meeting the needs of disabled people. People who want to build, sell or rent a house do not have an easy way of knowing whether their house is accessible. This could be due in part to a lack of publicly available guidelines and standards, on what accessible houses are, and how to build them.

Making a house accessible from the outset is much more cost effective than retrofitting it later. However, unlike some other countries, New Zealand does not mandate minimum accessibility features in new-build private housing.

Some disabled people qualify for housing modification funding from the Ministry of Social Development or ACC, to make their homes accessible. However, there are problems with how this works. For example, when there are delays in getting housing modifications, disabled people's homes may not be safe or liveable while they wait. Housing modification funding for the same need can generally be used only once, which can limit disabled people's ability to move house as their life circumstances change.

Lack of accessibility and a lack of data are also problems in social housing. Disabled people are very likely to be overrepresented in social housing. Available information shows that people who have requested home modifications wait longer on the Housing Register, because it is harder for them to find suitable social housing. Better information should be collected and shared with housing providers to make sure that disabled people can be placed in suitable homes faster.

Housing actions

These are the housing actions proposed to be included in the strategy.

Below each action we have shown which housing success statement the action will make progress towards. These are the statements on pages 40-42 which describe what success in housing means for disabled people.

1. Develop, consult on, and make publicly available, clear definitions of accessible homes, describing the key features of different levels of accessibility (for example, from basic universal design through to fully accessible).

Clear definitions of accessible homes can support the development of voluntary guidelines for accessibility for residential dwellings (housing action 6). **Success area this progresses:**

(d) the housing sector understands disabled people's accessibility needs

2. Improve data matching between disabled people and social housing properties with accessible features that meet their needs and ensure disabled people and their whānau are prioritised to accessible properties.

Data matching will identify disabled people's housing needs and social housing that meets those needs.

Success area this progresses:

(a) suitable housing options in the community allow disabled people to choose

(b) supply of accessible homes meets demand

3. Identify possible barriers to increasing supply of accessible houses in the private market and investigate opportunities to remove those barriers.

Understanding barriers to the supply of accessible housing will help target potential interventions to improve supply. **Success area this progresses:**

(a) suitable housing options in the community allow disabled people to choose

(b) supply of accessible homes meets demand

4. Review and explore ways to improve the housing modification system.

Addressing inefficiencies in the housing modification system could reduce current problems: inaccessibility of

homes, increased costs, and health and safety issues for disabled people, whānau and carers. **Success area this progresses:**

(c) disabled people enjoy secure housing tenure and have the freedom to move

(f) suitable housing improves disabled people's outcomes and helps to protect them from harm

5. Gather annual data on the housing-related needs of disabled people and compare this to what is being built in each region, to influence the housing market to build and make available more accessible housing.

Data will increase developers' awareness of the housing-related needs of disabled people and raise the profile of the demand for accessible homes. **Success area this progresses:**

(b) supply of accessible homes meets demand

(d) the housing sector understands disabled people's accessibility needs

6. Develop voluntary national guidelines on accessibility for residential dwellings.

Guidelines would be based on the definitions for accessible homes in housing action 1 and would set out best practice guidance for how to build accessible homes. **Success area this progresses:**

(d) the housing sector understands disabled people's accessibility needs

(e) urban design and planning is fully accessible

Questions

- How much do you agree with each action?
- Do you have any further comments or suggestions on the proposed actions?

Justice

Goal for justice

Disabled people's human rights and freedoms will be protected, and their disability rights will be realised.

Disabled people will be treated fairly and equitably by the justice system. Justice system policies and practices will embed accessibility, inclusion and lived experience.

What success in justice means

For disabled people, success in access to justice means:

- a) Disabled people, including disabled children, young people and adults in care, are **safeguarded from abuse, neglect and violence**.
- b) The needs of **disabled children and young people are understood and supported early** to avoid them becoming involved in the care and protection or criminal justice systems.
- c) For disabled children and young people who interact with the youth justice system, and for adult **disabled**

people who interact with the criminal justice system, their rights and accessibility needs are consistently considered, and they have the right supports to transition out of those settings.

d) Disabled people who are charged with an offence but are **unable to stand trial are treated consistently with the New Zealand Bill of Rights Act.**

e) The **justice sector workforce will have the right skills and capabilities to uphold the rights of disabled people.**⁷ This includes disability competence, Deaf competence, and an understanding of supported decision-making.

f) Disabled parents who use the Family Court will have **equitable access to family justice services.**

Questions

- How much do you agree with the goal for justice?
- How much do you agree with the description of what success in justice means?

⁷ The justice workforce includes police officers, call center staff and detectives; social workers, youth workers, and lawyers; parole officers, Corrections and Youth Justice residence staff, and court staff.

- Do you have any further comments or suggestions on the goal for justice or the description of what success means?

The case for change

Disabled people and their whānau have the same human rights and freedoms as non-disabled people. However, the rights and needs of many disabled people are often not met in the justice system itself and on the pathway into the justice system.

Disabled people are more likely than non-disabled people to be victims of crime, and for tāngata whaikaha Māori, the inequity is even greater. Age-adjusted data from the New Zealand Crime and Victims Survey⁸ shows that:

- 39 percent of disabled people in the New Zealand population had been victimised, compared with 30 percent of non-disabled people
- 35 percent of non-disabled Māori had been victimised, compared with 53 percent of tāngata whaikaha Māori.

⁸ These figures were generated by "pooling" or bringing together the results of cycles 1-6 of the New Zealand Crime and Victims Survey. Where the group of interest in a survey is small, pooling helps create a larger group and therefore more accurate data.

Disabled people were also more likely to be victims of sexual and partner assault. The survey shows that, when adjusted for age:

- 41 percent of disabled people had an experience of sexual assault in their lifetime, compared with 24 percent of non-disabled people
- 35 percent of disabled people had an experience of partner assault in their lifetime, compared with 16 percent of non-disabled people.

The data above likely underrepresents victimisation and violence against disabled people, because data is not collected on disabled people in residential care or secure facilities, disabled young people in youth justice, or disabled adults in the criminal justice system.

Some factors can mean disabled people are more at risk of abuse than non-disabled people. These factors include some disabled people's decision-making capacity, and having their decisions made by others who might misuse their powers. Disabled people face barriers to reporting crime and abuse. They may be afraid of retaliation or losing essential supports, or face assumptions that they are not credible or competent.

The Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-based Institutions (Royal Commission) found that Deaf and disabled people, and tāngata whaikaha Māori, disproportionately

experienced abuse in care. The Royal Commission made a number of recommendations aimed at ensuring all State entities providing care, either directly or indirectly, have effective safeguarding measures and oversight, including accountable leadership. Safeguarding initiatives proposed in this Strategy are aligned with the Government's formal response to the Royal Commission's recommendations.

Disabled people are more likely to become involved in the criminal justice system and fare worse in that system than non-disabled people.

Data is limited, but the available evidence suggests that disabled people enter the criminal justice system in disproportionate numbers. This is in part because young people with intellectual (learning) disabilities or neurodevelopmental conditions are often identified late, or not at all, in the health and education systems – and may not get the supports they need from these systems. The higher levels of violence and abuse faced by disabled people may also contribute to disabled young people offending at higher levels, as there are strong links between childhood trauma and offending by children and young people.

Disabled people face significant barriers when they interact with the criminal justice system. Right across the justice system, the justice sector workforce lacks disability competence and Deaf cultural competence which are key

to understanding the needs and upholding the rights of disabled people. Disabled people can experience poor treatment by police, including their reasonable accommodations not being met. Legal professionals, such as lawyers and court staff, often lack understanding of neurodevelopmental conditions, and how these may affect communication, behaviour, and decision-making capacity. These gaps in workforce capability can mean disabled people's behaviour may be incorrectly seen as threatening, non-compliant or unreliable, leading to unnecessary escalations.

Disabled people face challenges in upholding their rights in legislation across the criminal and civil justice systems.

In the criminal justice system, disabled people may be treated differently from non-disabled people, creating natural justice issues. Various laws allow for people found unfit to stand trial, including disabled people, to be detained on a different standard of proof, than people found fit to stand trial.

In the civil justice system, under the Protection of Personal and Property Rights Act 1988 (PPPR) Act, a person not considered to have decision-making capacity can have someone appointed to make decisions for them. However, the Act can be difficult to follow.

There are also inequities relating to the rights of disabled people as parents and guardians. Under the Adoption Act

1955, the consent of birth parents or guardians can be waived if they are "unfit, by reason of any physical or mental incapacity". The Family Court does not use a fixed definition of "unfit" and may remove a parent as a guardian under the Care of Children Act 2004 if it is satisfied they are unfit. Ableist assumptions about disabled people's parenting can create risks that may lead to their children being removed.

There is limited data about disabled people right across the criminal justice system. Pressing gaps include the lack of data on young disabled people in youth justice. The prevalence of disability among "crossover children", who are involved with both the youth justice and care and protection systems, is thought to be significant, although estimates vary.⁹

Justice actions

These are the justice actions proposed to be included in the strategy.

Below each action we have shown which justice success statement the action will make progress towards. These

⁹ Faasen, K., Martin, G., Potiki, M., & Jenkin, G., *Evidence Brief: Primary Healthcare Needs of Disabled Children in Care and Protection*, 2023, p. 3

are the statements on pages 47-48 which describe what success in justice means for disabled people.

1. Develop and implement a safeguarding framework for disabled people in long-term detention settings (such as prisons and youth justice residences) and Disability Support Services funded residential facilities. The framework will include preventing, reporting, responding, and safely removing disabled people from abusive situations. **Success area this progresses:**

(a) disabled people are safeguarded from abuse, neglect and violence

(c) disabled people's rights and accessibility needs are consistently considered when they interact with the criminal justice system

2. Establish a cross-agency project to identify and address gaps in data and evidence about disabled people's experiences of crime, including for disabled people in residential and secure facilities, and experiences of cyberbullying. **Success area this progresses:**

(a) disabled people are safeguarded from abuse, neglect and violence

3. Develop a social investment plan for early intervention and support, to reduce the number of disabled children and young people entering the youth justice system.

Success area this progresses:

(b) disabled children and young people's needs are supported early

4. The Law Commission has been asked to undertake a review of the Criminal Procedure (Mentally Impaired Persons) Act 2003 (CPMIP). This review is expected to consider the CPMIP's relationship to other relevant legislation, such as the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 and Mental Health (Compulsory Assessment and Treatment) Act 1992. **Success area this progresses:**

(d) disabled people unable to stand trial are treated consistently with the New Zealand Bill of Rights Act

5. Review, as work programmes allow, the effectiveness of current protections for disabled people in family law, including adoption, guardianship and personal property rights, to identify gaps where strengthened provisions or support are needed. Any review should also consider supported decision-making and use of plain language in key justice sector legislation and processes.

Consideration should be given to reviewing human rights legislation, as work programmes allow. Success area this progresses:

(f) equitable access to family justice services

6. Integrate lessons from disability-specific safeguarding approaches into the development of the future state for multi-agency responses to family violence, to strengthen outcomes for disabled people experiencing violence and

abuse. This includes supporting workforce capability to ensure a coordinated, safe and disabled-person centred response. **Success area this progresses:**

(a) disabled people are safeguarded from abuse, neglect and violence

(e) the justice workforce has the right skills to uphold the rights of disabled people

7. Develop and implement a plan to make the justice sector 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. **Success area this progresses:**

(c) disabled people's rights and accessibility needs are consistently considered when they interact with the criminal justice system

(e) the justice workforce has the right skills to uphold the rights of disabled people

Questions

- How much do you agree with each action?
- Do you have any further comments or suggestions on the proposed actions?

How we will measure progress

The Ministry of Disabled People – Whaikaha will measure progress against the strategy in 2 ways. Measuring progress will help inform an annual progress report to Parliament.

First, the Ministry will ask government agencies to report back on the progress of actions they are responsible for.

Second, the Ministry has identified a set of indicators to measure the impact of the strategy at a system level. System level indicators show whether the strategy is improving outcomes for disabled people. If the strategy is implemented successfully, these indicators will change over the medium to long term.

For each priority outcome area, the Ministry has identified 5 to 6 key indicators that will be included in the strategy. The indicators will be published in an interactive dashboard alongside supporting measures. The supporting measures will help monitor progress against the goals and outcomes of the strategy in more detail. The dashboards will also include further contextual data and evidence that supports the case for change in each priority outcome area.

Questions

- How much do you agree with the following statements?
 - The strategy reflects what matters most to disabled people and their whānau.
 - I feel confident that the strategy will lead to meaningful change.
- Is there anything else you would like to see in the strategy?
- Do you have any further comments or suggestions on this strategy?

Appendix 1: Glossary

Ableist: Things that are ableist can range from offensive stereotypes to whole systems that prevent disabled people from being part of society.

Abuse: Abuse encompasses a range of harmful actions, including physical, sexual, financial, and emotional or psychological abuse, as well as neglect. It includes inadequate or improper treatment or care that results in serious harm, such as overmedication, withholding access to medications, mobility aids, information, or necessary care and support services.

Accessibility: Accessibility means that disabled people and tāngata whaikaha Māori can access all areas of life in the same way as non-disabled people.

Ākonga: Ākonga means a learner or student. This includes apprentices, trainees and work-based learners as well as learners in school, university and vocational training. The term acknowledges the learner as an active participant in the learning process, often within a culturally responsive and relational context. It reflects the principles of ako, where teaching and learning are reciprocal.

Barrier: A barrier is an obstacle that makes it difficult for people to do something. Barriers may be physical, social, attitudinal, related to communication, transportation, policy or the way services are delivered.ss

Crossover children: Crossover children are children who have charges before the Youth Court (youth justice system) and also have care and protection proceedings before the Family Court (child protection system).

Deaf cultural competence: Deaf cultural competence means recognising and respecting the cultural identity, language, and experiences of Deaf people. It involves recognising that NZSL is a language with its own syntax and grammar, and ensuring Deaf people have equal access to communication through NZSL.

Disability community: The disability community refers to disabled people, partners, friends, families, relatives, unpaid carers and others directly involved in supporting disabled people. This can also include advocacy/consumer organisations made up of and representing disabled people.

Disability competence: Disability competence includes disability awareness (knowledge of disabilities and disability-related issues) and disability responsiveness (the ability to adapt behaviours and environments to foster inclusion).

Disabled people: The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) defines a disabled person as someone with long-term physical, mental, intellectual, or sensory impairments that, in interaction with various barriers, hinder their full and effective participation in society on an equal basis with others.

Disability right: Disability rights are the rights set out in the UNCRPD, and in other places, including New Zealand laws that protect and empower disabled people to fully participate in society. Disability rights give disabled people the same rights as others, not additional rights.

Employment lifecycle: The employment lifecycle is the lifelong journey into, in, and out of employment including recruitment, hiring, onboarding, retention, promotion and career development, performance management and when exiting a job.

Equity: Equity means that, instead of treating everyone the same (equality), some people may need more support or different approaches to reach the same outcome.

Impairment: Is a problem or difficulty with the functioning of, or the structure of someone's body.

Inclusion: Inclusion means disabled people do not experience any disadvantages or discrimination due to their impairment, and are able to participate in all aspects of society without barriers and eliminates prejudices.

Mainstream: Mainstream means things including activities, services, supports, attitudes or ideas, that are open to everyone to use or participate in.

Neglect: Neglect is an act of omission that leads to potential or actual harm. Neglect can include failure to protect from harm or abuse, inadequate health care, education, supervision, protection from environmental hazards and unmet basic needs, such as clothing and food.

Principles: Principles are the key values, ideas and commitments that underpin this strategy. They shape decision-making and actions towards the strategy's vision and goals.

Reasonable accommodation: Reasonable accommodation means making adjustments so disabled people and tāngata whaikaha Māori can access places, things and rights on the same basis as non-disabled people.

Supported decision-making: Supported decision-making means helping someone make their own choices rather than having decisions made for them.

Trauma informed: Trauma informed describes approaches that recognise trauma affects development, behaviour, and wellbeing. Trauma informed approaches support and empower people to restore and enhance their wellbeing.

Turi Māori: Turi Māori walk in both the Deaf and Māori worlds, identifying as members of the Deaf community and as Māori. Many Turi Māori use NZSL as their first language. However, Turi Māori face barriers accessing te ao Māori, including that NZSL does not always reflect Māori concepts.

Whānau: Whānau are a source of strength, support and identity for disabled people. They may be carers for disabled people. For tāngata whaikaha Māori, whānau also includes wider extended family and others they identify as whānau.

Vision: The vision for this strategy means the future that disabled people, tāngata whaikaha Māori and their whānau want to achieve through the strategy.

End of Part 4: Priority outcome areas and actions for the strategy.