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Summary of health goal and actions

New Zealand Disability Strategy 2026-2030

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

Transcriber's Note: The logo at the top of the page is Whaikaha—Ministry of Disabled People. The logo is purple and has a QR code to scan for the NZSL name.

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About the New Zealand Disability Strategy 2026-2030

The New Zealand Disability Strategy 2026-2030 is New Zealand's third disability strategy. It sets out the Government's commitment to all disabled people and tāngata whaikaha Māori (Māori disabled people).

The Ministry of Disabled People—Whaikaha led the work on the strategy. Cabinet agreed the 5 priority outcome areas for the strategy. Content for the strategy was developed with input from disability groups, and by working groups made up of disability community members, sector experts, and officials from relevant government agencies. Public consultation was held on a draft of the strategy, then Cabinet agreed the final version of the strategy.

The strategy covers a 5-year period, from 2026 to 2030, to focus government agencies on meaningful and practical actions that will drive change for disabled people and tāngata whaikaha Māori.

The strategy includes:

- **A vision and principles** to set the direction for the strategy, and guide work across government for disabled people.
- **5 priority outcome areas** of education, employment, health, housing and justice. Each priority outcome area has **a goal** and **actions**.
- **A monitoring approach**, to measure government's progress delivering the strategy.

Summaries of each part of the strategy

People who want to read the full New Zealand Disability Strategy 2026-2030 can find it here:

<https://www.whaikaha.govt.nz/about-us/our-work/new-zealand-disability-strategy-2026-2030> or here:
<https://shorturl.at/CCvma>

The Ministry has also produced summaries of each part of the strategy, for people who do not want to read the whole strategy. These summaries are:

- Vision, principles and other key information
- Goal and actions for education
- Goal and actions for employment
- Goal and actions for health

- Goal and actions for housing
- Goal and actions for justice

Alternate Formats of the summary documents can be found on these pages:

- For Audio, Braille, Easy Read and Large Print:
<https://www.whaikaha.govt.nz/about-us/our-work/new-zealand-disability-strategy-2026-2030/new-zealand-disability-strategy-alternate-formats> or here:
<https://shorturl.at/VDFhw>
- For NZSL: <https://www.whaikaha.govt.nz/about-us/our-work/new-zealand-disability-strategy-2026-2030/new-zealand-disability-strategy-nzsl-translations> or here: <https://shorturl.at/huNHK>

This document is a summary of the health goal, how progress towards the health goal will be measured, and the health actions.

Health goal

The strategy has a goal for health. The goal is:

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

Measuring progress towards the health goal

Progress on the goal for health will be measured using these indicators:

- Percentage of disabled people with good, very good, or excellent self-rated health.
- Percentage of disabled adults (aged 15 years and over) who reported that the healthcare professional at their most recent appointment involved them as much as they wanted in making decisions about their treatment and care.
- Percentage of disabled adults (aged 15 years and over) who had unmet need for a GP.
- Percentage of adults (aged 15 years and over) with a disability, impairment, or long-term health condition who felt their accessibility needs were met.

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, can involve their family and carers, and their 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.

Health actions

The strategy has a set of actions for health. The actions are:

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

This review will cover all interactions with the health system: communication, information, technology, decision-making, service design and delivery, and the built environment. Self-determination will be key, including making sure tools for self-determination and supported decision-making are standard practice in health care—especially for people with different communication, cognitive or psychosocial needs.

2. Train the health workforce to deliver services that are inclusive, culturally safe and easy to navigate. This includes:

- Increasing disabled people throughout the health and disability workforce. This can be done through recruitment and workplace policies, inclusive and accessible work environments, and career development.
- Embedding disability responsiveness and lived experience in workforce training and ongoing professional development.

3. Build disabled people's skills and knowledge to take up health system roles.

Government agencies will find ways to build disabled people's capability for health system design, consultation, monitoring, leadership, and advisory and governance roles.

4. Identify disabled people in national health data.

This will make disabled people more visible in the health system, so population health outcomes and patient experiences can be monitored better, while ensuring information security, privacy and protection.

5. Put a system in place so disabled people can record their accessibility needs against their National Health Index (NHI).

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

Disabled people will not have to repeat their needs to providers, and providers will be better able to meet those needs. This work will be guided by disability community expectations and data sovereignty.

End of Summary of health goal and actions.