



New Zealand Disability Strategy

2026–2030

December 2025

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He mihi

E ngā iwi whānui, e ngā hau e whā, e ngā tai o Tangaroa o Aotearoa,
tēnei ka mihi, tēnei ka tangi, tēnei ka whakatau ki a koutou katoa.

E ngā tāngata whaikaha, e ngā tāngata whaikaha Māori me ō koutou whānau
puta noa i te motu, kei a koutou te mana, kei a koutou te ihi, kei a koutou te wehi,
ko koutou rā te ngākau o tēnei Rautaki Hauātanga o Aotearoa i rere ki uta, rere ki
tai, i tāheke atu ki te ao katoa.

Nō reira nā koutou i whakakaha, nā koutou anō i whakakōkiri ai.

E mihi kau ana. E whakamānawa ana. E whakamiha ana.

Ko te rautaki nei, he pae tawhiti e tōia, he pae tata e kāwea.

Ka whakakipakipa, ka whakakotahi, ka whakaohoho.

Kia kōkiri, kia manawanui, kia ū ki te pae ora mō te katoa.

Tihei mauri ora!

An acknowledgement.

To all peoples, to the four winds, to the ocean tides of Tangaroa that surround
Aotearoa — we greet you, we honour you, we welcome you all.

To the disabled people of Aotearoa, to tāngata whaikaha Māori and your whānau
throughout the land — yours is the mana, yours the vitality, yours the awe-
inspiring strength.

You are the very heart of this New Zealand Disability Strategy, which flows inland
and to the sea, reaching out to the world beyond. It is you who have strengthened
it, and you who have driven it forward.

We acknowledge you. We honour you. We celebrate you.

This strategy represents a journey toward a horizon yet to be reached, and steps
taken today with unity and resolve. It calls us to uplift, to include, to transform.
Let us be bold, let us be steadfast, let us pursue life's great horizons and
wellbeing for all.

Behold, the breath of life!

He whakatauākī

Te ia o te awa whiria

Te ia o te awa tāngata

Rere ki uta, rere ki tai

I tāheke atu ki te ao katoa

The current of the braided river

The current of humanity

Flows from the land to the sea

Reaching out to the world beyond

This whakatauākī ¹ reflects this strategy as a collective effort drawing on the interconnected flow of people, knowledge and resources.

Acknowledgements

The Ministry of Disabled People – Whaikaha acknowledges *He Awa Whiria*, the braided river framework created by the late Professor Angus Hikairo Macfarlane and Associate Professor Sonja Macfarlane.

Sonja shared *He Awa Whiria* with the working groups, who helped develop the strategy by bringing together the perspectives of disabled people, tāngata whaikaha Māori, sector experts and government agencies.

The Ministry thanks the working groups, the participants in workshops to help develop the strategy, and those who provided feedback on the strategy during engagement.

¹ Whakatauākī gifted by Ministry of Disabled People – Whaikaha Pou Ārahi Ken Te Tau.



Minister's foreword

As the Minister for Disability Issues, I am pleased to introduce the New Zealand Disability Strategy 2026-2030.

This is the third New Zealand Disability Strategy, since the first was launched in 2001. Over that time, much has been achieved. New Zealand ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2008, and Government continues to progress our UNCRPD commitments. Enabling Good Lives, a social movement by disabled people, developed a vision and principles that guide ongoing work to improve the lives of disabled people.

It is heartening to see some outcomes improving for disabled people including in education participation, achievement and employment. However, disabled people continue to experience barriers. To address these barriers, a focused approach is needed.

This strategy sets out what Government plans to achieve in the next 5 years to help realise the aspirations of disabled people. This 5-year horizon will drive meaningful, measurable change. While the strategy has 5 priority outcome areas – education, employment, health, housing and justice – its vision and principles are designed to guide all work by government agencies. Government agencies will work together to deliver the strategy's actions.

The strategy recognises a 'one size fits all' approach will not serve disabled people well. Disabled people have different lives and experiences, needs and aspirations. For some, a good life means ordinary outcomes, and for others, it means achieving

career goals or leadership positions. Whatever a person's aspirations, they will be better able to realise them when they experience the best possible education, employment, health, housing and justice outcomes. That is why the strategy focuses on these priority outcome areas.

While this strategy sets out the Government's commitment to disabled people, it is a strategy that everyone can contribute to. It recognises the essential roles of families, whānau, aiga and carers in the lives of disabled people. It offers ways that central government, local government, business, community, and iwi and hapū Māori can contribute. And it shows how all parts of society can benefit from greater representation of disabled people.

I thank all those who took part in the development of this strategy. I look forward to seeing the strategy help make New Zealand a more equitable, accessible place for disabled people.



A handwritten signature in blue ink, appearing to read 'Louise Upston'.

Hon Louise Upston

Minister for Disability Issues

2 December 2025



Background to this strategy

This is the third New Zealand Disability Strategy. It builds on the first 2 strategies and the work of everyone who contributed to them.

This strategy sets out the Government's commitment to disabled people and their whānau. However, it is a strategy that everyone can contribute to. All New Zealanders have a part in making New Zealand more accessible and equitable, including local government, businesses, community, and iwi and hapū Māori.

Disability Support Services (DSS), funded by the Ministry of Social Development, play a critical role in the lives of over 50,000 disabled people. Some of the housing and justice actions in this strategy relate to DSS. However, DSS is not a specific focus of this strategy, because separate work is underway to stabilise and strengthen DSS, so it delivers the right support, in the right way, to those who most need it.

Language used in this strategy

Different people prefer different language

There is no one way of talking about disability or disabled people. Some people feel proud to use the term 'disabled person'. Other people say 'person with a disability' because they want to be recognised as a person first, before their disability.

This strategy uses the language 'disabled people, tāngata whaikaha Māori and their whānau'.² You can find a glossary of key terms used in this strategy at

Appendix 1.

² Not everyone uses the word 'disabled'. For example, Deaf people and Turi Māori may not think of themselves as disabled. This strategy includes all people who have an impairment, whether or not they use the word 'disabled'.

This strategy takes ideas about disability from the United Nations Convention on the Rights of Persons with Disabilities

The strategy takes some ideas from the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). The UNCRPD says disabled people 'include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.

The idea that disability isn't just caused by people's impairments, but also the barriers in society, is called the 'social model' of disability.

There is more about the UNCRPD later in this strategy.

Disabled people and tāngata whaikaha Māori have many parts to their identities

The strategy also acknowledges that disabled people are diverse. Disabled people may have different impairments and different experiences, including high or complex needs. They may have different ideas about the lives they want to lead. Some, like Deaf people and Turi Māori, may have cultural identities that are deeply important to them.

And disabled people have many other parts to their identities, like their ethnicity, gender, and age. All these parts of people's identities can give them unique ways of thinking about things, and can sometimes mean they face many barriers. This strategy uses 'disabled people' to include all disabled people and their many identities.

In this strategy, 'tāngata whaikaha Māori' is used to describe Māori people with a disability. Using this language recognises that most Māori disabled people identify as Māori first. 'Tāngata whaikaha Māori' means Māori people who are determined to do well and who focus on their abilities.

Family, whānau and carers are important

Family and whānau are recognised in this strategy. Family and whānau give disabled people and tāngata whaikaha Māori strength, support and identity. Whānau is a concept that includes extended family members. It can include other people someone might embrace as their whānau.

Some disabled people are supported by carers. The Government has a separate *Carers' Strategy*. It describes carers as people who care for friends, family, whānau and aiga with a disability, health condition or illness; and who need help

with everyday living. A new Action Plan is being developed to support the *Carers' Strategy*.

Community-based providers are also key partners in achieving outcomes for disabled people, especially when disabled people are involved in their planning and leadership.

Disabled people in New Zealand are diverse

In 2023, Stats NZ ran a Household Disability Survey. The survey estimated the number of disabled people in the New Zealand household population and found out information about their lives.

The survey found that about 1 in 6 New Zealanders is disabled. This is about 851,000 people, or 17 percent of New Zealanders. It includes about 753,000 adults (18 percent of adults aged 15 years and over) and 98,000 children (10 percent of children aged 0-14 years). The survey also found that some population groups had higher disability rates than others.

- Overall, females had a higher disability rate than males (18 percent of females compared with 15 percent of males).
- However, for children, boys had a higher disability rate than girls (12 percent of boys compared with 8 percent of girls).
- LGBTIQ+ (Rainbow) people had a higher disability rate than non-LGBTIQ+ people (29 percent of LGBTIQ+ people compared with 17 percent of non-LGBTIQ+ people).
- Older people aged 65 years and over had a higher disability rate than younger adults (35 percent compared with 12 percent of adults aged 15 to 44 years and 17 percent of adults aged 45 to 64 years).

Different ethnicities also had different disability rates. Europeans had a disability rate of 18 percent, Māori 21 percent, Pacific peoples 16 percent, and Asian people 9 percent.

Because disabled people tend to be older and some ethnic groups tend to be younger than others, it is important to adjust these rates for age. The age-adjusted rates were: European 17 percent Māori 24 percent, Pacific peoples 21 percent, and Asian people 13 percent.

Some outcomes have improved for disabled people

Comparing results from the 2023 Census with the 2018 Census shows that some outcomes have improved for disabled people.

Some of these improved outcomes can be seen in education. The 2023 Census showed that disabled people aged 15 years and over were:

- less likely to have no qualification (34 percent in 2023, down from 42 percent in 2018)
- more likely to have a bachelor's degree or above (13 percent in 2023, up from 10 percent in 2018).

The 2023 Census also showed that tāngata whaikaha Māori aged 15 years and over were:

- less likely to have no qualification (38 percent in 2023, down from 47 percent in 2018)
- more likely to have a bachelor's degree or above (10 percent in 2023, up from 8 percent in 2018).

Disabled children aged 5-14 years were more likely to be studying in 2023 (90 percent) than 2018 (87 percent). This included increases in study participation rates for:

- tāngata whaikaha Māori children (89 percent, up from 86 percent in 2018)
- Pacific disabled children (85 percent, up from 78 percent in 2018).

The 2023 Census also showed some improvement in employment outcomes for disabled people. Disabled people aged 15-64 years were more likely to be employed in 2023 (52 percent) than in 2018 (46 percent). This included increases in employment rates for:

- tāngata whaikaha Māori (46 percent, up from 40 percent in 2018)
- Pacific disabled people (48 percent, up from 43 percent in 2018).

Barriers persist for disabled people and their whānau

Although some outcomes are improving, disabled people continue to face barriers. These barriers are often worse for tāngata whaikaha Māori.

The 2023 Household Disability Survey found that disabled people were less likely than non-disabled people to be doing well across many areas of their lives. These areas included employment, health, life satisfaction and income.

The survey also found that whānau and carers of disabled children continue to face barriers. When compared with carers of non-disabled children, carers of disabled children were:

- more than twice as likely to feel stressed all or most of the time (46 percent compared with 19 percent)
- much more likely to find it hard to find someone to look after their child (42 percent compared with 24 percent)
- much less likely to say they had about the right amount of free time for their own leisure activities (27 percent compared with 48 percent)
- less likely to have a paid job (65 percent compared with 79 percent).

Despite facing barriers, disabled people make a vital contribution to New Zealand, socially, culturally and economically.

With barriers removed, disabled people can achieve more of the things that are important for them and for New Zealand. For example, the 2023 Household Disability Survey showed that 72 percent of disabled people aged 15 to 64 years who did not have a job would like one, and identified the kinds of supports that would help them find work. Recent modelling from the New Zealand Institute of Economic Research shows that significant economic benefits would result from supporting greater educational achievement and higher rates of employment for disabled people.

You will find more data showing how disabled people are doing later on in this strategy.

How this strategy was developed

This strategy is different from the previous New Zealand Disability Strategy because it covers a 5-year period from 2026 to 2030, instead of a 10-year period. The 5-year period is to focus government agencies on meaningful and practical actions that drive change for disabled people.

The vision and principles of the strategy were initially developed based on input from 11 disability groups.

Cabinet agreed the 5 priority outcome areas for the strategy: education, employment, health, housing and justice.

Each priority outcome area was further developed by a working group. Working groups were made up of disability community members, sector experts, and officials from relevant government agencies. The job of working groups was to develop a goal, a description and potential actions for their priority outcome area. They were supported by officials from relevant government agencies.

The Ministerial Disability Leadership Group and the Minister of Justice considered the work of the working groups, and decided what content would be included in a draft of the strategy. The draft strategy was then consulted on with the New Zealand public.

Cabinet considered feedback from the public, and agreed the final version of the strategy.



This strategy is built on important foundations

Enabling Good Lives

Enabling Good Lives (EGL) has its origin as a social movement, and is part of the whakapapa of this strategy. It is a vision and set of principles developed by the disability community as a foundation for positive change. The EGL principles are a touchstone for the future, helping to guide the design and implementation of services and supports for disabled people. The principles are:

- Self-determination
- Beginning early
- Person-centred
- Ordinary life outcomes
- Mainstream first
- Mana enhancing
- Easy to use
- Relationship building

United Nations Convention on the Rights of Persons with Disabilities and other human rights commitments

New Zealand has a range of human rights commitments, in New Zealand law and as part of our international obligations.

The strategy will help New Zealand meet its human rights commitments, including its obligations under the UNCRPD. We are periodically examined on how we are progressing towards our UNCRPD obligations. Our last examination was in 2022.

In December 2024, Cabinet considered the Government response to the 63 Concluding Observations (recommendations) made during the 2022 examination. Cabinet agreed to progress 30 of the recommendations and to consider a further 17 recommendations as part of the refresh of the New Zealand Disability Strategy.

This strategy progresses the UNCRPD overall with its ongoing work to realise the rights of disabled people. It also responds to several recommendations through actions in the health, housing and justice priority outcome areas.

The strategy helps New Zealand meet its human rights commitments in other areas. These include the rights of women and children, and addressing racial discrimination, and torture and other cruel, inhuman or degrading treatment or punishment.

The Treaty of Waitangi (Te Tiriti o Waitangi)

This strategy helps Government meet its obligations under the Treaty of Waitangi (te Tiriti o Waitangi).

The Treaty of Waitangi establishes the relationship between Māori and the Crown, recognising the unique position of Māori as tāngata whenua. It ensures partnership, participation and protection for tāngata whaikaha Māori, supporting their wellbeing and helping them to thrive.



This strategy links to other important work

Contributing to the Government Targets

The Government Targets are 9 targets the Government has set to improve the results that public services are achieving. The Government Targets focus on health, education, law and order, work, housing and the environment. They are intended to be achieved by 2030.³ By improving outcomes for disabled people, this strategy will also contribute to achieving the Government Targets.

Delivering actions by 2030

Previously, the New Zealand Disability Strategy was supported by a separate Disability Action Plan that set out the actions government agencies committed to, to deliver the strategy.

This strategy is different because it spans 5 years, and includes actions in the strategy itself, rather than separate action plans. This will help the strategy drive change and make it easier to monitor and report on progress.

The action focus of this strategy connects it to other action plans and important work.

Whāia Te Ao Mārama, the Māori Disability Action Plan was developed in a partnership between the Ministry of Health and tāngata whaikaha Māori, with the oversight and endorsement of Te Ao Mārama: the Māori Disability Advisory

Group. There have been 2 plans spanning 2012-2017 and 2018-2022. *Whāia Te Ao Mārama* 2018-2022 set out a vision that 'tāngata whaikaha pursue a good life with support'. It outlined what the Ministry of Health committed to do from 2018 to 2022, and set out examples of actions tāngata whaikaha, whānau, health and disability providers, iwi and other organisations could take to achieve the vision.

More recently, a Pacific disability approach has been developed through engagement with Pacific disabled people, aiga and the Pacific disability community. *Atoatoali'o – National Pacific Disability Approach* provides a framework for the wellbeing of Pacific disabled people. It sets out what the Pacific disabled community would like to achieve and the actions it would like to see, including actions from government agencies.

This strategy builds on *Whāia Te Ao Mārama* and *Atoatoali'o – National Pacific Disability Approach*.

³ Information about the Government Targets can be found on the Department of the Prime Minister and Cabinet's website.



Vision and principles for the strategy

While the strategy has a focus on 5 priority outcome areas, its vision and principles are designed to guide all work by government agencies.

Vision for the strategy

The strategy's vision describes the future New Zealand that disabled people want, sets the course for the strategy, and guides work across government for disabled people. The vision is:

New Zealand is an equitable and accessible place for all disabled people and their whānau – where disabled people thrive, contribute, and choose the lives they want to lead.

Principles for the strategy

The strategy's principles are key values that make sure the strategy reflects the things that are important to disabled people. The principles are:

- **Accessibility**

This principle recognises that accessibility is fundamental to participation and inclusion. When environments and services are designed from the beginning with accessibility in mind, they benefit everyone, not just disabled people.

- **Self-determination**

This principle recognises that disabled people have the same rights as other people to make decisions about their own lives, including using supported decision-making. It asserts the value ‘nothing about us without us’, and that disabled individuals are the experts in their own lives.

- **Upholding equity, culture and identity**

This principle brings together concepts of equity, non-discrimination and inclusion. It acknowledges that disabled individuals belong to diverse whānau, communities and cultures, each with their own unique identities, values and practices. It recognises people should not face barriers because of the different parts of their identities.

- **Participation and inclusion**

This principle recognises that disabled people have the right to be active members of their communities and cultures, contributing in all aspects of life. It is wider society’s role to help ensure participation and inclusion of disabled people.

- **Respect and dignity**

This principle recognises that disabled people thrive when barriers are broken down, society holds positive attitudes about disability, and disabled people are valued members of society.

Measuring progress on the vision and principles

The indicators that will be used to measure progress on the vision and principles are:

- Percentage of disabled adults (aged 15 years and over) who rated their overall life satisfaction highly (7 or higher on a 0-10 scale).
- Percentage of disabled adults (aged 15 years and over) who rated the level of control they feel they have over their lives highly (7 or higher on a 0–10 scale).
- Percentage of adults (aged 15 years and over) who felt comfortable or very comfortable about a new neighbour who had a disability or long-term health condition.
- Percentage of children in disabled households living in material hardship.



Common Threads

There are some similar ideas that run through all 5 priority outcome areas in the strategy. These ideas are called the ‘common threads’.

Accessibility

Accessibility is important across all priority outcome areas. Accessibility matters in all areas of life, including physical access to places like buildings, access to services like education or health, or access to information that helps a person make decisions about their life.

In education, a key issue is disabled students’ access to early childhood education, schooling or tertiary education. This includes physical access to buildings, equipment to help communicate, or being able to learn and use New Zealand Sign Language (NZSL). It can also mean teachers having time and knowledge to plan so disabled students can access the curriculum.

In employment, issues include the ability to access online information about jobs and having equipment to do the job.

In housing, lack of accessible places to live is a key barrier to having secure, healthy and comfortable homes where disabled people can be part of their whānau and community and live as independently as possible.

Government services also need to be accessible. This includes ‘mainstream’ services that most people use, like seeing a GP, claiming a tax refund, taking a problem to the Tenancy Tribunal, or undertaking tertiary study. ‘Disability-specific’ services should also be accessible, like disability employment brokers and NZSL interpreters.

In the youth and adult criminal justice systems, the lack of accessible and timely information and supports can mean disabled people are treated differently and unfairly.

Accessible transport matters across all the priority outcome areas. Transport is essential for participation in all aspects of society, particularly employment, education and health. The Ministry of Disabled People – Whaikaha is working across government to improve transport for disabled people. This includes working with the Ministry of Transport, local government and the private sector on ways to make transport more accessible and effective for disabled people.

Disability information and advice is also important across all priority outcome areas – especially the accessibility of government information. Without accessible information and advice, it is difficult for disabled people to know what services are available to them. This is a longstanding problem that has been acknowledged since the Social Services Select Committee inquiry into the Quality of Care and Service Provision for People with Disabilities in 2008. One of the new functions of the Ministry of Disabled People – Whaikaha is improving disability information and advice, so government will continue work to improve this area over the next 5 years.

Data

Across all 5 priority outcome areas, there is a need for better, more consistent and more detailed data about disabled people. Better data provides evidence to understand how disabled people are accessing services, if the services are working, and how disabled people are participating in their communities.

Since the last strategy was created, there is much more survey data that allows us to compare outcomes for disabled people. The challenge is that survey data cannot easily be broken down by disability and other demographics such as age, gender and ethnicity, to understand the diverse experiences of all disabled people. This makes it hard to develop well-tailored solutions.

There is also a lack of administrative data (data collected by organisations as part of their day-to-day business). This means a lack of information on how well services are meeting the needs of disabled people. Filling this administrative data gap will help create disability information where it is currently limited, including for the priority outcome areas of the strategy.

The data we do have shows inequity of outcomes for disabled people, and for different groups of disabled people. In particular, outcomes are worse for tāngata whaikaha Māori in many aspects of life – discussed in more detail in the priority outcome areas. There is also inequity of outcomes for Pacific disabled people and people with intellectual disabilities.

Workforce

Workforce capability is important in government workforces, in education, health and justice in particular. Workforces need to have a much better understanding of disability, and commit to disabled people having the right to access services on an equal basis with other New Zealanders. This will mean workforces are less likely to make assumptions about disabled people's decision-making ability, and more likely to have high expectations for disabled people's success. It will help prevent bias and discrimination and overcome barriers to access.

Workforce capability includes increasing disabled people in government workforces. This will contribute to disabled leadership, visibility of disability, and better services for disabled people.

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.

Each priority outcome area has a goal, indicators to measure progress towards the goal, a description of what success means, and a case for change. These indicators are based on a range of surveys and administrative data sources collected across government. More information about this is provided in Appendix 2 of this strategy.

Each priority outcome area also 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.





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.

Measuring progress towards the goal for education

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

- Percentage of disabled adults (aged 15-64 years) with a school qualification or higher.
- Percentage of disabled young people (aged 12-18+ years) attending secondary school who attend school most or all of the time. Note that the Government's attendance target for education is: "By 2030, 80% of students are present for more than 90% of the term". This data is not currently disaggregated for disabled students.
- Percentage of disabled young people (aged 15-24 years) in employment, education, or training.
- Percentage of disabled young people (aged 12-18+ years) attending secondary school who agreed or strongly agreed that people expect them to do well at school, kura, or education provider.
- Percentage of disabled adults (aged 15-64) who held high trust for the education system (7 or higher on a 0-10 scale).

What success in education means

- a) Educators **plan to meet the needs of all learners**, including disabled learners.
- b) The education system has **high expectations for all disabled learners** to attend, progress and achieve in their learning goals.
- 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 children 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) Learning support needs are **identified and responded to early**.
- 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) **Learner centred transitions throughout early childhood education and schooling are planned early**, include the learner, family and whānau, and are monitored and supported.
- j) **Tertiary education providers are supported to implement disability action plans** that include learner voice.

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 through 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 and 6.3 full-time equivalent psychologists.
- \$39.9 million 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.

Why change is needed

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 learners have lower attendance and are more than twice as likely to leave school with no qualifications compared to their non-disabled peers.⁴ In 2022, 30 percent of disabled learners reported they did not feel like they belonged at school.⁵

The education system has long faced challenges supporting disabled learners.⁶ 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 responsive support for disabled learners, enable genuine choice across settings and have high expectations for their success.

Education actions

To make progress towards the strategy's goal for education, Government will:

1. Put \$266 million into early intervention services, so children's learning support needs are identified earlier, and families don't have to wait as long for support.
2. Look at new ways to provide targeted and specialist learning support, including working with private providers and community organisations to reduce wait times.
3. Improve the learning support system so it is easier for educators, families and learners to use by:
 - funding a Learning Support Coordinator for all schools with learners in Years 1-8
 - making application processes for learning support easier.

⁴ Ministry of Education. (2020). The educational experiences of disabled learners. He Whakaaro Education Insights. Ministry of Education.

⁵ Education Review Office, (2022). Thriving at School? Education for Disabled Learners in Schools. Education Review Office.

⁶ Education Review Office, (2022). Thriving at School? Education for Disabled Learners in Schools. Education Review Office.

4. Invest funding into more specialist school satellite classrooms to provide choice for parents.
5. Work with the Ministry of Disabled People – Whaikaha to develop improvements in teacher training that support teachers to meet the needs of disabled students.
6. Work with the Ministry of Disabled People - Whaikaha to look for ways to improve accountability for schools and school boards by reporting on learning and achievement outcomes of all disabled learners.
7. Use existing funding to support Kaupapa Māori settings to access tools, knowledge and skills so they can meet the needs of their disabled ākonga (students) with high quality programmes.
8. Work with the Ministry of Disabled People - Whaikaha to look for ways to identify disabled learners in education data so their needs and progress are better understood.
9. The Tertiary Education Commission (TEC) will continue monitoring provider progress on implementing their Disability Action Plans. The TEC will consult with disabled student representative groups including the National Disabled Students' Association on how this function is implemented.



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 expertise, and will provide accessible and inclusive workplaces throughout the employment lifecycle.

Measuring progress towards the goal for employment

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

- Employment rate for disabled adults (aged 15-64 years).
- Underutilisation rate for disabled adults (aged 15-64 years).
- Disability pay gap⁷.
- Percentage of employed disabled adults (aged 15-64 years) who were satisfied or very satisfied with their job.
- Percentage of disabled young people (aged 15-24 years) in employment, education, or training.

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 be able to participate in all levels of the workforce equal to non-disabled people, and this will be 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 supports and resources** that work for them. They will feel confident their needs during employment will be met and that employers 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.
- e) Disabled young people will have the **supports and information they need to transition from education** and training, into work.

Why change is needed

Being employed can provide a sense of purpose and fulfilment. Work can offer social connection and economic security, and supports wellbeing in other areas, like financial independence and better access to suitable housing.

⁷ We have calculated the disability pay gap as the proportional difference in median hourly earnings between non-disabled and disabled people.

Success in work can mean different things, and disabled people contribute in many ways, with volunteering and part or full-time work all being meaningful pathways. Work may not be an option for some disabled people, but they contribute in other ways.

Employers also benefit from having disabled workers, through lived experience perspectives, designing accessible goods and services, and helping attract a more diverse customer base.

Disabled people face many barriers 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 paid job, almost 3 quarters (72 percent) wanted to be employed. This reflects longstanding trends. Disabled women also face inequities in work. The Household Labour Force Survey shows that, in 2025, the pay gap for disabled women, when compared to all men, was 14.8 percent (and 9.6 percent compared to disabled men).⁸

Education and training are critical determinants of employment outcomes, but 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 percent not in employment, education, or training (NEET) – over 4 times the rate for non-disabled young people (11 percent) in the June 2025 quarter of the Household Labour Force Survey.

Common barriers to disabled people finding secure employment include complex and inaccessible recruitment practices, inaccessible workplaces, societal awareness and attitudes, discrimination by employers, and a lack of easy-to-access suitable supports. Employment pathways may not match the disabled person's interests and strengths, or their capabilities may be underestimated.

Workplaces often do not understand or apply disability inclusion. The process to employ a disabled person and provide reasonable accommodations can be complex and confusing. Employers may not have, or be aware of, tools to help hire and enable disabled workers. Support is needed for workplaces to help them meet the needs of disabled staff, including accessible infrastructure and access to digital and other technologies.

⁸ Ministry for Women, Disability | Ministry for Women

To improve disabled people's employment outcomes, key shifts are needed throughout the 'employment lifecycle':

- 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 the expectation that disabled people play a key part in the workforce and should be supported to thrive in transitions between education and training, and in career development opportunities.
- Employer preparedness: practical information, tools and resources to support employers to design jobs, recruit, and provide supportive work environments so disabled people remain in work and develop professionally. Employers and businesses should have support to build their capability and confidence, so the choice to hire disabled employees is easy.

There is a need for data and analysis to show what works, to share what works, and to understand where market settings may need to be adjusted.

Employment actions

To make progress towards the strategy's goal for employment, Government will:

Enable and support disabled people to thrive in careers that match their interests and strengths

1. Put information and guidance that helps disabled people to identify and match their skills and interests with job pathways in one place and make it accessible. This should include guidance for disabled people leaving school or education.
2. Review specialist employment supports, consulting with disabled people, to improve employment outcomes.
3. Work with disabled people, employers and employer networks to create mentor programmes – so disabled people can get career support from disabled professionals or employers.

Work with disabled people, employers and businesses to build disability confidence, capability and inclusion

4. Work with disabled people and support providers to create a repository of resources. The resources will include knowledge, success stories and practical information – helping employers and employer networks support disabled people.
5. Work with disabled people, their whānau and supporters, employers and employer networks, to promote and enable the design of jobs and workplaces for disabled people. This means:
 - inclusion of disabled people
 - flexible working arrangements and reasonable accommodations
 - assessing workplace accessibility.

Government agencies should lead by example in the employment of disabled people.

6. Create an awareness campaign for employers and employees. The campaign will include guidance on accessibility and inclusion, data and reports, and will highlight the positive impact of disabled people on workplaces.



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.

Measuring progress towards the goal for health

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.

Why change is needed

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 people 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. This contributes to people with an intellectual disability being 3.6 times as likely to have an avoidable hospitalisation.⁹

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

- 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

⁹ Beltran-Castillon, L, & McLeod, K. (2023). *From data to dignity: Health and wellbeing indicators for New Zealanders with intellectual disability*. IHC New Zealand.

- 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.

Disabled people were clear during consultation processes that early and consistent access to habilitation and rehabilitation services are important to maximise their quality of life and functional independence, according to their own goals and values.

The actions in this strategy also align with, and will support, the priorities of the Health of Disabled People Strategy.

Health actions

To make progress towards the strategy's goal for health, Government will:

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 healthcare – 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.



Housing

Goal for housing

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

Measuring progress towards the goal for housing

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

- Percentage of disabled people living in an owner-occupied home.
- Percentage of disabled adults (aged 15 years and over) who rated their housing affordability highly (7 or higher on 0–10 scale).
- Percentage of disabled adults who reported no major problems (cold, damp, mould, no major repairs needed) with their house or flat.
- Percentage of disabled adults (aged 15 years and over) who reported feeling safe or very safe at home by themselves at night.
- Average wait time for modified social housing on the:
 - Housing register
 - Transfer register.

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 range and features 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, cultural, family, and mental wellbeing. It helps to **protect disabled people from harm** and unsafe environments.

Why change is needed

Accessible¹⁰, 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 community, make them less reliant on support workers, and reduce injuries for disabled people, their whānau and carers. Other groups also benefit from accessible housing, such as older people, children, their parents, and people with temporary impairments, such as through illness or injury.

However, New Zealand has a large shortage of accessible housing, especially accessible housing that is affordable. Although data is limited, it is estimated that less than 2 percent of New Zealand housing is accessible.¹¹ At the same time need is increasing, in part because of the growing number of older people with age-related mobility and sensory impairments. Better data is needed on how much accessible housing exists, so suitable homes in the right places can be matched to disabled people's accessibility needs.

Accessible homes are less likely to be affordable for disabled people who have lower incomes on average and are less likely to own their own homes. Disabled people have expressed that affordability and poverty are key barriers to being able to choose where to live.

Evidence shows that many disabled people do not 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.¹²

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. Tāngata whaikaha Māori and Pacific disabled people report a lack of support

¹⁰ 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.

¹¹ 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.

¹² Disabled people need more care and support | Stats NZ

for intergenerational whānau living and having to choose between living in accessible housing and living with whānau. More affordable, accessible housing can help take pressure off residential care and create more choice and control for disabled people and their whānau.

Research has long shown that New Zealand housing and construction practices are not 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 housing modifications are delayed, 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. Even with accessible or modified housing, some disabled people – particularly those with high and/or complex needs – continue to experience barriers to living in the community without an increase in disability and housing supports.

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 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

To make progress towards the strategy's goal for housing, Government will:

1. Develop, consult on and promote clear definitions of accessible homes. These will describe 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).

2. Improve data matching between disabled people and social housing properties with appropriate accessible features that meet their needs. This will help 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. This is particularly important for those with high and/or complex needs. Data collected could inform future investment in the supply of social housing.

3. Identify any barriers to increasing supply of affordable, accessible houses in the private market and investigate how these barriers could be removed.

Understanding barriers to the supply of accessible housing will help target potential interventions to improve supply.

4. Review the housing modification system and look at ways to improve it.

Making the housing modification system more efficient could reduce current problems: inaccessibility of homes, increased costs and health and safety issues for disabled people, whānau and carers.

5. Collect and publish annual data on disabled people's housing needs, to compare with the housing being built in each region. This could help encourage the housing market to produce more accessible housing.

This will help to fill the gap in data on accessible housing and raise the profile of the demand for accessible homes. Data can also be used to measure progress in increasing the supply of accessible housing.

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.

7. Review the social housing system, including considering the diverse needs of disabled people and how these could be addressed.



Justice

Goal for justice

Disabled people's human rights and freedoms will be protected, and their disability rights will be realised.¹³ Disabled people will be treated fairly and equitably by the justice system and will be supported to meaningfully participate. Justice system policies and practices will embed accessibility, inclusion and lived experience.

Measuring progress towards the goal for justice

Progress on the goal for justice will be measured using these age-standardised indicators:

- Percentage of disabled adults (aged 15 years and over) who experienced at least one offence in the last 12 months (age-standardised).
- Percentage of disabled adults (aged 15 years and over) who had high levels of trust in the justice system (rating of 4 or 5 on a 1-5 scale).
- Average (mean) rating (on a 0-10 scale) for feelings of safety for disabled adults (aged 15 years and over).
- Proportion of disabled adults (aged 15 years and over) who say they have been treated unfairly by the criminal justice system.

What success in justice means

For disabled people, success in access to justice means:

- a) All 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, and their families and whānau, 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 respected and upheld**, 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 1990**.
- e) The **justice sector workforce will have the right skills and capabilities to uphold the rights of disabled people**.¹⁴ 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**.

¹³ "Realised" reflects the principle of progressive realisation under the UNCRPD, which recognises that full implementation of rights may take time. The justice system has a fundamental responsibility to uphold and protect the rights and freedoms of disabled people.

¹⁴ The justice workforce includes police officers, call centre staff and detectives; social workers, youth workers, and lawyers; Corrections staff (including case managers and probation officers), Youth Justice residence staff, and court staff.

Why change is needed

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

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 Survey¹⁵ shows that:

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

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.

This data 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 at greater risk of abuse than non-disabled people, such as those who require intimate personal care. In family violence situations, disabled people may face controlling behaviour including by family members or carers, where their access to support, communication, or decision-making is restricted. Addressing these issues requires systemic safeguards and accountability.

Some may have their decisions made by others who might misuse their powers. This highlights the importance of disabled people being empowered to take their own decisions with appropriate support. Disabled people face barriers to reporting crime and abuse, like fear of punishment, losing essential support, or facing assumptions that they lack credibility or competence.

¹⁵ 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.

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.

Data is limited, but the available evidence suggests 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. 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 children and young people offending.

Disabled people report facing 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. 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. Disabled people's behaviour may be incorrectly seen as threatening, non-compliant or unreliable, leading to unnecessary escalations.

Disabled people also report facing 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, raising concerns about fairness. 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”. Unfitness can also be a ground for removing guardianship of children under the Care of Children Act 2004. Ableist assumptions about disabled people’s parenting can create risks that may lead to their children being removed.

Tāngata whaikaha Māori note that a lack of Māori-led justice initiatives that are inclusive of them, mean they are not always supported in ways that reflect Māori values like tikanga, whakapapa, and mana motuhake.

Disabled people, particularly those who belong to more than one population group, are not sufficiently visible in criminal justice system data – such as tāngata whaikaha Māori, Pacific disabled people, Rainbow disabled people, and young disabled people in youth justice. The prevalence of disability among ‘crossover children’, who move from the care and protection response to their offending as a child, into the youth justice system, is thought to be significant, although estimates vary.¹⁶

Justice actions

To make progress towards the strategy’s goal for justice, Government will:

1. 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.
2. Carry out a cross-agency project to fix gaps in information about disabled people’s experiences of crime. This will include disabled people in residential and secure facilities, and issues like cyberbullying.
3. Develop a social investment plan for early intervention and support, to reduce disabled children and young people entering the youth justice system.
4. The Law Commission has been asked to review the Criminal Procedure (Mentally Impaired Persons) Act 2003 (CPMIP).¹⁷

¹⁶ Faasen, K., Martin, G., Potiki, M., & Jenkin, G., Evidence Brief: Primary Healthcare Needs of Disabled Children in Care and Protection, 2023, p. 3

¹⁷ The Law Commission is independent from government and will begin its review in 2026. The Commission is expected to engage with relevant agencies as part of developing the terms of reference.

This review is expected to look at the interface of the CPMIP with other relevant legislation, such as the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 and Mental Health (Compulsory Assessment and Treatment) Act 1992.

5. Review, as work programmes allow, protections for disabled people in family law, including adoption, guardianship and personal property rights.

Reviews will consider where stronger provisions or support are needed, supported decision-making, and using plain language in key justice sector legislation and processes.

Reviewing human rights legislation, including whether additional protections against discrimination are needed, should also be considered as work programmes allow.

6. Weave understanding from safeguarding approaches for disabled people into the multi-agency responses to family violence. This includes training the workforce to make sure disabled people experiencing violence and abuse receive a safe, coordinated response centred on their needs.
7. Create a plan to train the justice sector workforce so it is more disability competent, including Deaf cultural competence and using mana and trauma informed practices. This plan will increase disabled people in the workforce and consider mandatory professional standards.



How we will measure progress

The Ministry of Disabled People – Whaikaha will measure progress against the strategy in 2 ways.

Firstly, an implementation plan will be developed after the strategy is released, and will be published on the Ministry website. The implementation plan will confirm which government agencies are leading or co-leading actions, and will sequence and deliver the actions over 5 years. Agencies will be asked to provide progress updates on the actions they are responsible for. This will allow the Ministry to monitor implementation of the strategy across the system.

Secondly, the Ministry has developed an indicator framework to measure the impact of the strategy at a system level. These indicators will measure whether the strategy is improving outcomes for disabled people, and whether we are making progress towards the descriptions of what success means.

If the strategy is implemented successfully, we expect these indicators to change over the medium- to long- term. However, indicators can also be influenced by factors that are unrelated to the strategy. This will be taken into account as part of the annual reporting process for the strategy, along with reporting on the progress of specific actions.

For each priority outcome area, the Ministry has identified 4-5 primary indicators that are included in the relevant sections of the strategy, along with a small number of overarching measures to measure progress towards the overall vision and principles. These primary indicators are provided as Appendix 2.

The primary indicators will also be published in an interactive dashboard alongside supporting measures that 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. The dashboards will be updated at least annually, as new data becomes available.

As implementation of the strategy progresses, there is also scope to add progress indicators on individual actions to the dashboards.

Both the agency reporting on progress of individual actions, and the system level monitoring of key indicators will feed into an annual public report on progress in implementing the 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. 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.

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/or 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 rights

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.

Tāngata whaikaha Māori

This term refers to Māori disabled people. This term also means Māori people who are determined to do well and who focus on their abilities.

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.



Appendix 2:

Primary indicators for measuring progress on strategy

Measure	Baseline	Source	Desired trend
Vision and principles <i>New Zealand is an equitable and accessible place for all disabled people and their whānau – where disabled people thrive, contribute, and choose the lives they want to lead.</i>			
Principles: • Accessibility • Self-determination • Upholding equity, culture and identity • Participation and inclusion • Respect and dignity			
Percentage of disabled adults (aged 15 years and over) who rated their overall life satisfaction highly (7 or higher on a 0-10 scale).	Total: 61.0% Māori: 57.9% Pacific: 69.1% (pooled data 2021/22 to 2023/24)	NZ Health Survey 2023/24	Up
Percentage of disabled adults (aged 15 years and over) who rated the level of control they feel they have over their lives highly (7 or higher on a 0–10 scale).	Total: 57.9% Māori: 57.2% Pacific: 72.7%	General Social Survey 2023	Up
Percentage of adults (aged 15 years and over) who felt comfortable or very comfortable about a new neighbour who had a disability or long-term health condition.	84.6%	General Social Survey 2023	Up
Percentage of children in disabled households living in material hardship.	Total: 22.6%	Household Economic Survey year ended June 2024	Down

Measure	Baseline	Source	Desired trend
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.			
Percentage of disabled adults (aged 15-64 years) with a school qualification or higher.	Total: 68.6% Māori: 58.6% Pacific: 56.1%	Household Labour Force Survey June 2025 quarter	Up
Percentage of disabled young people (aged 12-18+ years) attending secondary school who attend school most or all of the time.	Total: 93.0% Māori: 87.0% Pacific: 85.0%	Youth Health and Wellbeing Survey 2025	Up
Percentage of disabled young people (aged 15-24 years) in employment, education, or training.	Total: 47.9% Māori: 41.0%	Household Labour Force Survey June 2025 quarter	Up
Percentage of disabled young people (aged 12-18+ years) attending secondary school who agreed or strongly agreed that people expect them to do well at school, kura, or education provider.	Data available in early 2026	Youth Health and Wellbeing Survey 2025	Up
Percentage of disabled adults (aged 15-64 years) who held high trust for the education system (7 or higher on a 0-10 scale).	Total: 31.9% Māori: 27.5% Pacific: 39.9%	General Social Survey 2023	Up

Measure	Baseline	Source	Desired trend
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 expertise, and will provide accessible and inclusive workplaces throughout the employment lifecycle.			
Employment rate for disabled adults (aged 15-64 years).	Total: 38.2% Māori: 33.3% Pacific: 26.4%	Household Labour Force Survey June 2025 quarter	Up
Underutilisation rate for disabled adults (aged 15-64 years).	Total: 24.4% Māori: 28.3% Pacific: 39.6%	Household Labour Force Survey June 2025 quarter	Down
Disability pay gap ¹⁸ .	Total: 8.6%	Household Labour Force Survey June 2025 quarter	Down
Percentage of employed disabled adults (aged 15-64 years) who were satisfied or very satisfied with their job.	Total: 65.9% Māori: 75.7% Pacific: 61.5%	General Social Survey 2023	Up
Percentage of disabled young people (aged 15-24 years) in employment, education, or training.	Total: 47.9% Māori: 41.0%	Household Labour Force Survey June 2025 quarter	Up

¹⁸ We have calculated the disability pay gap as the proportional difference in median hourly earnings between non-disabled and disabled people.

Measure	Baseline	Source	Desired trend
Health – Disabled people will achieve the highest possible standard of health and wellbeing. They will decide what this means for themselves and their whānau.			
Percentage of disabled people with good, very good, or excellent self-rated health.	Adults (15 years and over): Total: 60.0% Māori: 48.8% Pacific: 67.7% (pooled data 2021/22 to 2023/24) Children (5-14 years, parent-rated, pooled data 2022/23 to 2023/24): Total: 86.0% Māori: 84.5% Pacific: 88.9%	NZ Health Survey 2023/24	Up
Percentage of disabled adults (aged 15 years and over) who reported that the health care professional at their most recent appointment involved them as much as they wanted in making decisions about their treatment and care.	Total: 87.2% Māori: 86.7% Pacific: 86.6%	HQSC adult primary care patient experience survey 2024	Up
Percentage of disabled adults (aged 15 years and over) who had unmet need for a GP.	Data available in late 2025	NZ Health Survey 2023/24	Down
Percentage of adults (aged 15 years and over) with a disability, impairment, or long-term health condition who felt their accessibility needs were met.	Total: 82.6% Māori: 80.7% Pacific: 81.9%	HQSC adult primary care patient experience survey 2024	Up

Measure	Baseline	Source	Desired trend
Housing – Disabled people and their whānau have affordable, safe, healthy, secure, and accessible homes that meet their needs and support their independence.			
Percentage of disabled people living in an owner-occupied home.	Total: 59.1%	Household Economic Survey 2024	Up
Percentage of disabled adults (aged 15 years and over) who rated their housing affordability highly (7 or higher on 0–10 scale).	Total: 40.2% Māori: 35.5% Pacific: 38.4%	General Social Survey 2023	Up
Percentage of disabled adults who reported no major problems (cold, damp, mould, no major repairs needed) with their house or flat.	Total: 32.9% Māori: 18.3% Pacific: 14.6%	General Social Survey 2023	Up
Percentage of disabled adults (aged 15 years and over) who reported feeling safe or very safe at home by themselves at night.	Total: 71.6% Māori: 74.6% Pacific: 59.7%	General Social Survey 2023	Up
Average wait time for modified social housing on the: Housing register Transfer register.	410 days 1115 days	MSD, January 2025	Down

Measure	Baseline	Source	Desired trend
Justice – Disabled people's human rights and freedoms will be protected, and their disability rights will be realised. ¹⁹ Disabled people will be treated fairly and equitably by the justice system, and will be supported to meaningfully participate. Justice system policies and practices will embed accessibility, inclusion and lived experience.			
Percentage of disabled adults (aged 15 years and over) who experienced at least one offence in the last 12 months (age-standardised).	Total: 39.6% Māori: 46.3% Pacific: 38.4% (pooled data cycle 1 to cycle 7)	NZ Crime and Victims Survey (cycle 7)	Down
Percentage of disabled adults (aged 15 years and over) who had high levels of trust for the justice system (rating of 4 or 5 on a 1-5 scale, age-standardised).	Total: 36.4% Māori: 27.0%	NZ Crime and Victims Survey (cycle 7)	Up
Average (mean) rating (on a 0-10 scale) for feelings of safety for disabled adults (aged 15 years and over, age-standardised).	Total: 7.9 Māori: 8.1 Pacific: 8.0	NZ Crime and Victims Survey (cycle 7)	Up
Proportion of disabled adults (aged 15 years and over) who say they have been treated unfairly by the criminal justice system in the last 12 months (age-standardised).	Total: 52.9% Māori: 38.8%	NZ Crime and Victims Survey (cycle 7)	Up

¹⁹ "Realised" reflects the principle of progressive realisation under the UNCRPD, which recognises that full implementation of rights may take time. The justice system has a fundamental responsibility to uphold and protect the rights and freedoms of disabled people.

Published December 2025

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Web: www.whaikaha.govt.nz

ISBN: 978-1-991429-04-9 (print)

ISBN: 978-1-991429-05-6 (online)



**Te Kāwanatanga
o Aotearoa**
New Zealand Government