

Draft New Zealand Disability Strategy 2026-2030

**Submissions on behalf of The Law Association of New Zealand by the
Mental Health and Disability Law Committee**



INTRODUCTION

The Law Association of New Zealand (TLANZ) is an independent membership organisation for the New Zealand legal profession with more than 8,000 members. TLANZ maintains expert law committees that support legal review and policy advocacy on important issues. The Mental Health and Disability Law Committee (the Committee) appreciates the opportunity to submit on the Draft New Zealand Disability Strategy 2026-2030 (the Strategy).

SUBMISSION

1. The Committee generally supports the proposed Strategy and notes that it takes important strides towards realising a better future for New Zealand's disabled people.
2. However, we have identified several areas that we wish to comment on under each priority outcome area. We believe that the Strategy does not go far enough and does not use sufficiently strong language and actions to achieve its proposed vision of making New Zealand an accessible and equitable society for disabled people. Careful and considered changes are necessary to ensure that the Strategy can go from paper into practice and ensure that it genuinely helps disabled people to thrive, lead, and participate in all aspects of life.
3. This submission will comment on aspects of each priority outcome area in turn, and in the order they are set out in the Strategy.

Education

Early intervention

4. The Committee supports the action at point 1 to “[i]nvest \$266 million to expand early intervention services to support the identification of learning support needs early in a child’s life and reduce wait times for assessments and services”.
5. This is a much-needed investment. It is well-known that early intervention is key in helping our young people to get the best start possible and set them up for life. This is particularly important given that 51 per cent of disabled people in school education report having at least one unmet need and only 36 per cent receive resource teacher or teacher aide support.¹ We know that disabled people, on average, have lower rates of educational attainment than non-disabled people, which has long-term impacts on lower levels of employment, greater dependency on government benefits, and lower average personal incomes.² We also know that poverty and low income are more strongly associated with criminal offending, both as a perpetrator and a victim.³
6. However, the Strategy must also provide for expanded intervention services at all levels of the education system. While early intervention is best, there remain scores of learners throughout the education system who have missed out on such programmes. As stated above, 51 per cent

¹ Whaikaha Ministry of Disabled People “Infographic on disability and education” <<https://www.whaikaha.govt.nz/assets/Data-Insights/Education-A3-final-PDF.pdf>>.

² Stats NZ “Measuring inequality for disabled New Zealanders: 2018” (28 October 2020) <<https://www.stats.govt.nz/reports/measuring-inequality-for-disabled-new-zealanders-2018/>>.

³ Ministry of Justice “Who experiences crime?” (4 March 2020) <<https://www.justice.govt.nz/justice-sector-policy/research-data/nzcvs/nzcass/survey-results/who-experiences-crime/>>.

of disabled people in school education have at least one unmet need. In post-school education, 34 per cent of disabled learners still have at least one unmet need.⁴

7. Learning support needs do not disappear the further a student gets in their education. Learners of all stages benefit from intervention to identify their learning support needs and put plans in place to support them, whatever that may look like. There must be sufficient funding across early childhood, primary, secondary, and tertiary education to provide for this.
8. The Strategy must also ensure that these early intervention services are of such depth that they can identify a wide range of learning support needs and not just those that have the highest, or most obvious, needs. For example, boys with ADHD are diagnosed at four times the rate as girls with ADHD.⁵ The same applies to autism spectrum disorder, where boys are diagnosed at a rate five times higher than girls.⁶ There are a plethora of reasons behind these statistics, including that diagnostic criteria and studies have historically been focused on boys and males, media perpetuation of gendered stereotypes, and the socialisation of girls that may lead to neurodivergence being presented differently.⁷
9. The Strategy must ensure that this increase in early intervention funding does not continue to only identify the most 'obvious' presentations of those in need of learning support. It must be of such sufficiency that it is available to all disabled students of all different levels of support needs.

Reducing wait times using private providers and NGOs

10. It is clear that public providers of learning support services are overwhelmed and underfunded. However, the use of additional private providers and NGOs to reduce wait times for support is a crutch and is unsustainable in the long run. Priority must be given to ensuring that there is sufficient funding available to enable existing public and contracted providers to provide quality services and meet demand. These providers should not be "burnt out" by their workloads.⁸ The Strategy must not be designed in such a way that it can only be achieved by outsourcing to the private sector instead of seeking to strengthen and adequately support existing public and contracted providers.

Reporting on learning outcomes for disabled students

11. This proposal is a great start. It is essential that we have the data to see whether or not plans and actions to support disabled students are effective.
12. The Strategy must carefully consider by what standards disabled students' learning and achievement outcomes are being measured. The Strategy must ensure that such reports are not measured solely against reports on the learning and achievement outcomes for non-disabled learners. This comes with a risk of deficit framing and only counting success in disabled students' educational achievement if it is on par with their non-disabled peers.
13. There is massive diversity under the term 'disabled'. Some disabled students may far exceed the educational achievements of their non-disabled peers. Some disabled students may never reach

⁴ Above n 1.

⁵ Jessica May Goodman "Neurodivergence and Marginalised Gender - a thematic analysis of womens' and gender-diverse peoples' experiences of ASD and ADHD" (BA(Hons) Dissertation, Massey University, 2003) at 1.

⁶ At 8.

⁷ At 7.

⁸ John Gerritsen "Schools failing autistic and other neurodivergent – report" Radio New Zealand (13 May 2024) <<https://www.rnz.co.nz/news/national/516641/schools-failing-autistic-and-other-neurodivergent-children-report>>.

the level of educational achievements of their non-disabled peers. What truly matters is that each disabled learner is supported to reach the highest levels of educational achievement that they can and wish to achieve. It should not be seen as a failure of the Strategy or of a disabled learner if they cannot reach mainstream standards.

14. It cannot be the only marker of achievement, and disabled educational achievement should be considered in its own right as well as by other conventional standards.

Employment

Goal for employment

15. The goal for employment is that “[d]isabled people will have meaningful career opportunities, equal to non-disabled people, and be valued in the same way.” This is a noble goal and one that our Committee supports.
16. The concern here is that the standard set out differs from that set out under the other priority outcome areas. It also falls short of the “equitable” standard set out in the Strategy’s vision.
17. Here, the term “equal” is used. In Health and Justice, the term “equity” is used. Equal suggests a lower standard than equity. Equal suggests that, under the Strategy, disabled people would have the same meaningful career opportunities as non-disabled people. It suggests that by simply having the same career opportunities on an equal footing, the Strategy can mitigate the current poor statistics on disabled people and employment.
18. According to the data insights provided alongside the Strategy, over 25 per cent of disabled people are either underemployed, unemployed, or underutilised. This is compared to just over 10 per cent of non-disabled people. The hourly median wage gap between disabled and non-disabled people is 7.6 per cent as of June 2024, and the weekly pay gap is 14 per cent. 30 per cent of employers said they were unwilling to hire disabled people. 34 per cent of disabled workers have an unmet need in the workplace. 72 per cent of unemployed disabled adults want to be in paid work.⁹
19. These statistics need improving. If the Strategy is to get close to improving some of these numbers and achieving its vision of an equitable society, it must increase its standards here.
20. Equity recognises that as long as there is discrimination in our society, equality will not be enough. It understands that sending a disabled and non-disabled person to the same job interview, in the same professional clothing, with the same interview preparation and relevant training, will be nothing if the disabled person is a wheelchair user and the building does not have an accessible ramp, or if the disabled person is Deaf without a New Zealand Sign Language interpreter, or if the disabled person is dyslexic and any pre-interview documents are not available in a dyslexic-friendly format.
21. The distinction is particularly important given that equity is used elsewhere in the Strategy. It suggests that improving employment outcomes for disabled people is not considered as important as improving health and justice outcomes. We would contend that they are all interconnected, and that one cannot improve without the other. There is a clear association

⁹ Whaikaha Ministry of Disabled People “Infographic on disability and employment”
<<https://www.whaikaha.govt.nz/assets/Data-Insights/Employment-A3-Final-PDF.pdf>>.

between unemployment and low-income work, and poor health outcomes.¹⁰ There is also a clear connection between lower socioeconomic status and an increase in criminal offending.¹¹ Low socioeconomic status also impacts one's ability to afford safe and healthy housing¹² and to participate in education.¹³

22. It follows that the Strategy should be amended to ensure equity is the uniform standard for all priority outcome areas. Equality is not enough.

Highlighting the positive impact of disabled people on workplaces

23. It is great that the Strategy wants to highlight the positive impact of disabled people on workplaces to help get more disabled people into employment. However, the Strategy must ensure that corresponding obligations are placed on employers. It is unfair and inherently counterproductive for workplaces to benefit from the positive impact of employing disabled people without having a clear obligation to make the appropriate changes and accommodations both physically in their workplace and to their workplace policies to ensure disabled people can thrive in their employment.

Health

Accessibility needs and NHI

24. It is excellent to see the focus on self-determination in health for disabled people in the Strategy. It is important that this applies to the proposed action of enabling disabled people to record their accessibility needs against their NHI number. This action is essential in giving disabled people agency and in avoiding the tireless repetition of accessibility needs when visiting different health providers, particularly as disabled people are more likely to see multiple specialist health providers each year.¹⁴
25. However, this action must be implemented carefully to ensure that the privacy of disabled people continues to be protected and that disabled patients can choose not to share their accessibility needs with particular health providers. Disabled people in general are more likely to face stigma and discrimination in the healthcare system.¹⁵ Only 44 per cent of disabled people report having trust in the health system.¹⁶
26. This particularly applies to disabled people whose disabilities are 'hidden', such as neurodivergent people. One study found that many autistic people feared that their health needs

¹⁰ Stats NZ "Unemployed people less satisfied with life" (18 August 2020) <<https://www.stats.govt.nz/news/unemployed-people-less-satisfied-with-life/>>.

¹¹ Department of Corrections "Risk factors for (repeated) criminal behaviour" <<https://www.corrections.govt.nz/resources/research/risk-assessment-of-recidivism-of-violent-sexual-female-offenders/risk-factors-for-repeated-criminal-behaviour>>.

¹² Stats NZ "Household income and housing-cost statistics: Year ended June 2024" (20 February 2025) <<https://www.stats.govt.nz/information-releases/household-income-and-housing-cost-statistics-year-ended-june-2024/>>.

¹³ Red Bow "Key issues of education in New Zealand" (4 July 2025) <<https://redbow.org.nz/blog/key-issues-education-new-zealand>>.

¹⁴ Whaikaha Ministry of Disabled People "Infographic on disability and health" <<https://www.whaikaha.govt.nz/assets/Data-Insights/Health-A3-final-PDF.pdf>>.

¹⁵ World Health Organisation "Disability" (7 March 2023) <<https://www.who.int/news-room/fact-sheets/detail/disability-and-health>>.

¹⁶ Above n 14.

may be dismissed if they shared the fact that they were autistic with health professionals.¹⁷ Focus must also be placed on educating health professionals on all disabilities, but particularly those commonly misunderstood, like neurodiversity, to ensure that patients can feel consistently safe in disclosing their accessibility needs to a wide range of health professionals. This work must be, not should be, implemented with the data sovereignty of disabled people top of mind.

Other healthcare factors

27. While the actions set out by the Strategy are generally positive, it fails to address many of the pressing concerns disabled people have when it comes to their healthcare. Disabled people are more likely to have an unmet need by their GP, with appointment wait time being the most common cause behind this unmet need. Disabled people are 35 per cent more likely to put off visiting a doctor because of cost. This rises to 54 per cent for Tāngata Whaikaha Māori. Half of disabled adults have chronic pain compared to 17 per cent of non-disabled adults.¹⁸
28. None of the actions in the Strategy directly address these concerns. It is understood that this is a strategy and cannot be a fix-all for the complex array of problems our healthcare system faces. However, the Strategy cannot come close to achieving its vision if it does not go to the core of why disabled people continue to have far poorer health outcomes than their non-disabled peers.

Housing

Government housing policy and homelessness

29. The actions suggested here are good. However, they must be considered in light of the Government's current general housing policy.
30. In the past year, the Government has tightened eligibility requirements for emergency housing and reduced the number of emergency houses available.¹⁹ This has included increased scrutiny on whether an emergency housing applicant had "unreasonably contributed" to their own situation" and whether or not they had taken "reasonable efforts" to explore other housing options.²⁰
31. Since these changes, the homeless population has increased significantly. Auckland Council outreach teams have recorded a 90 per cent increase in people sleeping rough compared to September 2024.²¹ In the Government's Homelessness Insights Report, released in July 2025, it was found that 14 per cent of those leaving emergency housing "may be living without shelter".²²
32. It is incredibly difficult to collect accurate data on homeless people, let alone what proportion of homeless people are disabled. However, we know from the 2023 Census that disabled people

¹⁷ Altogether Autism "Revealing research: Healthcare barriers faced by autistic people" (29 April 2024) <https://www.altogetherautism.org.nz/revealing_research_healthcare_barriers_faced_by_autistic_people>.

¹⁸ Above n 14.

¹⁹ Radio New Zealand "Emergency housing access tightens, homelessness rises" (7 March 2025) <<https://www.nzherald.co.nz/nz/emergency-housing-access-tightens-homelessness-rises/F17ZV255WNDGREYNQQOFCWGTI4/>>.

²⁰ Above n 19.

²¹ Radio New Zealand "Homeless situation in Auckland now at 'crisis point' – council committee" (29 July 2025) <<https://www.rnz.co.nz/news/national/568368/homeless-situation-in-auckland-now-at-crisis-point-council-committee>>.

²² Ministry of Housing and Urban Development "Homelessness insights" (June 2025) <<https://www.hud.govt.nz/assets/Uploads/Documents/Homelessness/Homelessness-insights-report-June-2025-PDF-1.0.pdf>>.

were substantially more likely to experience severe housing deprivation.²³ We also know that disabled people are far more likely to have poorer educational, employment and health outcomes, all of which are key predictors of homelessness.²⁴

33. Therefore, the Strategy cannot be divorced from the reality of current Government policy. Even if it does not purport to directly negatively impact disabled people, it is clear that it does so indirectly. The Strategy must include specific actions related to preventing homelessness for disabled people and helping homeless disabled people into safe, warm and accessible housing.

Barriers to increasing the supply of accessible housing

34. It is positive that the Strategy is setting out to identify possible barriers to increasing the supply of accessible houses in the private market and investigating opportunities to remove those barriers. However, once again, this cannot be looked at in isolation from current Government policy.
35. Current Government policy is for more houses to be built to accommodate our growing and changing population.²⁵ The most common type of new build housing is now terraced housing.²⁶ A 2024 Auckland Council report found that these medium-density houses commonly struggle to be fit-for-purpose even for non-disabled people.²⁷ For example, it found that the average size of these houses was smaller than the best practice guidelines. The amount of room available for people to move around furniture or access other parts of the house was limited by these narrow layouts. Storage was often inadequate, functionality reduced, space for parking cars was greatly limited, and the ability to have friends and family over to socialise was significantly impacted.²⁸
36. These factors have even greater impacts on disabled people. Particularly for those with physical disabilities, limited space for movement around the home impacts independence and quality of living. Storage space for mobility aids is also of particular importance. The inability to park cars near a home's entrance also impacts mobility and independence. For disabled people who are already more likely to be lonely, the inability to have friends and family over to socialise is especially detrimental. Moreover, terraced housing is often multi-storey, and stairs self-evidently have accessibility issues.
37. As such, the Strategy must take this into account when considering what barriers there are to increase the supply of accessible homes in the private sector. It cannot avoid the fact that the most common type of new build home is one that is inherently inaccessible by design.
38. This issue also highlights the need for mandatory minimum standards above mere guidelines. Guidelines are a good start. However, it is clear with the pace that terraced and other generally inaccessible, medium-density housing is being built that private developers are, by and large, unwilling to act unless directly mandated to.

²³ Whaikaha Ministry of Disabled People "Infographic on disability and housing"
<<https://www.whaikaha.govt.nz/assets/Data-Insights/Housing-A3-final-PDF.pdf>>.

²⁴ Whaikaha Ministry of Disabled People "Data Insights in education, employment, health, housing and justice"
<<https://www.whaikaha.govt.nz/about-us/our-work/new-zealand-disability-strategy-refresh/data-insights-in-education-employment-health-housing-and-justice>>.

²⁵ National Party "Going for housing growth" <<https://www.national.org.nz/policies/housing-growth>>.

²⁶ Bayleys "New build terraced housing update – Q1 2024" (11 April 2024)
<<https://inthenorth.bayleys.co.nz/insightsanddata/new-build-terraced-housing-update-q1-2024>>.

²⁷ Knowledge Auckland "Life in medium density housing in Tāmaki Makaurau/Auckland Summary" (2024)
<<https://www.knowledgeauckland.org.nz/publications/life-in-medium-density-housing-in-tamaki-makaurau-auckland-summary/>>.

²⁸ Above n 27.

Justice

Safeguarding from abuse and Government policy

39. Promising to safeguard disabled people, including children in care, from abuse, neglect and violence, cannot be divorced from Government policy.
40. The Strategy has set out that success in access to justice for disabled people means protecting disabled people, including children, young people and adults in care, from abuse, neglect and violence. The Strategy cannot include this while the Government continues to go ahead with its current youth justice policy.
41. In May this year, \$33 million was allocated to fund future youth boot camps, with a further \$16 million going towards establishing the Youth Serious Offender category to provide the framework to send serious youth offenders to boot camps.²⁹ There is overwhelming evidence that these boot camp programmes do not work.³⁰ In the Government's first 12-month boot camp pilot programme, 7 out of 10 of the youth offenders went on to reoffend, despite the primary goal of the programme being to stop reoffending.³¹ While there are no statistics on how many of these participants are disabled, studies have found that disabled youth, particularly neurodivergent youth, are grossly overrepresented in the youth justice system.³²
42. The recent Royal Commission of Inquiry into Historical Abuse in State Care investigated a government-funded youth "boot camp" programme called Whakapakari that ran from 1979 to 2004.³³ Youth participants at Whakapakari suffered from extreme abuse at the camp and were medically, educationally and physically neglected.³⁴ The government ceased funding of Whakapakari in 2004 based on research that "boot camp type environments do not affect positive change, especially to reduce reoffending."³⁵ This was despite government research in 1983 finding that 71 per cent of young people reoffended within 12 months of release, a 1988 report finding that reconviction rates of young offenders in boot camp settings were at a high of 92 per cent, and multiple disclosures of abuse that the government failed to respond to.³⁶ In 2017, the former Minister of Child, Youth and Family, Hon Ruth Dyson, said that in funding the boot camp programme, the state was "funding violence and abuse towards children and young people."³⁷

²⁹ Jamie Ensor "Budget 2025: The 10 things you need to know" Sunlive (22 May 2025)

<<https://www.sunlive.co.nz/news/366322-budget-2025--the-10-things-you-need-to-know.html>>.

³⁰ Teuila Fuatai "Healing won't happen in a bootcamp" E-Tangata (28 July 2024) <<https://e-tangata.co.nz/comment-and-analysis/healing-wont-happen-in-a-bootcamp/#:~:text=Extensive%20research%20on%20those%20efforts,bootcamps%20run%20in%20the%201990s.>>>.

³¹ Julia Gabel and Jamie Ensor "Military style bootcamps: Seven out of 10 participants reoffended but official says there were 'successes'" The New Zealand Herald (8 August 2025) <https://www.nzherald.co.nz/nz/politics/military-style-bootcamps-seven-participants-reoffended-but-official-says-there-were-successes/ZT64KFHPJNAGNIS3V6ZJVN6JTA/#google_vignette>.

³² Ian Lambie "What were they thinking? A discussion paper on brain and behaviour in relation to the justice system in New Zealand" Office of the Prime Minister's Chief Science Advisor (20 January 2020) <https://www.dpmc.govt.nz/sites/default/files/2022-04/PMCSA-20-02_What-were-they-thinking-A-discussion-paper-on-brain-and-behaviour.pdf>.

³³ Abuse in Care Royal Commission of Inquiry "Boot Camp: Te Whakapakari Youth Programme" (2024) <<https://www.abuseincare.org.nz/reports/whanaketia/case-studies/case-study-whakapakari/executive-summary>>.

³⁴ Above n 33.

³⁵ Above n 33.

³⁶ Above n 33.

³⁷ Above n 33.

43. The Royal Commission did accept that this was an “extreme version” of what is referred to as a “fully funded failure model”.³⁸ However, once more, the Strategy cannot divorce its goals and actions from Government policy. The Strategy cannot set out an action to protect disabled people from abuse without taking into account the Government continues to fund a programme based on a model shown to have been once used as a vehicle for state-funded “violence and abuse”. This is particularly so given that the Strategy states that its proposed safeguarding initiatives are aligned with the Government’s formal response to the Royal Commission’s recommendations, which include ensuring that such atrocities are never allowed to happen again in Aotearoa.”³⁹

Social investment plan

44. Our Committee strongly supports the proposed action to develop a social investment plan for early intervention and support, to reduce the number of disabled children and young people entering the youth justice system. However, other actions, such as the action at point 7 to make the justice sector workforce more disability competent, involve developing and implementing a plan. This action must be changed to ensure that the action to develop a plan is also implemented. With no requirement to implement the plan, it risks having little weight to contribute towards achieving the Strategy’s vision and making tangible change on what is an incredibly pressing issue.

Consistent consideration of rights

45. Additionally, the Strategy sets out that it considers success here to mean that disabled people who interact with the criminal justice system have their rights and accessibility needs consistently considered. This standard does not go far enough. Their rights must always be considered, and the Strategy must plug any potential gaps where their rights could go unconsidered, even from time to time.

Strengthening the justice workforce

46. We also strongly support the action to develop and implement a plan to increase the recruitment and retention of disabled people in the justice sector workforce and urge that this be a core focus. We believe this will be supported in the long-term by positive changes to help the educational attainment of disabled people. We also believe that mandatory professional standards must be considered in the short-term to ensure that the workforce has lived experience, which works to the benefit of all involved across all levels of the system.

CONCLUSION

47. The Strategy in its current form is positive and promising. However, that is all it is. It is not nearly as ambitious or as far-reaching as it needs to be to meet its vision of achieving an accessible and equitable society for disabled people, where they can thrive, lead, and participate in all aspects of life. The language it uses is consistently too weak and does not align with how dire the current state of disability policy is in Aotearoa New Zealand.
48. The information is clear. The statistics are clear. The feedback and advice from disabled people themselves is clear. Things are not good enough, and change is desperately needed. The Strategy makes a great start and is a marked improvement on past iterations. Yet, careful and considered

³⁸ Above n 33.

³⁹ Above n 33.

changes must be made to the Strategy if it is to make a long-overdue, positive and tangible difference to the everyday lives of disabled people in Aotearoa New Zealand.

Thank you for the opportunity to make submissions in respect of the draft New Zealand Disability Strategy 2026-2030. We are available to discuss our submissions, if required. Should clarification be required with regards to any matters raised, please contact Daniel Conway, Head of Legal at TLANZ: daniel.conway@tlanz.nz

ACKNOWLEDGMENTS

The Committee acknowledges the contribution to this submission by its member, Kate MacKay.

Ngā mihi,

A handwritten signature in blue ink, appearing to read 'Caroline Reynolds', with a stylized flourish extending to the right.

Caroline Reynolds,
Mental Health & Disability Law Committee (on behalf of Committee Convenor – in absentia)

The views represented in this submission are not necessarily representative of the views of all TLANZ members but are those of individual TLANZ members or TLANZ committees who have responded to the consultation.