# Office for Disability Issues logo

# Disability Toolkit for Policy



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#  Step 1: Thinking about disability issues at the start of the policy process

**In this step**, you will consider how to integrate a disability perspective throughout your policy process.

This step is intended for analysts using the tool early in the policy process, which we highly recommend. Given this, it contains links to some material in other steps, which we encourage you to consider now and then later in more depth as you move through the policy process.

Considering a disability perspective in the policy process can be part of a wider ‘commissioning conversation’. The Policy Project has a [commissioning template](https://dpmc.govt.nz/publications/policy-project-start-right-commissioning-conversation-prompts)which you can use to facilitate commissioning conversation in addition to, or in place of, your own agency’s resources in this area.

If you are not having a formal commissioning conversation for your policy project, then consider the questions below and discuss with others as appropriate.

## What can you do to consider disability before a commissioning conversation?

Consider how your own knowledge, experiences and assumptions may influence your understanding of this issue. Are you willing to test your own assumptions? Commitment from you is essential to doing a good job and is demonstrated by a courageous, curious, and thorough approach.

To get started, familiarise yourself with who disabled people are, and what the disability sector consists of.

## Who are disabled people and what is the disability sector?

The 'disability sector' includes three distinct groups:

* **Disabled people:** people with impairments who have first-hand experience of the disabling nature of society.
* **Disability community:** disabled people, partners, friends, family/whānau, relatives, unpaid carers, and others directly involved in informal support as determined by disabled people. This includes advocacy/consumer organisations made up of and representing disabled people.
* **Wider disability sector:** organisations and people (disabled and non-disabled, professional and lay people) who work in support of disabled people and disability issues. This includes service providers and funders (both government and non-government) and umbrella agencies that represent providers and consumers for particular aspects of the disability sector.

This is represented in the diagram below. 

*Diagram of structure of wider disability sector*

Individuals and organisations may belong to all three groups. When considering who to engage with around the disability aspects of your policy process, engaging with family or service providers is not a substitute for engaging with disabled people or Disabled People's Organisations (which are organisations led by, and who advocate for the disabled people they represent).

### Diversity of disabled people

[Article 1 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-1-purpose.html)defines disabled people as "...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...". Every human being is a unique individual. Even a person with the same impairment as someone else may experience different opportunities and barriers because of who they are, where they live, and how they are treated by those around them. Time and context in a person's life when they may acquire their impairment(s) also inform what barriers or opportunities they may experience and how they feel about them.

Disabled people are part of the vast and diverse human experience. Just like other communities, the disability community has different groups of people who experience life in different ways. The [New Zealand Disability Strategy (the Strategy) 2016-2026](https://www.odi.govt.nz/nz-disability-strategy/?stage=Stage) outlines several points about the diversity of the disability community:

* Māori are the tāngata whenua of Aotearoa and as the indigenous people they have a special relationship with the Crown. This relationship is recorded in the founding document of Aotearoa New Zealand, Te Tiriti o Waitangi.
* Addressing the inequality that tāngata whaikaha (Māori disabled people) face is important; 26 percent of Māori identified as disabled in 2013. When adjusted for age, the Māori disability rate is 32 percent.  A Māori world view needs to be woven into all policy. This includes the cultural importance of whānau and a whānau-centred approach which differs from Western concepts of family and disability. The [Māori Disability Action Plan *Whaia Te Ao Marama 2018-2022*](https://www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-maori-disability-action-plan) by Manatū Hauora - Ministry of Health contains an illustration for the vision for tāngata whaikaha to be able to lead a good life with connection to their culture.
* New Zealand Sign Language (NZSL) is an official language of New Zealand used by some 20,000 New Zealanders, approximately 4,000 of whom are Deaf people who use NZSL as their first or preferred language.
* The demography of our country is changing, and we are increasingly becoming a multicultural society. This is important to the disability community, as people from different ethnic and cultural backgrounds can sometimes understand and experience disability in different ways to others.
* Pacific peoples make up a growing proportion of our country and of the disability community (19 percent of Pacific people identified as disabled in 2013), as do people from Asian backgrounds (13 percent in 2013). Twenty-eight percent of people from Middle Eastern, Latin American and African backgrounds identified as disabled in 2013. Over the coming decades, we will see more cultural and ethnic diversity in the disability community.
* New Zealand has an ageing population which will result over time in an increasing proportion of people experiencing disability. In 2013, 59 percent of people over the age of 65 identified as disabled. Disabled people are also living longer, and there will be an increasing number of people with age-related impairments. This is a global trend and one that is drawing greater attention to disability. Meeting the needs and challenges of our ageing population is a significant issue now, and will continue to be over coming decades.
* Gender norming plays out in the disability community, just like it does in society more generally. Disabled women and girls face different barriers to disabled men and boys.
* Disability and sexuality is also important for the disabled community. Some do not identify as part of the gender binary (male or female) or have a predominant sexual orientation. There can also be an incorrect perception that disabled people do not have sexual needs or desires.
* The international catch-cry of disabled people is ‘nothing about us, without us’. For the disability community in New Zealand, this also includes those who find it hard to, or are not able to, speak for themselves. They are amongst the most vulnerable and marginalised members of the disability community. While there may be different terms used for this group, such as people with ‘intensive support’, or ‘special’ needs, the thing in common is that they often rely on other people to support them to make decisions and to communicate.

The New Zealand Disability Strategy 2016-2026 uses the term 'disabled people'. This is based on advice from the NZ Disability Strategy Revision Reference Group and in recognition of the history of the term in the 2001 Strategy. ODI encourages all policy practitioners to use this language as recommended by the reference group.

## What do you already know about disability concepts and approaches?

Familiarise yourself with the definitions and concepts on the [things you should know](https://www.odi.govt.nz/disability-toolkit/things-you-should-know-definitions-concepts-and-approaches/?stage=Stage) page if you haven't already, and think about what preconceived ideas you have and whether they need to be challenged or reconsidered.

### Questions to get you thinking

Ask to discuss disability at the commissioning conversation with the commissioner of your policy process. Demonstrate that you have done some preliminary thinking about the following:

* Are disabled people affected by the policy problem(s)?
	+ If your policy problem(s) involves people (whether directly or indirectly), then the answer is yes.
* Are any groups of disabled people, or parts of the disability sector, more affected by the policy problem(s) than others? For example; disabled women, disabled children/youth, disabled Māori, people with learning disabilities, carers of disabled people, family members or service providers.
	+ Remember that disability is very broad, and issues can affect disabled people and others in the disability sector differently. This can be due to environmental, social or situational differences or because disabled people experience disability in different ways.
	+ How many disabled people are part of your target cohort?
		- Remember that [1 in 4 New Zealanders are disabled](http://archive.stats.govt.nz/browse_for_stats/health/disabilities/DisabilitySurvey_MR2013.aspx)
* Given your thinking so far, how significant might the disability implications be for your policy process?

## What can you do to consider disability at the commissioning conversation?

At the commissioning conversation, in addition to demonstrating that you have begun to think about disability issues (as above), you may wish to focus on the following:

* What does success look like (from a disability perspective)?
* How will you know if outcomes for disabled people will have been improved? What data do you intend to collect? How will this data be protected?
* How will you ensure that your engagement obligations are met? (to give effect to [Article 4(3) in the United Nations Convention on the Rights of Persons with Disabilities](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html)).

You may wish to incorporate these points into your commissioning template(s).

Following the commissioning conversation, consider how to effectively integrate the thinking and discussion into your project, including into planning documents.

## Bonus step: consider conducting a ‘pre-mortem’

Consider running a ‘pre-mortem’ early in the project, or even as part of the commissioning conversation:

### What is a pre-mortem?

A pre-mortem is the opposite of a post-mortem, occurring at the beginning rather than the end of a project. Developed by Gary Klein, in contrast to other risk mitigation techniques, a pre-mortem doesn’t ask what might happen, but rather asks participants to imagine that the project has failed and determine plausible reasons for this failure. By framing the failure as having already occurred, individuals feel more willing to critique and challenge approaches, particularly when organisational hierarchies may prevent them from doing so.

To help with a useful pre-mortem, you could encourage participants to:

* work on the assumption that your current ideas will be implemented without significant alteration
* focus on the character of the policy instrument, whether it is forceful (as in legal requirements) or weak (as in symbolic)
* pay attention to the groups you’ve identified
* think back to the results of similar policies in the past or in a different context, making sure that you consider contextual differences
* pay relatively little attention to detailed factors at this stage of analysis but capture this thinking, or any issues, for further consideration down the track.

#  Step 2: Engaging with the disability community

In this step, you will consider how to gather the different views of disabled people and relevant experts from across the disability sector.

Engagement is important across the entire policy process; from identifying and understanding the problem, all the way to developing the solution, the implementation, and monitoring and evaluation. Engagement should happen early and often. Avoid making engagement with disabled people a check-box exercise.

As tāngata whenua, Māori have explicit rights and the Crown has explicit responsibilities under both the Treaty of Waitangi and Te Tiriti o Waitangi. Engagement is how government agencies can give effect to Articles One and Two of Te Tiriti o Waitangi, namely with respect to kawanatanga and rangatiratanga. More information and guidance on how to give effect and consider Te Tiriti in your policy work can be found [on the DPMC website](https://dpmc.govt.nz/publications/co-19-5-te-tiriti-o-waitangi-treaty-waitangi-guidance-html), and [guidance on how to engage with Māori are available on the Te Arawhiti website](https://www.tearawhiti.govt.nz/te-kahui-hikina-maori-crown-relations/engagement/). Consider how you will be meeting the rights and needs of tāngata whaikaha (disabled Māori) and their whānau in your engagement.

## Why engage?

Disabled people can be forgotten, and their needs neglected. It is often assumed that the one-size-fits-all solution will benefit disabled people along with the whole population. This is not necessarily true. For example, beautifying a town centre with planters, bollards and connecting metal chain may be visually appealing for many people, but may cause problems for blind and vision-impaired people. Consultation with disabled people at the early planning stages should identify this risk and avoid unintended accident and injury.

Meaningful engagement is key to developing solutions and policies that are universally effective. The expectation that government agencies take the opportunity to gather insights and experiences from the disability community, is highlighted in the [New Zealand Disability Strategy](https://www.odi.govt.nz/nz-disability-strategy/). Meaningful engagement and consultation with relevant population groups contributes to the Government’s commitment to inclusivity and working towards a non-disabling society.

A non-disabling society is part of the vision of the New Zealand Disability Strategy 2016-2026. This Strategy was approved by Cabinet in 2016. Government agencies are obligated to give effect to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) when developing policy.

The two Articles within the UNCRPD that are particularly important to this step are [Article 4(3)](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-4-general-obligations.html)and [Article 33(3)](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-33-national-implementation-and-monitoring.html).

Article 4(3) states that:

“In the development and implementation of legislation and policies to implement the present Convention, and in other decision-making processes concerning issues relating to persons with disabilities, States Parties shall closely consult with and actively involve persons with disabilities, including children with disabilities, through their representative organizations.”

### Representative organisations

In New Zealand, ‘representative organisations of disabled people’ are known as Disabled People’s Organisations (DPOs). Several DPOs come together regularly as the [DPO Coalition](https://www.odi.govt.nz/guidance-and-resources/disabled-peoples-organisations/) to provide advice and guidance to government agencies on disability issues.

Article 33(3) states that:

“Civil society, in particular persons with disabilities and their representative organizations, shall be involved and participate fully in the monitoring process.”

The articles describe the need for active involvement of disabled people in decision-making and the development of legislation and policies that relate to disabled people. As all policy has a direct or indirect effect on people, and disabled people make up 24% of the New Zealand population, all policy relates to disabled people.

In 2018, the United Nations issued guidance clarifying obligations around these two Articles. This guidance is called [General Comment Number 7](https://www.ohchr.org/en/hrbodies/crpd/pages/gc.aspx)and explains that when disabled people are consulted, this leads to laws, policies and programmes that contribute to more inclusive societies and environments.

General Comment 7 is a useful tool providing concrete recommendations on how to undertake consultation with disabled people, through their representative organisations. The recommendations include:

* developing accessible information about decision-making processes
* establishing inclusive methodologies
* ensuring organisations of disabled people have access to national and international funding for their functioning and advocacy.

## What level of engagement with disabled people does your policy process need?

Policy engagement can range from simply informing the public or those groups affected by a policy, through to targeting diverse experience and inviting co-design of policy options. The [IAP2 spectrum](https://www.iap2.org.au/resources/spectrum/)captures this range. You should work out what type of engagement you think fits your project at different points in the policy process and overlay your engagement with a disability lens. Check in with Disabled People’s Organisations before you start, to ensure you are on the right track.

## Who to engage with?

First, consider which groups might be affected by your policy. This will help you target those you want to hear from. Seek advice at this early stage, as your proposed policy may impact on disabled people in ways that are not obvious.

ODI recommends that you start by contacting relevant Disabled People’s Organisations (DPOs) and the DPO Coalition. DPOs are membership-based organisations, led by Boards made up of disabled people. Engagement with these organisations should provide a broad perspective of the membership they represent. [Details on how to engage with DPOs can be found on the ODI website](https://www.odi.govt.nz/guidance-and-resources/disabled-peoples-organisations/).

There are many other organisations or groups that you can also contact that are not part of the DPO Coalition. If you require a regional perspective or have a service provider focus, consider contacting the local council/s or District Health Boards. Many have disability advisory groups that you can connect with.

Don’t forget about children and youth. [Guidance on listening to the voices of disabled children in New Zealand can be found on the ODI website](https://www.odi.govt.nz/guidance-and-resources/listening-to-the-voices-of-children-with-disabilities-in-new-zealand/). Another option is [I.Lead](https://ileadchange.org/%22%20%5Co%20%22Open%20external%20link), a New Zealand disabled youth movement.

Engaging with people who work with disabled people, or are advocates, family members or carers of disabled people, may provide a valuable perspective. This is especially true for those that care for and communicate for non-verbal disabled people. However, disabled people are the experts in their own lives. You should never use family members, carers, or service providers of disabled people for advice on policy for disabled people instead of engaging with disabled people directly.

Regardless of the combination of groups, organisations and individuals that you engage with throughout your policy process, checking back in with the DPO Coalition during the final stages can improve transparency and accountability, making sure the policy is responsive to the requirements of disabled people.

### Valuing consultation and expertise

Beyond initial discussions, government agencies must factor in funding to engage disabled people and/or representatives from DPOs for advice and participation in reference groups, advisory groups or working parties. The advice from representatives of DPOs or the DPO Coalition is regarded as expert advice and vital to agencies ensuring their policies and services work for disabled people.

DPOs are not funded to provide the level of advice, expertise and time required for reference/advisory groups. Individual disabled people and those representing a DPO or the DPO Coalition are not funded elsewhere for their involvement in reference/advisory groups. They may have to take leave if they are in paid employment to represent the DPO. Government agencies need to negotiate the terms of payment with relevant individuals, the DPO, or the DPO Coalition, prior to commencement of the reference/advisory group.

The Office for Disability Issues provides funding for the DPO Coalition to meet regularly in Wellington. These meetings are held approximately every six weeks for two days. Government agencies can request to meet with the DPO Coalition during these meetings at no additional cost to agencies. This mechanism is ideal for seeking input from disabled people through their representative organisations near the beginning and in the final stages of your policy process. This should not replace the inclusion of paid positions for disabled people on reference/advisory groups. [Information on how to request a meeting with the DPO Coalition can be found on the ODI website](https://www.odi.govt.nz/guidance-and-resources/disabled-peoples-organisations/).

#### Examples of costs

The funding agreement ODI has with the DPO Coalition for the regular meetings includes payment of daily meeting fees benchmarked against the Cabinet Fees Framework. This is currently $350 per day for DPO Coalition members and $360 per day for the meeting Chair. ODI also pays for preparation time if that is required before the meeting, travel, accommodation and expenses incurred by each DPO Coalition member. For some DPO Coalition members, other reasonable accommodations are required to enable their full and effective participation. These can include costs for meeting assistants, New Zealand Sign Language Interpreters, and translation of information into alternate formats.

Government agencies need to negotiate the terms of payment with relevant individuals, the DPO or the DPO Coalition prior to commencement of the reference/advisory group or provision of other advice and expertise.

## When you engage with disabled people directly, keep the following things in mind:

* Consult with disabled people as people. Be specific that you are consulting with them to understand their experiences.
* Provide safe ways for disabled people to have their say, e.g. disabled people should not have to share personal information in order to heard.
* Disabled people may require reasonable accommodations to have their say. Providing reasonable accommodations to enable disabled people to engage with your policy process on an equal basis with others is likely to increase participation. Examples of reasonable accommodations include NZSL interpreters, braille, audio, and easy-read versions of relevant information being distributed ahead of the meetings.
* Good engagement has accessibility and inclusion built into the consultation process.
* Involve disabled people at different ages, stages of life, cultures, backgrounds, and regions. These groups can have very different perspectives, experience and values, which are all are useful in getting a full picture to inform your policy.
* Cultural perspectives on disability may mean that disability may be under-reported by some grounds. Based on current data, 26% of Māori and 19% of Pacific people are identified as disabled people. Make sure your engagement acknowledges diversity within the disability population and consider if and how you might tailor your engagement to capture proportional representation.

For more guidance on how to run an accessible meeting, see guidance from:

* [Office for Disability Issues - Running accessible meetings](https://www.odi.govt.nz/guidance-and-resources/running-accessible-meetings/?stage=Stage)
* [Ministry of Health - Guide to community engagement with people with disabilities](https://www.health.govt.nz/system/files/documents/publications/guide-community-engagement-people-disabilities-2nd-edn-apr17.pdf)

### Tips for graphics depicting disabled people in media and communications content

Information about disabled people should show them as people in society and not create an impression of disabled people being separate or special. Images should be age appropriate and respectful.

Disabled people should be included in general illustrations including everyday social situations and work environments, to show they are part of the community like everyone else.

Show diversity amongst disabled people – disabled people can be any ethnicity, any relationship or family status etc. Some impairments are not visible or obvious. Don’t go out of your way to accentuate a person’s disability in photos/images.

#  Step 3: Embedding disability into the policy issue

In this step, you will consider in more detail how disability is relevant to your policy. You may have already started doing this in Step 1 and can now take a deeper dive into exploring the impacts.

## What groups of disabled people, or parts of the disability sector, may be affected by the policy problem?

You’ll need to collect some information about who is affected by the policy problem.

We know that it can be hard to find information about disabled people, because methods of collecting data on disability status are still being developed.

### Measuring disability

Statistics NZ (Stats NZ) does not have a statistical standard for disability status but endorses the use of the [Washington Group Short Set questions](http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/)to assign disability status in large scale surveys that are not disability-specific. International jurisdictions do not have a common method of collecting disability-related data.

The Disability Data and Evidence Working Group (DDEWG) [are working on developing guidance on how to collect disability related data](https://www.odi.govt.nz/guidance-and-resources/improving-information-about-disabled-people/).

In the meantime, the Public Service Commission have issued [guidance on measuring disability in the state sector workforce](https://www.publicservice.govt.nz/resources/enabling-ability/?e182=1306-appendix-one-collecting-disability-information).

You can access some data about disabled people from the following sources:

* 2013 Disability Survey
* NZ General Social Survey
* NZ Health Survey
* Household Economic Survey
* Household Labour Force Survey
* NZ Crime and Victims Survey

If the data you need is missing, note it down for action later, e.g. organising future collection by your agency or by others.

If you have data gaps, see if there is any related data or international data that you can use as a proxy measure.

## With respect to your policy problem, how might disabled people have different needs or expectations?

Discrimination against disabled people is historically grounded and continues to exist in New Zealand society across multiple levels. Consider the data in the Disability Data Indicators Dashboard.

The information in the dashboard shows that many disabled people experience many inequalities in their access to, and outcomes across, various aspects of life, including but not limited to: work, money, security, education, the built environment, community, health and wellbeing.

These might differ at various stages of people’s lives. Many disabled people will have reduced income, fewer opportunities to maintain employment and fewer options to switch roles. As a result, while New Zealand Superannuation offers a universal pension, disabled people tend to have less net wealth at retirement than non-disabled people. You can read more in the [CCS Disability Action report: The State of Wellbeing and Equality](https://ccsdisabilityaction.org.nz/assets/resource-files/The-State-of-wellbeing-and-equality-FINAL-ONLINE.pdf).

Consider how these inequalities might play out with respect to your policy problem.

## Shifts in thinking about disability

Thoughts about disability have evolved over time. It is now accepted that disabled people have the same rights as non-disabled people.

Yet disabled people continue to face barriers to participating in and contributing to their communities that non-disabled people do not.

Make sure your policy work continues to reinforce the shifts in thinking about disability, as shown in the table below.

|  |
| --- |
| **Shifts in thinking about disability** |
| **From:** | **To:** |
| Disability is an individual problem | Disability is a problem resulting from barriers in society |
| Differences in abilities are inadequacies | Differences in abilities are assets |
| Seeing deficits | Seeing strengths |
| Us and them: Exclusion and intolerance | All of us: Inclusion and valuing |
| Society choosing for 'them' | Disabled people choosing for themselves |
| Professionals know best | Recognising disabled people as experts in their own lives |
| Charity based | Rights based |
| 'Patient' | Citizen |
| Institutional orientated | Community orientated |
| Medical model of disability - control or cure | Social model of disability - change environment and attitudes |
| Too expensive to support | An investment and wellbeing approach to funding |
| Government-decided supports | [Enabling Good Lives principles](https://www.enablinggoodlives.co.nz/) |
| Eurowestern policy | Inclusion of a Te Ao perspective |

## How might disabled people have different expectations or priorities about what needs to happen?

What has triggered an examination of the problem? Is this problem important to a particular group of people or sector? Who has identified it? Whose voice is most prominent? Consider whether disabled people’s voices have been heard in relation to this problem. Have the experiences of disabled people been considered in defining the issue, from their perspective? Think about how you should engage with disabled people. This is covered more in [Step 4](https://www.odi.govt.nz/disability-toolkit/engaging-with-the-disability-community/?stage=Stage).

## In summary, make sure your policy problem is framed to ensure that disability issues are considered throughout the process

Given the information you have found out from and about disabled people, how can you frame the goals of your policy project to ensure the issues for disabled people will be addressed in the process?

Remember, it does not follow that disabled people will benefit simply because they are present in the target population. A different or more specialised approach may be required. Consider applying the universal design approach which is good design that works for everyone rather than just the perceived ‘norm’. It is more efficient and cost effective to incorporate universal design principles from the start, than make changes retrospectively.  For more information on Universal design, see [things you should know. definitions, concepts and approaches](https://www.odi.govt.nz/disability-toolkit/things-you-should-know-definitions-concepts-and-approaches/?stage=Stage).

#  Step 4: Incorporating disability into the policy options

In this step, you will consider how a disability perspective can be incorporated into your policy options.

## How does each option address the issues for relevant groups of disabled people identified in Step 2?

Take your thinking from Step 2 about inequities between disabled people and non-disabled people in terms of their access to and outcomes across various aspects of life such as work, money, political power, security, education, accessibility, time, health and wellbeing.

Consider your thinking against the policy options you’re identifying. Work your thinking into any criteria you’re developing to assess policy options if possible. Disability analysis assists in ensuring all relevant issues have been identified, and all impacts considered. Long-term versus short-term objectives as well as social and economic impacts also need to be considered for each of your policy options.

Keep in mind that the goals and outcomes of your policy process can either perpetuate or overcome existing inequities between disabled people and non-disabled people. Will the proposed policy reinforce existing inequities? Will compliance likely fall more heavily on disabled people – for example seizing a car for an unpaid court debt may remove a disabled person’s only option for mobility.

In addition to considering impacts of policy options on disabled people, analysis based on a family unit or whānau is also important. Families and whānau with disabled members may have extra needs or requirements that can be unmet, and opportunities intended by policy changes may not be accessible to these families or whānau. Assumptions about equity within the family/whānau could result in negative effects for the disabled person, their carer(s), or their family/whānau as a whole. For example, an assumption of distribution of income within a family/whānau may not actually occur. Note that there are even more gaps in data at the family and whānau level compared to data collected on individuals and households.

### Are there groups of disabled people that may be indirectly affected by your proposed changes?

Consider whether there are groups of disabled people who will be indirectly affected by the different policy options you are proposing. The impact of any law, policy or programme may be direct or indirect.

* **Direct impact**: When the policy is expected to have a direct effect on disabled people’s access to services or opportunities. For example, changing benefit criteria so that more people are eligible to access the benefit.
* **Indirect impact**: When the policy is not directly targeted at groups of people, yet they will be affected by it. For example, regulating or planning measures that affect the provision of resources or services (e.g. regulation of water quality), will ultimately affect people (farmers, recreational users, etc.).

### Use the Policy Quality Framework to guide your work

When considering policy options and finalising your policy recommendations to your Minister, you can use the Policy Project's [Policy Quality Framework](https://dpmc.govt.nz/our-programmes/policy-project/policy-improvement-frameworks/quality-policy-advice) and checklist to review your disability analysis. This will ensure your analysis appropriately sets out the diverse views, experiences and insights, as well as your engagement approach with disabled people and groups.

The Policy Project's Policy Quality Framework also sets out how to ensure any advice gives the full picture to engage the decision maker in the issues that matter, including how to reflect diverse perspectives in your advice.

## What changes can be made to your options to improve outcomes for disabled people and reduce or eliminate any negative impacts?

Consider the inequities you’ve identified:

* Which statistics showing the disadvantages experienced by disabled people compared to non-disabled people are relevant to your policy options? How will your policy options reduce the negative impact on disabled people? The **Disability Data Indicators Dashboard** may have some relevant disability data.
* Where do opportunities for change exist? And how can they be best implemented? Government action is not the only option and may not be the best option. Consider the role of the private sector and the Non-Government Organisation (NGO) sector.

#  Step 5: Incorporating disability into Cabinet papers, information and communications

In this step, you will write up your policy process (from Steps 2-4) and prepare recommendations for Ministers to consider.

The Policy Project's [Policy Quality Framework](https://dpmc.govt.nz/our-programmes/policy-project/policy-improvement-frameworks/quality-policy-advice) sets out how to ensure any advice tells the full story to engage the decision maker in the issues that matter, including how to reflect diverse perspectives in your advice.

## Finishing touches

### Filling in the 'population' table in your Cabinet paper

This is where you summarise the implications of your policy proposals on disabled people.

Remember:

* 1 in 4 New Zealanders are disabled. Have you identified the disabled people who will be impacted by the policy proposals in your paper? To what extent will they be impacted?
* Disabled people are a population group which experiences discrimination and faces barriers to participation in society. How do the proposals in your paper change this? How do the proposals meet the different needs, expectations and priorities of different groups of disabled people?
* Disabled people have the same rights as all New Zealanders. How do the proposals in your paper honour the rights of disabled people? Reflect on if and how your proposals give effect to the [United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html).
* The aim of the [New Zealand Disability Strategy 2016-2026 (the Strategy)](https://www.odi.govt.nz/nz-disability-strategy/) is for New Zealand to be a non-disabling society - where disabled people have an equal opportunity to achieve their goals and aspirations across eight key outcome areas. Reflect on if and how your proposals give effect to the Strategy.
* There is still limited information about disabled people. Explain how you will collect data on disabled people as you implement your policy proposals.
* 'Nothing about us, without us’ is what disabled people want. Explain how disabled people were included in your decision-making processes.

Incorporating these points into the population section and throughout your Cabinet paper should reduce the risk of your paper being pushed back by Cabinet Ministers due to insufficient consideration of the disability perspective of your proposed policy.

## Alternate formats

Make sure your Cabinet paper and any attachments can be accessed by everyone. Guidance on how to do this can be found in the [Ministry of Social Development Accessibility Guide](https://www.msd.govt.nz/accessibility-guide).

#  Step 6: Considering disability throughout implementation

In this step, you will consider how to implement your policy proposal(s) based on an understanding of disabled people’s requirements.

## Considering the impacts and barriers

Questions to consider at this step are:

* What are key inequalities that disabled people face in terms of their resources and access to resources (e.g. work, money, political power, security, education, access to built environment, information and services, time, health and wellbeing, etc.)?
* What obstacles are there to participation by disabled people? For example, factors relating to location, hours, cost, and family support may deter or prevent disabled people from participating in and/or completing your intervention/service.
* Is safety an issue? Can disabled people access your intervention/service safely? [See the MSD Accessibility Guide for more information](https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/accessibility/accessibility-guide/index.html).

Keep in mind the impact your proposal may have on the financial support disabled people may be entitled to.

It is also important to consider that work and leadership roles are commonly biased towards non-disabled people, which can have implications for decision-making and access to resources.

Unconscious and conscious bias against disabled people plays out at all levels of society and it is important to be aware of these.

### Non-discrimination and equality

Discrimination is often thought of as creating a distinction and treating certain people differently. Under national human rights law, not all distinctions are considered discriminatory. Discriminatory distinctions under human rights law are those that impose burdens, barriers, obligations or disadvantages on individuals who are members of groups protected by the prohibited grounds of discrimination (which include disability).

Where people require different treatment to achieve equity, offering this treatment is a distinction that is considered non-discriminatory as the failure to provide the treatment can impose burdens, barriers, obligations or disadvantages.

This central principle, that treating people equitably does not necessarily mean treating them the same, is particularly relevant to disabled people. This approach can also be phrased as having equitable opportunity to access a service, information or a physical place.

Most non-discrimination provisions are about what not to do, rather than requiring positive action. However, non-discrimination in relation to disability sometimes requires some positive provision. This is acknowledged in the Human Rights Act 1993, through a stipulation that any affirmative or proactive measures needed to ensure equal participation for disabled people, or needed to eliminate systemic discrimination, must be reasonable.

## Keeping the community informed

Sometimes the most effective communication is for government to use key influencers and access their help to get messages out.

Key influencers include:

* [The Disabled People's Organisation (DPO) Coalition](https://www.odi.govt.nz/guidance-and-resources/disabled-peoples-organisations/?stage=Stage)
* [The Disability Rights Commissioner](https://www.hrc.co.nz/about/commissioners-and-senior-leadership/paula-tesoriero/)
* [The Office of the Ombudsman](https://www.ombudsman.parliament.nz/)
* [The Office for Disability Issues](https://www.odi.govt.nz/?stage=Stage)
* [I.Lead](https://ileadchange.org/)
* Community leaders

## Consider whether additional implementation actions are needed for different sub-groups of disabled people

Ensure that where appropriate, communications and information are in alternate formats suitable for all. See the [Accessibility Charter](https://www.msd.govt.nz/accessibility-charter)and the [Accessibility Guide](http://msd.govt.nz/about-msd-and-our-work/work-programmes/accessibility/accessibility-guide/index.html).



# Step 7: Considering how disability outcomes can be monitored and evaluated

In this step, you will consider how to monitor and evaluate your policy to test if and how the situation for disabled people has improved because of your policy.

Make disability an explicit part of your intended monitoring and evaluation of your proposal(s). If you are not explicit about your intention to monitor and evaluate impacts on disabled people, you won't be able to say if your policy has made a difference or by how much. Anecdotal success stories only get you so far.

## Why do I need to focus on statistics and data collection?

The lack of explicit collection of data on disabled people contributes to their invisibility in government policy development. In the absence of disability data, the needs of disabled people are neither explored nor addressed.

It is essential to have good data collection about disabled people to raise the awareness, profile and visibility of disability issues.

As a signatory to the [United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html), government agencies (including local government) are expected to [“collect appropriate information, including statistical and research data, to enable them to formulate and implement polices to give effect to the Convention”](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-31-statistics-and-data-collection.html). In particular, the information collected should be disaggregated, to identify and address the barriers faced by disabled people.

If you are surveying your target population or undertaking a national survey (for example the national census), you should include the [Washington Group Short Set of Questions of Disability (WGSS)](https://www.washingtongroup-disability.com/resources/translations-of-wg-question-sets/).

You can read about these, including questions and issues around their use, here:

* [ODI website - An explanation of the WGSS](https://www.odi.govt.nz/guidance-and-resources/an-explanation-of-the-washington-group-short-set-of-questions-on-disability/)
* [Stats NZ - Activity limitations](http://datainfoplus.stats.govt.nz/Item/nz.govt.stats/83ca312b-bd72-4a13-bdcf-14c570710700)

### Contributing to measuring the outcomes of the NZ Disability Strategy 2016-2026

Some data may already be collected that could help inform your policy development or implementation.

Following the launch of the [New Zealand Disability Strategy 2016-2026 (the Strategy)](https://www.odi.govt.nz/nz-disability-strategy/), a set of indicators were developed through a co-design process with a group of disability experts. These experts were the group that provided advice to government on the development of the Strategy. The set of 28 indicators aligned under the eight outcome areas of the Strategy approved by Cabinet in 2018, represent what disabled people consider is important to measure to show that progress is being made.

Not all indicators have measures associated with them. The development of measures and collection of data is an ongoing process. The data that is currently being collected can be seen in the **Disability Data Indicators Dashboard**.

The New Zealand Disability Survey remains the only measure of prevalence of disability in New Zealand (24%). This post Census survey is run once every 10 years. Therefore, until the 2023 Disability Survey results are released, prevalence of disability in New Zealand is reported from the [2013 Disability Survey](https://www.stats.govt.nz/information-releases/disability-survey-2013).

The [Standards of Workforce Information for Agencies in the State Services by the Public Service Commission](https://www.publicservice.govt.nz/assets/SSC-Site-Assets/SAPG/Strategic-Information/Workforce-Data/Collecting-disability-information-on-State-services-workforce.pdf)is a guidance document for agencies on collecting data on the prevalence of disability in their workforce.

Consider whether the evaluation of your policy project could fill some of the existing data gaps or add to what is already being collected. Collaboration with Stats NZ on new data collection proposals and methodologies is strongly advised to ensure the data is robust and statistically viable. It is also important to consider how you will keep personal data private, and to ensure that you have permissions to use it from the outset.

## How will the policy intervention be changed if it is not delivering as expected?

Consider what the next steps will be if the policy is not delivering as expected. What will be the process from evaluation of monitoring to instigation of further policy change? Do you have an effective feedback loop so that issues can be raised, and complaints received by the appropriate people?

## And you're done!

Nice work! You have come to the end of the seven-step process to incorporating a disability perspective into your policy process. If you don’t think you have quite nailed it, you can [contact the Office for Disability issues for advice](https://www.odi.govt.nz/about-us/contact-us/).

# Help! A disability toolkit cheat sheet

Help! I've come straight to this step, what do I need to do?

## Do I have to include a disability perspective in my Cabinet paper?

Cabinet has directed government agencies to include consideration of the impacts of policy proposals on disabled people in all Cabinet papers where relevant. This requirement is explained in the [Department of the Prime Minister and Cabinet (DPMC) Cabinet Paper Guide](https://dpmc.govt.nz/publications/cabinet-policy-paper-template).

### Does your policy proposal, service or intervention affect people?

If your policy proposal impacts on people (directly or indirectly), then you will have disability implications to consider. 24% of the New Zealand population is disabled, so these implications may not be immediately obvious.

## Where to start

A good place to start is to **clarify who is affected**.

For example, is a group of disabled people more likely to be affected? (children? women? those with a specific impairment? Māori? etc).

**Or**, does the policy affect the wider disability community (e.g. disabled people’s partners, carers, family/whānau, friends and others involved in providing informal support), and/or the wider disability sector (e.g. organisations and people who work in support of disabled people and disability issues).

For more information, see the [ODI webpage on key issues for disabled people in New Zealand](https://www.odi.govt.nz/assets/Uploads/2016-09-30-Report-Key-issues-for-disabled-people-in-New-Zealand-final-PDF.pdf).

### Quick guide to definitions

There are a few key concepts and definitions that are important to familiarise yourself with. You can find them at [things you should know: definitions, concepts and approaches](https://www.odi.govt.nz/disability-toolkit/things-you-should-know-definitions-concepts-and-approaches/?stage=Stage).

## Next, demonstrate your understanding of the context

For example:

* What is the history of disability issues in New Zealand in relation to your policy area?
* Have programmes in your policy area historically excluded or segregated disabled people?
* How many disabled people are among your target population?
* Are certain groups of disabled people more affected by the policy problem than others?

We know that the lack of disagregated data about disabled people makes it difficult for policy makers to know how many disabled people might be impacted. However, some useful data sources include:

* [2013 Disability Survey](https://www.stats.govt.nz/information-releases/disability-survey-2013)(run by Stats NZ)
* [NZ General Social Survey](https://www.stats.govt.nz/help-with-surveys/list-of-stats-nz-surveys/information-about-the-new-zealand-general-social-survey-gss/)(run by Stats NZ)
* [NZ Health Survey](https://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/new-zealand-health-survey)(run by the Ministry of Health)
* [Household Economic Survey](https://www.stats.govt.nz/help-with-surveys/list-of-stats-nz-surveys/about-the-household-economic-survey/)(run by Stats NZ)
* Household Labour Force Survey (run by Stats NZ)
* NZ Crime and Victims Survey (run by the Ministry of Justice)

## Next, answer the following questions:

* Does dealing with your policy problem relate to one or more of the [New Zealand Disability Strategy](https://www.odi.govt.nz/nz-disability-strategy/?stage=Stage)'s principles, approaches, and/or outcome areas?
* Do your policy options remove barriers to participation and improve accessibility?
* Do your policy options include [reasonable accommodation](https://www.odi.govt.nz/disability-toolkit/things-you-should-know-definitions-concepts-and-approaches/?stage=Stage)?
* Do your policy options promote the rights of disabled people?
* Do your policy options provide meaningful and effective opportunities for disabled people to be included in decision-making?
* Have you included mechanisms to collect data on disabled people?

## Removing barriers to participation and improving accessibility

Disabled people have the right to fully participate in all aspects of society, on the same basis as non-disabled people do. They also have the right to independent access. However, full participation by disabled people is limited by three inter-related barriers:

* 1. **Access** - lack of equitable access to opportunities, information, buildings, transport, services, etc. Check the Accessibility Charter.
	2. **Discrimination and/or attitudes** - prejudice and ignorance resulting in negative discrimination or lack of appropriate accommodations.
	3. **Economic and social status** - a vicious cycle of lower economic, educational, and health status relative to the rest of the population.

To remove these barriers to participation and independence, policy makers must identify them in their policy area and remove them as much as possible.

## Involve the disability community

Engagement is a key opportunity to gather insights and experiences from the disability community. It is important that public engagement is as accessible as possible, and targeted engagement is planned appropriately to ensure accessibility. Explain how any future plans will involve the disability community. As explained in [Step 2](https://www.odi.govt.nz/disability-toolkit/engaging-with-the-disability-community/?stage=Stage), involving the Disabled People's Organisation (DPO) Coalition is a good place to start. [Instructions on how to engage the DPO Coalition can be found on the ODI website](https://www.odi.govt.nz/guidance-and-resources/disabled-peoples-organisations/?stage=Stage).

# Things you should know: Definitions, concepts and approaches

A quick course on disability concepts and approaches

### Definition of disability

The [United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)](https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html) defines a disability as any long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder the full and effective participation of disabled people in society on an equal basis with others.

The experience of disability is influenced by the nature of a person's impairment. Gender, age, ethnicity, and culture can also have a profound and sometimes compounding effect on an individual's experience of disability.

#### Impairment

An impairment can be intellectual, psychiatric, physical, neurological or sensory, and be temporary, intermittent or ongoing. People may acquire an impairment through an accident or illness, and/or a person may be born with an impairment. Multiple impairments are common, especially with increasing age.

Impairments are often considered to be the disability. However, under the social model, there is a distinction between the two concepts.

#### Social model vs medical model of disability

The medical model holds that disability lies with the individual and that the disabled person needs to adapt or be cured to fit the environment and society. This has been the prevailing model in Western society since the time of the Industrian Revolution, and elements of this model persist today.

The [New Zealand Disability Strategy](https://www.odi.govt.nz/nz-disability-strategy/?stage=Stage) adopts the UNCRPD’s ‘social model’ of disability. The social model of disability arose from the disability rights movement in the 1970s and 1980s, in response and resistance to the prevailing medical model and specifies that individuals have impairments bit rathra tna the impairment disabling a person, the barriers created by an incaccessible society are the disability.

The experience of disability occurs when:

* people with impairments are excluded from places and activities most of us take for granted
* infrastructure and systems (the built environment) do not accommodate the diverse abilities and needs of all citizens.
* people’s attitudes prevent people with impairments from being able to participate in society on an equal basis with non-disabled people.

For example, where a person has a mobility impairment and is unable to climb stairs, rather than the focus being on trying to make them walk (which can cost significant amounts of energy and could potentially hurt or injure them), the focus is on making the world more accessible via ramps, accessible public transport, accessible facilities etc.

[More information on the social model can be found on this page by People with Disability Australia](https://pwd.org.au/resources/disability-info/social-model-of-disability/).

### Identity-first language vs person-first language

The Office for Disability Issues encourages New Zealanders to use the language adopted for the New Zealand Disability Strategy 2016-2026 (The Strategy). The Strategy uses the term ‘disabled people’. For many, the move to identity-first language 'disabled people', is a move towards disability pride. Indentity-first language was the language put forward by disabled people via the Disabled Persons Organisation (DPO) Coalitition).

There is ongoing debate around the language used around disability, particularly in terms of identifying as a disabled person or as a person with a disability. In future, it is possible that the disability community reaches a consensus on a different way to describe themselves. For now, ‘disabled people’ is the generally accepted terminology within New Zealand.

For more information on what language to use in your work, see the [New Zealand Disability Strategy](https://www.odi.govt.nz/nz-disability-strategy/?stage=Stage).

### Disability groups

#### Disabled people

People with impairments are disabled if society does not provide an environment that takes their impairments adequately into account. Consequently, they experience barriers preventing their participation in society. Disabled people are a diverse minority and it is important to consider how interse ctionality plays a role in the experiences of subgroups of disabled people – they may also be members of ethnic groups, unemployed, low income, LGBTQI+ etc.

For more information on who disabled people are, see [Who we are - our community in the New Zealand Disability Strategy 2016-2026](https://www.odi.govt.nz/nz-disability-strategy/about-the-strategy/new-zealand-disability-strategy-2016-2026/the-new-disability-strategy-download-in-a-range-of-accessible-formats/new-zealand-disability-strategy-read-online/who-we-are-our-community/?stage=Stage).

#### Tāngata whaikaha

Tāngata whaikaha are Māori disabled people. Māori experience disability at a much higher rate (32%) than the overall New Zealand population (24%). As tāngata whenua, Māori have explicit rights and the Crown has explicit responsibilities under both the Treaty of Waitangi and Te Tiriti o Waitangi. It is important to consider how your policy and mahi address the needs and rights of tāngata whaikaha and their whānau.

#### Disability sector

The disability sector includes organisations and people (disabled and non-disabled, professional and lay people) who work in support of disabled people and disability issues. This includes service providers and funders (both government and non-government) and umbrella agencies that represent providers and consumers for particular aspects of the disability sector.

#### Disability community

The disability community is a subset of the disability sector. It includes disabled people, partners, friends, families, relatives, unpaid carers and others directly involved in informal support as determined by disabled people. This includes advocacy/consumer organisations made up of and representing disabled people.

## Concepts

### Intersectionality

Intersectionality recognises that social identities and experiences can intersect to create different modes of discrimination and privilege. That is, the experience of a Māori disabled woman as a combination of identities around race, gender and disability would be different to a Pākehā disabled man. For example, many Māori people identify primarily as Māori first and disabled second. It is important to consider how policy can shape and influence these experiences and conversely, how these experiences can shape and influence how policy will impact on someone.

### Ableism

Ableism is the discrimination against disabled people based on disability, similar in concept to racism and sexism.

It ranges in scale from small microaggressions and offensive stereotypes through to systemic ableism. Many ableist stereotypes and beliefs are deeply ingrained in society and are subconsciously internalised. Disabled people themselves may have ableist beliefs about themselves and others. It is important to challenge unconscious biases and preconceived notions toward and about disabled people when you create and work with policy. More information can be found at the [Simmons University Library guide to anti-ableism](https://simmons.libguides.com/anti-oppression/anti-ableism%20) and the [Ableism webpage on Wikipedia](https://en.wikipedia.org/wiki/Ableism).

For more information on these concepts and correct terminology to use when talking about disabled people, see the [Health and Disability Commission's 'Making Communication Easy'](https://www.hdc.org.nz/news-resources/search-resources/disability/making-communication-easy-useful-tips-to-make-it-easy-to-communicate-effectively-with-people-with-impairments).

### Co-design

Co-design is the process of policy design in which the community and stakeholders that will be impacted by the policy are involved in the design process as experts in their own lives and experience. A great example of the co-design process in action is the start of the System Transformation work programme at the Ministry of Health, in which many disabled people were involved in workshops to inform and collaborate on what the disability support system should look like and how it should work for disabled people.

### Reasonable accommodation

Article 2 of the UNCRPD (link) defines reasonable accommodation as

“necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”

Examples of reasonable accommodation includes flexible hours or part-time hours in employment, ramps for access, a New Zealand Sign Language (NZSL) interpreter for meetings or events, additional time for tests and examinations in educational settings, and many more.

It is important to understand the differences between reasonable accommodation and accessibility and how the two concepts interact. Accessibility is the baseline of equal service, and accommodation is the support to ensure an individual can participate even with accessibility in place.

Accessibility is what we should expect to be in place for disabled people without asking or planning. Accommodation is for adaptations that cannot be reasonably anticipated. They are different for everyone.

Reasonable accommodation is any adjustment that makes it possible for an individual to access and perform the essential functions of and enjoy the equal benefits and privileges of citizenship.

Interpretation of what is considered ‘reasonable’ is not always agreed, and case law in this area is evolving both in New Zealand and overseas. Achieving full human rights for disabled people will require a clearer understanding of what provisions or accommodations it is reasonable to expect. More guidance is provided in [UNCRPD General Comment 6 on Article 5](https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsnbHatvuFkZ%2bt93Y3D%2baa2qtJucAYDOCLUtyUf%2brfiOZckKbzS%2bBsQ%2bHx1IyvGh6ORVZnM4LEiy7ws5V4MM8VC4khDIZJSuxotVqfulsdtPv).

For example, it might not be reasonable for a small business, whose workplace is only accessible by stairs, to install a lift to enable access by someone with a mobility-impairment. However, it might be reasonable for an employer to change the layout of a workplace and purchase adaptive software, such as screen readers used by vision-impaired people.

More information about reasonable accommodations and what they mean in practice can be found in [this guide released by the Human Rights Commission and in the Lead Toolkit for Employing Disabled People in the State Sector](https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/lead-programme-work/lead-toolkit/index.html).

### Universal design

Article 2 of the UNCRPD (link) defines universal design as

“the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. “Universal design” shall not exclude assistive devices for particular groups of persons with disabilities where this is needed”

Using universal design involves catering to the outliers of the bell curve to meet the needs of all, across the range. It is an inclusive approach that reduces or eliminates the need for reasonable accommodations. For example, a universal design approach to building would involve step-free access to the main entrance of the building. No stairs or steps would mean people of all abilities, as well as those pushing pushchairs and prams, would equally be able to access and enter the building.

There are seven principles behind universal design:

1. Equitable use
2. Flexibility in use
3. Simple and intuitive use
4. Perceptible information
5. Tolerance for error
6. Low physical effort
7. Size and space for approach and use.

 More about the principles can be found on the [Universal Design website](http://universaldesign.ie/What-is-Universal-Design/The-7-Principles/).

Universal design is often spoken about with respect to buildings and building design, but it can also relate to information and services. Some links to universal design in practice of different contexts and settings can be found below:

* [*https://www.lifemark.co.nz/news/need-universal-design/*](https://www.lifemark.co.nz/news/need-universal-design/)
* <http://www.aucklanddesignmanual.co.nz/design-subjects/universal_design>
* <https://www.inclusive.tki.org.nz/guides/universal-design-for-learning/>

### Twin-track approach

A twin-track approach is about making sure mainstream services and supports (such as public transport) are inclusive of, and accessible to, disabled people, while services and supports that are specific to disabled people are also available. This approach is not about having to choose between the specific or mainstream option, but rather, having the right access to the most appropriate high-quality support or service, at the right time and in the right place.

Ensuring that mainstream services and supports are inclusive of disabled people requires the provision of reasonable accommodation and incorporation of universal design.

## History of disability in New Zealand

It is helpful to familiarise yourself with contextual information on the history of how disability has been treated and regarded in Aotearoa over the years. Information on this can be found [on the brief history of disability in Aotearoa New Zealand](https://www.odi.govt.nz/guidance-and-resources/a-brief-history-of-disability-in-aotearoa-new-zealand/?stage=Stage) on our website.