



21/09/25

Re: Balance Aotearoa submission on the draft Disability Strategy

Tēnā koutou

Thank you for the opportunity to comment on the draft Disability Strategy.

Balance Aotearoa

Balance Aotearoa provides high quality mental health and addiction peer support, advocacy, consultancy, and education that enables people to improve their relationships and wellbeing.

Nationally, we work as consultants and advisors on human rights for disabled people and act as an amplification of the voice of people who are experienced or experiencing distress. We represent “persons with psychosocial disability” on the Disabled Persons Organisations’ Coalition, and the Independent Monitoring Mechanism, advising the government and monitoring the implementation of the United Nations Convention on the Rights of Persons with Disabilities.

Our submission

We are writing this submission on the draft Disability Strategy as a Disabled Persons’ Organisation and on behalf of our membership of tāngata whai ora and tāngata whaikaha. You will see comments from our members in italics, throughout the submission.

We would like to state upfront, that **we fully endorse the submission of the Disabled People’s Organisations Coalition.**



Our main feedback

Psychosocial disability must be explicitly included and prioritised within the draft Disability Strategy to ensure it truly reflects the diversity of the disabled community in Aotearoa.

Currently, people with psychosocial disabilities are often excluded from Disability Support Services (DSS) and funding due to narrow definitions and rigid eligibility criteria. To align with the UNCRPD and uphold the strategy's stated commitments to equity, inclusion, and rights-based support, the strategy must ensure that psychosocial disability is recognised on equal footing with other types of disability. This includes enabling access to flexible, person-led support, and acknowledging the legitimacy of lived experience. A truly inclusive strategy must embed psychosocial disability across all actions, outcomes, and systems of support.

Further general points

Positive feedback:

- The vision is clear and easy to understand.

Concerns:

- We strongly urge the strategy to remove references to “the Treaty of Waitangi” and instead use *Te Tiriti o Waitangi* throughout. This reflects a commitment to upholding the tino rangatiratanga guaranteed to Māori under *Te Tiriti* and aligns with the preferences of many Māori communities. The English-language Treaty is not equivalent to *Te Tiriti* and should not be used in official strategy documents that aim to reflect equity and partnership.
- This strategy should align with and refer to the Health of Disabled People Strategy, the planned Mental Health, Wellbeing and Addiction Strategy, Alcohol and Other Drug strategy and the Suicide Prevention Action Plan.
- There are critical topics missing from the priority outcome areas. Namely, **transport** and **standard of living**.



Education

Positive feedback:

- *Straight forward goal, easy to understand, appears relatively measurable. One of the more realistic goals from the strategy.*
- *The investment being aimed at early intervention is amazing.*

Concerns:

We call for stronger commitments to inclusive education that reflect UNCRPD Article 24. Specifically:

- The strategy must use rights-based, UN-aligned disability language (e.g., “reasonable accommodation”, “inclusive education”, “universal design for learning”) and move away from deficit-based or medicalised terminology.
- *Need to include Te Reo Māori goals in the education goals and action points, as defined under Te Tiriti o Waitangi.*
- This strategy should commit to supporting the mental health needs of students, of all ages.
- The government should be investing in more support for teachers, teacher aides and learners, **not** in building more learning support classrooms which lead to segregation and exclusion.
- Schools must be required to make reasonable accommodations for children and whānau who self-identify as disabled or with learning needs—without needing a formal diagnosis to access support as this process can be mana-diminishing.
- There should be clear expectations for flexibility in funding and service access criteria, with a shift away from rigid “disability thresholds” that exclude many learners who require support.



Employment

Positive feedback:

- *This is a great goal, however the practicality of these action points in our society is a different story.*

Concerns:

In line with UNCRPD Article 27, we support employment equity and access for disabled people. However, we are concerned that many disabled people remain financially disadvantaged by working part-time or accepting employment.

- The strategy should include specific actions to ensure that disabled people are not worse off for working, particularly those in part-time or flexible roles.
- This includes adjustments to benefit systems, income support, and ongoing access to disability supports and services, regardless of employment status.
- The strategy should also include continued funded disability aids for people over 65 who wish to keep working.
- The strategy should make a commitment to **ending the Minimum Wage Exemption Permit system** so that disabled people are not exploited for their work. This is an explicit recommendation from the UNCRPD Committee that this strategy ignores.
- *There is a need for more support and incentive for employers to hire disabled people as the reality is that disabled people need more support in the workplace and employers see this as hard and a reason to not employ disabled people.*

Housing

Concerns:

In line with UNCRPD Article 28, we seek urgent reforms to protect disabled tenants and support access to safe, accessible, and sustainable housing:

- This strategy puts all the onus for providing social housing on the private sector. Where is the commitment to increase the accessible social housing stock?
- *We need to develop nationally recognised standards, not voluntary guidelines on accessibility for residential dwellings.*
- Legislation is needed to prevent landlords or housing providers from taking financial advantage of disabled tenants, such as charging more than market



value knowing that choices are limited for disabled people, charging extra for accessibility features or penalising them for requesting accommodations.

- *There needs to be more ongoing support to assist disabled people to maintain housing tenancies, not just to get into housing then dropped.*
- The current model of “one-time-only” grants for home accessibility modifications is deeply problematic. Disabled people should have the right to reapply for funding if they need to move or as their access needs change. Accessibility features must be portable or replicable, and not a “one-chance” option.
- The strategy must also address care and support needs for disabled people regardless of their housing status. Currently, some people are denied hospital admission because they do not have a fixed address and therefore cannot be safely discharged. This is discriminatory and violates the right to health care.
- Additionally, this strategy commits to no action to reduce homelessness or the unaffordability of renting – both of which disproportionately affect disabled people.

Health

Positive feedback:

- *The goals are good and achievable.*

Concerns:

Again, in this section we see a separation between disability and mental health. Health outcomes statistics should include people with psychosocial disability and mental health statistics should include non-disabled people with psychosocial disability.

People with psychosocial disability are disabled people too.

- Why are there no actions to address the continued use of restrictive practices such as solitary confinement (seclusion) and restraint? These were explicit recommendations by the UNCRPD committee.
- Why are there no actions to decrease the premature mortality rates of disabled people or conversely, improve the health outcomes of disabled people? This seems like quite a major oversight in an outcome area about health.
- The strategy should include improving outcomes for disabled people with intersectional identities such as people with dual diagnosis, co-existing



problems (mental health + addiction needs) and members of more than one equity population.

- Health action 1 must include improving access to Deaf mental health services, which are almost non-existent.
- Health action 2 should include awareness of equity challenges such as diagnostic overshadowing and unconscious bias.
- *Need to ensure that targets are defined by all groups and not a one-size fits all.*
- *Be interesting to see what the identification measurement will look like and how it will account for those disabilities that aren't seen or aren't personally considered a disability by the person answering the questions.*
- *If the evaluation is person specific - for the goal - how can it be quantified when evaluating at the end of the cycle? Personal scales differ and it isn't possible to compare one person's evaluation of success in this area to another's without certain boundaries and guidelines to base it off.*

Justice

Positive feedback:

- *The goal and action points are good, read well and understandable.*

Concerns:

However, this section could be improved by including:

- Access to disability competent support within the justice and family court systems, namely, *in-person support – navigators to help guide through the system.*
- Reference to the Mental Health and SA(CAT) Acts.
- *There needs to be a way to monitor whether Disabled people are being silenced in the justice system, to allow for advocacy and support within the system to combat the power imbalance and ability for staff in the justice system to sweep things under the rug.*
- *The goals wording insinuates that disabled peoples' rights aren't already protected in the justice system.*



Thank you

We welcome the intent of the strategy to improve outcomes for disabled people, tāngata whaikaha Māori, and their whānau. However, we believe there are several critical areas that must be strengthened to ensure the strategy is fully aligned with Te Tiriti o Waitangi and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), and to ensure it delivers tangible, rights-based change. This strategy must be more than aspirational; it must be transformative. It must reflect Te Tiriti o Waitangi, uphold the rights of disabled people as set out in the UNCRPD, and commit to system change that removes barriers, not just accommodates them.

We hope the final strategy is bold, actionable, and truly honours the lived experiences and leadership of disabled people in Aotearoa.

Please don't hesitate to contact me if you have any questions.

Ngā mihi,

Alexia Black

National Chairperson
Board of Trustees
Balance Aotearoa