Improving access to family and sexual violence services

Key insights from the MSD Accessibility Fund

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

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Author(s): Alex Morris, Ministry of Social Development

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Contents

Table of Figures **1**

Executive Summary **2**

Overview 2
Our approach 4
Project outcomes 5
Opportunities to increase accessibility 10
Opportunities for sustained change 12

Introduction **18**

About the Accessibility Fund 18
Including disabled people 20
How we collected data 21
Limitations 22

Context **23**

Initiative One: Accessibility Self-Assessment Tool **27**

Overview 27
How we collected data 29
Findings 30
Discussion 51
Limitations 53
Opportunities to increase accessibility 54

Initiative Two: Accessibility Enhancement Grants **57**

Overview 57
How we collected data 58
Findings 60
Impacts and outcomes 70
Other emerging insights 83
Discussion 85
Limitations 89
Opportunities to increase accessibility 90

Initiative Three: Improving refuge/safe house accessibility **92**

Overview 92
About the initiative 93
How we collected data 97
Case study: Palmerston North Women's Refuge 98

Discussion 102
Opportunities to increase accessibility 105
Initiative Four: Enhancing FVSV workforce knowledge and capability 107
Overview 107
About the initiative 109
How we collected data 110
Findings 111
Discussion 114
Limitations 117
Opportunities to increase accessibility 118
Conclusion 120
Appendix One – Glossary 122
Appendix Two – Case Studies from the Accessibility Enhancement Grants 126
Case study one: Increasing sensory support 126
Case study two: Increasing physical accessibility 127
Case study three: Increasing information-based accessibility 128
Case study four: Increasing physical accessibility 129
Case Study five: Increasing engagement and collaboration to identify needs 130
References 131

Table of Figures

Figure One: Providers' external accessibility – parking and access route..... 32
Figure Two: Front entrance access..... 34
Figure Three: Accessibility features in the kitchen 38
Figure Four: Fixtures and fittings required for an accessible toilet 39
Figure Five: The sensory environment..... 41
Figure Six: Accessible documents 45
Figure Seven: Alternate formats offered by FVSV providers..... 46
Figure Eight: Alternative ways of working for staff..... 49
Figure Nine: Additional accessibility work..... 80

Executive Summary

Overview

The purpose of this report

This report presents findings on the current state of the accessibility of family violence and sexual violence (FVSV) services across Aotearoa New Zealand. It provides an overview of four initiatives undertaken as part of the Accessibility Fund – a time-limited work programme aimed at improving the accessibility of FVSV services for disabled people and tāngata whaikaha Māori. The report highlights key learnings based on data collected over the course of the project and offers suggestions for future opportunities to continue increasing accessibility.

Context

Aotearoa New Zealand has alarmingly high rates of family and sexual violence. This undermines people's wellbeing, causing ongoing suffering and trauma. Violence is exacerbated by discriminatory social norms and practices, compounded by multiple intersecting factors like ableism, racism, and gender imbalance.

Historically, disabled people and tāngata whaikaha Māori have been repeatedly marginalised and subjected to unfair treatment. Disabled people have a right to access services and support on an equal basis with others. Despite this, they are disadvantaged by the inaccessibility of FVSV services which have previously lacked the facilities and capability to provide the right support.

In 2021, Te Kāhui Tika Tangata Human Rights Commission published two reports on violence and abuse experienced by disabled people and tāngata whaikaha Māori. The Commission highlighted the prevalence of systemic discrimination, inaccessible services, and the significant lack of data. The reports underscored a critical need to reduce existing barriers preventing disabled people and tāngata whaikaha Māori from living independently with choice and control over their lives.

Environmental, institutional, and attitudinal barriers all create significant accessibility challenges. Evidence shows disabled people may be less likely to seek help if a service is not accessible, exacerbating the risk of experiencing violence.[1] Further, the systems and processes currently in place within FVSV services are often inaccessible, and the reporting data collected does not provide a comprehensive picture of service gaps and needs.[2]

About the Accessibility Fund

In 2023, the Ministry of Social Development (MSD) received $3.419 million to drive action and start addressing the absence of accessible FVSV services. MSD launched the Accessibility Fund, a time-bound initiative aimed at supporting FVSV providers enhance their service accessibility. This was one of a suite of initiatives to support the implementation of Te Aorerekura National Strategy to Eliminate Family Violence and Sexual Violence (Te Aorerekura).

Running from 2023 to 2026, the Accessibility Fund was the first programme of its kind in Aotearoa, and a step towards ensuring disabled people and tāngata whaikaha Māori have equal access to FVSV services. It provided an opportunity to gather essential data, informing our understanding of the sector's level of accessibility. This evidence has enabled us to develop fundamental insights, paving the way for the future.

The Accessibility Fund comprised four key initiatives:

- **Initiative One:** Developing an accessibility self-assessment tool, designed to assist providers identify their level of accessibility and increase data collection.
- **Initiative Two:** Funding eligible FVSV providers to enhance their physical, digital, information, and communication-based accessibility through Accessibility Enhancement Grants.
- **Initiative Three:** Making physical modifications to selected safe houses so disabled people and tāngata whaikaha Māori can access crisis services.
- **Initiative Four:** Increasing FVSV workforce knowledge and capability through disability awareness and response training.

Our approach

The project also focused on building an evidence base to help better understand existing service gaps. The evidence confirms the value of investing in accessibility and offers suggestions for both short and long-term actions to improve the accessibility of FVSV services. Findings are based on data collected across the four initiatives and align with international evidence of effectiveness.

We used several data collection methods to develop a full and accurate picture of the FVSV sector, including:

- Analysing 85 accessibility self-assessments completed by FVSV providers.
- Contracting two accessibility specialists with lived experience of disability to conduct virtual tours of seven eligible FVSV providers' properties and produce evaluation reports.
- Engaging with 44 FVSV service providers in individual online hui.
- Collating and analysing data from 87 questionnaires completed by Accessibility Enhancement Grant recipients.
- Gathering feedback from participants of the disability awareness and response training programme.
- Documenting the journey of modifying three safe houses.

The data has captured invaluable insights, not only into the state of service accessibility, but also about the passion and empathy providers have for improving accessibility. The disability training programme offered a deep dive into the sector's knowledge and understanding of how to support disabled people; this information is key to identifying how we can better support the workforce. We also now have a better understanding of the work required to retrofit properties and enhance service accessibility overall.

Project outcomes

When Te Kāhui Tika Tangata Human Rights Commission published its first report on violence against disabled people and tāngata whaikaha Māori in 2021, there was no substantive data available about the accessibility of FVSV services. We now have a robust body of evidence indicating critical gaps in physical, digital, information, and communication-based accessibility; workforce knowledge and capability; and safe house accessibility.

Key findings from this work programme have highlighted the benefits of investing in accessibility, including increased use of services and improved workforce capability. With the right support and resources, the sector is committed to making services accessible. We can build on this momentum by supporting Aotearoa's FVSV providers to make these essential services accessible for disabled people and tāngata whaikaha Māori.

Insights into the accessibility of FVSV services

The first initiative in the Accessibility Fund involved developing a data collection tool to gather evidence about the current state of FVSV service accessibility for disabled people and tāngata whaikaha Māori. We designed an accessibility self-assessment in collaboration with accessibility specialists with lived experience of disability.

The self-assessment had a dual purpose: it was both a means of collecting valuable data and a tool for FVSV service providers to help them understand their level of accessibility.

The accessibility specialists also undertook virtual tours of some providers' properties, delivering technical accessibility insights. Their evaluation reports together with the self-assessment data gave us key insights into:

- the physical accessibility of providers' properties
- the digital accessibility of services, including online information and resources
- the accessibility of information provided to clients
- providers' disability policies and action plans
- how inclusion, training, and communication impact accessibility.

Key Findings

- While **72 percent** of providers that completed a self-assessment thought they had an accessible toilet, only **12 percent** of them were fully accessible.
- Only **14 percent** of properties with steps to the front entrance had fully accessible ramps.
- Most providers **(91 percent)** that completed the self-assessment had a website. However, only **34 percent** of them were accessible and met the New Zealand Government Web Standards.
- Most providers **(72 percent)** had at least one social media platform, but only **36 percent** of posts were accessible.
- Only a very small proportion of providers with a property had a webpage on their website dedicated to accessibility **(four percent)**.
- Almost half of providers **(44 percent)** said they did not take any steps to make documents accessible, like using accessible text and fonts.
- Three-quarters of providers did not translate information into alternate formats (New Zealand Sign Language (NZSL), Easy Read, Audio, Braille, Audio Description, and large print).
- Just over a third of providers **(38 percent)** offered sign language interpreting services to d/Deaf and hearing-impaired clients, but **59 percent** of those providers reported they could not always access the service.
- While **67 percent** of providers offered foreign language interpreters, **63 percent** said they could not always access an interpreter.
- Almost three-quarters of providers **(73 percent)** did not have any visual alerts to communicate emergency evacuations (such as a fire or earthquake) to d/Deaf and hearing-impaired clients.
- The majority of providers **(72 percent)** did not have policies and outreach strategies for recruiting disabled employees, board and committee members, and volunteers.
- Only **16 percent** of providers said they provide accessibility training to staff and volunteers.
- A minority of providers **(15 percent)** did not offer alternative ways of working for disabled employees e.g., flexible working.
- Only **24 percent** of providers had a disability policy and/or action plan.

Investing in accessibility – Accessibility Enhancement Grants

In the Accessibility Fund's second initiative, MSD awarded 44 FVSV providers grants of up to $75,000 to enhance their service's physical, digital, information, and communication-based accessibility.

The projects were highly innovative, demonstrating an enthusiasm to increase accessibility through tangible change. The enhancements went far beyond practical access. They contributed to strengthening trust, reducing shame, and reaffirming the right of all clients, regardless of ability, to receive compassionate and culturally safe support.

The robust data gathered across the lifespan of the 44 projects has provided rich narrative insights into the impact of enhancing accessibility. The feedback from clients and staff was consistently positive and has highlighted that improving accessibility is invaluable to creating better FVSV services for all New Zealanders.

Key Findings

- The elimination of physical, digital, information, and communication barriers has created more accessible and inclusive services for both disabled clients and staff.
- Providers reported disabled people and tāngata whaikaha Māori have more independence, autonomy, and can access services on an equal basis with others.
- Improving the sensory environment has reduced client anxiety and increased engagement, enabling staff to build rapport and trust.
- Having accessible websites with clear, inclusive information about FVSV services and accessibility options has led to a reported increase in self-referrals.
- The enhancements have had a secondary impact on staff, enabling them to streamline service delivery, increasing productivity and efficiency.
- Almost **90 percent** of providers said further enhancements were required to become fully accessible and saw the enhancement grant as the first step.

Improving safe house accessibility

Initiative three responded to the disability sector's call to increase safe house accessibility. Whether permanently or temporarily disabled, women in need of a safe house often have reduced mobility after experiencing physical violence. They can have complex injuries and require immediate and effective care and support.

We therefore ring-fenced part of the Accessibility Fund to improve the physical accessibility of three modifiable safe houses in Auckland, Palmerston North, and Nelson. We collected data by tracking property modifications and engaging with the refuges, gaining key information about disabled women's needs, the process of retrofitting a safe house, cost, and impact. Having accessible safe houses has transformed the service for all women and children who need a safe place to go to escape violence. Disabled women and women with mobility impairments can now access the property on an equal basis with others, increasing independence and autonomy.

Key Findings

- Providing an inclusive and enabling service has reduced anxiety and increased clients' confidence and trust in knowing they can access formal support in times of acute need.
- The modifications have improved usability for all service-users. Key modifications include having a fully accessible kitchen, an accessible bedroom with wheelchair turning space, an accessible bathroom, a ramp for front and back entrance access, and a reachable clothesline.
- This initiative has not only had a positive effect on the environmental accessibility but has also contributed to a significant shift towards dismantling existing institutional and attitudinal barriers.
- It has motivated refuge leadership to consider their processes and revise their health and safety and client-user policies, prioritising accessibility in organisational policies, budgets, and long-term planning.

Increasing workforce capability – Disability Awareness Training for the FVSV workforce

The fourth initiative focused on increasing workforce capability. MSD contracted a training provider to develop and deliver a series of workshops called 'Beyond Barriers: Towards disability inclusive family and sexual violence services' (Beyond Barriers). The workshops were designed to equip FVSV staff with foundational information to improve their knowledge and ability to support disabled people and tāngata whaikaha Māori experiencing violence. The training also focused on eliminating attitudinal barriers about disability.

Data collected from the post-workshop surveys indicate the disability training was beneficial for staff working in FVSV services. Findings show a considerable increase in participants' confidence levels across the board.

Key Findings

- Participants' ability to recognise attitudinal barriers for disabled people and tāngata whaikaha Māori rose from **50 to 89 percent**.
- Participants' ability to recognise environmental barriers for disabled people and tāngata whaikaha Māori rose from **48 to 92 percent**.
- Participants' ability to recognise institutional barriers for disabled people and tāngata whaikaha Māori rose from **44 to 88 percent**.
- Participants' understanding of the social model of disability rose from **37 to 95 percent**.
- Participants' understanding of how violence impacts disabled people and tāngata whaikaha Māori in Aotearoa rose from **62 to 93 percent**.
- Participants' understanding of the different cultural views of impairment and disability increased from **56 to 85 percent**.
- Participants' confidence in connecting with others in the community to assist with supporting disabled people and tāngata whaikaha Māori increased from **47 to 88 percent**.

Opportunities to increase accessibility

Recommendations for family and sexual violence service providers

We acknowledge structural and large-scale physical modifications can be expensive and often outside budget. We have therefore outlined short-term lower-cost enhancements, many of which providers can initiate straightaway, and medium to long-term modifications which likely require additional funding. These are based on discussions with accessibility specialists, people with lived experience, and best practice guidelines.

Short-term improvements for service providers

There are many accessibility improvements that can be made at no or minimal cost. These include:

- Reducing clutter and removing furniture which might be a trip-hazard or obstruct someone from moving around easily.
- Removing raised surface thresholds inside and outside the building by installing non-slip rubber ramps.
- Making transparent glass doors visible for people with vision impairments by applying high contrast marking strips and supports like decals or dots (adhesive stickers to alert people to the presence of glass).
- Installing pull-out shelves in kitchens to provide accessible bench space for wheelchair-users if a custom-built benchtop is outside of budget.
- Providing accessible seating with back and arm rests, and wider and/or higher seats.
- Labelling accessible cupboards and drawers and organising kitchen contents like crockery, pans, and food so they are at accessible heights.
- Installing accessible signage with the International Symbol of Access (ISA) if applicable, including but not limited to floor and building directions, toilets, elevators, emergency doors, routes, and exits.
- Purchasing sensory items like fidget toys to help reduce anxiety.
- Minimising noise and providing a quiet space for clients.
- Making documents accessible by using the Accessibility Checker function in Word and writing in plain language.

- Providing Word or alternative documents alongside downloadable PDFs, as screen readers cannot read some PDF documents.
- Developing an accessibility/disability policy and action plan, co-designed with disabled people and tāngata whaikaha Māori.
- Creating a dedicated accessibility webpage on the organisation's website to inform clients about how they can meet accessibility needs. This should include a map indicating accessible parking, the closest bus stop, and the main entrance.

Medium to long-term improvements for service providers

To ensure services are fully accessible, providers should consider:

- Obtaining a full audit from a qualified access advisor to identify the service's accessibility levels and provide recommendations. This includes physical, digital, information, and communication-based accessibility.
- Actioning recommendations from the audit to make all components of the service fully accessible for disabled people and tāngata whaikaha Māori.
- Installing visual emergency alerts to improve safety for d/Deaf and hard of hearing people.
- Making the organisation's website and social media fully accessible and ensuring it meets the World Wide Web Consortium (W3C) Web Content Accessibility Guidelines (WCAG) 2.2.
- Offering all documents in alternate formats including NZSL, audio, Braille, plain language, Easy Read, and large print.
- Ensuring clients have easy access to foreign language and NZSL interpreters.
- Receiving guidance from a qualified access advisor on improving accessibility for staff, including recruitment strategies, workplace policies and processes, and ensuring reasonable accommodation.
- Developing a long-term plan to ensure accessibility standards are maintained and accountability measures in place.
- Providing regular accessibility and disability training to staff so they can fill knowledge gaps and fully accommodate client needs.

- Reviewing and improving intake processes, including ensuring intake forms are designed to identify disabled peoples' needs from when they first access the service.

Opportunities for sustained change

Key opportunities to make FVSV services accessible for disabled people and tāngata whaikaha Māori

Stakeholder and participant feedback collected through the Accessibility Fund has pointed to a range of areas where accessibility considerations are relevant to the ongoing development of FVSV services. The following themes reflect findings across the Accessibility Fund, and present opportunities to embed accessibility.

1. Funding and investment considerations

Findings suggest that accessibility outcomes are influenced by broader funding and investment settings, including:

- The extent to which existing contract arrangements allow for flexibility to respond to accessibility needs.
- The visibility of accessibility considerations within internal FVSV provider processes, such as diagnostic and needs assessments.
- The consistency of accessible documentation (for example, intake forms) used across FVSV services.
- How funding timeframes and processes affect providers' ability to plan and deliver accessibility-related improvements.
- The availability of shared resources, such as examples of accessible practices, templates, and content developed by or alongside disabled people and tāngata whaikaha Māori.

2. Access to support and expertise

Findings also highlighted the role of access to expertise and capability in shaping accessibility outcomes, including:

- Providers' access to technical capability to support the ongoing accessibility of websites and documents as standards evolve.
- The contribution of lived experience and specialist accessibility knowledge to informing service design and practice.
- The information available to providers when navigating technical processes related to physical accessibility, including consent and compliance requirements.
- The presence of general and specialist disability and accessibility knowledge within the FVSV workforce.

3. Research and data collection

Findings indicated gaps in information that limit visibility of how accessible FVSV services are in practice, including:

- The availability of consistent information on the accessibility of FVSV provider websites.
- Understanding of how location, including rural and regional settings, affects access to FVSV services for disabled people and tāngata whaikaha Māori.
- Insight into how FVSV services respond to the needs of disabled people within diverse and intersectional communities, such as LGBTQIA+ communities, Pasefika, tāngata whaikaha Māori, former refugees, and ethnic communities.

4. Alignment with Te Aorerekura National Strategy to Eliminate Family Violence and Sexual Violence

Evidence highlights the importance of exploring ways to include accessibility considerations in Te Aorerekura's future action plans, including:

- Supporting progress towards Shift Five: Towards safe, accessible, and integrated responses.
- Identifying opportunities to reflect accessibility considerations in the next action plan.

Key opportunities to support more accessible refuges and safe houses

Findings indicate a range of factors influence the accessibility of refuges and safe houses within the broader context of New Zealand's built environment. The following themes outline areas where accessibility considerations may inform ongoing discussion and development over time.

1. Accessible crisis accommodation

Stakeholders noted the importance of the physical accessibility of crisis accommodation, including:

- The extent to which existing safe houses can be modified to improve accessibility for disabled people and tāngata whaikaha Māori.
- The use of inclusive or universal design principles in the development of new crisis accommodation.

2. Specialist support services

Findings highlighted the role of specialist capability in supporting accessible refuge responses, including:

- The availability of staff with experience working alongside disabled people with a range of support needs.
- The presence of support services that are responsive to the specific needs of disabled people and tāngata whaikaha Māori.

3. Funding and investment considerations

Findings informed several ways in which broader funding and investment settings may affect accessibility outcomes for refuges and safe houses, including:

- The availability of safe and accessible emergency and transitional housing options.
- The visibility of information on the current accessibility of existing safe houses.
- The role of accessible new housing stock in supporting a range of uses, including crisis accommodation, over time.
- Broader conversations about accessibility expectations for new public housing, including international guidance such as the UNCRPD Committee's recommendations.

4. Involvement of disabled people and tāngata whaikaha Māori

Findings emphasised the value of lived experience in shaping accessible environments, including:

- The involvement of disabled people and tāngata whaikaha Māori in the design and development of refuge and safe housing responses, particularly those with lived experience of violence.

5. Monitoring and accountability settings

Findings raised questions about the role of monitoring and quality assurance in shaping accessibility outcomes, including:

- How accessibility and safety expectations are understood and applied within crisis accommodation settings.
- The role of existing standards, guidance, and accreditation mechanisms in informing accessibility practice for new and existing properties.

6. Public awareness

- The extent to which awareness, incentives, and promotion within the building sector can support greater uptake of universal design and accessible housing that is practical and affordable.

Key opportunities to build FVSV workforce capability to support the needs of disabled people and tāngata whaikaha Māori

Evidence obtained across the Accessibility Fund highlighted various factors that influence FVSV workforce capability to respond to the needs of disabled people and tāngata whaikaha Māori. The following considerations reflect areas where capability-building opportunities may support improved accessibility and service responsiveness over time:

- The availability of disability and accessibility learning opportunities across the FVSV sector, including access to shared resources and training materials, and opportunities for refresher learning.
- The value of actioning Te Kāhui Tika Tangata Human Rights Commission Roadmap for a violence and abuse free future for disabled people in Aotearoa with sustained investment in workforce development across health, disability, and FVSV sectors, including:
    - Invest in/commission professional development designed and delivered by disabled people about intersectional discrimination including ableism (and intersectional racism)
    - Invest in/commission training designed and delivered by disabled people to build capability in the disability and FVSV workforces.[3]
- The potential value of implementing tools and approaches to enhance understanding of the longer-term impacts of disability training on workforce capability, including disabled clients' experiences of service accessibility and uptake.
- The role of audits and/or organisational self-assessments to help better inform the current level of workforce capability in disability awareness and response, and the use of existing tools and frameworks relevant to the FVSV sector (such as the Centre for Family Violence and Sexual Violence Prevention's Mapping Training Tool).
- The value of collaborative approaches, involving disabled people to support providers in identifying appropriate disability training pathways aligned with their needs and contexts.

- The availability of shared resources, such as examples of good practice, disability action plan and strategy templates, and tested accessible content, to support consistent capability development.

Introduction

About the Accessibility Fund

In 2023, the Ministry of Social Development (MSD) received $3.419m through Budget 23 to support MSD-funded mainstream family violence and sexual violence (FVSV) service providers improve their accessibility for disabled people and tāngata whaikaha Māori. This was one of many initiatives prompted by Te Aorerekura National Strategy to Eliminate Family Violence and Sexual Violence (Te Aorerekura). This initiative also supports track one of the twin-track approach[i], aiming to make mainstream services accessible for disabled people.

In mid-2023, we conducted stakeholder engagement to socialise MSD's approach to the Accessibility Fund. We held invaluable discussions with Disabled People's Organisations (DPOs), the wider disability sector, disabled people, Peak Bodies including Te Ohaakii a Hine – National Network Ending Sexual Violence Together (TOAH-NNEST) and the National Collective of Independent Women's Refuges (NCIWR), and Whaikaha – Ministry of Disabled People.

We received valuable feedback on the most effective ways to support the FVSV sector to improve accessibility. Stakeholders consistently advised that available funding would have the greatest impact when directed toward practical accessibility improvements, alongside workforce development. This reflected previous feedback from disabled people engaged to inform Te Aorerekura and was a recommendation in the Te Kāhui Tika Tangata Human Rights Commission report published in 2021.

Following engagement, we designed a multi-pronged approach, dividing funding between four initiatives. Namely, the accessibility of safe houses; making tangible changes to physical, digital, information and communication-based service accessibility; increasing workforce capability; and strengthening data collection. We outline the initiatives next.

[i] The twin-track approach aims to address violence against disabled people by providing both accessible mainstream services and specialist, disability-specific services and support.

Initiative One: Developing an accessibility self-assessment tool

With the help of accessibility specialists with lived experience of disability, we co-designed a self-assessment tool for FVSV providers with questions about their services' physical, digital, information, and communication-based accessibility. The self-assessment explored whether organisations could meet staff needs, looking into workplace accessibility and workforce development. The tool helped inform providers about the changes required to make their services accessible and could be utilised if providers wished to apply for grant funding in Initiative Two.

In parallel, the self-assessment was a means of gathering insights into the FVSV sector's current state of accessibility. The data collected has been instrumental in informing this report.

Initiative Two: Accessibility Enhancement Grants

The second initiative – the Accessibility Enhancement Grants – gave FVSV service providers the opportunity to apply for a one-off grant of up to $75,000 to improve their accessibility. MSD awarded 44 grants which providers used for various innovative projects involving a range of physical, digital, communication, and information-based enhancements. Completing the accessibility self-assessment designed in Initiative One was a pre-requisite of applying for a grant and assisted many providers in identifying accessibility gaps.

Initiative Three: Improving safe house accessibility

The third initiative focused on improving the physical accessibility of modifiable safe houses. Three safe houses in Palmerston North, Auckland, and Nelson were identified as suitable for retrofitting, elevating them to an accessible standard so disabled people and tāngata whaikaha Māori would have physical access.

Initiative Four: Enhancing FVSV workforce knowledge and capability

We knew anecdotally and from several published reports that there was a gap in FVSV workforce knowledge and capability to respond effectively to disabled people's needs. We therefore allocated part of the Accessibility Fund to design a disability awareness and response training programme tailored to the FVSV workforce. This provided an opportunity for FVSV staff to upskill on disability barriers and responses.

Including disabled people

Engaging and involving disabled people in this project was core to properly understanding disabled people's needs. The Accessibility Fund project team consisted of three dedicated staff, one of whom had lived experience of disability. Their long-standing role in the community as a disability advocate and expertise in accessibility was invaluable in driving the project's success.

We engaged with a range of stakeholders with lived experience from the outset. Their feedback was core to maximising the project's impact and delivering tangible change. They also provided significant insights into the absence of accessible safe houses, prompting us to focus one of the initiatives on improving the physical accessibility of safe houses.

The accessibility self-assessment was co-designed with two disabled accessibility specialists, who then led virtual tours of seven providers' properties and produced evaluation reports with recommendations. Four of the five members of the working group established to oversee the self-assessment's development also had lived experience of disability.

Regarding the Accessibility Enhancement Grant initiative, the evaluation panel which assessed providers' funding applications comprised three members with lived experience of disability. Disabled people were also consulted during the design and development of the disability training programme, including staff from Whaikaha and disability advocates with expertise in family and sexual violence.

How we collected data

With the paucity of research and evidence on FVSV service accessibility in Aotearoa, the Accessibility Fund was a key opportunity to develop evidence-based insights. We prioritised gathering meaningful qualitative and quantitative data about FVSV service accessibility; workforce awareness and capability; and the process of modifying safe houses.

We used several data collection methods as we wanted to develop a full and accurate picture of the sector. We also wanted to ensure providers had the opportunity to tell us their story through face-to-face engagement. We collected data through:

- Analysing 85 accessibility self-assessments completed by FVSV providers.
- Contracting two accessibility specialists with lived experience of disability to conduct virtual tours and produce evaluation reports on the physical accessibility of seven eligible FVSV providers' properties.
- Engaging with 44 FVSV service providers that received Accessibility Enhancement Grants in individual online hui.
- Collating data from 87 questionnaires completed by recipients of the Accessibility Enhancement Grant.
- Gathering feedback from 121 participants of the disability awareness and response training programme.
- Documenting the journey of modifying three safe houses.

The data has enabled us to capture valuable insights, not only into the state of service accessibility, but also about the passion and empathy providers have for improving accessibility in Aotearoa. The disability training programme offered a deep dive into the sector's knowledge and understanding of how to support disabled people; this information is key to identifying how we can better support the sector. We also now have a considerably better understanding of the cost and work required to make properties accessible.

Limitations

This was a one-off, time-bound work programme with limited funding. Consequently, we did not have the capacity to make all FVSV services fully accessible or to offer ongoing training to FVSV staff. The Accessibility Fund essentially acted as a pilot project and while we could not address all gaps it has improved our understanding of what is required moving forward.

The project also enabled us to identify specific gaps and needs of which we were previously unaware due to the lack of data. However, the project's parameters meant the data pool was largely limited to FVSV providers with MSD contracts. It is therefore important to acknowledge the absence of data from organisations which provide FVSV services but do not have MSD contracts.

Further, we were unable to collect sufficient data from services outside of mainstream FVSV services to build a clear evidence base on the needs of specific communities. We recognise there is a significant need to obtain more data regarding the intersection of disabled people from minority communities including tāngata whaikaha Māori, Pasefika, ethnic communities, LGBTQIA+, and older people.

Despite these limitations, we consider the data sufficiently robust to draw meaningful conclusions about the current state of accessibility across much of the FVSV sector.

Context

Disabled people and tāngata whaikaha Māori experience disproportionately high rates of violence

Around one in six people in Aotearoa identify as disabled.[4] Yet they experience ongoing barriers to accessing services and support, marginalised by ableism, socioeconomic disparities, stigma and other intersecting disadvantages including racism and colonisation. These inequities limit equal participation in society and contribute to high rates of unmet need. Violence against disabled people and tāngata whaikaha Māori is an epidemic as they experience markedly higher rates of violence than non-disabled people.

Evidence consistently shows pronounced disparities between disabled and non-disabled people. Disabled women and girls experience higher rates of violence than disabled men and non-disabled women and girls. Disabled men and boys also face higher rates of violence than non-disabled men. Tāngata whaikaha Māori are more likely to be victims of crime – including by family members – than disabled non-Māori and non-disabled people.[5]

Intimate partner violence (IPV) is especially prevalent. Disabled women and men report significantly higher rates of most forms of IPV than their non-disabled peers. IPV includes physical, sexual, psychological, controlling behaviours, and financial abuse. In the 2019 New Zealand Family Violence Study, 40 percent of disabled women reported experiencing physical IPV over their lifetimes (compared with 25 percent of non-disabled women). Among people with intellectual disability, men reported higher physical IPV (60.5 percent) than women (36.0 percent).[6]

IPV is also gendered. More disabled women report experiencing sexual IPV than disabled men and non-disabled men. Dependence on a partner for physical, economic, or social support can also make it harder to leave, heightening risk. Shame, stigma, fear of not being believed, difficulty naming abuse, and low trust in services further deter help-seeking.

Disabled people also experience elevated rates of non-partner physical and sexual violence. Many do not seek help after non-partner sexual violence (43.5 percent of women and 60 percent of men).[7] Perpetrators may include family members, caregivers, residential staff, employers, neighbours, and strangers.

Alongside physical and sexual violence, abuse against disabled people can involve financial harm, coercive/emotional harm, harm to autonomy, support related harm,

and verbal abuse. Much of this violence is invisible and under-reported, particularly when the perpetrator is someone the person depends on.

Risks are compounded at the intersections of disability with other identities like Māori, Pasefika, LGBTQIA+, older people, and ethnic communities. Westernised frameworks that primarily centre around gendered power can overlook how colonial and racialised dynamics shape harm. Many disabled victims/survivors with intersecting identities experience social isolation, cultural disconnection, and economic insecurity, reinforcing dependence and reducing options to seek help. In some communities FVSV remains taboo, further suppressing disclosure.[8]

Family and sexual violence services are inaccessible for disabled people and tāngata whaikaha Māori

Despite clear need, FVSV services are often inaccessible for disabled people – physically, communicatively, culturally, and attitudinally.[9] Even before Accessibility Fund data was collected, we knew from sector engagement that Aotearoa was falling short of meeting disabled people's accessibility needs. In 2021, the Centre for Family Violence and Sexual Violence Prevention consulted disabled people in a series of hui to better understand their experiences of family and sexual violence and opportunities for improvement. Their feedback highlighted widespread inaccessibility across services and environments.[10] MSD's subsequent 'Gaps Report' reinforced these issues by identifying a lack of disability support, limited workforce capability, and insufficient data on FVSV experiences within the disability community.[11]

Many disabled people also lack access to emergency accommodation or safe houses due to the physically inaccessible premises, a concern frequently raised during engagement for the Accessibility Fund. In 2022, the United Nations on the Rights of Persons with Disabilities expressed concern over the inaccessibility of New Zealand's housing. It recommended adopting the principle of universal design, committing to a target of 100 percent accessibility for any newly built public housing and introducing mandatory accessibility requirements for new housing in the private sector.[12] New Zealand currently does not have any legislated accessibility requirements for private housing.

Regarding access to public buildings, the Building Act requires 'public buildings' (those listed in Schedule 2 of the Act) undergoing construction or alterations to make reasonable and adequate access provisions for disabled people. Access Standard NZS

4121:2001[ii] is listed in the Act as an Acceptable Solution for requirements that buildings must meet, although it is not the only Acceptable Solution that can be used for this purpose. In 2025, Whaikaha – Ministry of Disabled People (Whaikaha) commissioned a review of the NZS 4121 and environmental scan to compare global accessibility standards. The report recommended a complete overhaul of NZS 4121 due to outdated language, limited cultural relevance, and inconsistencies with the Building Act and Building Code that create regulatory loopholes. Whaikaha is currently working with Standards New Zealand to revise the standard as part of its Accessibility Work Programme.

Recent research into the wider built environment offers further insights into the physical barriers disabled people face. In 2024 Branz Building Research funded Massey University to undertake a study of the accessibility of New Zealand's built environment. Researchers surveyed 319 disabled New Zealanders, who reported extensive physical barriers to public buildings, including uneven paths, inaccessible parking and signage, heavy or narrow doors, obstacles in corridors, sensory overstimulation, lack of accessible toilets, outdated lifts, and inadequate ramps. The study also revealed a low understanding of inclusive design among construction practitioners and building staff, alongside reluctance to improve accessibility due to perceived cost implications.[13]

Accessibility barriers extend beyond physical environments. Information is often presented in inaccessible formats, with overly technical language, limited assistive technology, and insufficient New Zealand Sign Language support. Disabled women and children also face a shortage of accessible safe houses, increasing the risk of harm if they cannot seek refuge. For tāngata whaikaha Māori, the impacts of colonisation, racism, intergenerational trauma, and ableism further compound these challenges.[14]

Workforce capability remains a major concern. Disabled people and tāngata whaikaha Māori have long called for a commitment to upskilling FVSV staff on disability responses and dismantling attitudinal barriers to disability. Yet evidence shows low disability-specific competency across the workforce. Reasons for this include lack of training, limited collaboration between FVSV and disability sectors, under-resourcing, and high staff turnover. A 2024 survey found only 39 percent of FVSV workers in Aotearoa had received training to work with disabled people in the last 12 months.[15]

[ii] NZS 4121:2001, Design for access and mobility – Buildings and associated facilities, is a New Zealand Standard providing requirements for designing accessible buildings.

Limited workforce capability to support disabled people and tāngata whaikaha Māori contributes to serious harm. It allows harmful myths about disability to persist, leads to re-traumatisation and victim-blaming, and results in violence not being recognised, especially when the perpetrator is a carer or when young people use violence against parents.16 These capability gaps can also undermine victims' own safety strategies and pathways to seek help, while enabling perpetrators to avoid accountability.

Although frameworks such as The Specialist Family Violence Organisational Standards (SOS) and Family Violence Entry to Expert Capability Framework (E2E) include expectations around disability responsiveness, evidence of available training and its effectiveness remains limited as it is in the early stages of implementation.

FVSV services need to be accessible for disabled people

Urgent action is needed to embed accessibility across all FVSV services. Alongside improved data collection and research, we need to build workforce capability, and resource culturally-grounded, community-led responses so disabled people and tāngata whaikaha Māori can access safe, responsive support when and where they need it.

In 2021, the Government launched Te Aorerekura National Strategy to Eliminate Family Violence and Sexual Violence (Te Aorerekura). Te Aorerekura is a 25-year strategy and provides a roadmap towards eliminating family and sexual violence over the course of a generation, and speaks to improving prevention, healing, and response services. It identifies six shifts in how tangata whenua, specialist sectors, communities, and government work together to affect positive change.

Te Aorerekura recognises disabled people are disproportionately affected by family and sexual violence, compounded by the lack of safe and accessible services. The strategy promotes a "twin-track" approach to service provision by providing both mainstream and specialist services which are accessible and designed to meet the diverse needs of disabled people. The work we have undertaken as part of the Accessibility Fund sits under Te Aorerekura's "Shift Five: Towards safe, accessible and integrated responses". It supports the effort to make all mainstream FVSV services accessible.[17]

At the time of writing this report, we are five years into Te Aorerekura. Agencies have made progress towards identifying service gaps and laying a foundation to improve prevention and responses. Establishing the Accessibility Fund provided a key opportunity to contribute to this work by making FVSV services accessible for disabled people and tāngata whaikaha Māori.

Initiative One: Accessibility Self-Assessment Tool

"Completing the self-assessment and external assessment was incredibly helpful to be able to objectively examine how we were working and what we could do better." **(FVSV service provider)**

Overview

Developing the self-assessment tool

The first initiative in the Accessibility Fund involved developing a tool to give service providers the opportunity to better understand their accessibility levels. Simultaneously, we wanted a means to gather data about the current state of FVSV accessibility. Building a robust evidence base was a key part of our mandate, and essential for exposing existing gaps in service accessibility. While our primary aim was focused on FVSV services, we also wanted to make the tool publicly available and easy to adapt should other social service providers wish to utilise it.[iii]

We consulted two external accessibility specialists with lived experience of disability on the best approach. Together, we co-designed a structured accessibility self-assessment tool through which we could meet criteria within the allocated budget and timeframe. Self-assessments not only provide rich data but deepen user investment through a hands-on approach to self-identifying issues, fostering a culture of accountability and incentivising change.

The self-assessment comprised 85 questions, separated into four sections. It covered a diverse range of topics essential to developing a clear and accurate picture of organisations' accessibility levels.

The user did not have to complete all sections if certain questions did not apply to their services – for example not all providers had properties and therefore did not have to complete questions on physical accessibility.

[iii] The accessibility self-assessment and accompanying resources are available to the public via the MSD website. It can be used as a living document which organisations can download and reuse, promoting continuous improvement.

The self-assessment had an estimated completion time of 20 minutes, although this differed depending on whether the user completed every section or not. Core components of the self-assessment included questions about:

- the physical accessibility of providers' properties;
- the digital accessibility of services, including online information and resources;
- the accessibility of information provided to clients;
- providers' disability policies and action plans; and
- inclusion, training, and communication.

We also designed resources to help people navigate the self-assessment, as some may have had limited knowledge about accessibility. These were also made available on the MSD website and included:

- a guide to the self-assessment
- a self-assessment glossary
- accessibility FAQs.

The self-assessment was designed to be flexible and accessible. Organisations had the option of completing it online or using an accessible Word document. It could be completed in stages to accommodate those working in high-pressure environments who may get interrupted and want to finish the assessment at another time.

The tool enabled organisations to recognise accessibility barriers which may not be visible in day-to-day operations. It aimed to help them reflect on their practices and the needs of their clients and staff. It also helped prioritise accessibility enhancements, particularly if providers wanted to apply for grant funding (see Initiative Two).

The original accessibility self-assessment went live in June 2024 and closed in January 2025 for data collection purposes. A modified version and the self-assessment guidance are available to the public on MSD's website.

Evaluation Reports

We also offered the chance for a limited number of eligible FVSV providers to receive an accessibility evaluation report from the accessibility specialists engaged to co-design the self-assessment. The specialists reviewed the eligible providers' completed self-assessments and undertook a virtual tour of their properties, identifying physical barriers which may not have been captured in the self-assessment. MSD's internal Digital Accessibility Specialists then assessed the provider's digital accessibility, using sample data from the organisation's website and social media channels. Seven eligible providers received an evaluation report with detailed feedback and recommendations to improve their physical and digital accessibility.

How we collected data

We promoted the self-assessment as part of the wider Accessibility Fund initiative via MSD's website, targeted emails, and newsletters from MSD, the Centre for Family Violence and Sexual Violence Prevention, the Disabled Persons Assembly (DPA), and Vine. We also engaged external stakeholders including Whaikaha and VisAble to inform them of the initiative. This broadened our outreach, helping to gather as much data as possible within the limited timeframe.

Completing a self-assessment was also a pre-requisite for the Accessibility Enhancement Grants (Initiative Two), and the workforce development and capability training (Initiative Four). While we did not collect information to determine why people had completed the self-assessment, it is possible that the opportunity to apply for a funding grant and attend training incentivised many providers.

Because the self-assessment was open to the public, we included questions to determine who completed it to ensure the data analysed for this report was in scope. We analysed data from self-assessments submitted from 1 July 2024 to 22 January 2025 submitted by FVSV services providers only.

While we received over 160 accessibility self-assessments, we were unable to utilise them all for the purpose of data analysis. Reasons include the self-assessments being incomplete, duplicated, or completed by people or organisations that did not offer FVSV services. After discounting ineligible respondents, we had 85 valid self-assessments to analyse. Overall, we consider this a reliable cohort to obtain broad insights into FVSV service accessibility.

In the self-assessment, the respondent was asked to assess the physical accessibility of the organisation's property used for client-facing service delivery. In cases where

providers had multiple buildings, they were asked to assess the primary property where they delivered client-facing services.

While we primarily focused on quantitative data analysis, there were some open-ended questions where respondents could provide narrative feedback. We supplemented findings from the self-assessments with insights from the accessibility specialists' evaluation reports of seven eligible FVSV providers. While these are not formal audits, the accessibility specialists provided expertise and observations about aspects of the built environment we could not cover in the self-assessment.

Findings

We have divided findings from the self-assessments into three parts: physical accessibility, accessible information and communication, and accessibility in the workplace. Each section includes key findings drawn from the 85 self-assessments submitted by FVSV service providers, and information from the evaluation reports produced by the accessibility specialists. Data analysis has provided valuable insights into the current state of service accessibility including existing gaps and areas for improvement.

Physical accessibility

Part one of the self-assessment aims to give the respondent a fuller picture of their property's physical accessibility. Designed as an interactive self-assessment, it encourages at least two people to complete it together, engaging with the environment by taking measurements and identifying accessibility barriers in a tactile way. The self-assessment asks questions about the property's internal and external accessibility, focusing on the fundamental information required to determine a building's accessibility, including the sensory environment. It does not attempt to cover every component of accessibility, as this would be too technically complex.

Approximately **95 percent** (81 of the 85) of FVSV providers that completed an accessibility self-assessment had properties; findings showed accessibility varied significantly.

Key findings on providers' physical accessibility

- Almost half **(43 percent)** of properties with allocated parking did not have any accessible parking spaces.
- Only **14 percent** of properties with steps to the front entrance had fully accessible ramps.
- Very few properties **(8 percent)** with stairs had working stairlifts.
- Only **9 percent** of properties had a fully accessible toilet.
- **One in five** properties had corridors, foyers, and passages that were inaccessible for wheelchairs.
- Less than one-fifth of providers **(19 percent)** said they had accessible signage like Braille, large print, and embossed pictures inside the property.

Below, we present findings on the properties' physical accessibility, drawing on the self-assessments and insights from the accessibility specialists.

External accessibility: From parking to entry access

The area outside a property is an important aspect of accessibility. Factors like parking spaces, the quality of surfacing, lighting, and signage are all vital to creating an accessible environment. We therefore included questions in the self-assessment to help providers determine how easy or difficult it would be for someone to access the front entrance of the building.

The majority of providers said they had parking spaces allocated for their clients and staff. However, of those with allocated parking, over **40 percent** said none of the spaces were accessible[iv]. Over half did not have appropriate parking signage like the International Symbol of Access (ISA)[v] in surface paint, or poles indicating accessible parking. Positively, most car parks had level and compact surfacing.

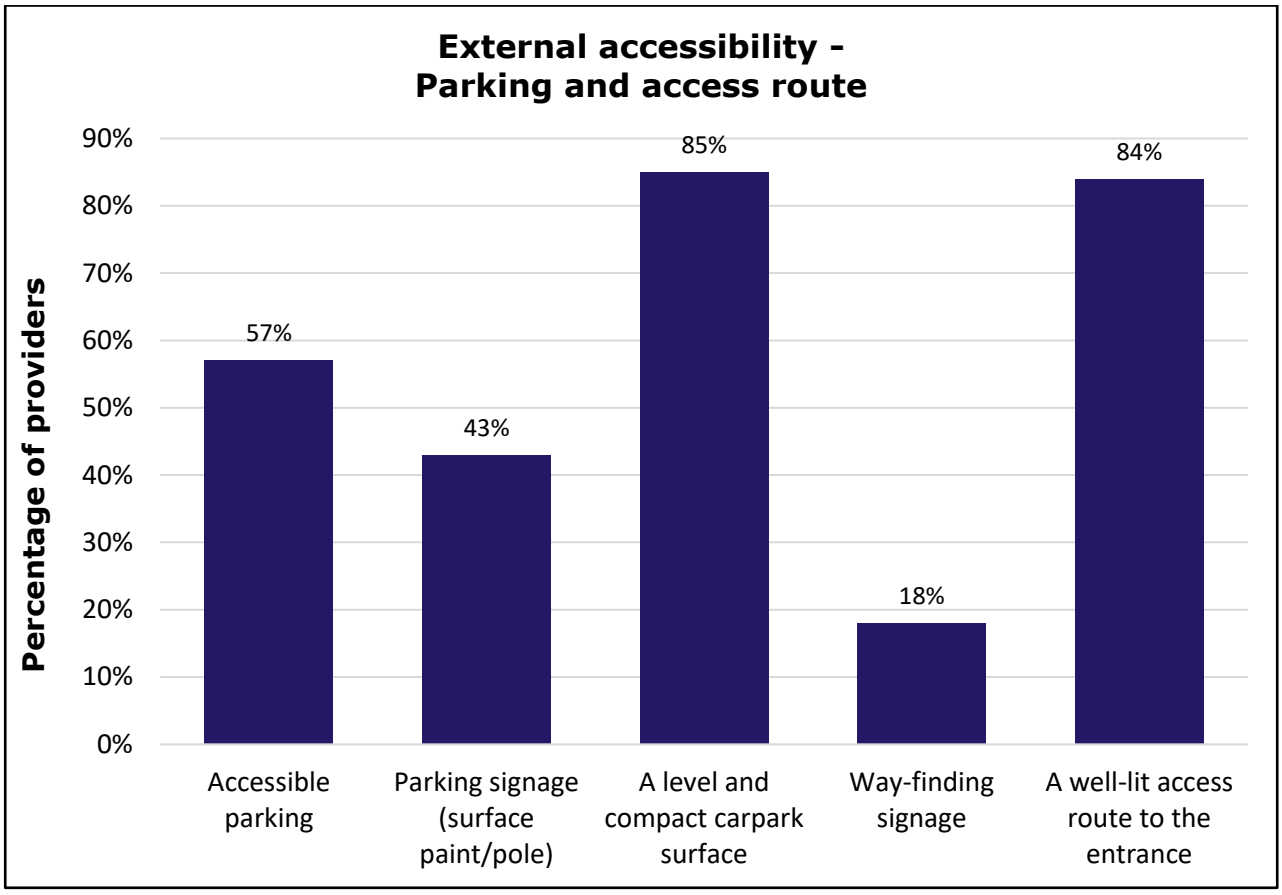
Wayfinding signage is essential as it enables people to navigate their way independently to and around buildings. Only **18 percent** of providers reported having wayfinding signage with the ISA outside their properties. We would need more information to assess the effectiveness of the signage, as usability depends on size,

[iv] For the purposes of this self-assessment, 'accessible parking spaces' was defined as *'parking spaces designated to disabled people and labelled with the international symbol of access'*.

[v] ISA (the International Symbol of Access) – sometimes referred to as the wheelchair symbol – is a universal way to tell people facilities are accessible and can help to reduce anxiety, especially when accessing an unfamiliar environment.

colour contrast, font, visibility, and inclusivity (e.g., Braille and sensory signage). Positively, over **80 percent** of providers said they had a well-lit access route to the entrance, also critical for accessibility especially for people with vision impairments. A fuller breakdown is provided in **figure one**.

Figure One: Providers' external accessibility – parking and access route



Accessing the front entrance

The questions about the property's front entrance primarily focused on steps, the main door, surfacing, and signage (see **figure two**).

Most providers had steps leading to the front entrance of the property; however **less than half** of them had a ramp. Further, only **14 percent** of ramps were fully accessible.[vi] Only **12 percent** of properties with steps had a working elevator.

[vi] To be fully accessible, a ramp must have slip resistant surfacing, fixed handrails, be over 1200mm wide and have wheelchair turning space (A space in which a wheelchair can make a 90 degree turn without obstruction. The space must be at least 1500mm by 1500mm. Note: Inward opening doors can only be effective if they allow for a turning circle).

While not all providers had steps to the front entrance, some were located on upper levels of shared multistorey buildings. One provider located in a multistorey building told us the lack of a lift was a major barrier for clients to access their service.

Only **22 percent** of providers had main entry doors with ISA signage to mark the entrance as accessible. Most providers **(91 percent)** had a front entrance door wide enough for a wheelchair. However, this does not consider whether the door had a level threshold[vii] as raised edges can also be a significant barrier. At least one provider picked up on this, commenting that while "[the] front door opens wide enough to allow ample space for a wheelchair [..] there is a small metal edge that may hinder an easy flow into the main area".

Insights from the Accessibility Specialists

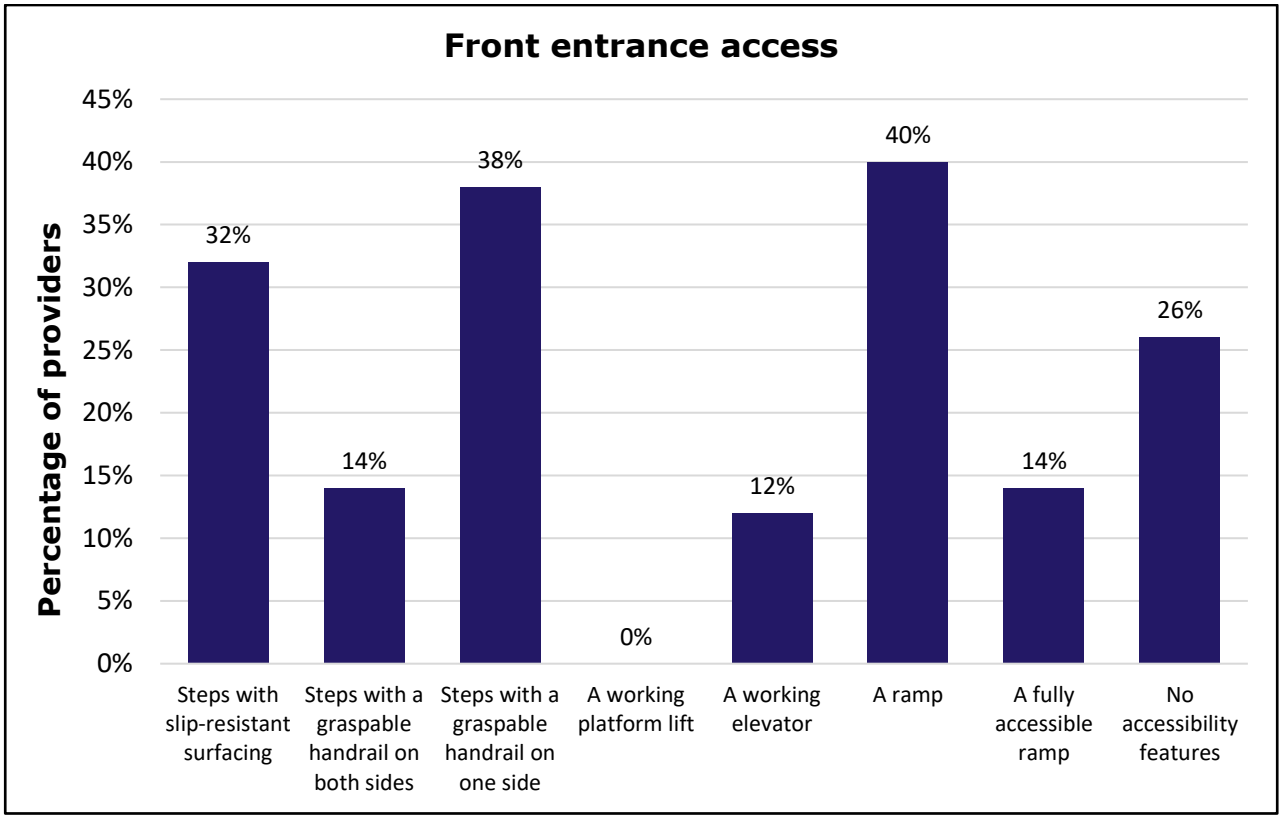
The accessibility specialists made a series of comments in the evaluation reports about external features not covered in the self-assessment. Firstly, they noted loose doormats can often be trip hazards and hinder accessibility. All mats should be stable, slip-resistant, and a contrasting colour to the floor. They also highlighted the importance of having Tactile Ground Surface Indicators (TGIS) at the top and bottom of ramps for low vision people and cane users. Ramps should have a surface change in texture and/or colour between the ramp and the ground to show change in levels.

Further, having lips on the edge of doors is common and something people often overlook. One solution is reducing any existing raised thresholds by installing a non-slip rubber ramp. This is a cheaper and quicker alternative to replacing the door entirely.

Having an external alert button outside the front entrance is also beneficial for people if they need help entering the property. One provider had installed an alert button to counter the issue of the child-proof locks on their external gates. Child-proof locks, particularly important for refuges/safe houses, can be a barrier for disabled people. While an effective safety measure, these locks are often placed out of reach of wheelchair-users and can be challenging for people with dexterity and mobility impairments like arthritis and cerebral palsy.

[vii] An entry point without any raised edges for someone to have to step over. The surface outside the door must be the same height as inside the door.

Figure Two: Front entrance access



Navigating the property

It is critical to understand how people navigate the inside of a building. Essential factors which could impact disabled people and tāngata whaikaha Māori include the access route (corridors/foyers), internal stairs, doors and handles, and signage.

Reducing clutter and removing furniture obstructing someone from moving around easily is important and easily achievable. However, more complex structural changes are often required, particularly in buildings with narrow halls and doorways preventing a wheelchair from passing through.[viii]

One-fifth of providers said that not all corridors, foyers, and passages reached an accessible width; they would therefore likely be inaccessible for most wheelchair-users.[ix]

[viii] NZS 4121:2001 states all corridors on **accessible routes** within a building shall have a minimum width 1200mm wide. The minimum width of a doorway when the door is open must be 760mm. NZS-41212001 (7).pdf

[ix] The self-assessment asked providers whether all corridors, foyers, and hallways were a minimum of 900mm wide when measured from the skirting boards. While 1200mm wide is the preferred width, older properties often have corridors/hallways between 760-900mm if built prior to the introduction of the Building Regulations Act 1992.

This can be difficult to address depending on the age and state of the property. In one case, an accessibility specialist made the following observation in their evaluation report about a 1970's property:

> "The property was not suitable for modification to accommodate people in wheelchairs. Constructed of concrete throughout, its 'skeleton' is not conducive to addressing the challenging thresholds and door widths throughout the whole house. […] It would be impractical to modify most thresholds, and in most cases, increased door widths could not be achieved."

Only **41 percent** of providers reported having the basic accessibility features required for doors, which includes having lever handles fixed between 900mm and 1200mm from the floor and being easy to open with a 2.3kg maximum force. One accessibility specialist noted several properties they visited had transparent glass doors which are difficult to see for vision-impaired people. This can be easily resolved by applying high contrast marking strips and tactile supports like decals or dots (adhesive stickers to alert people to the presence of glass).

Internal stairs can also be challenging, particularly if there are no handrails, nosing, stair treads, and tactile warnings such as a change in flooring material texture to reduce the likelihood of tripping.

While **almost half** of providers had internal stairs, less than **10 percent** had an internal working stair lift. This means upper floors would likely be inaccessible to most wheelchair-users and people with mobility challenges. Further, **15 percent** of stairs did not have a continuous handrail.

Internal accessible signage is also vital for an inclusive environment. Properties should offer signage supporting all clients' needs. Examples include signs for lifts, toilets, counters, and floor directions, considering low vision or blind users and those with cognitive impairments. The most accessible signs use Braille, large print, and embossed pictures, and are positioned at appropriate heights. Only **19 percent** of providers had accessible signage inside the property.

One provider with a recently renovated property had installed carpets with guide lines for directions, leading from the reception to all public meeting spaces. The lines also had a defined colour contrast from the carpet and walls. This is an effective addition to wayfinding signage so people can navigate a building safely.

Insights from the Accessibility Specialists

The accessibility specialists provided additional insights into fixtures and fittings which can improve a property's accessibility. They recommended providers consider the placement of light switches, noting in multiple properties that they were positioned too high for wheelchair-users. Light switches should be located between 900 – 1200mm above the floor, preferably parallel to door handles and of contrasting colour to the walls so they are quicker and easier to locate. They also stressed the importance of having visual (not only audible) fire alarms and a site map at the front entrance so people can safely evacuate the building in an emergency.

Common areas – Reception, waiting areas, and kitchens

The reception is an important common space as it is often the first point of contact in a building. There are many ways a reception can be made physically accessible, including having an accessible bench top[x], an accessible call button, and a sign-in book (digital or physical) positioned at wheelchair height. **Almost half** of providers did not have any of these features.

The waiting area, generally located next to or near the reception, should also accommodate people with diverse needs. This includes offering wheelchair seating space[xi] and having suitable chairs for people who struggle with standard seating which is often too low and lacks support. Providing chairs with different heights, arm rests, back support, and higher weight capacity is essential to ensure accessibility.

Positively, **two in three** providers said they could accommodate people who can't use standard seating, and **85 percent** of providers recorded having wheelchair seating space available in at least one common area in their premises (including the waiting area, offices, counselling and therapy rooms, the kitchen, and dining areas). However, around **one in five** providers did not have accessible corridors/foyers leading to these common areas, whether because they were too narrow or obstructed by internal stairs. This means wheelchair-users or people with limited mobility might not necessarily be able to use the accessible seating or access it independently.

[x] The bench top must be no higher than 775mm and should have an open space underneath for wheelchair users.

[xi] A space considered accessible for wheelchair seating must be at least 1200mm by 1200mm in dimension.

Kitchens are also an important communal space, particularly for people living in refuges/safe houses. To be accessible to a wheelchair-user or someone with a mobility impairment there are numerous factors to consider, including the floor space, bench tops, taps and handles, shelf height, and fridge and oven access. Most providers' properties had a kitchen but not all were on the access route, suggesting some may not be available to clients.

Providers also noted the challenges posed for staff. One participant said,

> "[Our] offices and kitchen are located up the stairs. Some staff are unable to easily access it. We do not have disabled staff, but we do have a few with health issues that sometimes prevents them from walking up the stairs."

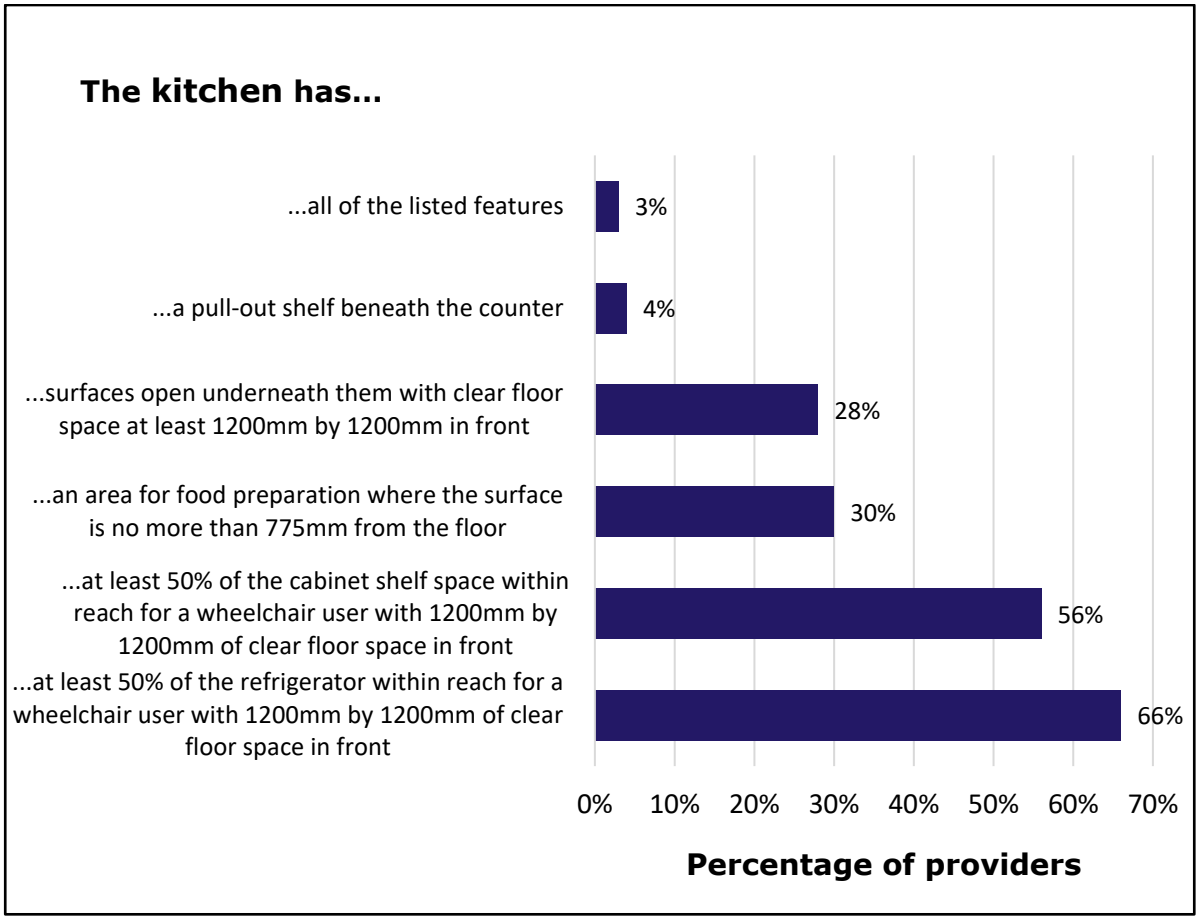
Insights from the Accessibility Specialists

In their observations on properties' common areas, the specialists noted providers should ensure all mats were secure to the floor and slim legged furniture is made visible to prevent possible trip hazards. They also recommended decluttering common areas, therapy rooms, and offices to improve access flow and circulation for wheeled and mobility-assisted people.

In terms of providers' kitchens, the accessibility specialists suggested installing pull-out out shelves to provide accessible bench space for wheelchair-users. While not optimal, this is generally a more affordable alternative to installing custom-built accessible bench tops. Other minor changes that could be made at little or no cost include labelling accessible cupboards and drawers, decluttering spaces to create sufficient manoeuvring space, and organising kitchen contents like crockery, pans, and food so they are at accessible heights.

While the self-assessment did not cover all aspects of what comprises an accessible kitchen, the questions focused on the main accessibility areas people use. **Figure three** shows the percentage of providers which have accessible kitchen features.

Figure Three: Accessibility features in the kitchen



Accessible toilets

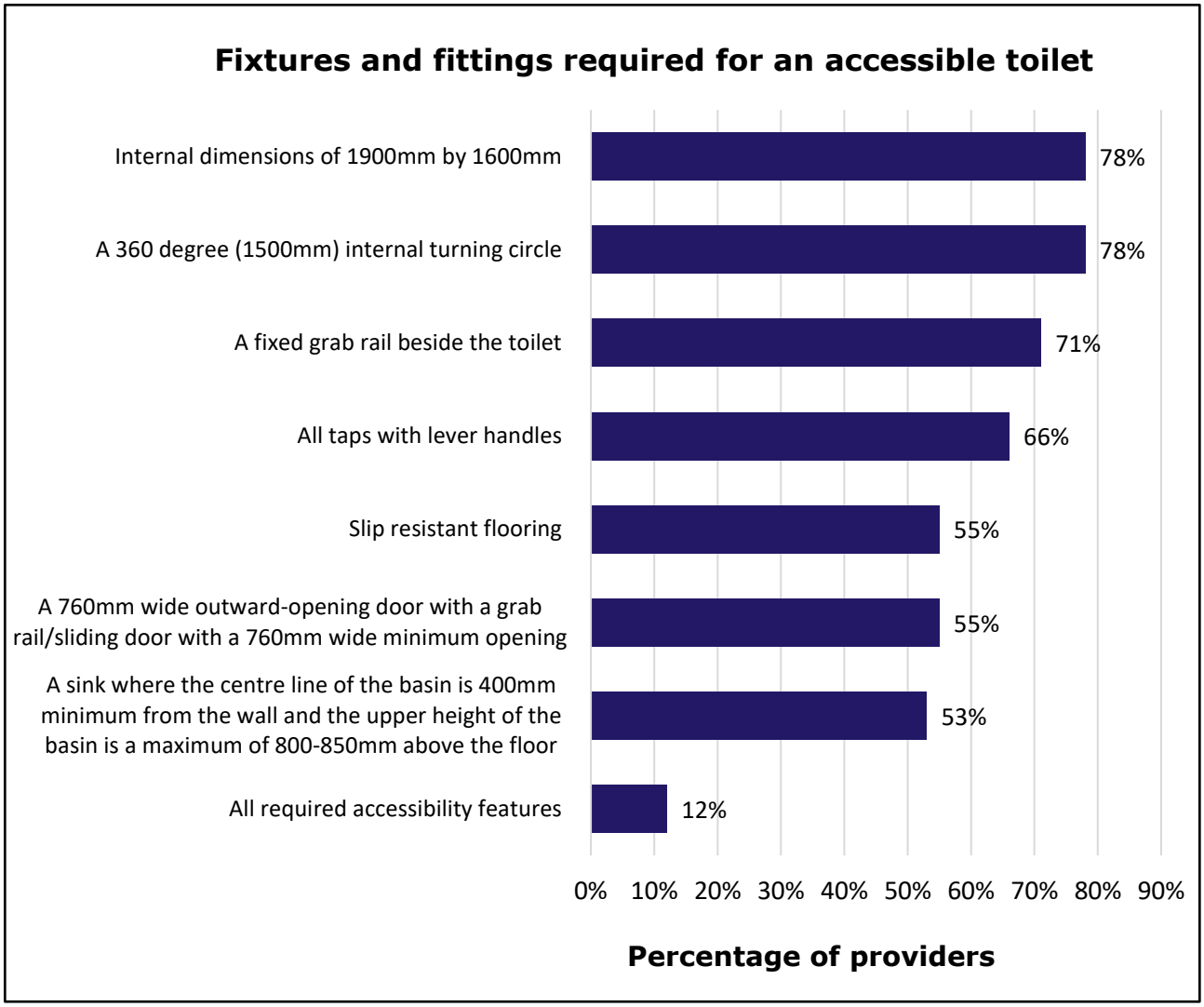
Research shows accessible toilets are regularly utilised by different groups of people, including but not limited to wheelchair-users, people with mobility and visual impairments, people with psychosocial disabilities, people who experience claustrophobia, neurodiverse people, older people, and people with young children.[18] Further, access to a toilet is a basic human right, promoting dignity and independence.

Unfortunately, toilets are regularly misconstrued as accessible when in fact they still have accessibility barriers; essential fixtures are often missing or installed incorrectly. Some of the most common design problems include misplacement of grab bars, incorrect heights of the toilet pan and sink, positioning of mirrors, heavy doors which swing inwards obstructing the internal space, and inaccessible door handles and taps.

Data from the self-assessments showed that while **72 percent** of providers thought they had an accessible toilet, only **12 percent** of them were fully accessible. **Figure four** shows the percentage of providers with the fixtures/fittings required to make a toilet fully accessible.

As part of the virtual tours of providers' properties, the accessibility specialists reported that none of the seven accessible toilets they examined were barrier-free. While the toilets had ISA signage, they all had non-compliant features, including incorrect toilet pan heights, door widths, inaccessible positioning of toilet rolls and paper towel dispensers, and obstructing features like wastepaper bins and storage boxes. This demonstrates the need for more thorough audits of providers' toilets to determine their accessibility, and to provide direct advice so people are fully aware of existing barriers.

Figure Four: Fixtures and fittings required for an accessible toilet



The sensory environment

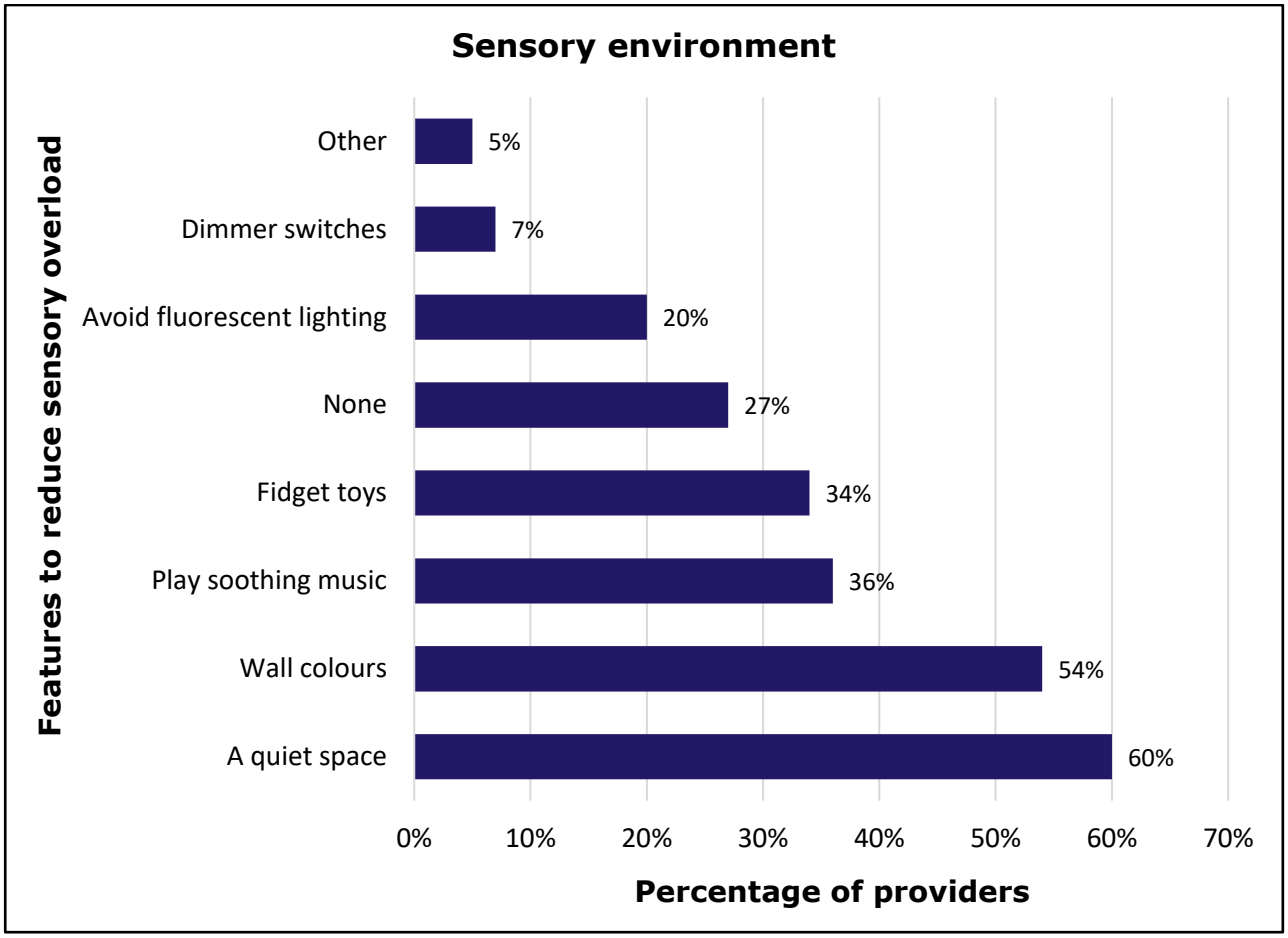
The sensory environment is fundamental to creating a fully accessible space. Neurodiverse people often experience sensory overload[xii] when exposed to an overstimulating environment; triggering factors include loud noises, bright lights, crowded spaces, and garish patterns and colours.

Experiencing sensory overload can lead to physical symptoms like anxiety, dizziness, confusion, and feeling overwhelmed, agitated, and restless. It is commonly experienced by people who are hyper-sensitive (feel things too much) and often effects people with Autism, Foetal Alcohol Spectrum Disorder (FASD), ADHD, and Post-Traumatic Stress Disorder (PTSD).

Overwhelming sensory situations can be avoided by providing a quiet space; using soft, muted, pastel and neutral wall colours; avoiding fluorescent lighting; using dimmer switches; providing fidget toys; and playing soothing music. **Over half** of providers had quiet spaces and neutral wall colours. However, almost **30 percent** did not have anything in place to create an accessible sensory environment. **Figure five** presents the features considered important to reduce sensory overload and the percentage of providers which have those features.

[xii] **Sensory overload** is when your five senses – light, sounds, taste, touch, and smell – take in more than your brain can process.

Figure Five: The sensory environment



Accessible information and communication

Accessible communication describes communication that is clear, direct, and easy to understand so people have equal access to information. It includes websites, social media, alternate formats, accessible documents, and other communication support like access to interpreters (e.g., NZSL, foreign language), phone relay, and assistive technology devices. Communication barriers regularly prevent disabled people and tāngata whaikaha Māori from accessing services independently on an equal basis with non-disabled people. Victims/survivors need equal access to information, dismantling barriers preventing them from reporting violence and seeking help.

In part two of the accessibility self-assessment, we asked providers about how they present information to clients, considering digital and non-digital means. Questions covered the accessibility of their websites and social media, and their use of alternate formats. We engaged with MSD's internal Digital Accessibility Specialists, who provided a deep dive into the seven providers' websites and social media posts that had successfully qualified to receive an evaluation report.

Next, we present key findings from the self-assessments and the digital accessibility experts, followed by a more in-depth examination of communication accessibility.

Key findings on providers' information and communication accessibility

- Almost all providers **(91 percent)** that completed the self-assessment had a website. However, only **34 percent** of them were accessible and met the New Zealand Government Web Standards.
- Most providers **(72 percent)** had at least one social media platform, but only **36 percent** of posts were accessible.
- Only **4 percent** of providers with a property had a webpage on their website dedicated to accessibility.
- Almost half of providers **(44 percent)** said they did not take any steps to ensure document accessibility.
- **Three-quarters** of providers did not translate information into alternate formats (NZSL, Easy Read, Audio, Braille, Audio Description, and large print).
- Most providers **(73 percent)** did not have any visual alerts to communicate emergency evacuations (such as a fire or earthquake) to d/Deaf and hearing-impaired clients.
- While **38 percent** of providers said they offered sign language interpreting services to d/Deaf and hearing-impaired clients, **59 percent** of them reported they cannot always access the service.
- While **67 percent** of providers offered foreign language interpreters, **63 percent** said they cannot always access an interpreter.

Digital accessibility

Digital accessibility involves providing information in a way all people can understand and use it without experiencing barriers. Disabled people and tāngata whaikaha Māori regularly encounter issues when trying to access online content, usually stemming from poor website design. This includes a lack of Alternative (Alt) text, poor colour contrast, absence of video captions or transcripts, challenging layout and confusing navigation, unwieldy text, and flashing images. This can impact a range of people, including those with visual, cognitive, hearing, and motor-skill impairments. People should also be able to access websites and social media using assistive technologies like screen readers, voice recognition software, adaptive keyboards, and AI-driven accessibility tools.

Data from the self-assessments revealed:

- While **91 percent** of providers that completed the self-assessment had a website, only **34 percent** of them were accessible and met the New Zealand Government Web Standards.
- Most providers **(72 percent)** had at least one social media platform, but only **36 percent** of posts were accessible.

Dedicating a webpage to an organisation's accessibility can have a significant impact on whether someone might choose to access the service, particularly for disabled people living rurally, those without ready access to transport, or someone who needs a sign language interpreter. Providing information about a service's accessibility on their website helps people plan ahead, relieving them of uncertainty about the building's physical accessibility and reducing anxiety.

Findings from the self-assessments showed **4 percent** of providers with a property had a webpage on their website dedicated to accessibility. However, none of them had all the features required to give people a full picture of their service's accessibility like an access statement, photos of parking, photos of the entry and toilet/bathroom, and a site map layout with the International Symbol of Access (ISA) to indicate the access route.

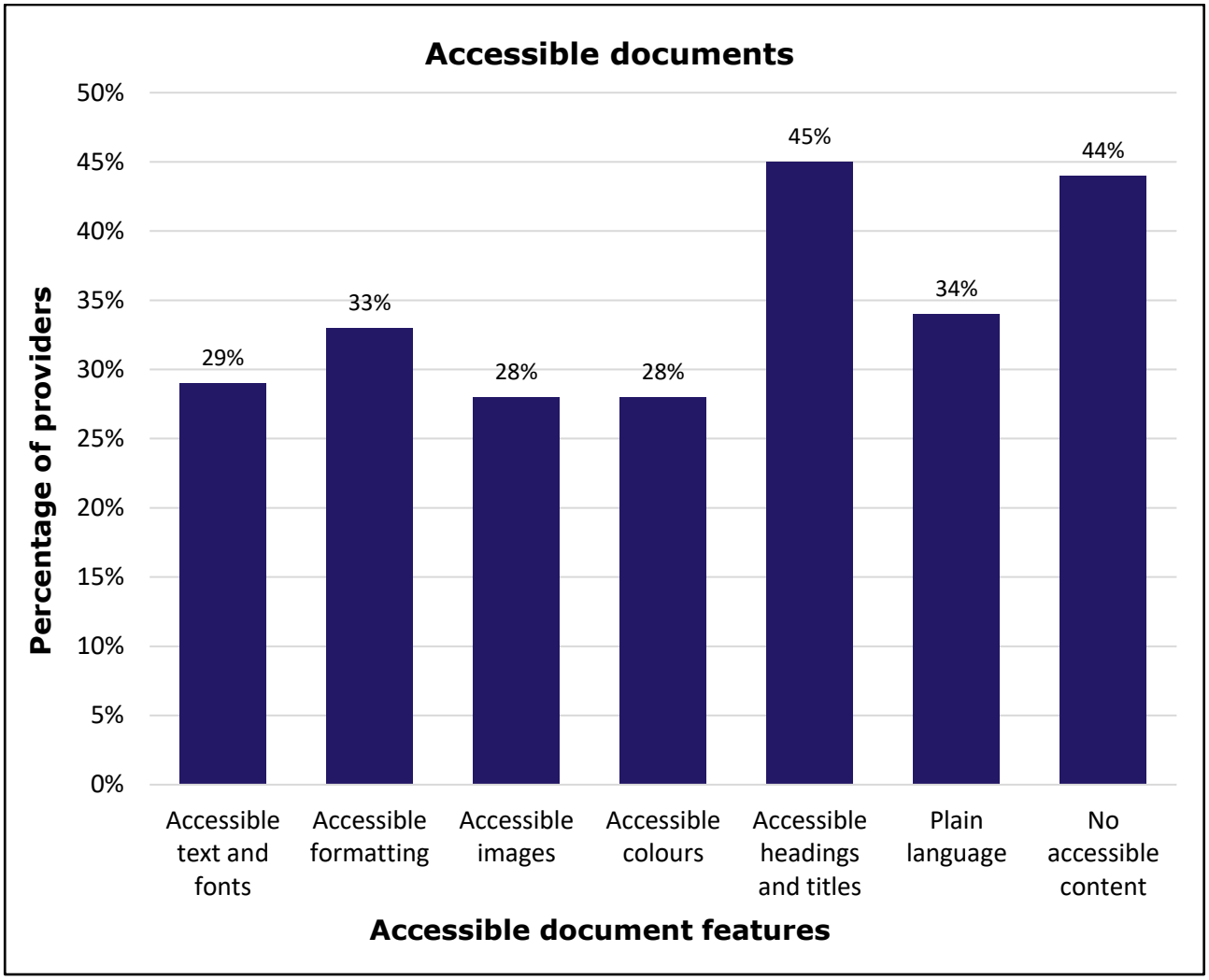
Accessible documents and alternate formats

All documents should be written with accessibility in mind from the beginning. Neurodiverse people (including those with autism, dyslexia, dyspraxia, Attention-Deficit/Hyperactivity Disorder (ADHD), and Tourette's) often have specific accessibility needs so information is fully accessible to them. Ways of ensuring documents are accessible include using a clear heading structure, plain language and active voice, adequate font size and line spacing, sans-serif fonts, high contrast colours, properly formatted tables, and avoiding jargon.

Respondents reported varying efforts to provide accessible documents (see **figure six**). Most notably, **44 percent** of respondents reported they did not take any steps to ensure document accessibility.

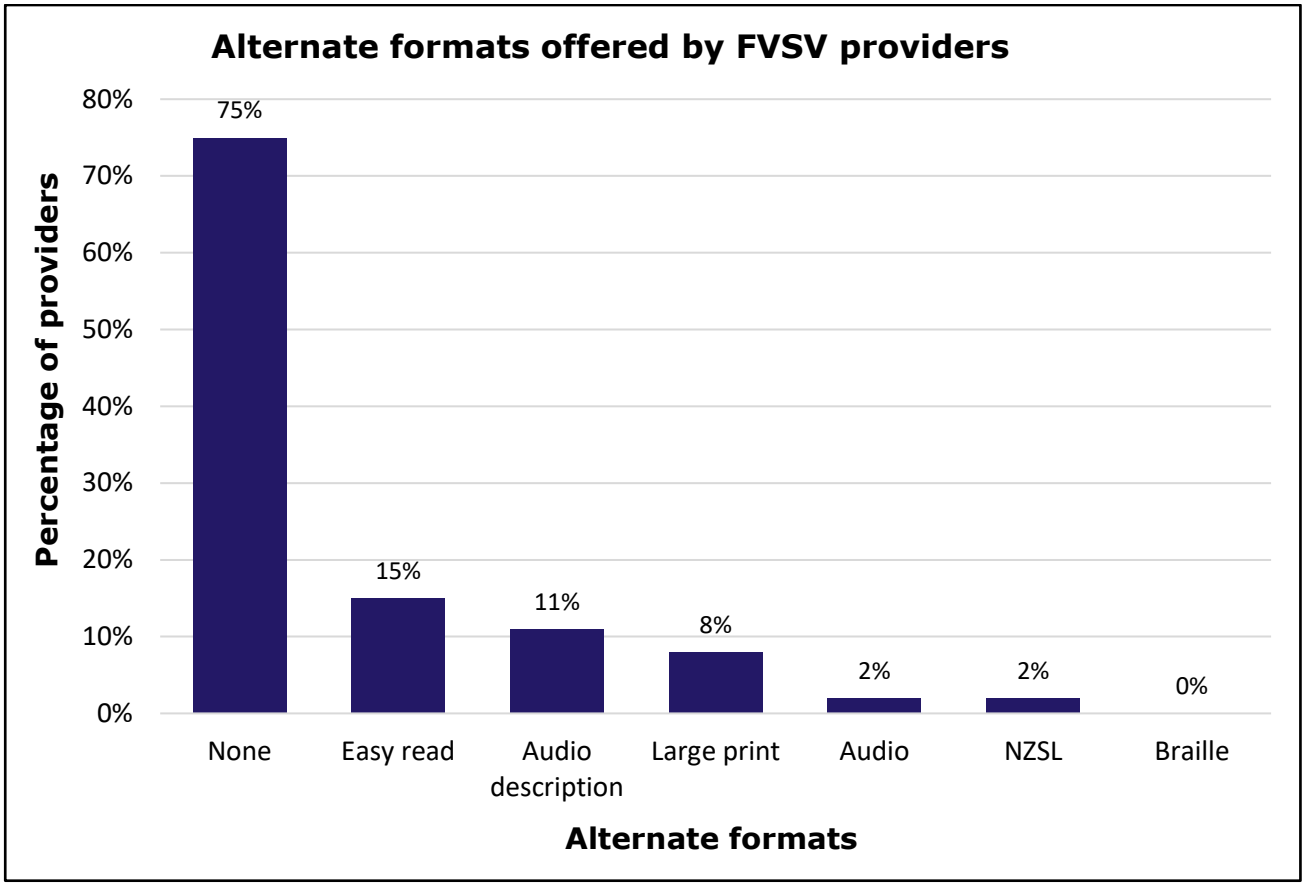
Using an accessibility checker can simplify the process of creating an accessible document. Accessibility checkers are pre-installed in many apps like Word and Excel, automatically scanning the document to identify issues like incorrectly formatted tables or pictures without Alt text. When asked, only **5 percent** of providers said they used an accessibility checker to make sure all document content and information is accessible.

Figure Six: Accessible documents



Offering information in alternate formats can ensure people have equal access. These include NZSL, Easy Read, Audio, Braille, Audio Description, and large print. As shown in **figure seven**, **75 percent** of providers did not offer any alternate formats.

Figure Seven: Alternate formats offered by FVSV providers



Other accessible communication

There are other forms of communication required to create an inclusive environment and accessible services. This includes visual emergency alerts, essential for the health and safety of d/Deaf or hearing-impaired people unable to hear a standard smoke or evacuation alarm. Only **27 percent** of providers had visual emergency alerts.

We also asked providers about their access to interpretation services. Less than half **(38 percent)** said they offered sign language interpreting services to d/Deaf and hearing-impaired clients. However, findings showed **59 percent** of those providers could not always access sign language interpreters due a lack of availability, long wait times, a lack of funding, and the need to book in advance and online.

The self-assessment also asked about access to foreign language interpreters. While **67 percent** of providers offered foreign language interpreters, **63 percent** said they cannot always access an interpreter. Providers said this was due to unavailability, long wait times, and a lack of funding.

Almost one in five providers **(19 percent)** offered a diverse range of other communication supports. This included somatic mindfulness therapy, which provides ways to communicate with traumatised victims/survivors suffering from cognitive and information processing impairments. Another provider said they promoted inclusive communication through posting key support messages in the media. Others employed bilingual and multilingual staff, offered cultural competency training to staff, and provided assistive listening devices.

Accessibility in the workplace

Key findings on providers' workplace accessibility

- Less than half of providers **(45 percent)** said they employed disabled staff.
- Almost one-third of providers **(28 percent)** said they had policies and outreach strategies for recruiting disabled employees, board and committee members, and volunteers.
- Only **16 percent** of providers said they provide accessibility training to staff and volunteers.
- Most providers **(85 percent)** offered alternative ways of working.
- Less than one-third of providers **(24 percent)** had an accessibility policy and/or action plan.

Employment and support

Providing equal employment opportunities and support for disabled staff is fundamental to a non-discriminatory and inclusive workplace. Employers can be proactive by having disability policies and/or action plans, ensuring reasonable accommodation[xiii], and offering training to promote disability awareness. When asked about employment, **45 percent** of providers said they employed one or more disabled staff members and **28 percent** of providers said they had policies and outreach strategies for recruiting disabled employees, board and committee members, and volunteers.

[xiii] Reasonable accommodation means making adjustments to ensure everyone has equal access and opportunities. It can include physical, digital, and information-based accessibility enhancements like providing quiet spaces, adjustable desks, and documents with large font. Reasonable Accomodation Guide 2023.pdf

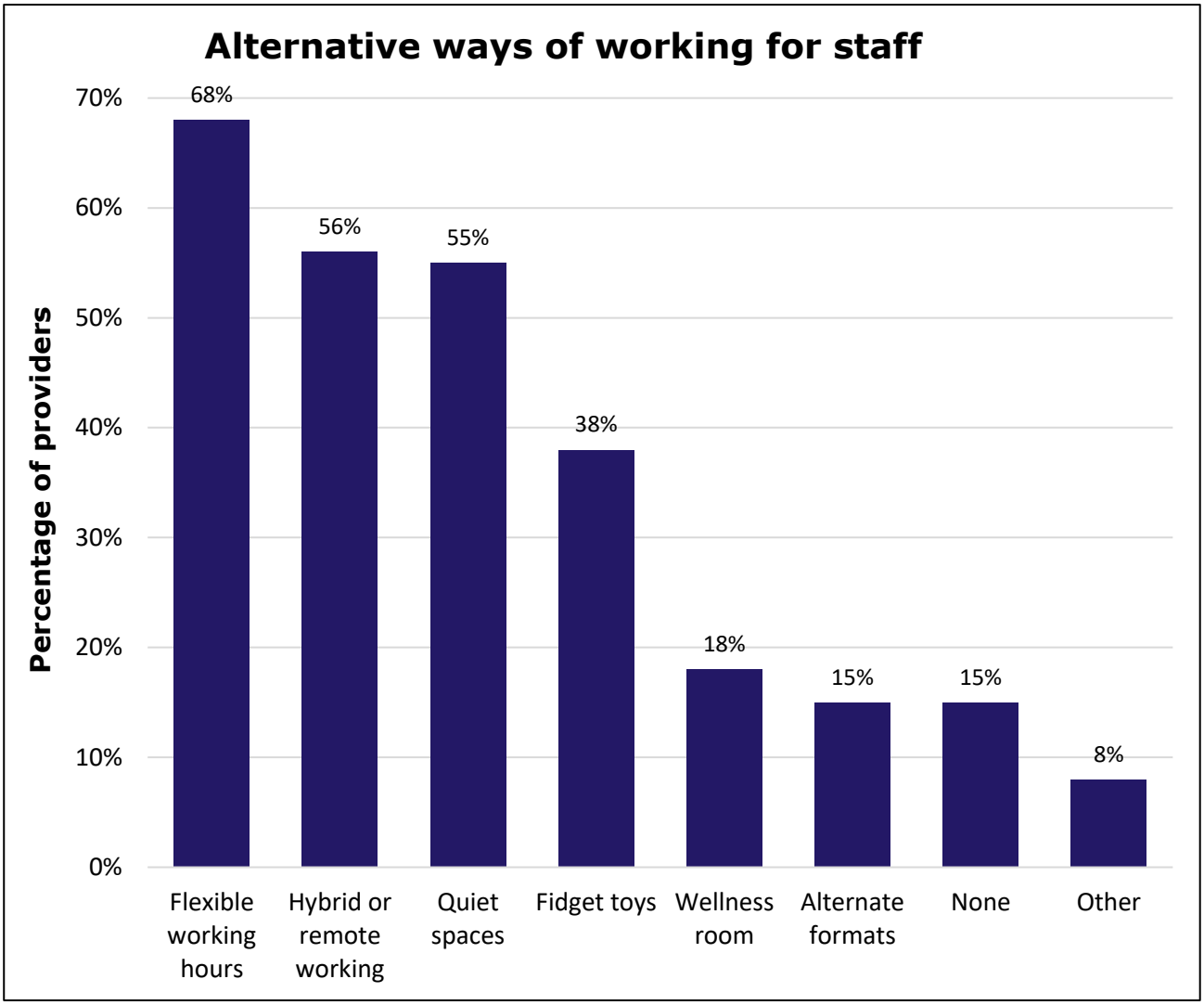
While some providers already had recruitment policies and processes in place, others told us they were in the process of engaging external consultants to improve their outreach strategies.

Only **16 percent** of providers said they provide accessibility training to staff and volunteers. This ranged from basic in-house discussions to external training programmes with a wide range of content about disability, accessible communication, and best practices for accessible digital content. Some providers said their staff had also attended training about specific disabilities including dyslexia and autism so they could develop a better understanding of client needs. We heard from providers that maintaining a high level of disability awareness and accessibility knowledge among all staff members is an ongoing challenge.

Making the workplace accessible is essential for creating an inclusive environment and can benefit everyone. While it is not always possible to offer the opportunity to work remotely, particularly for frontline staff, there are many ways to make the workplace more accessible. Most providers **(85 percent)** said they offered at least one alternative way of working to employees **(see figure eight)**. This included providing flexible working hours, hybrid or remote working, quiet spaces, fidget toys, a wellness room, and alternate formats. Some providers said they also supported their staff by offering adjustable desks, tactile objects, counselling, four-day weeks, discretionary leave, and both verbal and pictorial reminders.

Of the providers that employed disabled staff, **97 percent** said they provided additional support to meet their needs. This included customising workspaces with furniture and equipment to suit the individual's needs, providing screen readers and speech-to-text software, reserving accessible parking spaces for staff, providing additional leave, and flexible workdays.

Figure Eight: Alternative ways of working for staff



Accessibility policies and action plans

In the self-assessment, we also asked providers whether they had an accessibility policy and/or action plan. Only **24 percent** of providers responded 'yes'. 17 providers submitted their policies/action plans which we reviewed internally to gauge the standard and content. We based the review on five criteria: physical accessibility; digital accessibility; information and communication-based accessibility; staff training and capability; and compliance with principles/standards.

Overall, the content and quality varied considerably. Only four policies/action plans were dedicated specifically to accessibility. Others attempted to capture accessibility within broader policies like 'Inclusion and Diversity' and 'Deaf, Disability and Neurodiversity'. Further, most policies were out of date or did not specify when the next review was due.

Most policies had a generic structure, focusing predominantly on 'intent', 'definitions', 'key principles', 'requirements', and 'compliance'. Many gave high-level aspirational statements about their commitment to disabled peoples' rights to equality and reasonable accommodation; however, few documented how this would be integrated into their service. Although some included checklists to help identify workplace accessibility, there was a consistent lack of definitive actions, measurable goals, or timelines specifying how and when accessibility improvements would be made. Accountability mechanisms (e.g., review cycles, progress tracking) were also largely absent.

Most documents mentioned physical accessibility in some form, whether through explicit clauses or otherwise incorporated into a general list of requirements. Some policies committed to creating accessible services through the provision of facilities like ramps, handrails, and accessible restrooms. However, few committed to identifying and removing specific physical barriers within their organisation.

Over **50 percent** of providers included sections or statements about digital and/or information and communication-based accessibility. However, very few referred to meeting specific standards (e.g., WCAG 2.2 compliance). The strongest policies set out tangible examples of accessibility requirements like using alternate formats; ensuring compatibility with screen readers and assistive technologies; providing accessible signage; and ensuring access to interpreters. While one policy had a comprehensive list of requirements and two others featured checklists, they still lacked detailed implementation strategies or accountability measures.

Very few policies talked about specific disabilities or acknowledged peoples' unique and diverse needs. Six policies explicitly referred to neurodiversity, but there was little recognition of how it falls within the scope of accessibility. Additionally, the use of sensory supports for neurodiverse individuals was not highlighted as a measure in any of these policies.

Accessibility was often framed as a client responsibility (to disclose needs), rather than an organisational duty (to prepare and train staff). It was typically worded as open-ended ("let us know what you need") without tangible examples or commitments. **12 out of 17** policies had statements acknowledging the provision of disability awareness training to grow organisational capability. However, none clarified what the training would entail except for two policies specifying staff would be trained on how to assist clients with access needs in case of emergency.

Multiple policies specifically referred to the 'Nothing about us without us' principle and the New Zealand Disability Strategy, which support the direct involvement of disabled people in policymaking.

However, none of the policies stated whether they were developed by or with disabled people. Positively, some providers committed to seeking feedback from disabled people and tāngata whaikaha Māori on how they could improve service accessibility.

Seven policies acknowledged compliance with one or more relevant legislations (e.g., Human Rights Act 1993, the Employment Relations Act 2000, and the Health and Safety at Work Act 2015) but none specified how they would meet their obligations. Further, only four policies committed to upholding te Tiriti o Waitangi and only one provider acknowledged a commitment to comply with the New Zealand Disability Strategy. None referred to Te Aorerekura, or the Family Violence Entry to Expert Capability Framework which sets expectations for practitioners and staff, including meeting the needs of disabled people.

Discussion

The self-assessments have provided valuable insights into the accessibility of many of Aotearoa's mainstream FVSV services. Data collected supports the emerging themes from The Centre's engagement with disabled people in 2021, and findings from the 2024 survey about the inaccessibility of public buildings.[19] The evidence demonstrates numerous physical and communication barriers to accessing services.

Self-assessment data showed most properties had physical accessibility barriers including inaccessible front entrances, lack of accessible toilets, limited accessible parking, and insufficient accessible and way-finding signage. Services were generally ill-suited for wheelchair-users or people with mobility impairments; it is likely many would need additional support to fully access the services, impacting their independence and autonomy. Many properties had structural barriers like narrow corridors, making it challenging if not impossible for wheelchair-users to access services on an equal basis with others. The notable lack of internal stairlifts and elevators is another major factor, particularly for providers serving older clients. It also appears most properties do not have sensory-friendly environments, likely causing levels of discomfort to neurodiverse people.

Findings from this study have highlighted significant gaps in website and social media accessibility. As the internet is often the first point of contact for people seeking information about services, if websites are not accessible disabled people are less likely to find the help they need. Further, anecdotally we know disabled people are more likely to access a service or building if they know whether it can accommodate their accessibility needs. With a lack of information about a provider's accessibility, disabled people may be deterred from accessing services, putting them at greater risk of harm.

Data indicates mixed efforts to provide accessible information. Making documents accessible and translating them into alternate formats seems limited in current practice. There is a significant absence of support for d/Deaf and hard of hearing people, including inconsistent access to NZSL interpreters and an absence of visual alarms to alert them to emergency evacuations which is a serious health and safety risk.

Many providers offered staff alternative ways of working to accommodate their accessibility needs; the most common practice was flexible working hours, followed by hybrid or remote working and providing quiet spaces. However, few providers had outreach strategies to employ disabled people and tāngata whaikaha Māori. Data also revealed a significant gap in workforce development opportunities, with few organisations providing accessibility training to staff. This aligns with previous research identifying a critical need for training.

Regarding the use of accessibility policies, it is evident that most policies and/or action plans were missing essential components. They generally lacked tangible actions and accountability measures. While some providers' policies committed to fostering an inclusive environment, they did not clearly outline how this would be achieved, including whether accessibility would be embedded by default rather than requiring disabled people to disclose their needs.

It was also unclear whether disabled people and tāngata whaikaha Māori were involved in creating the policies. Further, none identified how accessibility intersects family and sexual violence. Addressing this is unique to each organisation and therefore requires a commitment to identifying providers' knowledge and capability gaps in relation to policy and strategy.

All the data analysed through this initiative supports the calls for action by disabled people and tāngata whaikaha Māori, the New Zealand Human Rights Commission, the United Nations Committee on the Rights of Persons with Disabilities, disability advocates, and academics: FVSV services are largely inaccessible for disabled people and require significant enhancements to ensure equal access.

Limitations

Due to the limited scope of this initiative, there were many questions we could not include in the self-assessment. While the data collected is robust, we did not gather insights from disabled peoples' perspectives of service accessibility as this was outside scope. Further, the self-assessment did not include any questions about whether services were designed by or with disabled people, which would have provided key information on inclusion. It would have been useful to include questions about the accessibility of service processes like client intake as there is limited existing data.

Unfortunately, we did not collect enough data to compare service accessibility by location, so could not determine whether differences exist between rural and urban providers. Further, the self-assessment did not include questions to disaggregate service accessibility by disability, or about how providers accommodate disabled people with intersecting identities. As there is a paucity of data across all three areas, additional questions could have enabled better insights.

The self-assessment contained some technical language, which may have been challenging for people unfamiliar with accessibility, increasing the risk of misinterpretation. We tried to mitigate this by providing additional resources to guide the reader, defining terminology, and structuring the questions in a way that was easy to understand. We also tested the self-assessment questions with internal laypersons at MSD to identify and resolve any issues.

Opportunities to increase accessibility

We acknowledge structural and large-scale physical modifications can be expensive and often outside budget. We have therefore outlined short-term lower-cost enhancements many of which providers can initiate straightaway, and medium to long-term modifications which likely require additional funding. These are based on discussions with accessibility specialists, people with lived experience, and best practice guidelines.

Short-term improvements for service providers

There are many accessibility improvements that can be made at no or minimal cost. These include:

- Reducing clutter and removing furniture which might be a trip-hazard or obstruct someone from moving around easily.
- Removing raised surface thresholds inside and outside the building by installing non-slip rubber ramps.
- Making transparent glass doors visible for people with vision impairments by applying high contrast marking strips and supports like decals or dots (adhesive stickers to alert people to the presence of glass).
- Installing pull-out shelves in kitchens to provide accessible bench space for wheelchair-users if a custom-built benchtop is outside of budget.
- Providing accessible seating with back and arm rests, and wider and/or higher seats.
- Labelling accessible cupboards and drawers and organising kitchen contents like crockery, pans, and food so they are at accessible heights.
- Installing accessible signage with the International Symbol of Access (ISA) if applicable, including but not limited to floor and building directions, toilets, elevators, emergency doors, routes, and exits.
- Purchasing sensory items like fidget toys to help reduce anxiety.
- Minimising noise and providing a quiet space for clients.

- Making documents accessible by using the Accessibility Checker function in Word and writing in plain language.
- Providing Word or alternative documents alongside downloadable PDFs, as screen readers cannot read some PDF documents.
- Developing an accessibility/disability policy and action plan with clearly defined objectives and tangible outcomes, co-designed with disabled people and tāngata whaikaha Māori.
- Creating a dedicated accessibility webpage on the organisation's website to inform clients about how they can meet accessibility needs. This should include a map indicating accessible parking, the closest bus stop, and the main entrance.

Medium to long-term improvements for service providers

To ensure services are fully accessible, providers should consider:

- Obtaining a full audit from a qualified access advisor to identify the service's accessibility levels and provide recommendations. This includes physical, digital, information and communication-based accessibility.
- Actioning recommendations from the audit to make all components of the service fully accessible for disabled people and tāngata whaikaha Māori.
- Installing visual emergency alerts to improve safety for d/Deaf and hard of hearing people.
- Making the organisation's website and social media fully accessible and ensuring it meets the World Wide Web Consortium (W3C) Web Content Accessibility Guidelines (WCAG) 2.2.
- Offering all documents in alternate formats including NZSL, audio, Braille, plain language, Easy Read, and large print.
- Ensuring clients have easy access to foreign language and NZSL interpreters.
- Receiving guidance from a qualified access advisor on improving accessibility for staff, including recruitment strategies, workplace policies and processes, and ensuring reasonable accommodation.

- Developing a long-term plan to ensure accessibility standards are maintained and accountability measures in place.
- Providing regular accessibility and disability training to staff so they can fill knowledge gaps and fully accommodate client needs.
- Reviewing and improving intake processes, including ensuring intake forms are designed to identify disabled peoples' needs from when they first access the service.

Initiative Two: Accessibility Enhancement Grants

Overview

In the Accessibility Fund's second initiative, MSD offered eligible FVSV providers the opportunity to apply for a one-time Accessibility Enhancement Grant of up to $75,000. The overarching aim was to support mainstream FVSV service providers increase their accessibility for disabled people and tāngata whaikaha Māori.

Applicants had six weeks to apply for a grant, from 1 July 2024 to 12 August 2024. Only providers with an existing MSD contract delivering FVSV services directly to clients were eligible to apply.

The grant had several pre-conditions to ensure a fair and transparent process. If providers wanted funding for physical modifications, they needed to provide evidence of property ownership, or a minimum two-year lease and landlord consent. This supported our aim to prioritise sustainable long-term accessibility improvements for disabled people accessing FVSV services. All applicants had to supply quotes as evidence of the proposed enhancements and complete an accessibility self-assessment.

Providers could apply for a grant to fund multiple modifications. General disability training was out of scope, as the Accessibility Fund's fourth initiative was to develop a training programme for FVSV providers. Applications for specialist training (e.g., New Zealand Sign Language (NZSL) training) were considered on a case-by-case basis. The grant did not cover costs unrelated to accessibility enhancements like purely aesthetic enhancements; property rental; or items funded under other MSD contracts.

MSD received 52 applications which were assessed by an evaluation panel. Three of the four panel members had lived experience of disability. The evaluation criteria were based on three weighted criterion: how the proposed enhancements would increase disabled people's and tāngata whaikaha Māori access to services; the provider's demonstrated commitment and relationships with disabled people, minority groups, and the disability sector; and the quality of their implementation plan for the proposed work.

44 FVSV providers received grants ranging from approximately $5,000 to $75,000, depending on the type and cost of enhancements. MSD funded providers in every region in both rural and urban areas, all of which offered a range of FVSV client-facing services.

Providers were required to spend the grant within 12 months of contracting. Successful applicants also had to satisfy three reporting requirements – a progress hui and two questionnaires. The reporting mechanisms were designed to provide us with robust data to inform this report.

Most recipients utilised the funding by implementing a combination of physical, digital, communication, and information-based enhancements tailored to their service needs. The projects were highly innovative, demonstrating an enthusiasm to increase accessibility through tangible change.

The time taken to implement the enhancements differed, depending on the extent of the work, internal staff capacity, and contractors' availability. On average, most modifications took from between eight weeks to six months to implement. However, several providers undertaking more complex projects took over a year to complete. Providers had to navigate various barriers throughout their projects, including resourcing shortages and cost increases which led to delays. We look at these in greater detail later. Despite challenges, providers' feedback has demonstrated their dedication to the work and underscored the value of investing in accessibility.

How we collected data

Once accessibility enhancements were underway, we held individual online hui with the 44 providers. The hui provided initial insights into how the enhancements were progressing. We took a relational approach as we wanted to centre providers' voices, enabling them to tell us about their experiences and express any concerns face to face. We sent out a pre-set list of four questions so providers had the chance to consider what they wanted to tell us before the hui. The questions provided a framework to inform discussions and identify common themes.

We collected qualitative and quantitative data through two online questionnaires, sent out to providers six months apart. These contained a combination of open and close-ended questions and were completed by a representative from the organisation, normally the Chief Executive Officer (CEO), a manager, or the project lead.

The first questionnaire was due by the end of July 2025, approximately five months after providers received funding. It predominantly focused on gathering qualitative data about how providers prioritised their accessibility enhancements; the challenges and barriers experienced; and the impact on clients and staff. Most providers were still in the process of implementing their enhancements when they completed the first questionnaire.

In the first questionnaire we took an exploratory approach to gathering data, using open-ended questions like 'What challenges did you experience during the accessibility modification process?'. This was so we could begin building a better picture of the work required to make services accessible. As there was no existing comprehensive data on the accessibility of FVSV services in Aotearoa, we used an inductive coding approach, identifying themes across the qualitative and quantitative data collected in the hui and first questionnaire. This method of analysis is particularly effective in allowing for new themes to emerge rather than using a deductive approach based on predefined framework.

The second questionnaire was due in December 2025, with outcomes-focused questions about the impact and outcomes of the accessibility enhancements. We used a causal approach which focuses on testing whether there has been a change. In this case, we wanted to test the impact of the initiative and the enhancements on clients, organisations, and their staff. We used a rating scale for most questions, comparing things like the provider's ability to support disabled people and tāngata whaikaha Māori before and after the enhancements were implemented. We also included several open-ended questions in the survey like 'What was the impact of the accessibility modifications on disabled people and tāngata whaikaha Māori'? These questions provided rich supplementary data.

Findings

> "There is no doubt that this grant significantly enhanced our knowledge and ability to respond to the needs of disabled people/tāngata whaikaha Māori and supported us to make the changes that were needed. It has boosted staff morale and helped clients to feel acknowledged, supported and included".
> **(Grant recipient)**

How providers utilised their grants

Most providers used the grants to fund a combination of physical, digital, and information-based enhancements. Website re-design was the most popular enhancement, with 24 providers focusing on making their websites more accessible. The most common physical enhancement was installing an accessible toilet (14 out of 44 providers), followed by purchasing accessible signage (9 out of 44 providers). The most common information-based enhancement was converting existing client resources and documents into accessible formats (10 out of 44 providers). Below, we present an overview of the enhancements:

32 out of 44 providers used part or all of the funding for **physical enhancements**, including:

- Installing accessible toilets, ramps, and kitchens
- Structural renovations like widening hallways and doors
- Installing chairlifts and elevators
- Upgrading receptions to include low level accessible benches, call buttons, and accessible sign-in devices
- Purchasing an accessible vehicle to transport disabled clients
- Implementing wayfinding and ISA signage
- Renovating existing parking into accessible car park spaces marked with yellow surface paint and the ISA

- Purchasing visual emergency alarms, accessible seating like conchord chairs, sensory kits, speakers for calming music, assisted hearing systems, blackout blinds, and non-triggering lighting with dimmer switches
- Purchasing accessible lever door handles and installing automatic front doors
- Soundproofing and re-painting rooms.

28 out of 44 providers used all or part of the funding for **digital enhancements**, including:

- Website and social media design and development
- Creating an accessible online self-referral portal
- Digital accessibility training for staff including website development and digital document conversion
- Website audits to assess existing accessibility standard compliance
- Creating QR codes for easy service access
- Developing accessible videos on family violence awareness
- Adding an accessibility widget to websites.

21 out of 44 providers used all or part of the funding for **information-based enhancements**, including:

- Converting documents into alternate formats including Braille, Easy Read, large print, audio, and NZSL
- Translating documents into plain language
- Developing Braille cards with service contact information
- Contracting NZSL interpreters for online video resources
- Creating accessible client-facing resources like brochures, referral forms, feedback forms, and trauma booklets
- Translation services
- Staff training on creating accessible documents
- Disability policy and action plan development.

Appendix two sets out five case studies documenting providers' projects in greater detail. These demonstrate the breadth and impact of the initiative.

How providers prioritised accessibility enhancements

In the first survey, we asked providers how they prioritised modifications when applying for funding. We wanted to learn more about what had informed their projects and why. The most common themes were:

- **Meeting pre-existing needs**
- **High/immediate impact modifications**
- **First point of contact for clients.**

Just over **one in three** grant recipients prioritised meeting their pre-existing needs. These were cases in which providers had already identified gaps in their service accessibility before the enhancement grants became available but lacked the funding or resources to make changes. It included services with properties undergoing modifications requiring supplementary funding to upgrade specific features to an accessible standard. For example, one women's refuge provider was in the process of renovating its safe house but did not have sufficient budget to cover all desired modifications. The refuge applied for an enhancement grant and used the funding to install an accessible kitchen, transforming the safehouse into a fully accessible space.

Around **30 percent** of providers shaped their projects around what they considered would have a high impact for disabled clients. For some providers, this was tied to the timeframe, prioritising enhancements they thought would have the greatest impact in the shortest time. The projects differed depending on client or organisational need. Examples of providers' high/immediate impact enhancements included:

- Signage for accessible toilets and mobility parking spaces
- Wayfinding signage to support independent navigation
- A wheelchair lift for the service's vehicle so they could reach people living in isolated areas
- Translating videos into NZSL to target the d/Deaf community
- Constructing a ramp
- Creating an accessible meeting room
- Installing an accessible toilet
- Implementing a self-referral portal for clients to safely engage with services.

Of the 27 providers that received funding to develop accessible websites or social media platforms, eight focused on making their websites and social media platforms accessible because they were usually the first point of contact for people seeking help. One provider told us:

> "Our website and social media are go-to platforms for many whānau impacted by domestic violence. They provide safe spaces to seek help, find advice, and for whānau to know they are not alone. It was vital to prioritise this area of support to ensure equal access to these platforms for whānau with accessibility needs." – **Grant Recipient**

Eight providers gathered feedback from staff, disabled clients, and tāngata whaikaha Māori to determine how to prioritise modifications. The lived experience and frontline insights into existing barriers were key to informing which changes would make the greatest difference for disabled people:

> "A staff survey provided crucial insights into whai ora needs, revealing that many experience cognitive impairments, and highlighted common website challenges such as the need for better mobile accessibility, the presence of too many large text blocks, and difficulties with downloadable forms."
> – **Grant Recipient**

We know anecdotally more providers would have liked to engage with the disability community to steer their projects; unfortunately, they only had a limited time to apply for a grant which some said was a barrier to consultation.

A small number of grant recipients obtained advice from external consultants from organisations like the Donald Beasley Institute, VisAble, and Whaikaha. Others conducted internal accessibility audits to identify gaps and prioritise changes. Some also told us they utilised the self-assessments to identify their accessibility gaps.

Very few providers focused on meeting accessibility needs by cohort (e.g., younger people and neurodiverse people) and only two providers mentioned long-term access improvements in the surveys.

What challenges providers experienced

Grant recipients provided key insights into the challenges that arose throughout their projects. We identified several recurring themes, including:

- Providers' limited knowledge and expertise of accessibility impacted the design and delivery of their projects
- Limited contractor availability and material shortages delayed project timelines
- Implementing the accessibility enhancements created additional work and put pressure on staff already carrying large workloads
- The cost of accessibility enhancements increased during projects' lifespans, particularly for physical modifications
- Providers underestimated or did not have the amount of time and planning required to engage with the disability community and accessibility experts to properly inform their projects
- Many experienced technical and logistical complications like third party errors, coordinating multiple stakeholders, relocating services, and reprioritising work.

Limited workforce knowledge, capability, and capacity

> "In our original grant application, we noted that we did not foresee any major disruption to service delivery […]. In hindsight, this was optimistic, based on the initial information we had at the time. As a small team undertaking a project of this scale for the first time, and while highly skilled in our core mahi, we underestimated the complexity and practical demands of coordinating building works of this nature." **(Grant recipient)**

Many providers said it was difficult to identify their organisation's accessibility needs when applying for funding. This was primarily because they lacked knowledge and awareness about what makes a service fully accessible. Some providers suggested it would have been helpful to receive an official accessibility audit beforehand to accurately identify service gaps impacting disabled people and tāngata whaikaha Māori. Many said having more time to conduct independent research into client accessibility needs would also have been beneficial.

Very few providers funded for larger physical modifications like installing accessible toilets had expertise in the nuances of construction and building regulation compliance. They were generally unaware of the technical requirements, having no prior experience. Many did not factor key steps into their timeline and budget, including the time and cost of obtaining building consents, fire reports, and site assessments. Coordinating multiple contractors was also time-consuming and required careful sequencing due to dependencies.

There was also a degree of uncertainty about what website development entails; most providers paid external agencies, digital consultants, or assigned internal IT specialists to review and enhance their websites. However, some organisations experienced technical challenges. For one provider, the only way to have a fully accessible website was to remove videos and archive web content altogether as it would have been too time-consuming and costly to make everything accessible. Another provider said they found some website designers also lacked expertise in website accessibility standards.

Resourcing and staff shortages

Many grant recipients found they needed to extend their project timelines; this applied to enhancements across the board but was most common with physical modifications affected by limited contractor availability and material shortages. Supply constraints also affected delivery timelines and occasionally required substitutions or re-specifications of the work. This applied to both large and small-scale projects ranging from installing accessible kitchens to laying concrete footpaths. Weather conditions also impacted progress on external modifications, such as accessible parking upgrades which required rescheduling.

Providers undertaking information-based enhancements like translating documents into alternate formats also experienced delays. This may reflect the limited number of New Zealand companies specialising in alternate formats, and the fact that they are often in high demand.

Another issue was the specialised subject matter; one provider said it took time to find a contractor who felt confident enough to translate information into NZSL due to content sensitivity.

> "Lead times for custom items (e.g., bilingual signage and Braille materials) were longer than expected due to supplier availability and the need for quality assurance. This required adjustments to our project timeline and more active follow-up to keep deliverables on track." **(Grant recipient)**

Staffing was a major challenge for many providers as the projects required extra resourcing. Some were able to assign internal roles to manage the accessibility enhancements, which helped reduce barriers. Others, particularly smaller organisations, did not have the capacity or budget to do this. While most providers completed the work with only minor delays, some had to scale back their initiatives. Crisis service providers also noted that urgent client needs often took priority over accessibility modifications.

> "The over-riding challenge for us was the amount of time the project required of several staff members. We have an amazing team of dedicated and hardworking wāhine who were already carrying large workloads and this project was yet another commitment that meant other projects needed to be reprioritised. Staff capacity and the demands of client-focussed work meant that it was also difficult to get some staff to engage with the project." **(Grant recipient)**

Staff turnover also affected providers' ability to implement changes consistently and meet deadlines. Several providers lost the staff member originally leading the work, leaving others with limited capacity to take over, often without a proper handover. One provider noted this disruption prevented them from following usual project management practices and limited consultation, meaning they could not involve people with lived experience to test the proposed changes. Providers with in-house IT staff experienced fewer challenges with digital enhancements as they could draw on existing expertise.

Price fluctuation

Providers received funding approximately six months after submitting their applications. This was largely due to MSD's rigorous evaluation process required to ensure funding distribution is fair and equitable under Government Procurement Rules. However, the six-month time lapse meant most of the quotes obtained for physical enhancements had expired when providers received funding.

Consequently, many providers had to source new quotes, most of which were higher than the original cost. While we cannot pinpoint the exact cause, evidence suggests rising material costs and fluctuating supply and demand are contributing factors.[20] This created a series of challenges for providers; for some, it led to budget overruns that could only be addressed by absorbing the additional costs, seeking alternative grant funding, or scaling back the planned modifications.

Other providers hit roadblocks like pre-existing structural issues, flood damage, and the unanticipated cost of building consents and consultation, pushing up overall cost.

Coordination and engagement

> "The building enhancements presented a number of logistical challenges. The works involved coordinating eight different trades – builders, electricians, plumbers, plasterer/painter, vinyl layer, concrete cutter, carpet layers, and a stairlift installation technician – each of whom required site inductions and careful scheduling, particularly given that only one trade could work in the bathroom at any given time." **(Grant recipient)**

Providers told us it took a significant amount of planning to coordinate contractors for physical accessibility enhancements. Many providers required multiple contractors to complete the work (e.g., builders, plumbers, electricians, and painters) which was time-consuming and required careful planning to avoid delays.

Several providers engaged with disability and community groups to ensure the enhancements were fit for purpose and culturally appropriate. Effective engagement required additional planning and consultation, and involved coordinating sessions with multiple parties, organising reviews, and implementing changes.

Providers said they highly valued the feedback from people with lived experience as it highlighted the need for further refinement of their planned enhancements. However, this also revealed the need to review planning processes and ensure they had enough time to effectively engage with key stakeholders.

One provider said the experience helped strengthen their internal project management processes and deepen their understanding of the resources and planning needed to embed accessibility improvements across all service areas.

Technical and logistical complications

Those undertaking digital enhancements like website design encountered technical challenges leading to delays. Several providers mentioned the challenge of balancing usability and accessibility – ensuring the website met accessibility standards while retaining the organisations' core information content and identity (e.g., tone, logos, and colours). This required additional time, testing, and careful editing. Using plain and inclusive language and selecting informative yet not overly complex content were also important factors.

> "One small challenge involved was balancing out the need for the safety of survivors using our website in conjunction with optimising the accessibility. These priorities were not competing, but just both of importance. It was crucial that the new website was discreet for survivors accessing support while also clearly communicating our message. We're proud that together with [the web design company], we fulfilled both of our accessibility and safety requirements." **(Grant recipient)**

Most providers experienced some form of logistical challenge like scheduling work outside office hours to minimise service disruption; dealing with third party errors and faulty items; coordinating multiple stakeholders including contractors, staff, and community stakeholders to streamline modifications; negotiating costs; consulting and gaining agreement from landlords; adhering to internal governance structures; relocating while physical modifications took place; prioritising work and allocating tasks to staff with already heavy workloads; and rescheduling appointments with clients.

"A miscalculation by the stairlift technician resulted in the unplanned removal and machining of stair rails, adding time and complexity. These rails now have exposed, unpainted metal joinery on the underside, and we will need to source a volunteer to complete this final repainting, as further contractor costs are not currently viable." **(Grant recipient)**

Leasing properties

Half of grant recipients occupied leased properties. As a result, many had limited flexibility to implement physical accessibility changes, constrained by the landlord or the lease term. This influenced some providers to focus on digital or information-based enhancements instead, while others obtained permission from their landlord to undergo minor physical modifications. Multiple providers said the initiative had prompted them to consider alternative locations when their lease expires so they can better meet clients' diverse needs.

"As noted in our initial assessment, we currently occupy offices in a building owned by the local council. While this venue has been a wonderful and welcoming space for our service and clients for over 30 years, it presents limitations in expanding our capacity or creating more accessible areas, particularly suitable spaces for children and therapy services. We are commencing exploring possible avenues to move this plan forward and address these space constraints to better meet the diverse needs of our community." **(Grant recipient)**

Impacts and outcomes

> "The combined impact of these changes has gone far beyond practical access – It has strengthened trust, reduced shame, and reaffirmed the right of all clients, regardless of ability, to receive compassionate and culturally safe support in times of vulnerability. These outcomes reflect the value of embedding accessibility into service design from the outset and demonstrate the importance of sustained investment in accessible and inclusive care." **(Grant recipient)**

Providers' feedback was overwhelmingly positive and has provided rich insights into the impact of the enhancements. The data from both surveys clearly highlights that disabled people and tāngata whaikaha Māori now have better access to services. Staff awareness and knowledge of disability and accessibility barriers has also increased. Below, we present findings from both surveys about the key impacts of the enhancement grants.

Key impacts

In the first questionnaire, we asked open-ended questions about the impact of the enhancements on disabled clients, staff, and service delivery. In responding to questions, staff reported the following benefits:

- The elimination of physical, digital, and information barriers has created more accessible and inclusive services
- Disabled people and tāngata whaikaha Māori have more independence, autonomy, and equality when accessing services
- Enhancing the sensory environment has reduced client anxiety, enabling staff to build rapport and trust
- There has been an anecdotal uptake in services, with increased self-referrals, engagement, and participation in follow-up care
- The enhancements have had a secondary benefit for staff, enabling them to streamline service delivery, increasing productivity and efficiency.

In the second questionnaire, we wanted to measure the impact of the enhancement grants by asking providers to rate their accessibility knowledge and capability, and disabled clients' ability to access their services, before and after the grant initiative.

The second questionnaire showed some considerable improvements in organisational knowledge, ability, and confidence. After the grant initiative:

- **All organisations** reported they had good or very good knowledge and understanding of accessibility, compared to **37 percent** before
- **All organisations** reported they had good or very good ability to recognise accessibility barriers, compared to **40 percent** before
- Almost all organisations **(98 percent)** reported they had good or very good ability to support disabled people and tāngata whaikaha Māori, compared to **37 percent** before.

Organisations reported significant improvements in access to their services for disabled people. After the grant initiative:

- Almost all organisations **(95 percent)** said access was easy or very easy (and **5 percent** said access was possible). Before the initiative, only **12 percent** regarded their services were easy to access, and none considered them very easy.

Next, we set out key themes identified in the providers' narrative feedback across both surveys.

Benefits for disabled people and tāngata whaikaha Māori

We identified three main themes which emerged from providers' narrative feedback about how the enhancements have positively impacted disabled people and tāngata whaikaha Māori: inclusion and equity; independence and dignity; and participation and engagement.

1. Increased inclusion and equity

Many providers said the changes had helped foster a more inclusive environment, empowering people with diverse needs. This was a recurring theme across all types of accessibility enhancements, whether physical, digital, information, or communication-based:

> "The installation of the lift has been especially valuable for clients in wheelchairs due to back injuries, allowing them to access both levels of the building without difficulty. Previously, some clients were unable to attend appointments on the upper floor due to limited access. These changes have

created a safer, more inclusive environment for everyone using the service." **– Grant recipient**

"The Sensory Support Items have been brilliant, offering sensory relief for both neurodivergent and neurotypical whānau alike. The wide range of visual, tactile, auditory and sensory support options are helping whānau to feel regulated, safe, and supported – creating a calmer and more inclusive environment for all." **– Grant recipient**

"I'm used to being met with a lot of barriers, not just physical ones. But when I visited the centre, I noticed small things that made a big difference — the signage was easy to follow, the staff were respectful and responsive, and I wasn't made to feel like a burden. The accessible toilet was clean and felt safe. I left feeling respected and included." **– Client of grant recipient**

2. Maintaining independence and dignity

Dismantling accessibility barriers is essential to ensuring disabled people and tāngata whaikaha Māori have autonomy and control over their lives. It was clear providers had witnessed a significant shift in this area since implementing the enhancements:

"The addition of clear mobility signage, accessible toilets, and the installation of a wheelchair lift on our transport van have significantly reduced dependence on others, enabling disabled clients to attend appointments and access FVSV services more independently. This shift in experience has been especially important in the context of family violence support, where maintaining privacy, autonomy, and control is critical to the healing process." **– Grant recipient**

Many providers emphasised the importance of upholding dignity and mana – a theme that consistently emerged among those funded to install accessible toilets. One grant recipient gave an account of a client who had recently accessed their new toilet:

"A disabled client in a wheelchair accessed the disability toilet without difficulty. Previously, the client could not use our restrooms because there was limited space for wheelchair entry. Older clients with mobility challenges can now use the toilet and rise from it with the help of handrails, whereas previously they struggled to enter and exit the toilet due to the lack of easy access and handrail supports." **– Grant recipient**

Providing accessible toilets is also imperative, particularly with New Zealand's aging population. An older person with reduced mobility told the service provider about their experience:

> "After my hip surgery, I struggled to go out. I came in for support and was surprised that I didn't have to ask for help getting into the bathroom – it just worked. The rails and layout meant I could manage on my own. It gave me a bit of my independence back." **- Senior Service User**

The physical modifications to providers' properties have been invaluable to uplift clients' independence in accessing services:

> "The physical access to our building has improved with the new door. The old one was very heavy even for able bodied people but anyone with less strength e.g., elderly, disabled, children had difficulty opening it. The new door ensures independent access. It is also safer for the large number of clients using our building." **– Grant recipient**

> "The new ramp has made it safer and easier for people using mobility aids, including older clients and tāngata whaikaha Māori, to enter the building independently." **– Grant recipient**

> "For a long time, I avoided attending events or visiting the service centre because I didn't know if the facilities would be accessible. Since the new toilets were installed, I've been able to attend two workshops without worrying. The space felt welcoming and dignified. I was even able to recommend it to a friend who also uses a wheelchair."
> **– Community Member**

Having accessible information and resources has also increased disabled clients' independence in accessing services:

> "The enhanced website provides clear, inclusive information about our FVSV services and accessibility options, which has increased engagement and self-referrals from this community. For example, a service user with a visual impairment was able to successfully navigate the site using a screen reader and submit a self-referral independently—something that previously required telephone support." **– Grant recipient**

"We discussed the modifications at a […] hui, the attendees included disabled people and tāngata whaikaha Maori who noted that having both a Te Reo AND sign language version meant that [we] recognised that people benefit from having the option to use the resource that was most accessible for them. They highlighted the importance of having options as key to preserving the mana and dignity of disabled people and tāngata whaikaha Māori." **– Grant recipient**

3. Participation and engagement

Another prominent theme was the increase in client engagement with services. This has been enabled through all forms of accessibility improvements, whether physical, digital, sensory, or information-based:

"One of the most significant impacts was the increase in engagement from disabled clients and tangata whaikaha Māori. Individuals who may have previously delayed or avoided accessing FVSV services due to inaccessible facilities or feelings of exclusion are now attending appointments, participating in follow-up care, and engaging more confidently in therapeutic support. This has enhanced the reach and equity of our services…

A particularly moving example came from one client, a wheelchair user and survivor of family violence, who shared—through an interpreter—that they had previously missed multiple counselling sessions due to the embarrassment and stress of navigating inaccessible clinic facilities. Following the completion of accessibility improvements, this client was able to return for follow-up counselling, sharing that the changes made them feel "seen and valued" and helped them feel safe enough to re-engage with their healing journey." **– Grant recipient**

"With improvements such as bilingual signage, accessible transport, and the provision of Braille and Easy Read materials, clients now experience less confusion, anxiety, or shame when engaging with our services. This has led to:

- More timely presentations to FVSV services
- Greater uptake of follow-up and counselling appointments
- Enhanced ability for clients to self-navigate their support journey." **– Grant recipient**

"The chairlift and accessible parking improvements have increased participation in hui, events, and programmes, while the automated entry door, upgraded lighting, and waiting area enhancements have created a more welcoming, user-friendly environment. These changes have improved the flow of service delivery, reduced the need for staff assistance in certain situations, and strengthened our commitment to manaakitanga." **– Grant recipient**

"By removing digital barriers, we've improved access to our services and ensured that disabled people and tāngata whaikaha Māori can reach us in a way that meets their needs. This will continue to strengthen the overall effectiveness of our service delivery." **– Grant recipient**

Providers funded to improve their sensory environment have also seen a significant shift in how clients are interacting with services. Fidget toys, installing softer lighting, and decluttering spaces have all contributed to supporting emotional regulation and creating a calmer environment:

"We have observed that the in-room counselling modifications we have introduced are settling clients more quickly into the counselling environment. Some of these tools become topics of conversation during whanaungatanga and some clients like to select the scents and backgrounds for their session. This enhances the client's sense of calmness and empowerment prior to a session starting." **– Grant recipient**

"To come to a space that is inviting and makes them regulate, especially when sharing personal information. For example our clients are able to regulate with fidget toys or hug cushions with different textures to calm themselves. When people are calm and not in a survival state, they have more access to their pre-frontal cortex – the area in their human part of their brains that can make good choices and connect. Our staff are able to engage and develop rapport and meaningful relationships."
– Grant recipient

Improved service delivery

We received extensive feedback from providers about the transformative impact of the enhancements on service delivery. We repeatedly heard how modifications have helped streamline services and extend outreach, with a visible uptake in services by disabled clients and tāngata whaikaha Māori.

> "The modifications have improved service delivery by making it more inclusive and accessible to a wider audience. Staff are seeing more self-referrals from tāngata whaikaha Māori, and the improved website is reducing the amount of time staff spend assisting with basic information requests. The modifications have also helped staff to feel more confident that our digital presence reflects our kaupapa of inclusion and accessibility." **– Grant recipient**

> "By removing key physical, digital, and communication barriers, we were able to improve not only the reach of our services but also the quality, responsiveness, and cultural appropriateness of our care."
> **– Grant recipient**

Removing both physical and digital barriers has also enabled providers to expand their outreach:

> "The website enhancements have strengthened our ability to offer support digitally, especially for those who may be unable or unwilling to visit in person. Improved readability, navigation, and mobile responsiveness allow more people to access key information and contact us discreetly and independently. These upgrades have expanded the reach and responsiveness of our service, making it safer and more accessible for all." **– Grant recipient**

> "The whaikaha accessibility extended our service delivery as there is now access to all women with disabilities e.g., vision impaired, service animal support, neurologically impaired. Client kitchen facilities went from shared to individually allocated access to fridges/cupboards, which provided more autonomy for residents "Less sharing, more caring." **– Grant recipient**

Website modifications have not only made digital content accessible, but also helped staff to access and process information more efficiently:

> "Digital accessibility enhancements—including the implementation of an accessibility menu on the website and the conversion of PDF forms into accessible online formats—have streamlined the intake and registration process. Staff are now able to receive and process client information more efficiently, which has improved overall workflow and reduced administrative barriers for both clients and teams." **– Grant recipient**

> "Our accessibility enhancements have improved service delivery by streamlining access to information. Staff can now quickly locate services and advice for clients through a centralized online resource, which consolidates previous iterations into one cohesive platform. This allows staff to provide timely, accurate, and well-informed guidance, directly supporting our organisation's objectives." **– Grant recipient**

Providers reported that the enhancements have facilitated a rise in productivity due to increased client independence in accessing services:

> "By reducing the time needed to assist whānau in and out of vehicles, our kaimahi have been able to provide more timely and responsive support to all whānau." **– Grant recipient**

> "While the primary goal of the accessibility modifications was to improve client access, staff have also benefited indirectly. Staff now feel more confident in referring clients to the website, knowing it meets accessibility standards and effectively communicates our services. The improved self-referral process has reduced follow-up calls and administrative workload, freeing up staff time for direct client support." **– Grant recipient**

> "Clients who previously needed assistance to enter the building or move between floors can now do so on their own, without relying on staff or others for help. This has created a more welcoming and respectful environment, reduced delays in service, and allowed staff to focus more on delivering support rather than managing physical access needs. It has made the service more inclusive and efficient overall." **– Grant recipient**

Benefits for staff

While the primary intention of this initiative was to increase accessibility for disabled people and tāngata whaikaha Māori, providers' data insights also highlight a positive impact on staff.

Many providers told us staff awareness of accessibility barriers has increased, enhancing their confidence and ability when supporting disabled clients:

> "Our team became more aware of the needs of our disabled community as the modifications occurred. We extended our awareness to become more informed of the wider needs of our disabled community. For example, we have had discussions on how we can continue to do better, in how we welcome people to the agency and offer options in our services."
> – **Grant recipient**

> "The visibility of these improvements has also positively impacted staff. Frontline workers report feeling more confident in their ability to provide inclusive care and have greater awareness of how to respond to the needs of clients with disabilities. Service delivery teams have expressed pride in the organisation's leadership on accessibility and commitment to equity."
> – **Grant recipient**

> "The project created discussion within the team and greater awareness of the needs of our disabled community. Although we do not currently have staff with mobility needs, we have been able to identify what needs to be in place for future staff. The modification to our lighting has been positive for all the team as we have some neurodivergent needs and other staff have appreciated the softer lighting of rooms." **– Grant recipient**

Many of the changes have also improved working conditions for both disabled and non-disabled staff, creating a more inclusive and accessible environment:

> "The accessibility modifications have made a noticeable difference to staff by improving ease of movement and reducing physical strain in the workplace. Staff with previous injuries, mobility limitations, or age-related conditions can now access all areas of the building more comfortably, without needing assistance. The lift and automatic doors have not only supported those with specific needs but have also made day-to-day tasks smoother for all team members, contributing to a more inclusive and functional work environment." **– Grant recipient**

> "Previously, physical barriers would necessitate remote work arrangements. The recent accessibility enhancements now facilitate greater on-site inclusion for staff with mobility impairments, representing a significant advancement for both personnel and organisational capacity." **– Grant recipient**

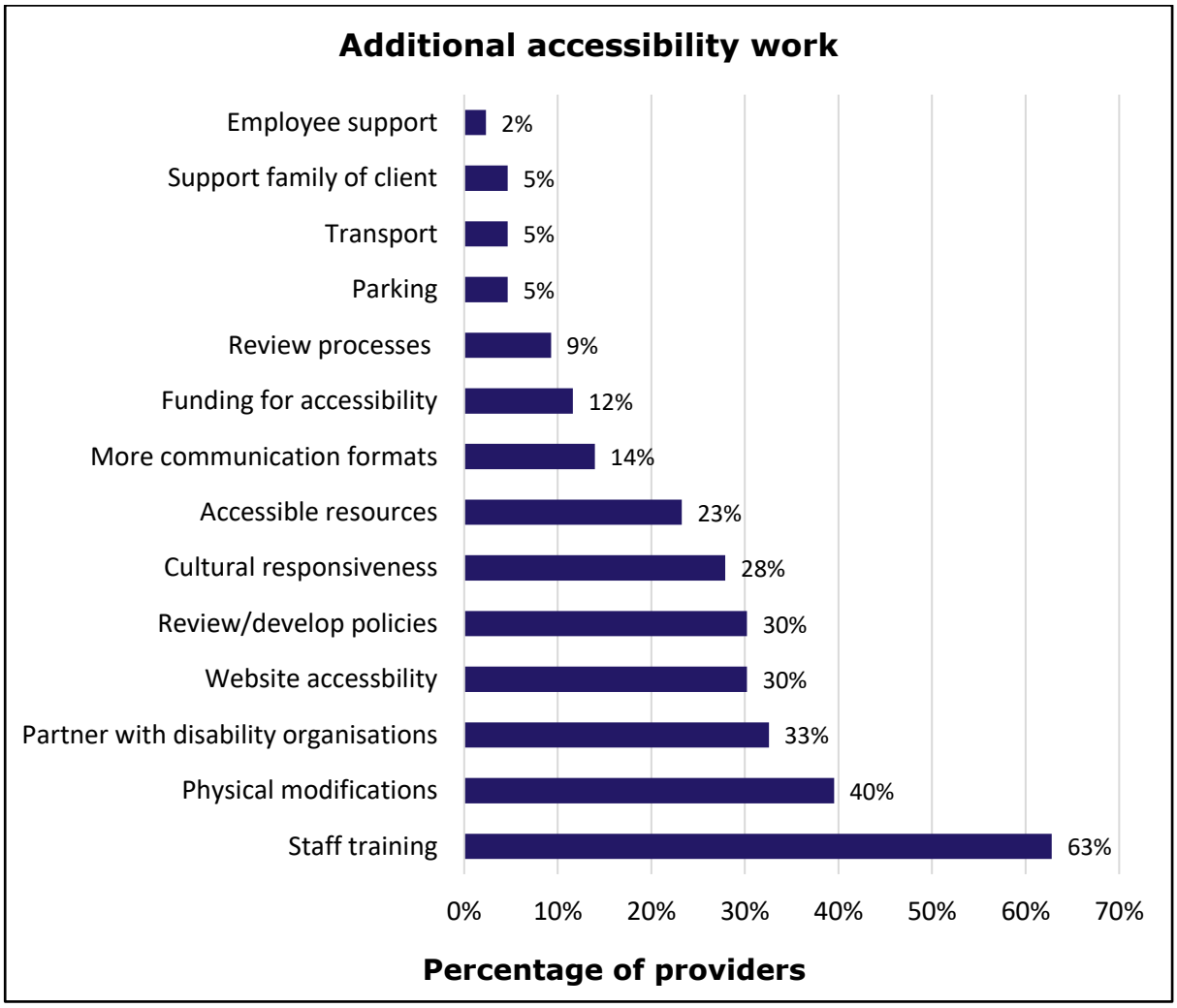
> "The Sensory Support Items have also been invaluable for our kaimahi in moments of stress, overwhelm, and anxiety which are often experienced by those working in domestic violence support services. Having tools to self-regulate has enabled our kaimahi to maintain their wellbeing and, in turn, deliver higher quality support to the whānau we serve." **– Grant recipient**

> "The accessibility modifications have had a positive impact on staff by creating a safer and more inclusive working environment. Staff report greater ease in supporting clients with diverse needs, especially those with mobility challenges or requiring discreet access. The improved website also helps staff by reducing barriers to communication and enabling more efficient online engagement with clients." **– Grant recipient**

What are the remaining gaps in service accessibility?

We asked providers whether their services required additional enhancements to make them fully accessible, and if so, to tell us what they needed. In the first questionnaire, almost **90 percent** of respondents recognised they still had gaps, identifying various areas requiring improvement. In the second questionnaire, all respondents identified at least one gap in their services, with the most common being staff training (see **figure nine**).

Figure Nine: Additional accessibility work



Below, we have summarised grant recipients' feedback as it provides valuable insights into potential opportunities for future investment in service accessibility.

More physical, digital, and information-based enhancements are required

Firstly, many providers said they required additional physical modifications, including increasing accessible transport, durable ramps, accessible parking, wet rooms, lifts, widening hallways and doors, and kitchen and reception renovations.

Further, it was clear many providers were considering how they could better support neurodiverse people. One suggested a neurodiversity audit would be a good starting point to help identify service gaps. Other ideas included creating a sensory garden for neurodiverse tamariki and whānau, and designing low-stimulation internal spaces with better lighting, controlled sound, and calming environments to mitigate sensory overload.

Making information accessible and translating documents into alternate formats and different languages was another priority for future enhancements. Suggestions for additional information enhancements included creating accessible information brochures, referral forms, and feedback surveys; funded access to NZSL interpreters; Braille resources; providing assistive listening devices; and having a publicly available screen reader. There was also a general recognition of meeting the specific needs of diverse groups, acknowledging visual, audio, and cognitive impairments. Another grant recipient emphasised the need to further enhance their website to support neurodiverse people and those with cognitive impairments; this would also benefit non-native English speakers and those with low English literacy.

It is worth noting that making information accessible is an ongoing need as it must be regularly updated, translated, and adapted to meet different communication needs. This is currently an additional cost for providers. While not arising in any of the feedback, it is important to also consider the accessibility of campaigns. Many organisations rely on campaigns to increase the visibility of their services and drive behaviour change, particularly for communities that are harder to reach or face persistent barriers to access. Making campaign materials accessible should therefore also be prioritised.

Feedback highlighted the importance of tools and processes specific to FVSV services. Multiple providers mentioned using screening and diagnostic tools in their daily mahi. While we did not collect data specific to this, we note that only one provider identified they needed to improve their screening and diagnostic assessments to make their service fully accessible. Further, this was specific to the needs of neurodiverse clients, and did not mention whether or how the screening process was made accessible for other diverse groups. The provider also emphasised that while they could offer this

assessment where capacity allowed, they did not have the resources to make it a sustainable and ongoing part of their programmes.

Unfortunately, for many providers further modifications are not possible at this stage due to limited resources, lack of funding, and barriers like occupying leased properties or unmodifiable buildings.

Ongoing training is essential to embed accessibility in services

We received extensive and valuable feedback about the importance of investing in ongoing professional development to fully embed accessible and inclusive practices. Providers saw accessibility as a long-term commitment which required a structured and continuous learning approach to ensure staff remain equipped to meet diverse needs.

Providers indicated staff would benefit from both general disability training and specialised training tailored to the FVSV workforce. Suggestions for training content included:

- Best practices for hosting disabled people including how to provide appropriate assistance and how to support them during an emergency evacuation
- Advanced and targeted training to enhance service responsiveness for disabled people and tāngata whaikaha Māori experiencing family violence
- Accessibility standards and compliance training on physical and digital accessibility requirements to ensure the environment and services meet best-practice guidelines
- Specialised training on supporting diverse client groups e.g., neurodivergence, d/Deaf, and intellectual disabilities
- De-escalation techniques and trauma and violence informed care training to work with disabled people and tāngata whaikaha Māori
- How to use assistive technology and maintain website accessibility
- NZSL and audio content training to improve communication with d/Deaf and hearing-impaired clients.

Many providers were already thinking about how they could embed training in their organisations. Some said they were considering:

- Making disability and accessibility training part of induction for all new staff, with a standardised induction module focusing on disability awareness, accessibility protocols, and culturally responsive care
- Offering ongoing refresher training to reinforce key principles and allow staff to reflect on real-world experiences, challenges, and solutions in their roles
- Including disability training in professional development planning.

One provider told us investing in workforce development previously had a transformational impact on service delivery. Staff participated in a specialised workshop on recognising, screening, and managing communication and swallowing disabilities, equipping them with practical, culturally relevant skills in disability and rehabilitation care. One of the outputs was developing culturally appropriate screening materials and basic therapeutic techniques aligned with local needs. Staff said continued specialised training and support would enable them to deepen their impact and extend their reach across the region.

Other emerging insights

While outside the original scope, feedback from providers has enhanced our awareness of other existing accessibility issues and highlighted research gaps. This includes the impact of geographical location, inaccessible transportation, and FVSV service provider processes.

Typically, geographic isolation exacerbates inequities. People who live rurally often experience additional barriers to accessing support, including inadequate infrastructures, lack of local specialist services, high travel costs, and unreliable internet. Several grant providers in urban locations said it was sometimes difficult to properly support disabled people and tāngata whaikaha Māori living in rural or remote areas.

As we did not gather data specific to rural accessibility, it is important to conduct further research to understand how FVSV providers support disabled people in rural communities and the impact of being located rurally, particularly for ethnic minority groups. There is a higher prevalence of tāngata whaikaha Māori in remote locations, forced to travel long distances to access mainstream and specialist services.[21]

Many providers told us they also facilitate taking clients to and from appointments like the doctor. However, some said they were unable to provide this service for wheelchair-users without wheelchair-accessible transport. While providers located in larger urban areas can arrange accessible taxis for disabled clients, this is not always possible, whether because the provider is located rurally or because accessible taxis are limited. There is some existing research showing that due to the inaccessibility of transport, disabled people forgo many journeys that would otherwise support their wellbeing.[22] More research is required to identify the extent to which a lack of accessible transport prevents disabled people accessing FVSV services.

This initiative did not focus on collecting data about providers' in-house processes like screening and needs assessments. As existing research shows, disabled people and tāngata whaikaha Māori do not always recognise their experiences as violence when a caregiver is involved or due to the nature of their disability. It is therefore important to obtain more information on the accessibility of screening processes and whether they meet the needs of disabled people experiencing family and/or sexual violence.

Further, more research is required into how internal processes recognise and accommodate diverse needs; whether documentation and forms are fully accessible and provided in alternate formats; and whether processes are standardised and consistent across services, and if not, how this can be achieved so people have equal access.

Discussion

Findings from this initiative demonstrate the significant value of investing in accessibility. Data has revealed numerous positive impacts for clients, staff, and service delivery alike. The Accessibility Enhancement Grants have enabled providers to identify and eliminate physical, digital, and information barriers, creating more accessible and inclusive services. This means disabled people and tāngata whaikaha Māori have more independence, autonomy, and equality when accessing services. Further, data shows significant improvements in staff accessibility knowledge, ability, and confidence. Next, we summarise the impacts documented from grants, learnings from this initiative, and potential next steps.

Physical accessibility

Enhancements have had a transformational effect on providers' physical environments, creating more welcoming, accessible spaces where clients feel safe and heard. From more complex modifications like installing accessible kitchens, toilets, and lifts to smaller projects like installing accessible signage and door handles, providers reported people can now move more independently and engage with their services in ways that respect their dignity and autonomy. Increasing physical accessibility has reduced stress and effort for clients, and contributed to the development of a more inclusive environment, critical to the healing process.

Improving the sensory environment indicates a positive impact; clinicians have reported reduced client anxiety leading to increased engagement. Purchasing fidget toys, installing softer lighting and sound-proofing, using softer paint colours, and decluttering spaces have all contributed to supporting emotional regulation and creating a calmer and more accessible environment.

Evidence from this initiative also highlighted the challenges providers face when trying to support disabled people without accessible transport. Several providers used funding to purchase an accessible vehicle, install wheelchair lifts in their vans, and buy wheelchairs. Feedback was positive, indicating increased outreach.

Digital accessibility

This initiative demonstrates investing in website accessibility is worthwhile for both clients and services. Importantly, disabled people and tāngata whaikaha Māori can now access information independently and on an equal basis with others. It has also been invaluable for expanding outreach, particularly as digital platforms are often the first point of contact for clients seeking help. Providers reported that having an accessible website has streamlined intake processes and contributed to increased efficiency as staff are no longer required to assist with basic information requests.

Information and communication accessibility

Accessible information is a basic human right and particularly critical in an FVSV context where people are experiencing violence. Without the information they need to access services, many remain at risk of harm. Providers that used funding to make information accessible reported significant benefits. Translating materials including documents, website content, social media posts, and videos into different languages and alternate formats like plain language, NZSL, and Braille has enabled clients to better understand, navigate, and engage with their services. Providers have also reported increased trust and higher service uptake.

Benefits to staff and services

While the primary intention of this initiative was to increase accessibility for disabled people and tāngata whaikaha Māori, evidence highlights the enhancements have also had a positive impact on staff. This includes improved work conditions, with many physically disabled staff now able to access the work environment on an equal basis with non-disabled staff. Sensory enhancements have helped reduce anxiety and stress, and the introduction of accessible vehicles, lifts, and ramps has reduced physical strain on staff.

Many providers told us staff awareness of accessibility barriers and how to respond to disabled people's needs has improved. The projects have stimulated conversations amongst staff about how to embed accessibility in the long-term, including through ongoing general disability training and specialised training about how to respond to diverse needs.

There is also evidence that service delivery has benefited indirectly as the enhancements have helped streamline services and increased productivity. Many providers said they have seen an increased uptake in services, follow up of counselling appointments, and greater client engagement overall.

Key learnings

Monitoring the implementation process has provided comprehensive insights into the nuances of undertaking accessibility modifications. Enhancing accessibility can take considerable time and resources, particularly when implementing significant physical modifications for smaller organisations with limited capacity. Many providers faced challenges across all enhancements, including dealing with budget constraints, rising costs, building compliance, coordinating complex projects, resourcing shortages, and a lack of both internal and external accessibility expertise.

The challenges of making major structural changes like widening hallways and doorways highlight the benefits of designing newbuilds to be accessible from the outset rather than relying on ad hoc retrofits. Many older properties pre-date universal design and accessibility standards, making modifications complex and sometimes financially unviable. Costs and the extent of required building work can also deter providers. In addition, many providers do not own the properties they use, limiting their ability to undertake significant accessibility upgrades.

Providers' feedback also highlighted the paucity of data on how screening and intake processes accommodate disabled people's needs. FVSV services regularly use screening and diagnostic tools to assess client needs and can involve completing risk assessments, safety planning, and referral forms. While some providers used funding to create accessible documents, we still lack information on the accessibility of their internal forms, including intake documentation, and how this affects disabled people's experiences.

Moving forward

In the second questionnaire, all providers told us they require further modifications to make their services fully accessible. This indicates there are still significant barriers preventing disabled people and tāngata whaikaha Māori accessing FVSV services on an equal basis with others. Making all services fully accessible requires sustained investment across all areas of accessibility to dismantle environmental, attitudinal, and institutional barriers.

When undertaking future accessibility enhancements, there are many opportunities to strengthen and streamline processes. Strengthening early planning and embedding accessibility requirements at the outset of projects can reduce costs and prevent unforeseen delays. Engaging with qualified accessibility experts during the planning phase would provide clarity on standards and best practice guidelines, helping organisations to pre-empt challenges.

Further, consulting disabled people and tāngata whaikaha Māori throughout the process is core to making informed decisions on prioritising enhancements that are meaningful, sustainable, and meet people's needs.

As well as monetary investment, we need to continue gathering robust data. Despite now having better insights into digital accessibility, it is important to obtain accurate data documenting how many FVSV organisations remain digitally inaccessible. Research is required to identify to what extent the lack of accessible transport prevents disabled people accessing FVSV services, particularly for rural communities with no access to public transport or taxis. Equipping FVSV services with accessible vehicles would make a significant difference for a wide client cohort including wheelchair-users, mobility-impaired people, and people with young children and babies.

As already mentioned, we do not have informative data about the accessibility of providers' internal processes. Further research is required to ensure consistent accessible approaches are embedded across the FVSV sectors. This includes identifying how internal processes recognise and accommodate diverse needs; whether documentation and forms are fully accessible and provided in alternate formats; and whether processes are standardised and consistent across services and if not, how this can be achieved so people have equal access.

Ensuring outreach strategies like campaigns are fully accessible is also paramount for service visibility. Accessibility is therefore not a one-off task but a sustained resource commitment that must be factored into outreach planning and funding. It is critical to embed accessibility if we are to achieve Te Aorerekura's commitment to eliminating family and sexual violence.

Limitations

The Accessibility Fund's limited timeframe impacted providers when applying for funding; they had six weeks to identify their services' accessibility gaps, obtain quotes, and submit an application. Providers reported this posed challenges, particularly for those with limited accessibility knowledge, and constrained opportunities for comprehensive engagement. In future, consideration should be given to allowing applicants enough time to conduct research into their accessibility needs by consulting the disability community, their clients, and seeking advice from accessibility specialists.

We also acknowledge the gaps in data collection. Unfortunately, we were unable to collect enough information to reliably compare service accessibility by geographic location. We know from the survey feedback providers in urban areas struggle to support people living in rural or remote areas. Inadequate infrastructures, lack of local specialist services, high travel costs, and unreliable internet all contribute to the barriers people face when trying to access support.

Gaining more visibility would provide insights into disabled people's and tāngata whaikaha Māori access to FVSV services in rural locations and develop a better understanding of their diverse needs.

Further, we did not gather sufficient information to assess FVSV service accessibility for disabled people from diverse minority groups. We need to increase data collection and conduct ongoing research into the intersectionality of disabled people from minority groups and how they experience violence.

This includes gaining a better understanding of how and whether FVSV services use culture-centred approaches to support and engage clients. Engaging with communities directly is crucial to this process, giving a voice to all minority groups including Māori, Pasefika, ethnic communities, former refugees, older people, and LGBTQIA+ groups.

Opportunities to increase accessibility

Key opportunities to make FVSV services accessible for disabled people and tāngata whaikaha Māori

Stakeholder and participant feedback collected through the Accessibility Fund has pointed to a range of areas where accessibility considerations are relevant to the ongoing development of FVSV services. The following themes reflect findings across the Accessibility Fund, and present opportunities to embed accessibility.

1. Funding and investment considerations

Findings suggest that accessibility outcomes are influenced by broader funding and investment settings, including:

- The extent to which existing contract arrangements allow for flexibility to respond to accessibility needs.
- The visibility of accessibility considerations within internal FVSV provider processes, such as diagnostic and needs assessments.
- The consistency of accessible documentation (for example, intake forms) used across FVSV services.
- How funding timeframes and processes affect providers' ability to plan and deliver accessibility-related improvements.
- The availability of shared resources, such as examples of accessible practices, templates, and content developed by or alongside disabled people and tāngata whaikaha Māori.

2. Access to support and expertise

Findings also highlighted the role of access to expertise and capability in shaping accessibility outcomes, including:

- Providers' access to technical capability to support the ongoing accessibility of websites and documents as standards evolve.
- The contribution of lived experience and specialist accessibility knowledge to informing service design and practice.
- The information available to providers when navigating technical processes related to physical accessibility, including consent and compliance requirements.
- The presence of general and specialist disability and accessibility knowledge within the FVSV workforce.

3. Research and data collection

Findings indicated gaps in information that limit visibility of how accessible FVSV services are in practice, including:

- The availability of consistent information on the accessibility of FVSV provider websites.
- Understanding of how location, including rural and regional settings, affects access to FVSV services for disabled people and tāngata whaikaha Māori.
- Insight into how FVSV services respond to the needs of disabled people within diverse and intersectional communities, such as LGBTQIA+ communities, Pasefika, tāngata whaikaha Māori, former refugees, and ethnic communities.

4. Alignment with Te Aorerekura National Strategy to Eliminate Family Violence and Sexual Violence

Evidence highlights the importance of exploring ways to include accessibility considerations in Te Aorerekura's future action plans, including:

- Supporting progress towards Shift Five: Towards safe, accessible, and integrated responses.
- Identifying opportunities to reflect accessibility considerations in the next action plan.

Initiative Three: Improving refuge/safe house accessibility

> "When a wahine needs to come to our whare, she is experiencing the worst times of her life. We do not want to make it worse for her via hurdles in the space designated as a 'Safe House'." **(FVSV provider)**

Overview

The lack of accessible safe houses is one of the many unmet needs disabled people experience. As a large population group subjected to higher rates of violence and abuse, it is critical disabled people and tāngata whaikaha Māori have equal access to refuge services. Violence is particularly pervasive for disabled women and wāhine Māori, who experience higher rates than disabled men or non-disabled men. Further, while women may not identify as disabled, many experience physical abuse resulting in temporary or permanent disabilities, such as Traumatic Brain Injury. If safe houses continue to remain inaccessible, disabled women are more likely to remain in abusive relationships with no way of accessing safety and support.

While it is difficult to access comprehensive data on the accessibility of safe houses and refuge services, we know anecdotally from the disabled community, published research, and government reports that disabled people are particularly constrained by the physical inaccessibility of safe houses. They are often located in older properties with narrow corridors and doorways and no ramps, unable to accommodate wheelchair-users. Safe houses are generally inaccessible for blind women, women in wheelchairs, women requiring personal assistance, and women with learning disabilities.[23]

Initiative Three of the Accessibility Fund responds to the New Zealand Human Rights Commission's recommendations and the disability sector's call to make mainstream safe houses physically accessible. This is the first initiative of its kind in Aotearoa New Zealand.

About the initiative

Consultation with the community

Following the Budget 23 announcement of allocating time-limited funding to make FVSV services more accessible, MSD conducted stakeholder engagement to socialise its approach. Engagement involved discussions across the wider disability sector and with FVSV peak bodies and Whaikaha – Ministry of Disabled People. Throughout consultation, stakeholders stressed it was critical to utilise some of the funding to improve the accessibility of safe houses. The Accessibility Fund team therefore ring-fenced part of the funding to focus on making safe houses physically accessible.

Partnering with Kāinga Ora

The project began with a discovery phase to identify the best approach to selecting and modifying safe houses. After extensive research, consultation, and consideration of all available options, MSD contracted Kāinga Ora to manage the scoping, design, and implementation of the modifications. This was the most efficient, consistent, and cost-effective means of improving refuge accessibility.

As Aotearoa's largest residential landlord, Kāinga Ora owns over 78,000 properties, with approximately 73,000 state rentals.[24] Most women's refuges across the country rent their safe houses from Kāinga Ora.[xiv] It therefore has direct oversight of its properties, the authority to make structural changes, and the resources to undertake complex projects. Partnering with Kāinga Ora presented the opportunity for a more streamlined process as it could draw on its existing expertise and resources related to construction and property remediation. It also has a dedicated accessibility team and established relationships with accessibility experts.

[xiv] At the time of writing this report, 96 of Kāinga Ora's Community Group Housing tenancies were used for refuge purposes. Of these, 33 had undergone varying levels of modification including adding handrails, widening doorways and halls, and kitchen/bathroom modifications.

Kāinga Ora includes universal design features in all its newbuild homes where simple and cost effective to do so. These features improve usability and functionality for all customers, for example lever-style door handles, safe stair design, slightly wider corridors and doors, and placement of light-switches and power points for ease of use. These features are embedded into all its standard typology plans and have been part of Kāinga Ora standards for over 10 years.

In mid-2024, MSD contracted Kāinga Ora to undertake modifications on two to six of its properties, depending on the cost and budget constraints. To be eligible, the properties had to be safe houses occupied by FVSV providers with MSD contracts. Kāinga Ora would tailor modifications to each property's need, and take responsibility for obtaining required consents, permits, building work, and ongoing maintenance. It was agreed MSD would maintain oversight of the initiative through an established working group and structured reporting process.

After signing the contract in mid-2024, Kāinga Ora began scoping safe houses to assess their viability. Unfortunately, many of the properties could not undergo structural modifications due to their age and state. Following an evaluation of 16 potential properties, Kāinga Ora confirmed three properties appropriate for retrofitting within MSD's budget. These are located in Auckland, Nelson, and Palmerston North.

We also established a relocation grant as part of the initiative so refuges without alternative accommodation could apply for funding to relocate clients whilst the modifications were underway.

Defining a 'physically accessible safe house'

Following best practice, it was agreed retrofitting a safe house to make it accessible involved undertaking modifications which would enable disabled women and children to enter and exit the building safely and live independently. Depending on the property, this might include modifications like replacing unsafe or uneven flooring to provide flat surfaces, widening hallways and doors, installing an accessible benchtop and oven in the kitchen, modifying one bedroom to allow wheelchair access and turning space, installing accessible bathrooms, providing accessible laundry facilities, and ensuring entry and exit ways are accessible via ramps.[xv]

[xv] Due to budget constraints, lifts were only considered if a ramp was not feasible.

The planning and design process

Before commencing any building works, we needed to undertake planning and design separately for the three safe houses. This is normal practice when building or renovating properties, and is usually carried out by the architect, designer, or project manager prior to applying for building consent. The length and flexibility of this process can change depending on the scale of the project.

Once we had engaged with the refuges and confirmed their commitment to the project, Kāinga Ora assigned a project manager and contracted a designer specialising in accessible housing to oversee the project. We initiated a consultation process with each refuge, as it was essential to gain input from staff working directly with victims/survivors. The designer conducted site visits of each property, working with refuge staff to identify potential modifications which would enable disabled people and tāngata whaikaha Māori to have full access to the safe houses.

Once equipped with a general idea of the project, the designer produced high-level concept design drawings influenced by the project scope, budget, and specific requirements. Each property required different modifications to become fully accessible, depending on the layout, existing state of accessibility, and needs of the safe house.

We encountered various challenges throughout the planning and design phase. Firstly, each property required multiple consultations and drawing revisions before the final modifications could be agreed. Secondly, there were unanticipated changes to fire regulations and increased costs, both of which affected the planned timelines. We look at the challenges and barriers in greater detail next.

Challenges encountered during planning and design

Scope and cost

As a pilot initiative, we had to rely on limited data to forecast the time, cost, and building requirements. The original scope of work was modelled on a 'test property' – a Kāinga Ora-owned four-bedroom home converted to be accessible for residents who use wheelchairs. It included bathroom reconfigurations into two wet rooms, widened doorways, and installed ramps. However, as the test property was newer, there were fewer structural complications, and the work took less time.

The cost of retrofitting the safe houses exceeded initial forecasting, despite factoring a 20 percent contingency into the budget. This is because:

- the Auckland, Nelson, and Palmerston North properties were much older and in poorer condition compared to the test property, resulting in unanticipated structural changes and remedial work.
- as budget forecasting was required prior to identifying modifiable properties, original costings did not factor in the unique features and layout of each safe house. For example, how the gradients of entranceways impact the feasibility of ramp installation.
- there was an overall increase in building material costs and labour since original forecasting in 2023.

Fortunately, cost-savings in other areas of the Accessibility Fund enabled us to reallocate funding to cover the additional expenses.

Building regulations and compliance

The designer confirmed both the Auckland and Nelson safe houses required building consent as the modifications involved more substantive structural changes. All properties required building consent drawings, fire engineer reports, and asbestos reports before Kāinga Ora could contract a building company to undertake the modifications.

Ensuring fire safety

After reviewing the existing fire reports for each of the three properties, Kāinga Ora confirmed none of the sites were designed to reflect the ability of a wheelchair-user to access the building. Further, as the properties were classified as 'transient accommodation', they required fire and access reports to ensure any modifications met building act and code requirements. Two of the properties were provided with fire sprinkler systems, ramps, and lifting devices to achieve a reasonable level of compliance. This resulted in having to revise the timelines, delaying building works.

Obtaining quotes

Originally, it was understood that high-level quotes could be obtained using the concept design drawings from the designer. However, the building companies engaged would only provide quotes with a more in-depth level of detail, namely through 'building consent drawings' which contain construction details, materials, exact dimensions, and specifications. This caused a significant delay, as the designer required additional time to produce official consent drawings.

How we collected data

It was important to work with the refuges and Kāinga Ora to follow their journey of modifying the safe houses. As part of the contract, Kāinga Ora submitted project plans and photographs so we could track property modifications. We also collected data by having regular hui with refuge staff, Kāinga Ora's assigned project manager, and their Supported Housing group. This enabled us to gain key information about disabled women's needs, the process of retrofitting a safe house, and cost. It also provided valuable insights into the process and impact of making safe houses accessible.

At the time of writing this report, modifications have been completed for one safe house in Palmerston North. We look at this in detail next.

Case study: Palmerston North Women's Refuge

The modifications

Prior to this initiative, Palmerston North Women's Refuge's safe house was physically inaccessible for wheelchair-users or people with low mobility. When engaging with us during the scoping phase, refuge staff provided useful insights into what enhancements would benefit clients, having on the ground experience of how people access and utilise the property. Together, the designer and refuge staff identified the following modifications required to make the safe house physically accessible:

- Removing the external physical barriers including the existing decks, steps, fence, gate, and path
- Installing a timber deck and ramp to create access to both front and back entrances
- Levelling the ground outside, laying new accessible concrete paving, and creating accessible parking
- Widening internal doorways and halls
- Installing an accessible kitchen with an adjustable benchtop and stove, and easy-to-reach storage and cupboards suitable for both wheelchair-users and non-disabled people
- Combining two bedrooms to create one wheelchair-accessible room for mum and children
- Raising the platform from the lounge to make it wheelchair-friendly
- Installing new accessible fixtures and fittings including light switches, tap handles, and sensor lighting.

Once the project plans were agreed and architectural drawings complete, Kāinga Ora undertook a procurement process and contracted a suitable building company to carry out the modifications.

The refuge relocated its clients from the safe house to alternative accommodation for the duration of the building works. These took 12 weeks to complete, commencing in May 2025 and concluding in August 2025.

Impacts and outcomes

Refuge staff have reported the accessible safe house has transformed the service for disabled women and children as they can now access the property on an equal basis with others, increasing independence and autonomy.

Refuge staff told us the modifications have improved usability for all service-users. One of the greatest benefits is having a fully accessible kitchen. They also said combining two rooms to make an accessible bedroom has created a spacious layout with a full wheelchair turning circle and is less stressful for service-users, particularly families. Changes to the backyard with the new ramp and a reachable clothesline have created a more relaxing space, essential for reducing clients' anxiety in situations of crisis.

This initiative has not only had a positive effect on the environmental accessibility but has also contributed to a significant shift towards dismantling institutional and attitudinal barriers. It has motivated refuge leadership to consider their processes and revise their health and safety and client-user policies. They are also considering how to prioritise accessibility in organisational policies, budgets, and long-term planning.

Feedback from refuge staff indicates a definitive motivation to make their services more accessible. Staff want to improve their overall understanding of the barriers disabled people and tāngata whaikaha Māori face. It is therefore crucial to continue providing sector staff with the tools to increase service accessibility.

The refuge staff identified several changes or improvements to increase accessibility for disabled people, including:

- Ongoing disability training for staff, including working with tāngata whaikaha Māori and other minority groups to ensure appropriate learnings and upskilling.
- Reviewing policies and procedures on an annual or bi-annual basis to reflect on successes and address any gaps.
- Networking with disabled persons organisations and agencies to ensure consistent and effective training and advice.
- Continual promotion of accessibility via refuge websites and information resources to increase awareness.

Challenges

In total, it took 12 months to complete the entire project, including scoping, the design phase, regulation compliance, procuring a building supplier, and carrying out building works. The physical modifications took 12 weeks – four weeks longer than anticipated due to unforeseen delays.

It is important to note that this initiative operated as a pilot and required a level of specialist design, accessibility, and compliance input beyond what would typically be expected in standard housing modification programmes. The safe houses selected for this project were among the most viable within Kāinga Ora's portfolio; however, many properties were unsuitable for modification due to age, layout, or regulatory constraints.

The challenges we encountered largely reflect the complexities of retrofitting homes for accessibility requirements rather than designing accessible newbuilds. A common issue is that doorways often have raised edges, rendering them inaccessible for wheelchair-users. This arose when modifying the safe house in Palmerston North and was mitigated by installing rubber ramps.

Further, as is often the case when renovating older properties, the modifications uncovered several underlying problems including a leak in the roof and rotten floorboards in the laundry and kitchen. While only a minor setback, this required additional time and money to fix. According to the builders, the biggest issue was the weather, which delayed installing the ramp outside, and shipping delays for the accessible kitchen. Despite these setbacks, the property is now fully physically accessible.

Reflections

It is important to plan for underlying problems which may cause setbacks. While not all risks can be anticipated, factoring additional time into the project timeline provides a buffer for unexpected challenges and helps mitigate the risk of delays. It is also important to recognise stakeholders operate under different processes which can affect timelines and deliverables when working collaboratively.

While the outcomes demonstrate the significant benefits of physically accessible safe houses, any future expansion of this approach would require careful planning, early identification of suitable properties, dedicated funding, and continued involvement of accessibility specialists from the outset.

For future initiatives, there may also be scope to build on this work by considering accessibility needs beyond mobility alone, particularly in high stress environments such as crisis accommodation.

Based on the feedback from Palmerston North refuge, any future work to retrofit safe houses should carefully consider potential impacts on staff and service delivery. For example, refuge staff spent additional time organising alternative accommodation; relocating to a motel meant they did not have access to their usual amenities and facilities. Further, the refuge had to extend their relocation period from eight to 12 weeks to accommodate the delays.

The modifications also resulted in additional post-renovation expenses for the refuge. As the kitchen was designed to be fully accessible, it required an induction hob to meet health and safety regulations. This was essential to prevent children from burning themselves as the kitchen bench can be lowered to an accessible height. The refuge had to purchase new appliances suited to this type of induction hob, not covered by the Accessibility Fund. They also had to purchase new furniture to accommodate families with wheelchairs as the previous fixtures and fittings were no longer usable. Moving forward, additional costs should be planned for upfront to avoid burdening refuges.

Discussion

The benefits of making safe houses accessible far outweigh the challenges

There are clear social benefits to making safe houses accessible. We heard from frontline refuge staff that the modifications made through this project have increased disabled people's independence and autonomy, reduced anxiety, improved staff awareness and capability, and motivated refuges to continue improving their service accessibility. Evidence shows disabled people and tāngata whaikaha Māori have low trust in services and are less likely to seek help if services are inaccessible. Ensuring safe houses are inclusive and accessible can increase clients' trust in knowing good support is available. Not only does this give disabled people access to a critical and potentially life-saving service in times of acute need, but it also fulfils a basic human right.

Evidence shows there are long-term fiscal advantages to environmental accessibility. A New Zealand study testing the benefits of home modifications indicated improving accessibility reduces health costs. After installing low-cost modifications like grab rails, lighting, and slip-resistant surfacing, data showed a 26 percent decrease in injuries caused by falls, resulting in a 33 percent cost-saving.[25] International evidence also illustrates the value of accessible living, with a 2024 Swiss study showing a 48 percent drop in medically treated falls after home-based fall-prevention interventions, including environmental modifications. The study found a 50 percent likelihood the interventions were cost-effective.[26]

While we do not currently have sufficient data to conduct a cost-benefit analysis of the three safe houses modified through the Accessibility Fund, if the initiative was extended to all safe houses across the country we would have a larger data pool and could undertake a comprehensive analysis.

Data collected throughout this initiative also suggests there are significant health and safety benefits to investing in New Zealand's safe houses. As we saw across all three properties, none were designed to ensure wheelchair-users could evacuate during a fire. Without a safe evacuation route, disabled people remain at high risk of injury. Ensuring safe houses can accommodate disabled people is critical for their safety.

Many of the challenges arose because this work was a pilot project. We now have a much clearer understanding of the process required to retrofit safe houses owned by Kāinga Ora including timelines, cost, and resourcing. This knowledge offers context that may be drawn on if a national programme to make safe houses accessible is considered in the future.

Currently, there is no definitive count of the number of accessible houses in Aotearoa or what proportion of the country's public housing stock meets disabled people's needs, including safe houses. It would be beneficial to begin by conducting a full stocktake of existing safe houses to assess their state and the viability of retrofitting. It is also worth considering the benefits of increasing accessible newbuilds, as we discuss next.

Making newbuilds accessible is a cost-effective approach

In 2022, the United Nations Committee on the Rights of Persons with Disabilities (UNCRPD) expressed concern over the inaccessibility of New Zealand housing. It recommended New Zealand commit to making all public housing newbuilds accessible and introducing mandatory accessibility requirements for private housing construction.[27] Kāinga Ora has made a positive start by increasing its accessible housing stock; from 2023 to 2024 it delivered 4,864 new public houses, 20 percent of which met universal design standards.[28]

While Aotearoa has an accessibility standard (NZS 4121:2001) providing practical guidance for construction practitioners to build or modify public buildings (i.e., those listed in Schedule 2 of the Building Act 2004) so they are accessible, currently there are no mandatory requirements to make private dwellings accessible or to meet universal design standards. Whaikaha – Ministry of Disabled People is currently working with Standards New Zealand to revise the NZS 4121:2001. This is a key opportunity to improve accessibility in public buildings for disabled people.

Evidence from both Aotearoa and overseas suggests it is significantly more cost effective to construct an accessible newbuild rather than retrofitting a property with accessible features.[29] In fact, it can be up to 10 times less to incorporate universal design features into a newbuild than modifying an existing property.[30] While there are funding opportunities available from Disability Support Services and Kāinga Ora for people to make accessibility modifications, these are done on an ad hoc basis.

This pilot initiative has demonstrated the complexity of retrofitting older properties. Noting the safe houses modified through the Accessibility Fund were identified as some of the most straightforward in Kāinga Ora's portfolio, it is likely other safe houses across the country would take longer and cost more to modify.

Given the evidence underscoring the financial and social benefits of making newbuilds accessible, it is important to consider the United Nations' recommendation for New Zealand to make 100 percent of its newbuild housing stock accessible, and potentially whether this can be extended to non-residential properties.

Allocating a number of these to use as safe houses could also improve access for disabled people. While requiring further cost modelling and analysis, preliminary evidence suggests it would be more cost effective than retrofitting.

Expanding accessibility awareness

Research raises questions about whether the building industry and the public possess the knowledge and capability regarding building accessible properties. In 2016, New Zealand construction company BRANZ surveyed householders and builders about universal design, accessibility, and functionality. Overall, the surveys revealed a low awareness of universal design amongst both groups and a general lack of interest amongst builders. Evidence also indicated a lack of commitment from builders to promote an accessibility accreditation system. Over two thirds of builders interviewed thought accessible properties were more costly to build, despite pre-existing evidence showing accessibility costs were minimal if applied at the beginning of the planning process.[31]

The findings from this project suggest there is still a lack of awareness around physical accessibility. As discussed in Initiative Two, few providers that received an Accessibility Enhancement Grant understood the nuances of construction work and what was involved in making properties accessible. This, together with the challenges experienced in retrofitting the Palmerston North Women's Refuge safe house would suggest that in future, any work undertaken to make existing properties accessible or applying universal design principles to newbuilds should involve an accessibility specialist and disabled people from the very start of scoping and design. This would increase awareness and understanding of accessibility, and ensure disabled people have a voice.

Twin track two – Developing specialised approaches

The Accessibility Fund focused on twin track one – making mainstream services accessible. However, it is important to consider how safe houses apply to twin track two, developing specialist services to meet disabled people's diverse needs. This might involve building specialised safe houses, ensuring staff have specialised knowledge about how violence and disability interact, and including appropriate services for disabled men and older people. More research is required to understand what this would involve and how specialised services should be tailored. At a minimum, any work must involve disabled people and tāngata whaikaha Māori from the beginning.

Opportunities to increase accessibility

Findings indicate a range of factors influence the accessibility of refuges and safe houses within the broader context of New Zealand's built environment. The following themes outline areas where accessibility considerations may inform ongoing discussion and development over time.

1. Accessible crisis accommodation

Stakeholders noted the importance of the physical accessibility of crisis accommodation, including:

- The extent to which existing safe houses can be modified to improve accessibility for disabled people and tāngata whaikaha Māori.
- The use of inclusive or universal design principles in the development of new crisis accommodation.

2. Specialist support services

Findings highlighted the role of specialist capability in supporting accessible refuge responses, including:

- The availability of staff with experience working alongside disabled people with a range of support needs.
- The presence of support services that are responsive to the specific needs of disabled people and tāngata whaikaha Māori.

3. Funding and investment considerations

Findings informed several ways in which broader funding and investment settings may affect accessibility outcomes for refuges and safe houses, including:

- The availability of safe and accessible emergency and transitional housing options.
- The visibility of information on the current accessibility of existing safe houses.
- The role of accessible new housing stock in supporting a range of uses, including crisis accommodation, over time.
- Broader conversations about accessibility expectations for new public housing, including international guidance such as the UNCRPD Committee's recommendations.

4. Involvement of disabled people and tāngata whaikaha Māori

Findings emphasised the value of lived experience in shaping accessible environments, including:

- The involvement of disabled people and tāngata whaikaha Māori in the design and development of refuge and safe housing responses, particularly those with lived experience of violence.

5. Monitoring and accountability settings

Findings raised questions about the role of monitoring and quality assurance in shaping accessibility outcomes, including:

- How accessibility and safety expectations are understood and applied within crisis accommodation settings.
- The role of existing standards, guidance, and accreditation mechanisms in informing accessibility practice for new and existing properties.

6. Public awareness

- The extent to which awareness, incentives, and promotion within the building sector can support greater uptake of universal design and accessible housing that is practical and affordable.

Initiative Four: Enhancing FVSV workforce knowledge and capability

Overview

We know from engagement and numerous research reports that the FVSV sector lacks the capability to provide responsive and accessible services for disabled people and tāngata whaikaha Māori. Reasons for this are complex. To date, the FVSV workforce has had limited opportunities to receive disability training, resulting in a general lack of expertise. Existing training is delivered on an ad hoc basis, with no standardised sector-wide programmes.[32]

Without training in disability awareness and response, the FVSV workforce is not equipped to meet the needs of disabled people and tāngata whaikaha Māori, both generally and in the context of violence. This is exacerbated by ableism and other forms of discrimination.[33]

Following Te Aorerekura's first action plan, work has progressed to address some of the gaps related to workforce capability to support disabled people experiencing violence and abuse. This includes developing the Family Violence Entry to Expert Capability Framework (E2E) which outlines the knowledge and skills workers need to safely and effectively respond to the needs of a diverse range of people, including disabled people and tāngata whaikaha Māori. Alongside this, the Centre for Family Violence and Sexual Violence Prevention (the Centre) produced a mapping tool organisations can use to review their existing and new training against the E2E framework. It includes a module on disabled people with specific capabilities training should cover (e.g., the barriers disabled people face).

In April 2026, TOAH-NNEST launched 'He Ara Toiora – A Kaupapa Māori workforce capability framework'. The framework is ground in mātauranga Māori and designed to uplift the workforce preventing and responding to sexual violence within Māori communities. The framework complements the Centre's work and provides a pathway for workforce capability development. TOAH-NNEST also has Good Practice guidelines for responding to sexual violence in Aotearoa developed in 2016, which includes a section on Inclusive Practice, Supporting Survivors with Disability.[34]

More recently, the Centre launched the Family Violence Training Directory to support the implementation of the family violence capability frameworks.[35] The directory provides a list of training providers and courses that cover modules in the E2E framework. Each training listed in the directory was independently reviewed by family violence specialists, assessing content and delivery. It is intended to increase visibility of aligned training. As of 2025, seven of the 11 training providers listed in the directory address the E2E Disabled People module within their wider training programmes.

Until recently, we had no comprehensive information to indicate how many staff had received disability training. The Centre's 2024 Agents of Change Workforce Survey provided the first baseline data of FVSV workers that had received training to work with disabled people. Of 396 respondents, only 39 percent reported they had received training to specifically work with disabled people and their families.[36]

The evaluation of Budget 19 funding for sexual violence services found crisis and court support workers expressed a need for more training to meet the needs of disabled people, along with other diverse populations.[37] Disability support workers have also indicated there are gaps in their training related to recognising and reporting abuse and neglect.[38]

While there have been some ad hoc training initiatives as part of pilots or specific programmes there is almost no information about the effectiveness or impact of disability training in Aotearoa.[39] There is also limited information about the involvement of disabled people and tāngata whaikaha Māori in the development or delivery of the training.

In 2025, Te Kāhui Tika Tangata Human Rights Commission released an evidence-based roadmap with actions to improve services for disabled people. It envisions a violence and abuse-free future for disabled people, d/Deaf, and tāngata whaikaha Māori by building and funding crucial infrastructure. This includes sustained investment in workforce development across health, disability and FVSV sectors.[40]

About the initiative

As the Accessibility Fund's fourth initiative, in 2024 MSD contracted a not-for-profit training provider to develop and deliver a series of workshops called 'Beyond Barriers: Towards disability inclusive family and sexual violence services' (Beyond Barriers). 11 workshops were funded, with a total of 143 participants. The workshops were designed to equip FVSV staff with foundational information they could use to start breaking down attitudinal, environmental, and institutional accessibility barriers.

Developed in consultation with experts from the disability and FVSV communities, training content included:

- Building knowledge of disability, inclusion, and accessibility and how this relates to violence
- Understanding the barriers disabled people and tāngata whaikaha Māori may encounter and how this might look in accessing FVSV services
- Developing capability to reduce barriers in FVSV services.

The training was developed and delivered by people with expertise in disability and with lived experience. To be eligible for the workshop, participants had to be employed by an FVSV provider with an MSD contract.

Each of the 11 workshops was delivered over three sessions occurring on different days. The content covered a wide variety of disability-related topics tailored to the FVSV workforce. The first session provided foundational content on disability in Aotearoa including legislation and policy, language, the social model of disability, and intersectionality. The second session examined environmental, institutional, and attitudinal barriers disabled people face when accessing services. The last session focused on trauma and violence-informed care; building relationships and trust; supported decision-making; reasonable accommodation; and applying models like Te Whare Tapa Whā[xvi] to FVSV service provision.

[xvi] Te Whare Tapa Whā is a Māori health and wellbeing model developed by Sir Mason Durie. It emphasises a holistic, strengths-based approach based on the four wall of the wharenui (house). The walls represent taha wairua (spiritual wellbeing), taha tinana (physical wellbeing), taha hinengaro (mental and emotional wellbeing), and taha whānau (family and social wellbeing).

All sessions were interspersed with interactive activities, videos of real-life experiences, and opportunities for kōrero. It also allowed time for reflection so participants could embed the learnings. Everyone was given a workbook which provided detailed information on each of the topics and had access to an E-Learning refresher module.

How we collected data

Given the lack of existing evidence on disability training effectiveness across the country, gathering sufficient data was a priority. We assisted the contracted training provider in developing a survey to gather participants' feedback, comprising 20 questions with 17 close-ended and three open-ended questions.

Most questions focused on determining changes to participants' confidence and understanding of disability by asking them to rate themselves before and after the workshop. Questions included their understanding of how violence impacts disabled people and tāngata whaikaha Māori; confidence in recognising accessibility barriers; confidence in applying trauma and violence-informed care when working with disabled people; and confidence in applying learnings to their work.

The survey was available online, and time was dedicated at the end of the third session of every workshop so participants had an opportunity to complete it. This largely mitigated the risk of non-response bias, created when only highly engaged or satisfied participants choose to complete to surveys.

From March to June 2025, 143 people attended the training. 121 respondents fully completed the workshop survey, an 85 percent response rate, which provides strong confidence the data represents the views of all course participants. We used data to inform general findings about how the workshop content was received and its impact on participants. We set out these findings next.

Findings

"I think it was informative, educational, motivational and was an honour to be a part of! For someone with ADHD and hearing impaired it is beautiful to see such educational and important training provided to our services across the Motu." **(Beyond Barriers participant)**

Key Findings

- After the workshop, **91 percent** of respondents either strongly agreed or agreed that Beyond Barriers enabled them to more effectively support disabled people.
- There was a major shift in participants' understanding of how violence impacts disabled people and tāngata whaikaha Māori, rising from **62 to 93 percent**.
- Recognition of attitudinal, environmental, and institutional barriers for disabled people and tāngata whaikaha Māori increased from around **44-50 percent to 88-92 percent**.
- Confidence to partner with community organisations and support disabled people and tāngata whaikaha Māori increased, jumping from **47 to 88 percent**. This shows a strong step toward strengthening workforce capability.
- Participants' understanding of the different cultural views of impairment and disability increased from **56 to 85 percent**.
- The biggest impact was participants' confidence in applying learnings to their roles, which rose from **45 to 90 percent**.

Participants feel they can better support disabled people

Participants reflected positively about the usefulness of the training. **93 percent** of respondents either strongly agreed or agreed the workshop met their learning needs about providing a service which is accessible and inclusive of disabled people. **91 percent** of respondents either strongly agreed or agreed that Beyond Barriers enabled them to more effectively support disabled people.

Participants' confidence and understanding of disability increased significantly

Participants' confidence levels before the workshop were moderate, averaging **51 percent**. This increased significantly to an average of **90 percent** after the workshop. Many participants said the workshop prompted them to consider their organisation's processes and practices, including how to reduce barriers for disabled people and tāngata whaikaha Māori.

Critically, participants felt they could apply learnings from the workshops to their roles as FVSV service providers. This increased by **45 percent** overall.

Key insights show a strong increase in participants' confidence to recognise barriers across the following areas:

- Recognising attitudinal barriers for disabled people and tāngata whaikaha Māori rose from **50 to 89 percent**.
- Recognising environmental barriers for disabled people and tāngata whaikaha Māori rose from **48 to 92 percent**.
- Recognising the institutional barriers for disabled people and tāngata whaikaha Māori rose from **44 to 88 percent**.

Participants also developed a significantly better understanding of disability across various domains:

- Their understanding of the social model of disability rose from **37 to 95 percent**.
- Their understanding of how violence impacts disabled people and tāngata whaikaha Māori in Aotearoa rose from **62 to 93 percent**.
- Their understanding of the different cultural views of impairment and disability increased from **56 to 85 percent**.

Participants highly valued community connections

Data from the survey showed on average peoples' confidence in connecting with other organisations in the community to assist with supporting disabled people and tāngata whaikaha Māori increased from **47 to 88 percent**.

Participants provided insightful feedback into the value of networking and having kōrero with other agencies:

> "It was especially helpful to connect with others working in similar spaces and hear diverse perspectives. It was a very empowering workshop."
> **– Beyond Barriers Participant**

> "I really enjoyed this workshop and it has highlighted some of the things we could do better and the need for our organisation to connect."
> **– Beyond Barriers Participant**

> "Break out rooms gave us time to interact with people from other organisations and hear about the way in which they work and support clients. I liked being able to reflect and learn from these conversations."
> **– Beyond Barriers Participant**

> "Listening to the other colleagues who work in small towns was interesting as they had to re-orient themselves with what they have locally whereas here in the big smokes we are quite lucky to have a lot of services that's accessible but need to familiarize ourselves with what's around us and further."
> **– Beyond Barriers Participant**

Ongoing training is essential for quality service provision

Moving forward, many participants said ongoing training was important. Suggestions varied from targeting leadership and governance in their organisations to other non-clinical staff like receptionists. People also requested more advanced, in-depth training about disability. Participants proposed a range of specific topics they wished to learn about, from how to work with interpreters to learning about the different forms of neurodiversity and invisible disabilities. Participants also said they would benefit from practical tools about communication like accessing Braille printers and learning New Zealand Sign Language.

Many indicated additional resources would be helpful so they could better support diverse groups of disabled people. One participant said:

> "It would be helpful if we could have resources on the needs of different age groups: children, youth, adults, and older people. Each group may face unique barriers and require different approaches. It would also be valuable to include current data and research to better understand trends, gaps, and service needs."

Discussion

Evidence indicates disability training is well-received

The evidence from the Beyond Barriers post-workshop survey indicates disability training is beneficial for staff working in family and sexual violence services. Findings showed an increase in participants' confidence levels across the board, including their ability to better support disabled people. Respondents also reported large confidence increases in recognising the environmental and institutional barriers disabled people and tāngata whaikaha Māori face. Not only did it increase their understanding of disability in general, but also provided an opportunity to reflect on how they can improve service accessibility in the long-term.

Training provides an invaluable opportunity to fill the existing gaps in knowledge and increase staff capability to better support disabled people and tāngata whaikaha Māori. The evidence gathered from the accessibility self-assessments and enhancement grants aligns with what we have learnt through this initiative. Namely, that while the workforce has limited knowledge of disability, staff are willing and eager to improve their capability and apply this to their organisations and work ethic.

There is a need for further testing and evaluation to fully understand the impact of disability training on FVSV organisations and disabled clients' experience of service accessibility in Aotearoa.

In Australia, work has already been done to measure the impact of disability training on the FVSV workforce. Next, we examine several case studies. These demonstrate the wider benefits of investing in workforce development, indicating a high likelihood training contributes to increases in client access to services.

International models demonstrate effectiveness of training

Internationally there is a growing body of evidence illustrating the wide-ranging benefits of training, often delivered as part of comprehensive initiatives to increase service accessibility. Core benefits include:

- Increased workforce knowledge and confidence to support disabled victims/survivors
- Increased service use by disabled people
- Building connections and coordination between FVSV services and Disabled Persons Organisations (DPOs).[41]

Initiatives across Australia exemplify the advances in accessible FVSV services internationally over the past decade. This work was supported through both the first Australia National Plan and state plans which included considerations of disability, as well as government investment and some private/philanthropic funding. The three following case studies primarily had the same core outcome: a rise in disabled people accessing FVSV services.

Case study 1: Disability Pathways Project

In 2016, Women with Disabilities Australia (WWDA) evaluated the adequacy and accessibility of 1800RESPECT, Australia's national helpline for family and sexual violence. Overall, the evaluation found the 1800RESPECT service was inadequate to meet the specific needs of disabled women and girls experiencing or at risk of violence.[42]

In 2017, the Australian Government funded the *Disability Pathways Project* in response to the gaps and recommendations from the review.[43] The project involved developing accessible resources for victims/survivors, counsellor training, and developing an app for disabled victims/survivors. The project also included rolling out disability awareness training for all counsellors and developing a framework to deliver ongoing training.

Resources from the project include a toolkit[44] for frontline workers to promote accessibility of the service, and guidelines[45] for specialist services to support access and inclusion.

Notably, evidence shows the training increased counsellors' awareness and knowledge about the barriers disabled people experience to accessing help. Furthermore, calls from disabled people to the helpline increased.[46]

Case study 2: Making Rights Reality

Making Rights Reality is an established program developed by the South Eastern Centre Against Sexual Assault (SECASA) in Victoria, providing help to disabled adults and children who have experienced family or sexual violence.[47] The programme provides Easy Read information for victim/survivors; training, resources, and advice to counsellors and legal advocates; training and referral pathways for the disability sector; cross-sector collaborations; and research.

Starting as a pilot project, Making Rights Reality was part of a broader research, policy advocacy, and legislation reform. Spanning more than a decade, it aimed to address inequities faced by people with a cognitive impairment and communication difficulties who experience sexual assault. It was developed using a collaborative approach led by SECASA with support from the DPO Women with Disabilities Victoria, Victorian community legal services, the Office of the Public Advocate, and Victorian Police.

The pilot project was highly successful; findings from its 2014 evaluation highlighted that the number of disabled people using the service had increased during the pilot.[48] Following this, the pilot became an ongoing programme with government and philanthropic funding.

Case study 3: Building Access Project

Building Access Project was established to enable FVSV services to better meet the needs of disabled women and children. It was managed by the DPO People with Disability Australia (PWDA) and funded by the New South Wales government. As part of the project, FVSV organisations received an accessibility audit, disability awareness training, and a disability inclusion action plan. PWDA also created a series of accessibility resources for FVSV providers, all of which are available on its website.

PWDA evaluated the five-year project and found that providing disability awareness training for providers improved the accessibility of their organisations and workforce.

Following the project, providers saw an increase in disabled women and children accessing their services. Project participants said the comprehensive training and ongoing support were a critical factor to integrating accessibility. Accessibility is now embedded in their organisations, making strategic decisions through a disability lens.

The PWDA research also found:

> "All (100%) of the participants in the *Building Access Project* noted a significant shift in their accessibility. Before being part of the project, they were unaware of how inaccessible their service was. Our research found that the greatest shift, and the most important shift, was that of attitudinal accessibility. Attitudinal barriers result when people think, and act, based on false assumptions. The training provided by the *Building Access Project* was highly valued because it challenged assumptions, and effected meaningful change in the workforce, specifically because it was delivered by a team of WWD [women with disabilities]."[49]

Concluding observations

Findings from the Australian case studies suggest investing in the workforce may contribute to better access to services for disabled people. This provides scope for training to be well-received in New Zealand. Potential positive outcomes include developing staff capabilities in disability awareness and response, dismantling attitudinal barriers, and possibly leading to an uptake in disabled people's service engagement.

In Aotearoa, without long-term investment in disability training tailored to the FVSV sector, the workforce will remain unable to meet the diverse needs of disabled people and tāngata whaikaha Māori, likely perpetuating societal inequities.

Limitations

Unfortunately, we could only gather data on participant self-reported changes in knowledge, attitude, and awareness due to limited funding and timing. While the surveys provided useful insights and assurance of workshop content effectiveness, there are limitations to surveys reliant on self-reporting. We acknowledge the possibility of bias, as participants may overstate their learning or satisfaction to align with expected outcomes.

Further, as the survey was completed immediately after the workshop it could only capture initial reactions rather than long-term impact. A follow up survey would be required to determine whether knowledge was retained or applied in practice.

Surveys also tend to provide limited nuance, as rating scales and brief comment fields cannot fully capture the complexities of participants' experiences or the specific barriers they may face in applying what they learned. Additionally, without a pre and post-measurement design, it is difficult to attribute changes in capability directly to the workshop.

Opportunities to increase accessibility

> "[F]urther disability and accessibility training is not only recommended but considered essential to maintaining and enhancing the accessibility gains achieved through this project. While initial training has built a solid foundation, ongoing professional development is necessary to embed inclusive practices into all areas of service delivery – especially in the context of supporting disabled people and tāngata whaikaha Māori accessing Family Violence and Sexual Violence (FVSV) services." **(Beyond Barriers participant)**

To continue addressing the gaps in FVSV workforce capability, we need to enact a long-term sustained approach to training rather than delivering ad hoc programmes. Training should be available to all staff across the FVSV sector, developed, designed, and delivered in collaboration with DPOs, disabled people, and FVSV organisations to ensure quality and consistency. It would also be beneficial to integrate disability training into existing general training like family violence micro credentials or social worker training.

Prevention and response support programmes and resources also need to be designed inclusive of disabled people and tāngata whaikaha Māori with different disabilities. This will help to ensure services are accessible for all disabled people, including those with physical, cognitive, psychosocial, and intellectual disabilities.

Key opportunities to build FVSV workforce capability to support the needs of disabled people and tāngata whaikaha Māori

Evidence obtained across the Accessibility Fund highlighted various factors that influence FVSV workforce capability to respond to the needs of disabled people and tāngata whaikaha Māori. The following considerations reflect areas where capability-building opportunities may support improved accessibility and service responsiveness over time:

- The availability of disability and accessibility learning opportunities across the FVSV sector, including access to shared resources and training materials, and opportunities for refresher learning.
- The value of actioning Te Kāhui Tika Tangata Human Rights Commission Roadmap for a violence and abuse free future for disabled people in Aotearoa with sustained investment in workforce development across health, disability, and FVSV sectors, including:

    - Invest in/commission professional development designed and delivered by disabled people about intersectional discrimination including ableism (and intersectional racism)
    - Invest in/commission training designed and delivered by disabled people to build capability in the disability and FVSV workforces.[50]
- The potential value of implementing tools and approaches to enhance understanding of the longer-term impacts of disability training on workforce capability, including disabled clients' experiences of service accessibility and uptake.
- The role of audits and/or organisational self-assessments to help better inform the current level of workforce capability in disability awareness and response, and the use of existing tools and frameworks relevant to the FVSV sector (such as the Centre for Family Violence and Sexual Violence Prevention's Mapping Training Tool).
- The value of collaborative approaches, involving disabled people to support providers in identifying appropriate disability training pathways aligned with their needs and contexts.
- The availability of shared resources, such as examples of good practice, disability action plan and strategy templates, and tested accessible content, to support consistent capability development.

Conclusion

The Accessibility Fund was a one-off initiative funded under Budget 23. This report aimed to document findings obtained across the four initiatives to provide a better picture of the current state of FVSV service accessibility.

The accessibility self-assessments offered valuable insights and reinforced feedback from earlier engagement with the disability community confirming physical, digital, information, and communication barriers persist across the FVSV sector. These barriers undermine independence, autonomy, and safety for disabled people and tāngata whaikaha Māori seeking support.

Physical inaccessibility is widespread. Many properties lack accessible entrances, toilets, parking, lifts, and wayfinding signage; narrow corridors and unsuitable layouts limit mobility, particularly for wheelchair-users. Sensory-friendly environments are uncommon, likely increasing discomfort for neurodiverse people. Communication and information access also remain inconsistent: key gaps include accessible formats, NZSL interpreter availability, and visual alarms, creating health and safety risks for d/Deaf and hard-of-hearing people. Digital accessibility is similarly uneven across websites and social media, which can deter help-seeking and increase risk when people cannot find or trust information about service accessibility.

Workforce capability and organisational settings remain key constraints. From the data we obtained, few providers have outreach strategies to employ disabled people and tāngata whaikaha Māori, and only a minority offer accessibility training. Policies commonly lack tangible actions and accountability measures, seldom addressing how accessibility intersects with family and sexual violence. These gaps limit culturally grounded and safe responses.

The Accessibility Enhancement Grant projects illustrate both the urgency and the benefits of investment. Findings showed improving accessibility increased independence and autonomy for disabled people, reduced anxiety, lifted staff capability, and motivated ongoing improvements. It also built trust among disabled people and tāngata whaikaha Māori – who have historically reported low confidence in services when access needs are unmet – and upholds a basic human right to safe, life-saving support. Physical upgrades ranging from major works (lifts, accessible kitchens, and bathrooms) to smaller improvements (signage, handles, and sensory adjustments) have made environments more accessible. Digital accessibility has improved intake efficiency and extended outreach.

Producing information in multiple formats (e.g., plain language, NZSL, Braille) has increased engagement and trust, with indicated service uptake. Staff have also benefited through safer, more accessible workplaces and clearer practices.

The fiscal case for investment in accessibility is strong. Evidence links environmental accessibility to reduced injuries and lower health costs over time. Health and safety risks are immediate, as seen in Initiative Three in the three safe houses that lacked safe evacuation routes for wheelchair-users. While retrofitting remains complex and sometimes costly, the pilot to make safe houses accessible has generated practical knowledge on timelines, costs, and resourcing (particularly for Kāinga Ora properties), positioning the sector to scale a national programme. A stocktake of existing safe houses would clarify retrofit viability and inform investment. In parallel, embedding accessibility in all newbuilds is more cost-effective than retrofitting and aligns with international recommendations. Current voluntary standards and ad hoc funding create inconsistent outcomes; mandatory accessibility requirements for new public and private builds, with an allocation for safe houses, would materially improve access and value for money. Given industry knowledge gaps, future projects should involve accessibility specialists and disabled people from the outset to lift quality, prevent errors, and ensure changes reflect lived experience.

Training is a key driver of change. Post-workshop evidence from Initiative Four indicates disability training improves staff confidence, understanding of environmental and institutional barriers, and capability to support disabled clients. This is consistent with international initiatives where comprehensive training increased disabled people's service access and shifted attitudes. Further evaluation in Aotearoa will help quantify impact on service use and outcomes, but the overall trajectory is clear: training works when it is effective, sustained, and sector-specific.

Looking ahead, achieving Te Aorerekura's vision requires sustained investment across infrastructure, information, digital platforms, outreach, and workforce development. Priority next steps include sustained funding for accessibility enhancements; a national stocktake of safe houses and a scalable retrofit programme; mandatory accessibility for newbuilds (with dedicated safe house allocations); systematic co-design with disabled people and tāngata whaikaha Māori; sector-wide disability training embedded as core capability; and robust, ongoing data collection to monitor accessibility and outcomes.

When accessibility is embedded as standard practice rather than treated as an add-on, disabled people and tāngata whaikaha Māori can access FVSV services on an equal basis with others and services become more effective, trusted, and equitable for all.

Appendix One – Glossary

Term	Description
Ableism	Ableism is the discrimination against disabled people based on disability. Examples of ableism can range from microaggressions and offensive stereotypes to whole systems that prevent disabled people from being part of society.
Abuse	Abuse encompasses a range of harmful actions, including physical, sexual, financial, and emotional or psychological abuse. It includes inadequate or improper treatment or care that results in serious harm, such as overmedication, withholding access to medications, mobility aids, information, or necessary care and support services.
Accessibility	Accessibility means that disabled people and tāngata whaikaha Māori can access all areas of life in the same way as non-disabled people. Accessibility relates to physical access (e.g., buildings and transport); digital access (e.g., websites and social media); and communication access (e.g., information).
Accessible service	A service that is respectful and does not put up any barriers to those who need to access that service (whether physical, attitudinal, technological, or cultural) that would prevent a disabled person/tāngata whaikaha Māori from effective engagement with supports.
Ageism	Prejudice, stereotyping, or discrimination against individuals or groups based on their age.
Barrier	A barrier is an obstacle that makes it difficult for people to do something. Barriers may be physical, social, attitudinal, related to communication, transportation, policy or the way services are delivered.
Coercive/ emotional harm	Actions or patterns of behaviour that undermine a person's emotional wellbeing, self-worth, sense of safety, and psychological resilience. This can include isolation from whānau,

Term	Description
	friends, and services; intimidation; blame and pressure; constant criticism; and manipulation.
Disability	The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) describes disability as an evolving concept: 'Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others'.
Disabled	There is not one correct way to define or describe disability. Some people identify as a 'disabled person' whereas others prefer 'person with a disability'. For this report, we have used the term 'disabled people', aligning with the NZ Disability Strategy 2026-2030. We use tāngata whaikaha Māori to describe Māori people with disabilities.
Enabling Good Lives (EGL)	Enabling Good Lives (EGL) is a New Zealand approach that aims to transform disability support by giving disabled people greater choice and control over their lives. It focuses on person-directed planning, flexibility in funding, and building inclusive communities so people can live the life they choose. EGL is shaped by eight principles: self-determination; beginning early; person-centred; ordinary life outcomes; mainstream first; mana enhancing; easy to use; and relationship building.
Family and sexual violence (FVSV) providers	Organisations contracted to provide family and/or sexual violence support and services to the community. Services include women's refuges, prevention and response support, crisis intervention, Kaupapa Māori services, and court support.
Financial harm	Often described as economic abuse, financial harm occurs when patterns off control and coercion undermines a person's economic independence. E.g., withholding money or restricting spending.

Term	Description
Harm to autonomy	The erosion of a person's ability to make independent choices and exercise control over their life. This can include making decisions without someone's consent, restricting contact with whānau and friends, tracking someone's movements, and gaslighting.
Inclusion	Inclusion means disabled people do not experience any disadvantages or discrimination due to their impairment, and are able to participate in all aspects of society without barriers and eliminates prejudices.
Mainstream	Mainstream means things including activities, services, supports, attitudes or ideas, that are open to everyone to use or participate in.
Older people	We use 'older people' in this report, not 'elderly people' or 'the elderly'. This term generally refers to people aged 65+, but in some case it may be considered as 55+ due the lower life expectancy of certain population groups.
Reasonable accommodation	Reasonable accommodation means making adjustments so disabled people and tāngata whaikaha Māori can access places, things and rights on the same basis as non-disabled people.
Sensory overload	Sensory overload is when your five senses – light, sounds, taste, touch, and smell – take in more than your brain can process.
Supported decision-making	Supported decision-making means helping someone make their own choices rather than having decisions made for them.
Support related harm	Control, manipulation, or withholding a person's supports in a way that undermines their health, safety, autonomy, dignity, or ability to live independently. This can include withholding medication or assistive devices; refusing assistance; and threatening withdrawal of care.

Term	Description
Tāngata whaikaha Māori	This term refers to Māori disabled people. This term also means Māori people who are determined to do well and who focus on their abilities.
Te Aorerekura	Te Aorerekura National Strategy to Eliminate Family Violence and Sexual Violence.
Twin track approach	The twin-track approach aims to address violence against disabled people by providing both accessible mainstream services and specialist, disability-specific services and support.
Verbal abuse	The use of language to intimidate or control a person, eroding their confidence, agency, and emotional safety. It can include insults, humiliation, threats, gaslighting, and aggressive communication.
UNCRPD	The United Convention on the Rights of Persons with Disabilities.
Unmet need	Unmet need refers to situations where a person doesn't have something they need in the way of support, reasonable accommodations, medical care, home modifications, or equipment.

Appendix Two – Case Studies from the Accessibility Enhancement Grants

We have included examples of different projects that Enhancement Grant recipients undertook. Each demonstrates the innovative ways in which providers utilised funding and the impact of the accessibility enhancements.

Case study one: Increasing sensory support

Several grant recipients purchased a range of sensory resources to better support their clients' diverse needs. These included fidget tools, tactile objects, accessible furniture, interoception cards, and specialised aids such as voice amplifiers, dimmable lamps, and visual projectors.

'Stop', which has several offices across Te Waipounamu, provided an account of their decision to focus on the sensory environment:

> "Over the past year, we identified 32 clients who either had a formal diagnosis or presented with traits consistent with ADHD, Autism Spectrum Disorder (ASD), Intellectual Disability (ID), dyslexia, or other learning disabilities. Among these clients, two had cochlear implants and three had physical disabilities. Recognising the varied needs within this group, we prioritised resources that would support emotional regulation and create a more inclusive and responsive therapeutic setting. These enhancements were aimed at improving comfort, engagement, and outcomes for clients with neurodiverse and physical accessibility needs. The enhancements have equipped our clinicians with a wider range of tools and resources to effectively engage with neurodiverse clients and those with additional needs. This has not only improved the quality of care we can offer but has also empowered our clinicians in their work, boosting their confidence, creativity, and capacity to tailor support to each individual." **– STOP**

Case study two:
Increasing physical accessibility

Accessible transportation

Family and sexual violence providers often need vehicles to transport clients to and from appointments, out of crisis situations, and for community outreach purposes. However, many do not have accessible vehicles, creating significant barriers for wheelchair-users and people with limited mobility. Two providers used part of the funding to enhance their transport accessibility by purchasing wheelchair lifts and a mobility van. Both providers said this has made a meaningful difference to clients, increasing independence and improving access to services.

> "Prior to the van being introduced into our services, it was a challenge for whānau to get in and out of our standard vehicles. Even with the assistance of our kaimahi, it would take considerable time and effort to ensure everyone was safely settled. Now, whānau can travel safely and effortlessly, thanks to an electronic lift attachment that enables them to enter and exit the van without leaving their wheelchairs.
> The Accessibility Van has significantly reduced the physical strain on our kaimahi when assisting whānau using wheelchairs, as well as the stress previously involved with ensuring whānau arrive at appointments safely, on time, and with greater dignity." **– Waikato Women's Refuge**

Case study three:
Increasing information-based accessibility

Ōtepoti Communities Against Sexual Abuse – Creating accessible information for court processes

Accessing support related to sexual violence can be daunting under the best circumstances, but is more difficult when considering cognitive, developmental, cultural, and trauma related barriers to accessing services. The impact on people's sense of safety, relationships and ability to process information when their autonomic nervous system/survival response is activated/unable to switch off leaves many survivors unable to easily access or process information, or services. This is especially noticeable in the Court setting.

Ōtepoti Communities Against Sexual Abuse (OCASA) is funded by MSD to provide court support for survivors/victims of sexual violence; this includes wrap around support for survivors and their supporters to navigate court trials, victim impact statements, restorative justice, meetings with police, crown prosecutors, and to connect to therapeutic supports as needed before, during and after criminal justice events.

In response to the need for accessible court information, OCASA stood up a highly innovative information-based accessibility project. Their project involved the design and publication of a visual, easy read court booklet outlining the entirety of the court process from police investigation to sentencing and beyond. Prior to this initiative, there were no effective visual resources to explain the court process for people with communication difficulties. This resource can now be used nationwide for people with communication difficulties.

> "[H]aving spoken to many survivors through our MSD Court Support contract, we know that any improvement on the current material available will help them and make the traumatic court experience easier to understand and cope with.
> The nature of trauma can result in autonomic system overwhelm, reducing the survivor's ability to comprehend information. This is also similarly the case with survivors with other reading or learning difficulties. In short, the booklet simplifies information to the most relevant points for easier understanding. The more understanding someone has the calmer they can be navigating the often-rigid court processes." - **OCASA**

Case study four:
Increasing physical accessibility

Southland Help – Transforming the premises

Southland Help provides essential sexual harm crisis support services dedicated to survivors and their whānau in the Southland region. This includes specialist trauma counselling, family, diversional, and somatic therapy, social work and youth work, sexual assault assessments, and treatment services. Placing a strong emphasis on cultural responses, they take a holistic approach to healing and trauma-based support.

Prior to the grant, they identified physical accessibility as a critical area where their facilities were falling short. With the help of the Accessibility Enhancement Grant, Southland Help has now transformed their premises into a fully accessible space disabled people and tāngata whaikaha Māori can access on an equal basis with others. Accessible features include accessible toilets, showers, an accessible carpark, a ramp, level threshold, accessible reception counter bench, widened doors, and suitable fixtures and fittings.

> "Prior to the renovations we were unable to provide support because of the absence of accessible premises. All supports and services will now be available and accessible without challenge or discomfort… We are now able to design further service[s] that are specific to whaikaha and tailor these to their unique needs." – **Southland Help**

Case Study five:
Increasing engagement and collaboration to identify needs

Taulanga U – Communication through Talanoa

Taulanga U carried out engagement through Talanoa (community engagement sessions). This is a culturally grounded, dialogic approach to sharing stories and experiences. The provider expressed the value of this engagement to inform their accessibility enhancements:

> "These sessions provided valuable insights into the lived realities of individuals with disabilities and the elderly, highlighting their feelings of social isolation and exclusion from community and church events. Participants also shared the difficulties they face in accessing transportation for appointments or attending church functions. Despite these challenges, the community expressed appreciation for the small but meaningful modifications, such as designated signage and reserved parking. These changes not only improved practical access but also signalled a broader commitment to inclusivity and raised awareness about the importance of creating a welcoming and supportive environment for all members of the church community."
> "…Despite limited funding, engagement with disabled community members has revealed the extent of their daily vulnerabilities and challenges—barriers that many without disabilities may often overlook or take for granted. This awareness has reinforced the staff's commitment to advancing inclusivity and enhancing accessibility in future initiatives."
> **– Taulanga U**

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