

**From:** [Brian Coffey](#)  
**To:** [Maria-Laura Crespo](#)  
**Cc:** [Ken Bowater](#); [ODI \(MSD\)](#); Out of [redacted]  
**Subject:** FW: ODI RESPONSE - Draft Omicron Cabinet paper for Ministerial consultation  
**Date:** Thursday, 27 January 2022 5:27:10 pm  
**Attachments:** [Cab paper - Omicron and the CPF 2022 \(004\).docx](#)  
**Importance:** High

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Kia ora Laura

Overall ODI agrees with the paper, there is some recognition within the paper that disabled people are within the 'at risk' groups. ODI would propose that this recognition is strengthened with a commitment to commission further work from the MoH to ensure that the range of responses proposed in the paper work for disabled people.

In particular further consideration needs to be given to how care in the community approaches identify and are adapted for disabled people, many of whom may be at increased risk when self-isolating in the community. Given the need to target support effectively we are not proposing that all disabled people require additional or different supports but there needs to be stronger recognition and differentiated approaches for some disabled people who will be most at risk.

The paper acknowledges the need for more effective use of face masks as a risk mitigation approach – this should also include acknowledgement that a reset of the mask exemption policy which has particular relevance to disabled people many of whom require exemptions. The current lack of trust in the current mask exemption process impacts negatively and disproportionately on disabled people.

In more detail:

ODI endorses the acknowledgement at:

- para 12.3 that some groups, [can we specify 'including disabled people'], are at greater risk and that data is scant
- para 33 that the testing regime needs to include a nuanced approach for some populations, including disabled people
- para 38 regarding equity, including digital inclusion
- para 42 regarding support for self-isolating
- para 69 regarding risk of adverse health and social impacts for disabled people (NB disabled people is the term that should be used rather than people with disabilities).

Paras 85 and 86 have the right intent but nothing on how this will be achieved. The Communications section in Appendix 2 should recognise the need to include communications that are in alternate formats and that are tailored to each audience. Translations of generic material are insufficient.

Please include the Office for Disability Issues at para 100.

Please advise if you want further input on paras 42 and 69 tomorrow. For the level of detail of this paper, the current statements may be sufficient.

Ngā mihi manahau

**Office for Disability Issues**

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