Appendix 1

The New Zealand Government response to the ‘List of issues prior to submission of the combined second and third periodic review of New Zealand’[[1]](#footnote-1)\*

[Draft current to 15 August 2018]

Used abbreviations

ACC - Accident Compensation Corporation

Committee – the Committee on the Rights of Persons with Disabilities

CRPD — UN Convention on the Rights of Persons with Disabilities

Government – The Government of New Zealand

WGSS - Washington Group Short Set of questions

Glossary

**Disabled people** – the New Zealand Disability Strategy 2016-2026 uses the term ‘disabled people’. This is based on advice from the New Zealand Disability Strategy Revision Reference Group. This is the term we have used throughout this report

**Disability Action Plan** – a document which contains significant actions being led by government agencies which impact on disabled people

**Disabled People’s Organisations Coalition** – a group of six national representative organisations of disabled people (Association of Blind Citizens New Zealand, Balance Aotearoa, Deaf Aotearoa New Zealand, Disabled Persons Assembly NZ, Kāpo Māori Aotearoa, People First New Zealand Ngā Tāngata Tuatahi) that collectively act to provide leadership in engagement with government agencies and independent monitoring of implementing the Strategy and the CRPD

**Kaitakawaenga** – Liaison Advisors or Relationship Managers

**Oranga Tamariki** – The Ministry for Children

**Oranga Tamariki Act 1989** – This Act has an English language name, the Children’s and Young People’s Well-being Act 1989

**Pasifika or Pacific people** – people who descended from the nations of Melanesian, Micronesian and Polynesian island groups

**Stats NZ** – Stats NZ Tatauranga Aotearoa is New Zealand’s official data agency

**Te Reo Māori** – the New Zealand Māori language, an official language of New Zealand

**The Strategy** – the New Zealand Disability Strategy 2016 - 2026 agreed by the Government to provide direction for government agencies on matters relating to disabled people.

**Te Tiriti o Waitangi** – the Treaty of Waitangi is the founding document of Aotearoa New Zealand

**Whānau** — a Te Reo Māori word for extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.

This report uses some Te Reo Māori. The definitions of these commonly used words are sourced from <http://maoridictionary.co.nz/>.

Which agencies have responded

The following is a code table for agencies to identify where their contributions appear in the draft report. Please search for these codes in the draft to find your contributions.

Please note that this section and the references to individual agencies will not appear in the final report.

|  |  |
| --- | --- |
| **Code** | **Agency/entity/group** |
| ACC | Accident Compensation Corporation |
| Corrections | Department of Corrections |
| DIA | Department of Internal Affairs |
| DPMC | Department of the Prime Minister and Cabinet |
| Electoral Commission | Electoral Commission |
| HNZC | Housing New Zealand Corporation |
| Human Rights Commission | Human Rights Commission |
| IMM | Independent Monitoring Mechanism |
| MfW | Ministry for Women |
| MBIE | Ministry of Business, Innovation and Employment |
| MCDEM | Ministry of Civil Defence & Emergency Management |
| MCH | Ministry for Culture and Heritage |
| MCOT | Ministry for Children/Oranga Tamariki |
| MFAT | Ministry of Foreign Affairs and Trade |
| MoE | Ministry of Education |
| MoH | Ministry of Health |
| MoJ | Ministry of Justice |
| MSD | Ministry of Social Development |
| NZTA | New Zealand Transport Agency |
| ODI | Office for Disability Issues |
| Stats NZ | Stats NZ |

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| --- | --- | --- | --- |
|  | United Nations | CRPD/C/NZL/ | |
| _unlogo | **Convention on the Rights of Persons with Disabilities** | | Distr.: General  18 July 2018  Original: English  English, Russian and Spanish only |

**Committee on the Rights of Persons with Disabilities**

Replies of the Government of New Zealand to the list of issues in relation to its initial report under the Convention on the Rights of Persons with Disabilities

EDITORS NOTE: This report will cover the period from 1 November 2014 until 9 March 2019. The report will need to be updated to take account of progress made between this draft and the submission date. This report has a strict word limit of 22,000 words and will need to be further condensed.

**Introduction and understanding the report**

The Government of New Zealand (the Government) welcomes this opportunity to respond to the issues identified by the Committee on the Rights of Persons with Disabilities (the Committee).

The issues identified by the Committee are quoted in bold, and the Government response to each follows in plain text. The information provided is current at the date of this document.

**Process for preparing for the report**

During the preparation of this report, the Government has engaged with the Disabled People’s Organisations Coalition, disability sector organisations and the public.

**New Zealand’s disability framework**

*Disabled New Zealanders*

In New Zealand, 1.1 million people (24 percent of the population) were identified as disabled[[2]](#footnote-2) in 2013. As our population ages, the proportion of disabled New Zealanders is increasing as a result of disabled people living longer and the increasing numbers of people, particularly with age-related impairment.

*Article 33 partners*

The Office for Disability Issues is the New Zealand Government’s focal point on disability issues. The Office supports implementation of the United Nations Convention on the Rights of Persons with Disabilities (the CRPD), the *New Zealand Disability Strategy 2016-2026* (the Strategy) and the *Disability Action Plan*.

The Independent Monitoring Mechanism was established to promote, protect and monitor implementation of the CRPD. It is made up of the Human Rights Commission, Office of the Ombudsman and the Disabled People’s Organisations Coalition.

The Disabled People’s Organisations Coalition works with government agencies to implement and monitor implementation of the CRPD, the Strategy and the Disability Action Plan.

This is how Article 33 is implemented in New Zealand.

*Disability rights protection*

There are four key agencies that help to protect the rights of disabled people and/ or monitor progress in improving the lives of the disabled:

* the Office of the Health and Disability Commissioner
* the Office for Disability Issues
* the Human Rights Commission
* the Office of the Ombudsman.

*Disability policy framework*

The CRPD is understood in the New Zealand context through the Strategy, which was revised in 2016. The *Disability Action Plan 2014-2018* is the primary vehicle for implementation of the Strategy and thus the CRPD.

The Strategy guides the work of government agencies, and any individual or organisation that wants to use it, on disability issues. The Strategy is underpinned by the social model of disability, where the vision is that New Zealand is a non-disabling society – a place where disabled people have an equal opportunity to achieve their goals and aspirations, and all of New Zealand works together to make this happen. The Strategy is the primary vehicle for Government’s progressive implementation of the CRPD.

The Strategy provides direction on how it should be implemented in key principles and approaches.

The principles are:

* Principles of Te Tiriti o Waitangi
* Principles of the CRPD
* Ensuring disabled people are involved in decision-making that impacts them.

Two approaches:

* Investing in our whole lives – a long-term approach
* Mainstream and specific services – a twin-track approach.

The Government[[3]](#footnote-3) is developing an outcomes framework that will monitor progress against the Strategy.

A new Disability Action Plan, which will begin on 1 January 2019, will replace the current *Disability Action Plan 2014-2018*.

The *Ministers’ Leadership Group on Disability Issues* is a collection of Ministers that provide leadership on disability issues across ministerial portfolios. This group is overseeing progress on the six most pressing issues identified by the Independent Monitoring Mechanism[[4]](#footnote-4) (see our reply to paragraph 4) in their list of issues to the Committee in November 2017.

The Independent Monitoring Mechanism described the key issues as:

* Data: there are large gaps in disaggregated disability data in New Zealand.
* Education: engagement with education is one of the most critical protective factors and indicators of a life course. Our education system is not fully inclusive. In 2017, 42 percent of disabled young people aged 15-24 are not in education, training or employment[[5]](#footnote-5) (see our reply to paragraph 25(c)).
* Employment: Unlocking the employment potential of disabled people is critical both for their independence and self-worth. In 2017, 25 percent of disabled persons were in the labour force compared to 72 percent of non-disabled persons[[6]](#footnote-6).
* Seclusion and Restraint: seclusion and restraint are overused and not always used as a last resort as part of a suite of options.
* Access to information and communication: disabled people still are not getting fundamental information communicated in accessible ways.
* Housing: there is a lack of accessible housing in New Zealand in all housing sectors.

These six key issues, some *Disability Action Plan 2014-2018* incomplete actions which are considered a priority for completion, and other actions identified during public consultation in August/September 2018 will form the new *Disability Action Plan 2019 - 2022* which is due to come into force from 1 January 2019.

**Collecting data in New Zealand**

In the 2016/17 survey year, the New Zealand General Social Survey[[7]](#footnote-7) (NZGSS) included the Washington Group Short Set (WGSS) of questions on disability[[8]](#footnote-8) for the first time. They will be used each time the NZGSS is run which is every 2 years.

In the June 2017 quarter, the Household Labour Force Survey (HLFS) also began including data on the disability status of respondents. Stats NZ will continue to derive labour market outcomes for disabled people and non-disabled people in June quarters, each year, using the WGSS questions.

The WGSS questions are not designed to produce counts or rates of disabled people in New Zealand. They are used, like other demographic characteristics such as sex and ethnic group, to allow the comparison of outcomes for different population sub-groups, specifically, to allow comparisons to be made between disabled and non-disabled people.

The WGSS questions were included in the 2018 Census of Population and Dwellings. The decision to use these questions in the 2018Census was informed by Stats NZ’s plan to publish new data about disabled people. This was outlined in the paper Improving New Zealand disability data[[9]](#footnote-9) and included collecting information through the WGSS questions in a number of our household surveys.

Disability innovation in New Zealand

*Transformation of the cross-government disability support system (disability support system transformation)*

The Government[[10]](#footnote-10) is making significant changes to its disability support system.

The new system will mean that disabled people and their families/whānau[[11]](#footnote-11) will have more options and greater decision-making over what supports they need to live the life they want, rather than their lives having to fit in around what services have been on offer. The new system is based on the Enabling Good Lives approach.

The Government has supported a co-design approach to the disability support system transformation. There is a current and future leadership mechanism operating to ensure the disabled person and families perspective continues to be at the heart of the disability support system transformation.

The Government in partnership with disabled people, whānau, and providers has designed a prototype for the transformation, to start in the MidCentral District Health Board’s area[[12]](#footnote-12) from October 2018. The design work includes disabled Māori and Pacific People’s perspectives, in line with Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan[[13]](#footnote-13) and Faiva Ora 2016-2021 the National Pasifika Disability Plan[[14]](#footnote-14).

Key features of the prototype are that disabled children, disabled young people and disabled adults and their families/whānau are welcomed into the system in multiple ways, having access to a Connector[[15]](#footnote-15) to walk alongside disabled people and family/whānau. Information and processes will be accessible to meet the diverse needs of the community.

The prototype includes options and tools to support all disabled people and their whānau to strengthen relationships and networks. The prototype upholds the rights of disabled children, young people and adults and their whānau empowering them to take opportunities and risks and to learn from trying.

There will be a straightforward process to access funding with flexibility about how it can be administered and what can be purchased, and easy reporting on how funding has been used. There will be funding available for disabled people and whānau to build their skills.

A Government Liaison person will work in the background to assist Connectors to help people access other government services (for example, through the benefit system) and build positive relationships with other parts of government (for example, in the education system).

There is an ongoing policy and legislation work programme to support the transformed system. This work includes:

* considering eligibility
* options to pool more disability support funding from across government
* assessing how disability support funding is treated in the tax and benefit systems
* further developing safeguarding arrangements.

The monitoring and evaluation approach for the prototype will involve detailed data capture through a baseline study, outcomes evaluation, impact evaluation, system-level evaluation and cost-benefit analysis. A ‘try, learn and adjust’ approach will be taken over the first year of the prototype to refine and finalise the model, and inform future decisions on the rollout across New Zealand.

***Government agency funding of disability support services***

Our national strategic, funding and service delivery context for disability is determined by departmental role and responsibility, resulting in a lot of variation in what agencies focus on and how they address disability population needs.

A number of government agencies currently fund disability support services, including:

* the Ministry of Health (through Disability Support Services)
* District health boards (DHBs)
* the Ministry of Social Development
* Oranga Tamariki: Ministry for Children
* the Ministry of Education
* the Accident Compensation Corporation (ACC)
* the Ministry of Transport
* Housing New Zealand Corporation
* the Department of Internal Affairs
* the Ministry of Business, Innovation and Employment
* Veterans Affairs New Zealand.

The main agencies supporting disabled people are:

* Ministry of Health funds national disability support services for mainly those with a physical, sensory and/or intellectual impairment, and certain neurological conditions under the age of 65,[[16]](#footnote-16)
* DHBs administer around three-quarters of New Zealand’s total health fundin, including to address the health and long-term support needs of disabled people. This includes funding for primary care, hospital services, rehabilitation services, public health services, aged care services, and mental health services
* Accident Compensation Corporation provides treatment and rehabilitation cover for personal injury caused by accident – see profile below
* Ministry of Education funds learning support (previously known as Special Education) for people with learning difficulties and impairments[[17]](#footnote-17)
* Ministry of Social Development funds income, employment and community participation assistance and supports for disabled people[[18]](#footnote-18).

The role of the Accident Compensation Corporation

The Accident Compensation Corporation (ACC) is a Crown entity acting under the Accident Compensation Act 2001 (the Accident Compensation Act) to deliver New Zealand’s accident compensation scheme (the Scheme).

Since 1974, the Scheme has provided no-fault personal injury cover for everyone in New Zealand, including overseas visitors. Individuals forgo the right to sue for compensatory damages following injury in exchange for comprehensive accident cover and compensation.

New Zealand is the only country in the world that provides a comprehensive accident insurance scheme like ACC.

The Scheme has three core functions:

*Injury prevention*– ACC is responsible for promoting measures that reduce the incidence and severity of injuries.

*Rehabilitation*– ACC provides entitlements for personal injury, as prescribed in legislation, with the goal of restoring independence to the maximum extent practicable. Entitlements include contributions to the costs of treatment and rehabilitation (help with getting back to work or independent living).

*Compensation*– ACC provides financial compensation to people for losses they incur because of their injuries. This includes:

* weekly compensation (income replacement) for earners, at 80 percent of their annual earnings if they are injured and do not return to work within a week
* lump-sum compensation (one-off payments) for people whose injuries have left them significantly and permanently impaired
* entitlements for fatal injuries, such as funeral grants, survivors’ grants and weekly compensation for their spouse or partner, children and other dependants.

ACC is funded by a combination of levies, paid by earners and motor vehicle owners, investments and government funding.

ACC funding is collected on a fully funded basis, which means that it collects enough money during each levy year to cover the full lifetime costs of every claim that occurs in that year.

Please refer to this for context when reading ACC’s responses.

A. Purpose and general obligations (arts. 1–4)

1. Please indicate any significant progress concerning legal reform to bring all legislation into compliance with the Convention, as well as public policy measures taken to implement the Convention.

Reply to paragraph 1

ODI

The Disability Action Plan 2014-2018[[19]](#footnote-19) includes an action to identify any legislation that is inconsistent with the CRPD and explore options to improve consistency[[20]](#footnote-20). So far, we have identified, through consultation with stakeholders, a list of legislation that appear to contradict the CRPD. We are currently working on evaluating that legislation in line with the CRPD. We will then explore how we can improve the consistency of this legislation with the CRPD.

Specific examples include the repeal of sections 141 and 142 of the *Oranga Tamariki Act 1989*, the adoption of the Optional Protocol to the CRPD and the banning of seclusion rooms in the *Education (Update) Amendment Act 2017*. Please refer to our reply to paragraph 14(d) and 32(d).

2. Please provide information on how the State party is coordinating and facilitating action under the New Zealand Disability Strategy 2016–2026 and other measures for implementing the Convention, including the level of resources allocated to such strategies, the mechanisms responsible for their implementation, the outcomes achieved and the process for evaluating and monitoring their impact.

Reply to paragraph 2

ODI

The *New Zealand Disability Strategy 2016-2026* is implemented through the *Disability Action Plan*.

The Disability Action Plan 2014-2018 captures 28 multi-government agency actions. One government agency is assigned responsibility for leading implementation of each action. A designated lead from the Disabled People’s Organisations Coalition works closely with the lead government agency. The lead government agency manages the resourcing through their operational budgets.

The Office for Disability Issues coordinates quarterly reporting on progress with implementing all actions. Government agencies and the Disabled People’s Organisations Coalition provide governance jointly.

Seven actions are complete and eight are on track[[21]](#footnote-21) at the time of publishing this report. Actions that have not progressed will be considered for inclusion in the next four-year *Disability Action Plan* (covering the 2019-2022 period).

Actions that fall within the responsibility of a single government agency are not captured in the current *Disability Action Plan 2014-2018*. Implementation, outcomes, evaluation and monitoring of these actions are managed through usual government processes.

The Office for Disability Issues and Stats NZ are developing an Outcomes Framework for the New Zealand Disability Strategy 2016-2026[[22]](#footnote-22) to improve monitoring of the impact on disabled people. A total of 29 draft indicators have been developed in collaboration with disabled people[[23]](#footnote-23). If approved by Cabinet, measures of these indicators will be identified, baseline data established and reporting frequency determined.

3. Please indicate whether the State party has consulted with persons with disabilities through their representative organizations about the reform of disability policies.

Reply to paragraph 3

**ODI/ MOH**

In developing the Strategy, the Office for Disability Issues consulted with *New Zealand Disability Strategy Revision Reference Group[[24]](#footnote-24),* disabled people, their families, whānau and supporters[[25]](#footnote-25).

One of the principles of the Strategy is to ensure that disabled people are involved in decision-making that impacts them. It is expected that government agencies will consult with disabled people in any policy reform that affects disabled people.

The Disabled People’s Organisations Coalition provides joint governance over the *Disability Action Plan 2014-2018* with government agencies. Government agencies consult them on the scoping of the actions and are a continual partner throughout the action’s work programme.

Disabled people play a key role in the disability support system transformation (see our introductory statement for more information).

4. Please clarify whether the State party, in partnership with persons with disabilities through their representative organizations, has established mechanisms and financial resources to ensure their full and effective participation in the implementation and monitoring of the Convention, particularly concerning persons with disabilities facing multiple and intersectional forms of discrimination.

Reply to paragraph 4

**ODI**

The Office for Disability Issues provides $100,000 per year for the Disabled People’s Organisations Coalition to meet regularly and engage with government agencies on the development and monitoring of the Disability Action Plan 2014-2018. The *Disability Action Plan 2014-2018* is the primary vehicle for implementation of the New Zealand Disability Strategy 2016-2026 and thus the CRPD.

The independent mechanism to monitor implementation of the CRPD is the Independent Monitoring Mechanism. This group comprises the Human Rights Commission, the Office of the Ombudsman, and the Disabled People’s Organisations Coalition. The Government provides $275,000 per year to fund the Disabled People’s Organisations Coalition to provide disabled people-led monitoring.

Following a review of their operating model, the Disabled People’s Organisations Coalition will use the 2017 funding to update the monitoring mechanism to better access the voice of Māori, Pacific people and people who are non-verbal. The new monitoring framework to be in place from July 2018.

B. Specific rights (arts. 5–30)

Equality and non-discrimination (art. 5)

5. Please provide information about:

(a) Measures taken to ensure that the anti-discrimination framework in the State party encompasses all forms of discrimination on the basis of disability, including the denial of reasonable accommodation, discrimination by association and multiple and intersectional discrimination faced by children, women, migrants, refugees, asylum seekers, Māori and Pacific and lesbian, gay, bisexual, transgender and intersex persons with disabilities;

Reply to paragraph 5(a)

MoJ / Human Rights Commission

The *Human Rights Act 1993*[[26]](#footnote-26) sets out New Zealand’s anti-discrimination framework protecting New Zealanders from discrimination in a number of areas of public life[[27]](#footnote-27).

Discrimination is prohibited on the grounds of:

* sex, which includes gender
* marital status
* religious belief
* ethical belief
* colour
* race
* ethnic or national origins
* disability[[28]](#footnote-28)
* age
* political opinion
* employment status
* family status
* sexual orientation.

In the year ending 15 June 2018, the Commission received 370 complaints of alleged unlawful discrimination on the prohibited ground of disability.

Thirty-five of these complaints alleged unlawful discrimination on multiple grounds, including disability. Disability discrimination coupled with age was recorded in seven complaints. There were seven disability and family status (see our reply to paragraph 5(d)) complaints and six complaints of both gender and disability discrimination. Other grounds featured with disability were reported in smaller numbers.

Employers, suppliers of goods and services, accommodation, education, are obliged to reasonably accommodate a disabled person, including special services or facilities if needed. The *Human Rights Act 1993* does not define what is ‘reasonable’, and this is determined by the particular circumstances.

Under the *Human Rights Act 1993*, it is unlawful to discriminate against relatives or associates of disabled people, because of that disability. For example, a spouse, carer or business partner.

A person who believes they have experienced unlawful discrimination can complain to the Human Rights Commission. The Human Rights Commission offers a mediation service. If mediation is unsuccessful, or if one of the parties does not wish to enter mediation, parties have the right to lodge proceedings with the Human Rights Review Tribunal for a ruling on whether the Human Rights Act has been breached.

(b) Statistics on the number and percentage of claims of discrimination on the basis of disability, disaggregated by sex, age, barriers identified and the sector in which discrimination occurred, and on available remedies and redress, including compensation;

Reply to paragraph 5(b)

MoJ / Human Rights Commission

The Human Rights Commission received 419 complaints about unlawful discrimination against disabled people in the year ending 30 June 2017[[29]](#footnote-29). These complaints made up the largest proportion of complaints by unlawful grounds.

Most of these complaints were about how disabled people are treated by public service organisations[[30]](#footnote-30) in policy or practice, particularly in schools. Employment issues were the second most common complaint from people alleging unlawful discrimination against disabled people.

(c) Progress made to introduce the explicit definition of reasonable accommodation into the Human Rights Act 1993 in conformity with the definition in article 2 of the Convention, which encompasses reasonable accommodation in all spheres of life to all persons with disabilities, irrespective of impairment, and about measures adopted to ensure that reasonable accommodation is provided in public and private sectors;

Reply to paragraph 5(c)

MoJ

There are no plans to explicitly define reasonable accommodations in the *Human Rights Act 1993*. The Court of Appeal has developed a test for interpreting the relevant provisions of the Act consistently with the right to reasonable accommodation in Article 2 of the CRPD[[31]](#footnote-31).

The Independent Monitoring Mechanism (see our reply to paragraph 4) created a guide to reasonable accommodation in November 2015[[32]](#footnote-32).

The guide helps disabled people to understand their rights to reasonable accommodation. The guide informs employers, state sector agencies, and other persons providing services to the public about their obligations to provide reasonable accommodations.

Reasonable accommodation guidelines for employers and employees are available through a range of public sector portals and agencies, including: the Ministry of Business Innovation and Employment[[33]](#footnote-33), the Office for Disability Issues[[34]](#footnote-34) and the Ministry of Social Development[[35]](#footnote-35).

The Ministry of Social Development developed the set of guidelines and a Lead toolkit for all employers[[36]](#footnote-36). The Lead toolkit focuses on the practical things that employers can to do increase the employment of disabled people. This includes advice that covers all stages in the employment cycle and advice specific to managers, including on reasonable accommodation and the funding available.

(d) Measures taken to review the eligibility criteria of its Funded Family Care Policy and amend Part 4A of the New Zealand Public Health and Disability Act 2000 to ensure that all family members who are carers are paid on the same basis as other carers, and are entitled to make complaints of discrimination in respect of the State party’s family care policy. Please report about assessments carried out by the State party concerning the implementation of the Funded Family Care Policy and its impact on the rights of persons with disabilities;

Reply to paragraph 5(d)

MoH

The Government is currently:

* receiving advice on options for changes to Part 4A of the *New Zealand Public Health and Disability Act 2000*, which currently prohibits complaints of discrimination regarding family care policy;[[37]](#footnote-37) and
* receiving advice on options for changes to family carers’ policy eligibility.

In 2015, an independent evaluation of the Funded Family Care scheme was completed following the first year of operation. While the evaluation found that the policy was having a positive impact for most families, a number of improvements were identified to improve access to and usability of the scheme[[38]](#footnote-38).

In 2016, the operational policy for the scheme was amended to:

* clarify the role of the advocate and introducing supported decision-making for the disabled person
* raise awareness with disabled people and their carers that Funded Family Care may be an option to consider for those eligible
* improve the application, informed consent and supported decision-making processes
* decrease follow-up monitoring visits to one in the first month and then annual reassessments.

Claims for compensation for non-payment of family carers are before the High Court. These claims are due for hearing in February 2019[[39]](#footnote-39).

(e) Specific programmes aimed to reduce the socioeconomic disadvantage of Māori and Pacific persons with disabilities. Please indicate which measures have been taken to deal with the underlying causes of poverty among Māori and Pacific persons with disabilities;

Reply to paragraph 5(e)

MSD

The Ministry of Social Development provides support to people to gain employment. There are both Māori and Pacific Peoples specialised services in regional areas where there are sufficient numbers to support such services. The service providers have made connections with iwi[[40]](#footnote-40) and Pacific People's organisations including churches.

Where the Government outsources specialised employment services, there is an expectation that services cater to the needs of disabled people, including those who identify as Māori and Pacific.

(f) Measures taken to ensure that all persons with psychosocial and/or intellectual disabilities are identified, supported and accommodated, in particular in the context of education and health.

Reply to paragraph 5(f)

MoE/MoH

The vast majority of children and young people with psychosocial and/or intellectual disabilities attend mainstream schools rather than special schools. Special schools give support to students who have high needs[[41]](#footnote-41). An Intensive Wraparound Service is available for the small number of students who have behaviour, social and/or learning needs that are highly complex and challenging (and may have associated intellectual difficulty) and require support at school, at home and in the community[[42]](#footnote-42). The number of students who can access Intensive Wraparound Service support increased following budget 2018.

We have worked with the residential schools to ensure that students who require intensive residential support can access it.

The Ongoing Resourcing Scheme provides learning support for a small number of students with the highest level of need. Approximately 25 percent of these students have psychosocial or intellectual disabilities.

We have updated our resources to support schools in providing support for children with psychosocial and/or intellectual disabilities[[43]](#footnote-43). We have done work on suicide prevention and crisis response.

Early intervention services are provided through education to ensure early identification of need and access to learning support from birth onwards. A Good Start in Life is a cross-government project lead by education to develop policy options to improve support for parents, family and whānau of disabled children aged 0-8 years.

The B4 School Check is a universal health programme offered to all families whose child is turning 4 years old which aims to identify any areas where additional support may be required before a child starts school.

Children who are not meeting developmental milestones can be referred by medical professionals to the Child Development Service. The service:

* provides specialist assessment for the child
* organises intervention and management services
* works with other agencies to ensure the child gets integrated support.

In 2016, the Ministry of Health's Disability Support Services (DSS) supported 33,804 clients. Almost half of these clients had an intellectual disability. DSS purchases a range of disability support services for people (generally under 65 years of age) with a long-term physical, intellectual or sensory impairment that requires ongoing support. People with an intellectual disability accounted for 83 percent of people living in DSS community residential services. Here disabled people have access to 24-hour support to enable them to experience a safe and satisfying home life and live in a community environment.

Behaviour Support Services work with individuals and their family/whānau where the individual has challenging behaviour that may result in exclusion from key elements of society through behaviours that present risk of harm to themselves or others. In 2017, 75 percent (1,789 people) receiving behaviour support services were aged 18 or under.

The Ministry of Health is working with an expert reference group to identify and take actions to improve access to health services and the health outcomes of people with intellectual/learning disabilities (see also our reply to paragraph 23(a)). Women with disabilities (art. 6)

6. Please provide information about:

(a) Measures taken to mainstream a gender perspective in its disability legislation and policy and to mainstream a disability rights perspective into gender legislation and policy;

Reply to paragraph 6(a)

ODI / Ministry for Women / MoJ

The Government’s approach is to ensure that gender is taken into account during policy development so that policies can be designed, implemented and evaluated in a way that improves outcomes for women. Since 2002, all Cabinet papers for the Cabinet Social Wellbeing Committee have been required to include a Gender Impact Statement, which outlines whether or not gender analysis has been undertaken, and whether and to what extent the policy proposal is expected to affect men and women differently.

A Disability Perspective Statement that considers the impact of policies and proposals on disabled people, is required for the Cabinet Social Wellbeing Committee.

(b) Intersectional and multiple forms of discrimination against women with disabilities in all areas of life;

Reply to paragraph 6(b)

ODI / Human Rights Commission / Ministry for Women

In the period, 187 of the 370 complaints alleging disability discrimination were received from women. There were four main themes – women’s health, mothers and children, actions of the Court and matters relating to employment. Specific to women were complaints about IVF treatment, post-natal depression and the effect of mental health on perceptions of ability to care for children and work-related problems because of women’s health issues such as endometriosis.

The *Disability Survey: 2013* provides the most comprehensive current data on disabled women. This survey showed that on average disabled women experience poorer economic and social outcomes than non-disabled women[[44]](#footnote-44). The next Disability Survey will be run in 2023.

The Washington Group Short Set (WGSS) of questions on disability was included in the Census for the first time in 2018. This change means that we will be able to disaggregate data relating to disability and gender from the Census and compare this data with data relating to non-disabled women and men. The data will be available to do this from December 2018.

(c) Measures taken to prevent, recognize and address all forms of gender-based violence against women with disabilities, including in institutions and in-home situations, and with respect to the exercise of their sexual and reproductive health rights. Please indicate the resources allocated and any further information on steps taken to support women with disabilities who experience or are at risk of violence, including sexual abuse;

Reply to paragraph 6(c)

MSD / MoH / MoJ / ACC / Ministry for Women

Many initiatives are in place to address the impacts of family and sexual violence, but there are no violence services specifically for disabled women and only limited resources available to disabled women, these include:

* ‘Domestic Violence and Disabled People’ (2011) is a resource that looks at the issues around domestic violence and disabled women in New Zealand[[45]](#footnote-45)
* Women’s Refuge, is a non-government organisation which aims to prevent and eliminate violence against women, can offer disabled women (and other women) a free 24‑hour crisis helpline and access to education and support groups.
* The national “family violence telephone helplines” provide an option for Deaf, hearing‑impaired, Deafblind and speech‑impaired phone users.

**Family violence**

Measures to address family violence include ACC funded initiatives and three national prevention initiatives funded by the Ministry of Social Development that aim to mobilise communities and challenge the social norms:

* *It’s not OK* campaign targets the whole of New Zealand’s population (2017/18 funding: $1.16m)[[46]](#footnote-46)
* *E Tū Whānau* works with Māori whānau and communities (2017/18 funding: $3.91m)[[47]](#footnote-47)
* *Pasefika Proud* targets people of Pasifika heritage (2017/18 funding: $1.703m)[[48]](#footnote-48)

ACC injury prevention initiatives:

* *Women’s Self Defence Network* - Wahine Toa -  delivers 220 Girls’ Self Defence courses, reaching a total of 4,500 girls (2017/18 funding: $250,000)[[49]](#footnote-49)
* *Jade speaks up* targets children aged 8-12 years (2018/19 funding: $121,000)[[50]](#footnote-50)
* *Gandhi Nivas[[51]](#footnote-51)* provides a supportive environment for men to ‘cool down’ and counselling services aimed at keeping women and children safe. (Otahuhu Dec 2016- June 2020 funding: $1.32m; Waitemata May 2018- April 2020 funding: $1.7m)
* *Integrated Safety Response* (Waikato and Christchurch) and *Whangaia Nga Pa Harakeke* (Northland, Tairawhiti, and Counties Manukau) assists family violence reduction initiatives in partnership with New Zealand Police. (ISR 2017/18 funding: $300,000; WNPH 2017/18 funding: $158,000)
* *White Ribbon* aims to eliminate family and sexual violence committed by men against women by encouraging men to address harmful behaviours and attitudes and adopt respectful behaviour.  (Feb-June 2018 funding: $348,839)

Services for those affected by family violence include:

* crisis response services for victims
* services to restore safety and wellbeing
* regional helplines
* longer-term psychological recovery services for victims
* programmes for self-referred perpetrators (2017/18 funding: $25.7m).

Providers of family violence services do not report demographic information such as disability details to the Ministry of Social Development.

**Sexual violence**

Services for those affected by sexual violence include:

* crisis response services for victims/survivors;
* a national helpline;
* a limited amount of long-term care and recovery services for victims/survivors;
* Harmful Sexual Behaviour services for non-mandated adults;
* services for male survivors of sexual abuse;
* some regional education and awareness programmes (2017/18 funding: $11.42m); and
* ACC also funds prevention initiative to make sure young people and the people around them experience safe, healthy and respectful relationships[[52]](#footnote-52).

**Sexual health and reproduction**

All New Zealanders have access to universal sexual and reproductive health services. Specialist services are sought where disabled people require additional support because of their disability.

The Ministry of Health is developing a *Sexual and Reproductive Health Action Plan 2018-2027*. This will focus on three major priority populations:

* young people (particularly Maori and Pacific and those living in high deprivation areas)
* women living in high deprivation areas
* men who have sex with men.

There are no actions specific to disabled women in the proposed plan.

The Ministry of Health is a key partner in the cross-agency work programme on Family Violence and Sexual Violence being led by the Ministry of Justice. While there are many initiatives to address family and sexual violence, there are no services specifically for disabled women.

(d) Strategies to ensure that women with disabilities participate in decision-making bodies and have access to education, health, employment and social protection measures. Please indicate how many representative organizations of women and girls with disabilities, including Māori and Pacific women with disabilities, are involved in these programmes.

Reply to paragraph 6(d)

MoH / ODI / MSD / MoE / Ministry for Women

Disabled women, including those who identify as Māori and Pacific, have been involved on designing, leading, governing, and decision-making groups during the co-design of the disability support system transformation[[53]](#footnote-53).

Care is taken to ensure that disabled women are represented on groups/organisations dealing with issues relating to disabled people. There are two disabled women appointed to each of the New Zealand Disability Strategy Revision Reference Group and the New Zealand Sign Language Board.

The Government has no strategies specific to employment assistance for disabled women. Disabled women have access to a range of mainstream employment services and services specifically for disabled people to assist them to get and stay in employment. Care is taken to ensure that disabled women are included among those consulted on changes to the disability specific services in particular.

There are no specific representative organizations of women and girls with disabilities in New Zealand.

Please refer to our response to paragraph 22(f).

Disabled children (art. 7)

7. Please provide information about:

(a) Measures taken to ensure that the opinions, voices and views of all disabled children are given due weight in accordance with their age and maturity, on the decision-making processes that affect them;

Reply to paragraph 7(a)

MSD / MCOT / MoJ / MoE

New Zealand law provides for the views of children to be given due weight in decisions that affect them according to their age and maturity. The same age and maturity test is applied equally to disabled and non-disabled children.

The *Oranga Tamariki Act 1989*[[54]](#footnote-54) requires that care and protection services available to children and young people provide them with the opportunity and support to express their views about matters that are important to them[[55]](#footnote-55).

Changes to this Act, due to take effect before or on 1 July 2019, mean that any court or other person exercising powers under the Act must:

* encourage and assist children and young people to participate in, and express their views about, any process or decision affecting them, and have these views taken into account. This support includes providing the services of an interpreter for a child or young person who is unable, due to a disability, to understand English[[56]](#footnote-56), and support for a young person to express their views or be understood in proceedings and processes that affect them[[57]](#footnote-57)
* respect and uphold children and young people’s rights, including those rights set out in the United Nations Convention on the Rights of the Child and the CRPD[[58]](#footnote-58).

This will be the first time that the CRPD is explicitly referenced in New Zealand legislation.

Oranga Tamariki is putting more emphasis on children and young people, including those with disabilities, taking part in decision-making processes that affect them, like family group conferences, and participating in the development of its policies, practices and services.

An independent advocacy service, *VOYCE – Whakarongo Mai*, has been established to support individual and systemic advocacy for care-experienced children and young people.

The Government has developed a tool to consider the impact of policy proposals on children including disabled children (see our reply to paragraph 7(b)).

In March 2018, the Government launched the Education Conversation Kōrero Mātauranga[[59]](#footnote-59) to hear the views of New Zealanders about how to build the world’s best education system. Care has been taken to ensure that children and young people with disabilities have been able to participate in the Education Summits and that this process is accessible for all.

(b) Strategies to promote and protect the rights of children with disabilities, by incorporating the Convention into legislation, policies, programmes, service standards, operational procedures and compliance frameworks that apply to children in general;

Reply to paragraph 7(b)

MCOT

*The Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018* came into force on 2 July 2018[[60]](#footnote-60). These regulations set out the expectations, rights, entitlements and quality of care that all children and young people can expect when they are in the custody of the state, including disabled children, and what caregivers can expect when they have children in their care. Schedule 2 of the regulations sets out a statement of the rights for children and young people. This translates the regulatory requirements into child-friendly language[[61]](#footnote-61).

The regulations provide a level of transparency and accountability that has not previously existed within the New Zealand child welfare system.

The *Oranga Tamariki practice framework* sets out guidance for practitioners, including front-line social workers, working with children, young people and their families and whānau. The practice framework includes guidance for practitioners on:

* the promotion and protection of the rights of disabled children
* the UN Convention of the Rights of the Child and the CRPD
* supporting disabled children and young people.

The *Child Impact Assessment Tool*[[62]](#footnote-62) (CIA Tool) can be used to consider the impacts of policy proposals on children and young people. It includes specific consideration of how a policy or proposal will affected disabled children and young people. The guidance[[63]](#footnote-63) for the CIA Tool, suggests people refer to other United Nations treaties including the CRPD. The CIA Tool was developed by the Ministry of Social Development in 2018. It is publicly available for use by both government and non-government organisations[[64]](#footnote-64).

See our reply to paragraph 7(a) and 21(a).

(c) Measures taken by the Ministry for Vulnerable Children[[65]](#footnote-65) and across all sectors to ensure that children with disabilities and their families receive appropriate support, including under the care and protection systems, and have access to community-based services;

Reply to paragraph 7(c)

MCOT / MoH / MoE

Disability Support System Transformation

The disability support system transformation will deliver better support for children with disabilities and their families. See introductory section for more information.

We have also been piloting a new Learning Support Approach to make it more focused on children’s needs and easier to access for parents and whānau, so that children get the right support at the right time, within an inclusive education system.

**High and Complex Needs Unit**

The High and Complex Needs Unit supports families, whānau and caregivers with children and young people who have high and complex needs, often associated with disabilities. High and Complex Needs specialist staff facilitate and coordinate plans and services for these children and young people such as speech language therapy, occupational therapy, psychological services, and intensive parenting services.

Regional managers from the Ministries of Education and Health and Oranga Tamariki meet monthly to discuss the children and young people in their areas that are the most vulnerable and high-risk.

Care and protection systems

*Gateway Assessments* allow the Government to identify and respond to children in, or at risk of, entering statutory care. *Gateway Assessments* provide a full assessment of a child’s health, educational, social and emotional needs and a plan for responding to those needs. If a child has a developmental delay, the *Gateway Assessment* will identify and assess for the underlying causes of the delay and any related disabilities. A cross-agency plan will then be developed. Plans include access to a range of supports and services for children and their family, whānau and caregivers. It can include referring the child to specialist supports and services if required.

The Ministry of Health and Oranga Tamariki are developing systems and processes to support disabled children when the repeal of sections 141 and 142 of the *Oranga Tamariki Act 1989* is enacted. See our reply to paragraph 21(c) for more information.

(d) Measures taken to prevent abuse in State care institutions, respond to complaints and provide redress for victims of historic abuse in State care institutions, following the conclusions and recommendations in the Judge Henwood report (2015) and the Donald Beasley Institute report (2017). Please inform the Committee about criminal investigations carried out in relation to allegations of ill-treatment and torture in care institutions, including health-care facilities;

Reply to paragraph 7 (d)

**MoH / MCOT / MSD / DIA**

Measures taken to prevent abuse in State care institutions

*The Royal Commission into Historical Abuse in State Care* was established on 1 February 2018. A key focus is to understand the different impacts of abuse in state care for disabled people. The inquiry will examine abuse between 1 January 1950 and 31 December 1999, with some discretion to look beyond these dates. It will consider physical, emotional and sexual abuse and neglect. It is expected to start in mid-to-late 2018 and report before mid-2020, subject to extensions[[66]](#footnote-66). The Chair undertook public consultation on the draft Terms of Reference (TOR) between February and May 2018. The Minister of Internal Affairs is carefully considering the public feedback before taking her final proposal on the TOR to Cabinet.

Responding to complaints

The *Confidential Listening and Assistance Service* provided assistance to anyone who had concerns or alleges abuse or neglect while in State care. The service provided support to 1,103 people. It ran from 2008 to 2015.

The Government runs a Claim Resolution Service which addresses claims of historical abuse or neglect from people who were in the care, custody, guardianship, or had come to the notice of, statutory child welfare and protection agencies before 2008[[67]](#footnote-67).

The Office of the Health and Disability Commissioner resolves complaints about health or disability services[[68]](#footnote-68).

The Office of the Ombudsman can receive complaints about state sector agencies. See our reply to paragraph 14(e).

Criminal investigations regarding allegations of ill-treatment and torture in care institutions, including health facilities

The New Zealand Police are responsible for carrying out criminal investigations of assaults and injury against an individual, regardless of where the crime took place. The Police decide whether or not to prosecute following an investigation.

All complaints made to the Police of historic physical or sexual abuse are dealt with by specially trained investigators. The data recorded about these complaints does not separately identify ones involving state care from other historic physical or sexual abuse investigations.

The Government is not aware of any criminal investigations relating to allegations of historic abuse in psychiatric institutions prior to 1993[[69]](#footnote-69). No referrals have been made through the Ministry of Health’s *Historic Abuse Resolution Service.*

(e) Measures taken to prevent children with disabilities from being placed in potentially abusive foster care situations, through mandatory vetting procedures of foster families.

Reply to paragraph 7(e)

MCOT

Vetting of foster families and caregivers

Foster families or caregivers go through a mandatory vetting process before Oranga Tamariki places any child with them. This process involves police checks, reference checks, home assessments and a review of documents held in the Oranga Tamariki’s case management system.

The introduction of a new centralised caregiver information system will streamline the vetting process. There will also be better monitoring of caregivers which will help Oranga Tamariki to identify and address problems early. The new system will maintain clear records of all caregiver training and development activities.

Oranga Tamariki has developed national care standards regulations that apply in respect of any child or young person in care or custody.

See our reply to paragraph 7(b) for more information on the care standards regulations.

Awareness-raising (art. 8)

8. Please provide information on:

(a) Measures targeted at public and private actors undertaken to combat stigma, stereotypes, prejudices, negative attitudes, bullying, hate crime, hate speech and discriminatory language against persons with disabilities, in all spheres of life, including cyberspace;

Reply to paragraph 8(a)

MSD / Human Rights Commission / MoE / MoH

*Think Differently* (2010-2015) was a social marketing campaign intended to shift social and cultural norms to reduce exclusion of disabled people. The campaign aimed to create conditions that support behaviour change rather than just raising awareness. Evaluations of the campaign showed that the intended audiences made a commitment to change and begun moving from commitment to actual behaviour change.

The Human Rights Commission is launching an online survey to identify attitudes about disability and disabled people in New Zealand. This research will be used to inform, as well as discrimination data from the Commission, a social change programme designed to decrease stigma, discrimination and stereotypes. This programme is funding dependent.

*Like Minds, Like Mine* is a programme to increase social inclusion and reduce stigma and discrimination for people with experience of mental illness. It was established in 1997, and was one of the first comprehensive national campaigns in the world to counter stigma and discrimination associated with mental illness. The programme has been successful at increasing awareness and changing attitudes, but people still experience discrimination in many areas of their everyday lives. *Like Minds, Like Mine* is focusing its efforts particularly on workplaces, media, and champions or leads in community activities.[[70]](#footnote-70)

See our reply to paragraph 22 (b) and 22 (e).

(b) Involvement of the media in awareness-raising strategies, including campaigns;

Reply to paragraph 8(b)

**MSD / MCH / Human Rights Commission / MoH**

The media has continued to promote the *Like Minds, Like Mine* programme to increase social inclusion and reduce stigma and discrimination for people with experience of mental illness and the National Depression Initiative.

The media published several stories in regional publications on the *Disability Confident* campaign. The Ministry of Social Development ran the *Disability Confident* campaign from November 2016 to July 2017 to promote the benefits of employing disabled people.

(c) Measures taken to promote and sustain a greater understanding that the life of persons with disabilities is of equal value to that of others, and to eradicate and prevent attempts to disseminate ideas that life as a person with disabilities is “not worth living”.

Reply to paragraph 8(c)

ODI / Human Rights Commission

The New Zealand Disability Strategy 2016-2026 affirms that disabled people’s lives are of equal value to non-disabled people.

The Human Rights Commission is developing a social change programme that aims to change New Zealanders’ attitudes about disability and disabled people. The objective of the programme is for disability to be celebrated in society and to become business-as-usual across all areas of life (for example, in employment, education, housing, social norms, etc.).

The Human Rights Commission is developing methods to measure and monitor changes in attitudes to disability over time. These methods will consider the views of disabled people and evidence on attitudes to disability. These results will guide a social change programme that addresses changing attitudes.

Accessibility (art. 9)

9. Please provide information about:

(a) Measures taken to ensure that all public buildings are made fully accessible and that such buildings are independently audited and verified;

Reply to paragraph 9(a)

MBIE

The *Building Act 2004*[[71]](#footnote-71) requires that reasonable and adequate provision is made for disabled people to visit or work in publicly accessible buildings. There are detailed construction requirements for new publicly accessible buildings to ensure disabled people can undertake normal activities.

A publicly accessible building that is altered or changes its use must be upgraded to meet current access requirements “as near as is reasonably practicable”. Older existing buildings only need to meet the access requirements that applied at the time they were constructed.

Local government territorial authorities are responsible for verifying buildings meet the statutory requirements for accessibility at the time of construction, but there is no ongoing monitoring to ensure accessibility features and facilities are maintained.

The Ministry of Business, Innovation and Employment is developing a *Guide to Publicly Accessible Buildings* aimed at increasing building sector professionals’ understanding of the access needs of disabled people and the current regulatory requirements for accessibility. This guidance is being developed in consultation with the disability sector. Once complete, the guidance will form the basis of an education and information campaign.

(b) Progress in the implementation of the Building Act 2004 and Building Code for all factories and industrial premises, including those where fewer than 10 people are employed, which are currently exempted under the Act and the Code;

Reply to paragraph 9(b)

MBIE

The statutory requirements for accessibility in the Building Act 2004 apply to all new or altered publicly accessible buildings. In practice, this means access, parking and facilities for disabled people in all buildings other than private housing.

Factories or industrial premises where ten or fewer people are employed are exempt. There are no plans to amend the Building Act 2004 to remove the exemption for small factories and industrial buildings.

(c) Measures taken for the provision of universal access to safe, inclusive, and accessible, green and public spaces for persons with disabilities in line with Goal 11.7 of the Sustainable Development Goals, and considering particular barriers faced by women, children and older persons with disabilities;

Reply to paragraph 9(c)

Ministry for the Environment / NZTA

Local authorities own or control the majority of public spaces. The *Local Government Act 2002* provides guidance on measures to provide safe access to public spaces. The *Local Government Act 2002* governs the provision of libraries, museums, reserves, and other recreational facilities and community amenities.

The *Resource Management Act 1991* manages natural and physical resources such as water, air, subdivision and significant environmental activities. The *Resource Management Act 1991* does not explicitly regulate accessibility but proposed works in the environment (including public spaces) will need to be compliant with the *Building Act 2004* and the *Local Government Act 2002*.

While central government maintains strategic oversight of the *Resource Management Act 1991*, the formal legislative measures are set out at a local authority level. To support local authorities, national guidance is available, including the *New Zealand Urban Design Protocol[[72]](#footnote-72)* that outlines that quality urban design ensures public spaces are accessible by everybody, including disabled people.

The New Zealand Transport Agency:

* updated the Guidelines for facilities for blind and vision impaired pedestriansin 2015. The guidelines provide best practice design and installation principles for pedestrian facilities that assist people who are blind or have low vision or mobility impairments[[73]](#footnote-73).
* developed a one-day training module on fundamentals of Pedestrian Planning and Design Guide*[[74]](#footnote-74)* that includes best practice examples. This is conducted annually for practitioners and delivered as part of engineering courses at universities. The Pedestrian Planning and Design Guide and course material is currently under review.

(d) Steps to ensure that the wide application of the concept of universal design is endorsed by authorities at all levels of public service provision;

Reply to paragraph 9(d)

MBIE / ODI

The New Zealand Disability Strategy 2016-2026 promotes universal design as an approach to implementing the Strategy and notes that “universal design must be understood, recognised and widely used”, and that “all professionals involved in accessibility have a good understanding of the principles of universal design and the needs of disabled people and take these into account in their work”.

Examples of government agencies applying universal design principles include:

* The *Building Act 2004* requires that a publicly accessible building that is altered or changes its use must be upgraded to meet current access requirements “as near as is reasonably practicable”.
* Lifetime design principles (called universal design) forming part of the standards for Housing New Zealand new build houses for over ten years[[75]](#footnote-75).
* The Government is working to deliver 100,000 affordable, quality homes for first homebuyers over the next decade through its KiwiBuild programme. There are a broad range of outcomes which KiwiBuild is seen as having the potential to deliver on beyond the 100,000 dwellings target, including opportunities for Maori and Pasifika, disability access, climate change, and energy efficiency. Work is underway to develop an Outcomes Framework to outline the potential opportunities which KiwiBuild presents to deliver on these wider outcomes.
* The Government funds Be. Accessible, a social change initiative, to support the development of accessible tourism. It involves assessing and improving the level of accessibility of services and facilities across New Zealand[[76]](#footnote-76).

See our reply to paragraph 20(d) and 20(e).

(e) The number of wheelchair-accessible buses and taxis;

NZTA

There were 382 wheelchair accessible taxis operating in the year ending 30 June 2017[[77]](#footnote-77).

In 2016/17, there were 2,289 wheelchair accessible buses nationally[[78]](#footnote-78) (this is 90 per cent of all New Zealand’s buses). The percentage of national wheelchair accessible buses increased significantly between 2011/12 and 2016/17 from 59 percent to 90 percent[[79]](#footnote-79).

In 2016/17, 93 percent of Auckland buses were wheelchair accessible (1222 out of 1314 total fleet) and 71 percent in Wellington (367 out of 517 total fleet).

Public transport services are partly funded by the Government. Government contracts require bus fleets to become more accessible over time. These contracts have contributed to a higher proportion of accessible buses.

(f) Measures taken to ensure that electronic ticketing systems for public transport and journey/travel/timetable information is accessible.

Reply to paragraph 9(f)

NZTA

Current payment (ticketing) solutions across public transport networks in New Zealand are of various age and capability providing an inconsistent payment experience across public transport.

To improve value for money and make public transport more attractive and accessible a National Mobility and Payments Project (NMPP) has been established. The goal of the NMPP is to deliver a nationally coordinated approach to the provision of modern and seamless electronic payments (ticketing) for public transport services across New Zealand and emerging alternative shared mobility services enabled by digital technology.

To address inconsistencies of experience across public transport and deliver better value for money and experience the participants in the NMPP are to release a Register of Interest (RoI) to supply a single modern payment solution to be used across all public transport services in New Zealand. The use of a single payment solution across public transport networks will enable the delivery of a consistent payment experience across public transport that will make public transport easier to use for all groups, including people with disabilities. For example, public transport users will only need a single token (e.g. smartcard or smartphone) to pay for travel across public transport.

Modern payment solutions are increasingly able to be integrated with other digital technology, enabling the provision of more customised experiences, especially through smartphones. Under the NMPP a core requirement is that, as much as possible, the payment solutions use open standards that are widely supported. This will support New Zealand public transport authorities’ ability to better meet the needs of people with disabilities. For example, through a smartphone linked to the payment solution and real time information on vehicle movement blind or deaf users can be provided audio / visual information on when the next bus will arrive, what route it follows and how much the fare will be.

Under the NMPP the opportunity will also be taken to improve ticketing infrastructure to make it more accessible to all users. For example, wider gates at railway stations to allow wheelchair access and appropriate standardised display formats on ticket validating machines on board public transport vehicles.

Situations of risk and humanitarian emergencies (art. 11)

10. Please provide information on measures taken to ensure that disaster risk reduction plan and strategies explicitly provide for accessibility and inclusion of persons with disabilities, in all situations of risk, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030.

Reply to paragraph 10

MCDEM

The *National Civil Defence Emergency Management (CDEM) Plan Order 2015***[[80]](#footnote-80)** sets out the roles and responsibilities of CDEM agencies**[[81]](#footnote-81)** involved in reducing risk and preparing for, responding to, and recovering from emergencies in New Zealand.

Revisions to the National CDEM Plan in 2015 included:

* The Office for Disability Issues becoming a national-level support agency that provides information and advice on coordinating assistance to disabled people who have welfare needs in an emergency**[[82]](#footnote-82)**.
* The Ministry of Health broadened the arrangements from a health services focus to include disability support services (including hearing and vision services, home and community support, and Autism Spectrum Disorder support)**[[83]](#footnote-83)**.
* CDEM agencies**[[84]](#footnote-84)** are required to use “…a wide range of channels and media to reach as many people as possible, including…people with disabilities” for their emergency public information management arrangements.
* CDEM agencies are expected to take practicable steps to ensure their public information is accessible, including use of translators and interpreters, live captioning, and/or large print formats**[[85]](#footnote-85)**.

MCDEM has signed a Memorandum of Understanding with Deaf Aotearoa[[86]](#footnote-86), which formalised a partnership to help the CDEM sector better engage with and inform Deaf communities about what to do in emergencies. Additionally, the Government is trialling an initiative to cover the costs of New Zealand Sign Language interpreters for media briefings by regional CDEM Groups during emergencies.

MCDEM is developing a national disaster resilience strategy to direct progress towards the Sendai Framework’s priorities. The Government has engaged disabled people in its development.

Equal recognition before the law (art. 12)

11. Please provide information about:

(a) Measures taken to revise the relevant laws on supported decision-making, that respect the person’s autonomy, will and preferences, and in full conformity with article 12 of the Convention, including with respect to the individual’s right, in his or her own capacity, to give and withdraw informed consent, consistent with the Committee’s general comment No. 1 (2014) on equal recognition before the law;

Reply to paragraph 11(a)

ODI

There are no measures currently underway or planned to revise laws to recognise supported decision-making consistent with the CRPD.

(b) Measures taken to ensure that responsive and tailored supports are available and affordable to all persons with disabilities to exercise their legal capacity and to manage their financial affairs, particularly for persons with psychosocial and/or intellectual disabilities;

Reply to paragraph 11(b)

MSD / MOH

Measures for safeguarding the legal capacity of disabled people and managing financial affairs include:

* The Code of Health and Disability Services Consumers’ Rights [[87]](#footnote-87) provides for people to make informed choices and give informed consent, including the right to effective communication in a form, language and manner that enables them to understand the information provided when accessing health or disability services[[88]](#footnote-88). This Code applies only to people accessing health or disability services.
* The new disability support system will offer more flexible and individually tailored supports. A key outcome of the disability support system transformation is to promote disabled people having options and decision-making authority over supports and their lives. Government intends that supported decision-making will be available for people accessing supports. There is provision in Disability Support Services for disabled people to have access to budget management. See the introduction statement and our reply to paragraph 5(f)).
* The rules and policies for the Funded Family Care[[89]](#footnote-89) (see our reply to paragraph 5(a)) recognise the need for supported decision-making for clients who access the policy.
* In Community Residential Services contracts the residential provider must support disabled people in their right to control their own money, unless the *Protection of Personal and Property Rights Act 1988* or other legislation applies.

(c) The number of guardianships, interdictions or curatorships issued and the number of persons with disabilities who have regained legal capacity since the ratification of the Convention.

Reply to paragraph 11(c)

MoJ

The Protection of Personal and Property Rights Act 1988[[90]](#footnote-90) sets out the rules for welfare guardianship applications. Welfare guardians may be appointed for a person if they wholly lack capacity to (cannot) make or communicate decisions about their welfare. A guardian may be appointed if it is the only way to ensure appropriate decisions are made.

The number of approved applications for welfare guardianship increased from 743 in 2008 to 1,525 in 2017[[91]](#footnote-91).

Judges can end or change welfare guardianships. We do not collect data on these changes. We are not able to provide data on the number of guardianships currently in force or the number of people who have regained legal capacity since the ratification of the CRPD.

Access to justice (art. 13)

12. Please provide information about:

(a) Measures taken to review the processes for assessing compensation by the Accident Compensation Corporation to ensure that adequate legal aid is available and the processes are fully accessible to all claimants, and to ensure that the mechanism has a human rights-based approach;

Reply to paragraph 12(a)

ACC

All claimants are entitled to apply for a review of Accident Compensation Corporation (ACC) decisions on cover and entitlements. Following a review decision, there is a right of appeal to the courts. There is no charge to a claimant to apply for a review of an ACC decision, and claimants may be awarded costs[[92]](#footnote-92). Legal aid is available in some cases (see our reply to paragraph 12(b).

ACC has introduced changes to its dispute resolution process to improve service delivery and promote early resolution of issues. A free, independent navigation service is scheduled to begin by mid-2019. The service is expected to help 4,400 clients per year[[93]](#footnote-93) to navigate its processes when they want to challenge, or better understand, a decision[[94]](#footnote-94). ACC has clear expectations around accessibility for this service, especially to Māori, disabled people and those with language or literacy needs.

The *Accident Compensation Act 2001* (the ACC Act) sets out principles for reviewers to: act independently, comply with the principles of natural justice and exercise due diligence in decision-making.

(b) Measures taken by tribunals to adopt a responsive and flexible approach to the admission of evidence, and to provide free legal aid to ensure full access to judicial remedies, particularly by persons with disabilities with scarce economic resources and those that are still institutionalized;

Reply to paragraph 12(b)

**MoJ**

Tribunals are designed to provide low-cost, speedy and accessible justice. They can take a more flexible approach than courts to the admission of evidence. This flexibility can include the power to receive as evidence any statement, document, information or matter that may assist the tribunal (whether or not such material would be admissible in a court of law).

The Government recognises that travel costs and the need to travel to tribunals can be a barrier to access. Parliament is considering legislation[[95]](#footnote-95) that will increase access to Ministry of Justice-administered Tribunals. This legislation will standardise the use of audio-visual or other remote access facilities and offer the option of hearing matters ‘on the papers’ without a physical hearing where appropriate.

Legal aid is available based on a person’s income, and the type and amount of grant will be tailored to the individual’s needs. These needs include whether a disability might hinder that individual’s access to justice.

Legal aid is available for certain tribunals such as the Tenancy Tribunal, Social Security Appeal Authority, and Waitangi Tribunal. Legal aid can be granted for other tribunals where the Legal Services Commissioner considers legal representation is necessary and the person would suffer substantial hardship without aid.

(c) Steps taken to collect data related to the prevalence of young people with psychosocial and/or intellectual disabilities in the juvenile justice system. Please indicate how the data are reflected in practice;

Reply to paragraph 12(c)

MoJ / MCOT / MoH

The Government recognises the importance of capturing information on any disability-related issues for young people in the justice system to understand their circumstances and needs so they can provide the appropriate support and services.

New Zealand uses international prevalence data for health disorders and disabilities to inform practice. Use of this data informed the development, scale and funding of new dedicated youth forensic mental health and addiction services that were implemented between 2011 – 2015.

We capture incidence data from the provision of specialist youth forensic services (mental health and intellectual disability) but this data is incomplete in that youth forensic services are not the only provider of health services for youth offenders in the youth justice system and we are unable to access data from other service providers.

Our national data collection allows us to track how many young people accessed specialist forensic mental health services in each region (with demographic data) and how many contacts they had but not details of the intervention provided.

There are youth offenders with neuro-developmental disorders (especially Fetal Alcohol Syndrome Disorder) that are involved with the youth justice system but currently we do not have New Zealand prevalence data or a comprehensive range of intervention and support services for this group.

The Ministry of Health has developed a *Fetal Alcohol Syndrome Disorder Action Plan* that is currently being implemented. This will allow us to determine the local prevalence rate for Fetal Alcohol Syndrome Disorder by using data from the *Growing up in New Zealand Study* for future advice to government on potential service responses for young people with Fetal Alcohol Syndrome Disorder and other neuro-developmental disorders.

In the meantime, work is underway on prevention measures and growing the size of the specialist workforce to increase the capability and capacity of the health sector to diagnose young people with Fetal Alcohol Syndrome Disorder. *Child Development and paediatric services* currently offer a range of interventions to remediate the health impacts of Fetal Alcohol Syndrome Disorder and other neuro-developmental disorders. *The Fetal Alcohol Syndrome Disorder Action Plan* with inform future development of these services.

(d) Measures taken to conduct training programmes on the Convention by the Institute of Judicial Studies, in cooperation with organizations of persons with disabilities, and on the rights of persons with disabilities who come before the State party’s courts and tribunals.

Reply to paragraph 12(d)

**MOJ**

In our 2014 review, the Committee recommended that the Institute of Judicial Studies, with the Disabled People’s Organisations Coalition, run training programmes on the CRPD and on the rights of persons with disabilities who come before New Zealand’s courts and tribunals.

The Government informed the Institute of Judicial Studies of this recommendation[[96]](#footnote-96).

Liberty and security of the person (art. 14)

13. Please provide information about:

(a) Measures taken to ensure that all mental health services are provided on the basis of the free and informed consent of the person concerned, in accordance with the Convention;

Reply to paragraph 13(a)

MoH

The Ministry of Health will review processes for consent and second opinions under the *Mental Health (Compulsory Assessment and Treatment) Act 1992*. The Act requires that, except for the assessment period and first month of a compulsory treatment order, a person cannot be required to accept treatment without consent unless a psychiatrist who has been appointed by the Mental Health Review Tribunal considers the treatment to be in the interests of the patient.

*The Government Inquiry into Mental Health and Addiction* (see our reply to paragraph 15(a)) will inform any future review of the Act.

(b) Steps taken to bring the Mental Health (Compulsory Assessment and Treatment) Act 1992 into line with the Convention, and to prevent arbitrary deprivation of liberty on the basis of impairment and presumed dangerousness to themselves or others, including the assumed risk of suicide and/or substance addiction;

Reply to paragraph 13(b)

MoH

The Ministry of Health, under the Disability Action Plan 2014–2018 (action 9(d) refers), examined how the *Mental Health (Compulsory Assessment and Treatment) Act 1992* (the Mental Health Act) relates to the *New Zealand Bill of Rights Act 1990* and the CRPD in the year ending 30 June 2017.

The results informed work to improve mental health services and to enhance the rights and experience of those who are affected by the Mental Health Act. See our reply to paragraph 13(a).

In January 2018, the Government commissioned *the Government Inquiry into Mental Health and Addiction*[[97]](#footnote-97). This is an independent inquiry commissioned due to widespread concern about mental health and addiction services.

The inquiry will consider the regulatory framework for mental health and addiction in New Zealand.

The recommendations of the inquiry will help inform the Government’s decisions on future arrangements for the mental health and addiction system, including the Mental Health Act.

See our reply to paragraph 13(c).

(c) Legal remedies available for persons with disabilities to request the assessment of the legality of their deprivation of liberty, and measures taken to promote the deinstitutionalization of persons with disabilities who have been unlawfully deprived of their liberty;

Reply to paragraph 13(c)

MoH

In New Zealand, a person may be deprived of their liberty for compulsory mental health treatment. Restrictions on liberty must be the minimum necessary to ensure effective treatment, and protect the safety of the individual and others.

Remedies available to assess the legality of a deprivation of liberty include:

* A person held under the *Mental Health (Compulsory Assessment and Treatment) Act 1992* has these legal remedies available to them:
  + Section 16 of the Mental Health Act allows a person to request a review of their condition by a judge during the compulsory assessment process.
  + Any assessment or treatment beyond the initial periods may occur only with the concurrence of a judge.
  + The person’s condition must be reviewed by their 'Responsible Clinician' within 3 months of the judge’s decision for further assessment/treatment, and then every 6 months after this.
  + The person can apply to the Mental Health Review Tribunal (mandated by the Mental Health Act) for a review[[98]](#footnote-98) of his or her condition, including at the time of the periodic clinical reviews.
  + A person subject to the Mental Health Act has the right to legal advice and the right to independent psychiatric advice to get a second opinion.
  + A High Court judge can order an inquiry into a person’s treatment[[99]](#footnote-99). This provision is rarely used.
  + People subject to the Mental Health Act have access to the free services of a District Inspector. District Inspectors are lawyers appointed under the Mental Health Act to ensure that the rights of people receiving treatment under the Mental Health Act are upheld, and they can investigate complaints from people who are subject to the Mental Health Act. A complainant can appeal to the Mental Health Review Tribunal if they are not satisfied with a District Inspector’s investigation of a breach or omission of any of the patient rights set out in the Mental Health Act.
  + The person will be released if found fit either by the Judge, the Mental Health Review Tribunal or the Responsible Clinician.
* A person with an intellectual disability in the criminal justice system subject to the *Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003* can:
  + have their ongoing need for care and rehabilitation reviewed every six months
  + appeal their placement with legal representation
  + seek a second opinion relating to the use of medication whilst they are under compulsory care
  + other safeguards include: compulsory care co-ordinator reports to the Family Court[[100]](#footnote-100), Family Court reviews[[101]](#footnote-101), regular clinical reviews[[102]](#footnote-102), inquiries by judges (either on application or on their own initiative)[[103]](#footnote-103).

(d) The results of the review of the criminal justice systems, and measures taken to ensure that criminal procedures respect all the safeguards and guarantees that are applicable to non-disabled persons, including that deprivation of liberty should be applied as a matter of last resort.

Reply to paragraph 13(d)

**MoJ**

There has been no review of the criminal justice system of this kind.

The *Criminal Procedure (Mentally Impaired Persons) Act 2003* requires a person to have been found by the court to be responsible for the underlying act before they can be found unfit to stand trial[[104]](#footnote-104) and then be liable to the orders under that Act. Individuals found not fit to stand trial, or not guilty by reason of insanity, may be detained only if the court considers it necessary in the interests of the public or any person or class of person[[105]](#footnote-105).

It would not be appropriate to conduct a full trial for someone who is unable to properly conduct a defence. The Government considers the *Criminal Procedure (Mentally Impaired Persons) Act 2003* contains appropriate safeguards and strikes an appropriate balance.

Similar orders can be made in respect of any person, whether or not they have been charged with an offence, under the *Mental Health (Compulsory Assessment and Treatment) Act 1992*.

Freedom from torture or cruel, inhuman or degrading treatment or punishment   
(art. 15)

14. Please inform the Committee about:

(a) Legal measures taken to eliminate the use of seclusion, restraints, detention, night safety orders, tie-down beds and non-consensual treatment, in particular in medical facilities;

Reply to paragraph 14(a)

MoH / Corrections

The Government is committed to reducing the use of seclusion, restraints and other similar measures.

Key steps to achieve this goal in the health and disability sector include:

* launching the programme *Zero Seclusion: towards eliminating seclusion by 2020* in collaboration with service providers and service users. Culturally safe approaches with Māori mental health consumers and their whānau[[106]](#footnote-106) are a key focus
* supporting the mental health and disability sector through evidence-based guidelines[[107]](#footnote-107) and quality improvement mechanisms[[108]](#footnote-108)
* transitional steps to the elimination of night safety procedures in mental health services[[109]](#footnote-109)
* improving the way we collect and report data about seclusion events for intellectually disabled people. From 2019, these data will be made available publicly.

The effects of these changes can be seen in the 25 percent decrease in the number of people secluded and 62 percent decrease in seclusion hours in adult mental health services since 2009, when revised standards for the reduction of seclusion and restraint came into effect. The downward trend in the use of seclusion has recently steadied. In the context of prisons, we:

* operate within the bounds of New Zealand law which limits the use of segregation. This practice is used when no other option is available to manage the safety of prisoners or others and for medical oversight
* restricted the use of tie-down beds to four prison sites and are working toward the elimination of this practice. These beds may only be used on medical advice and where other means of preventing injury and ensuring safety are ineffective or not feasible
* introduced new safeguards in 2017 to ensure that restraints used during escorts for medical treatment do not adversely affect the health and comfort of the prison. Restraints must be removed if necessary to allow medical treatment
* do not permit the use of night safety orders or overnight visual monitoring of prisons except where they are placed in segregation due to the risk of self-harm.

We expect the use of restraint to decrease over time and intend to cease the use of tie-down beds in the longer-term. A new model of care will enable staff across the entire prison to take a more therapeutic and long-term approach to ensure prisoners vulnerable to suicide and self-harm receive the intervention and support they need to improve their wellbeing and find hope for the future.

(b) Statistics, data and evidence on the mental health of persons with disabilities in prisons, explaining how the evidence is used for treatment and the planning, and the measures taken by the Ministry of Health and the Corrections Service concerning mental health services in prisons;

Reply to paragraph 14(b)

Corrections / MoH

The Department of Corrections does not currently produce datasets which match disabled prisoners with prisoners with mental health issues. All prisoners are entitled to support, treatment, and care for any conditions or disabilities they have.

Data from the Ministry of Health shows that 195 patients were transferred to a forensic mental health service from prison for compulsory mental health assessment and treatment in the year ending 31 December 2016[[110]](#footnote-110). Nationally 3,949 people were seen by forensic mental health teams in a prison setting[[111]](#footnote-111).

The Ministry of Health and Department of Corrections are collaborating on three major initiatives relating to mental health services in prisons. These are:

* A joint framework for forensic mental health services to guide the planning, designing and resourcing of these services. This framework is being developed with providers, users and academics.
* A mild-to-moderate mental health service was introduced in 2017 at 16 prisons and four community corrections sites. The service contracts clinicians to work directly with prisoners. The service received 2,038 referrals between April to November 2017.
* An Intervention and Support Project has introduced a new model of care for prisoners with mental health needs. The model makes mental health support available throughout the prison rather than dedicated to at-risk units. The project is being piloted in three prisons before potentially being implemented nationally. The new model of care will enable staff across each entire prison to take a more therapeutic and long-term approach. Our goal is to ensure prisoners vulnerable to suicide and self-harm receive the intervention and support they need to improve their wellbeing and find hope for the future.

(c) Measures taken to monitor homes, residential facilities and any place where persons with disabilities could be deprived of their liberty, and statistics disaggregated by age, sex and other relevant factors on investigations of ill-treatment and/or torture as well as compensations, reparation and rehabilitation for victims;

Reply to paragraph 14(c)

MoH

The National Preventive Mechanism under the *Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* for health and disability settings (the Office of the Ombudsman) conducts regular visits to mental health and intellectual disability inpatient facilities. The visits identify any issues or problems and make recommendations aimed at strengthening protections, improving treatment and conditions. The Ombudsman’s role has recently (6 June 2018) been clarified to explicitly include examining and monitoring the treatment of persons detained in privately-run aged care facilities under the Optional Protocol to the Convention against Torture[[112]](#footnote-112). This will increase the monitoring of facilities providing dementia care.

See our reply to paragraph 23(c) for information relating to care for people with dementia.

The Ministry of Health monitors residential disability services through:

* regular contract monitoring
* quality monitoring involving routine developmental evaluations or audits against the contract and against the Health and Disability (Safety) Standards 2008, reporting of critical incidents and deaths, and a complaints mechanism
* monitoring of services provided under the *Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003* by a Director and District Inspectors.

The Ministry of Health monitors the use of the Mental Health Act and has reported statistics on compulsory treatment since 2005[[113]](#footnote-113).

District Inspectors ensure that the provisions of the Mental Health Act are upheld. District inspectors:

* ensure that every individual who is subject to a compulsory order under either the Mental Health Act or the Intellectual Disability Act is cared for in accordance with the statutory requirements
* monitor quality and safety of mental health and disability services providing treatment to people who are or subject to these Acts (including those under assessment)
* investigate complaints and conduct inquiries.

In future, monitoring for residential disability services will be reviewed to align with:

* the disability support system transformation
* the *Health and Disability (Safety) Standards 2008*[[114]](#footnote-114) (which will be reviewed during 2018)
* the repeal of section 141 of the *Oranga Tamariki Act 1989*.

(d) Measures taken to require the New Zealand Education Review Office to specifically report, as part of the regular review process, on whether or not seclusion and isolation is practised in individual schools;

Reply to paragraph 14(d)

**MoE**

The *Education (Update) Amendment Act 2017*[[115]](#footnote-115) prohibited seclusion and regulated the use of restraint in schools.

This change means no individual schools should be practicing seclusion or isolation. Any reports to the Ministry of Education about the use of seclusion or isolations are escalated immediately to the Ministry’s Directors of Education for action.

An Education Review Office review considers a range of matters, including student health and safety, and a Board of Trustee’s compliance with legal requirements. The Government does not think it is necessary to require the Education Review Office to specifically report on whether or not seclusion and isolation is practised in individual schools.

(e) Measures taken to enforce the amendment to the Education Act 1999 passed in 2017, prohibiting the physical restraint and seclusion of children with disabilities in schools, and measures concerning awareness-raising strategies, including campaigns among teachers and staff working with children with disabilities, in relation to such legislation, and concerning the provision of information in accessible formats to children with disabilities on the scope of the new provisions.

Reply to paragraph 14(e)

MoE

Physical restraint is now regulated through the *Education Act 1989*[[116]](#footnote-116), the *Education Rules 2017*[[117]](#footnote-117), and the statutory Guidelines for Registered Schools in New Zealand on the Use of Physical Restraint[[118]](#footnote-118).

The new legal framework requires schools to report all incidents of physical restraint to the Ministry of Education. So far there have been 1,412 reported incidents involving 797 children and young people. This represents about 0.01 percent of the schooling population. Almost all of the reported incidents have been in primary schools (72 percent) and special schools (22 percent).

The Ministry of Education is delivering *Understanding Behaviour, Responding Safely* training to whole-school staff groups. This training focuses on prevention and de-escalation strategies, and provides an opportunity to link the legal framework to practice. To date, 290 schools have completed the training or have arranged to do so.

The Ministry of Education is working to expand behaviour services so that they reach more and younger children. As part of this work, we will be introducing a pathway of behaviour support for 0-8 year olds that will give us the flexibility to shape and adapt our support to cater for children’s needs, especially during times of change.

Freedom from exploitation, violence and abuse (art. 16)

15. Please provide information about:

(a) Measures taken to ensure and strengthen freedom from exploitation, harm, violence and abuse, including systemic and historic abuse, for all persons with disabilities in all settings, with particular attention to those with psychosocial and/or intellectual disabilities, and women with disabilities, including through the establishment of accessible oversight, complaint and redress mechanisms;

Reply to paragraph 15(a)

MSD

Complaints involving criminal behaviour may be made directly to the New Zealand Police for investigation.

Work to reduce the risk of disabled people being subject to exploitation, harm, violence and abuse includes:

* anti-bullying strategies for schools
* work to reduce the risk of elder abuse and neglect
* The establishment of two inquiries:
  + *A Royal Commission of Inquiry into historic abuse in state care* (see our reply to 7(d))[[119]](#footnote-119)
  + *The Government Inquiry into Mental Health and Addiction* (see our reply to paragraph 13(b)).
* Netsafe[[120]](#footnote-120) receives and resolves complaints about harmful digital communications (such as online bullying and abuse). If the complaint is not resolved it may proceed to the district court.

See our reply to paragraph 14(c).

(b) Measures taken to ensure that legislation, policy and practice relating to domestic violence cover persons with disabilities at risk of violence, exploitation and/or abuse;

Reply to paragraph 15(b)

MSD / MoJ

The *Family and Whānau Violence Legislation Bill 2017* is currently progressing through Parliament. It proposes changes to the criminal and civil law that aim to break the pattern of family violence.

A number of changes in the Bill recognise the risk disabled people face in family violence situations, including:

* introducing a new principle to require decision-makers to recognise that disabled people may be particularly vulnerable to family violence
* clarifying that the definition of psychological abuse includes hindering or removing access to a person’s aid, medication or other support that affects their quality of life in situations where a person cannot withdraw from the care of another person due to age, disability or health condition
* requiring the court to take into account the views of people ‘lacking capacity’[[121]](#footnote-121) when making a protection order on their behalf (protection orders can stop or limit contact between people)
* enabling the court to make special conditions on protection orders to address violence against a person who is particularly vulnerable, due to age, disability or health condition.

The Government published guidance to safeguard disabled people receiving support funded by Disability Support Services in 2016[[122]](#footnote-122).

Safeguarding disabled people involves preventing abuse, creating a better understanding of signs that abuse is occurring and developing appropriate and responsive systems to deal with incidents of abuse.

(c) Measures taken to provide appropriate counselling for persons with disabilities, particularly those with psychosocial and/or intellectual disabilities, who have been exposed to violence or abuse in institutional and/or other settings.

Reply to paragraph 15(c)

ACC / MSD

The Ministry of Social Development provides assistance to disabled people on a benefit or low income to meet counselling costs through the Disability Allowance[[123]](#footnote-123).

The Accident Compensation Corporation (ACC) funds support for people who have experienced mental injury[[124]](#footnote-124)or have a covered physical injury because of physical abuse and violence and have suffered subsequent cognitive, emotional and behavioural problems. These services include counselling sessions, social work support including for families/whānau, cultural advice and group therapy and referral to other publically funded mental health services. Further support can be provided for those who have ongoing needs.

ACC provides pre-cover support for sensitive claim clients to ensure that clients receive immediate support without having to wait for their claim to be accepted. The pre-cover support available includes:

* Up to 14 hours of one-on-one counselling therapy
* Up to 10 hours of social work support
* Up to 20 hours of family/whānau support.

Where a client does not meet the criteria for mental injury cover, ACC may still provide support, such as counselling, if they have mental health issues that present a barrier to their rehabilitation.

ACC works to ensure that disabled people are seen by counsellors who have experience in working with disabled clients.

The Confidential Listening and Assistance Service (see our reply to paragraph 7(d)) funded up to 12 sessions of counselling for 687 people who had concerns or alleged abuse or neglect while in State care.

Protecting the integrity of the person (art. 17)

16. Please provide information on:

(a) Measures taken to enact legislation prohibiting and preventing the practice of non-consensual treatments on persons with disabilities, including forced sterilization, genital mutilation and conversion surgeries of intersex persons, with particular attention to children with disabilities;

Reply to paragraph 16(a)

MoH

The Ministry of Health, under the *Disability Action Plan 2014-2018 (Action 7(b) refers), is* working with disabled peoples organisations, disability sector groups and government agencies including the Ministry of Justice to explore the framework that protects the bodily integrity of disabled children and disabled adults. This action is initially focused on options to improve safeguards for disabled people against non-therapeutic sterilisation. On 11 July 2018, the Project Reference Group had its first meeting. Initial advice to ministers will be provided in October 2018. This is also expected to signal a need for further work to scope broader issues around non-consensual treatments (refer also to paragraph 16b).

**Current regulatory framework for non-consensual sterilisation**

Non-consensual sterilisation of disabled people is lawful in New Zealand where:

* it is medically necessary
* the person does not have the capacity to give informed consent to that procedure, and
* where the person’s clinical needs and welfare cannot be adequately addressed in other ways.

This approach recognises that sterilisation may be an unavoidable consequence of some essential medical procedures. It is unjust to deny effective medical care to disabled people where it is medical necessary.

The current safeguards to protect people from forced or involuntary sterilisation include:

* the right to refuse medical treatment[[125]](#footnote-125)
* the requirement that people are informed of their rights before treatment[[126]](#footnote-126).

These rights assume that the person has the capacity to give or withhold consent.

The conditions under which non-consensual sterilisation may occur have been established by New Zealand courts. These conditions include:

* under the consent of the court
* in a medical emergency or
* where a welfare guardian of the person gives consent in order to:
  + save the person’s life or
  + prevent serious harm to the person’s health[[127]](#footnote-127).

Guidelines for medical doctors require them to assess the competence of people in medical situations. The Paediatric Society has developed clinical guidelines for the management of menstrual bleeding and fertility in intellectually disabled girls.

(b) The practice of Ashley Treatment[[128]](#footnote-128) or growth attenuation procedures in the State party, as well as current legal and policy framework of such treatments.

Reply to paragraph 16(b)

MoH

The work through Action 7(b) in the *Disability Action Plan 2014-2018* to explore the framework that protects the bodily integrity of disabled people is expected to signal a need for further work to scope broader issues around non-consensual treatments, including the Ashley Treatment” (refer also to 16a).

Ashley Treatment can include a number of procedures, including growth attenuation treatment, sterilisation, and removal of breast buds. Sterilisation of a child who had received growth attenuation treatment overseas has been performed in New Zealand previously with the consent of the Court. It is unclear whether growth attenuation treatment to stop a child from growing to an adult size is illegal in New Zealand. The matter has not been tested in the New Zealand Family Courts.

Growth attenuation treatment has been used in the past for reducing excessive growth in children without significant ethical dilemmas arising, although it is rarely used today.

While growth attenuation of disabled children is not known to have been approved by ethics committees, disabled children are not denied access to health and disability services on the basis of having had growth attenuation treatment abroad.

Liberty of movement and nationality (art. 18)

17. Please provide information about:

(a) Measures taken to reduce the denial of residency in New Zealand on the grounds of impairment, appeals against such decisions and successful or unsuccessful decisions in the past five years;

Reply to paragraph 17(a)

**MBIE**

Immigration New Zealand does not record whether applications for residency and associated appeals were declined on health and disability grounds.

Immigration New Zealand must determine whether a person has an acceptable standard of health when assessing a visa application.

This assessment considers whether the person is likely to be a danger to public health, will impose significant costs and demands on health and education services and whether they are able to undertake the work or study on the basis of which they are applying for a visa.

Having a disability does not pre-determine whether a person has an acceptable level of health.

Immigration New Zealand can grant a medical waiver in certain circumstances. The agency takes account of each individual’s circumstances. These circumstances include the likely costs and the ability of family members to contribute to these.

Applicants with disabilities may be eligible for these waivers even when the costs or demands on health and education services are assessed as significant.

(b) Measures taken and planned to reduce discrimination against persons with disabilities on the elements of immigration policy and its procedures.

Reply to paragraph 17(b)

**MBIE**

Section 392 of the *Immigration Act 2009* identifies the relationship between the *Immigration Act 2009* and the *Human Rights Act* *1993*. The law recognises immigration matters are inherently discriminatory, as individuals are treated differently based on personal characteristics.

Immigration New Zealand still endeavours to comply with human rights legislation. Where there is an apparent departure, there is sufficient reason to do so.

The Ministry of Business, Innovation and Employment considers its immigration health policy settings are appropriate under the CRPD due to the public health risks associated with imported diseases and the need to manage excessive cost to and demand on the public health system.

Living independently and being included in the community (art. 19)

18. Please provide information about:

(a) Measures taken and resources invested to extend the coverage of the independent living model and the Enabling Goods Lives programme to ensure that all persons with disabilities live independently and are included in the community;

Reply to paragraph 18(a)

MoH

See the introductory section for more information on the disability support system transformation.

(b) Measures taken to consult with representative organizations of persons with disabilities, including organizations of persons with psychosocial and/or intellectual disabilities, about the impacts of the deinstitutionalization strategy on ensuring their inclusion in the community;

Reply to paragraph 18(b)

MoH

See the introductory section for more information on the disability support system transformation.

(c) Measures taken to support and resources invested in living independently and being included in the community, including through personal assistants, peers and coaching, according to age, sex, and ethnic background;

Reply to paragraph 18(c)

MoH / ACC - Community support services

The Ministry of Health and ACC fund Home and Community Support Services and Supported Living Services to ensure disabled people can live independently and be included in the community.

The Ministry of Health is trialling a new approach called Choice in Community Living[[129]](#footnote-129). This approach is an option for people to be supported in a different way instead of moving into Community Residential Services.

The new service was trialled in the Auckland and Waikato regions and extended into two other regions during this reporting period. The Ministry will be deciding on the further roll-out of the service in 2018. There were 175 people using the new service as at 26 March 2018.

(d) Strategies and resources allocated to ensure accessible housing for persons with disabilities that are affordable for all persons with disabilities, in all housing sectors, and legal requirements and duties of accessibility for private constructors in the development of housing projects;

Reply to paragraph 18(d)

MBIE / HNZC / MSD Housing / ACC

The Ministry of Social Development actively considers the needs of disabled people when responding to those with an immediate housing need. For example, we proactively source accessible accommodation when providing short-term accommodation along with tailored social support for people in need.

Housing New Zealand Corporation[[130]](#footnote-130) requires houses they build to meet basic accessibility standards like wide hallways wherever possible. These houses need to be easily modified for a range of user needs in line with universal design principles. As the Government builds and upgrades more public houses, it will look at ways to ensure that these provide suitable environments for disabled people.

New Zealand has responded to the housing needs of disabled people through funding for housing modifications (paid by the Ministry of Health and ACC) and the provision of modified properties to Housing New Zealand Corporation tenants. The Government is considering disability in its wider programmes.

(e) Strategies to enhance access to community services and periodic assessments concerning de facto accessibility by all persons with disabilities;

Reply to paragraph 18(e)

**MoH / MSD**

The disability support system transformation will enhance access to community services through providing greater choice and control in the supports that people are provided. See introductory section on the disability support system transformation.

(f) The proportion of persons with disabilities whose subjective belief is that society is inclusive and responsive, and objective data disaggregated by sex, age, ethnicity, disability and any dimensions that enrich the understanding of diversity and the variety.

Reply to paragraph 18(f)

Stats NZ

There are no specific measures in Stats NZ surveys on New Zealanders’ subjective beliefs about whether society is inclusive and responsive.

There are social and economic data from the *Disability Survey: 2013*[[131]](#footnote-131) and the *New Zealand General Social Survey*[[132]](#footnote-132) that can give an indication of the subjective beliefs that New Zealanders hold.

The *New Zealand General Social Survey: 2016* included the Washington Group Short Set of Questions on Disability (see our reply to paragraph 29(b)). Adding these questions allows comparisons to be made between estimates for disabled people and those for non-disabled people.

The *New Zealand General Social Survey: 2016* found that:

* 62 percent of disabled people rated their overall life satisfaction as 7 or more out of 10 compared with 85 percent of non-disabled people who scored the same
* 75 percent of disabled people had a strong sense of purpose compared with 89 percent of non-disabled people
* 50 percent of disabled people did not feel lonely in the last four weeks compared with 61 percent of nondisabled people[[133]](#footnote-133).

These data are not disaggregated by sex, age or ethnicity for reasons of data quality and respondent confidentiality.

Personal mobility (art. 20)

19. Please provide information about:

(a) Measures taken to facilitate the personal mobility in all spheres of life of all persons with disabilities and their families, including the provision of reasonable accommodation and modification of the environments;

Reply to paragraph 19(a)

MoH / ACC

The Ministry of Health and ACC fund equipment (for all ages), vehicle and housing modifications through Equipment and Modification Services[[134]](#footnote-134). Funding covers:

* equipment provided at no charge and loaned for as long as needed. For example, items that are portable, free-standing or immediately removable such as bathing or toilet aids, wheelchairs, hoists, walking frames, and equipment to help with communication and vision.
* permanent or temporary housing modifications to support improved access in and around their home such as handrails, ramps, bathroom and kitchen modifications
* vehicle purchase and/or modifications such as hand controls and vehicle-mounted hoists.

These services are available to people with long-term physical, intellectual, sensory or age-related disabilities and who meet the access criteria. Health professionals work with people to assess their eligibility and specific needs.

The Ministry of Health offers Specialised Assessment Services for those who have very complex needs such as complex wheelchairs and seating and communication assistive technology.

(b) Measures taken to secure persons with disabilities and their families have access to necessary personal mobility aids, devices and other assistive technologies, including regulations allowing public procurement as a tool to provide mobility;

Reply to paragraph 19(b)

MoH

The Ministry of Health contracts two providers to administer and manage Equipment and Modification Services (see our reply to paragraph 19(a)). Both providers procure using tender, panel supply arrangements, and bulk and individually customised purchasing.

Equipment is purchased at competitive rates ensuring value for money and quality equipment for disabled people gets the best quality equipment at the best price. The providers are responsible for asset management (repairs and maintenance, recall, collection, appropriate refurbishment and reissue of funded equipment).

(c) Measures taken to ensure equal access to the Accident Compensation Corporation to persons with disabilities in cases of impairment and injury, and measures taken to mainstream and simplify access to mobility devices by persons with disabilities at the local level and ensure a quality of life for all persons with disabilities, irrespective of the origin of impairment.

Reply to paragraph 19(c)

ACC / MoH

**Equal access to ACC to disabled people in cases of impairment and injury**

There are no plans to extend the coverage of the Accident Compensation Corporation (ACC) beyond those who acquire a disability as a result of injury. ACC is unable to provide support and entitlements for clients who do not have an ACC accepted claim[[135]](#footnote-135).

ACC is working with the Disabled People’s Organisation Coalition and internal *Voice of the Customer* groups to improve accessibility for ACC clients with disabilities to:

* ensure our processes and information are accessible and user-friendly
* develop the capability of ACC staff and ACC providers, so that those working with disabled people ensure claims are lodged correctly and the right support and entitlements are accessed.

Measures taken to mainstream and simplify access to mobility devices at a local level

ACC assesses clients for their required support and entitlements including mobility devices. The aim of this support is to ensure they can participate in everyday life, at home, school, work and in the community. ACC provides a consistent approach across New Zealand to ensure that disabled people have access to mobility devices locally.

ACC requires that all assessors and suppliers of mobility devices are aware of emerging technologies to support them becoming more mainstream.

Disability Action Plan

ACC is investigating opportunities for technology to increase disabled peoples participation in work and the community, including through assistive and access to mainstream technology (under the Disability Action Plan 2014-2018).

ACC recently completed a survey to understand the types of technology disabled people use and their views on funding frameworks and access pathways. A report on the survey will be released for public consultation before an action plan is developed.

Freedom of expression and opinion, and access to information (art. 21)

20. Please indicate progress made on:

(a) Increasing the funding for the training and employment of sufficient numbers of sign language interpreters, and increasing the use of New Zealand sign language in all aspects of life, including educational and cultural activities;

Reply to paragraph 20(a)

ODI / MoE

The Government recognises that New Zealand is not graduating the number of New Zealand Sign Language (NZSL) interpreters required to meet the level of need by Deaf NZSL users. The current number of graduates replaces but does not significantly expand the number of experienced interpreters available. In a report commissioned by the NZSL Board released in January 2017 Deaf people widely refer to the lack of interpreters, while many interpreters spoke of insufficient work.

Sounder funding systems for interpreting would address this problem and enable self-sustaining standards to be implemented. Work is pending on the inclusion of NZSL in the cross-government Language Assistance Services project, especially in terms of Policy and Guidelines, standards and procurement arrangements.

The NZSL Board is aware of the need to increase the availability of good quality NZSL interpreting services and ensure the quality of interpreting is good. Increasing awareness and recognition by government agencies and others of NZSL interpreting will increase the demand for interpreting services. This will have a focus in the *NZSL Board Strategy Plan 2018-2023*.

Individualised funding and the rollout of the disability support system transformation is likely to further increase demand.

In Budget 2018, Sensory schools and New Zealand Sign Language (NZSL) receive an extra $30.2 million over four years. This funding will be used in part to provide more funding for study awards for Advisors on Deaf Children, NZSL Interpreters and NZSL Tutors (the number of awards available will depend on the size of the individual awards as this varies with location, etc.). It will also ensure that First signs and NZSL@School remain available.

(b) Funding allocation to ensure accessibility to information in all spheres for Māori and Pacific disabled people, especially those with hearing and visual impairments;

Reply to paragraph 20(b)

MSD

Funding for accessible information is provided through government funding baselines. There is no specific funding allocation to ensure accessibility to information in all spheres for Māori and Pacific disabled people.

See our reply to paragraph 20(d).

(c) Plans to make accessibility to information legally binding;

Reply to paragraph 20(c)

MSD

There is no plan for legislation to require information to be produced in formats accessible to disabled people.

(d) Efforts to ensure that persons with disabilities have access to information via accessible modes, means and formats of information and communication, such as Braille, Easy-Read, audio description and captioning, including for television content, websites, apps, touch-screen devices and other digital products and services, according to their requirements and preferences, and to enable to express their opinion;

Reply to paragraph 20(d)

MSD / DIA

The Ministry of Social Development is leading work across government agencies to make information more accessible to disabled people through the launch of the Accessibility Charter.

The initial focus is on building the capability for use of Easy Read, Braille, New Zealand Sign Language and audio. It is expected that increasing the availability of government information in these languages and formats will make it easier for more disabled people to understand and use the information directly. It will be easier for other translations to be made where needed, such as in Pacific Island languages.

See our reply to paragraph 20(e).

(e) Measures taken to ensure that legal entities that have not fully met the Web Accessibility Standards do so;

Reply to paragraph 20(e)

DIA

Government agencies have been required to make sure that their websites meet the New Zealand Government Web Accessibility Standards since 2003[[136]](#footnote-136). The Department of Internal Affairs monitors government agencies’ compliance with the standards.

Government agencies were asked in 2014/15 to assess whether their websites meet the standards. The results were used to work out what needed to change so that all government websites met the standard by 2017.

After the 2014/15 review, the Department of Internal Affairs provided:

* a programme of practical workshops for agencies and vendors to uplift their capability for compliance
* a *Web toolkit and Knowledge Base* to support the technical aspects of compliance
* leading practitioners to lift the capability of the web practitioner community
* a platform-as-a-service (the Common Web Platform) offering for the creation and hosting of government websites which ‘bake-in’ compliance
* an all-of-government panel procurement service which supplies professional services for agencies' website development.

A further round of self-assessment is underway in 2018. The results will be used to help identify what gaps remain and take appropriate action.

(f) Measures and strategies for adaptive procurement and investment for assistive technologies.

Reply to paragraph 20(f)

ACC / MoE / MBIE / MSD / MoH

Measures and strategies for adaptive procurement

As functional lead for procurement across government, New Zealand Government Procurement within the Ministry of Business, Innovation and Employment (MBIE) sets the overarching policy framework.

This consists of a combination of principles, rules, standardised templates, and good practice guidance for government agencies.

The policy framework encourages good procurement practice that delivers good commercial outcomes and ensures accountability and transparency in procurement.

The MBIE Outcome Agreement template and Management Plan template provide useful tools to support adaptive procurement of assistive technologies by government agencies.

Investment for assistive technologies

The Ministry of Health funds equipment and modification services, including for communication devices and vision, hearing, mobility, housing, seating and positioning needs, to meet an eligible persons' disability-related needs. The Ministry funded $58.0m in 2014/15; $63.0m in 2015/16, and $68.5m in 2016/17 for equipment and modification services (Note this expenditure does not include hearing aids, cochlear, spectacles or contacts lens).

Funding for assistive technologies include:

* ACC provides funding for rehabilitation equipment, artificial limbs and audiology technology. Support is available to enable people to participate in day-to-day life such as power chairs, standing frames and iPhone applications. ACC invested $58.9m in 2014/15, $66.9m in 2015/16 and $73.5m in 2016/17 in assistive technology.
* The Ministry of Education funds support to enable individual students to access their school curriculum. This funding covers resources such as Braillers and screen reading software. The Ministry of Education invested $1.8m in 2014/15, $2.3m in 2015/16 and $2.5m in 2016/17.
* Workbridge manages Support Funds of behalf of the Ministry of Social Development. Support Funds provide financial assistance to cover the cost of disability (costs that would not be incurred by people without that disability or health condition) incurred whilst in training or employment. Support Funds can be used to fund assistive technology when related to employment. The Ministry of Social Development invested $6.2m in 2014/15, $5.8m in 2015/16 and $4.1m in 2016/17 in Support Funds. Expenses for equipment and workplace modification on average are approximately $.5m per year.

Respect for home and the family (art. 23)

21. Please provide information on:

(a) Measures adopted for re-examination of two statutes, the Children, Young Persons and Their Families Act 1989 and the Vulnerable Children Act 2014, to ensure that disabled children have the same safeguards as other children when they are placed in out-of-home care;

Reply to paragraph 21(a)

MCOT / MoH

Re-examination of the Children, Young Persons and Their Families Act 1989

The *Children, Young Persons and Their Families Act 1989* has been renamed the *Oranga Tamariki Act 1989*.

Sections 141 (agreements for extended care of severely disabled children and young persons) and 142 (agreements with persons providing residential disability care) of the *Oranga Tamariki Act 1989* will be repealed on or before 1 July 2019 following a review in 2015[[137]](#footnote-137).

This change means that severely disabled children requiring government-funded out-of-home placements will be subject to the same care mechanisms, protections and safeguards as other children in the statutory care system who are placed in out-of-home care under the *Oranga Tamariki Act 1989*.

The rights of disabled children to have their views considered in decisions affecting them have been added to the Act (section 11(2)(c)). When legislative changes come in force in July 2019, the *Oranga Tamariki Act 1989* will explicitly reference the CRPD in the principles to be applied when exercising powers under the *Oranga Tamariki Act 1989*.

Re-examination of the Vulnerable Children Act 2014

The *Vulnerable Children Act 2014* was part of a series of comprehensive measures brought in to protect and improve the wellbeing of vulnerable children.

The *Vulnerable Children Act 2014* sets out the requirements around safety checking (screening and vetting) those who work with children including home-based disability support and residential disability support services. This requirement means that people with serious convictions are prohibited from working closely with children, unless they are granted an exemption.

The *Vulnerable Children Act 2014* also requires providers of children's services to implement child protection policies to support staff to identify and respond to concerns about the wellbeing of a child, including possible abuse or neglect. The legislation requires that child protection policies are written, available on the organisation's internet site and reviewed every three years.

(b) Measures taken to repeal section 8 of the Adoption Act 1955 and to amend the statute, to ensure that persons with disabilities are treated on an equal basis with other applicants for adoption;

Reply to paragraph 21(b)

MCOT

There are no immediate plans to review section 8 of the *Adoption Act 1955*[[138]](#footnote-138)*.*

The *Adoption Act 1955* does not prevent a disabled person from adopting a child. Decisions by the courts show that a high threshold of incapacity must be established before the consent of a biological parent will be dispensed with under section 8.

Oranga Tamariki examines all factors relevant to the best interests of the child comprehensively when assessing adoptive parents and initial placement. All potential adoptive parents are equally assessed against the criteria set out below. A judge may grant an interim adoption order if they are satisfied that:

* the adoptive parents are fit and proper people to have the role of providing day-to-day care for the child and of sufficient ability to bring up, maintain, and educate the child
* the adoption will promote the child’s welfare and interests, and
* conditions relating to religious denomination and practice of the applicants are complied with.

Oranga Tamariki social workers report to the court on dispensing with parental consent where the birth mother or father’s mental or physical fitness is an issue when it comes to providing care.

(c) Measures taken and any legal and policy requirements placed to ensure that doctors and other medical professionals provide full information to people who receive positive prenatal test results for disabilities, particularly Down’s syndrome.

Reply to paragraph 21(c)

MoH

Pregnant women are offered screening tests to check that both they and their baby are healthy. Disability relevant screening offered during pregnancy includes antenatal blood test including HIV screening, diabetes screening, screening for Down syndrome and other rare genetic conditions. Foetal anomaly screening by ultrasound is conducted at 20 weeks of pregnancy.

The Ministry of Health follows up with counselling and advice when results are positive.

All services offered by the Ministry of Health are guided by the Code of Health and Disability Services Consumers’ Rights which provides for consumer rights to effective communication (Right 5), to be to fully informed (Right 6), and to make an informed choice and give informed consent (Right 7).

See our reply to paragraph 11(b) and 16(a).

Education (art. 24)

22. Please provide information about measures taken to:

(a) Establish the enforceable right to inclusive education;

Reply to paragraph 22(a)

**MoE**

Children and young people with learning support needs (because of disability or otherwise) have the same rights to enrol in and receive education at State schools as other children and young people. Where there are barriers to enrolment, attendance and participation at school, the Ministry of Education intervenes to work with the families and schools to resolve issues as quickly as possible.

The Ministry of Education is trialling a Dispute Resolution Process in three regions. The Dispute Resolution Process supports parents, caregivers, whānau and schools to come together early to work through challenging issues for children and young people with learning support needs, where these issues have not been able to be resolved at a school level. These issues and concerns might relate to the child or young person’s access, presence, participation or learning.

The *Education (Update) Amendment Act 2017* made changes to the interventions framework so schools can get quicker and more tailored support from the Ministry of Education to get back on track when they are struggling. These interventions enhance the opportunity for the Ministry of Education to intervene where a child is being prevented from accessing education.

(b) Ensure that the principles of inclusive education are built into all levels of the education system, from the legislation to the training of teachers, to on-the-job support and guidance, to work planning and budgeting for the school year by school boards, and to operationalize them;

Reply to paragraph 22(b)

**MoE**

In 2015, the Learning Support Update shifted our thinking from special education to learning support. Special education created barriers for children and young people by treating their impairments as a deficit that made them different from other children. Learning support recognises that there are a range of reasons that children and young people may need additional learning support, and an impairment is only one of them.

The *Education (Update) Amendment Act 2017* provided a set of enduring objectives for the education system which make it clear what a good education should look like for our children and young people and identifies that inclusion is essential within the education system. This Act placed legal obligations on Boards of Trustees[[139]](#footnote-139) to ensure that the school is a physically and emotionally safe place for all students and staff and is inclusive of and caters for students with differing needs.

The Code of Professional Responsibility and Standards for the Teaching Profession outline that teachers must promote inclusive practices to support the needs of all children. We offer centrally funded professional learning and development which focuses on building greater equity and excellence in a small number of national priority areas.

(c) Increase funding to ensure full accessibility, the provision of reasonable accommodation, modifications and support for inclusive education in primary and secondary education, including teacher training programmes, including with respect to psychosocial and/or intellectual disabilities of children at all levels of education;

Reply to paragraph 22(c)

**MoE**

We have modified property at approximately 1,200 schools between July 2012 and April 2017. Funding has increased from $12 million in 2012/13 to $31 million in 2017/18. This increase reflects growing demand for property modifications to accommodate disabled children.

We have been doing work around innovative learning environments, including the physical, social and pedagogical context in which learning occurs. Innovative learning environments offer flexibility, agency, ubiquity, and connectedness for students and teachers.

We have developed inclusive education guides to support educators in developing teaching practice which enable inclusive education whether in an innovative learning environment or not. These guides include approaches to teaching practice which specifically support children and young people with psychosocial and/or intellectual disabilities.

(d) Increase the accessibility of tertiary education facilities and courses, and the levels of entry into tertiary education for all persons with disabilities, particularly those persons with psychosocial and/or intellectual disabilities;

Reply to paragraph 22(d)

MoE

New Zealand has a diverse and highly devolved tertiary education system. The management, governance and leadership of the tertiary sector is the responsibility of largely autonomous councils of tertiary institutions and other individual providers.

Within this devolved system, the Government sets strategy, funds, regulates providers, and responds to concerns about provider quality. It supplies selected services, information and infrastructure. Providers can charge student services fees which can be used to support students with additional learning needs.

The government provides Equity funding which is intended to improve participation in tertiary education and achievement of qualifications of people with disabilities.

The Tertiary Education Commission, which allocates funding for tertiary education in New Zealand, sets reporting requirements for Tertiary Education Institutions who receive Equity Funding.

We have not made any changes to policy around equity funding or student services fees for tertiary education since 2014.

(e) Implement anti-bullying programmes and give redress to those children affected by bullying;

Reply to paragraph 22(e)

**MoE**

The *Bullying Prevention Advisory Group* is a partnership of 18 organisations from the education, health, justice and social sectors; and internet safety and human rights advocacy groups. Since 2015, the *Bullying Prevention Advisory Group* has done significant work to develop resources to reduce bullying in New Zealand schools.

The Ministry of Education did a study to understand ‘what works’ in bullying prevention. This study identified a combination of key elements, rather than a single programme, as most likely to prevent and reduce bullying. From this study, we have developed the *Bullying-Free NZ School framework* with nine core components for an effective school-based bullying prevention and response approach.

We use this framework to support schools with resources and guidance including the www.bullyingfree.nz website, which enables access and sharing of a range of information such as the *Bullying-Free NZ School Toolkit*.

Schools have free access to the Wellbeing@School survey tools, including sections to explore student and teacher perceptions about the extent of aggressive and bullying behaviour in their school. The survey data helps us understand the level and type of bullying that occurs and whether existing efforts to reduce bullying are effective.

We support an annual Bullying-Free NZ week.

(f) Eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for persons with disabilities and multiple and intersectional forms of vulnerability, such as Māori and Pacific peoples, and children in vulnerable situations, in compliance with Goal 4.5 of the Sustainable Development Goals.

Reply to paragraph 22(f)

MoE

We do not have information about differences in education for children and young people with learning support needs.

The Ministry of Education is focused on the importance of quality teaching and the provision of universal and targeted supports that enable teachers and learning support staff to respond to the identified needs and interests of each learner.

The Ongoing Resourcing Scheme (ORS) provides learning support for a small number of students with the highest level of need, although not all of these children and young people would consider themselves as having a disability. Between 2014 and 2017, the percentage of females receiving ORS relative to males decreased from 34.5 percent to 33.4 percent. Between 2014 and 2016, 31 percent of children and young people attending special schools were female. This decreased to 30 percent in 2017. Between 2014 and 2016, 22 percent of children and young people receiving ORS identified as Māori. This increased to 23 percent in 2017. In 2014, 26 percent of children and young people attending special schools identified as Māori, this increased to 27 percent in 2015 and 2016, and 28 percent in 2017.

We also have Kaitakawaenga[[140]](#footnote-140) who work with Māori tamariki[[141]](#footnote-141) and their whānau[[142]](#footnote-142), hapū[[143]](#footnote-143)/ iwi[[144]](#footnote-144); education facilities; and Ministry of Education staff to provide cultural support and identify and eliminate barriers to learning for Māori with additional learning support needs.

Between 2014 and 2016, 10 percent of children and young people receiving ORS identified as Māori. This increased to 11 percent in 2017. In 2014, 15 percent of children and young people attending special schools identified as Pacific Peoples, this increased to 16 percent in 2016 and 2017.

We cannot break the data down in a way that would let us comment on children in vulnerable situations.

The Ministry is undertaking a review of the vocational education and training (VET) system. Government’s vision is for a high quality, highly regarded and inclusive education system that among other outcomes, supports social outcomes. One of the themes of the review is to have “a system that is effective for a diverse range of learners”. Diverse learners includes students with disabilities and students with additional learning support needs.

Health (art. 25)

23. Please provide information on:

(a) Measures taken to ensure access to full health care for all persons with disabilities, including persons with disabilities whose disabilities are a result of health conditions that require specialist services;

Reply to paragraph 23(a)

MoH

New Zealand supports a rights-based approach to health[[145]](#footnote-145). The *New Zealand Disability Strategy 2016-2026* requires that disabled people have the highest attainable standard of health and wellbeing[[146]](#footnote-146).

Measures to enhance access to healthcare by disabled people include:

* *Disability Action Plan 2014-2018* includes an actionto improve access to health services for people with learning/intellectual disabilities. The reference group guiding this work includes people with lived experience of disability, service providers and other government agencies. This project is being re-scoped in line with Government’s priorities and advice is being prepared for Ministers (see also our reply to paragraph 5(f)).

(b) Measures taken to enhance the health outcomes of Māori and Pacific peoples with disabilities, among whom the prevalence of disability is higher because of poverty and disadvantages;

Reply to paragraph 23(b)

MoH

Measures to enhance the health outcomes of Māori and Pacific peoples are the focus of the Ministry of Health’s strategies and plans including:

* *He Korowai Oranga - Māori Health Strategy*[[147]](#footnote-147)
* Whāia Te Ao Mārama 2018 to 2022: The Māori Disability Action Plan*[[148]](#footnote-148)*
* *‘Ala Mo’ui: Pathways to Pacific Health and Wellbeing 2014-2018[[149]](#footnote-149)*
* *Faiva Ora 2016-2021: National Pasifika Disability Plan[[150]](#footnote-150)*.

These documents provide guidance to funders and the providers of health and disability services about the Government’s priorities.

The Ministry of Health requires District Health Boards to report on Māori health plans in their statutory reporting, and to consult with Māori on their annual plans.

(c) Steps taken to include people with dementia and other cognitive losses among its health priorities.

Reply to paragraph 23(c)

MoH

Steps taken to include people with dementia and other cognitive losses among its health priorities include:

* The New Zealand Framework for Dementia Care 2013[[151]](#footnote-151) sets an agreed, overarching direction for dementia diagnosis, care and support.
* Dementia care pathways have been developed to deliver proactive, coordinated care and support throughout a person’s and their family’s journey with dementia. There has been significant investment to improve dementia services and implement the *dementia care pathways*.
* Greater collaboration across local, regional and national dementia services has focussed on improving dementia diagnosis and management. For example, training of primary health care professionals to improve early diagnosis and easier access to secondary care if the person needs it.
* The Healthy Ageing Strategy[[152]](#footnote-152) supports the implementation of the New Zealand Framework for Dementia Care 2013. The strategy includes actions to grow ‘age-friendly’ and ‘dementia-friendly’ communities and establishes an outcomes framework for measurement and monitoring.
* In 2017, New Zealand adopted the World Health Organization’s Global Plan of Action on the Public Health Response to Dementia 2017-2025.
* The Ministry of Health is aware that a dementia pathway for people with intellectual disability, particularly people with Down Syndrome, is under development.

Habilitation and rehabilitation (art. 26)

24. Please provide information on measures taken to ensure that habilitation and rehabilitation services for persons with disabilities are based on the human rights model of disability, including by ensuring the services are:

(a) Designed and implemented to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability and full inclusion and participation in all aspects of life;

Reply to paragraph 24(a)

MoH / ACC

In New Zealand, habilitation and rehabilitation measures are fundamental to health and disability services[[153]](#footnote-153). Habilitation and rehabilitation is seen in:

* New Zealand Health Strategy 2016-2026where thevision is that ‘all New Zealanders stay well, live well, get well’
* New Zealand Disability Strategy 2016-2026where Outcome 3: Health and Wellbeing objective is that disabled New Zealanders ‘have the highest attainable standards of health and wellbeing’[[154]](#footnote-154)
* New Zealand has also endorsed the *WHO Global Disability Action Plan 2014 – 2021: Better Health for All People with Disability*, which aims to contribute to improving health, well-being and human rights for persons with disabilities. A key objective of the plan is for countries to develop and strengthen their rehabilitation services for disabled people**[[155]](#footnote-155).**

The Ministry of Health and ACC:

* recognise their obligations for Māori rehabilitation through the Treaty of Waitangi and that services for Māori should be based on Māori thinking and behaviour and Māori ways of healing, care, and rehabilitation
* the Ministry of Health is implementing the Where I Live; How I Live disability support services Community Residential Support Services Strategy 2018-2020*[[156]](#footnote-156)* to deliver good quality care and living options for people with a disability
* both agencies support disabled clients’ rehabilitation goals through funding a wide range of services [[157]](#footnote-157).

(b) Provided to persons with disabilities on the basis of their free, prior and informed consent.

**Reply to paragraph 24 (b)**

**MoH / ACC**

All health and disability services are guided by the Code of Health and Disability Services Consumers’ Rights which provides for consumer rights:

* to effective communication (Right 5)
* to be to fully informed (Right 6)
* to make an informed choice and give informed consent (Right 7).

See our reply to paragraph 11(b) and the introductory section for information on the disability support system transformation.

Work and employment (art. 27)

25. Please provide information on:

(a) Measures taken to increase the employment levels of persons with disabilities and reduce employment discrimination against them, especially for women with disabilities, Māori and Pacific persons with disabilities, including data disaggregated by age, sex and ethnicity;

Reply to paragraph 25(a)

MSD

Since 2014, government agencies, the Disabled People’s Organisations Coalition and service providers have worked to support and encourage employers to employ more disabled people under the *Disability Action Plan 2014-2018*[[158]](#footnote-158).

Key actions included:

* The *Disability Confident* campaign which focused on building employer awareness of the benefits of hiring disabled employees (see our reply to paragraph 8(b) and 8(c))
* Actions to promote the employment of disabled people in the public sector. This included a “How to” toolkit to support state sector agencies to employ more disabled people, and provided training for core public sector Chief Executives and key human resource personnel
* Guidance on employing disabled people on government websites aimed at employers
* Disabled people receiving the Supported Living Payment can now opt to receive one-to-one intensive support from a case manager to gain work (previously this support was not available to them)[[159]](#footnote-159)
* Targeted engagement with employers to find jobs for disabled people
* Establishing specialist employment services for people with mental health conditions.

In March 2018, the Government launched new *Employment Support Practice Guidelines[[160]](#footnote-160)*. These guidelines are a “how to” guide for all agencies working to get disabled people into employment. These guidelines were a joint effort between service providers, Disabled People’s Organisations Coalition and government agencies.

Disabled people have access to a range of mainstream employment services and services specifically for disabled people to assist them to get and stay in employment.

We do not have specific policies for increasing the employment rates of disabled women, Māori or Pacific people.

Data on employment rates for disabled people are set out in our reply to paragraph 25(c) including the limitations on the data we are able to provide.

(b) Efforts to remove sheltered workshops and the minimum wage exemption permits for the employment of persons with disabilities;

Reply to paragraph 25(b)

MSD

The Disability Action Plan 2014-2018 includes an action to identify better alternatives so that the Minimum Wage Exemption[[161]](#footnote-161) can be removed.

The Government worked with disability sector representatives in 2016 to understand how to go about repealing the exemption. This work highlighted the importance of protecting existing job opportunities for disabled people.

Preliminary advice has been prepared for Ministers including a potential option to remove the exemption.

Traditional sheltered workshops in New Zealand ended with the repeal of the *Disabled Persons Employment Promotion Act 1960[[162]](#footnote-162)* in 2007. Many providers chose to close the sheltered workshops and instead focus on providing other activities for disabled people.

The providers who continue to offer sheltered employment opportunities are known as Business Enterprises. The government funds Business Enterprise services to provide vocational and employment support for disabled people.

(c) Statistical data with comparability on an annual basis and on the status of the persons, with or without disabilities, on unemployment, underemployment and multiple employment, as well as the people not currently involved in any form of education, employment or training, disaggregated by sex, age and ethnicity, urban or rural area, and family status, over the previous reporting period.

Reply to paragraph 25(c)

Stats NZ

Breakdowns of disability findings by ethnic group, family status, and rural/urban status are not available from the HLFS due to high sampling errors on these estimates.

Disabled people have a lower rate of employment compared with non-disabled people. The employment rate for disabled people is 22.4 percent. The sampling error associated with this estimate is 2.4 percentage points. The employment rate for non-disabled people is 69.3 percent. The sampling error associated with this estimate is 0.6 percentage points.

Disabled people have a higher rate of unemployment than non-disabled people. The unemployment rate for disabled people is 11.4 percent. The sampling error associated with this estimate is 3.2 percentage points. The unemployment rate for non-disabled people is 4.5 percent. The sampling error associated with this estimate is 0.4 percentage points.

Disabled youth, aged 15 to 24 years, have a higher ‘Not in Education, Employment or Training’ (NEET) rate compared with non-disabled youth. The NEET rate for disabled youth is 42.3 percent. The sampling error associated with this estimate is 9.5 percentage points. The NEET rate for non-disabled youth is 10.0 percent. The sampling error associated with this estimate is 1.1 percentage points.

Younger disabled youth, those aged 15 to 19 years, have a lower NEET rate (32.0 percent), compared with disabled youth aged 20 to 24 years, (52.3 percent). The sampling errors associated with these two estimates are 15.6 and 15.1 percentage points, respectively.

Table: Labour Market data by disability status, June quarter 2017.

|  |  |  |
| --- | --- | --- |
|  | **Disabled people (%)** | **Non-disabled people (%)** |
| **Employment rate** | 22.4 | 69.3 |
| **Unemployment rate** | 11.4 | 4.5 |
| **Youth NEET rate** | 42.3 | 10.0 |

Source: Labour Market Statistics (Disability): June 2017 quarter.

Adequate standard of living and social protection (art. 28)

26. Please provide information on:

(a) Data from the Housing New Zealand Corporation, Ministry of Social Development and other relevant sources of data as to: (i) the eligibility to apply for social housing; (ii) the average and median time for people requiring disability-related modified housing; (iii) the number and proportion of people requiring disability-related modified housing; (iv) the number of housing modification grants, and resources granted over the past five years with a breakdown for grants for owner-occupied homes and privately rented houses; and (v) the number and proportion of Housing New Zealand Corporation houses that have been built or modified for disability-related reasons since the previous dialogue with the Committee;

Reply to paragraph 26(a)

MSD / HNZC / MoH / ACC

(i) the eligibility to apply for social housing;

Eligibility for public housing is assessed against five criteria, regarding whether the person:

* needs accommodation or to move from their current accommodation (adequacy)
* needs to move due to medical, disability, personal or family needs (suitability)
* cannot afford suitable housing in the private market (affordability)
* cannot access and afford adequate housing as a result of discrimination, or their lack of financial means in the private market (accessibility)
* has a lack of social or financial management skills which makes it difficult for them to sustain a tenancy (sustainability).

(ii) the average and median time for people requiring disability-related modified housing;

From 1 January 2018 to 31 March 2018:

* The median time to house was 361 days for applicants requiring a modified property compared to 64 days for applicants not requiring a modified property[[163]](#footnote-163).
* The average time to house was 385 days for applicants requiring a modified property compared to 120 days for applicants not requiring a modified property.
* Eight households who required a modified property were housed.

The Government is considering ways to improve accessibility for disabled people in public housing. This includes exploring how to include universal design principles when building new houses, where this is not already done.

(iii) the number and proportion of people requiring disability-related modified housing;

The Government does not collect data on how many people living in New Zealand require disability-related modified housing. However, we know the numbers of people requiring disability-related modified housing who:

* are on the social housing register
* live in Housing NZ Corporation housing or Community Housing (see our reply to paragraph 26(a)(v) below)
* are funded a housing modification grant by the Ministry of Health or funded by ACC (see our reply to paragraph 26(a)(iv) below).

As at 31 December 2017, on the social housing register (Ministry of Social Development):

* 408 applicants required a disability-related modified house
* This equates to 5.3 percent of applicants requiring a disability-related modified house.
* 76.5 percent of applicants who required a disability-related modified house were considered the highest priority on the register.

As at 31 December 2017, across Housing NZ Corporation and Community Housing Providers:

* 4,268 tenancies had a disability-related modified house due to a household member’s disability
* This equates to 6.5 percent of all tenancies[[164]](#footnote-164).

(iv) the number of housing modification grants, and resources granted over the past five years with a breakdown for grants for owner-occupied homes and privately rented houses;

The Government provides funding for the modification of housing (see our reply to paragraph 19(a), 19(b) and 19(c)).

The Ministry of Health funded 10,851 grants made for housing modifications over the past five years (2013-2017). Some families may be required to contribute some or all of the cost of these modifications depending on their housing situation. The Government funded housing modifications in:

* 7,759 cases for disabled people living in their own homes
* 1,416 cases for disabled people living in privately rented houses and
* 1,676 cases for disabled people living in social housing[[165]](#footnote-165).

In addition, ACC funded 6,560 grants for housing modifications over the past five years (2013-2017). Modifications range from ramps and rails to complex modifications such as floor lifts and home extensions. ACC funds the full cost of modifications needed as a result of injury.

(v) the number and proportion of Housing New Zealand Corporation houses that have been built or modified for disability-related reasons since the previous dialogue with the Committee;

Housing New Zealand Corporation built or modified 441 houses for disability-related reasons between January 2014 and April 2018. Wherever possible, properties demolished are replaced by houses that are ‘modifiable’.

(b) How specific measures for persons with disabilities are mainstreamed in poverty and homelessness reduction strategies, with particular attention to women, children, indigenous persons with disabilities, and persons with psychosocial and/or intellectual disabilities, as well as the mainstreaming of those domains in disability policy.

Reply to paragraph 26(b)

MSD/ DPMC / OT

The *Child Poverty Reduction Bill*, requires the Government to adopt, publish, and review a Government strategy for improving the well‑being of children, with related duties on chief executives of the children’s agencies to prepare and report on implementation of an Oranga Tamariki action plan to improve the well‑being of particular groups of children.

Under the Bill, the Government must adopt a strategy to:

* improve the wellbeing of all children
* improve, as a particular focus, the wellbeing of children with greater needs
* reduce child poverty and mitigate the impacts of child poverty and socio-economic disadvantage

The strategy should include a particular focus on the needs of children at greater risk, and on core groups of children of concern and interest to Oranga Tamariki.

Following public submissions, a report on the Bill is due to the Social Services and Community Committee on 13 August 2018.

Participation in political and public life (art. 29)

27. Please provide information on:

(a) All measures taken to introduce accessible electronic voting to enable persons with disabilities to cast their votes in a truly secret manner;

Reply to paragraph 27(a)

Electoral Commission / DIA

Electronic voting is not available in New Zealand for General Elections.

To increase the accessibility of voting for disabled people, the Electoral Commission introduced:

* a phone dictation voting service at all by-elections and general elections and referenda. This service was used by 586 people in 2017
* guidance for parliamentary parties and candidates about how to make their resources accessible to disabled voters[[166]](#footnote-166).

The Electoral Commission plans to explore the use of technology in voting places to provide a New Zealand Sign Language interpretation service for disabled voters.

Our survey of Voters and Non-Voters after the 2017 General Election found that:

* 92 percent of disabled voters were either 'happy' or 'very happy' with the overall voting process
* 95 percent said they encountered no issues while voting
* 92 percent of all voters were satisfied with the voting process, up from 88 percent in 2014
* Most disabled voters thought that the election workers were pleasant and efficient (94-97 percent)[[167]](#footnote-167).

(b) Measures adopted for persons with disabilities to stand for elections, be elected and effectively hold office and perform public functions at all levels.

Reply to paragraph 27(b)

MoJ

Political parties in New Zealand can fund disabled candidates to ensure they can stand for office. There is no spending limit on this kind of electoral spending.

The Parliamentary Service provides support to Members of Parliament (MPs) with disabilities.

A Parliamentary Select Committee undertook an inquiry into the accessibility of services to Parliament in 2014 and made recommendations aimed at bringing Parliament into line with the CRPD. The Speaker of Parliament[[168]](#footnote-168) reported back about progress and plans concerning accessibility. These included:

* making the Parliamentary precinct physically accessible
* enabling the use of New Zealand Sign Language by having interpreters available
* providing live captioning on Parliament TV
* developing an accessibility policy.

The Speaker stated he was confident that the Parliamentary Service and Office of the Clerk would be able to provide members of parliament with whatever assistance they needed to carry out their role. The Speaker noted that this assistance would be available to any disabled person newly elected to Parliament and if any existing member becomes disabled in any way.

The Government will consider all funding requests for actions to address concerns of disabled people about the services of Parliament.

Participation in cultural life, recreation, leisure and sport (art. 30)

28. Please provide information on measures taken to enhance accessibility in sports facilities, museums, cultural and natural heritage and any place for the cultural life of persons with disabilities.

Reply to paragraph 28

MCH

A measure taken to enhance media accessibility in 2015/16 was an increase in public funding for captioning (provided through NZ On Air: New Zealand’s broadcast funding agency) from $2.4 million per year to $2.8 million per year.

A measure to enhance accessibility to sports facilities was Sport New Zealand’s publication of its Accessibility Design Guide and Self-Assessment Checklist (2014), which provides advice on minimum accessibility requirements for sports facilities, and encourages going beyond these requirements to achieve best practice.

A measure to enhance heritage accessibility was Heritage New Zealand Pouhere Taonga’s 2015 policy statement on the management and use of its historic places, which commits to improve accessibility to historic places, including physical access as is reasonably practicable.

Government funding also supports ongoing measures to enhance accessibility by organisations such as Arts Access Aotearoa, Touch Compass Dance Company, the Halberg Disability Sport Foundation, Special Olympics New Zealand, and Paralympics New Zealand.

C. Specific obligations (arts. 31–33)

Statistics and data collection (art. 31)

29. Please provide information on:

(a) The preliminary analysis of data collected in the 2018 census concerning the situation of persons with disabilities, disaggregated by its multiple dimensions, including sex, age, ethnicity, disability and urban or rural area, and a comparison of their situation with regard to the findings of and reports based on the Disability Survey: 2013, including summary statistics and data displays;

Reply to paragraph 29(a)

Stats NZ

Data releases for the 2018 Census have not yet been finalised and are currently being consulted on for prioritisation with customers. The earliest date that information collected in the 2018 Census on disability will be available is December 2018 which is when customised data requests become available to customers.

The results of the 2018 Census will not be comparable with previous information collected on disability in previous censuses or the *Disability Survey: 2013* which did not use the Washington Group Short Set questions. Analysis will be able to be done in comparison with other Stats NZ surveys which include the Washington Group Short Set questions including the *Household Labour Force Survey* and the *New Zealand General Social Survey*.

(b) The process towards the inclusion of disability-related questions in the context of the 2018 census, and the information on accessible formats provided to persons with disabilities in connection with the 2018 census;

Reply to paragraph 29(b)

Stats NZ

The WGSS questions were tested at all stages of the 2018 Census testing programme, and approved for inclusion as part of formal content sign off by the Government Statistician in June 2017.

Stats NZ provided information about accessible formats of the 2018 Census to disabled people by:

* working with the Access Alliance[[169]](#footnote-169) and their specialist in web accessibility to review the accessibility of the online collection system and website for the 2018 Census during development
* working with key stakeholders to develop materials and approaches for accessibility[[170]](#footnote-170)
* providing resources to help organisations and people to support others[[171]](#footnote-171) and put together a checklist of things to consider for those running an event for people to complete their census.
* working with IHC New Zealand and CCS Disability Action (disability service providers) and their support workers to help their communities fill in their census online
* working with the Blind Foundation (disability service provider) was assisted to produce materials about the census and how to take part, and offered a call-back service for members who indicated they would need assistance.

(c) Progress towards data disaggregation for people with disabilities in the annual reports published by government departments, crown entities and local authorities;

Reply to paragraph 29(c)

**ODI / Stats NZ / MoH**

The State Services Commission and Stats NZ are creating a consistent approach to the collection of workforce disability data across the public sector.

There has been significant work undertaken to improve the availability of disability data to inform disability policy and practice. This work has not yet progressed to the stage where the data is published in the annual reports of government departments, crown entities and local authorities.

Measures to improve disability data include:

* The work of the *Disability Data and Evidence Working Group* has included:
  + Enduring questions – identifying the long-term data needs of disabled people
  + A stocktake of government data on disabled people (May 2016)[[172]](#footnote-172).
* The use of the WGSS questions in the 2018 Census, the *New Zealand General Social Survey* and the *Household Labour Force Survey*. These questions will also be included in the *Crime and Victimisation Survey (2019)* and the *Health Survey*.
* A new online tool (released 2017) provides previously unreleased estimates of disability prevalence broken down by disability type, territorial authority, and five-year age groups[[173]](#footnote-173) from the *Disability Survey: 2013*.
* *New Zealand Disability Strategy (2016-2026): Outcomes Framework* development. New measures will need to be developed for the indicators of progress against the Strategy.
* The next national disability-specific survey is due to be held in 2023 (one was last run by Stats NZ in 2013).
* The 2013 disability survey data is now included in the Integrated Data Infrastructure (IDI) which is a large research database that holds linked microdata about people and households. This inclusion will allow researchers to follow a cohort of disabled people through other life events and view changes over time. WGSS information collected from recent surveys will provide researchers a wealth of information on disabled people that has not been previously available.

(d) Measures taken to collect data and information about indigenous peoples with disabilities, as well as disaggregation, analysis and dissemination of the data;

Reply to paragraph 29(d)

ODI / Stats NZ / MoH

The measures we are taking to collect data and information about disabled Māori are:

* use of the WGSS in the 2018 Census. This will provide the opportunity for the disaggregation of data by ethnicity and disability. These new data will provide new opportunities to gain a stronger understanding of differences between Māori who are disabled and Māori who are not disabled.
* In 2018, Stats NZ will carry out the second survey of Māori well-being, called Te Kupenga. Te Kupenga collects information on a wide range of topics to give an overall picture of the social, cultural, and economic well-being of Māori in New Zealand. The results are used to monitor existing policies and programmes for Māori as well as to develop new initiatives.

Te Kupenga will be administered after the 2018 Census. It will be possible to link data from the 2018 Census and disaggregate and disseminate statistics from Te Kupenga by disability status.

* The Ministry of Health collects routine disability data on its Māori disabled client group. This data supports strategic and business planning for *Whāia Te Ao Mārama: The Māori Disability Action Plan* for DSS 2012 to 2017 and the refreshed version on the plan for 2018-2022.
* Māori disability data is disaggregated in the Demographic Report on Clients Allocated the Ministry of Health’s Disability Support Services as at September 2016. In 2016, 5,920 clients (17.5 percent of the Ministry’s client group) were recorded with Māori ethnicity.

(e) Mechanisms for the involvement of organizations of persons with disabilities in the design of measurement tools, particularly in the register of institutionalized persons and the register of persons in psychiatric hospitals.

Reply to paragraph 29(e)

**MoH / ODI**

Please see our introductory section for more information on how disabled people are involved in the design of measurement tools.

In New Zealand, state funded mental health institutions or psychiatric hospitals have been closed. Most mental health care and disability support is now provided in the community.

* The Ministry of Health does not keep a register of institutionalised persons.
* The Ministry administers the Programme for the Integration of Mental Health Data (PRIMHD), which is the national collection for mental health and addiction service outcomes and outcome data for mental health consumers information collection called[[174]](#footnote-174).
* District health boards (DHBs) are funded to procure mental health services to meet the needs of their population. DHBs keep administrative records on the mental health patients in their care.

International cooperation (art. 32)

30. Please provide information about the efforts surrounding and the impact on the disability-inclusive development policies and foreign aid programme, taken into consideration for the effective and comprehensive implementation of the Convention and Sustainable Development Goals.

Reply to paragraph 30

**MFAT**

The New Zealand Aid Programme:

* initiated a policy requiring all designs for structures we build that are funded by Official Development Assistance (e.g. buildings, pathways) to consider the access needs of people with disabilities. It is not mandatory for designs to allow universal access but reasons for not doing so must be stated and justified. New Zealand adopted the Australian Department of Foreign Affairs and Trade’s *Accessibility Design Guide*[[175]](#footnote-175) to ensure that access is the default standard when planning, designing and constructing buildings and structures
* provided funds to disability aid projects including strengthening health and education services for people with disabilities, providing opportunities for economic well-being and improving disability-inclusive approaches to disaster risk reduction and management.

To implement the *Charter on Inclusion of Persons with Disabilities in Humanitarian Action* in Pacific disaster preparedness and humanitarian response, we have:

* commissioned a gap analysis on the disability-inclusive humanitarian actions in the Pacific (December 2017)
* completed a disability survey to support the Government of Tonga’s response to Tropical Cyclone Gita (February 2018)
* a multi-year partnership with the Pacific Disability Forum and CBM New Zealand to build the capability of New Zealand humanitarian agencies to plan and deliver inclusive humanitarian action.

National implementation and monitoring (art. 33)

31. Please indicate concrete cases and future plans that reflect the outcomes provided by the monitoring process, especially in the New Zealand Disability Strategy 2016–2026, and other measures for implementing the Convention.

Reply to paragraph 31

ODI / MoE

The Independent Monitoring Mechanism provides an independent perspective on progress toward achieving the outcomes and goals of the Strategy and monitors the Government’s progress against the Convention.

The *Ministers’ Leadership Group on Disability Issues* was established in November 2017 to respond to the six key issues identified by the Independent Monitoring Mechanism (see our reply to paragraph 4) in their list of issues to the Committee in November 2017. The Group is a collection of Ministers that provide leadership on disability issues across ministerial portfolios. These six key issues are being progressed through the *Disability Action Plan*.

We have partially actioned a number of the recommendations in the Independent Monitoring Mechanism’s *implementation report: Article 24 the Right to an Inclusive Education*. We have a number of advisory groups with disability representatives including good start in life, the NZSL board and the working group to improve the transitions of disabled people from school and tertiary education into employment. Please also refer to our response to paragraph 22 (b).

32. Please provide information on:

(a) The mandate and human, financial and technical resources of the independent monitoring framework of the Convention, and the extent to which the Principles relating to the status of national institutions for the protection and promotion of human rights (the Paris Principles) have been taken into account;

Reply to paragraph 32(a)

ODI

The Independent Monitoring Mechanism was designated by the Government in 2010 (see our reply to paragraph 4). It is composed of the Human Rights Commission (which is a national institution for the protection and promotion of human rights consistent with the Paris Principles), the Office of the Ombudsman, and a Disabled People’s Organisations Coalition.

The Human Rights Commission and the Office of the Ombudsman are established by statute and have powers to operate independent of government. As an office of Parliament, the Office of the Ombudsman is accountable only to Parliament.

The members of the Disabled People’s Organisation Coalition are each independently incorporated civil society organisations, which are independent of government.

In 2010, the Government provided funding to all three partners to undertake additional activities as the independent monitoring mechanism, acting within their existing mandates. Funding for the Human Rights Commission was time-limited, whereas funding for the Office of the Ombudsman became incorporated into its baseline funding.

The Office for Disability Issues has provided ongoing funding for the Disabled People’s Organisations Coalition (see our reply to paragraph 4).

The Independent Monitoring Mechanism determines its own work programme, activities and allocation of resources (human, financial and technical) available to it. The Independent Monitoring Mechanism meets at least annually with Ministers to discuss priorities affecting disabled people.

(b) The results of the review by the monitoring mechanism, and how those results are reflected in practice, particularly in the planning and development of programmes;

Reply to paragraph 32(b)

ODI

No review of the Independent Monitoring Mechanism has been carried out.

In 2016/2017, the Office for Disability Issues commissioned an independent review of the disabled people-led monitoring component of the independent monitoring mechanism, which had been provided by a Disabled People’s Organisations Coalition. The review looked at the effectiveness and efficiency of how it had provided disabled people-led monitoring of their rights and provided recommendations to inform future arrangements[[176]](#footnote-176).

Over 2018, the Disabled People’s Organisations Coalition, in partnership with the Office for Disability Issues, is undertaking further work to ensure that an effective disabled persons led monitoring approach is being used. The Disabled People’s Organisations Coalition has commissioned an independent company to determine whether the Disability Rights Promotion International methodology that it has used can be improved or if a different disabled person-led monitoring approach should be developed.

(c) The funds allocated by the independent monitoring framework to facilitate the participation of all organizations of persons with disabilities in monitoring the Convention, and the mechanisms, methodologies and information accessible by organizations of persons with disabilities, including organizations of persons with intellectual disabilities;

Reply to paragraph 32(c)

ODI / IMM

Please refer to our response to paragraph 32(a).

(d) Any measures taken by the State party to implement and or amend legislation, policies and practices concerning the rights of persons with disabilities following the recommendations and/or findings of the independent monitoring framework.

Reply to paragraph 32(d)

ODI

Issues raised by the Independent Monitoring Mechanism inform the development and revision of the Disability Action Plan 2014-2018. This plan contains significant actions being led by government agencies which impact on disabled people.

In June 2015, the Government released its response to the Independent Monitoring Mechanism’s 2012 and 2014 reports. The report described how government agencies had considered the independent monitoring mechanism’s views and noted responses, including in relation to implementation of the *Disability Action Plan 2014-2018*.

In 2017, Parliament enacted legislation that would repeal sections 141 and 142 of the *Children, Young Persons and Their Families Act 1989* regarding provisions for out-of-home care for some disabled children (see our reply to paragraph 21(a)).

In 2017, the Government noted that the *Mental Health (Compulsory Assessment and Treatment) Act 1992* was likely to be inconsistent with the CRPD, particularly due to its lack of recognition of the exercise of legal capacity by disabled people[[177]](#footnote-177).

The Independent Monitoring Mechanism engages regularly with the governance mechanism overseeing implementation of the Disability Action Plan 2014-2018 and subsequent updates of that plan.

1. Adopted by the Committee at its nineteen session (14 February – 9 March 2018). [↑](#footnote-ref-1)
2. ## Stats NZ. (2014). *Disability Survey: 2013*. Retrieved from <http://archive.stats.govt.nz/browse_for_stats/health/disabilities/DisabilitySurvey_HOTP2013.aspx>. Disability was defined in this survey as having an impairment that has a long-term, limiting effect on a person’s ability to carry out day-to-day activities. ‘Long-term’ is defined as six months or longer. ‘Limiting effect’ means a restriction or lack of ability to perform, or performs “with difficulty,” any of the 23 listed activities for adults and 14 activities for children, in the screening module.

   [↑](#footnote-ref-2)
3. The Office for Disability Issues and Statistics NZ is leading the development alongside Disabled People’s Organisations Coalition. [↑](#footnote-ref-3)
4. See [www.hrc.co.nz/your-rights/people-disabilities/our-work/making-disability-rights-real/](http://www.hrc.co.nz/your-rights/people-disabilities/our-work/making-disability-rights-real/) [↑](#footnote-ref-4)
5. Household Labour Force Survey: June 2017 quarter (Available at: <http://archive.stats.govt.nz/browse_for_stats/income-and-work/employment_and_unemployment/LabourMarketStatisticsDisabilityJun17qtr_YouthMR4.aspx>) [↑](#footnote-ref-5)
6. Household Labour Force Survey: June 2017 quarter (Available at: <http://archive.stats.govt.nz/browse_for_stats/income-and-work/employment_and_unemployment/LabourMarketStatisticsDisability_MRJun17qtr.aspx>) [↑](#footnote-ref-6)
7. See [www.stats.govt.nz/information-releases/well-being-statistics-2016](http://www.stats.govt.nz/information-releases/well-being-statistics-2016) [↑](#footnote-ref-7)
8. See [www.washingtongroup-disability.com/](http://www.washingtongroup-disability.com/) [↑](#footnote-ref-8)
9. See [www.stats.govt.nz/methods/improving-new-zealand-disability-data](http://www.stats.govt.nz/methods/improving-new-zealand-disability-data) [↑](#footnote-ref-9)
10. The Ministry of Health is leading this work with other government agencies including the Ministry of Education, the Ministry of Social Development, Oranga Tamariki and the Accident Compensation Corporation. [↑](#footnote-ref-10)
11. Whānau is “extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.” [↑](#footnote-ref-11)
12. The New Zealand Public Health and Disability Act 2000 created District Health Boards. District Health Boards are responsible for providing or funding the provision of health services in their geographical district. There are currently 20 District Health Boards in New Zealand. Available at: [www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/district-health-boards](http://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/district-health-boards) [↑](#footnote-ref-12)
13. Available at: [www.health.govt.nz/publication/whaia-te-ao-marama-Māori-disability-action-plan-disability-support-services-2012-2017](http://www.health.govt.nz/publication/whaia-te-ao-marama-Māori-disability-action-plan-disability-support-services-2012-2017) [↑](#footnote-ref-13)
14. Available at: [www.health.govt.nz/publication/faiva-ora-2016-2021-national-pasifika-disability-plan](http://www.health.govt.nz/publication/faiva-ora-2016-2021-national-pasifika-disability-plan) [↑](#footnote-ref-14)
15. Connectors/Kaitūhono are the people in the transformed system who can walk alongside disabled people and family/whānau if they choose, to help them identify what they want in their lives, how to build their life, and the range of supports available to live their life [↑](#footnote-ref-15)
16. See [www.health.govt.nz/our-work/disability-services?mega=Our%20work&title=Disability%20services](http://www.health.govt.nz/our-work/disability-services?mega=Our%20work&title=Disability%20services) [↑](#footnote-ref-16)
17. See [www.education.govt.nz/ministry-of-education/specific-initiatives/learning-support/](http://www.education.govt.nz/ministry-of-education/specific-initiatives/learning-support/) [↑](#footnote-ref-17)
18. See <https://www.msd.govt.nz/about-msd-and-our-work/about-msd/our-responsibilities/> [↑](#footnote-ref-18)
19. See [www.odi.govt.nz/nz-disability-strategy/disability-action-plan/](http://www.odi.govt.nz/nz-disability-strategy/disability-action-plan/) [↑](#footnote-ref-19)
20. Action 9(f) refers. [↑](#footnote-ref-20)
21. Progress report May 2018 [↑](#footnote-ref-21)
22. See [www.odi.govt.nz/nz-disability-strategy/about-the-strategy/new-zealand-disability-strategy-2016-2026/](http://www.odi.govt.nz/nz-disability-strategy/about-the-strategy/new-zealand-disability-strategy-2016-2026/) [↑](#footnote-ref-22)
23. The New Zealand Strategy Revision Reference Group [↑](#footnote-ref-23)
24. See [www.odi.govt.nz/nz-disability-strategy/about-the-strategy/new-zealand-disability-strategy-2016-2026/2016-revision-of-the-strategy/new-zealand-disability-strategy-revision-reference-group/](http://www.odi.govt.nz/nz-disability-strategy/about-the-strategy/new-zealand-disability-strategy-2016-2026/2016-revision-of-the-strategy/new-zealand-disability-strategy-revision-reference-group/) [↑](#footnote-ref-24)
25. During the two-stage consultation process, more than 1130 people attended the workshops held throughout the country. We also received approximately 770 submissions from individuals and organisations via our ‘Join the Conversation’ website. [↑](#footnote-ref-25)
26. See [www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html](http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html) [↑](#footnote-ref-26)
27. Including but not limited to employment matters, provision of goods and services, and access to public places and facilities [↑](#footnote-ref-27)
28. In the Act, disability is defined as:

    physical disability or impairment

    physical illness

    psychiatric illness

    intellectual or psychological disability or impairment

    any other loss or abnormality of psychological, physiological, or anatomical structure or function

    reliance on a guide dog, wheelchair, or other remedial means, and

    the presence in the body of organisms capable of causing illness. [↑](#footnote-ref-28)
29. There was a slight decrease compared to 455 complaints received in the year ending 30 June 2016. See [www.hrc.co.nz/files/3515/1683/2197/HRC\_Annual\_Report\_2017\_1.pdf](http://www.hrc.co.nz/files/3515/1683/2197/HRC_Annual_Report_2017_1.pdf) [↑](#footnote-ref-29)
30. The public sector in New Zealand covers several types of organisations. These types include government departments (or Ministries), Crown entities, State-owned enterprises, Crown entities and Local Government organisations. See [www.ssc.govt.nz/what-is-the-public-sector](http://www.ssc.govt.nz/what-is-the-public-sector). [↑](#footnote-ref-30)
31. *Smith v Air New Zealand Limited* [2011] NZCA 20 [↑](#footnote-ref-31)
32. See [www.hrc.co.nz/news/reasonable-accommodation-guide-focussing-persons-disabilities-released/](http://www.hrc.co.nz/news/reasonable-accommodation-guide-focussing-persons-disabilities-released/) [↑](#footnote-ref-32)
33. See [www.employment.govt.nz/workplace-policies/employment-for-disabled-people/reasonable-accommodation-measures/](http://www.employment.govt.nz/workplace-policies/employment-for-disabled-people/reasonable-accommodation-measures/) [↑](#footnote-ref-33)
34. See [www.odi.govt.nz/guidance-and-resources/making-it-easier-to-employ-disabled-people/](http://www.odi.govt.nz/guidance-and-resources/making-it-easier-to-employ-disabled-people/) [↑](#footnote-ref-34)
35. See [www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/disabilityconfidentnz/lead-toolkit/advice-for-managers.html](http://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/disabilityconfidentnz/lead-toolkit/advice-for-managers.html) [↑](#footnote-ref-35)
36. See [www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/disabilityconfidentnz/lead-toolkit/index.html](http://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/disabilityconfidentnz/lead-toolkit/index.html) [↑](#footnote-ref-36)
37. See [www.legislation.govt.nz/act/public/2000/0091/latest/DLM80051.html](http://www.legislation.govt.nz/act/public/2000/0091/latest/DLM80051.html) [↑](#footnote-ref-37)
38. See [www.health.govt.nz/publication/evaluation-funded-family-care](http://www.health.govt.nz/publication/evaluation-funded-family-care) [↑](#footnote-ref-38)
39. There are 13 claims for compensation for non-payment of family carers before October 2013. Those claims were amalgamated into one set of proceedings due for hearing in February 2019. [↑](#footnote-ref-39)
40. Iwi is “extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor and associated with a distinct territory.” See <http://maoridictionary.co.nz/search?&keywords=iwi> [↑](#footnote-ref-40)
41. See <https://education.govt.nz/school/student-support/special-education/day-special-schools-for-students-with-high-needs/> [↑](#footnote-ref-41)
42. See <https://education.govt.nz/school/student-support/special-education/intensive-wraparound-service-iws/> [↑](#footnote-ref-42)
43. See <http://inclusive.tki.org.nz/guides> [↑](#footnote-ref-43)
44. See [www.stats.govt.nz/information-releases/disability-survey-2013](http://www.stats.govt.nz/information-releases/disability-survey-2013) [↑](#footnote-ref-44)
45. See <http://www.areyouok.org.nz/assets/AreyouOK/Resources/disability-booklet-newest-1.pdf> [↑](#footnote-ref-45)
46. See <http://www.areyouok.org.nz/> [↑](#footnote-ref-46)
47. See <http://etuwhanau.org.nz/> [↑](#footnote-ref-47)
48. See <http://www.pasefikaproud.co.nz/> [↑](#footnote-ref-48)
49. Focuses on preventing violence and abuse against women and girls by empowering them to: Recognise sexual and family violence and abuse; and have strategies for seeking help and getting away from violence. [↑](#footnote-ref-49)
50. Is a new package of lesson plans and animated DVD developed to address the high incidence of family violence which involves children as witnesses. [↑](#footnote-ref-50)
51. Located in Otahuhu and Waitemata [↑](#footnote-ref-51)
52. Mates & Dates targets student’s year 9-13 giving them skills and knowledge to prevent the harm caused by sexual violence and dating violence (ACC has invested $9.4 million in this programme since late 2014, 2017/18 funding: $2.5m). [↑](#footnote-ref-52)
53. Disabled Pacific people are involved in both developing the detailed design of a disability support system transformation and governance and decision-making groups supporting the transformation. However, there are currently no Pacific women involved in the system transformation leadership and governance groups. [↑](#footnote-ref-53)
54. See [www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html](http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html) [↑](#footnote-ref-54)
55. Part 1, section 7(2)(bb) of the Oranga Tamariki Act [↑](#footnote-ref-55)
56. Oranga Tamariki Act 1989, Part 1, s9(2)(a) [↑](#footnote-ref-56)
57. Oranga Tamariki Act 1989, Part 1, s11(2) [↑](#footnote-ref-57)
58. Oranga Tamariki Act 1989, section 5(1)(b)(i) [↑](#footnote-ref-58)
59. Kōrero refers to “speech, narrative, story, news, account, discussion, conversation, discourse, statement, information”. Mātauranga refers to “knowledge, wisdom, understanding, skill. It also means education - an extension of the original meaning and commonly used in modern Māori with this meaning.” [↑](#footnote-ref-59)
60. See <https://orangatamariki.govt.nz/assets/Uploads/Documents/Cabinet-Paper-OT-National-Care-Standard-Regulations-2018.pdf> [↑](#footnote-ref-60)
61. See: <http://legislation.govt.nz/regulation/public/2018/0111/latest/whole.html#LMS56032> [↑](#footnote-ref-61)
62. See [www.msd.govt.nz/about-msd-and-our-work/publications-resources/resources/child-impact-assessment.html](http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/resources/child-impact-assessment.html) [↑](#footnote-ref-62)
63. See [www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/resources/child-impact-assessment-guide.pdf](http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/resources/child-impact-assessment-guide.pdf) [↑](#footnote-ref-63)
64. See [www.msd.govt.nz/about-msd-and-our-work/publications-resources/resources/child-impact-assessment.html](http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/resources/child-impact-assessment.html) [↑](#footnote-ref-64)
65. Please note that the English language name for Oranga Tamariki was changed from the Ministry for Vulnerable Children to the Ministry for Children in 2017. [↑](#footnote-ref-65)
66. [↑](#footnote-ref-66)
67. See [www.msd.govt.nz/about-msd-and-our-work/contact-us/complaints/cyf-historic-claims.html](http://www.msd.govt.nz/about-msd-and-our-work/contact-us/complaints/cyf-historic-claims.html) [↑](#footnote-ref-67)
68. See [www.hdc.org.nz/](http://www.hdc.org.nz/) [↑](#footnote-ref-68)
69. Reference to 1993 date relates to 2 events - when the Mental Health (Compulsory Assessment and Treatment) Act 1992 came into force and the establishment of Regional Health Authorities and Crown Health Enterprises on 1 July 1993. After 1993, there is a range of new mechanisms established, such as the HDC, appointment of District Inspectors, audit agencies for aged care and residential care facilities etc, for investigation of complaints and to seek redress from agencies. [↑](#footnote-ref-69)
70. Further information about the programme is available in the *Like Minds, Like Mine National Plan 2014-2019: Programme to Increase Social Inclusion and Reduce Stigma and Discrimination for People with Experience of Mental Illness*, at https://www.health.govt.nz/publication/minds-mine-national-plan-2014-2019 [↑](#footnote-ref-70)
71. See <http://legislation.govt.nz/act/public/2004/0072/141.0/DLM306036.html> [↑](#footnote-ref-71)
72. March 2005. See [www.mfe.govt.nz/sites/default/files/urban-design-protocol-colour.pdf](http://www.mfe.govt.nz/sites/default/files/urban-design-protocol-colour.pdf) [↑](#footnote-ref-72)
73. The guidelines cover a wide range of design features including pedestrian facility design, tactile ground surface indicators, audible tactile traffic signals, kerb crossing design and universal access to public transport. The guide uses universal design principles. [↑](#footnote-ref-73)
74. The Pedestrian Planning and Design Guide provides guidance for planning and designing for the walking environment for a wide range of users, including mobility impaired and wheeled pedestrians. [↑](#footnote-ref-74)
75. The Government owns or manages a rental housing portfolio of over 63,000 homes for approximately 180,000 people through Housing New Zealand (HNZ). [↑](#footnote-ref-75)
76. See [www.beaccessible.org.nz/](http://www.beaccessible.org.nz/) [↑](#footnote-ref-76)
77. The measure for wheelchair accessible taxis is reported via regional councils and Auckland Transport and is measured by number of hoist vehicles available on the Total Mobility Scheme. In 2016/17, there were 382 hoist vehicles registered on the Total Mobility Scheme, made up of the taxi fleet and other small passenger service vehicles operating hoists under this scheme. [↑](#footnote-ref-77)
78. All of the buses operating in Rotorua, Canterbury, Gisborne, Hawkes Bay, Marlborough, Whangarei and Waikato are accessible. [↑](#footnote-ref-78)
79. 2130 total fleet in 2010 and 2544 total fleet in 2017 source NZTA’s PT Performance data tool <http://www.nzta.govt.nz/assets/userfiles/transport-data/PTPerformance.html>. Reported to NZTA by regional councils and Auckland Transport. See [www.transport.govt.nz/assets/Uploads/About/Documents/Accessibility-report.pdf](http://www.transport.govt.nz/assets/Uploads/About/Documents/Accessibility-report.pdf) [↑](#footnote-ref-79)
80. National Civil Defence Emergency Management Plan Order 2015. See [www.legislation.govt.nz/regulation/public/2015/0140/latest/whole.html#DLM6486453](http://www.legislation.govt.nz/regulation/public/2015/0140/latest/whole.html#DLM6486453) [↑](#footnote-ref-80)
81. CDEM agencies are all those agencies with roles and responsibilities as set out in the CDEM Act 2002 and National CDEM Plan 2015. This totals over 60 organisations including central government, local government, lifeline utilities, and non-government organisations. [↑](#footnote-ref-81)
82. As a support agency, the Office for Disability Issues is a member of the National Welfare Coordination Group, which comprises over 30 national agencies collectively responsible for ensuring the coordinated delivery of welfare services. [↑](#footnote-ref-82)
83. This followed the introduction of the New Zealand Public Health and Disability Act 2000 [↑](#footnote-ref-83)
84. CDEM agencies are all those agencies with roles and responsibilities as set out in the CDEM Act 2002 and National CDEM Plan 2015. This totals over 60 organisations including central government, local government, lifeline utilities, and non-government organisations. [↑](#footnote-ref-84)
85. The Guide to the National CDEM Plan (section 28, part 28.5.2) [↑](#footnote-ref-85)
86. Deaf Aotearoa New Zealand Tāngata Turi is a national organisation representing the voice of Deaf people, and the national service provider for Deaf people in New Zealand. See <http://deaf.org.nz/> [↑](#footnote-ref-86)
87. See [www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/](http://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/) [↑](#footnote-ref-87)
88. See [www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/](http://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/) [↑](#footnote-ref-88)
89. See [www.health.govt.nz/publication/funded-family-care-operational-policy](http://www.health.govt.nz/publication/funded-family-care-operational-policy) [↑](#footnote-ref-89)
90. See [www.legislation.govt.nz/act/public/1988/0004/64.0/DLM126528.html](http://www.legislation.govt.nz/act/public/1988/0004/64.0/DLM126528.html) [↑](#footnote-ref-90)
91. Ministry of Justice data [↑](#footnote-ref-91)
92. The Accident Compensation (Review Costs and Appeals) Regulations 2002 stipulate amounts. The prescribed amounts were increased in June 2017 and are being further reviewed by MBIE. [↑](#footnote-ref-92)
93. This is more than four times the number served by the existing ACC-funded advocacy services. [↑](#footnote-ref-93)
94. This was a recommendation from ‘Miriam Dean QCs Independent Review of Acclaim Otago’s Report into Accident Compensation Dispute Resolution Processes (the Independent Review)’. One of the Independent Review’s recommendations is for ACC to consider funding a free nationwide advocacy service and promote advocacy organisations. [↑](#footnote-ref-94)
95. The Tribunals Powers and Procedures Bill 2017 [↑](#footnote-ref-95)
96. In our 2015 response to the Concluding Observations, we noted that in New Zealand’s system of government, the principle of judicial independence requires that the Government does not direct the Institute of Judicial Studies as to the provision of educational resources for the Judiciary. [↑](#footnote-ref-96)
97. The inquiry is due to report to the Government in October 2018. [↑](#footnote-ref-97)
98. During the year ending 30 June 2016, the Tribunal heard 62 applications from people seeking a review under section 79 of the Mental Health Act. Of those, 56 were found ‘not fit to be released from compulsory status’ and the remaining 6 were found ‘fit to be released from compulsory status.’ [↑](#footnote-ref-98)
99. Mental Health (Compulsory Assessment and Treatment) Act 1992, section 84 [↑](#footnote-ref-99)
100. Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, Section 72 [↑](#footnote-ref-100)
101. Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, Section 74 [↑](#footnote-ref-101)
102. Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, Section 77 [↑](#footnote-ref-102)
103. Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, Part 7 [↑](#footnote-ref-103)
104. Criminal Procedure (Mentally Impaired Persons) Act 2003, section 9 [↑](#footnote-ref-104)
105. Criminal Procedure (Mentally Impaired Persons) Act 2003, section 24 [↑](#footnote-ref-105)
106. Māori continue to be secluded at a disproportionate rate to other groups of service users. [↑](#footnote-ref-106)
107. Such as the ‘Six Core Strategies’ of the National Technical Assistance Centre (Huckshorn 2005) and sensory modulation. [↑](#footnote-ref-107)
108. The Safe Practice Effective Communication programme launched in November 2016. This programme provides national consistency and best quality, evidence-based therapeutic interventions for effectively reducing the use of and the harms associated with restraint and seclusion in inpatient mental health units. [↑](#footnote-ref-108)
109. See [www.health.govt.nz/publication/night-safety-procedures-transitional-guideline](http://www.health.govt.nz/publication/night-safety-procedures-transitional-guideline) [↑](#footnote-ref-109)
110. See [www.health.govt.nz/publication/office-director-mental-health-annual-report-2016](http://www.health.govt.nz/publication/office-director-mental-health-annual-report-2016) [↑](#footnote-ref-110)
111. Data for 2016/17, extracted from PRIMHD national mental health dataset [↑](#footnote-ref-111)
112. The gazette notice officially changing the Ombudsman’s designation can be found at <https://gazette.govt.nz/notice/id/2018-go2603> [↑](#footnote-ref-112)
113. On a given day on 2016, an average of 12 people per 100,000 were subject to an inpatient treatment order. Māori people were 3.4 times more likely to be subject to an inpatient treatment order than non-Māori. Further statistics are provided in the Office of the Director of Mental Health Annual Report 2016. See www.health.govt.nz/publication/office-director-mental-health-annual-report-2016 [↑](#footnote-ref-113)
114. See [www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/services-standards](http://www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/services-standards) [↑](#footnote-ref-114)
115. See [www.education.govt.nz/ministry-of-education/legislation/the-education-update-amendment-act/](http://www.education.govt.nz/ministry-of-education/legislation/the-education-update-amendment-act/) [↑](#footnote-ref-115)
116. See [www.legislation.govt.nz/act/public/1989/0080/235.0/DLM175959.html](http://www.legislation.govt.nz/act/public/1989/0080/235.0/DLM175959.html) [↑](#footnote-ref-116)
117. See [www.education.govt.nz/news/new-rules-for-using-physical-restraint-in-schools/](http://www.education.govt.nz/news/new-rules-for-using-physical-restraint-in-schools/) [↑](#footnote-ref-117)
118. See [www.education.govt.nz/assets/Documents/School/Managing-and-supporting-students/Guidance-for-New-Zealand-Schools-on-Behaviour-Mgmt-to-Minimise-Physical-....pdf](http://www.education.govt.nz/assets/Documents/School/Managing-and-supporting-students/Guidance-for-New-Zealand-Schools-on-Behaviour-Mgmt-to-Minimise-Physical-....pdf) [↑](#footnote-ref-118)
119. Draft Terms of Reference for the inquiry provide that the Inquiry will be “responsive where differential impact is evident, e.g. by gender, people identifying as lesbian, gay, bisexual, transgender, queer and intersex, Pacific People, disabled people and people who have experienced mental health issues”. The draft Terms of Reference, and the language used, has been the subject of public consultation and remains subject to final Cabinet approval. [↑](#footnote-ref-119)
120. NetSafe is a not for profit organisation and is the approved agency authorised under the Harmful Digital Communications Act 2015.See [www.netsafe.org.nz/](http://www.netsafe.org.nz/) [↑](#footnote-ref-120)
121. A ‘person lacking capacity’ is someone who cannot fully understand the effects of decisions relating to their personal care and welfare. [↑](#footnote-ref-121)
122. See [www.health.govt.nz/publication/prevention-and-management-abuse-guide-services-funded-disability-support-services](http://www.health.govt.nz/publication/prevention-and-management-abuse-guide-services-funded-disability-support-services) [↑](#footnote-ref-122)
123. See [www.workandincome.govt.nz/eligibility/health-and-disability/counselling.html](http://www.workandincome.govt.nz/eligibility/health-and-disability/counselling.html) [↑](#footnote-ref-123)
124. This support is provided for people who experience mental injury caused by certain criminal acts (major sex offences covered by the Crimes Act 1961) referred to as sensitive claims; work-related mental injury; and mental injury caused by injury [↑](#footnote-ref-124)
125. New Zealand Bill of Rights Act 1990, section 11 [↑](#footnote-ref-125)
126. The Code of Health and Disability Services Consumers’ Rights, Right 7(4) [↑](#footnote-ref-126)
127. The Protection of Personal and Property Rights Act 1988 [↑](#footnote-ref-127)
128. “Ashley Treatment” is commonly used to refer to growth attenuation treatment to limit a child’s growth in size and prevent changes through puberty. The term comes from the story of a child, “Ashley X”, from the USA, who underwent these procedures in 2004-2006. [↑](#footnote-ref-128)
129. See [www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/new-model-supporting-disabled-people/choice-community-living](http://www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/new-model-supporting-disabled-people/choice-community-living) [↑](#footnote-ref-129)
130. Housing New Zealand Corporation is a Crown agent that provides housing services for New Zealanders in need. [↑](#footnote-ref-130)
131. See [www.archive.stats.govt.nz/browse\_for\_stats/health/disabilities/disability-survey-2013-additional-tables.aspx](http://www.archive.stats.govt.nz/browse_for_stats/health/disabilities/disability-survey-2013-additional-tables.aspx) [↑](#footnote-ref-131)
132. The NZGSS is a biennial survey that was first administered in 2008. The survey provides information about the well-being of New Zealanders aged 15 years and over. [↑](#footnote-ref-132)
133. See [www.stats.govt.nz/information-releases/well-being-statistics-2016](http://www.stats.govt.nz/information-releases/well-being-statistics-2016) [↑](#footnote-ref-133)
134. See [www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/equipment-and-modification-services](http://www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/equipment-and-modification-services) [↑](#footnote-ref-134)
135. The only exception to this is that for Integrated Service for Sensitive Claims (ISSC), which, due to the extended timeframes it may take to reach a cover decision for a sensitive claim, the ISSC ensures clients receive immediate support (therapy, social work support, family/whānau support) without having to wait for their claim to be accepted. [↑](#footnote-ref-135)
136. See [www.digital.govt.nz/standards-and-guidance/design-and-ux/accessibility/](http://www.digital.govt.nz/standards-and-guidance/design-and-ux/accessibility/) [↑](#footnote-ref-136)
137. Information about the review, and a copy of the consultation findings, are available on the Ministry of Social Development website: [www.msd.govt.nz/about-msd-and-our-work/work-programmes/policy-development/disabled-children-project/index.html](http://www.msd.govt.nz/about-msd-and-our-work/work-programmes/policy-development/disabled-children-project/index.html) [↑](#footnote-ref-137)
138. See [www.legislation.govt.nz/act/public/1955/0093/35.0/DLM292661.html](http://www.legislation.govt.nz/act/public/1955/0093/35.0/DLM292661.html) [↑](#footnote-ref-138)
139. A Board of Trustees is the governing body of a school. [↑](#footnote-ref-139)
140. Kaitakawaenga refers to “mediator, arbitrator”. [↑](#footnote-ref-140)
141. Tamariki refers to “children - normally used only in the plural”. [↑](#footnote-ref-141)
142. Whānau refers to “extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.” [↑](#footnote-ref-142)
143. Hapū refers to “kinship group, clan, tribe, subtribe - section of a large kinship group and the primary political unit in traditional Māori society. It consisted of a number of whānau sharing descent from a common ancestor, usually being named after the ancestor, but sometimes from an important event in the group's history. A number of related hapū usually shared adjacent territories forming a looser tribal federation (iwi).” [↑](#footnote-ref-143)
144. Iwi refers to “extended kinship group, tribe, nation, people, nationality, race - often refers to a large group of people descended from a common ancestor and associated with a distinct territory.” [↑](#footnote-ref-144)
145. See [www.hrc.co.nz/files/9714/2388/0506/HRNZ\_10\_Right\_to\_health.pdf](http://www.hrc.co.nz/files/9714/2388/0506/HRNZ_10_Right_to_health.pdf) [↑](#footnote-ref-145)
146. See [www.odi.govt.nz/nz-disability-strategy/outcome-3-health-and-wellbeing/](http://www.odi.govt.nz/nz-disability-strategy/outcome-3-health-and-wellbeing/) [↑](#footnote-ref-146)
147. See [www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga](http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga) [↑](#footnote-ref-147)
148. See [www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-maori-disability-action-plan](http://www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-maori-disability-action-plan) [↑](#footnote-ref-148)
149. See [www.health.govt.nz/publication/ala-moui-pathways-pacific-health-and-wellbeing-2014-2018](http://www.health.govt.nz/publication/ala-moui-pathways-pacific-health-and-wellbeing-2014-2018) [↑](#footnote-ref-149)
150. See [www.health.govt.nz/publication/faiva-ora-2016-2021-national-pasifika-disability-plan](http://www.health.govt.nz/publication/faiva-ora-2016-2021-national-pasifika-disability-plan) [↑](#footnote-ref-150)
151. See [www.health.govt.nz/publication/new-zealand-framework-dementia-care](http://www.health.govt.nz/publication/new-zealand-framework-dementia-care) [↑](#footnote-ref-151)
152. Launched in 2016. See [www.health.govt.nz/publication/healthy-ageing-strategy](http://www.health.govt.nz/publication/healthy-ageing-strategy) [↑](#footnote-ref-152)
153. The Ministry of Health, District Health Boards and Accident Compensation Corporation fund most habilitation and rehabilitation services. [↑](#footnote-ref-153)
154. See [www.odi.govt.nz/nz-disability-strategy/outcome-3-health-and-wellbeing/](http://www.odi.govt.nz/nz-disability-strategy/outcome-3-health-and-wellbeing/) [↑](#footnote-ref-154)
155. See <http://apps.who.int/iris/handle/10665/199544> [↑](#footnote-ref-155)
156. See [www.health.govt.nz/publication/where-i-live-how-i-live-disability-support-services-community-residential-support-services-strategy](http://www.health.govt.nz/publication/where-i-live-how-i-live-disability-support-services-community-residential-support-services-strategy) [↑](#footnote-ref-156)
157. Including specialised Assessment and Treatment and Rehabilitation Services, Child Development services, equipment and modifications, residential and non-residential community rehabilitation services, rehabilitation services for intellectually disabled offenders under the Intellectual Disability Act and low vision rehabilitation service [↑](#footnote-ref-157)
158. *Disability Action Plan 2014-2018* action to “increase the number of disabled people, including long-term unemployed disabled people, in paid employment and self-employment on an equal basis with others”. [↑](#footnote-ref-158)
159. See [www.workandincome.govt.nz/products/a-z-benefits/supported-living-payment.html](http://www.workandincome.govt.nz/products/a-z-benefits/supported-living-payment.html) [↑](#footnote-ref-159)
160. See [www.nzdsn.org.nz/employment-support-practice-guidelines-how-to-support-disabled-people-to-get-the-job-they-want/](http://www.nzdsn.org.nz/employment-support-practice-guidelines-how-to-support-disabled-people-to-get-the-job-they-want/) [↑](#footnote-ref-160)
161. See [www.employment.govt.nz/hours-and-wages/pay/minimum-wage/minimum-wage-exemptions/](http://www.employment.govt.nz/hours-and-wages/pay/minimum-wage/minimum-wage-exemptions/) [↑](#footnote-ref-161)
162. Under the Disabled Persons Employment Promotion Act 1960, operators of sheltered workshops were exempted from applying the same employment conditions required elsewhere. [↑](#footnote-ref-162)
163. From 1 October 2017 to 31 December 2017, the median time to house was:

     • 200 days for applicants requiring a modified property

     • 58 days for applicants not requiring a modified property. [↑](#footnote-ref-163)
164. Out of 65,188 tenancies [↑](#footnote-ref-164)
165. These data relate to grants made by the Ministry of Health as part of Equipment and Modification Services between 2013 and 2017. [↑](#footnote-ref-165)
166. This was first provided in 2017. [↑](#footnote-ref-166)
167. See [www.elections.org.nz/research-statistics/research/voter-and-non-voter-surveys](http://www.elections.org.nz/research-statistics/research/voter-and-non-voter-surveys) [↑](#footnote-ref-167)
168. The Speaker of Parliament is responsible for the Parliamentary Service and the Office of the Clerk. [↑](#footnote-ref-168)
169. The Access Alliance is a group of Disabled People’s Organisations, Disability Service Providers, and Disability Advocacy Organisations who are lobbying for accessibility legislation ([www.accessalliance.org.nz/](http://www.accessalliance.org.nz/)) [↑](#footnote-ref-169)
170. [www.census.govt.nz/how-can-i-do-it/](http://www.census.govt.nz/how-can-i-do-it/) [↑](#footnote-ref-170)
171. [www.census.govt.nz/support-resources](http://www.census.govt.nz/support-resources) [↑](#footnote-ref-171)
172. Published by Statistics NZ - see [www.odi.govt.nz/guidance-and-resources/improving-information-about-disabled-people/#Stocktakeofgovernmentdata](http://www.odi.govt.nz/guidance-and-resources/improving-information-about-disabled-people/#Stocktakeofgovernmentdata) [↑](#footnote-ref-172)
173. See <http://archive.stats.govt.nz/browse_for_stats/health/disabilities/disability-small-areas-2013.aspx> [↑](#footnote-ref-173)
174. See [www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data](http://www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/collections/primhd-mental-health-data) [↑](#footnote-ref-174)
175. See [www.dfat.gov.au/about-us/publications/Pages/accessibility-design-guide-universal-design-principles-for-australia-s-aid-program.aspx](http://www.dfat.gov.au/about-us/publications/Pages/accessibility-design-guide-universal-design-principles-for-australia-s-aid-program.aspx) [↑](#footnote-ref-175)
176. See report here: [www.odi.govt.nz/united-nations-convention-on-the-rights-of-persons-with-disabilities/nzs-monitoring-framework/report-on-the-review-of-disabled-people-led-monitoring/](http://www.odi.govt.nz/united-nations-convention-on-the-rights-of-persons-with-disabilities/nzs-monitoring-framework/report-on-the-review-of-disabled-people-led-monitoring/) [↑](#footnote-ref-176)
177. The Government’s work examining the relationship between the Mental Health Act, the Bill of Rights Act and the Convention is discussed in the reply to paragraph 11(a), 13(a) and 13(b). [↑](#footnote-ref-177)