



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

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Committee on the Rights of Persons with Disabilities

**Combined second and third periodic reports
submitted by New Zealand under article 35 of the
Convention pursuant to the optional reporting
procedure, due in 2019***


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Glossary

Te Reo words

Aotearoa	“Used as the Māori name for NZ ¹ ”
Māori	“Indigenous person of Aotearoa/NZ ² ”
Te Reo/ Te Reo Māori	The indigenous language of Aotearoa/NZ
Whānau	“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. ³ ”

Abbreviations

ACC	Accident Compensation Corporation
CRPD	The United Nations Convention on the Rights of Persons with Disabilities
DPO Coalition	Disabled People’s Organisations Coalition. There are currently seven organisations in the DPO Coalition which are made up of, or primarily governed by, disabled people ⁴
IMM	The Independent Monitoring Mechanism which is made up of the Human Rights Commission, the Office of the Ombudsman and the DPO Coalition.
NZSL	New Zealand Sign Language.

Introduction

1. The New Zealand (NZ) Government welcomes the combined second and third periodic review of its implementation of the CRPD as an opportunity to acknowledge, and continue to make progress on, the rights of disabled people.
2. The following report provides answers to the questions posed by the UN Committee on the Rights of Persons with Disabilities. These questions are written in bold, with the Government's answers underneath.
3. This report uses the term 'disabled people'. This is the language used in the *NZ Disability Strategy 2016–2026* (the Disability Strategy)⁵, based on the advice of the Strategy's reference group⁶ which was made up of disabled people and their whanau.⁷
4. During the preparation of this report, the Government has engaged with the DPO Coalition, disability sector organisations, the IMM and the public.
5. Since our first periodic review, there have been a number of changes, which have created the opportunity for greater realisation of disabled peoples' rights. This includes:
 - A change in Government following a 2017 General Election led to the Minister for Disability Issues⁸ now sitting within Cabinet.
 - The new Government in its speech from the throne made a strong commitment to inclusion⁹. It has also established a number of reforms and inquiries including:
 - The development of a Learning Support Action Plan 2019–2025;
 - The Royal Commission into Historical Abuse in State Care and in the Care of Faith-based Institutions;
 - The Government Inquiry into Mental Health and Addiction;
 - The creation of the Welfare Expert Advisory Group.¹⁰
 - Budget 2018 provided a significant additional four-year investment (approximately \$460 million) in disability services, supports and work programmes.¹¹
 - In 2018, Cabinet agreed to “commence the design of an approach to achieve a fully accessible NZ, in collaboration with stakeholders”. This will include developing a common understanding of what “fully accessible” looks like and exploring the feasibility of using legislation to provide for standards and codes for accessibility. A report back to Cabinet is due in June 2019.
 - A Ministerial Leadership Group on Disability Issues was formed to provide a twice-yearly opportunity for Ministers to hear directly from the IMM on strategic policy issues that impact on disabled people;
 - In 2016, the revision of the Disability Strategy; in 2015, an update to the Disability Action Plan 2014–2018 and an update currently underway to create Disability Action Plan 2019–2022; and the development of an Outcomes Framework to monitor the Disability Strategy;¹²
 - The creation of: the NZSL Strategy and Action Plan, and NZSL Board to promote and protect NZSL comprising members of the Deaf community (see question 20a);¹³
 - The launch of an Accessibility Charter¹⁴ which is a commitment for Government to make public information and services more accessible for disabled people.
 - The release of a 'Buildings for Everyone' guide¹⁵ which encourages building owners and designers to consider the needs of all users of public buildings from the start. This provides guidance on designing accessible public buildings.
 - Data on disability is improving following the Washington Group Short Set of questions on disability¹⁶ being included in the national census and some government surveys.¹⁷ These questions allow comparisons to be made between disabled and non-disabled people¹⁸. Despite the progress made, there are still many data collections across government that cannot produce any information about disabled people, particularly disabled children and data disaggregated by disability-type.

- The Oranga Mahi¹⁹ programme was launched to trial and evaluate new ways of delivering integrated health, social and employment support for clients with a health condition or disability.²⁰ This is a strategic partnership between the Ministry of Social Development and the health sector.
- The Government will be consulting with the disability sector on the proposed design of a wage supplement approach, which would support the removal of the Minimum Wage Exemption.
- The Government is making significant changes to its disability support system:
 - A prototype for the disability support system transformation started in the MidCentral District Health Board’s area²¹ from October 2018. This prototype is called Mana Whaikaha.²²
 - In the prototype, disabled people and their families and whānau 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 around what services have been on offer. This is the Enabling Good Lives approach.
 - The Government has co-designed the prototype with disabled people and their families. The Government has established a mechanism to ensure that disabled people and their families and whānau continue to be at the centre of the disability support system.
 - Key features of the prototype are that disabled children, disabled young people and disabled adults and their families and whānau are welcomed into the system in multiple ways, having access to a Connector²³ to walk alongside them. Information and processes will be accessible to meet the community’s diverse needs.
 - 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 of a new disability support system across NZ.

Reply to paragraph 1 of CRPD/C/NZL/QPR/2-3

6. Legal reform includes:
 - *Education (Update) Amendment Act 2017* prohibits seclusion and regulates the use of restraint in schools (see question 14(d)). *The Education Act 1989* now provides a set of enduring objectives for the education system including a commitment to “the importance of inclusion within society of different groups and persons with different personal characteristics”
 - Reform of the *Oranga Tamariki*²⁴ *Act 1989* (see question 7(b), 21(a)) which includes explicit reference to the CRPD
 - Rewrite of the *Social Security Act 2018*²⁵ which removed the ability to compel a person to have treatment to receive an emergency benefit
 - Intention to repeal Part 4A, *NZ Public Health and Disability Act 2000*,²⁶ which currently prohibits complaints of discrimination regarding family care policy (see question 5(d))
 - In 2018, Cabinet agreed to “commence the design of an approach to achieve a fully accessible NZ, in collaboration with stakeholders” (see introduction).
7. The *Disability Action Plan 2014–2018*²⁷ includes an action to identify legislation that is inconsistent with the CRPD and explore options to improve consistency.²⁸ The Office for Disability Issues identified, through consultation, a list of legislation that appears to contradict the CRPD. The next step is to evaluate that legislation.

Reply to paragraph 2 of CRPD/C/NZL/QPR/2-3

8. The Government coordinates and facilitates action under the Disability Strategy through the Disability Action Plan.

9. The existing Disability Action Plan 2014–2018 has high-priority and significant actions led by multiple government agencies. Government agencies lead implementation of each action, working closely with the designated lead from the DPO Coalition. Any resourcing requirements are managed through government agencies’ operational budgets. Implementation, outcomes, evaluation and monitoring of actions occur through usual government agency processes.

10. The governance mechanism for the Disability Action Plan is a public service Chief Executives’ group (and associated Senior Officials Group) and the DPO Coalition.

11. The Government, alongside the DPO Coalition, is developing a new Disability Action Plan (2019–2022) following public consultation. This Plan will align more closely with the 2016 Disability Strategy and include the six key issues identified by the IMM.²⁹ Work has begun to progress these issues through the Ministers’ Leadership Group on Disability Issues alongside the IMM.

12. An Outcomes Framework is being developed to monitor progress against the Disability Strategy.³⁰ Government and disabled people³¹ co-designed the development of 28 draft indicators. Not all of the indicators have existing measures and work continues to develop measures.

Reply to paragraph 3 of CRPD/C/NZL/QPR/2-3

13. Engagement with disabled people on policy reform that affects them is an expectation of Government agencies. This is one of the Disability Strategy’s key principles.

14. Disabled people and their representative organisations are engaged at all levels, for example:

- Regular meetings with Ministers (including the Ministers’ Leadership Group on Disability Issues);
- Governance roles – the *Disability Action Plan 2014–2018*, the disability support system transformation prototype and the NZSL Board;
- Co-design – the disability support system transformation prototype (see introduction) and the *NZ Disability Strategy Revision Reference Group*;³²
- Public consultation – on the Disability Strategy and *Disability Action Plan 2019–2022*.

Reply to paragraph 4 of CRPD/C/NZL/QPR/2-3

15. The Government provides funding for the DPO Coalition to:

- Co-lead the development, implementation and monitoring of the *Disability Action Plan 2014–2018* alongside government agencies (\$100,000 per year);
- Provide disabled people-led monitoring of the CRPD as part of the IMM (see question 32) (\$275,000 per year).

16. Following a 2017 review,³³ the DPO Coalition contracted the Donald Beasley Institute³⁴ to undertake disabled people-led monitoring. This work aims to monitor a broader range of disabled people, and better access the voice of disabled Māori, disabled Pacific people and people who are non-verbal.

Reply to paragraph 5 (a) of CRPD/C/NZL/QPR/2-3

17. The *Human Rights Act 1993* sets out NZ’s anti-discrimination framework protecting New Zealanders from discrimination in a number of areas of public life.³⁵ *The NZ Bill of Rights Act 1990* also affirms the right to be free from discrimination on the same grounds as set out in the Human Rights Act, where that discrimination is undertaken by the State.

18. Discrimination is prohibited on the grounds of:

- Sex (which includes gender)
- Marital status

- Religious belief
- Ethical belief
- Colour
- Race
- Ethnic or national origins
- Disability³⁶
- Age
- Political opinion
- Employment status
- Family status
- Sexual orientation.

19. Under the Human Rights Act, a failure to provide reasonable accommodation for a disability can amount to discrimination. Employers, suppliers of goods and services, accommodation and education, are obliged to reasonably accommodate a disabled person, including special services or facilities if needed. The Human Rights Act does not define what is ‘reasonable’, and this is determined by the particular circumstances.

20. Under the Human Rights Act, it is unlawful to discriminate against relatives or associates of disabled people (including a spouse, carer or business partner) because of that disability.

Reply to paragraph 5 (b) of CRPD/C/NZL/QPR/2-3

21. In the year ending 15 June 2018, the Human Rights Commission received 370 complaints of alleged unlawful disability discrimination.

22. Thirty-five of these complaints alleged unlawful discrimination on multiple grounds, including disability. Disability discrimination coupled with age was recorded in seven complaints

23. There were seven disability and family status complaints and six complaints of both gender and disability discrimination. Other grounds featured with disability were reported in smaller numbers.

24. In the year ending 30 June 2017, the Human Rights Commission received 419 complaints of alleged unlawful disability discrimination. 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 in policy or practice, particularly in schools.
- Employment issues were the second most common complaint from people alleging unlawful disability discrimination.

25. Compliance with the *Human Rights Act 1993* is achieved through:

- The Human Rights Commission investigative function and complaints process
- Government policy
- Empowering the rights-holders themselves.

Reply to paragraph 5 (c) of CRPD/C/NZL/QPR/2-3

26. The CRPD’s definition of ‘reasonable accommodation’ is already recognised in NZ law and NZ courts have applied it consistently with Article 2, CRPD.³⁷ NZ also has guidelines on reasonable accommodations.³⁸

Reply to paragraph 5 (d) of CRPD/C/NZL/QPR/2-3

27. In September 2018, the Government announced plans to change health service ‘Funded Family Care’, including the intention to repeal Part 4A, *NZ Public Health and Disability Act 2000*. Government held an intensive targeted stakeholder engagement with an independent facilitator to inform decisions on better ways of supporting family carers through Funded Family Care.³⁹

28. 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, some improvements were identified to improve access to, and usability of, the scheme.⁴⁰

29. In 2016, the scheme was amended to:

- Clarify the role of the advocate and introduce supported decision-making for the disabled person
- Raise awareness with eligible disabled people and their carers that funded family care may be an option
- 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.

30. Claims for compensation for non-payment of family carers were due to be heard before the High Court in February 2019 but were settled between the parties and the claims discontinued in December 2018.⁴¹

Reply to paragraph 5 (e) of CRPD/C/NZL/QPR/2-3

31. The Government has a range of programmes aimed at improving opportunities and outcomes for disabled people, including Māori and Pacific people. However, there are no specific programmes focused only on Māori and Pacific disabled people.

32. Recent legislative changes⁴² place new obligations on the Government to identify outcomes and actions for reducing child poverty and mitigate the impacts of poverty and socio-economic disadvantage experienced by children (see question 26(b)).

33. Services exist to support all disabled people to gain employment, including Māori and Pacific people.

34. Whānau Ora⁴³ takes a strengths-based approach to empower whānau and to create intergenerational improvements in wellbeing. Whānau Ora is delivered through a ‘devolved commissioning model’. This means that non-governmental agencies are contracted by Government to deliver a set of wellbeing outcomes. Funding is invested in services and supports which are responsive to the needs and aspirations of whānau and families within the communities they serve.

35. Kāpō Māori Aotearoa NZ Incorporated is a Disabled Person’s Organisation that provides support and advice for kāpō (blind, vision impaired, deafblind) Māori and their whānau. There is also work underway to create a Pacific Disabled Person’s Organisation.

Reply to paragraph 5 (f) of CRPD/C/NZL/QPR/2-3

36. The development of a Learning Support Action Plan 2019–2025 is a priority (see question 22(c)).

Identification

37. Early intervention services⁴⁴ ensure early identification of need and access to learning support from birth onwards.

38. The B4 School Check⁴⁵ is a universal health programme offered to all families whose child is turning 4 years old, which aims to identify if additional support is needed before a child starts school.

39. Children who are not meeting developmental milestones can be referred to the Child Development Service. This service provides specialist assessment, organises intervention and management services and works with other agencies to ensure that the child gets integrated support.

Support

40. The vast majority of students with high learning needs attend mainstream schools rather than special schools. Special schools give support to students who have high needs⁴⁶.

41. The Ongoing Resourcing Scheme provides learning support for 9,377 students (1.2% of the total school population), as at 1 July 2018, with the highest level of need.

42. 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 community⁴⁷. The number of students who can access Intensive Wraparound Service support increased following Budget 2018.

43. In 2018, Disability Support Services (DSS) supported almost 34,000 clients. Almost half of these clients had an intellectual disability. DSS purchases disability support services for people (generally under 65 years old) with long-term physical, intellectual or sensory impairments that require ongoing support.

44. People with an intellectual disability accounted for 83% (just over 6,000) of people living in DSS community residential services, who have access to 24-hour support so they can experience a safe and satisfying home life and live in a community environment.

45. Behaviour Support Services work with individuals and their family and 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, 1,789 people receiving behaviour support services were aged 18 or under.

46. The Government has updated resources to support schools in providing support for children with psychosocial and/or intellectual disabilities⁴⁸.

47. The Government is working to improve access to health services and the health outcomes of people with intellectual/learning disabilities (see question 23(a)).

Reply to paragraph 6 (a) of CRPD/C/NZL/QPR/2-3

48. Since 2002, all Cabinet papers for the Cabinet Social Wellbeing Committee must include:

- A Gender Impact Statement – this notes whether a gender analysis was undertaken, and whether, and to what extent, the policy proposal is expected to affect men and women differently
- A Disability Perspective Statement – this considers the impact of policies and proposals on disabled people.

Reply to paragraph 6 (b) of CRPD/C/NZL/QPR/2-3

49. 187 of the 370 complaints (50.5%) alleging disability discrimination were received from women in the year ending 15 June 2018. 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:

- In Vitro Fertilisation (IVF) treatment
- Post-natal depression
- The effect of mental health on perceptions of ability to care for children
- Work-related problems because of women's health issues including endometriosis.

50. The *Disability Survey: 2013* showed that on average disabled women experience poorer economic and social outcomes than non-disabled women⁴⁹. The next Disability

Survey is scheduled for 2023. Disability data disaggregated by gender will be available from the 2018 Census.

Reply to paragraph 6 (c) of CRPD/C/NZL/QPR/2-3

51. Since 2014, the Government has had a cross-agency Family and Sexual Violence work programme.

52. The Sexual Violence Prevention Advisory Board⁵⁰ has endorsed research to understand what sexual violence prevention programmes are available for disabled people, the effectiveness of those programmes, and how they perform against best practice. The research findings will inform and strengthen future design and development of programmes and initiatives.

53. Government-funded programmes and services for victims and perpetrators of family violence are provided to anyone who needs this support. Support specific to disabled women includes:

- The ‘Domestic Violence and Disabled People’ booklet⁵¹
- Accessible options for deaf, hearing-impaired, deafblind and speech-impaired phone users contacting national family violence help/crisis lines.

54. There are no specific health initiatives to address gender-based violence against disabled women, including in institutions. The ‘Joint Venture for Family Violence and Sexual Violence’ will soon develop a national strategy that will consider the situation of disabled people, including in home-care.

55. All New Zealanders have access to universal sexual and reproductive health services. Specialist services are available for disabled people who require additional support because of their disability. The Government is developing a *Sexual and Reproductive Health Action Plan 2018–2027*. Disabled people, including disabled women, are recognised as a vulnerable population under the plan and specific actions to increase the prevalence of sexuality education to this population has been included. This will be done through providers and disabled people.

Reply to paragraph 6 (d) of CRPD/C/NZL/QPR/2-3

56. The *Disability Strategy* states that disabled people should be involved in decision-making that impacts them.

57. In 2018, the Government committed to all state sector boards being evenly represented by men and women by 2021.⁵² There is no specific policy for disabled women to be represented on these boards.

58. There are no specific representative organisations of disabled women and girls in NZ.

59. Disabled women have been involved in decision-making on disability issues. Examples include:

- Two disabled women (17%) appointed to the NZ Disability Strategy Revision Reference Group;⁵³
- Two Deaf women (20%) on the NZSL Board;⁵⁴
- Half of the Ministry of Health’s Whāia Te Ao Mārama:⁵⁵ The Māori Disability Advisory Group are Māori women;
- Disabled women, including those who identify as Māori and Pacific Peoples, have been involved in designing, leading, governing and decision-making groups during the co-design of the disability support system transformation prototype.⁵⁶ 10% of this Governance Group are disabled women (33% of this group have a disability⁵⁷);
- The chair of the *Faiva Ora Leadership Group*,⁵⁸ who advises on Pacific disability issues, is a woman;

- One Māori disabled woman sits on the Welfare Expert Advisory Group⁵⁹ and also on the Housing NZ Corporation Board.⁶⁰

60. The Government has no strategies specific to employment assistance for disabled women. Disabled women have access to a range of 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 consulted on changes to disability-specific services.

Reply to paragraph 7 (a) of CRPD/C/NZL/QPR/2-3

61. NZ 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.

62. For example, the rights of vulnerable disabled children to have their views considered in decisions affecting them is in the *Oranga Tamariki Act 1989*.⁶¹ This provides that disabled children must be provided with support, including a support person or a specialist service provider if necessary, to assist them to express their views and be understood.

63. In 2018, the Government engaged with disabled children and young people on:

- The Education Conversation Kōrero Mātauranga⁶² to hear how to build the world's best education system. The Government took care to ensure that disabled children and young people were able to participate and that the process was accessible for all
- The Child and Youth Wellbeing Strategy (see question 26(b)).

Reply to paragraph 7 (b) of CRPD/C/NZL/QPR/2-3

64. The *Child Impact Assessment Tool*⁶³ 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 affect disabled children and young people. The guidance⁶⁴ for the tool, suggests people refer to other United Nations treaties including the CRPD.

65. Changes to the *Oranga Tamariki Act 1989*, due to take effect before or on 1 July 2019, will explicitly reference the CRPD. The Act states that any court or other person exercising powers under the Act must 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 (UNCROC) and the CRPD.⁶⁵

66. The *Oranga Tamariki practice framework*⁶⁶ sets out guidance for practitioners, including front-line social workers, who work with children, young people and their families and whānau. The practice framework includes guidance on:

- The promotion and protection of the rights of disabled children
- The uncroc and the crpd
- Supporting disabled children and young people.

67. See questions 7(a) and 21(a).

Reply to paragraph 7 (c) of CRPD/C/NZL/QPR/2-3

68. *Gateway Assessments* allow 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. A plan is then made to respond to those needs. Plans include access to a range of supports and services for children and their family, whānau and caregivers.

69. The High and Complex Needs Unit⁶⁷ supports families, whānau and caregivers with children and young people who have high and complex needs, often associated with disabilities. From this service, children and young people can access supports including speech language therapy, occupational therapy, psychological services, and intensive parenting services.

70. A new Learning Support Approach is being piloted which aims to be more focused on children's needs and easier for parents and whānau to access, so that children get the right support at the right time, within an inclusive education system.

71. The disability support system transformation prototype (Mana Whaikaha⁶⁸) will deliver better support for disabled children and their families. Within Mana Whaikaha, TurboKids is a cross-agency collaborative approach to providing planned early and immediate support options for children, young people and their whānau. The group meets regularly to discuss disabled children with high and complex needs.⁶⁹

Reply to paragraph 7 (d) of CRPD/C/NZL/QPR/2-3

72. NZ went through a process of deinstitutionalisation in the 1980s with the last large-scale residential institution for people with intellectual disabilities closing in 2006.

73. *The Royal Commission into Historical Abuse in State Care and in the Care of Faith-based Institutions*⁷⁰ was fully established in November 2018, following public consultation. The Inquiry expects to deliver an interim report in 2020 and a final report in 2023.

74. The inquiry will:

- Examine historical abuse between 1950 and 1999 (with discretion beyond these dates) of children, young persons, and vulnerable adults in state care and in the care of faith-based institutions
- Consider the nature and extent of abuse that occurred in state care including physical, emotional and sexual abuse, neglect and inadequate care that caused serious mental or physical harm
- Seek to understand any differential impacts of abuse in state care for Māori and any groups where differential impact is evident. For example, by gender, LGBTIQI⁷¹ people, Pacific people, disabled people, and people with mental health issues.

75. National Care Standards⁷² will cover any child or young person in statutory care or custody. These standards will come into force on 1 July 2019. Schedule 2 of the Care Standards sets out a statement of rights for children and young people.

Criminal investigations

76. It is unknown how many criminal investigations were carried out in relation to allegations of ill-treatment and torture in care institutions, including health-care facilities against disabled people. This is because data recorded about complaints of historic physical or sexual abuse does not separately identify complaints involving state care from other historic physical or sexual abuse investigations.

77. The Government is not aware of any criminal investigations relating to allegations of historic abuse in psychiatric institutions prior to 1993.⁷³

Complaints

78. The Office of the Health and Disability Commissioner can resolve complaints about health or disability services.⁷⁴

79. The Office of the Ombudsman⁷⁵ can receive complaints about state sector agencies.

80. The Office of the Inspectorate⁷⁶ can receive complaints from people in prison.

Reply to paragraph 7 (e) of CRPD/C/NZL/QPR/2-3

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

82. The introduction of a new centralised caregiver information system will streamline vetting and other caregiver processes. For example, it will maintain records of all caregiver training and development activities.

83. *The Oranga Tamariki Act 1989* includes new principles that require special protection and assistance to be provided to children and young people in care that address their particular needs. Oranga Tamariki has developed national care standards regulations⁷⁷ that apply in respect of any child or young person in the care or custody of the Chief Executive of Oranga Tamariki. Under these care standards, assessment and planning must identify the support required to meet children and young people's full range of needs, including any disability-related needs.

84. Oranga Tamariki will address care and protection concerns about a child or young person by first working with the child or young person's family, whānau, hapū,⁷⁸ iwi⁷⁹ and family group to determine whether that child or young person can remain in their care. For severely disabled children to be able to be cared for at home will require the provision of specialised disability-related supports and services that are acceptable to families, and meet their needs.

Reply to paragraph 8 (a) of CRPD/C/NZL/QPR/2-3

85. *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 began moving from commitment to actual behaviour change.

86. The Human Rights Commission is designing a social change programme to decrease stigma, discrimination and stereotypes about disability. This programme is funding dependent.

87. *Like Minds, Like Mine*⁸⁰ is a national programme to increase social inclusion and reduce stigma and discrimination for people with experience of mental illness. The programme has been successful at increasing awareness and changing attitudes but people still experience discrimination⁸¹.

88. The *Disability Confident* campaign⁸² (2016–2017) promoted the benefits of employing disabled people and aimed to change employer attitudes.

89. The Government supports NZSL week, which celebrates the language and raises awareness of NZ's Deaf community.

90. See question 22(e) for measures to prevent bullying.

Reply to paragraph 8 (b) of CRPD/C/NZL/QPR/2-3

91. Media campaigns have continued to promote the *National Depression Initiative*⁸³ and the *Like Minds, Like Mine* programme to increase social inclusion and reduce stigma and discrimination for people with experience of mental illness.

92. The media published several stories in regional publications on the *Disability Confident* campaign (see question 8(a)).

Reply to paragraph 8 (c) of CRPD/C/NZL/QPR/2-3

93. The *Disability Strategy* affirms that disabled people's lives are of equal value to non-disabled people.

94. See question 8(a).

Reply to paragraph 9 (a) of CRPD/C/NZL/QPR/2-3

95. *The Building Act 2004* requires that reasonable and adequate provision is made for disabled people to visit or work in public buildings. It also requires the progressive upgrade of existing buildings. Construction requirements are contained in the *NZ Building Code*.

96. Local government territorial authorities verify if buildings meet requirements for accessibility at the time of construction or alteration.

97. A guide on designing accessible public buildings ‘Buildings for Everyone’ was developed in collaboration with the disability sector and published in January 2019⁸⁴. See introduction.

Reply to paragraph 9 (b) of CRPD/C/NZL/QPR/2-3

98. There are no plans to amend the *Building Act 2004* to remove the exemption to comply with accessibility requirements that has been in place since 1975 for small factories and industrial buildings.

Reply to paragraph 9 (c) of CRPD/C/NZL/QPR/2-3

99. Local authorities own or control the majority of public spaces. There is no specific measure to ensure universal access to public spaces for disabled people.

100. Current regulations and resources for public spaces include:

- *The Local Government Act 2002*, which provides guidance on measures to provide safe access to public spaces (including libraries, museums, reserves, and other recreational facilities and community amenities);
- *The Resource Management Act 1991*, which provides that proposed works in the environment (including public spaces) will need to be compliant with the *Building Act 2004* and the *Local Government Act 2002*;
- *The NZ Urban Design Protocol*,⁸⁵ which outlines that quality urban design ensures public spaces are accessible by everybody, including disabled people;
- *The Guidelines for Facilities for Blind and Vision Impaired Pedestrians*, which provides best practice design and installation principles for pedestrian facilities that assist people who are blind or have low vision or mobility impairments.⁸⁶ The guidelines were updated in 2015 and reviewed by the NZ Transport Agency in 2018;
- *The Pedestrian Planning and Design Guide*⁸⁷, which provides guidance and best practice examples for the walking environment for all users, including those with mobility impairments. The guide was reviewed in 2018 and will be updated in 2019/2020 to include an updated pedestrian training course for the transport sector.

Reply to paragraph 9 (d) of CRPD/C/NZL/QPR/2-3

101. The *Disability Strategy* promotes universal design as an approach to implementing the Strategy.

102. The Minister for Housing and Urban Development and Transport⁸⁸ has made a number of statements in support of universal design in these areas.

103. Examples of government applying universal design principles include:

- The *Building Act 2004* which requires that reasonable and adequate provision is made for disabled people to visit or work in public buildings
- Universal design principles forming part of the standards for Housing NZ Corporation⁸⁹ new builds
- The Government is working to build 100,000 affordable homes for first homebuyers over the next decade through its KiwiBuild programme.⁹⁰ As part of its wider housing programme, Government will be looking at how KiwiBuild can support the various needs of a diverse range of households, including disabled people. Universal design features will be one of the aspects considered as the programme scales-up over time.

104. Cabinet has also agreed to “commence the design of an approach to achieve a fully accessible NZ, in collaboration with stakeholders”.

Reply to paragraph 9 (e) of CRPD/C/NZL/QPR/2-3

Table

Number of taxis with wheelchair hoists⁹¹

<i>Year ending June</i>	<i>2014</i>	<i>2015</i>	<i>2016</i>	<i>2017</i>	<i>2018</i>
Number of taxis with wheelchair hoists	317	326	383	435	345

Table

Number of wheelchair accessible public transport buses⁹²

<i>Year ending June</i>	<i>2014</i>	<i>2015</i>	<i>2016</i>	<i>2017</i>	<i>2018</i>
Number of wheelchair accessible public transport buses	1 940	2 020	2 021	2 210	2 361
Percentage of public transport bus fleet	87.8%	85%	84.5%	86.9%	94.5%

105. Government co-funds public transport services. Government contracts require bus fleets to become more accessible over time. These contracts have contributed to a higher proportion of accessible buses.

Reply to paragraph 9 (f) of CRPD/C/NZL/QPR/2-3

106. Current electric ticketing systems for public transport provide for ‘accessible’ concessions in some parts of NZ and vary in how they are applied. In future, we expect that:

- Payment for public transport services will be provided in a nationally consistent way. This will make public transport easier to use. For example, public transport users will only need a single token (for example, a smartcard or smartphone) to pay for travel across public transport
- Ticketing infrastructure will be made more accessible. 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.

107. Some measures have been taken by government and operators to ensure that journey, travel or timetable information is accessible (for example, providing audio and braille signage on request), however there is no co-ordinated approach.

Reply to paragraph 10 of CRPD/C/NZL/QPR/2-3

108. Revisions to the *National Civil Defence Emergency Management (CDEM) Plan* in 2015 included ensuring that disaster risk reduction planning and strategies explicitly provide for accessibility and inclusion of disabled people. This involved:

- 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
- Broadening the Plan to include disability support services in disaster risk reduction (for example, hearing and vision services, home and community support, and Autism Spectrum Disorder support) rather than health services only
- A requirement for CDEM agencies⁹³ 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
- An expectation for CDEM agencies to take practicable steps to ensure their public information is accessible, including use of translators and interpreters, live captioning, and/or large print formats.

109. The Government has a formal partnership with Deaf Aotearoa⁹⁴ to better engage with, and inform, Deaf communities about what to do in emergencies. The Government is trialling an initiative to cover the costs of NZSL interpreters for media briefings by regional CDEM Groups during emergencies.⁹⁵

110. A new *National Disaster Resilience Strategy* will direct progress towards the Sendai Framework's priorities. The Government has engaged disabled people in its development. The Strategy has a specific focus on disabled people.

Reply to paragraph 11 (a) of CRPD/C/NZL/QPR/2-3

111. There are no measures currently underway or planned to revise laws to recognise supported decision-making consistent with the CRPD.⁹⁶

Reply to paragraph 11 (b) of CRPD/C/NZL/QPR/2-3

112. The *Code of Health and Disability Services Consumers' Rights*⁹⁷ provides for people to make informed choices and give informed consent. This includes 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.⁹⁸

113. A key outcome of the disability support system transformation prototype is to promote disabled people having options and decision-making authority over their supports and their lives. Government intends that supported decision-making will be available for people accessing supports. Disability Support Services can provide for disabled people to have access to budget management. See introduction and question 5(f).

114. The rules and policies for the Funded Family Care⁹⁹ (see question 5(d)) recognise the need for supported decision-making for clients who access the policy, and are being considered as part of the review of Funded Family Care.

115. 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. In these circumstances, decisions are made in the best interests of the person.

Reply to paragraph 11 (c) of CRPD/C/NZL/QPR/2-3

116. The *Protection of Personal and Property Rights Act 1988* outlines 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.

117. 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.

118. We do know that the number of approved applications for welfare guardianship increased from 743 in 2008 to 1,525 in 2017.¹⁰⁰ Judges can end or change welfare guardianships. We do not collect data on these changes.

Reply to paragraph 12 (a) of CRPD/C/NZL/QPR/2-3

119. ACC provides no-fault personal injury cover for everyone in NZ, including overseas visitors. Individuals waive the right to sue for compensatory damages following injury in exchange for comprehensive accident cover and compensation. The scheme's three core functions cover: injury prevention, rehabilitation and compensation. NZ is the only country that provides a comprehensive accident insurance scheme like ACC.

120. All claimants are entitled to apply for a review of ACC decisions on cover and entitlements. There is no charge to apply for a review of an ACC decision and claimants may be awarded costs.¹⁰¹ Legal aid, which is administered by the Ministry of Justice, is available for reviews and appeals of ACC decisions in some cases. It is not available for making ACC claims as no legal fees or representation is involved in the making of a claim.

121. ACC has introduced changes to its dispute resolution process to improve service delivery and promote early resolution of issues. A free, independent navigation service, to assist claimants with understanding their legal rights and the process around challenging decisions by ACC, is scheduled to begin by mid-2019. The service is expected to help 4,400 clients per year¹⁰² to navigate its processes when they want to challenge, or better understand, a decision.¹⁰³ ACC has clear expectations around accessibility for this service, especially to Māori, disabled people and those with language or literacy needs.

122. ACC is committed to the Accessibility Charter (see question 20(d)).

123. Reviewers¹⁰⁴ must act independently, comply with the principles of natural justice and exercise due diligence in decision-making.

Reply to paragraph 12 (b) of CRPD/C/NZL/QPR/2-3

124. Generally, tribunals can 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).

125. Parliament recently passed legislation¹⁰⁵ which increases access to Ministry of Justice-administered tribunals. The changes standardise the use of audio-visual or other remote access facilities and offer the option of hearing matters without a physical hearing where appropriate. This recognises that travel costs can be a barrier to access.

126. Legal aid is available for proceedings in some tribunals.¹⁰⁶ 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.

127. Whether someone is eligible to receive legal aid depends on factors including the person's income and the merits of their case. The type and amount of grant is tailored to the individual's needs (including whether a disability might hinder that individual's access to justice).

128. In 2018, the Government reviewed the legal aid policy settings. The review included looking at the impacts on different population groups, including disabled people. Decisions on any changes will be made in 2019.

129. Many tribunals, including the Human Rights Review Tribunal, do not require claimants to pay filing and associated fees as a means of securing individuals' access to justice.

Reply to paragraph 12 (c) of CRPD/C/NZL/QPR/2-3

130. Data is not collected on the prevalence of young people with psychosocial and/or intellectual disabilities in the juvenile justice system.¹⁰⁷

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

132. Our national data collection tracks 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. This data is incomplete as we cannot access data from all service providers.

133. We do not have NZ prevalence data for youth offenders in the justice system that have neurodevelopmental disorders (especially Foetal Alcohol Syndrome Disorder). We do not currently have a comprehensive range of intervention and support services for this group.

134. The Government plans to collect local prevalence rates for Foetal Alcohol Syndrome Disorder by using data from the longitudinal study: *Growing up in NZ Study*.¹⁰⁸ This will inform what services will be available.

Reply to paragraph 12 (d) of CRPD/C/NZL/QPR/2-3

135. In our first periodic review, the Committee recommended that the Institute of Judicial Studies, with the DPO Coalition, run training programmes on the CRPD and on the rights of disabled people who come before NZ's courts and tribunals.

136. The Government informed the Institute of Judicial Studies of this recommendation.¹⁰⁹

Reply to paragraph 13 (a) of CRPD/C/NZL/QPR/2-3

137. In January 2018, the Government initiated the Inquiry into Mental Health and Addiction.

138. In November 2018, the Inquiry released its report *He Ara Oranga*¹¹⁰ to Government.¹¹¹ The report recommended to “repeal and replace the *Mental Health (Compulsory Assessment and Treatment) Act 1992* so that it reflects a human rights-based approach, promotes supported decision-making, aligns with the recovery and wellbeing model of mental health, and provides measures to minimise compulsory or coercive treatment.” The Government will formally respond to the Inquiry in March 2019.

139. Under the Mental Health Act, a person can be treated without their consent during the assessment period and the first month of a compulsory treatment order. A person cannot then 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.

140. In 2019, the Government initiated a review and revision of the guidelines implementing the Act to align the application of the current legislation as closely as possible with the CRPD. This will include a review of processes for consent and second opinions under the Act.

Reply to paragraph 13 (b) of CRPD/C/NZL/QPR/2-3

141. The Government examined how the Mental Health Act relates to the *NZ Bill of Rights Act 1990* and the CRPD in 2017.¹¹² See question 13(a) regarding a recommendation to replace the Mental Health Act.

142. The Act includes provisions to enable an individual to request the legality of their detention to be assessed. See question 13(c).

Reply to paragraph 13 (c) of CRPD/C/NZL/QPR/2-3

143. In NZ, a person may be deprived of their liberty for compulsory mental health treatment or if they have been found guilty of a crime. Restrictions on liberty must be the minimum necessary to ensure effective treatment, and protect the safety of the individual and others.

144. Any person can apply for the writ of habeas corpus when detained by Police or Corrections in order to test the legality of their detention.

145. A person held under the *Mental Health (Compulsory Assessment and Treatment) Act 1992* can apply to the Mental Health Review Tribunal for a review of their condition.¹¹³

Table

Data on the Mental Health Review Tribunal's decisions¹¹⁴

<i>Year</i>	<i>2014/15</i>	<i>2015/16</i>	<i>2016/17</i>	<i>2017/18</i>
Number of applications heard for a review of status (s.79 Mental Health Act)	62	62	69	63
Number of applications found 'not fit to be released from compulsory status'	57	56	63	58
Number of applications found 'fit to be released from compulsory status'	5	6	6	5

146. They can also seek:

- Independent psychiatric advice to get a second opinion on their condition
- The free services of a district inspector¹¹⁵ who can investigate complaints from people who are subject to the Mental Health Act.

147. Other protections include that:

- A judge must agree to any assessment or treatment beyond the initial periods of detention
- A responsible clinician can convert an inpatient treatment order into a community treatment order at any time. The responsible clinician must review the person's condition every six months
- The person will be released if found fit either by the judge, the mental health Review Tribunal or the Responsible Clinician.

148. A person with an intellectual disability in the criminal justice system subject to the *Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003* can:

- Appeal their placement with legal representation
- Seek a second opinion on the use of medication whilst they are under compulsory care
- Other safeguards include: reviews of their ongoing need for care and rehabilitation every six months, compulsory care co-ordinator reports to the family court,¹¹⁶ family court reviews,¹¹⁷ regular clinical reviews,¹¹⁸ inquiries by judges (either on application or on their own initiative).¹¹⁹

Reply to paragraph 13 (d) of CRPD/C/NZL/QPR/2-3

149. There has been no review of the criminal justice system for this purpose.

150. The *Criminal Procedure (Mentally Impaired Persons) Act 2003* requires a person who is unfit to stand trial to be found responsible for the act constituting the offence¹²⁰ before they are 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.¹²¹

151. It would not be appropriate to conduct a full trial for someone who is unable to properly conduct a defence. The Government considers this Act contains appropriate safeguards and strikes an appropriate balance.

152. 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*.

Reply to paragraph 14 (a) of CRPD/C/NZL/QPR/2-3

153. No legal measures have been taken to eliminate these practices, however the Government is committed to reducing the use of seclusion, restraints and other similar measures.

154. Revised standards for the reduction of seclusion and restraint in mental health facilities came into effect in 2009, and the total number of people secluded in adult inpatient services nationally has decreased by 28% since then.¹²²

155. In 2017, policy was amended to limit the use of tie-down beds to four prisons, and only in situations where other means of preventing injury and ensuring safety are ineffective. The Government is considering ceasing the use of tie-down beds in prisons.

156. The programme *Zero Seclusion: towards eliminating seclusion by 2020*¹²³ was launched in March 2018. The implementation was informed by a co-design phase, and there is a strong focus on the role of consumers, families and whānau in supporting long-term change. The programme emphasises culturally appropriate approaches with Māori mental health consumers and their whānau.¹²⁴

157. The *Safe Practice Effective Communication Programme*¹²⁵ launched in 2016 provides evidence-based information on how to reduce the use of restraint and seclusion in inpatient mental health units.

158. In February 2018, the Government published transitional guidelines for mental health services to eliminate the use of night safety procedures by December 2022.¹²⁶

159. The Government has improved the way we collect and report data about seclusion events for people with intellectual disabilities. From 2019, these data will be made available publicly.

Reply to paragraph 14 (b) of CRPD/C/NZL/QPR/2-3

160. The Government does not have data which can tell us whether a prisoner has a disability and a mental health issue. All prisoners are entitled to support, treatment, and care for any conditions or disabilities they have.

161. We know however that:

- 91% of prisoners have a lifetime diagnosis of mental health or substance abuse disorders
- In 2017/18, 99% of prisoners received a health assessment on their first day in prison (including health needs and mental health needs, risk of self-harm and suicide, whether a referral is needed)
- In prisons, 4,247 referrals were made to mental health clinicians from April 2017 to December 2018
- In 2017, 254 patients were transferred from prison to a forensic mental health service for a compulsory mental health assessment and treatment¹²⁷

Table

Number of prisoners seen by forensic mental health teams in a prison setting¹²⁸

<i>Year ending June</i>	<i>2014</i>	<i>2015</i>	<i>2016</i>	<i>2017</i>
Number of prisoners	3 280	3 440	3 690	3 890

162. For mental health services in prisons, the Government:

- Is developing a framework on how to plan, design and resource forensic mental health services. This framework is being used with providers, users and academics
- Introduced a mental health service for those experiencing mild-to-moderate mental health needs in 2017 at 16 prisons and four community corrections sites. The service contracts clinicians to work directly with people in prisons or on community-based sentences. From April 2017 to December 2018, the service received 5,856 referrals
- Started a project to better identify and support those vulnerable to self-harm or suicide in 2017. A whole-of-prison model of care will be piloted in three prisons. Elements of the model of care have been introduced across all prison sites, including a supported decision framework to humanely and safely manage people in Intervention and Support Units.

Reply to paragraph 14 (c) of CRPD/C/NZL/QPR/2-3

163. The Office of the Ombudsman¹²⁹ regularly visits mental health and intellectual disability inpatient facilities. They identify any problems and make recommendations to strengthen protections or improve treatment and conditions for disabled people. Since June 2018, the Ombudsman's role has included monitoring the treatment of persons detained in privately-run aged care facilities.¹³⁰ This will increase the monitoring of facilities providing dementia care. See question 23(c).

164. The Government monitors residential disability services as part of its regular contract reporting with service providers against the *Health and Disability (Safety)*

*Standards 2008*¹³¹ (of which a review commenced in 2018). Government reports critical incidents and deaths and provides a complaint mechanism.

165. The *Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003* and the *Mental Health Act* is monitored nationally by Ministry of Health Directors and locally by statutory officers¹³² and District Inspectors (see question 13(c)).

166. The Government has reported *Mental Health Act* statistics since 2005.¹³³

Table

Compulsory inpatient orders from 2014 to 2017

<i>Year ending June</i>	<i>2014</i>	<i>2015</i>	<i>2016</i>	<i>2017</i>
Number of inpatient treatment orders (or extensions of orders)	1 784	1 791	1 722	1 690
Average number of patients subject to inpatient orders (s30) on a given day	619	654	589	651
Number of patients per 100,000 on a given day	14	14	12	13

167. The Government does not collect statistical data on complaints of torture or ill-treatment in health facilities. There are several avenues for complaints, including the Health and Disability Commissioner,¹³⁴ District Inspectors for the *Mental Health Act* and *Intellectual Disability Act*, the *Mental Health Review Tribunal* and the *National Preventive Mechanism* under the *Optional Protocol to the Convention against Torture*.¹³⁵

Reply to paragraph 14 (d) of CRPD/C/NZL/QPR/2-3

168. The *Education (Update) Amendment Act 2017*¹³⁶ prohibited seclusion and regulated the use of restraint in schools.

169. This change means no schools should be practicing seclusion or isolation. The Ministry of Education's Directors of Education receive reports about the use of seclusion or isolations.

Reply to paragraph 14 (e) of CRPD/C/NZL/QPR/2-3

170. The amendments to the *Education Act* passed in 2017 banned the practice of seclusion in schools but did not prohibit physical restraint. They set restrictions on the use of restraint to circumstances in which serious and imminent harm is evident, and imposed reporting requirements on schools when restraint is used.

171. The *Education Rules 2017*¹³⁷ and the statutory *Guidelines for Registered Schools in NZ on the Use of Physical Restraint*¹³⁸ were created to provide guidance on the use of physical restraint.

172. The Ministry of Education have revised the guidelines after one year to ensure clarity and usefulness by organising it by user group, improving clarity around acceptable physical contact, providing information on how to prevent escalation and incorporated principles and values to guide teacher actions.

173. These regulations require schools to report all incidents of physical restraint to the Ministry of Education. So far, there have been 3,559 reported incidents involving 0.2% of the 800,000 children and young people in schools. Almost all of the reported incidents have been in primary schools (72%) and special schools (22%).

174. There is a suite of positive behaviour supports available to schools to help minimise physical restraint. These preventative frameworks and resources help to upskill school staff in positive behaviour management, therefore reducing the need for physical restraint. Supports include Positive Behaviour for Learning (PB4L) School-Wide, Teaching for Positive Behaviour, PB4L Restorative Practice, and Incredible Years Teacher.

175. The Ministry of Education delivers *Understanding Behaviour, Responding Safely* (UBRS) training to whole-school staff groups. UBRS focuses on prevention and de-

escalation strategies, and provides an opportunity to link the legal framework to practice. As at 15 February 2019, 361 schools have completed the training or have arranged to do so.

Reply to paragraph 15 (a) of CRPD/C/NZL/QPR/2-3

176. The NZ Police investigate complaints of criminal behaviour.

177. There are no specific measures to reduce violence and harm for people with psychosocial and/or intellectual disabilities nor disabled women.

178. Actions to reduce the risk of any person 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 into Historical Abuse in State Care and in the Care of Faith-based Institutions* (see question 7(d))¹³⁹ and *the Government Inquiry into Mental Health and Addiction* (see question 13(a));
- Netsafe¹⁴⁰ receives and resolves complaints about harmful digital communications (including online bullying and abuse). If the complaint is not resolved it can go to the District CourtM;
- The ‘It’s not Ok’ campaign¹⁴¹ is funded by Government to reduce family violence;
- The ‘Pasefika Proud’ campaign¹⁴² addresses violence in Pacific families;
- ‘E Tū Whānau’¹⁴³ is a movement for positive change to support strong, resilient whānau free from violence;
- ‘Safe to Talk’¹⁴⁴ is a free confidential sexual harm helpline.

Reply to paragraph 15 (b) of CRPD/C/NZL/QPR/2-3

179. In November 2018, Parliament passed *the Family Violence Act 2018* and *Family Violence (Amendments) Act 2018*. The Acts make changes to the criminal and civil law to try to break the pattern of family violence.

180. Both Acts apply equally to disabled and non-disabled people. However, the *Family Violence Act 2018* makes changes specifically recognising the vulnerabilities disabled people may face in family violence situation¹⁴⁵. See question 6(c).

181. The Government published guidance to safeguard disabled people receiving support funded by Disability Support Services in 2016.¹⁴⁶

Reply to paragraph 15 (c) of CRPD/C/NZL/QPR/2-3

182. See question 7(d) regarding the Royal Commission into Historical Abuse in State Care and in the Care of Faith-based Institutions.

183. The *Confidential Listening and Assistance Service* (2008 to 2015) funded up to 12 sessions of counselling for 687 people who had concerns or alleged abuse or neglect while in state care.

184. ACC funds support for people who have experienced mental injury¹⁴⁷ or have a covered physical injury because of physical abuse and violence and have suffered cognitive, emotional and behavioural problems. These services include counselling sessions, social work support which extends to families and whānau, cultural advice, group therapy and referral to other publically-funded mental health services.

185. ACC provides immediate support for “sensitive claim clients” so they do not need to wait for their claim to be accepted. This can include counselling, social work support and family and whānau support.

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

187. The Government provides assistance to disabled people on a benefit or low income to meet counselling costs through the Disability Allowance.¹⁴⁸

Reply to paragraph 16 (a) of CRPD/C/NZL/QPR/2-3

188. No measures have been taken to enact legislation to prevent conversion surgeries of intersex persons. Female genital mutilation is a crime unless undertaken by a medical practitioner and for the benefit of the person's physical or mental health. Cultural, religious or other customs or practices must not be taken into account in determining any benefit. Consent of the person is not a defence to this crime.

189. The Government is working with the DPO Coalition and disability sector groups to improve safeguards for disabled people against non-therapeutic sterilisation, including consideration of legislative protective measures.¹⁴⁹

190. In July 2018, a Project Reference Group had its first meeting. Initial advice to Ministers will be provided in March 2019. This is expected to signal a need for further work to scope broader issues around non-consensual treatments (see question 16(b)).

191. Under current legislation,¹⁵⁰ non-consensual sterilisation of disabled people is lawful in NZ 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.

192. Sterilisation may be an unavoidable consequence of some essential medical procedures. The Government believes that it is unjust to deny effective medical care to disabled people where it is medically necessary.

193. NZ courts have established that non-consensual sterilisation that meets the criteria above may occur:

- With the court's consent;
- Without consent in a medical emergency or;
- Where a welfare guardian of the person gives consent to save the person's life or prevent serious harm to the person's health.¹⁵¹

194. If a person has the capacity to give or withhold consent then they have the right to:

- Refuse medical treatment¹⁵²
- Be informed of their rights before treatment.¹⁵³

Reply to paragraph 16 (b) of CRPD/C/NZL/QPR/2-3

195. Ashley Treatment¹⁵⁴ can include a number of procedures, including growth attenuation treatment, sterilisation, and removal of breast buds.

196. Action 7(b), *Disability Action Plan 2014–2018*, may create work about the Ashley Treatment. This has not started yet (see question 16(a)).

197. It is unclear whether growth attenuation treatment to stop a child from growing to an adult size is illegal in NZ. The matter has not been tested in the NZ Family Courts. It is unknown whether hospital ethics committees have approved growth attenuation of disabled children in NZ. There is one media report of growth attenuation treatment being administered to a disabled child with the approval of two independent ethicists in NZ since 2012.¹⁵⁵

198. Growth attenuation treatment has previously been used to reduce excessive growth in children without significant ethical dilemmas arising. Utilisation data is not available but it is understood the treatment is rarely used today.

199. The last known case of sterilisation of a disabled child being performed in NZ with the consent of the court who had received growth attenuation treatment overseas was in 2012.

200. Disabled children are not denied access to health and disability services if they have had growth attenuation treatment abroad.

Reply to paragraph 17 (a) of CRPD/C/NZL/QPR/2-3

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

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

203. 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
- Is able to undertake the work or study on the basis of which they are applying for a visa.

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

205. Immigration NZ can grant a medical waiver in certain circumstances. The agency takes account of each individual's circumstances including the likely costs and the ability of family members to contribute to the likely costs on NZ's health services or special education services.

206. Disabled applicants may be eligible for medical waivers even when the costs or demands on health and education services are assessed as significant.

Reply to paragraph 17 (b) of CRPD/C/NZL/QPR/2-3

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

208. Immigration NZ still aims to comply with human rights legislation. Where there is an apparent departure, there needs to be sufficient reason to do so.

209. The Government considers its immigration health policy is 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.

Reply to paragraph 18 (a) of CRPD/C/NZL/QPR/2-3

210. The Enabling Good Lives programme has been extended. See introduction.

Table

Funding sources from the Budget allocations for the disability support system transformation prototype

	2018/19	2019/20
Equitable proportion of Vote Health disability support funding	\$71.79m	\$71.51m
Budget 2017 Contingency funding	\$11.29m	\$9.95m
Total funding available	\$83.08m	\$81.46m
Less: amount spent pre-prototype (1 July to 30 September 2018)	\$17.43m	
Funding available to be spent during the prototype period	\$65.65m	\$81.46m

Reply to paragraph 18 (b) of CRPD/C/NZL/QPR/2-3

211. Twelve institutions for people with intellectual or psychiatric disabilities have closed since 1987. The last of the large care institutions (Kimberley) closed in 2006. Approximately 4,000 people with intellectual disabilities were resettled to community-based services. Some Kimberley residents chose to relocate to existing services. However, the majority of residents moved into alternative community living arrangements, and some into new locations chosen by the individual and their families through housing projects supported by Housing NZ Corporation. Many of the residents who resettled into the community continue to receive Disability Support Services from the Ministry of Health.

212. In 2008, the Donald Beasley Institute¹⁵⁶ conducted an examination of the outcome of the resettlement of residents from the Kimberley Centre. The study found that 'investigations into the effects of deinstitutionalisation on people with an intellectual disability have largely shown improvements in adaptive behaviour, material standards, personal development, participation in activities of daily living, family contact and involvement in activities in the community'.¹⁵⁷

Reply to paragraph 18 (c) of CRPD/C/NZL/QPR/2-3

213. The Government funds Home and Community Support Services and Supported Living Services to help disabled people live independently and be included in the community.

214. The Government is trialling a new approach called 'Choice in Community Living'¹⁵⁸ as an alternative to residential services for people with significant disabilities. This enables people to make choices about their funding and the way they are supported, living in a home of their own.

215. The new service was trialled in two regions¹⁵⁹ and extended into three other regions.¹⁶⁰ There were 175 people using the new service as at 26 March 2018. Currently no further rollout is planned as we wait to see the impact of the disability support system transformation prototype.

Table

Funding allocated to services

<i>Year ending June</i>	<i>2016</i>	<i>2017</i>	<i>2018</i>	<i>2019</i>
Home and Community Support Services – Household management	\$50.9m	\$48.8m	\$45.3m	\$44.4m
Home and Community Support Services – Personal care	\$99.6m	\$106.4m	\$106.1m	\$112.5m
Supported living	\$51.6m	\$52.3m	\$55.4m	\$64.5m
Total	\$202.1m	\$207.5m	\$206.8m	\$221.4m

Reply to paragraph 18 (d) of CRPD/C/NZL/QPR/2-3

216. We do not have any Government strategies to ensure that there are accessible and affordable houses for disabled people.

217. There are no legal requirements for private constructors to build accessible housing in housing projects.

218. The Government can proactively source accessible accommodation when providing short-term accommodation along with tailored social support for people in immediate need.

219. Housing NZ Corporation¹⁶¹ provides state housing. They require houses they build to meet basic accessibility standards including 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, we are considering how to ensure that these provide suitable environments for disabled people.

220. The Government funds housing modifications (see question 26(a)(iv)).

Reply to paragraph 18 (e) of CRPD/C/NZL/QPR/2-3

221. The disability support system transformation prototype will enhance access to community services through providing greater choice and control in the supports that people access. See introduction.

Reply to paragraph 18 (f) of CRPD/C/NZL/QPR/2-3

222. There are no specific measures in Government surveys on New Zealanders' subjective beliefs about whether society is inclusive and responsive.

223. The *NZ General Social Survey: 2016* gave a picture of social wellbeing in NZ adults. It found that:

- 62% of disabled adults (compared with 85% of non-disabled adults) rated their overall life satisfaction as 7 or more out of 10
- 75% of disabled adults (compared with 89% of non-disabled adults) had a strong sense of purpose
- 50% of disabled adults (compared with 61% of non-disabled adults) did not feel lonely in the last four weeks¹⁶².

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

Reply to paragraph 19 (a) of CRPD/C/NZL/QPR/2-3

225. The Ministry of Health funds Equipment and Modification Services:¹⁶³

- Equipment (for all ages) – provided at no charge and loaned for as long as needed. For example, bathing or toilet aids, wheelchairs, hoists, walking frames, and equipment to help with communication and vision;
- Housing modifications – (permanent or temporary) to support improved access in and around the home including handrails, ramps, bathroom and kitchen modifications;
- Vehicle purchase and/or modifications – including hand controls and vehicle-mounted hoists.

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

227. The Ministry of Health offers Specialised Assessment Services for people with very complex needs including complex wheelchairs and communication assistive technology.

228. See question 22(c) for education modifications.

Reply to paragraph 19 (b) of CRPD/C/NZL/QPR/2-3

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

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

Reply to paragraph 19 (c) of CRPD/C/NZL/QPR/2-3

231. The Government acknowledges that disabled people are funded differently depending on the cause of an impairment.

232. ACC provides a national approach to ensure that disabled people have access to mobility devices locally.

233. ACC requires that all assessors and suppliers of mobility devices are aware of emerging technologies so that they become more commonly used.

234. In December 2018, a report was published about the types of technology disabled people use and their views on funding frameworks and access pathways.¹⁶⁴

Reply to paragraph 20 (a) of CRPD/C/NZL/QPR/2-3

235. In Budget 2018, sensory schools and NZSL received an extra \$30.2 million for the next four years. This will provide more funding for study awards for advisors on Deaf children, NZSL interpreters and NZSL tutors.

236. There are not enough NZSL interpreters to meet demand. The current number of NZSL interpreter graduates replaces but does not expand the number of experienced interpreters available. There are even less trilingual interpreters available who can interpret between NZSL, English and Te Reo Māori.¹⁶⁵

237. Funding to train Deaf interpreters, with lived experience of being Deaf, is not available.

238. With no national assessment for NZSL fluency, the quality of interpretation varies and demand pressure means the use of unqualified interpreters may increase. Government continues to receive feedback that access to qualified specialists fluent in NZSL is limited and varies geographically.

239. Use of NZSL and demand for interpreting services is increasing as:

- Public awareness and recognition of NZSL is increasing;
- Government agency commitment to accessible information and services is increasing;
- More schools are offering NZSL as a subject and new services are strengthening access to NZSL tutors and interpreters for families with a deaf pre-school child and for deaf students in classrooms.

240. The introduction of individualised funding and the rollout of the disability support system transformation will also have an effect on interpreting demand.

Reply to paragraph 20 (b) of CRPD/C/NZL/QPR/2-3

241. The *NZSL Board Strategy 2018–2023* directs allocation of \$1.25m contestable annual funding across its five language planning priorities. These five priorities include the needs of Deaf Māori and Pacific people.

242. Funding for accessible information is provided through government funding baselines. There is no specific funding allocation to ensure accessibility to information in all areas for disabled Māori and Pacific people. See question 20(d).

Reply to paragraph 20 (c) of CRPD/C/NZL/QPR/2-3

243. The Accessibility Charter (see question 20(d)) is the alternative mechanism to achieve this.

244. However, Cabinet has agreed to “commence the design of an approach to achieve a fully accessible NZ, in collaboration with key stakeholders”. Work is currently underway to consider options, which includes the possibility of introducing legislation.

Reply to paragraph 20 (d) of CRPD/C/NZL/QPR/2-3

245. The Government has launched an Accessibility Charter, which is a commitment for Government to make public information more accessible for disabled people.¹⁶⁶ This work was a co-operative venture with the DPO Coalition.¹⁶⁷ So far, 37 government agencies (out of 39) have signed the Accessibility Charter. This mandates staff to work towards an accessible environment. Resources are available to assist staff to know who to contact and the standards for providing material in various formats.

246. The initial focus is on building the capability for use of EasyRead, Braille, NZSL 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.

247. The Government funds television captioning and audio description at \$2.8 million per year. The Government is developing policy to increase levels of captioning and audio description following recommendations from the *Inquiry into Captioning in NZ*¹⁶⁸ (August 2017).

248. *The Copyright (Marrakesh Treaty Implementation) Amendment Bill* will amend the *Copyright Act 1994* to allow NZ to accede to the Marrakesh Treaty. The Bill, if passed in its present form, would enable persons with a print disability and persons acting on their behalf, to make accessible format copies of copyright works without the permission of the copyright owner. These copies may also be provided to an “authorised entity” in NZ.

249. See question 20(e).

Reply to paragraph 20 (e) of CRPD/C/NZL/QPR/2-3

250. Compliance with the Web Accessibility Standards was mandated by Cabinet in 2003¹⁶⁹ for government agencies. The Department of Internal Affairs monitors compliance. In 2014/15, government agencies were directed to self-assess their websites against the Web Accessibility Standards and report back. The purpose was to establish current-state agency compliance, and set a baseline for improvement. Full compliance was expected by 2017, and supported by a follow-up round of self-assessments in 2017/18.

251. As a result of conducting the 2014/15 self-assessments, an agency support model was implemented with workshops, guidance, a community of expertise, a common web platform and a web services panel.

252. In 2017/18, the self-assessment programme was repeated to assess compliance and inform future compliance support actions.

Reply to paragraph 20 (f) of CRPD/C/NZL/QPR/2-3

253. The Government provides procurement templates (including the Outcome Agreement template and Management Plan template) to support adaptive procurement of assistive technologies by government agencies.

Table

Funding for assistive technologies

	2014/15	2015/16	2016/17	2017/18
Funding for rehabilitation equipment, artificial limbs and audiology technology (ACC-funded)	\$58.9m	\$66.9m	\$73.5m	\$81.7m
Funding to support students to access their school curriculum such as Braille and screen-reading software (Ministry of Education-funded)	\$1.8m	\$2.3m	\$2.5m	-
Financial assistance to cover the cost of disability incurred whilst in training or employment (Ministry of Social Development-funded) ¹⁷⁰	\$6.2m	\$5.8m	\$4.7m	\$6.8m
Equipment and Modification Services (Ministry of Health-funded) (see question 19(a)).	\$58m	\$63m	\$68.5m	\$74m

Reply to paragraph 21 (a) of CRPD/C/NZL/QPR/2-3

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

255. Currently, sections 141 and 142¹⁷¹ of the Act allow parents to voluntarily place their disabled child in out-of-home care in situations where there are no substantiated abuse or neglect issues. This can only occur when the child or young person is so mentally or physically disabled that suitable care can only be provided by an organisation approved to provide the level of care they need.

256. The repeal of sections 141 and 142 comes into force on 1 July 2019.¹⁷² Oranga Tamariki will be responsible for ensuring disabled children who are placed in care under the Act are subject to the same care mechanisms, protections and safeguards as any other children in the statutory care system.¹⁷³

257. There are no plans to re-examine the *Vulnerable Children Act 2014* (now named the Children's Act). This Act was one measure brought in to protect and improve the wellbeing of vulnerable children.

Reply to paragraph 21 (b) of CRPD/C/NZL/QPR/2-3

258. There are no immediate plans to review section 8, *Adoption Act 1955*.¹⁷⁴

259. Section 8 allows the court to dispense with the consent of a birth parent to the adoption of a child in certain circumstances. Those circumstances include where the court is satisfied that the parent is unfit to have care of the child due to a lack of mental or physical capacity, and that the unfitness is likely to continue indefinitely. 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.

260. When deciding whether to dispense with consent, the court may take into account other relevant factors. For example, in *D v W*¹⁷⁵ the judge found that a person's inability to care for a child without family or professional support is not enough to find them unfit to have care and control of the child.

261. The *Adoption Act 1955* does not prevent a disabled person from adopting a child. Oranga Tamariki examines what is in the child's best interests when assessing adoptive parents and initial placement. All potential adoptive parents are equally assessed against the criteria.

Reply to paragraph 21 (c) of CRPD/C/NZL/QPR/2-3

262. In NZ, pregnant women are offered screening tests to provide them with information about their pregnancy and to check that both mother and baby are healthy. Disability screening offered during pregnancy includes antenatal blood tests including HIV screening, diabetes screening, screening for Down Syndrome and other rare genetic conditions. The Government funds the screening but some ultrasound (scan) providers charge an additional fee.

263. A pamphlet is available on Down Syndrome screening.¹⁷⁶ All women less than 20 weeks pregnant are advised of the availability of optional screening for Down Syndrome and other conditions at their first antenatal visit with a midwife, GP or obstetrician. More women on average are being screened each year with 63% of births being screened in 2011 to 73% of births in 2016.

264. Women who have an increased risk of a pregnancy with Down Syndrome and other genetic disorders are referred to an obstetrician. The obstetrician provides further information so that the woman can make an informed choice about whether to continue with the pregnancy. Additional support services are offered and further diagnostic testing (including amniocentesis or chorionic villus sampling (CVS)) is offered to get a confirmed diagnosis. Others may consider terminating the pregnancy or adoption. The National Screening Unit does not collect pregnancy or adoption data.

265. The Government provides free counselling and advice when results are positive. At all stages of screening, women are provided with contact details for local support groups including *The NZ Down Syndrome Association*¹⁷⁷ so that they have access to information to help them decide whether to screen and test for Down Syndrome and other conditions.

266. See question 11(b) and 16(a).

Reply to paragraph 22 (a) of CRPD/C/NZL/QPR/2-3

267. The *Education Act 1989* says, “people who have special educational needs (whether because of disability or otherwise) have the same rights to enrol and receive education in state schools as people who do not”.¹⁷⁸

268. 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.

269. The Ministry of Education is trialling a Dispute Resolution Process in three regions¹⁷⁹. 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 issues have not been resolved at a school level. Issues and concerns could relate to the child or young person’s access, presence, participation or learning.

270. The *Education (Update) Amendment Act 2017* allowed schools to get quicker and more tailored support from the Ministry of Education to get back on track when they are struggling. This means the Ministry of Education can intervene where a child is prevented from accessing education.

Reply to paragraph 22 (b) of CRPD/C/NZL/QPR/2-3

271. The *Education (Update) Amendment Act 2017* provided a set of long-term objectives for a Board of Trustees in governing a school. These objectives say that to ensure every child and young person is able to progress and achieve in education, the school must be inclusive and cater for students with differing needs.

272. The *Education (Update) Amendment Act 2017* provided a set of long-term objectives for the education system. These objectives say what a good education should look like for children and young people. The objectives identify that inclusion is essential within the education system.

273. This Act also placed legal obligations on Boards of Trustees¹⁸⁰ who must 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.

274. The *Code of Professional Responsibility and Standards for the Teaching Profession*¹⁸¹ outlines that teachers must promote inclusive practices to support the needs of all children. The Government funds professional training which focuses on building greater equity and excellence in a small number of national priority areas.

275. Inclusive education guides have information for educators on how to support students with psychosocial and/or intellectual disabilities.

Reply to paragraph 22 (c) of CRPD/C/NZL/QPR/2-3

276. Consultation has been completed on the draft Learning Support Action Plan for 2019–2025. The Government has announced new investment of \$217m over four years for the first tranche of 600 fully funded Learning Support Co-Ordinators in schools from January 2020.¹⁸²

277. Approximately 1,200 schools had property modifications between July 2012 and April 2017. Funding for property modifications increased from \$12 million in 2012/13 to \$31 million in 2017/18. This reflects growing demand to accommodate disabled children in more schools.

278. See question 22(b) regarding inclusive education.

Reply to paragraph 22 (d) of CRPD/C/NZL/QPR/2-3

279. NZ has a diverse and highly devolved tertiary education system. Largely autonomous councils of tertiary institutions and other individual providers manage, govern and lead the tertiary sector.

280. 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. These fees can be used to support students with additional learning needs.

281. The Government provides equity funding which aims to improve participation in tertiary education and achievement of qualifications of disabled people. The Government committed to a review of equity funding to better support tertiary education organisations to improve outcomes for all learners, including disabled students and students with additional learning support needs.

282. The Tertiary Education Commission allocates funding for tertiary education and sets reporting requirements for Tertiary Education Institutions who receive equity funding.

Reply to paragraph 22 (e) of CRPD/C/NZL/QPR/2-3

283. Since 2015, the *Bullying Prevention Advisory Group*¹⁸³ has developed resources to reduce bullying in schools.

284. Following a study on what works in bullying prevention, the Government developed the *Bullying-Free NZ School Framework*. The framework has nine core components for an effective school-based bullying prevention and response approach.

285. The www.bullyingfree.nz website contains a wide range of related resources and information including the *Bullying-Free NZ School Framework and Toolkit*.

286. The Government provides schools with free access to the Wellbeing@School survey tools, which includes sections that explore student and teacher perceptions about the extent of aggressive and bullying behaviour in their school. The survey data helps schools understand the level and type of bullying that occurs, whether existing efforts to reduce bullying are effective and to determine the next steps for bullying prevention and response strategy implementation.

287. High-level trends identified from these tools inform Government about the effectiveness of bullying-related policy and strategy implementation.

288. The Government supports an annual Bullying-Free NZ week to raise awareness of the impacts of bullying and effective proactive prevention and response strategies.

Reply to paragraph 22 (f) of CRPD/C/NZL/QPR/2-3

289. We do not have any measures specifically to eliminate gender disparities in education and ensure equal access to all levels of education and vocational training. Instead, the Government focuses on improving teaching quality and providing support to teachers and learning support staff to respond to the needs and interests of each learner. We do not collect information about differences in education for children and young people with learning support needs.

290. The Ongoing Resourcing Scheme (ORS) provides learning support to 9,377 students with the highest level of need (1.2% of the total schooling population), as at 1 July 2018, although not all of these children and young people would consider themselves as having a disability.

291. Boys made up 67% of students receiving ORS funding, and the ethnic distribution was similar to the general schooling population.

Table

Number of students receiving ORS funding (at 1 July for 2014–2017)¹⁸⁴

	2014	2015	2016	2017	2018
Number of females	2 881	2 917	2 965	3 026	3 112
Number of males	5 478	5 637	5 788	6 023	6 265
Number of Māori	1 819	1 878	1 962	2 079	2 188
Number of Pacific Peoples	830	878	919	955	1 011

292. Kaitakawaenga¹⁸⁵ provide cultural support, identify and eliminate barriers to learning for Māori with additional learning support needs. Kaitakawaenga work with Māori tamariki,¹⁸⁶ their whanau,¹⁸⁷ hapū,¹⁸⁸ iwi,¹⁸⁹ education facilities and Ministry of Education staff.

293. We do not have data on children in vulnerable situations.

294. The Government is currently consulting on proposed changes to the vocational education and training system. Government's vision is for a high quality, highly regarded and inclusive education system that supports social outcomes among other outcomes. One of the review's aims is to have "a system that is effective for a diverse range of learners" including disabled students and students with additional learning support needs.

Reply to paragraph 23 (a) of CRPD/C/NZL/QPR/2-3

295. The *Disability Strategy*, Outcome 3 for improving health and wellbeing requires that disabled people have the highest attainable standard of health and wellbeing.¹⁹⁰ A key concern of Outcome 3 is that disabled people do not face barriers to accessing mainstream health services because of their impairments. The disability needs of individuals need to be considered including that information about health services is available in accessible formats.

296. Action 9(c), *Disability Action Plan 2014–2018*, aims to improve access to health services for people with learning/intellectual disabilities. Ministers have received advice with proposed actions to improve the health outcomes, and access to services, for people with a learning/intellectual disability (see question 5(f)). This work has been informed by disabled people and research¹⁹¹.

Reply to paragraph 23 (b) of CRPD/C/NZL/QPR/2-3

297. Health inequities are most pronounced for Māori compared with other groups. The Government requires a focus on improving Māori health and addressing equity gaps. Measures being taken by the Ministry of Health include:

- A Māori Health Action Plan being developed in 2019 to implement *He Korowai Oranga*¹⁹², *the Māori health strategy*;¹⁹³
- Each year District Health Boards must identify specific actions to achieve health equity for Māori in their annual planning documents;
- *Whāia Te Ao Mārama*¹⁹⁴ 2018 to 2022: *The Māori Disability Action Plan* was updated in April 2018¹⁹⁵. The implementation plan will be updated by June 2019;
- The Ministry is supporting Waitangi Tribunal Māori disability research on outcomes for disabled Māori. The report is due in June 2019 and will support the Government's response to the Health Services and Outcomes Kaupapa Inquiry.¹⁹⁶

298. Measures being taken to support better outcomes for Pacific disabled people include:

- 'Ala Mo'ui: Pathways to Pacific Health and Wellbeing 2014–2018 is being updated in 2019;¹⁹⁷
- Faiva Ora¹⁹⁸ 2016–2021: National Pasifika Disability Plan was updated in August 2017. Actions are guided by an implementation plan and support from the Faiva Ora Leadership Group, which meets six-monthly;¹⁹⁹

- The Ministry has initiated a cross-agency forum to promote collaboration, knowledge-sharing and problem-solving on Pacific disability issues.

Reply to paragraph 23 (c) of CRPD/C/NZL/QPR/2-3

299. The Government recognises, and has begun responding to, the significant economic and social challenges that dementia poses.

300. The *NZ Framework for Dementia Care 2013*²⁰⁰ sets an agreed, overarching direction for dementia diagnosis, care and support.

301. *Dementia care pathways* deliver proactive, coordinated care and support throughout a person's, and their family's, journey with dementia. A key focus for districts has been on improving and implementing services and the *dementia care pathways*. A dementia pathway is under development for people with intellectual disabilities (particularly Down Syndrome).

302. Greater collaboration across local, regional and national dementia services has improved dementia diagnosis and management. For example, we have:

- Trained primary health care professionals to improve early diagnosis and provide easier access to secondary care;
- Developed national guidance for dementia education providers to enable effective, person-centred education programmes for family and whānau supporters of people living with dementia.

303. *The Healthy Ageing Strategy*²⁰¹ includes actions to grow 'age-friendly' and 'dementia-friendly' communities and establishes an outcomes framework for measurement and monitoring.

304. In 2017, NZ adopted the World Health Organization's *Global Plan of Action on the Public Health Response to Dementia 2017–2025*.

Reply to paragraph 24 (a) of CRPD/C/NZL/QPR/2-3

305. Wide ranges of rehabilitation services, including habilitation, are funded to assist disabled people to remain in, or return to, their home or community, live independently, and participate in education, the labour market and civic life²⁰². The main rehabilitation funders are:

- District Health Boards fund health, mental health and age-related rehabilitation;
- ACC is responsible for injury prevention, rehabilitation and support for injury-related needs;
- The Ministry of Health funds disability-specific rehabilitation, including assistive technology for people with long-term physical, intellectual and sensory disabilities;
- The Ministry of Social Development funds income, vocational and community participation assistance and supports;
- The Ministry of Education funds rehabilitation for learning support (previously known as 'special education').

306. The Government recognises obligations for Māori rehabilitation through *Te Tiriti o Waitangi*.²⁰³ Services for Māori should be based on Māori thinking and behaviour and Māori ways of healing, care, and rehabilitation.

307. NZ endorsed the draft *Western Pacific Regional Framework on Rehabilitation* in 2018. A baseline country rehabilitation survey is expected in 2019. This will help strengthen our national rehabilitation services in line with *UN Standard Rule 3: Rehabilitation*, the CRPD, and the NZ Disability Strategy.

Reply to paragraph 24 (b) of CRPD/C/NZL/QPR/2-3

308. All health and disability services are guided by the *Code of Health and Disability Services Consumers' Rights*²⁰⁴ (see question 11(b)) which provides for consumer rights:

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

309. See introduction for the disability support system transformation prototype.

Reply to paragraph 25 (a) of CRPD/C/NZL/QPR/2-3

310. The Government provides a range of services and supports to help more disabled people find and stay in employment. This includes universal supports (including wage subsidies and industry-related training) and specialised support (including supported employment providers).

311. Actions to improve outcomes, include:

- Working with the NZ Disability Support Network²⁰⁵ on the *Employment Support Practice Guidelines*²⁰⁶ (launched in March 2018), which provide a “how to” guide for organisations working to get disabled people into employment;
- Launching a ‘Disability Confident’ campaign (see question 8(a));
- Expanding eligibility for intensive work-focused case management to clients on the Supported Living Payment (who generally can only work for less than 15 hours a week);
- Developing the Lead Toolkit²⁰⁷, which provides in-depth guidance to employers on employing disabled people (with a particular focus on the public sector);
- Launching the Oranga Mahi²⁰⁸ programme (in 2016/17) to trial and evaluate new ways of delivering integrated health, social and employment support for clients with a health condition or disability²⁰⁹. For example, a prototype of the Individual Placement and Support approach in Waitemata²¹⁰ is integrating employment and mental health services to help people with severe mental health conditions to find and stay in work.

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

Reply to paragraph 25 (b) of CRPD/C/NZL/QPR/2-3

313. Traditional sheltered workshops in NZ ended with the repeal of the *Disabled Persons Employment Promotion Act 1960*²¹¹ in 2007. Many providers chose to close the sheltered workshops and instead focus on providing other activities for disabled people.

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

315. The Government is working on identifying better alternatives so that the Minimum Wage Exemption²¹² can be removed.²¹³

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

317. Consultation will begin in early 2019 on the design of an approach to ensure disabled people currently under the exemption receive the minimum wage.

Reply to paragraph 25 (c) of CRPD/C/NZL/QPR/2-3

318. Breakdowns of disability findings by ethnic group, family status, and rural/urban status are not available from the *Household Labour Force Survey*²¹⁴ due to high sampling errors on these estimates.

319. Employment data shows that:

- Disabled adults have lower rates of labour force participation and employment compared with non-disabled adults;
- Disabled adults have a higher rate of unemployment compared with non-disabled adults.

Table

Labour Market Statistics (Disability): June quarters²¹⁵

<i>Labour market measure</i>	<i>Disability Status</i>	<i>Survey quarter</i>	
		<i>June 2017</i>	<i>June 2018</i>
Labour force participation rate	Disabled adults	25.2%	25% ²¹⁶
Labour force participation rate	Non-disabled adults	72.6%	73.2% ²¹⁷
Employment rate	Disabled adults	22.4%	22.3% ²¹⁸
Employment rate	Non-disabled adults	69.3%	70% ²¹⁹
Unemployment rate	Disabled adults	11.4%	10.6% ²²⁰
Unemployment rate	Non-disabled adults	4.5%	4.3% ²²¹

Reply to paragraph 26 (a)(i) of CRPD/C/NZL/QPR/2-3

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

- Needs accommodation or needs 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 (including discrimination on the basis of disability) 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).

Reply to paragraph 26 (a)(ii) of CRPD/C/NZL/QPR/2-3

321. From 1 January 2018 to 31 March 2018:

- 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;
- 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;²²²
- Eight households who required a modified property were housed.

322. 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.

Reply to paragraph 26 (a)(iii) of CRPD/C/NZL/QPR/2-3

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

- Are in temporary accommodation including emergency (often a motel) or transitional housing to meet their immediate housing need;
- Live in housing nz corporation housing or community housing;

- Are funded for housing modifications by the ministry of health or acc (see question 26(a)(iv)).

324. As at 31 December 2017, on the social housing register:

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

325. 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% of all tenancies²²³.

Reply to paragraph 26 (a)(iv) of CRPD/C/NZL/QPR/2-3

326. The Ministry of Health funded 10,851 grants for housing modifications over this reporting period²²⁴. 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 (71.5%)
- 1,416 cases for disabled people living in privately rented houses (13%)
- 1,676 cases for disabled people living in social housing²²⁵ (15.5%)²²⁶.

327. ACC funded 9,295²²⁷ grants for housing modifications over this reporting period²²⁸. Modifications range from ramps and rails to complex modifications including floor lifts and home extensions. ACC funds in full, the most cost effective housing modification solution to meet a person's assessed injury related needs.

Reply to paragraph 26 (a)(v) of CRPD/C/NZL/QPR/2-3

328. Housing NZ Corporation built or modified 441 houses for disability-related reasons between January 2014 and April 2018.

Reply to paragraph 26 (b) of CRPD/C/NZL/QPR/2-3

329. The new *Child Poverty Reduction Act 2018*²²⁹ requires successive Governments to set 10-year and 3-year child poverty reduction targets, and to report annually on child poverty rates.

330. The Act requires the Government Statistician to include analysis for identified populations, to the extent the available data allows. The Act gives examples of groups who may be selected as identified populations, including disabled children, and children with a disabled parent, guardian or caregiver.

331. Amendments made to the *Children's Act 2014*²³⁰ require successive governments to adopt a strategy to improve the wellbeing of all children, including those with greater needs, and to reduce child poverty.

332. The Children's Act provides that the strategy is intended to help NZ meet its international obligations relating to children, including under the UN Convention on the Rights of the Child and the CRPD. Annual reporting on progress toward the outcomes sought by the strategy must include analysis for identified populations, which could include disabled children, and children with a disabled parent, guardian, or caregiver.

333. The Government is currently developing the first strategy. The draft framework contains a number of outcomes and focus areas including that "disabled children and young people have improved opportunities and outcomes".

334. There are no specific measures for disabled people in homelessness reduction strategies.

Reply to paragraph 27 (a) of CRPD/C/NZL/QPR/2-3

335. Electronic voting is unavailable in NZ for parliamentary elections.

336. A survey of voters and non-voters after the 2017 General Election found that 92% of disabled voters were either ‘happy’ or ‘very happy’ with the overall voting process²³¹.

337. To increase the accessibility of voting, the Electoral Commission introduced:

- A phone dictation voting service for electors who are blind, partially blind or who have a disability that means they are unable to mark a voting paper without assistance for all general elections, by-elections and referenda since 2014;²³²
- Guidance for parliamentary parties and candidates about how to make their resources accessible to disabled voters;²³³
- Guidance on how to vote for people with learning disabilities in EasyRead format.

338. The Electoral Commission plans to explore how technology could provide a NZSL interpretation service for deaf voters in voting places.

Reply to paragraph 27 (b)(i) of CRPD/C/NZL/QPR/2-3

339. NZ political parties can fund disabled candidates to ensure they can stand for office. There is no spending limit on this kind of electoral spending.

340. The Parliamentary Service provides support to disabled Members of Parliament (MPs).

341. *The Election Access Fund Bill* is currently being considered by Parliament. If passed, it will establish a fund for disabled candidates to cover disability-related costs of standing in a general election.²³⁴

342. A Parliamentary Select Committee undertook an inquiry into the accessibility of services to Parliament in 2014 and made recommendations to bring Parliament into line with the CRPD. The Speaker of Parliament²³⁵ reported back about progress and plans concerning accessibility. These included:

- Making the Parliamentary precinct physically accessible
- Enabling the use of NZSL by having interpreters available
- Providing live captioning on Parliament TV
- Developing an accessibility policy.

343. The Speaker stated he was confident that the Parliamentary Service and Office of the Clerk would be able to provide MPs 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.

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

Reply to paragraph 28 of CRPD/C/NZL/QPR/2-3

345. *The Accessibility Design Guide and Self-Assessment Checklist* (Sport NZ 2014)²³⁶ provides advice on minimum accessibility requirements for sports facilities, and encourages going beyond these requirements to achieve best practice.

346. There is no government policy to enhance accessibility in museums. Some museums however provide for accessibility.²³⁷

347. In 2015/16, NZ On Air, NZ’s broadcast funding agency, increased funding for captioning per year from \$2.4 million to \$2.8 million.

348. Heritage NZ Pouhere Taonga's²³⁸ 2015 policy statement on the management and use of its historic places, commits to improving accessibility to historic places, including physical access as is reasonably practicable.

349. Government funding supports organisations who work to improve accessibility including Arts Access Aotearoa, Touch Compass Dance Company, the Halberg Disability Sport Foundation, Special Olympics NZ, and Paralympics NZ.

Reply to paragraph 29 (a), of CRPD/C/NZL/QPR/2-3

350. The planned first release of 2018 Census data has been delayed. Timeframes for data release will be confirmed in April 2019.

351. 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 of questions on disability. Analysis will be able to be done in comparison with other Stats NZ surveys (including the *Household Labour Force Survey* and the *NZ General Social Survey*) which include the Washington Group Short Set of questions on disability.

Reply to paragraph 29 (b) of CRPD/C/NZL/QPR/2-3

352. The Washington Group Short Set of questions on disability were tested at all stages of the 2018 Census testing programme, and approved for inclusion as part of the formal content sign-off by the Government Statistician.

353. The 2018 Census was digital by default. There were participation challenges for some New Zealanders, including disabled people. Stats NZ are working with the DPO Coalition to avoid issues for the next census.

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

- Working with key stakeholders to develop materials and approaches for accessibility;²³⁹
- Working with the access alliance²⁴⁰ and their specialist in web accessibility to review the accessibility of the online collection system and website for the 2018 census during development;
- Providing resources to help organisations and individuals to support others²⁴¹ and creating a checklist of considerations for those running an event to help people to complete their census.

Reply to paragraph 29 (c) of CRPD/C/NZL/QPR/2-3

355. 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.

Reply to paragraph 29 (d) of CRPD/C/NZL/QPR/2-3

356. The 2018 Census will allow data to be disaggregated by ethnicity and disability, and provide opportunities to gain a better understanding of differences between disabled and non-disabled Māori.

357. In 2018, Stats NZ carried out Te Kupenga,²⁴² the second survey of Māori wellbeing. Te Kupenga gives a picture of the social, cultural, and economic wellbeing of Māori people. Results are used to monitor existing policies and programmes for Māori and to develop new initiatives.

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

359. 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 2018–2022: The Māori Disability Action Plan*.²⁴³

360. Māori disability data is disaggregated in the *Demographic Report on Clients Allocated the Ministry of Health's Disability Support Services*²⁴⁴ as at September 2016. In 2016, 5,920 clients (17.5% of the Ministry's client group) were recorded with Māori ethnicity.

Reply to paragraph 29 (e) of CRPD/C/NZL/QPR/2-3

361. The disability support system transformation prototype (see introduction) has implemented results-based accountability measures into its provider contracts. These measures were developed through a series of workshops including disabled people, family, whānau and providers.

362. The DPO Coalition and the *Disability Strategy Revision Reference Group* were involved in the co-design process to develop the 28 indicators for the *Disability Strategy: Outcomes Framework*.

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

364. The Government does not keep a register of institutionalised persons or a register of persons in psychiatric hospitals. The Ministry of Health's national mental health database contains information that allows the Government to monitor and report on the number of people who are subject to compulsory inpatient (hospital) treatment.

Reply to paragraph 30 of CRPD/C/NZL/QPR/2-3

365. The NZ Aid Programme funds activities to promote the rights of disabled people and empower groups and individuals, including:

- Promoting disabled people's economic empowerment through reducing barriers to engagement in productive agriculture in India;
- Promoting inclusive education for disabled children in Papua New Guinea;
- Developing a capacity-building resource for NZ's humanitarian partners to design and deliver disability-inclusive humanitarian responses;
- Considering priorities and access of disabled people in the design and development of NZ Government-supported infrastructure projects.

Reply to paragraph 31 of CRPD/C/NZL/QPR/2-3

366. The IMM provides an independent perspective on progress toward achieving the outcomes and goals of the Disability Strategy and monitors the Government's progress against the CRPD.

367. In 2017, the *Ministers' Leadership Group on Disability Issues* was established to respond to the six key issues identified by the IMM.²⁴⁵ This Group is a collection of Ministers that provide leadership on disability issues. Government agencies are progressing action to improve these six key issues. These will be included in the *Disability Action Plan 2019–2022*.

368. Recommendations are being actioned from the IMM's report: *Article 24 the Right to an Inclusive Education*. Advisory groups with disability representatives have been created including a working group to improve the transitions of disabled people from school and tertiary education into employment.

Reply to paragraph 32 (a) of CRPD/C/NZL/QPR/2-3

369. The IMM was set up by the Government in 2010. It is composed of the Human Rights Commission,²⁴⁶ the Office of the Ombudsman, and the DPO Coalition.

370. 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.

371. The members of the DPO Coalition are each independently incorporated civil society organisations, which are independent of government.

372. In 2010, the Government provided funding to all three partners to undertake additional activities as the IMM, 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.

373. The Office for Disability Issues provides ongoing funding for the DPO Coalition to provide disabled people-led monitoring (see question 4).

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

Reply to paragraph 32 (b) of CRPD/C/NZL/QPR/2-3

375. No review of the IMM has been carried out.

376. In 2016/2017, the Office for Disability Issues commissioned an independent review of the disabled people-led monitoring part of the IMM, which had been provided by the Convention Coalition Monitoring Group (overseen by the DPO 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.²⁴⁷

377. During 2018, the DPO Coalition, in partnership with the Office for Disability Issues, worked to ensure that an effective disabled people-led monitoring approach was being used.

378. On the basis of that review, the DPO Coalition procured a provider to implement the new approach over the next 3 years.

Reply to paragraph 32 (c) of CRPD/C/NZL/QPR/2-3

379. See question 32(a).

Reply to paragraph 32 (d) of CRPD/C/NZL/QPR/2-3

380. Issues raised by the IMM informed the development and revision of the *Disability Action Plan 2014–2018*, and the *Disability Action Plan 2019–2022*.

381. In June 2015, the Government released its response to the IMM's 2012 and 2014 reports.²⁴⁸

382. In response to the IMM's recommendations, in 2017:

- Parliament enacted legislation to repeal sections 141 and 142 of the *Oranga Tamariki Act 1989* (see question 21(a));
- The Government noted that the *Mental Health (Compulsory Assessment and Treatment) Act 1992* was likely to be inconsistent with the CRPD (see question 13(b)).

Notes

¹ <https://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=aotearoa>.

² <https://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=maori>.

³ <https://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=whanau>.

⁴ The seven organisations are: Association of Blind Citizens of New Zealand Inc, Balance Aotearoa, Deaf Aotearoa New Zealand Inc, Disabled Persons Assembly New Zealand Inc, Kāpo Māori

- Aotearoa New Zealand Inc, Muscular Dystrophy Association of New Zealand Inc, People First New Zealand Inc Ngā Tāngata Tuatahi.
- 5 www.odi.govt.nz/nz-disability-strategy/about-the-strategy/new-zealand-disability-strategy-2016-2026/read-the-new-disability-strategy/.
 - 6 The New Zealand Disability Strategy Reference Group members are detailed here: www.odi.govt.nz/nz-disability-strategy/about-the-strategy/new-zealand-disability-strategy-2016-2026/read-the-new-disability-strategy/new-zealand-disability-strategy-read-online/getting-it-going-who-is-involved/#appendix.
 - 7 Whānau is the Te Reo 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.”
 - 8 The Minister for Disability Issues is Hon Carmel Sepuloni.
 - 9 “This will be a government of inclusion. All who live in this country are entitled to respect and dignity; all are entitled to live meaningful lives; all are entitled to care and compassion. Everyone should have a roof over their head and be warm in winter. Everyone should have food and a table to put it on.”
 - 10 The Welfare Expert Advisory Group (WEAG) is a group of experts who advise the Government on the future of the welfare system.
 - 11 Ministry of Health Disability Support Services (\$210.628m); Ministry of Education Learning Support (\$249.323m); Representation at the United Nations Committee on the Rights of Persons with Disabilities (\$0.325m).
 - 12 See www.odi.govt.nz/.
 - 13 See www.odi.govt.nz/nzsl/.
 - 14 See www.msd.govt.nz/about-msd-and-our-work/newsroom/2018/accessible-public-information.html.
 - 15 See www.building.govt.nz/building-code-compliance/d-access/accessible-buildings/.
 - 16 See www.washingtongroup-disability.com/.
 - 17 The Washington Group Short Set of questions on disability were recently included in: the 2018 Census of Population and Dwellings (this data is not yet available), NZ General Social Survey (See www.stats.govt.nz/information-releases/well-being-statistics-2016, in the 2016/17 survey year and every two years subsequent), the Household Labour Force Survey (See www.stats.govt.nz/information-releases/labour-market-statistics-june-2018-quarter, June quarters from 2017), NZ Health Survey (in the field in 2018), NZ Crime and Victimisation Survey (2019), Public Service Census (February 2019).
 - 18 The Washington Group Short Set of questions on disability are not designed to produce counts or rates of disabled people in New Zealand. They are used, like other demographic characteristics including sex and ethnic group, to allow the comparison of outcomes for different population sub-groups.
 - 19 “Oranga mahi” is Te Reo meaning wellness through work.
 - 20 See: www.msd.govt.nz/about-msd-and-our-work/publications-resources/corporate/annual-report/2016-2017/reducing-the-welfare-liability.html.
 - 21 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.
 - 22 Mana Whaikaha reflects people’s strength, mana (influence, dignity) and mauri (life essence). Whaikaha means to have strength, to have ability, to be otherly abled, and to be enabled. See <https://manawhaikaha.co.nz/about-us/mana-whaikaha-korero/>.
 - 23 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.
 - 24 “Oranga Tamariki” is Te Reo meaning “the wellbeing of children”.
 - 25 See www.legislation.govt.nz/act/public/2018/0032/latest/whole.html.
 - 26 See <http://legislation.govt.nz/act/public/2000/0091/72.0/DLM80051.html>.
 - 27 See www.odi.govt.nz/nz-disability-strategy/disability-action-plan/.
 - 28 Action 9(f) refers. See: www.odi.govt.nz/nz-disability-strategy/outcome-8-leadership.
 - 29 The six key issues are: data, education, employment, access to information, seclusion and restraint and housing. These issues were identified by the Independent Monitoring Mechanism in their report to the Committee (November 2017) www.hrc.co.nz/your-rights/people-disabilities/our-work/making-disability-rights-real/.
 - 30 See www.odi.govt.nz/nz-disability-strategy/about-the-strategy/new-zealand-disability-strategy-2016-2026/.
 - 31 The New Zealand Disability Strategy Revision Reference Group and the DPO Coalition.

- ³² 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/.
- ³³ See: 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/.
- ³⁴ See <http://www.donaldbeasley.org.nz/>.
- ³⁵ Including but not limited to employment matters, provision of goods and services, and access to public places and facilities.
- ³⁶ 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.
- ³⁷ *Smith v Air New Zealand Limited* [2011] NZCA 20.
- ³⁸ Guidelines on reasonable accommodations include: the Independent Monitoring Mechanism’s “Reasonable accommodation guide focussing on persons with disabilities”, and Government guidelines for employers and employees which are available from the Ministry of Business Innovation and Employment, the Office for Disability Issues and the Ministry of Social Development’s websites.
- ³⁹ The outcome of that engagement is available on the Ministry of Health’s website (www.health.govt.nz/publication/targeted-engagement-funded-family-care-and-paid-family-care) and opportunities for further engagement, including with Māori and Pasifika are being considered by the Ministry for early 2019.
- ⁴⁰ See www.health.govt.nz/publication/evaluation-funded-family-care.
- ⁴¹ There were 13 claims for compensation for non-payment of family carers before October 2013. Those claims were amalgamated into one set of proceedings which were due for hearing in February 2019, before being discontinued.
- ⁴² See the Child Poverty Act 2018 and amendments to the Children’s Act 2014.
- ⁴³ “Whānau” is the Te Reo 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. “Ora” is the Te Reo word for “to be alive, well, safe, cured, recovered, healthy, fit, healed”. See: www.tpk.govt.nz/en/whakamahia/whanau-ora.
- ⁴⁴ See www.education.govt.nz/early-childhood/teaching-and-learning/learning-tools-and-resources/early-intervention/.
- ⁴⁵ See www.health.govt.nz/our-work/life-stages/child-health/b4-school-check.
- ⁴⁶ See www.education.govt.nz/school/student-support/special-education/day-special-schools-for-students-with-high-needs/.
- ⁴⁷ See <https://education.govt.nz/school/student-support/special-education/intensive-wraparound-service-iws/>.
- ⁴⁸ See <http://inclusive.tki.org.nz/guides>.
- ⁴⁹ This survey provides the most comprehensive current data on disabled women. See www.stats.govt.nz/information-releases/disability-survey-2013.
- ⁵⁰ The Sexual Violence Prevention Advisory Board (the Advisory Board) comprises officials from agencies involved in the funding, management and delivery of sexual violence prevention activities, as well as sector representatives, and independent representatives from key population groups.
- ⁵¹ See <http://www.oneyouok.org.nz/assets/AreYouOK/Resources/disability-booklet-newest-1.pdf>.
- ⁵² See <https://women.govt.nz/news/more-women-public-boards>.
- ⁵³ See <https://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/>.
- ⁵⁴ The New Zealand Sign Language Board of ten currently includes four women, two of whom are Deaf. The Chair is a Deaf woman. In line with its Terms of Reference, recruitment by June 2019 to replace members who are standing down is expected to further improve representation on the Board.
- ⁵⁵ ‘Whāia te Ao Marama’ in Te Reo means pursuing the world of enlightenment. For the purposes of the plan, ‘Whāia te ao marama’ means to pursue and enable a good life that is self-determined, through enlightened supports. See www.health.govt.nz/our-work/disability-services/maori-disability-support-services/te-ao-marama-group.
- ⁵⁶ We did not collect data on the number of disabled women who have been involved in the co-design of the disability support system transformation.
- ⁵⁷ Disabled people had an additional place on the Governance Group, but chose to increase the representation of Pacific people by including a Pacific representative instead.
- ⁵⁸ ‘Faiva Ora’ is the name of the National Pasifika Disability Plan. Faiva Ora translates to ‘the work for life’. It embodies the Pasifika spirit of working together to support Pacific disabled peoples and their families to live inclusive and fulfilling lives and to participate in their communities. See www.health.govt.nz/our-work/disability-services/pasifika-disability-support-services/faiva-ora-leadership-group.

- ⁵⁹ See www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/weag/welfare-expert-advisory-group-appointment-of-members-cabinet-paper.pdf.
- ⁶⁰ See <https://www.hnzc.co.nz/about-us/our-structure/>.
- ⁶¹ Section 11(2)(c), *Oranga Tamariki Act 1989*.
- ⁶² 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.”
- ⁶³ See www.msd.govt.nz/about-msd-and-our-work/publications-resources/resources/child-impact-assessment.html.
- ⁶⁴ See www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/resources/child-impact-assessment-guide.pdf.
- ⁶⁵ Oranga Tamariki Act 1989, section 5(1)(b)(i)
- ⁶⁶ See <https://practice.orangatamariki.govt.nz/knowledge-base-practice-frameworks/>.
- ⁶⁷ See <http://www.hcn.govt.nz/about-hcn/index.html>.
- ⁶⁸ Mana Whaikaha reflects people’s strength, mana (influence, dignity) and mauri (life essence). Whaikaha means to have strength, to have ability, to be otherly abled, and to be enabled. See <https://manawhaikaha.co.nz/about-us/mana-whaikaha-korero/>.
- ⁶⁹ Anyone in MidCentral can ask for support for a child or young person who may or may not have a diagnosis and needs additional support to thrive. Requests for support can be from parents, health professionals, teachers, Connectors, or ACC. The group is supported by paediatricians, Child Development Services, Explore, Child, Adolescent and Family Mental Health Services, Community Mental Health Services, Ministry of Education – Learning Support, Oranga Tamariki, Mana Whaikaha, Accident Compensation Corporation (ACC), and other agencies.
- ⁷⁰ See www.legislation.govt.nz/regulation/public/2018/0223/latest/whole.html.
- ⁷¹ LGBTQI is an abbreviation of lesbian, gay, bisexual, transgender, questioning (or: queer), intersex.
- ⁷² See <https://www.orangatamariki.govt.nz/news/care-standards-support-tamariki-and-caregivers/>.
- ⁷³ Reference to 1993 relates to two 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 was a range of new mechanisms established, including the Health and Disability Commissioner, appointment of District Inspectors, audit agencies for aged care and residential care facilities etc, for investigation of complaints and to seek redress from agencies.
- ⁷⁴ See www.hdc.org.nz/.
- ⁷⁵ See <http://www.ombudsman.parliament.nz/>.
- ⁷⁶ See www.corrections.govt.nz/about_us/who_we_are/office_of_the_inspectorate.html.
- ⁷⁷ Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018. See www.legislation.govt.nz/regulation/public/2018/0111/latest/LMS56030.html.
- ⁷⁸ “Hapū” is the Te Reo word meaning “(noun) 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).”
- ⁷⁹ “Iwi” is the Te reo word meaning “(noun) 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.”
- ⁸⁰ See <https://www.likeminds.org.nz/>.
- ⁸¹ The programme is currently focusing its efforts particularly on workplaces, media, and champions or leads in community activities, and family, whānau and friends of people experiencing mental distress. 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>.
- ⁸² See <http://msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/disabilityconfidentnz/index.html>.
- ⁸³ See <https://www.health.govt.nz/our-work/mental-health-and-addictions/national-depression-initiative>.
- ⁸⁴ Action 10(b) refers, *Disability Action Plan 2014–2018*, www.odi.govt.nz/nz-disability-strategy/outcome-5-accessibility/.
- ⁸⁵ March 2005. See www.mfe.govt.nz/sites/default/files/urban-design-protocol-colour.pdf.
- ⁸⁶ 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.

- ⁸⁷ 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.
- ⁸⁸ The Minister for Housing and Urban Development and Transport is Hon Phil Twyford.
- ⁸⁹ Housing NZ Corporation is a Crown agent that provides housing services for New Zealanders in need. Housing NZ Corporation owns or manages a rental housing portfolio of over 64,000 homes for approximately 184,000 people.
- ⁹⁰ See <https://www.hud.govt.nz/residential-housing/kiwibuild/>.
- ⁹¹ The measure for wheelchair accessible taxis is reported via regional councils and Auckland Transport and is measured by the 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. The Total Mobility Scheme assists eligible people, with long term impairments to access appropriate transport to meet their daily needs and enhance their community participation. This assistance is provided in the form of subsidised door to door transport services wherever scheme transport providers operate.
- ⁹² 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 All buses operating in Rotorua, Canterbury, Gisborne, Hawkes Bay, Marlborough, Whangarei and Waikato are accessible.
- ⁹³ CDEM agencies are all those agencies with roles and responsibilities as set out in the National Civil Defence Emergency Management Plan Order 2015. This totals over 60 organisations including central government, local government, lifeline utilities, and non-government organisations.
- ⁹⁴ 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/>.
- ⁹⁵ These interpreters are mindful of the need to communicate information in ways that Deaf people with lower levels of literacy can understand.
- ⁹⁶ The Protection of Personal and Property Rights Act 1988 provides for the protection and promotion of the personal and property rights of persons who are not fully able to manage their own affairs. There are currently no plans to revise this Act.
- ⁹⁷ See www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/.
- ⁹⁸ See www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/.
- ⁹⁹ See www.health.govt.nz/publication/funded-family-care-operational-policy.
- ¹⁰⁰ Ministry of Justice data.
- ¹⁰¹ 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 the Ministry of Business, Innovation and Employment.
- ¹⁰² This is more than four times the number served by the existing ACC-funded advocacy services.
- ¹⁰³ 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.
- ¹⁰⁴ Reviewers are independent contractors who serve as adjudicators.
- ¹⁰⁵ The Tribunals Powers and Procedures Bill – enacted 13 November 2018.
- ¹⁰⁶ Legal aid is available for proceedings in some tribunals including the Tenancy Tribunal, Social Security Appeal Authority, and Waitangi Tribunal.
- ¹⁰⁷ See www.pmcasa.org.nz/wp-content/uploads/Discussion-paper-on-preventing-youth-offending-in-NZ.pdf for: *It’s never too early, never too late: A discussion paper on preventing youth offending in New Zealand*, 12 June 2018, Office of the Prime Minister’s Chief Science Advisor. Page 18 draws on international evidence on mental health and developmental disorders, noting that in NZ, 92% of young people in youth-justice residences showed significant difficulties in at least one area of achievement (IQ, attention, literacy, numeracy, verbal abilities).
- ¹⁰⁸ See www.growingup.co.nz/en.html.
- ¹⁰⁹ 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.
- ¹¹⁰ “He ara oranga” is Te Reo meaning “pathways to wellness”. See <https://www.mentalhealth.inquiry.govt.nz/inquiry-report/>.
- ¹¹¹ In 2018, the Government initiated an Inquiry into Mental Health and Addiction to identify how to better serve people’s needs and improve the mental health and addiction system. The Inquiry report is available at: <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/>.
- ¹¹² This was action 9(d) of the *Disability Action Plan 2014–2018*. See www.odi.govt.nz/nz-disability-strategy/outcome-7-choice-and-control/.

- ¹¹³ Further information on the Tribunal’s activities is published annually in the Office of the Director of Mental Health Annual Report, available on the Ministry of Health website.
- ¹¹⁴ Further information on the Tribunal’s activities is published annually in the Office of the Director of Mental Health Annual Report, available on the Ministry of Health website.
- ¹¹⁵ District Inspectors are lawyers appointed under the Mental Health Act.
- ¹¹⁶ Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, Section 72.
- ¹¹⁷ Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, Section 74.
- ¹¹⁸ Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, Section 77.
- ¹¹⁹ Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, Part 7.
- ¹²⁰ Criminal Procedure (Mentally Impaired Persons) Act 2003, sections 8A, 10–13.
- ¹²¹ Criminal Procedure (Mentally Impaired Persons) Act 2003, section 24.
- ¹²² Between 2014 and 2017, there was a 10.5% decrease in the number of seclusion hours but a 5.3% increase in the number of people secluded in adult mental health services. The downward trend in the use of seclusion has recently steadied.
- ¹²³ See www.hqsc.govt.nz/blog/why-eliminating-seclusion-by-2020-is-an-aspirational-goal/.
- ¹²⁴ Māori continue to be secluded at a disproportionate rate to other groups of service users.
- ¹²⁵ See www.tepou.co.nz/initiatives/safe-practice-effective-communication/225.
- ¹²⁶ See www.health.govt.nz/publication/night-safety-procedures-transitional-guideline.
- ¹²⁷ See www.health.govt.nz/publication/office-director-mental-health-annual-report-2016.
- ¹²⁸ Ministry of Health, extracted from PRIMHD national mental health dataset on 21/12/2018.
- ¹²⁹ In NZ, the Office of the Ombudsman is 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.
- ¹³⁰ The gazette notice officially changing the Ombudsman’s designation can be found at <https://gazette.govt.nz/notice/id/2018-go2603>.
- ¹³¹ See www.health.govt.nz/our-work/regulation-health-and-disability-system/certification-health-care-services/services-standards.
- ¹³² Directors of Area Mental Health Services under the Mental Health Act and Compulsory Care Coordinators under the Intellectual Disability (Compulsory Care and Rehabilitation) Act.
- ¹³³ Further statistics are provided in the Office of the Director of Mental Health Annual Reports on the Ministry of Health website www.health.govt.nz. Note that 2017 figures are provisional until published in early 2019.
- ¹³⁴ The Health and Disability Commissioner (HDC), the independent watchdog, investigates complaints and makes recommendations to health and disability service providers. HDC publishes annual reports on its activities. In 2016/17, HDC received 2211 complaints about health and disability services (compared with 1958 complaints in 2015/16 and 1880 in 2014/15). These covered a wide range of complaints, not just those relevant to the Convention. 80 formal investigations were completed, of which 61 resulted in breach opinions, 11 providers were referred to the Director of Proceedings responsible for bringing a case in front of the Health Practitioners Disciplinary Tribunal or the Human Rights Review Tribunal. Complaints received by HDC relating to mental health inpatient units: 69 in 2015/2016; 85 in 2016/2017; 87 in 2017/2018. If a patient is unhappy with the handling of a complaint, they may make a further complaint to the Ombudsman.
- ¹³⁵ Optional Protocol to the Convention against Torture inspection reports are published on the Ombudsman’s website, www.ombudsman.parliament.nz/what-we-do/protecting-your-rights/monitoring-places-of-detention.
- ¹³⁶ See www.education.govt.nz/ministry-of-education/legislation/the-education-update-amendment-act/.
- ¹³⁷ See www.education.govt.nz/news/new-rules-for-using-physical-restraint-in-schools/.
- ¹³⁸ See www.education.govt.nz/assets/Documents/School/Managing-and-supporting-students/Guidance-for-New-Zealand-Schools-on-Behaviour-Mgmt-to-Minimise-Physical-....pdf.
- ¹³⁹ 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.
- ¹⁴⁰ 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/.
- ¹⁴¹ See <http://areyouok.org.nz/>.
- ¹⁴² See <http://www.pasefikaproud.co.nz/>.
- ¹⁴³ See <https://etuwhanau.org.nz>.
- ¹⁴⁴ See <https://safetotalk.nz>.
- ¹⁴⁵ See <http://www.legislation.govt.nz/act/public/2018/0046/latest/whole.html>. Changes to the Act include: recognising 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’ 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.

- ¹⁴⁶ See www.health.govt.nz/publication/prevention-and-management-abuse-guide-services-funded-disability-support-services.
- ¹⁴⁷ 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.
- ¹⁴⁸ See www.workandincome.govt.nz/eligibility/health-and-disability/counselling.html.
- ¹⁴⁹ Action 7(b) of the *Disability Action Plan 2014–2018* refers: Explore the framework that protects the bodily integrity of disabled children and disabled adults against non-therapeutic medical procedures, including the issue of consent. This action will focus initially on options to protect against non-therapeutic sterilisation without the fully informed consent of the individual. See www.odi.govt.nz/nz-disability-strategy/outcome-7-choice-and-control/.
- ¹⁵⁰ Contraception, Sterilisation, and Abortion Act 1977, see www.legislation.govt.nz/act/public/1977/0112/latest/DLM17680.html.
- ¹⁵¹ The Protection of Personal and Property Rights Act 1988.
- ¹⁵² New Zealand Bill of Rights Act 1990, section 11.
- ¹⁵³ The Code of Health and Disability Services Consumers’ Rights, Right 7(4).
- ¹⁵⁴ The term “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.
- ¹⁵⁵ <https://www.noted.co.nz/health/health/how-a-waikato-family-fought-to-stop-their-disabled-daughters-growth/>.
- ¹⁵⁶ See <http://www.donaldbeasley.org.nz/>.
- ¹⁵⁷ See www.health.govt.nz/system/files/documents/publications/resettlement-of-kimberley-residents.pdf.
- ¹⁵⁸ See www.health.govt.nz/your-health/services-and-support/disability-services/types-disability-support/new-model-supporting-disabled-people/choice-community-living.
- ¹⁵⁹ Auckland and Waikato.
- ¹⁶⁰ It is available in the Hutt, Otago and Southland regions.
- ¹⁶¹ Housing NZ Corporation is a Crown agent that provides housing services for New Zealanders in need.
- ¹⁶² See www.stats.govt.nz/information-releases/well-being-statistics-2016.
- ¹⁶³ See www.health.govt.nz/our-work/disability-services/contracting-and-working-disability-support-services/equipment-and-modification-services.
- ¹⁶⁴ Action 9(g), *Disability Action Plan 2014–2018* refers. See www.odi.govt.nz/nz-disability-strategy/outcome-5-accessibility.
- ¹⁶⁵ Te Reo Māori is the indigenous language of Aotearoa/New Zealand.
- ¹⁶⁶ See www.msd.govt.nz/about-msd-and-our-work/newsroom/2018/accessible-public-information.html.
- ¹⁶⁷ Namely the DPOs representing print disabilities: Association of Blind Citizens New Zealand, Deaf Aotearoa and People First New Zealand. Action 9(a), *Disability Action Plan 2014–2018* refers. See www.odi.govt.nz/nz-disability-strategy/outcome-5-accessibility/.
- ¹⁶⁸ See www.parliament.nz/resource/en-NZ/SCR_74810/949a5e80d88b6ccea3f190aa4fe37137834e81bc.
- ¹⁶⁹ Cabinet Minute (03)41/2B. See www.digital.govt.nz/standards-and-guidance/design-and-ux/accessibility/.
- ¹⁷⁰ Expenses for equipment and workplace modification on average are approximately \$0.5m per year.
- ¹⁷¹ Agreements are made under both sections for out-of-home care for disabled children or young people. S141 agreements are with providers approved under s396 of the Act and s142 agreements are with providers registered under the Disabled Persons Community Welfare Act 1975.
- ¹⁷² 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.
- ¹⁷³ 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.
- ¹⁷⁴ See www.legislation.govt.nz/act/public/1955/0093/35.0/DLM292661.html.
- ¹⁷⁵ HC New Plymouth CP31/92, 18 October 1993.
- ¹⁷⁶ See www.health.govt.nz/resource/antenatal-screening-and-testing-down-syndrome-and-other-conditions.
- ¹⁷⁷ See <http://www.nzdsa.org.nz/>.
- ¹⁷⁸ *The Education Act 1989*, Section 8.

- 179 The Dispute resolution Process is available in Auckland, Whanganui/Manawatu, Nelson/Marlborough/West Coast. See <https://parents.education.govt.nz/learning-support/learning-support-needs/resolving-problems-about-your-childs-learning-support/>.
- 180 A Board of Trustees is the governing body of a school.
- 181 See <https://gazette.govt.nz/notice/id/2017-gs3288>.
- 182 See <https://www.beehive.govt.nz/release/new-workforce-game-changer-kids-learning-needs>.
- 183 *The Bullying Prevention Advisory Group* is a partnership of 15 organisations from the education, health, justice and social sectors and internet safety and human rights advocacy groups.
- 184 Data found here: www.educationcounts.govt.nz/statistics/special-education/ongoing-resourcing-scheme.
- 185 “Kaitakawaenga” is the Te Reo word meaning “mediator, arbitrator”.
- 186 “Tamariki” is the Te Reo word meaning “children – normally used only in the plural”.
- 187 “Whānau” is the Te Reo word meaning “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.”
- 188 “Hapū” is the Te Reo word meaning “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).”
- 189 “Iwi” is the Te Reo word meaning “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.”
- 190 See www.odi.govt.nz/nz-disability-strategy/outcome-3-health-and-wellbeing/.
- 191 See www.tepou.co.nz/uploads/files/resource-assets/improving-access-to-primary-care-for-disabled-people.pdf (2013).
- 192 “he korowai oranga” is Te Reo meaning “the cloak of wellness”.
- 193 See www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga.
- 194 ‘Whāia te Ao Marama’ in Te Reo means pursuing the world of enlightenment. For the purposes of the plan, ‘Whāia te ao marama’ means to pursue and enable a good life that is self-determined, through enlightened supports.
- 195 See www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-maori-disability-action-plan.
- 196 “Kaupapa” is Te Reo meaning “(noun) topic, policy, matter for discussion, plan, purpose, scheme, proposal, agenda, subject, programme, theme, issue, initiative.” The Kaupapa inquiries deal with nationally significant matters affecting Māori across New Zealand, and are not specific to any particular geographical area. The Kaupapa Inquiry Programme was issued in 2015 by the Waitangi Tribunal’s Chairperson, Chief Judge Wilson Isaac. See www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/.
- 197 ‘Ala Mo’ui is a combination of a number of Pacific languages meaning ‘pathways to the essence of life force’. It represents the holistic view of health and wellbeing, encompassing the physical, mental, cultural and spiritual dimensions that are important to Pacific people: Tongan (‘Ala Mo’ui), Niuean (Ala Moui), Samoan (Ala), Cook Island Maori (Ara), Tokelauan (Ala), Tuvaluan (Ala). See www.health.govt.nz/publication/ala-moui-pathways-pacific-health-and-wellbeing-2014-2018.
- 198 ‘Faiva Ora’ is the name of the National Pasifika Disability Plan. Faiva Ora translates to ‘the work for life’. It embodies the Pasifika spirit of working together to support Pacific disabled peoples and their families to live inclusive and fulfilling lives and to participate in their communities. See www.health.govt.nz/our-work/disability-services/pasifika-disability-support-services/faiva-ora-leadership-group.
- 199 See www.health.govt.nz/our-work/disability-services/pasifika-disability-support-services/faiva-ora-leadership-group.
- 200 See www.health.govt.nz/publication/new-zealand-framework-dementia-care.
- 201 Launched in 2016. See www.health.govt.nz/publication/healthy-ageing-strategy.
- 202 Services include specialised assessment, 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.
- 203 “Te tiriti o Waitangi” is Te Reo for “the Treaty of Waitangi”. See <http://archives.govt.nz/provenance-of-power/te-tiriti-o-waitangi/view-te-tiriti-o-waitangi-online>.
- 204 See <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>.
- 205 The NZ Disability Support Network is a network of not-for-profit organisations and some for-profit NGOs that provide support services to disabled people, mainly through contracts with government. See www.nzdsn.org.nz/.

- 206 See www.nzdsn.org.nz/employment-support-practice-guidelines-how-to-support-disabled-people-to-get-the-job-they-want/.
- 207 See <https://www.ms.govt.nz/about-msd-and-our-work/work-programmes/initiatives/disabilityconfidentnz/lead-toolkit/index.html>.
- 208 “Oranga mahi” is Te Reo meaning wellness through work.
- 209 See www.ms.govt.nz/about-msd-and-our-work/publications-resources/corporate/annual-report/2016-2017/reducing-the-welfare-liability.html.
- 210 Waitemata is an area in North and West Auckland region.
- 211 Under the Disabled Persons Employment Promotion Act 1960, operators of sheltered workshops were exempted from applying the same employment conditions required elsewhere.
- 212 See www.employment.govt.nz/hours-and-wages/pay/minimum-wage/minimum-wage-exemptions/
- 213 Action 2b refers, Disability Action Plan 2014–2018. See www.odi.govt.nz/nz-disability-strategy/employment-and-economic-security/.
- 214 See www.stats.govt.nz/information-releases/household-labour-force-survey-estimated-working-age-population-december-2018-quarter
- 215 The WGSS of questions on disability were included from June 2017 onwards.
- 216 The sampling error associated with this estimate is 2.2 percentage points.
- 217 The sampling error associated with this estimate is 0.6 percentage points.
- 218 The sampling error associated with this estimate is 2.2 percentage points.
- 219 The sampling error associated with this estimate is 0.6 percentage points.
- 220 The sampling error associated with this estimate is 4.1 percentage points.
- 221 The sampling error associated with this estimate is 0.3 percentage points.
- 222 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.
- 223 Out of 65,188 tenancies
- 224 The Ministry of Health spent \$10m in the 2017/18 financial year on housing modifications.
- 225 These data relate to grants made by the Ministry of Health as part of Equipment and Modification Services between 2013 and 2017.
- 226 This data was provided from May 2018.
- 227 As at 31 December 2018
- 228 The Accident Compensation Corporation funded a total of \$26.5m of housing modifications in the 2017/18 financial year.
- 229 See www.legislation.govt.nz/act/public/2018/0057/18.0/LMS8294.html.
- 230 See www.legislation.govt.nz/act/public/2014/0040/latest/whole.html.
- 231 See www.elections.org.nz/research-statistics/research/voter-and-non-voter-surveys.
- 232 The service was used by 714 voters in the 2014 General Election and 586 voters in the 2017 General Election.
- 233 This was first provided in 2017.
- 234 The Election Access Fund Bill, which is a Member’s Bill, was introduced in February 2018. If passed, the Bill will establish an Election Access Fund to be used by any disabled candidate to cover disability-related costs of standing in a general election, by not-for-profit bodies to cover costs of making election education events and materials accessible, and by registered political parties to support access needs of any members to allow them to participate within the party. The Bill passed its first reading in May 2018 and is currently before Select Committee.
- 235 The Speaker of Parliament is responsible for the Parliamentary Service and the Office of the Clerk.
- 236 See <https://sportnz.org.nz/assets/Uploads/Accessibility-Design-Guide-and-Checklist.pdf>.
- 237 Te Papa, a museum in Wellington, provides for accessibility including designing exhibitions to support visitors with differing levels of access (for example, those who are vision-impaired or require wheelchair access). Visitor experiences include sensory tours for blind and low-vision visitors, head sets for tour group attendees with hearing difficulties, ‘relaxed viewings’ of exhibitions for people with sensory issues (including autism) and tours in sign language during New Zealand Sign Language Week. See www.tepapa.govt.nz/visit/plan-your-visit/accessibility.
- 238 Heritage New Zealand Pouhere Taonga is a Crown entity that advocates for the protection of ancestral sites and heritage buildings in New Zealand.
- 239 Stats NZ worked with the Blind Foundation, IHC, CCS Disability Action, Women’s Refuge, People First and Deaf Radio. www.census.govt.nz/how-can-i-do-it/.
- 240 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/).
- 241 www.census.govt.nz/support-resources.
- 242 See www.stats.govt.nz/news/te-kupenga-2018-survey-of-maori-well-being-begins.

- ²⁴³ ‘Whaia te Ao Marama’ in Te Reo means pursuing the world of enlightenment. For the purposes of the plan, ‘Whāia te ao mārama’ means to pursue and enable a good life that is self-determined, through enlightened supports. See www.health.govt.nz/our-work/disability-services/maori-disability-support-services/te-ao-marama-group.
- ²⁴⁴ See www.health.govt.nz/news-media/news-items/demographic-report-published-clients-allocated-ministry-healths-disability-support-services.
- ²⁴⁵ These six key issues were identified by the Independent Monitoring Mechanism in their report to the Committee (November 2017) www.hrc.co.nz/your-rights/people-disabilities/our-work/making-disability-rights-real/.
- ²⁴⁶ The Human Rights Commission is a national institution for the protection and promotion of human rights consistent with the Paris Principles.
- ²⁴⁷ 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/.
- ²⁴⁸ See www.odi.govt.nz/united-nations-convention-on-the-rights-of-persons-with-disabilities/nzs-monitoring-framework/monitoring-reports-and-responses/reports-from-imm-and-responses-from-government/.
-