

12 July 2018

To the 32nd Session of United Nations Human Rights Council

Joint Submission in relation to New Zealand's Third Universal Periodic Review

Hutia te rito o te harakeke. Kei hea te komako, e ko? Ki mai ki ahau, he aha te mea nui o te ao? Maku e ki atu He tangata, he tangata, he tangata

Pluck the heart from the flax bush - where will the bellbird be? Ask me, what is the most important thing in the world? I will reply, it is people, it is people, it is people

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1. INTRODUCTION

This submission is made by Kapo Māori Aotearoa, the Blind Foundation, IHC Advocacy, CCS Disability Action, Coromandel Independent Living Trust, The Supported Life Style Hauraki Trust, Progress to Health, Inclusive NZ, Home and Community Health Association, Inclusive Education Advisory Group, and Parents of Vision Impaired New Zealanders.

1.1 Scope and Methodology

The content of the report is informed by information received from Non-Governmental Organisations, experts and members of the disabled community as well as evidence-based data, including desk research. The submission focuses solely on the realisation of rights for disabled people in Aotearoa New Zealand. It considers progress since the last UPR and then addresses areas of enduring concern under the following headings:

- a) measures of General Implementation
- b) legal and Constitutional Framework
- c) economic, Social and Cultural Rights
- d) rights of specific groups

Attached as **Appendix 1** is a full list of recommendations.

2. UPR PROGRESS

One in 4 people in New Zealand have a disability.ⁱ Women with disabilities face discrimination on multiple, intersecting grounds. For example, the continued lack of support and representation for disabled women to access their rights keeps women with disabilities in poverty and prevents them from accessing the supports and services they need to live full lives. The rights of children with disability tend to be overlooked in the disability sector and in the children's sector.

Māori have higher-than-average disability rates.ⁱⁱ Indigenous children with disabilities are particularly vulnerable to having their rights compromised or breached.

In 2014, 8 recommendations specifically relating to disability were made to New Zealand through its 2nd Universal Periodic Review (UPR). New Zealand accepted 7 of these and committed to 17 actions to address them.ⁱⁱⁱ According to the Human Rights Commission's National Plan of Action online tool, to date only one of these actions has been completed – the ratification of the Optional Protocol to the Convention on the Rights of Persons with Disabilities (CRPD).^{iv} This is an inaccurate assessment of progress made as the actions in many cases are ongoing. Furthermore, the Human Rights Commission's tool relies on the Government updating their actions and advising that they have been completed, not an objective assessment of the impact on the rights of disabled people as described in UPR cycle 2 recommendations.

New Zealand updated its Disability Strategy in 2016 and is developing an outcomes reporting framework with disabled people. Work is underway to transform Disability Support Services to give disabled people more choice and control in line with its obligations under the CRPD. Amendments to the Oranga Tamariki Act 1989, which will come into effect in July 2019, incorporate the Convention on the Rights of the Child and on the Rights of Persons with Disabilities. As a result children within the care, protection and youth justice systems will have their convention rights protected by domestic legislation. The government's work programme also includes initiatives to address bullying and stigmatisation in schools, greater accessibility (physical and digital) across the public sector and inclusive employment practices.

Whilst these are significant steps forward, there is still a long way to go in terms of realising the rights of disabled people and fulfilling the recommendations and corresponding actions committed to in 2014. For example, concerns remain about ensuring that the disability systems transformation does not leave anyone behind – particularly those with high and complex needs who will need access to well developed and robust supportive decision making frameworks to navigate the system.

3. OVERARCHING MATTERS IMPLEMENTATION

New Zealand has ratified 7 of the core international human rights instruments. This means that New Zealand has an almost continuous reporting schedule. Generally New Zealand has 1 review a year. However, this year there are 2 reviews and 2 other reporting processes commencing domestically. This places a significant burden on often under resourced civil society groups and organisations, including disabled people's organisations. The potential impact of civil society not being involved in these processes is that recommendations become disconnected from the people whose rights are affected on the ground in Aotearoa, New Zealand. A more consistent reporting and monitoring framework would assist in mitigating this risk and enabling civil society to more easily and consistently engage in these processes.

We are also concerned about the need to ensure consistency in recommendations across treaty bodies and the UPR. More consistent recommendations would assist with follow up domestically.

New Zealand has endorsed the 2030 Agenda for Sustainable Development (SDG Agenda). The Goals set out in the SDG Agenda have a direct correlation to New Zealand's human rights obligations across all the treaties it has ratified. New Zealand will be required to report against a series of indicators to assess its implementation of the SDG Agenda creating another human rights reporting and monitoring framework.

Reporting and monitoring frameworks should be aligned and streamlined. This will create more consistent and accessible human rights monitoring overall, and enable civil society and affected people to more easily and routinely engage.

3.1 Data

While there has been progress with gathering disability-related data, gaps remain. Disability identification questions are now included in the General Social Survey, the Household Labour Force Survey, and the 2018 Census. Disability identification questions still need to be put in the Household Economic Survey in order to provide regular data on income and poverty levels amongst disabled people and their whānau. The question-set used by Statistics New Zealand, the Washington Group Short-Set, is also known to have problems accurately identifying people with learning disabilities and disabled children.^v We therefore need data on these specific groups. Another significant gap is longitudinal quantitative data. If we had data that tracked how disabled people and their whānau did over time, we could better understand the cumulative impact of the disadvantage and barriers disabled people face.

We also need more funding and encouragement of qualitative research; especially research carried out by disabled researchers and/or co-produced with disabled people, including disabled children and young people as well as people with higher support needs. We need research that explores the diversity of disabled people experiences including how age, ethnicity, gender, sexuality and immigration/refugee status affect people's experience of disability.

4. LEGAL AND CONSITUTIONAL FRAMEWORK

Despite a continued commitment to the international human rights framework, there is slow progress to full implementation in domestic law. The Oranga Tamariki changes, noted above, being the only example since UPR 2.

4.1 Equal recognition before the law

Despite a commitment to the CRPD and its requirements under Article 12, persons with disabilities are regularly denied their right to legal capacity.

The Protection of Personal and Property Rights Act 1988 (PPPR Act), the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 and the Mental Health (Compulsory Assessment and Treatment) Act 1992 are out of date and in need of review. Alison Douglass states, in relation to the PPPR Act that “the legislation’s weakness lies in its unnecessary complexity and lack of clarity about two essential concepts. These are capacity (or incapacity) – the legal “bright line” determining whether intervention is permitted in people’s lives; and best interests – the standard upon which others should make decisions for people with impaired capacity, taking into account their will and preferences. Importantly, the PPPR Act lacks an adequate mechanism for oversight of its implementation in keeping with the principles underpinning it. New Zealand’s current legal framework, as with adult guardianship law in other jurisdictions, is based on a process of substitute decision-making, whereby mental capacity can be tested, and when found absent another person can make a decision on the person’s behalf.”^{vi}

4.1.1 *Aged residential care*

Where an individual is deemed to lack legal capacity a legally appointed attorney may be able to make decisions on their behalf about care options. In other cases such decisions may be determined by other mechanisms such as an advanced directive.

However, in many cases individuals may not have an enduring power of attorney, a Court-appointed attorney or an advanced directive. In these cases decisions about their care are often made by a clinician or provider under the auspices of Right 7(4) of the Health and Disability Code of Health and Disability Consumer Rights (Code).

Right 7(4) provides an exception to the requirement for informed consent. It gives decision-making powers to the clinician or provider so long as they have taken steps to ascertain the patient's views (or the views of other suitable people) to reach the conclusion that placement in residential care will be in the "best interests" of the patient.

In some cases individuals remain in residential care indefinitely on the basis of Right 7(4) without any apparent review of their ability to provide informed consent or any legal formalisation of the placement.

Whilst right 7(4) anticipates supported decision making where the circumstances allow, in order to ensure compliance with New Zealand's international obligations there needs to be a robust mechanism to enable supported decision-making in as many circumstances as possible before resorting to a "best interests" assessment. This already exists to some degree within Right 7(4) but needs to be accompanied by strong operational guidelines and publically funded advocacy to ensure that in practice:

- (a) supported decision-making is available to everyone regardless of their level of support needs;
- (b) support is based on the will and preferences of the person;
- (c) people have a right to have support in communicating their will and preferences, even if this communication is unconventional;
- (d) people have the right to be supported in a range of ways, formally and informally. They also have a right to refuse support; and
- (e) safeguards are set up, with the goal of ensuring the person's will and preferences are respected.

4.1.2 *Preventive Monitoring*

Article 12 of the CRPD expressly requires the establishment of effective safeguards for the exercise of legal capacity. The absence of such safeguards – including periodic review of an individual's ability to provide informed consent and the continued need for residential care - or any independent monitoring or oversight is concerning. The Optional

Protocol to the Convention Against Torture could potentially be one mechanism that could provide independent preventive monitoring.^{vii} Alternatively the review of an individual's ability to provide informed consent could be included in auditing processes administered by the Ministry of Health.

This type of monitoring should also be extended to disability residences where people may be deprived of their liberty in practice and by virtue of substituted decision making which removes their autonomy and choice.

It is recommended that the Government commit to amending all laws and policies dealing with capacity to ensure that they are founded on supported decision making principles. This includes guardianship laws, mental health laws, aged care policies and guidelines and citizenship laws and practices, which remain grounded in the concept of the capacity contract. In particular it is recommended that the Government develop a legal framework based on supported decision-making rather than substitute decision-making.^{viii}

It is further recommended that the Government commit to providing people with intellectual disabilities the support and communication assistance they need to participate meaningfully in decision-making and to ensure their will and preferences are understood.

4.2 Accessibility legislation

Disabled people continue to report major areas of continued non-accessibility and uneven compliance with voluntary accessibility standards. This has a serious impact on social outcomes – educational attainment, workforce participation and income.

New Zealand has no formal mechanisms to specifically ensure that CRPD accessibility rights are implemented and enforced. The current human rights legislation does not give organisations clear and specific directions on what they must do to become fully accessible as employers and service providers.

New Zealand law on accessibility is substantially less detailed and prescriptive than most other OECD countries. It is not as comprehensive in its cover, and is not as effectively enforced.

The improved accessibility of workplaces, the built environment, all goods and services, public infrastructure, and the digital environment will lead to increased workforce participation by people with disabilities.^{ix} In turn, the increase in workforce participation will lead to consequential reductions in the Government's future welfare liability and other positive economic benefits. It is estimated that this will add \$1.45 billion per year to gross domestic product and an annual reduction in fiscal cost to the Government of \$270 million.^x

It is recommended that the Government commit to developing and implementing robust accessibility legislation in line with its binding international human rights obligations.

4.3 Sterilisation

Despite continued efforts by Government and communities, levels of violence against women and children in New Zealand remain unacceptably high. A recent report on sexual assault shows that about 24% of women experienced sexual assault in their life time.³ While these figures are high, it should be noted that sexual abuse remains largely underreported. Disabled women and girls are twice more likely to be victims of violence than non-disabled women and girls.^{xi}

A study focusing on violence against disabled people highlighted the hidden nature of much abuse directed against disabled people within the community. In addition to the physical, emotional and sexual abuse experienced by non-disabled people, “locked in” and “silencing” violence is often specifically directed at disabled people. The report noted that it was reasonable to interpret the Domestic Violence Act 1995 as generally excluding people in employer/employee relationships, such as care workers, from the definition of a domestic relationship. The author continued:^{xii}

As such, it is not clear whether the Act adequately protects disabled people experiencing abuse in home-care/live-in support situations. There appears to be an uncertainty about the legal protection available to disabled people experiencing such abuse, and particularly emotional and psychological abuse.

The consent of an intellectually disabled girl under the age of 18 is not required before sterilisation can be performed. The Care of Children Act 2004 provides that a minor’s guardians together with the appropriate medical professionals have the authority to decide which medical treatments they will receive and the High Court has observed that court authorisation in a case of sterilisation is not required.^{xiii} This is in stark contrast to similar jurisdictions, such as Australia, where a court order is required.

It is recommended that the Government:

- a. review the legal framework for sterilisation without consent in consultation with disabled people and their families to ensure that children with disability have their rights to bodily integrity protected and that they are provided with have independent advocacy.^{xiv}**
- b. extend with urgency the application of the Domestic Violence Act to disability care situations.**
- c. specifically include women and girls with disabilities and their families in government public policies and strategies to address violence and abuse.**

4.4 Adoption Legislation

The Adoption Act 1955 is one of the oldest statutes in New Zealand with ongoing application. The Act relies on a number of grounds of prohibited discrimination to regulate the adoption process.

In 2013 Adoption Action applied to the Human Rights Review Tribunal for a declaration that the Adoption Act 1955 and the Adult Adoption Information Act 1985 are inconsistent with the anti-discrimination provisions in the New Zealand Bill of Rights Act 1990 and therefore contravene Part 1A of the HRA.

In 2016 the Human Rights Review Tribunal found that New Zealand's adoption laws discriminate on a number of grounds including disability. Section 8(1)(b) of the Adoption Act 1955 states that the Family Court can dispense with the consent of a parent or guardian of a child to the adoption of his or her child, if satisfied that he or she is unfit to have the care of the child by reason of any physical or mental incapacity. The Government's responded to the decision by saying it was satisfied that, in practice, the provisions of the Adoption Act are interpreted in a rights consistent manner.^{xv}

It is recommended that the Government commit to amending the Adoption Act to remove all discriminatory provisions and ensure it is consistent with New Zealand's international obligations.

5. Economic, Social and Cultural Rights – Right to an Adequate Standard of Living

People with disabilities are more likely to live in poverty and have low incomes. The majority of people with intellectual disabilities are life-long beneficiaries. In 2013, disabled people aged 15 to 64 were 77% more likely to live in households that earn under \$30,000 a year.^{xvi} Many people with disabilities and their families/whanau struggle to have enough money for an adequate standard of living and a good life – for food, clothing, paying the bills, getting out and about and paying for additional disability costs.

5.1 Right to Work

Many disabled people experience significant barriers to accessing employment, and to fully participating in society. Disabled people are more likely to be unemployed and receive on average just over half the weekly wage of non-disabled people. In the quarter to June 2017, 42.3% of disabled youth aged 15–24 years were not in employment, education, or training. By contrast only 10% of non-disabled youth aged 15-24 were not in employment, education or training.^{xvii}

Ministry of Social Development funded vocational services (employment and community supports) receive only contributory funding and have not had a funding increase for approximately 10 years.

Ministry of Social Development contracts *Business Enterprises* to provide employment supports to people with Disabilities. In addition *Business Enterprises* directly employ disabled people in their organisations. Minimum Wage Exemption Permits (MWEP) enable employers to pay a disabled employee less than the minimum wage in certain circumstances. MWEP's are used by most but not all *Business Enterprises*. They last for two years and are issued by the Ministry of Business, Innovation and Employment. It is common for employees to turn down wage increases if they will impact on their benefit abatement levels making them worse off overall.

People with learning disabilities do not have equitable access to careers advice or post-school learning opportunities. Post-school learning opportunities for people with learning disabilities are most successful when they are linked to practical experiences. The Government should learn from programmes that have worked overseas, such as LEAD Scotland and Project Search.

Organisations are concerned about their capacity to respond to Government procurement processes, which are expensive and time consuming and favour large and for-profit providers. Organisations require support to build their capability to respond to Government policy changes and the needs of their communities.

It is recommended that the New Zealand Government:

- a. Set targets to increase the participation of Māori, Pacific People and Disabled people in the labour market, including in corporate governance and senior management.**
- b. Commit to investing in careers advice and post-school learning opportunities for people with learning disabilities which are linked to practical experiences.**
- c. Increase funding for employment and community support services so that infrastructure is not lost and disabled people continue to have access to effective and responsive supports.**
- d. Implement alternatives to the Minimum Wage Exemption Permit framework to ensure disabled people are able to work on an equal basis with others.**
- e. Ensure people on the *Supported Living Payment* have the appropriate support to transition into employment.**
- f. Review the *Supported Living Payment* to remove barriers to reapplying should employment cease.**
- g. Commit to investing in sector capability and provide community support organisations with the necessary resources.**

5.2 Education

Education is vital to disabled people being able to realise their other rights, fully participate in the community, and exercise full citizenship. However, significant barriers to inclusion remain and disabled people continue to lag behind across all indicators. Children and young people face barriers to equitable access to and outcomes from education and are over-represented in school

disciplinary processes, particularly exclusions both formal and informal. Many disabled children have conditions placed on their enrolment and attendance at school.

The Education Act 1989 (s.3) protects the equal right to education for students with disabilities. However, there is no reference in the legislation to inclusive education or reasonable accommodation. This has resulted in disabled students having barriers in access and enjoyment of their rights to, through and from education. Schools struggle with an inadequate policy framework and under-resourcing in dollar and teacher capacity terms.

New Zealand's dual systems of special and regular education perpetuate outdated beliefs and attitudes which are inconsistent with human rights obligations and inclusive education principles.^{xviii}

It is recommended that the New Zealand Government commit to review without delay all education legislative and policy settings to ensure that schools provide accessible inclusive education for all students throughout New Zealand. This will require:

- 1. Well-adjusted students, schools and communities.**
- 2. Confident and capable education settings.**
- 3. Strong leadership for inclusive education.**
- 4. Accountability, monitoring and enforcement.**

5.3 Right to Health

Significant gaps remain in health outcomes, with Māori and Pasifika communities, persons with disabilities and socio-economically disadvantaged groups generally experiencing worse health outcomes than other groups.

Generally, women in New Zealand have higher life expectancy than men. However, some ethnic women have lower life expectancy than the general population. Māori and Pasifika women die younger than non-Māori and Pasifika Women. Life expectancy at birth for Māori women is 77.1 years, whereas for non-Māori women is 83.9 years. Life expectancy at birth for Pasifika women is 78.8 years while for non-Pasifika women is 83.9.^{xix} Despite continued efforts, Māori and Pasifika communities exhibit higher rates of mental health and addiction problems.^{xx}

Women refugees with disabilities do not have access to disability support services, because they are excluded from the disability support strategy.^{xxi} Moreover, public health institutions are not suited well for women refugees with disabilities due to language barriers, cultural barriers and cost.

Across their lifespan, people with intellectual disabilities are over-represented in the social determinants associated with poor health including inequality, poverty, exposure to abuse, social isolation, discrimination, employment and education.

Compared to the general population people with intellectual disabilities have a significantly lower life expectancy, and higher rates of: potential preventable deaths; mental health conditions; polypharmacy; and aging and age related problems occurring earlier. Men and women with intellectual disability live, respectively, 18 and 23 years fewer than the general population.

People with intellectual disability are less likely to be included in public health initiatives and routine screening such as women having mammograms and pap smears. Too often health issues, including mental health issues, are either under recognised or inadequately managed.

People with high and complex health needs find it hard to get the specialist care needed when they move from paediatric to adult services. Disadvantage is compounded when discrimination is experienced and if people are members of already marginalised groups such as those living in poverty.

It is recommended that the New Zealand Government

- a) work in partnership with Māori, Pacific, Refugee and Disabled communities to increase the provision of adequate and appropriate health services with a particular focus on socially disadvantaged and rural communities.**
- b) commit to reviewing the current health settings to ensure that intellectually disabled people are included in their development, implementation and delivery of health services.**

6. RIGHTS OF SPECIFIC GROUPS

6.1 Children

Children with disability are more likely to live in low income families. Data from Statistics New Zealand's 2013 Disability Survey shows:

- 27.8 % of disabled children lived in families that earn under \$40,000 a year, compared to only 19.4 % of non-disabled children.^{xxii}
- 17% of carers of children with disability were unemployed.^{xxiii}
- 30% of disabled children lived in one parent households, compared to 17% of non-disabled children.^{xxiv}
- 63% of households with disabled children say they earn just enough or not enough money, compared to 43% of all households.^{xxv}

Estimates from 2013 Disability Survey also found that children with disability were less likely, in the previous four weeks, than non-disabled children to have had music, art, or other similar

lessons; played a team sport; done other physical activity such as swimming or gymnastics; visited friends; or been away on holiday in the past 12 months.

Children with disability are disproportionately impacted by wider systemic issues associated with poverty such as housing and household income levels.

It is recommended that:

- a) **the Government's child poverty reduction work include an explicit focus on alleviating poverty for children and young people with disabilities and their families**
- b) **the Government adopt a comprehensive, child rights and participatory approach to the fulfilment of the rights of children with disabilities and ensuring the Disability Action Plan takes into account the needs of those children.**^{xxvi}

6.2 People with Intellectual disabilities

Children and women with intellectual disability are particularly vulnerable to violence, especially if they have communication difficulties. Disabled children are three times more likely than non-disabled children to be abused or neglected and these rates are even higher for children with communication impairments, behaviour difficulties, intellectual disability and sensory disabilities.^{xxvii}

It is recommended that the Government establish pathways and publicly funded independent advocacy for adults with intellectual disabilities to seek protection or redress when they are mistreated. This may include improvements or extensions to the Office of the Health and Disability Commissioner and/or the establishment of an Office of the Public Advocate.

APPENDIX 1 – LIST OF RECOMMENDATIONS

A. EQUAL RECOGNITION BEFORE THE LAW

Legal Capacity

It is recommended that the Government commit to amending all laws and policies dealing with capacity to ensure that they are founded on supported decision making principles. This includes guardianship laws, mental health laws, aged care policies and guidelines and citizenship laws and practices, which remain grounded in the concept of the capacity contract. In particular it is recommended that the Government develop a legal framework based on supported decision-making rather than substitute decision-making.

It is further recommended that the Government commit to providing people with intellectual disabilities the support and communication assistance they need to participate meaningfully in decision-making and to ensure their will and preferences are understood.

Accessibility Legislation

It is recommended that the Government commit to developing and implementing robust accessibility legislation in line with its binding international human rights obligations.

Sterilisation

It is recommended that the Government:

- d. review the legal framework for sterilisation without consent in consultation with disabled people and their families to ensure that children with disability have their rights to bodily integrity protected and that they are provided with have independent advocacy.
- e. extend with urgency the application of the Domestic Violence Act to disability care situations.
- f. specifically include women and girls with disabilities and their families in government public policies and strategies to address violence and abuse.

Adoption Act

It is recommended that the Government commit to amending the Adoption Act to remove all discriminatory provisions and ensure it is consistent with New Zealand's international obligations.

B. ECONOMIC, SOCIAL AND CULTURAL RIGHTS – RIGHT TO AN ADEQUATE STANDARD OF LIVING

Right to Work

It is recommended that the New Zealand Government:

- h. Set targets to increase the participation of Māori, Pacific People and Disabled people in the labour market, including in corporate governance and senior management.
- i. Commit to investing in careers advice and post-school learning opportunities for people with learning disabilities which are linked to practical experiences.
- j. Increase funding for employment and community support services so that infrastructure is not lost and disabled people continue to have access to effective and responsive supports.
- k. Implement alternatives to the Minimum Wage Exemption Permit framework to ensure disabled people are able to work on an equal basis with others.
- l. Ensure people on the *Supported Living Payment* have the appropriate support to transition into employment.
- m. Review the *Supported Living Payment* to remove barriers to reapplying should employment cease.
- n. Commit to investing in sector capability and provide community support organisations with the necessary resources.

Education

It is recommended that the New Zealand Government commit to review without delay all education legislative and policy settings to ensure that schools provide accessible inclusive education for all students throughout New Zealand. This will require:

- 1. Well-adjusted students, schools and communities.
- 2. Confident and capable education settings.
- 3. Strong leadership for inclusive education.
- 4. Accountability, monitoring and enforcement.

Health

It is recommended that the New Zealand Government

- c) work in partnership with Māori, Pacific, Refugee and Disabled communities to increase the provision of adequate and appropriate health services with a particular focus on socially disadvantaged and rural communities.
- d) commit to reviewing the current health settings to ensure that intellectually disabled people are included in their development, implementation and delivery of health services

C. RIGHTS OF SPECIFIC GROUPS

Children

It is recommended that:

- c) the Government's child poverty reduction work include an explicit focus on alleviating poverty for children and young people with disabilities and their families.
- d) the Government adopt a comprehensive, child rights and participatory approach to the fulfilment of the rights of children with disabilities and ensuring the Disability Action Plan takes into account the needs of those children.

People with Intellectual Disabilities

It is recommended that the Government establish pathways and publicly funded independent advocacy for adults with intellectual disabilities to seek protection or redress when they are mistreated. This may include improvements or extensions to the Office of the Health and Disability Commissioner and/or the establishment of an Office of the Public Advocate.

END NOTES

ⁱ Statistics New Zealand, 2013 Disability Survey, 2014

ⁱⁱ Ibid

ⁱⁱⁱ <https://npa.hrc.co.nz/category/42>

^{iv} Ibid.

^v Statistics New Zealand, Measuring disability in New Zealand: Current status and issues: A discussion document for the Working Group on Disability Data and Evidence, 2015 and Washington Group on Disability Statistics, Short Set of Disability Questions. Retrieved March 5, 2018, from Washington Group on Disability Statistics:

<http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

^{vi} <http://www.aspenltd.co.nz/mc/assets/Executive%20Summary%20wiith%20Cover%20PDF.pdf>

^{vii} For a more detailed discussion on the role of OPCAT in residential care settings see: White, *He Ara Tika; a pathway forward*, New Zealand Human Rights Commission (2016).

https://www.hrc.co.nz/files/9314/7251/4226/He_Ara_Tika_Report_2016.pdf

^{viii} The Irish model is a good example. See *Essential Principles: Irish Legal Capacity Law*, available here;

<https://www.nuigalway.ie/media/centrefordisabilitylawandpolicy/files/archive/Legal-Capacity-Essential-Principles.pdf>

^{ix} NZIER, Disability Law Reform (Paper for the Access Alliance), December 2017.

^x NZIER, Valuing Access to Work (Paper for the Access Alliance), February 2017.

^{xi} <http://areyouok.org.nz/family-violence/statistics/>

^{xii} The Hidden Abuse of Disabled People Residing in the Community: An Exploratory Study, Roguski, M (18 June 2013) <http://www.communityresearch.org.nz/wp-content/uploads/formidable/Final-Tairawhiti-Voicereport-18-June-2013.pdf>.

^{xiii} Re X [1991] 2 NZLR 365 (HC)

^{xiv} CRC/C/NZL/CO/5, para 30 (f)

^{xv} <http://www.justice.govt.nz/assets/Documents/Publications/govt-response-declarations-inconsistency-hrrt.pdf>

^{xvi} Statistics New Zealand, Social and economic outcomes tables, 2014

^{xvii} http://m.stats.govt.nz/browse_for_stats/income-and-work/employment_and_unemployment/LabourMarketStatisticsDisability_HOTPJun17qtr.aspx

^{xviii} CRC/C/NZL/CO/5, paragraph 30(c). Committee on the Rights of Persons with Disabilities. General comment No.4(2016) on the right to inclusive education.

^{xix} http://archive.stats.govt.nz/browse_for_stats/health/life_expectancy/NZLifeTables_HOTP12-14.aspx

^{xx} <https://www.health.govt.nz/publication/office-director-mental-health-annual-report-2016>

^{xxi} <https://crf.org.nz/sites/default/files/staff/Executive%20Summary%20-%20If%20we%20have%20to%20go%20on%20our%20own,%20so%20be%20it%20-%20The%20challenges%20faced%20accessing%20disability%20support%20services%20by%20Wellington's%20refugee-background%20communities.pdf>

^{xxii} This is 60% of median household income before housing costs in 2013, analysis by CCS Disability Action of unpublished 2013 Disability Survey data provided by Statistics New Zealand.

^{xxiii} CCS Disability Action *Submission on the Child Poverty Reduction Bill 2018*. Page 9

^{xxiv} Statistics New Zealand. (2016). *Disability and housing conditions: 2013*

^{xxv} Analysis by CCS Disability Action of unpublished 2013 Disability Survey data provided by Statistics New Zealand.

^{xxvi} CRC/C/NZL/CO/5, paragraph 30 (a)

^{xxvii} Sally Robinson (2012). *Enabling and protecting: Proactive approaches to addressing abuse and neglect of children and young people with disability*. Issues paper, Children with Disability Australia; Sally Robinson, and Julia Truscott, Julia (2014). *Belonging and connection of school students with disability*. Issues paper, Children with Disability Australia.