**New Zealand DPOs presentation to the UN Committee on the Rights of Disabled People**

**15th September 2014**

**[Victoria]**

Greetings to everyone. I would like to start our New Zealand side event.

Opening our side event is Tewai Halatau who will open with a Maori introduction, followed by the English translation.

**[Tewai]**

Piki ake piki ake ko te reo pōwhiri ko te reo whakatau, ko te reo e kotahi ai ko kāpō, ko turi, ko hauā.

Ki mai koe ki ahau he aha te mea nui o te ao? Māku  e ki atu, he tangata he tangata he tangata e!

**We extend our voices of welcome and friendship using the united voice of the disabled community of Aotearoa New Zealand.**

**Ask me, “What is the greatest thing in the world?”**

**I will reply, “It is people, it is people, it is people!”**

**[Victoria]**

Madam Chair, distinguished Committee Members,

I would like to thank Madame Chair, the Country Rapporteur Professor Ron McCallum and the Committee Members for taking the time to be here today and to engage with us in New Zealand’s first review under the Convention.

I am honoured to stand before you today representing disabled persons organisations of New Zealand.

My name is Victoria Manning. I am Deaf and am speaking in New Zealand Sign Language. Two NZSL interpreters are interpreting our dialogue with you today.

I am speaking on behalf of a coalition of seven DPOs who prepared the New Zealand Disabled Person’s Organisations report on the CRPD. These seven DPOs are:

* Disabled Persons Assembly NZ Inc.
* Association of Blind Citizens of New Zealand
* Balance New Zealand
* Deaf Aotearoa NZ Inc.
* Deafblind NZ Inc.
* Ngāti Kāpo o Aotearoa Inc.
* People First NZ Inc., Ngā Tāngata Tuatahi

All except one of these DPOs are governed by board of all diabled people. All are national organisations with a membership made up of mostly disabled people.

We speak to you today with one voice, the voice of Disabled New Zealanders.

**Brief background info on New Zealand**

New Zealand’s population has 4.5 million people. A Disability Survey conducted every five years revealed this year that 24% of New Zealanders have a disability. Thus, we are 1.1 million people. We are a large, marginalized minority group.

We live in a good country where most people enjoy a good life. However, disabled New Zealanders have said loudly and clearly that we do not have equal opportunities to participate in our society.

We are one of the most vulnerable groups in New Zealand. Statistics show that, as a group, disabled New Zealanders are more likely to live in poverty, less likely to be employed, have poorer health outcomes, barriers in accessing disability services and participating in our communities.

Disabled New Zealanders have been subject to many years of our Government setting promising aspirations and goals yet making little and slow progress in achieving those.

We have a long way to go before disabled people are fully included in New Zealand society.

**Our key messages**

To ensure we can enjoy our human rights equitably with other New Zealanders some of our key priorities areas are:

**Non-discrimination and equality before and under the law**

Regarding articles 5, 12, 13 and 14 of the Convention, disabled people have raised several aspects of our laws, regulations and related policies that treat us in discriminatory ways. Examples include:

1. the Health and Disability Amendment Act passed last year that places limitations on the payment of family care-givers and took away the right to complain about family carers policies. These provisions are discriminatory and have been criticised by the NZ Law Commission and leading lawyers in New Zealand.

The Government’s response, in their reply to the List of Issues, is that this amendment and subsequent policy “should continue”. It appears the government have no plans to reconsider this.

This legislative discrimination is serious. We view it as indacative of a Government using paternalistic measures on a marginalised minority group. And, those measures impinge on our human rights.

We know of disabled adults who want to have the option of employing family carers to act as their support people. Maori disabled people have highlighted that having a stranger undertake their personal can be a cultural issue and being able to pay family carers is important to them.

The fact that the Government have not attended to our many, very vocal calls to reconsider this amendment, and staunchly state that they won’t reconsider it, we believe, brings into question the Government’s commitment to supporting the realisation of our human rights as outlined in the Convention. On the one-hand, the Government are engaging with us as valued partners, and on the other hand they continue to treat us with paternalism and to limit our human rights.

We seek the Committee’s support to stress to the New Zealand Government that they reconsider this amendment and ensure non-discrimination of disabled people in all areas as outlined in the Convention.

1. New Zealand most often uses substitute decision-making and not the supported decision-making approach outlined in the Convention and in the Committee’s “General Comment on Article 12”.

Subsitute diecision-making occurs in areas such as the sterilisation of disabled girls and in mental health. In mental health there are concerns about the increasing use compulsory treatment orders and seclusion.

The Government’s new Disability Action plan aims to ensure disabled people can exercise their legal capacity including through supported decision-making. It is great to see this action on the Government’s Action Plan. However, it only refers to one of the laws that related to substitue decision-making and not all.

Thus, we seek the Committee’s support to emphsis to the New Zealand Government the importance of putting into place statutes, policies and systems that enable only supported decision-making and do not accept substitute decision-making, related to all ares of life and all relevant legislations.

**In relation to Article 19 and 25**

New Zealand no longer has institutions for disabled people. However, disabled people living in residential homes say they continue to experience oppressive living arrangements, and have little or no control over the supports they receive and the lives they lead.

Many disabled people continue to experience poor health outcomes and barriers to accessing health and disability support services. This is particularly so for Maori disabled people, Pasifika disabled people and refugees with disabilities.

The Government have a few small pilot projects looking at improving disability support servies and choice in community living. However, these are progressing very slowly with no calrity about what these will lead to.

**[Brendon]**

**Education**

Our next priority areas is education. Education is a fundamental human right. Access to education empowers us to reach our potential and enables our full contribution to society.

Access to education for disabled people has been an ongoing area of concern for many years.

We know of many instances of disabled children’s start at school being delayed due to delays in getting reasonable accommodations in place and/or schools being unwilling to enrol disabled children. Many parents have said they feel their child’s potential is not being reached due to a lack of supports/services.

We hear frequently about parents who have to undertake a lengthy fight to get basic accommodations in place so that their child can attend and access their eduction. Sign language interpeters for deaf students in schools, particularly important for middle and high school students is still not a part of the special education system.

Of all disability related complaints to the Human Rights Commission, one-third are about education, and of those most are about a lack of reasonable accommodation in education.[[1]](#endnote-1) This pattern of complaints has been consistent and ongoing for several years.

We believe these problems for disabled children accessing their education point to structural discrimination in government policy, structures and systems.

We want to get this right urgently.

We seek the Committee’s support in urging the New Zealand Government to give greater priority to changing our education system to a fully inclusive education system that provides all reasonable accommodations to ensure all disabled children and adults are able to reach their full potential.

**Employment**

Leading on from education, our next priority area is employment.

Disabled people are significantly under-represented in the workforce with a reported 44 percent in the workforce, compared with 70 percent of non-disabled people.

These figures have not changed in the decade 1996 – 2006.

There are further concerns around multiple disadvantaged disabled people, such as Māori, Pasifika and women. We know that Māori disabled people are significantly less likely to be in employment.

We seek the Committee’s support to encourage the New Zealand Government to not only commit to increasing the number of disabled people in employment, but also increasing the data and information on disabled people in employment; and that government departments work to model good practice by employing more disabled people and that the Government record and track those numbers.

**[Rachel]**

**Data and monitoring**

The third priority area for us is Data and Monitoring.

The lack of data and information on Disabled People means we are invisible, our issues are challenged and it is hard to convince authrorities to allocate resources appropriately.  Many government survey’s monitor information on ethnicity, age, regions but not on disability therefore it is impossible to identify disability related data.   For example, abuse and violence is an important focus area for NZ.  The data being used does not include disabled people so there are no numbers of women and children being sterilized or abused so the planning of initiatives does not include Disabled people. The lack of data has an impact on the monitoring of Convention implementation process.  The collection of data appears to be a low priority for the government as we see no plans to address it.   It also raises a question – how serious is the Government about having a monitoring framework in place.

Referring to Article 33,  we follow the Disability Rights Promotion International (DRPI) framework which is a three part process but the government restricts us to one stage only so we lack the ability to monitor the whole picture.

We call for government agencies to work with DPOs to ensure information is gathered in a relevant manner.

Now our focus moves to population groups.

**Disabled Children**

11% of all children under 15 have a disability.  Of these 33% are Maori (14.6% of the population).  Disabled children are overrepresented in child poverty and are more likely to be from one parent households, abused and neglected.

Recently NZ prioritised vulnerable children.  There has been a lot of activities including the Vulnerable Children’s Bill.  Many submissions were made by disability groups however the outcome is that we have the Children’s Action Plan 2012 with no mention of disabled children and no intention of engaging with DPOs or the disability sector.

We do not have a national collective voice for disabled children.  DPOs are trying and want to provide a voice for children however the lack of capacity is a barrier.

**[Latoa]**

**Indigenous disabled people, Pasifika disabled people and refugees with disabilities**

New Zealand is a multi-cultural country with a large population of idigenous, Maori people, and Pasifika people.

As a population, Māori people have a higher incidence of disability than non-Māori people and have the poorest health status of any ethnic group in New Zealand.

Māori people are disproportionally represented in mental illness statistics, experience a poorer standard of living, higher unemployment, lower educational achievement and socio-economic status.

Total rates of disability among Pasifika people are similar to that of non-Pasifika people, but, Pasifika people present with different patterns of disability. For example, Pasifika children have higher rates of deafness and asthma than non-Pasifika children. And, Pasifika people present with higher rates of severe disability than non-Pasifika people; and higher rates of heart disease, stroke, blindness and lower limb amputation.

There is evidence to suggest that Pasifika disabled people are not receiving the same quality of health and disability care as the rest of the population, with disparities in the uptake of disability support services, equipment, technology, residential services and supported living services. Pasifika people report that the barriers to disability services include cultural, linguistic, logistic and physical factors.

New Zealand has a refugee quota, accepting 750 refugees to settle into New Zealand every year, this includes up to 75 places for refugees with medical conditions or disabilities. A 2012 report found that 38 percent of refugees had a health problem or disability.

There is a lack of coordination across refugee support agencies and health and disability support services, resulting in disabled refugees not being able to realise their rights to information and to live independently.

**[Victoria]**

**Ending**

Overall and taking an histroical perspective, New Zealand has promising aspirations but is making little and slow progress on work to ensure we can realise our human rights.

We are fortunate in having many good things in New Zealand that we can build on to create a better country for disabled people, inlcuding growing momentum among our DPOs.

We want the government to invest in the DPOs to raise their capacity and capability so that we can provide strategic direction and help make more swift progress.

We have much work to do in New Zealand to ensure disabled New Zealander’s their human rights.

We invest our energy and hopes in this Convention review process providing support to us in our work.

Thank you for this opportunity for DPOs to speak to you.

1. IMM report 2012, p 20. [↑](#endnote-ref-1)