**International Disability Alliance (IDA)**

Member Organizations:
- Disabled Peoples' International, Down Syndrome International,
- Inclusion International, International Federation of Hard of Hearing People,
- World Blind Union, World Federation of the Deaf,
- World Federation of the Deafblind,
- World Network of Users and Survivors of Psychiatry,
- Arab Organization of Disabled People, European Disability Forum,
- Red Latinoamericana de Organizaciones no Gubernamentales de Personas con Discapacidad y sus familias (RIADIS), Pacific Disability Forum

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**Suggestions for disability-relevant questions to be included in the List of Issues**

**Pre-session Working Group of the CEDAW Committee for the 52nd Session**

The International Disability Alliance (IDA) has prepared the following suggestions for the list of issues, based on references to persons with disabilities to be found in the State submitted to the Committee on the Elimination of Discrimination against Women.

**NEW ZEALAND**


**State Report**

Select references to persons with disabilities in the state report:

**Disabled women.**'s participation in education and employment could be improved

12. In 2006, it was estimated that 332,600 women had a disability. This equates to 16.2 percent of women, compared with 16.9 percent of men. Disabled women are disproportionately represented among those who lack qualifications, those who do not work, and those on low incomes. The labour force participation rate of disabled women in the 15 to 64 age group (57.8 percent) was significantly lower than for disabled men (70.2 percent) and non-disabled women (78.8 percent) in the same group. At 8.7 percent, disabled women.'s unemployment rate is higher than that of non-disabled women (4.8 percent) and disabled men (5.2 percent).

13. Disabled women.'s low participation rates in employment and education indicate that their skills and talents are not being fully utilised, when compared with non-disabled women. Detachment from education and employment also means that disabled women are more likely to experience poor social and economic outcomes across their life course. There are few education and employment programmes targeted at women and girls with disabilities; however, there are programmes for both men and women with disabilities. For example, Workbridge, an NGO that specialises in placing disabled people into work, provides financial assistance to meet the additional costs of disability for people in employment, in self-employment, or undergoing training.

14. New Zealand was a leader in negotiations on the United Nations Convention on the Rights of Persons with Disabilities. New Zealand signed the Convention at the United Nations on 30 March 2007, and ratified on 26 September 2008. In February 2009, the government established a Ministerial Committee on Disability Issues, which aims to provide visible leadership and accountability for implementing the Convention and the New Zealand Disability Strategy, and to set a coherent direction for disability issues across government. The Ministerial Committee on Disability Issues has prioritised three areas for government agencies to focus their action on disability issues: modern disability
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supports, accessible New Zealand and contributing citizens. Action under these three themes will contribute to the vision of the New Zealand Disability Strategy.

More women than men do unpaid work

131. Women are more likely than men to care for others in an unpaid capacity. In the four weeks preceding the 2006 Census of Population and Dwellings (2006 Census), 35 percent of women looked after a child living within their own household, compared with 27 percent of males. Similarly, 9 percent of women looked after someone in their own household who was ill or had a disability, compared with 6 percent of men

132. Women were also more likely than men to care for others outside their own household. Twenty-one percent of women looked after a child who did not live in their own household, compared with 11 percent of men. Similarly, 12 percent of women helped someone who was ill or had a disability living outside their own household, compared with 6 percent of men.

133. A large percentage of Maori women, 31 percent, looked after a child living outside their own household, while 15 percent of Maori women helped someone who was ill or who had a disability living outside their own household.

142. Rural proofing focuses on three key areas:
- connection infrastructure: efficiently and effectively connecting rural people and businesses to each other and to the world (including roads, telecommunications, electrical supply, postal and broadcasting services)
- access to services: providing workable and accessible services to people in rural areas (including emergency, health, education, disability support, water supply, public transport and social services)
- ease and cost of compliance: recognising the practical implications of complying with government requirements in rural areas — both the benefits and the costs.

144. The New Zealand Government assists with funding for people who are referred long distances and/or frequently for specialist health and disability services through the National Travel Assistance (NTA) policy. The NTA policy replaced all other existing regional travel assistance policies and became effective from 1 January 2006, with a mileage rate increase in March 2009.

180. This analysis also highlighted the vulnerability of many victims who reported sexual violence to the police. Police files showed that almost half of the victims had made previous allegations of violent victimisation. Of those, 70 percent had previously reported physical violence and one-quarter had reported sexual violence. Cases involving the most vulnerable victims were least likely to proceed through the criminal justice system, e.g. victims who were young, had a disability, or knew the perpetrator.

Recommendation State party (paragraph 25):
22. consistently implement and enforce the Programme of Action on Violence within Families and to revise its Domestic Violence Act of 1995 in order to protect all women victims of violence, including Maori, Pacific, Asian, immigrant, migrant and refugee women and women with disabilities.

The work of the Taskforce for Action on Violence within Families also continues as noted under Article 16 in the main CEDAW report. Progress against its programmes of action is reported to member agencies on a regular basis. The New Zealand Government is committed to reducing the incidence and impact of domestic violence. The existing Domestic Violence Act 1995 (DVA) applies to all women victims of violence, including Maori, Pacific, Asian, immigrant, migrant and refugee women, and women with disabilities. Accordingly, no change in the scope of the DVA is required. The purpose of the DVA is to reduce and prevent violence in domestic relationships by recognising that all forms of domestic violence are unacceptable and ensuring that all victims of domestic violence have access to effective
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Legal protection. Changes have been made to the DVA that address the prosecution of domestic violence offenders (see below) and increase protection to all victims of domestic violence (covered in the response to Recommendation 45).

Recommendation State party (paragraph 39):
40. improve the rates of access to health care and health-related services and information, especially for women who live in rural areas or who face cultural or language barriers in accessing health care.

Response: The New Zealand Government provides additional funding to support the provision of primary health care services in rural New Zealand including rural workforce retention funding, reasonable roster funding to support rural health practitioners regularly on call, and the Rural Innovations Fund. This fund was established to support the provision of innovative approaches to primary care in rural New Zealand. The fund is now in its fifth year of operation and has assisted more than 20 rural health providers to develop new initiatives. The New Zealand Government assists with funding for people who are referred long distances and/or frequently for specialist health and disability services through the National Travel Assistance (NTA) policy. Health funding is allocated to District health boards (DHBs) using a Population Based Funding Formula (PBFF). Under the PBFF, each DHB’s share of funding is determined by its population. Adjustments are made for the differences in costs that DHBs face in providing or funding services for populations with high levels of deprivation, rural communities, and eligible overseas visitors. People with refugee status in New Zealand, or who are in the process of having an application for refugee status determined by the New Zealand Immigration Service, are eligible for publicly funded health and disability services. District health board funding also supports refugees’ access to primary care through interpreting services.

Appendix B: Voices of New Zealand Women
This section provides information on meetings and discussions held with a variety of women’s groups, community organisations and service providers. It covers issues raised at 52 regional meetings and held by the Ministry of Women’s Affairs’ (MWA) Chief Executive and Kāiwha in 2009, and in the context of the consultation on the draft CEDAW report. The feedback below is a summary of issues raised at these meetings.

Violence against women:
☐ delays of up to three months in serving protection orders
☐ delays in court hearings of violence cases in small towns
☐ financial barriers in accessing the legal system (e.g. protection orders, power of attorney and availability of legal aid lawyers)
☐ the perception that family courts victimise women
☐ shortage of emergency housing for victims of violence
☐ the exclusion of iwi services from the Family Violence Interagency Response System
(an information sharing agreement between the National Collective of Independent Women’s Refuges; New Zealand Police; and Child, Youth and Family)
☐ lack of service provision for ethnic women experiencing violence
☐ lack of accommodation in refuges for women with disabilities
☐ increasing violence perpetrated by young women.

Employment and caring:
☐ the perception that full-time work is necessary for career success
☐ the perception that women who work part-time or have more than one job are disadvantaged by the tax system
☐ lack of sharing of household work
☐ absence of family friendly policies in big firms and resistance to accommodating men with caring responsibilities
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- lack of flexibility in early childhood education (ECE) policies and services (e.g., perceived lack of alignment between ECE hours and working hours, and concerns that the 20 hours ECE policy is causing non-working mothers to take spaces from working mothers)
- lack of support for young and first-time mothers
- inability of Maori women to upskill themselves outside of work time because of whanau and community commitments
- the vulnerability of Pacific women in the current economic environment, and the need for assistance with retraining
- barriers to employment for ethnic women, including language difficulties and discrimination
- discrimination towards women with disabilities seeking employment
- inadequate career advice in schools
- future pressures related to caring for older family members
- concerns about caring, such as availability of home support workers on weekends, the provision of inadequate hours and poor pay rates
- concern at cuts to adult community education.

**Particular groups of women:**
- young women’s views and information about girls should be incorporated
- information on gay, lesbian, bisexual, transgender and intersex people is needed
- Pacific women, refugee and migrant women, women with disabilities, and women of faith are largely invisible.

**IDA suggestions for list of issues**

- Please provide information on measures adopted to ensure that women with disabilities are consulted and participate in leadership roles in policy development.

- What steps are being taken to repeal restrictions in the Electoral Law (Section 80(1)) which disqualifies registration as voters persons who are detained under mental health legislation in violation of Article 29 of the CRPD, which comprises the latest international standards with respect to participation in political and public life of persons with disabilities including women with disabilities?

- What steps are being taken to address multiple discrimination experienced by women with disabilities? Please provide details of the number and subject(s) of discrimination cases (and their outcomes) filed by women with disabilities, or representative associations on their behalf.

- What measures are being taken to guarantee the right to housing of women with disabilities? How is accessible and affordable housing, and support services for women with disabilities being made available to increase their level of independence in living in the community and to realise the will and preference of individuals as to how they wish to live?

- What measures are being taken, including the provision of support services, to assist families, including both mothers with disabilities, and mothers or women in the family who are the lead caregivers in their care for children with disabilities? In particular how are services and assistance rendered to permit women in families with children with disabilities, as well as mothers with disabilities, to continue their careers with an appropriate work/life balance?

- What steps are being taken to reform the law to ensure that women with disabilities exercise legal capacity on an equal basis with others and are provided with necessary support to exercise it, respecting the will and preferences of the person concerned?
• What laws and measures are in place to ensure that women with disabilities are not subjected to forced sterilisation or forced contraception, and that women with disabilities retain the right to personally exercise free and informed consent in these matters (rather authorisation being provided through third-party decision-makers such as family or guardians)?

• What steps are being taken to adopt measures to ensure that the mental health policy requires all health care and services to be based on the free and informed consent of the person concerned and that involuntary treatment and confinement are not permitted by law?

• What steps are being taken to address the heightened risk for girls and women with disabilities of becoming victims of domestic violence and abuse? What measures are being adopted to ensure that both services and information for victims are made accessible to women and girls with disabilities?

• What services are in place to reach out and educate women and girls with disabilities about sexual and reproductive health, including STIs?

• What steps are being taken to implement an effective data collection system which is disaggregated by sex, age, disability and region, which can inform the development of policies and programmes to promote equal opportunities for women and girls with disabilities in society? (See recommendation of the CRC Committee in Annex below)

• What measures are being taken guarantee the implementation of inclusive education in the law and practice? Is a definition of inclusive education incorporated into the law? What measures are being taken to ensure that mainstream schools are accessible to children with disabilities? Please provide statistics of the number of children with disabilities attending the following mainstream schools: primary school, middle school, high school and the rate of success and completion of schooling. (See recommendation of the CRC Committee in Annex below)

• What steps are being taken to accede to the Optional Protocol of the Convention on the Rights of Persons with Disabilities?
ANNEX - References to women and girls with disabilities in New Zealand by other treaty bodies:

CRC Committee Concluding Observations, CRC/C/NZL/CO/3-4, 2011

25. The Committee recommends that the State party ensure full protection against discrimination on any grounds, including by:
(a) Taking urgent measures to address disparities in access to services by Maori children and their families;
(b) Strengthening its awareness-raising and other preventive activities against discrimination and, if necessary, taking affirmative action for the benefit of children in vulnerable situations, such as Maori and Pacific children, refugee children, migrant children, children with disabilities and lesbian, bisexual, gay and transgender children and children living with persons from these groups;
(c) Taking all necessary measures to ensure that cases of discrimination against children in all sectors of society are addressed effectively, including with disciplinary, administrative or – if necessary – penal sanctions.

44. The Committee notes with appreciation the numerous efforts of the State party in the sphere of education, including the new Education Amendment Act and Maori Education strategy (2008-2012). The Committee also welcomes the legal guarantee of access to free education accorded to undocumented children. However, the Committee is concerned that several groups of children have problems being enrolled in school or continuing or re-entering education, either in regular schools or alternative educational facilities, and cannot fully enjoy their right to education, notably children with disabilities (children with special educational needs), children living in rural areas, Maori, Pacific and minority children, asylum-seeking children, teenage mothers, dropouts and non-attendees for different reasons. Furthermore, the Committee is concerned:
(a) That only 20 hours of free early childhood education and care are available and that there is limited access for many children, especially those in need;
(b) That many public schools are pressuring parents to make “donations”;
(c) That bullying is a serious and widespread problem, which may hinder children’s attendance at school and successful learning; and
(d) At the number of school suspensions and exclusions and that it affects in particular children from groups which in general are low on school achievement.