



**Submission to the Committee on the  
Elimination of Racial Discrimination  
Concerning the Experiences of Māori People  
with an Intellectual Disability in Aotearoa New  
Zealand**

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## 1. Key points and recommendations

IHC recommends that the Committee

1. Recommend that Aotearoa New Zealand develop and publish disaggregated data on disability by ethnicity and invest in longitudinal research that centres *Te Ao Māori* (the Māori world) and lived experience.
2. Urge the Crown to work in true partnership with *tangāta whaikaha Māori* (Māori with lived experience of disability) and *whānau* (extended family) in developing, delivering, and evaluating services.
3. Recommend that the Crown be held accountable for addressing disadvantage outlined in this submission by recognising intellectual disability within its intersectional disability work.
4. Support Māori with intellectual disability to remain connected to their whānau, hapū, and iwi, and to be resourced to flourish on their own terms.

## 2. About IHC

IHC advocates for the rights, inclusion, and welfare of all people with intellectual disabilities and supports them to live satisfying lives in the community.

IHC was founded in 1949 by a group of parents who wanted equal treatment from the education, health, and social service systems for their children with intellectual disability. Today IHC is still striving for these same outcomes and is committed to advocating for the rights, welfare, and inclusion of all people with an intellectual disability throughout their lives.

We believe that people with an intellectual disability have the right to be to be part of a family, to be treated with respect and dignity, to have a say in their own lives, to live, learn, work and enjoy life as part of the community, and to have support that meets their goals and aspirations.

IHC is largest provider of services to people with intellectual disabilities and their families in Aotearoa New Zealand. IHC supports 1500 families with children who have an intellectual disability, provides support and training for 4000 adults in workplaces and helps more than 3500 people with disabilities to live in IHC houses and flats. We also provide specialist services such as behaviour support and training.

IHC advocates for the rights of all people in Aotearoa New Zealand with an intellectual disability an estimated population of 47,000.

### 3. Introduction

IHC was concerned that the *Twenty-Third and Twenty Fourth Periodic Reports of States Parties due 22nd December 2021 New Zealand* only discussed disability in the context of health and did not highlight the most at-risk group of disabled people, being Māori with intellectual disability. We understand that intellectual disability is part of a diagnostic term aligned to the medical model of disability and Māori have their own systems for understanding people (Jones et al., 2023). However, we still advocate for this group as part of our organisational mission.

This submission agrees with the Whaikaha Ministry of Disabled People *Briefing to the Incoming Minister November 2023* that “tāngata whaikaha Māori, Pacific disabled people and other intersectional disabled populations experience greater disadvantage than other disabled people across most domains” (p, 10). We further specify what these disadvantages are with respect to Māori with intellectual disability. Therefore, demonstrating some of the impacts of colonisation, institutional racism and ableism, and discriminatory health and social systems that constitute ongoing racial discrimination in this country.

#### 3.1 Historical and Structural Discrimination

The Waitangi Tribunal’s Wai 2575 inquiry highlighted the long history of state-sanctioned harm inflicted on tangāta whaikaha Māori:

- Between 1840 and the 1990s, Crown practices included the segregation and removal of tangāta whaikaha Māori from their whānau, forced institutionalisation, and the suppression of tikanga Māori.
- Crown policies were underpinned by eugenics ideologies aimed at eliminating ‘undesirables’, and relied on culturally unsafe, paternalistic service models.
- These practices resulted in deep trauma, abuse, and the severing of whakapapa relationships, with intergenerational consequences still felt today.
- Tangāta whaikaha Māori continue to experience the compounded effects of colonisation, racism, and ableism, exacerbated by implicit and explicit bias in health and disability services.

Despite these findings, the Crown has failed to ensure the consistent provision of culturally safe, rights-based services that reflect tikanga Māori and uphold their Te Tiriti o Waitangi obligations.

### **3.2 Disparities in Health Outcomes**

Māori have the highest rates of intellectual disability in Aotearoa New Zealand (1.3% compared to 1% of the general population), and they experience significantly worse health outcomes compared to other Māori:

#### **Life Expectancy**

- Māori men with intellectual disability: 62 years (vs 74 years for Māori males overall)
- Māori women with intellectual disability: 63 years (vs 77 years for Māori females overall)

#### **Chronic Conditions**

- Coronary heart disease: Māori with intellectual disability are 1.63x more likely to be affected than other Māori
- Chronic Obstructive Pulmonary Disease: 1.26x more likely than other Māori
- Diabetes: elevated rates across all ethnicities with insufficient disaggregated data for Māori

#### **Mental Health**

- Mood disorders: nearly 3x higher than other Māori
- Psychotic disorders: 12x higher than other Māori
- Dementia: over 3x higher than other Māori
- Any mental disorder: more than 3.5x higher than other Māori

#### **Health Service Use and Avoidable Harm**

- Māori with intellectual disability are:
  - Nearly 2x more likely to visit emergency rooms
  - Nearly 2x more likely to be hospitalised for injury
  - Over 2.5x more likely to be hospitalised for potentially avoidable conditions

- Have secondary healthcare costs over 4x higher than other Māori

These disparities point to structural racism, barriers to early intervention, and exclusion from equitable care.

### **3.3 Inequities in Employment and Income**

#### **Employment and Not in Education, Employment or Training (NEET), Rates**

- Only 16% of Māori with intellectual disability are in employment
- Nearly 50% of Māori youth with intellectual disability are NEET (Not in Employment, Education or Training), a rate that is nearly four times higher than the general population

#### **Income and Economic Injustice**

- Māori with intellectual disability aged 55-64 have a household income gap of over \$12,000 compared to other Māori

These disparities compound over the life course, limiting economic agency and reinforcing cycles of poverty and exclusion.

### **3.4 Housing, Transience, and Digital Exclusion**

#### **Living Conditions**

- 35% of Māori children with intellectual disability live in the most deprived areas (vs 28% of other Māori children)
- 47% of Māori children with intellectual disability live in damp or mouldy homes
- 25% of Māori with intellectual disability live in overcrowded housing (vs 19% of other Māori and 10% of the total population)

#### **Housing Instability**

- Māori with intellectual disability move homes an average of 4.9 times over five years, a sign of structural instability and inadequate support

#### **Digital Access and Isolation**

- Only 65% of Māori with intellectual disability have internet access (vs 82% of the general Māori population)

- Just 14% of Māori with intellectual disability have travelled overseas, compared to 41% of other Māori

These indicators reflect exclusion from community life, civic participation, and opportunities for growth and connection.

### **3.5 Safety and State Care**

#### **Violence and Crime**

- Māori people with intellectual disability are 2.3 times more likely to be victims of crime
- 29% of Māori children with intellectual disability have witnessed family violence (vs 17% of other Māori children)

#### **State Care**

- 16% of Māori children with intellectual disability have been placed into state care, compared to 3% of Māori children without an intellectual disability

These figures demonstrate how the state continues to fail in its protective duty to Māori with an intellectual disability, contributing to systemic trauma.

## **4. Conclusion**

Thank you for the opportunity to submit a shadow report to the 116<sup>th</sup> session of the Committee on the Elimination of Racial Discrimination.

Māori with intellectual disability in Aotearoa New Zealand experience multiple and compounding forms of discrimination that are deeply rooted in colonisation and perpetuated by present-day policy failures. The government must be held accountable under its obligations to eliminate racial discrimination and uphold the rights of all Indigenous tāngata whaikaha and disabled peoples in accordance with Te Tiriti o Waitangi and international human rights standards.

We wish you well with this important work.

## **5. References**

All statistics in this submission taken from:

Beltran-Castillon, L., & McLeod, K. (2023). *From Data to Dignity: Health and Wellbeing Indicators for New Zealanders with Intellectual Disability*. IHC [https://cdn.prod.website-files.com/628455c1cd53af649dec6493/6584cc68cbd28550e09d0397\\_Full\\_IDI%20report\\_final\\_web.pdf](https://cdn.prod.website-files.com/628455c1cd53af649dec6493/6584cc68cbd28550e09d0397_Full_IDI%20report_final_web.pdf).

Other references:

Jones, B., King, P. T., Baker, G., Nikora, L. W., Hickey, H., Perry, M., Pouwhare, R., & Ingham, T. R. (2023). Karanga rua, karanga maha: Māori with lived experience of disability self-determining their own identities. *Kōtuitui: New Zealand Journal of Social Sciences Online*, 19(1), 45-64. <https://doi.org/10.1080/1177083X.2023.2224422>

Waitangi Tribunal. (2021). *Hauora: Report on stage one of the health services and outcomes kaupapa inquiry* (WAI 2575). [https://forms.justice.govt.nz/search/Documents/WT/WT\\_DOC\\_195476216/Hauora%202023%20W.pdf](https://forms.justice.govt.nz/search/Documents/WT/WT_DOC_195476216/Hauora%202023%20W.pdf)

Whaikaha Ministry of Disabled People. (2023). *Briefing to the incoming minister*. <https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.whaikaha.govt.nz%2Fassets%2FAbout-us%2FCorporate-Publications%2FBIMs%2FWhaikaha-2024-BIM.docx&wdOrigin=BROWSELINK>