



Te Ao Mārama Aotearoa

# Committee on the Elimination of All Forms of Racial Discrimination Shadow Report: New Zealand

Te Ao Mārama Aotearoa (TAMA)  
July 2025

## Acknowledgements

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Te Ao Mārama Aotearoa Trust  
Suite 12063, Level 1, 6 Johnsonville Road, Johnsonville,  
Wellington 6037

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## About us

Te Ao Mārama Aotearoa (TAMA) is an Indigenous Māori organisation that is led by tāngata whaikaha Māori (Māori with lived experience of disability). TAMA focuses on the rights and interests of tāngata whaikaha Māori and their families (whānau) and communities (hapori). We give special attention to Te Tiriti o Waitangi as a foundational document of Aotearoa New Zealand and international human rights instruments, especially the UN Declaration on the Rights of Indigenous Peoples, the UN Convention on the Rights of Persons with Disabilities, the UN Convention on the Rights of the Child and the UN Convention on the Elimination of all forms of Racial Discrimination.

TAMA are unique in Aotearoa New Zealand given that we are:

- Pan-iwi (tribal)
- Pan-impairment
- Committed to representing and amplifying the voices of tāngata whaikaha Māori across all domains, nationally and internationally
- Governed by a dedicated and passionate Board, comprising of Māori with lived experience of disability, and supported by a small team of tāngata whaikaha Māori community Pou leaders dispersed across Aotearoa New Zealand.

For more information about what we do visit: <https://www.tama.nz/about-us>.

To discuss the content of this report or seek further clarification, please contact TAMA via email: [info@TAMA.nz](mailto:info@TAMA.nz).

# Introduction

In our experiences as tāngata whaikaha Māori,<sup>1</sup> there is rarely the opportunity for us to share our views and advocate for our rights in international fora.

- When there are discussions about Indigenous rights, the focus is usually on non-disabled Māori, ignoring the intersecting impacts for those of us who are Indigenous, Māori, and disabled or have impairments.
- When there are discussions about disability rights, the focus is often on disability without true acknowledgement of the compounding impacts of ableism, racism, and colonisation, even when adopting the social model of disability. This is demonstrated by the lack of Māori voice in New Zealand's Independent Monitoring Mechanism for the UN Convention on the Rights of Persons with Disability (UNCRPD).

This shadow report highlights the need for the Committee to take an intersectional approach when considering New Zealand's actions in response to its obligations under the International Convention on the Elimination of All Forms of Racial Discrimination (CERD).

In particular, the shadow report seeks to emphasise the lack of effort to ensure tāngata whaikaha Māori can fully enjoy the rights protected under Article 5.

This report has three main sections:

1. Key issues for tāngata whaikaha Māori in relation to CERD
2. Comments on New Zealand's 2021 CERD report
3. Proposed recommendations for the Committee.

In total, we make ten recommendations to the Committee to support the examination of New Zealand and its obligations under CERD.

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<sup>1</sup> The term tāngata whaikaha Māori is in this report to mean Māori with lived experience of disability. There are several other, equally valid, terms used by Māori in Aotearoa New Zealand, including whānau hauā, kāpō Māori (for Māori who are blind, deafblind, have low vision, or a vision impaired), tāngata turi (deaf Māori and their whānau) and waka turu (Māori wheelchair user).

# 1. Key Issues for tāngata whaikaha Māori in relation to CERD

Under Article 5, States Parties “undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably with enjoyment of the following rights”.

The rights outlined in Article 5 include:

- i. The right to equal treatment before the tribunals and all other organs administering justice
- ii. The right to housing
- iii. The right to public health, medical care, social security and social services
- iv. The right to equal participation in cultural activities.<sup>2</sup>

Tāngata whaikaha Māori are disproportionately excluded from the full enjoyment of each of these protected rights, due to the intersection of racism, ableism, and colonisation. This reflects a failure of successive governments in New Zealand to fully realise their commitments under CERD.

In this section we will also discuss issues with data and monitoring of the rights of tāngata whaikaha Māori.

We note that while this shadow report focuses on four of the rights protected under CERD, tāngata whaikaha Māori are excluded from the full enjoyment of most of the rights explicitly included in the convention. We have selected four rights to focus on to meet the timeframes for the shadow report and keep the report within the guidelines set by the Committee (that the report be no more than 20 pages long).

## 1.i. The right to equal treatment before the tribunals and all other organs administering justice

The New Zealand Government has acknowledged that the justice system is not working well<sup>3</sup> and that Māori are overrepresented at every stage of the criminal justice system.<sup>4</sup> Māori are also disproportionately represented as victims of crime.<sup>5</sup>

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<sup>2</sup> The full list of rights outlined in Article 5 is available if you click this link, [here](#).

<sup>3</sup> NZ State Report on CERD, 2021. Page 21.

<sup>4</sup> See Ministry of Justice website content on Hāpaitia te Oranga Tangata / Safe and Effective Justice, available if you click this link, [here](#).

<sup>5</sup> NZ State Report on CERD, 2021. Page 21.

These unfair and unjust impacts of discrimination experienced by Māori in the justice system are amplified for tāngata whaikaha Māori – even though they are often ignored or invisibilised in official data and monitoring.

For example, a report by Kirsten Smiler et al, prepared for New Zealand’s Waitangi Tribunal, found tāngata turi were significantly more likely than hearing impaired non-Māori to have a police proceeding filed against them, to be convicted in court, and to receive a prison sentence.<sup>6</sup> Compared to the non-Māori general population (without hearing impairment), tāngata turi were approximately three times as likely to be proceeded against by police or to be convicted in court, and over six times as likely to receive a prison sentence.<sup>7</sup>

This data reinforces our lived experience that tāngata whaikaha Māori are disproportionately impacted by a discriminatory justice system. The committee should note that this racial discrimination is rendered invisible in the data presented by New Zealand in its 2021 CERD report.

**Recommendation 1:** *That the Committee urges the New Zealand Government to monitor and report on justice system performance for tāngata whaikaha Māori and ensure that there are mechanisms in place to protect tāngata whaikaha Māori from discriminatory practices across the justice system and ensure full access to health and disability support services while being detained or held in the justice system.*

## 1.ii. The right to housing

The New Zealand government has acknowledged that Māori are disproportionately affected by poorer housing.<sup>8</sup> This is compounded for tāngata whaikaha Māori by the lack of accessible housing available in New Zealand (either provided by the private rental market or through government housing options),<sup>9</sup> and by the added income inequalities borne by tāngata whaikaha Māori.

Data from the 2023 NZ Census shows that the housing deprivation rate for disabled Māori and Pacific peoples is higher than the rate for the rest of the population (including the disabled population), as shown in Figure 1. Tāngata whaikaha Māori are also more likely to live in very unaffordable housing than the rest of the population (including the disabled population), and more likely to live in cold homes, mouldy homes, damp homes, or

<sup>6</sup> Smiler, K., et al (2023) *Kei Āku Ringa: Te Mana Motuhake o Ngāti Turi*, available online if you click this link, [here](#). Page 60.

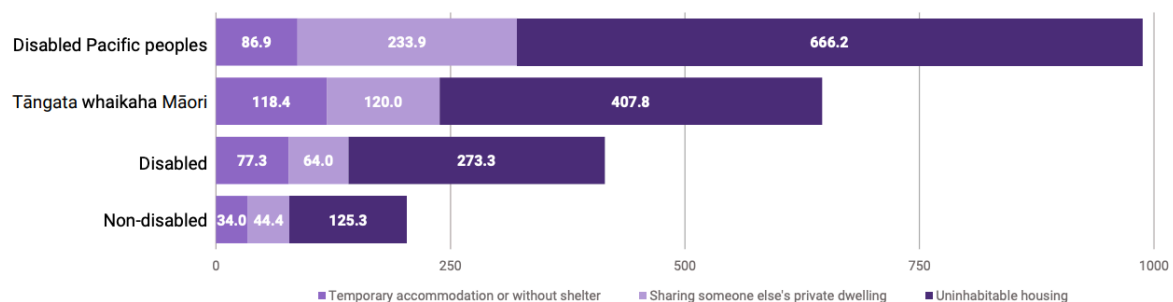
<sup>7</sup> Ibid, page 63.

<sup>8</sup> NZ State Report on CERD, 2021. Page 4.

<sup>9</sup> See for example McIntosh, J. et. al. (2017) “Mapping housing for the disabled in New Zealand”. NZMJ Vol130 No 1457. This article is available online if you click this link [here](#).

homes in need of repairs than the rest of the population (including the disabled population).<sup>10</sup>

Figure 1: Housing deprivation rate per 10,000 people, by disability status and ethnicity<sup>11</sup>



Source: Census 2023

At present, it is estimated that just 3% of housing stock nationally meets accessibility standards, and even these vary widely in actual usability.<sup>12</sup> Many disabled people – particularly those with mobility impairments – continue to face significant challenges in accessing appropriate housing, whether or not they are clients of ACC or other support systems.<sup>13</sup>

There remains a significant shortage of accessible multi-generational housing—homes that not only support disabled individuals but also allow for extended family involvement. This is especially relevant for Māori, Pacific, and migrant whānau, who are more likely to live in intergenerational households. These housing models reflect cultural values such as whanaungatanga and collective care.<sup>14</sup>

**Recommendation 2:** *That the Committee urges the New Zealand Government to develop a plan to increase and improve State housing accessibility and make it fit for purpose in the long term so that tāngata whaikaha Māori can be supported throughout their lives as their needs change.*<sup>15</sup>

<sup>10</sup> Whaikaha (2025) Disability and Housing Factsheet. Available online if you click this link, [here](#).

<sup>11</sup> Ibid.

<sup>12</sup> Following a nationwide consultation with disabled people to assess housing needs and accessibility barriers, Housing New Zealand (which was later renamed Kāinga Ora – Homes and Communities) made a public commitment to implement more accessible housing options. This was later diluted when Kāinga Ora committed only to a target of 15% accessible housing for future builds. For more information, see the Kāinga Ora Accessibility Policy 2019-2022, available online if you click this link, [here](#).

<sup>13</sup> Ministry of Social Development, & Housing New Zealand. (2018). Public housing needs assessment data. Available online if you click this link, [here](#); Whaikaha – Ministry of Disabled People. (2023). System transformation update: Housing and support services. Available online if you click this link, [here](#).

<sup>14</sup> Johnson, A., Howden-Chapman, P., & Eaquad, S. (2018). A stocktake of New Zealand's housing. Ministry of Business, Innovation and Employment; MBIE. (2021). Building for climate change: Transforming the building and construction sector. Ministry of Business, Innovation and Employment. Available online if you click this link, [here](#).

<sup>15</sup> As part of this recommendation, the Committee should urge the New Zealand Government to explore and implement a rent-to-buy programme for disabled people to encourage and support autonomy and wellbeing and without forcing disabled people to move constantly and adapt as their needs change.

### 1.iii. The right to public health, medical care, social security and social services

There is substantial evidence of racism experienced by Māori and ethnic minorities in the New Zealand health system (which is primarily a public health system). Māori, Pasifika and Asian populations experience higher levels of racism from a health professional, and bias against Māori has been linked with differential clinical decision making. A recent study by Ricci Harris and others concluded that that experiencing racism is linked to higher unmet health need, lower satisfaction with health services, and poorer experiences when visiting a general practitioner.<sup>16</sup> Our lived experience is that for every impact of racism experienced by Māori in the health system, there is an equal if not bigger impact for tāngata whaikaha Māori. However, there is not the same level of data and evidence available.

In New Zealand there are also several examples of institutional racism in the health sector. We use the term institutional racism to mean situations where legislation, policies, and practices maintain and create differences in outcomes and access to power across ethnic/racial groups. While it is often about the actions of big institutions and governments, it is also about the inaction of these parties in the face of demonstrated need or evidence.

The Waitangi Tribunal accepted the evidence of Māori claimants in relation to primary health care that “ineffective accountability and monitoring of health entities fosters the prevalence of institutional bias and racism in the health system.”<sup>17</sup> Māori health experts have highlighted the use of a ‘one size fits all’ approach to bowel cancer screening eligibility is also an example of institutional racism as Māori are affected by bowel cancer at a younger age, and would benefit from screening from 50 years of age if not younger. Nevertheless, government policy is that everyone is eligible for screening at 58 years.<sup>18</sup>

Tāngata whaikaha Māori experience these forms of racism, alongside all Māori. But there are also examples where institutional racism interacts with ableism and particularly impacts or targets tāngata whaikaha Māori, such as with fetal alcohol spectrum disorder (FASD). In 2023 the Disability Rights Commissioner<sup>19</sup> and the Children’s Commissioner<sup>20</sup> found that New

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<sup>16</sup> Harris, R., et al. (2024) The impact of racism on subsequent healthcare use and experiences for adult New Zealanders: a prospective cohort study. *BMC Public Health* **24**, 136. This article is available online if you click this link, [here](#).

<sup>17</sup> Waitangi Tribunal (2019) *Hauora*. Waitangi Tribunal, New Zealand. Page 152. This report is available online if you click this link, [here](#).

<sup>18</sup> See for example, “Bowel screening change ‘totally unethical’” – E-Tangata, 9 March 2025. This article is available online if you click this link, [here](#).

<sup>19</sup> The Disability Rights Commissioner is responsible for protecting and promoting the rights of disabled New Zealanders.

<sup>20</sup> The Children’s Commissioner was at the time responsible for advocating for the interests of people in New Zealand under the age of 18, to ensure their rights were upheld and to help them have a say on issues that affected them.

Zealand may be in breach of its international and domestic obligations when it comes to FASD.<sup>21</sup> While the Human Rights Commission focused on the UN Convention on the Rights of the Child and the UN Convention on the Rights of Persons with Disabilities, we highlight this issue in relation to CERD because it is an issue that disproportionately impacts tāngata whaikaha Māori.

FASD is a condition which disproportionately impacts Māori. Although there is no reliable data, the New Zealand Ministry of Health estimates that 3-5% of the population are impacted, and clinics that specialise in diagnosing and treating FASD record that Māori are between 60% and 73% of their clientele.<sup>22</sup> FASD has considerable impacts for individuals and whānau across the entire life course, and the lived experience of whānau (families) is that more can be done by the health system to ensure appropriate diagnosis and clinical support, as well as better access to disability supports for individuals and whānau. There is also international evidence from Canada and Australia that suggests 10-36% of prisoners are affected by FASD.<sup>23</sup> There is no available data for New Zealand, but we expect if there was it would show a similar pattern.

Despite the high level of FASD-related need amongst Māori, and the ability for individuals and whānau to benefit from better services and supports, there remains inadequate support from government for this group of tāngata whaikaha Māori.<sup>24</sup> To rectify this situation, government policy, prioritisation, and investment need to address:<sup>25</sup>

- a. The challenges of access to diagnosis,
- b. Proactive health management of diverse health needs,
- c. The lack of access to disability support service funding (FASD by itself does not qualify a person for disability support service funding in New Zealand) meaning a lack of respite care, community day services, home and community support services, individualised funding, and supported living.
- d. The lack of supports to whānau and caregivers including when it comes to sharing appropriate knowledge on FASD,
- e. The lack of protection against violence and abuse (which is exacerbated by the lack of funded disability supports)
- f. Address the pipeline to prison created by hostile policy and practice that negatively affects Māori with FASD.

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<sup>21</sup> Disability Rights Commissioner and Children's Commissioner (2023) *Fetal Alcohol Spectrum Disorder: A Call to Action – report to the Prime Minister*. Human rights Commission.

<sup>22</sup> Māori Coalition on the Te Iho Tātai-ā-Rongo (2025). 100 Māori Voices (in publication)

<sup>23</sup> See for example Stuff NZ (2023) *Disordered*. Available online if you click this link, [here](#).

<sup>24</sup> We note the Ministry of Health have, following evidence provided to the Waitangi Tribunal in 2022, begun to work with the Māori Coalition on Te Iho Tātai-ā-Rongo and we support this development. Progress here, while positive, does not mean the issue of institutional racism impacting tāngata whaikaha Māori has been fully addressed in relation to FASD.

<sup>25</sup> Māori Coalition on the Te Iho Tātai-ā-Rongo (2025). 100 Māori Voices (in publication)

**Recommendation 3:** *That the Committee require the New Zealand Government to eliminate institutional racism in health.*

**Recommendation 4:** *That the Committee urge the New Zealand Government to report on differences in health outcomes by ethnicity and disability status.*

**Recommendation 5:** *That the Committee urge the New Zealand Government to address the identified issues with its FASD policy and increase investment to ensure easier access to diagnosis, more effective health services, better access to disability supports for individuals and whānau, and better protections for individuals and whānau to eliminate violence, abuse, and interactions with the justice system.*

## 1.iv. The right to equal participation in cultural activities

Tāngata whaikaha Māori are Māori first and foremost. Like all Māori we want to be able to fully participate in cultural activities, be that using Te Reo Māori (the Māori language), access to marae (traditional meeting places), connection to our whakapapa (familial relationships) or access to our whenua (lands). We also want to fully participate in culturally significant events including tangihanga (funerals) and celebrations.

For many of us, however, we are excluded from equal and full participation by the combined impacts of racism, colonisation, and ableism. Studies have also highlighted that for tāngata whaikaha Māori their lived experience of disability can undermine access to our own culture and compromise our “ability to draw on... cultural connections within te ao Māori, which can compound disability or even be disabling in its own ways”.<sup>26</sup>

This is especially true for tāngata turi for whom limited access to language (through trilingual interpreters who can communicate effectively in Te Reo Māori, English, and New Zealand Sign Language) creates barriers to wider access to cultural activities. The long-term lack of investment in trilingual interpreters by successive governments has worsened the situation, while at the same time there is an increased use of Te Reo Māori in public spaces requiring more advanced linguistic skills from interpreters.

Amongst our membership we knew of three interpreters who were able to communicate with tāngata turi effectively in all three languages. This aligns with the very scant evidence available on access to trilingual interpreters. Analysis of a survey commissioned by the Office of Disability Issues in 2017

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<sup>26</sup> Ingham, T. R., et al. (2022). The multidimensional impacts of inequities for Tāngata Whaikaha Māori (Indigenous Māori with lived experience of disability) in Aotearoa, New Zealand. *International journal of environmental research and public health*, 19(20), 13558. You can access this article online by clicking this link, [here](#).

shows “an overwhelming majority [of interpreters] lack a basic comprehension of Te Reo Māori” and only three interpreters able to speak Te Reo Māori “fairly well”.<sup>27</sup>

**Recommendation 6:** *That the Committee urge the New Zealand Government to take immediate and tangible steps to increase access to language and culture for tāngata turi, including investing in trilingual (NZSL, Te Reo Māori and English language) interpreter professional development.*

## 1.v. Data and monitoring

A major issue in holding the New Zealand government to account around its obligations to tāngata whaikaha Māori (in CERD or any human rights instrument) is the lack of reliable, robust data that is relevant to tāngata whaikaha Māori. This in turn reinforces a lack of effective monitoring by tāngata whaikaha Māori.

As we have indicated throughout this shadow report, it is difficult to find data on tāngata whaikaha Māori. Although the government has struggled to build robust data sets on disability for the entire population, this is an issue that particularly impacts Māori. The lack of disability data for Māori is evident across the full range of government activity but is perhaps most clearly demonstrated in the health sector where a 2019 Ministry of Health report concluded “there is no statistically sound way to measure disability in its entirety for Māori over time”.<sup>28</sup>

*The lack of quality, robust, and reliable collection of population level data on disability that is relevant to Māori is the result of government choices around the data it collects.* The NZ Census has used the Washington Group Short Set of questions (WGSS). Recent evidence has also shown that while the WGSS might be effective for quantifying activity limitation it does not fully capture socio-cultural dimensions or broader participation barriers for tāngata whaikaha Māori.<sup>29</sup> A more culturally appropriate framework or set of questions is urgently needed. However, the recently announced approach by the New Zealand government to move away from a five-yearly population census in favour of smaller rolling surveys<sup>30</sup> is likely to further compromise our ability to have quality, robust, and reliable data about us.

<sup>27</sup> Smiler, K., et al (2023) *Kei Āku Ringa: Te Mana Motuhake o Ngāti Turi*, available online if you click this link, [here](#). Page 77.

<sup>28</sup> Ministry of Health (2019) Māori Health Disability Statistical Report, prepared for the Waitangi Tribunal. The report is available online if you click this link, [here](#).

<sup>29</sup> Ingham, T. R., et al (2025) Quantifying the prevalence of activity limitation for Māori in Aotearoa New Zealand using the Washington Group Short Set on Functioning: A national survey. *Disabil Health J.* 2025 Jun 11:101896. Available online if you click this link, [here](#).

<sup>30</sup> Cabinet papers – Modernising the census by taking an administrative data first approach, available on the Stats NZ website if you click this link, [here](#).

Notwithstanding the limitations of the WGSS questions, what little information the government collects using the questions is not appropriately analysed. There are three main ways this plays out:

- a. Data cannot be analysed by ethnicity or iwi (tribe), meaning we do not have an accurate picture of Māori disability
- b. Surveys that collect data on disability have sample sizes that are too small to meaningfully capture issues for tāngata whaikaha Māori (which will be exacerbated by the new approach to the NZ Census), and
- c. The way the Crown analyses responses to the WGSS means that those with some functional limitations are analysed as though they have no limitations – which likely reduces the true level of disability in the Māori population.<sup>31</sup>

The lack of data limits our ability as tāngata whaikaha Māori to understand the extent to our rights are respected and protected as set out under CERD. It is also a serious limitation in understanding New Zealand’s Human Rights performance overall, not to mention the ability of government agencies to provide high quality policy advice based on evidence or implement effective programmes.

**Recommendation 7:** *That the Committee require the New Zealand Government to urgently address the lack of quality, robust, and reliable collection of population level data on disability that is relevant to Māori.*

**Recommendation 8:** *That the Committee ask the New Zealand Government to provide an update on how changes to the Census approach used will support robust data that meets the needs of tāngata whaikaha Māori.*

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<sup>31</sup>For example, a 2022 report from the Social Investment Agency in New Zealand states “In our overall disability indicator [i.e., the standard WG-SS approach], we have grouped people with low functional limitation in the ‘non-disabled’ group, but these people might have quite different experiences from those reporting no functional limitations”. The report is available online if you click this link, [here](#).

## 2. Comments on New Zealand's 2021 CERD report

This shadow report does not attempt to provide a full review of the Combined twenty-third and twenty-fourth periodic reports submitted by New Zealand under article 9 of the Convention (the 2021 report).<sup>32</sup> However, TAMA wish to emphasise two main points about this report.

### 2.i. The 2021 report fails to identify any issues for tāngata whaikaha Māori

There are significant issues facing tāngata whaikaha Māori, many of which are at the intersection of racial discrimination and ableism. Some of these have been outlined in this shadow report, but there are many others (such as the impact of abuse in care and access to quality education). Despite these significant issues, the 2021 report is silent on Māori disability.

There is no substantive mention of disability at all in the 2021 report, and the only reference to intersectional analysis is at paragraph 17 in relation to Women and girls of diverse backgrounds and ethnicities. We agree that the intersection of gender and ethnicity is an important area of investigation in relation to CERD, but so too is disability. The fact that this is the only area where the government report applies an intersectional lens highlights the report's inadequate assessment of the full impact of racial discrimination in New Zealand.

*Recommendation 9: That the Committee set the expectation for the New Zealand Government to report on CERD commitments for tāngata whaikaha Māori and disabled minoritised ethnic groups.*

### 2.ii. Many of the positive actions outlined in the 2021 report have been overturned by a new government

The 2021 report outlines several reforms of the then government to better address racial discrimination, however a change of government in 2023 has seen a number of these positive moves be diluted or overturned.

A prime example of this is the changes to the health sector (outlined from paragraph 285 – 291 in the 2021 report). At the time of the 2021 report, the intention was to establish an independent Māori Health Authority with

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<sup>32</sup> New Zealand's report to the Committee on the Elimination of Racial Discrimination is available online if you click this link, [here](#).

commissioning powers (that is the ability to purchase Māori health services), the ability to monitor the performance of the health system for Māori, and the ability to make joint decisions alongside the Ministry of Health. While the Pae Ora (Healthy Futures) Act 2022 (the Pae Ora Act) was passed and a Māori Health Authority (known as Te Aka Whai Ora) was established, a change in government following the 2023 national election led to the Pae Ora Act being amended under parliamentary urgency. The Māori Health Authority was disestablished and ceased to exist from 1 July 2024 (after only two years of operation).

The Māori Health Authority, as it was set up under the Pae Ora Act, did not fully meet the aspirations of Māori – in part because it remained a government entity easily changed by governments. It also gave inadequate protection to the rights and interests of tāngata whaikaha Māori.<sup>33</sup> However, The Māori Health Authority and the original version of the Pae Ora Act did offer considerable promise. There were mechanisms to ensure Māori involvement in decision making (including at a Board level for both the Māori Health Authority and Health New Zealand - the national entity responsible for improving and delivering health services throughout the country), there were assurances that there would be robust monitoring of the performance of the government funded health system, and there were dedicated – growing – budgets for Māori health. As tāngata whaikaha Māori we experienced more opportunities to engage on policy and funding decisions than we had under any other configuration of the health system.

The changes to the Pae Ora Act in 2024 removed the Māori Health Authority completely. The budget for Māori health now went to a mainstream organisation (Health New Zealand). And some of the Māori Health Authority’s policy functions went to the Ministry of Health.

These changes are compounded by the government’s move away from acknowledging and addressing unjust and unfair differences in health outcomes for Māori, tāngata whaikaha Māori, and ethnic minority groups, towards calls for “equality” and one size fits all approaches.

There have also been very recent announcements by the Minister of Health (in June 2025) that the Pae Ora Act will be again amended. The proposed changes further dilute the ability for Māori to be involved in decision making (removing requirements for any skill requirements for board members of Health New Zealand other than “in the Minister’s opinion, [having] the appropriate knowledge, skills and experience”).<sup>34</sup> The changes also reduce the scope and role of Iwi-Māori Partnership Boards and a National Hauora Māori Advisory Committee.

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<sup>33</sup> See for example Baker, G., et al (2021) Meeting the Crown’s te Tiriti o Waitangi commitments and obligations to Māori with lived experience of disability through the Health and Disability System Review NZMJ vol 134, no 1535. This article is available online if you click this link, [here](#).

<sup>34</sup> The proactive release of the Health Delivery Plan update Cabinet paper, seeking Cabinet agreement to amendments to the Pae Ora Act is available online, if you click this link, [here](#).

These changes have all been agreed by Cabinet without any engagement with tāngata whaikaha Māori.

**Recommendation 10:** *That the Committee question the New Zealand Government on how changes since 2021 to the Pae Ora Act, and the recently announced Cabinet decisions on further change, protect the rights and interests of tāngata whaikaha Māori.*

### 3. Recommendations for the Committee

TAMA believe that the combined impacts of colonisation, ableism, and racism compel the New Zealand government to pay particular attention to protecting the rights of tāngata whaikaha Māori under CERD.

To this end, TAMA makes the following recommendations to the Committee:

**Recommendation 1:** That the Committee urges the New Zealand Government to monitor and report on justice system performance for tāngata whaikaha Māori and ensure that there are mechanisms in place to protect tāngata whaikaha Māori from discriminatory practices across the justice system and ensure full access to health and disability support services.

**Recommendation 2:** That the Committee urges the New Zealand Government to develop a plan to increase and improve State housing accessibility and make it fit for purpose in the long term so that tāngata whaikaha Māori can be supported throughout their lives as their needs change.<sup>35</sup>

**Recommendation 3:** That the Committee urge the New Zealand Government to eliminate institutional racism in health.

**Recommendation 4:** That the Committee encourage the New Zealand Government to report

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<sup>35</sup> As part of this recommendation, the Committee should urge the New Zealand Government to explore and implement a rent-to-buy programme for disabled people to encourage and support autonomy and wellbeing and without forcing disabled people to move constantly and adapt as their needs change.

on differences in health outcomes by ethnicity and disability status.

**Recommendation 5:** That the Committee urge the New Zealand Government to address the identified issues with its FASD policy and increase investment to ensure easier access to diagnosis, more effective health services, better access to disability supports for individuals and whānau, and better protections for individuals and whānau to eliminate violence, abuse, and interactions with the justice system.

**Recommendation 6:** That the Committee urge the New Zealand Government to take immediate and tangible steps to increase access to language and culture for tāngata turi, including investing in trilingual (NZSL, Te Reo Māori and English language) interpreter professional development.

**Recommendation 7:** That the Committee require the New Zealand Government to urgently address the lack of quality, robust, and reliable collection of population level data on disability that is relevant to Māori.

**Recommendation 8:** That the Committee ask the New Zealand Government to provide an update on how changes to the Census approach used will support robust data that meets the needs of tāngata whaikaha Māori.

**Recommendation 9:** That the Committee set the expectation for the New Zealand Government to report on CERD commitments for tāngata whaikaha Māori and disabled minoritised ethnic groups.

**Recommendation 10:** That the Committee ask the New Zealand Government how changes since 2021 to the Pae Ora Act, and the recently announced Cabinet decisions on further change, protect the rights and interests of tāngata whaikaha Māori.