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**Committee on the Rights of the Child**

 Consideration of reports submitted by States parties under article 44 of the Convention

 Fifth periodic reports of States parties due in 2015

 New Zealand[[1]](#footnote-2)\*, [[2]](#footnote-3)\*\*

[Date received: 14 December 2015]

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 I. Introduction

1. The New Zealand Government welcomes this opportunity to present New Zealand’s Fifth Periodic Report (the Report). It updates the Committee on the Rights of the Child (the Committee) on New Zealand’s progress against the 2011 Concluding Observations, implementation of the Convention, and the two Optional Protocols.[[3]](#footnote-4) The reporting period for this Report is February 2011 to March 2015.

 Preparation and structure of report

2. The Report has been edited to comply with the Committee’s guidelines on reporting.[[4]](#footnote-5) It should be read in conjunction with New Zealand’s Common Core Document[[5]](#footnote-6) and other recent international reports, in particular the Initial Report on the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (OPSC), New Zealand’s Sixth Periodic Report under the International Covenant on Civil and Political Rights (the ICCPR Report) and New Zealand’s response to the recommendations made under the Universal Periodic Review (UPR).

 Consultation with civil society

3. The New Zealand Government undertook an extensive public consultation on a draft version of the Report between 19 December 2014 and 27 February 2015. More information can be found on the Ministry of Social Development’s (MSD) website.[[6]](#footnote-7)

 Overview

4. The Government has made substantial progress in improving outcomes for children, implementing the articles of the Convention and addressing the 2011 Concluding Observations of the Committee over the reporting period. Ensuring access to comprehensive education, health, welfare, housing, justice and social services has been a challenge during the slow but gradual recovery from the Global Financial Crisis (GFC) and the devastating physical, financial and emotional impact of the Canterbury earthquakes.[[7]](#footnote-8) In addition, New Zealand continues to grapple with the persistent and complex problems of eradicating child abuse and addressing child hardship, particularly amongst Mäori. This must occur amidst the increasing ethnic diversity of our children and young people,[[8]](#footnote-9) and against New Zealand’s unique constitutional background which includes the Treaty of Waitangi.

5. New Zealand’s work to improve outcomes for children can be viewed across a continuum of services: universal and preventative services, early intervention, intensive support and statutory intervention. This is demonstrated in Figure One below.

 Figure One
Work is underway across the service continuum

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| --- | --- |
| In the care and protection and youth justice areas, a major programme of work is underway to ensure the statutory agency is working effectively and with the right children.Early intervention and intensive support includes initiatives such as Whänau Ora and Children’s Teams, which bring professionals from across social services together to ensure support is available to children and families who need it. In this area, Government is making changes to ensure investment in programmes and services is focused on delivering outcomes that will improve child wellbeing and prevent maltreatment.Universal services and primary prevention such as *Well Child Tamariki Ora* checks, free GP visits up to age 13 and 20 hours free Early Child Education for all three and four-year-olds support healthy development for all children. | **Intensive Support****Early Intervention****Prevention****Universal** **Statutory****Intervention** |

6. The Government has committed to a new way of working to achieve better results for all New Zealanders, including children. This is reflected in the Better Public Service (BPS) Results which aim to improve public services within tight financial constraints while achieving results that make a real difference.[[9]](#footnote-10) Five of the 10 results relate to children and young people.

• Result 2 requires an increase in participation in Early Childhood Education (ECE) among children starting school from 94.7% in 2011 to 98% by 2016. The rate was 96.1% in December 2014. Strong growth in Māori and Pasifika participation is encouraging.[[10]](#footnote-11)

• Result 3 requires an increase in infant immunisation to 95% by December 2014 and maintained until 2017, and a reduction in the incidence of rheumatic fever to 1.4 cases per 100,000 people by 2017. 93.5% of eight-month-olds had been immunised at December 2014. New Zealand’s immunisation rates for this age group are higher than they have ever been. In 2014 the incidence of rheumatic fever was 3.4 cases per 100,000 people (153 hospitalisations). This rate represents a significant decrease compared to the 2013 calendar year rate of 4.3 per 100,000 (194 hospitalisations).

• Result 4 requires a halt in the rise of children experiencing physical abuse and a reduction in numbers of 5% by 2017. In the 12 months to December 2014, 3,195 children experienced substantiated physical abuse, a 3.4% increase compared to the year to December 2013 number of 3,089. Mäori make up 50% of this figure. Pasifika make up 17% of this figure.[[11]](#footnote-12)

• Result 5 requires an increase in the proportion of 18-year-olds with an NCEA Level 2 qualification to 85% by 2017. The result for 2013 was 78.6%, compared with 74.3% in 2011. Māori and Pasifika achievement is improving faster than the overall rate.

• Result 7 requires a reduction in the total crime rate. This includes a reduction in the youth crime rate of 25% by 2017. At the end of December 2014, Government had achieved that target with a reduction of 38% in the youth crime rate since June 2011.[[12]](#footnote-13)

7. The Children’s Action Plan is driving fundamental changes around how government agencies, non-government organisations (NGOs) and iwi work together at national and local levels to identify, support and protect vulnerable children. The implementation of Children’s Teams across New Zealand is a key element. Children’s Teams are made up of skilled frontline practitioners and professionals from across government agencies, NGOs, iwi and the community. Children’s Teams ensure the right level and type of service is provided by having one plan and one assessment for each child. The Vulnerable Children Act 2014 makes the Chief Executives of the children’s agencies jointly accountable to work together and implement a plan to protect vulnerable children.

8. In 2010, Whānau Ora[[13]](#footnote-14) was launched as an innovative whānau-centred approach to supporting whānau wellbeing and development. Whānau Ora is built around whānau aspirations for healthy lifestyles, full participation in society and confident participation in Te Ao Māori (the Mäori world) and/or Pasifika communities. Outcomes for children are intricately and intimately linked to the wellbeing of the family.

9. There is significant work underway to support children and young people at high risk of disengaging from education, training or seeking employment. Targeted ECE initiatives are addressing multiple barriers to participation by engaging vulnerable families in their children’s learning. Positive Behaviour for Learning (PB4L) helps parents, whānau, teachers and schools address problem behaviour, improve children’s well-being and increase educational achievement. New Zealand’s social security system has been reformed to provide better support and incentives for youth to find work. These reforms are building the competency and self-reliance of young people and young single parents at high risk of long-term welfare dependency by investing in education, training and work-based learning to build skills and work capability.

10. Disparities in health outcomes according to deprivation and ethnicity are being addressed by improving the delivery of the Well Child/Tamariki Ora (WCTO) service to assist families and whānau to improve and protect their child’s health. Initiatives that support this goal include a BPS Result that aims to increase infant immunisation and decrease the incidence of rheumatic fever. The Prime Minister’s Youth Mental Health Project focuses on improving mental health outcomes for young people.

11. The Government is also developing appropriate support strategies for young people who offend. The Youth Crime Action Plan (YCAP) focuses on working with communities to reduce crime by children and young people and help those who offend to turn their lives around. This includes providing the lowest appropriate justice system response to their offending and providing support to help them get back on track.

12. The effects of these and other initiatives can be seen in outcomes for New Zealand children. Statistical Information by the Government of New Zealand 2015 contains detailed statistics on New Zealand children, disaggregated where possible as per the United Nations Guidelines.

13. The Government recognises that there are Concluding Observations against which limited progress has been made. In particular, the general reservation to article 2 relating to children unlawfully in New Zealand, and the specific reservations to article 32, paragraph 2(a) relating to a minimum age of admission to employment and to article 37(c) relating to age-mixing in detention facilities, remain in place. New Zealand will withdraw these reservations when our legislation and policy match the requirements of these articles. In the meantime, the Government maintains a system of policy and legislative protections to prevent adverse outcomes for children in these situations.[[14]](#footnote-15)

14. Limited progress has been made in some areas that the Committee has repeatedly commented on. There are sound reasons for this.

• New Zealand supports Tokelau to improve its situation on the rights of the child so it may eventually have the capacity to be compliant. This would allow New Zealand to extend the Convention to Tokelau, after consultation with the Government of Tokelau.

• A review of adoption law is on hold because of competing priorities for law reform in the justice sector. Any future review of adoption law would need to take into consideration New Zealand’s obligations under the Convention.

15. Development of the UNCROC Work Programme was delayed during the reporting period while the Government consulted on and developed responses for vulnerable children. The UNCROC Work Programme was developed in consultation with the UNCROC Monitoring Group[[15]](#footnote-16) and has three key work programme items:

• Improving the input of children and young people’s views in the formulation of legislation and policies associated with rights under the Convention (Concluding Observations 27(a) and (b) and article 12).

• Investigating raising the age that young people leave care to 18 (articles 1, 3 and 20).

• Facilitating consideration of children’s rights in the development of major policy and legislative initiatives, to ensure that New Zealand’s obligations under the Convention are taken into account (Concluding Observations 27(a) and (b), and article 3).

 II. General measures of implementation

 A. Reservations and declarations

 Children unlawfully in New Zealand [CRC/C/NZL/CO/3-4, para. 9(a)]

16. The Government is currently not in a position to withdraw New Zealand’s reservation to this article.

17. The Immigration Act 2009, together with the Ministry of Education’s (MoE) gazetted notices[[16]](#footnote-17) under section 2 of the Education Act 1989, mean that children unlawfully in New Zealand (children whose visas have expired or who lack documentation) have access to state-funded education if certain criteria are met. Since 2010, approximately 2,000 children unlawfully in New Zealand have enrolled in state-funded education as domestic students.

18. The Health and Disability Services Eligibility Direction 2011 (Eligibility Direction)[[17]](#footnote-18) sets out the eligibility criteria for publicly funded health and disability services in New Zealand. For foreign nationals, eligibility is largely based on immigration status. Where children are not automatically eligible, provision is made in the Eligibility Direction for them to receive a number of publicly funded health services, such as vaccinations on the Immunisation Schedule,[[18]](#footnote-19) WCTO services available from birth to five years,[[19]](#footnote-20) services relating to infectious diseases or quarantinable diseases, acute services in emergencies and compulsory treatment services under certain Acts. Additionally, otherwise ineligible pregnant women are eligible for maternity services if their child will be a New Zealand citizen, their partner is eligible, or if they require services to prevent transmission of HIV to the foetus.

19. If an adult is unlawfully in New Zealand, they generally will not receive any benefit or housing support, nor will their dependent child. This is considered justified on the basis that allowing persons unlawfully in New Zealand to access benefit and housing support would undermine the integrity and principles of the benefit system and the allocation of housing. The Government currently has no intention to change these policy settings.

 Minimum age of access to employment [CRC/C/NZL/CO/3-4, para. 9 (a)]

20. The Government is currently not in a position to withdraw New Zealand’s reservation to this article.

21. New Zealand’s existing policy and legislative framework continues to provide age thresholds for entry into work in general, and for safe work. An addition to this legislative framework during the reporting period is the Sale and Supply of Alcohol Act 2012, which bans persons under 18 from selling liquor in licensed premises.

 Age-mixing in detention [CRC/C/NZL/CO/3-4, para. 9(a)]

22. New Zealand is not yet ready to withdraw the reservation to article 37(c). However we continue to make progress on preventing age-mixing between children and young people and adults in places of detention.[[20]](#footnote-21)

23. The Ministry of Justice (MoJ) is responsible for the layout of all detention cells within New Zealand Courts. Facilities administered by MoJ generally meet the requirements of article 37(c). However, it is not always possible to separate juveniles and adults because of the limitations of existing facilities, particularly in small, remote courthouses. Meeting all the requirements of article 37(c) will not be achieved until the total upgrade of these facilities is complete. It is not yet clear when this will be completed. Police continue to collaborate with planners to ensure that any new or refurbished facilities are able to segregate youth. Wherever possible, courts have at least three cells: one to accommodate male detainees, one for female detainees and one for youth or at-risk detainees. Where it is not possible to accommodate detainees of each group on the same day, segregation is achieved by way of police management.

24. Children and young people who require compulsory inpatient mental health assessment and treatment are admitted to youth mental health facilities, with occasional exceptions where it may be more developmentally appropriate for a young person to be treated in an adult ward. When it is not immediately possible to admit a young person to a youth mental health facility, it may be in their best interests to be treated in an adult inpatient facility until a transfer to a youth facility can be made.[[21]](#footnote-22)

25. New Zealand continues to comply with article 37(c) in the areas of the Customs Service, the New Zealand Defence Force (NZDF) and the Department of Corrections.[[22]](#footnote-23)

 Tokelau [CRC/C/NZL/CO/3-4, para. 9(b)]

26. New Zealand continues to work with and support Tokelau to ensure that the provisions and protections of the Convention apply to children in Tokelau. Over this reporting period, the Government has been particularly focused on the provision of education and health in Tokelau. This continues to pose challenges with such a small population base, skill shortages and a relative lack of resources.

27. A review of the provision of education in Tokelau was completed by the New Zealand Government’s Education Review Office (ERO) in February 2014. The review highlighted that “significant and urgent action is necessary” to improve the quality of education in Tokelau. As a result, a five-year work programme to help Tokelau improve governance and management of schools, increase the effectiveness of teachers, improve literacy and numeracy achievement and improve ECE has been put in place.

28. Education reform work started in early 2014. Massey University’s Centre for Education Development has been contracted to provide personnel to support immediate improvements in classrooms and to lead education planning for the next five years. All of Tokelau’s three schools have been recruiting new teachers and a group of Tokelauan teacher trainees is studying at Massey University. In the ECE area, Mataliki (a Tokelauan early childhood centre in Auckland) is working with Massey and three schools to provide resources and assistance to Tokelau. The three villages have agreed to transfer education governance responsibilities to the Tokelau Department of Education. Tokelau has increased its education budget, and this is reflected in the recruitment of additional qualified teachers.

29. A wider review of public service delivery is currently underway by Tokelau and New Zealand. As part of this review, officials will continue to discuss extending the Convention with the Government of Tokelau. This is a thorough process that requires full consultation.[[23]](#footnote-24)

 B. Climate change (Article 4)

30. The impacts of climate change will be unevenly distributed and generally greater for children and other vulnerable groups. Small islands are particularly at risk due to rising sea levels. New Zealand is firmly committed to helping the most vulnerable, including our Pacific neighbours, adapt to climate change and mitigate its impacts. New Zealand is tracking well towards meeting its international climate change mitigation commitments, including our 2020 target of reducing greenhouse gas emissions to 5% below 1990 levels by 2020.

 C. Legislation (Article 4)

 Consistency of legislation with the Convention [CRC/C/NZL/CO/3-4, para. 11(a)]

31. Several pieces of legislation have been introduced since February 2011 that enhance New Zealand’s compliance with the Convention. Appendix Three provides a summary.

32. There are inconsistencies in the definition of a “child” or “young person” prescribed in some areas of New Zealand legislation to satisfy different policy considerations. See paragraph 48 below for more information.

 Application to all children in New Zealand [CRC/C/NZL/CO/3-4, para. 11(b)]

33. New Zealand continues to progressively implement the Convention and the two Optional Protocols to which New Zealand is a State party.

 Priority of child-related legislation [CRC/C/NZL/CO/3-4, para. 11(c)]

34. A number of legislative changes affecting children were prioritised over the reporting period.[[24]](#footnote-25) Notably, the Government prioritised consideration of the Vulnerable Children Bill, which was introduced to Parliament in September 2013 and passed in June 2014.

 D. Coordination (Article 4)

 Mechanism for coordination [CRC/C/NZL/CO/3-4, para. 13]

35. The Social Sector Board Deputy Chief Executives (SSB DCEs)[[25]](#footnote-26) is the Government’s mechanism for engaging with civil society on, and coordinating activities that continue, the progressive implementation of the Convention.

36. The Vulnerable Children’s Board oversees the implementation of the Children’s Action Plan.[[26]](#footnote-27)

 E. National plan of action (Article 4)

 National plan of action [CRC/C/NZL/CO/3-4, para. 15]

37. The Vulnerable Children Act 2014 provides a statutory mechanism to set priorities and agree a national plan for improving the wellbeing of vulnerable children. The Act introduced a requirement that the Chief Executives of all children’s agencies work together to develop and implement a vulnerable children's plan. The Act enables governments to narrow or widen the scope of a vulnerable children’s plan depending on their priorities and how they define vulnerable children.

 F. Allocation of resources (Article 4)

 Tracking of child-related expenditure [CRC/C/NZL/CO/3-4, para. 17]

38. New Zealand is recognised internationally as having high-quality, open and transparent government accounting processes underpinned by a Vote structure[[27]](#footnote-28) and Ministerial responsibility. We evaluate the effectiveness of the spend on children and families in different Vote areas which, along with other data and information, allows the Government to improve the services that are delivered. Moving to a system that counts expenditure on children across government could encourage a focus on the total amount of that spend as opposed to the effectiveness of services targeted toward children. Treasury is exploring ways for funding to be used more flexibly to support a holistic approach to service provision for individuals and families.

39. Budget 2014 included almost $500 million in new spending on children, including boosting the paid parental leave scheme, enabling General Practitioners (GPs) to offer free doctors’ visits and prescriptions for children under the age of 13, and helping early childhood centres remain accessible and affordable.[[28]](#footnote-29)

 G. International cooperation (Article 4)

40. Total expenditure on Overseas Development Assistance (ODA) has increased from around NZ$473 million in 2009/10 to a projected level of around NZ$589 million in 2014/15. In Budget 2014, the baseline for ODA, previously set at NZ$600 million for 2015/16 onwards, was increased to almost NZ$650 million by 2017/18. This new baseline for 2017/18 and out years will support targeted new strategic investments under the New Zealand Aid Programme in the Pacific and ASEAN regions. This demonstrates New Zealand’s continued commitment to addressing the challenges faced by developing countries, particularly in the Pacific.

41. New Zealand targets around 18% of its total ODA to the work of the United Nations and Commonwealth agencies, the World Bank, the Asian Development Bank and the Red Cross. The New Zealand Aid Programme’s multilateral engagement prioritises nine agencies which have a proven track record, show strong alignment with New Zealand’s policies and priorities, and provide good value for money. These agencies include the United Nations Development Programme, United Nations Children’s Fund (UNICEF) and the United Nations Refugee Agency.

 H. Dissemination and awareness-raising (Articles 42 and 44(6))

 Dissemination and awareness-raising [CRC/C/NZL/CO/3-4, para. 19]

42. The websites of MSD, the Ministry of Youth Development (MYD), MoJ and the Office of the Children’s Commissioner (OCC) all contain information about the Convention.

43. The OCC mandate includes general advocacy for the rights and welfare of children and awareness-raising about the Convention. With no increase in baseline funding since 2008, the OCC has had to prioritise its advocacy activities more strategically and has focused its direct Convention activity on coordinating the UNCROC Monitoring Group and supporting agencies with advice on the Convention.

44. For more information about mainstreaming human rights into the public service see paragraph 67 of the ICCPR Report.

 I. Training (Article 3(3))

 Training [CRC/C/NZL/CO/3-4, para. 21]

45. New Core Competencies for all people working with children are being developed. These Core Competencies will promote the common skills, language and understandings necessary for effective work with children. No final decisions have been made about the content of the framework or how it will be implemented, but knowledge of the rights of the child is currently being considered as an area for inclusion. Depending on decisions about how the framework is implemented, agencies may introduce training and development programmes across the professional lifecycle of their workforces to build capability in these competencies.

46. The Vulnerable Children Act 2014 introduces new requirements for organisations to have Child Protection Policies. These require organisations to have protocols around the identification of and response to suspected abuse and neglect and will encourage organisations to adopt child-centred practice. A cross-agency work programme, led by the Children’s Action Plan Directorate, is considering options for supporting capability building in this area across the workforce. New Children’s Teams are being supported to build capability in their workforce through training opportunities and encouraging community-led initiatives.

 J. Child rights and the business sector (Article 4)

 Child rights and the business sector [CRC/C/NZL/CO/3-4, para. 23]

47. All businesses operating in New Zealand are subject to New Zealand law, including employment law, human rights law and commercial law. New Zealand has also agreed to the OECD Multi-National Enterprise guidelines and has ratified relevant International Labour Organisation (ILO) Conventions.

 III. Definition of the child

 A. Definition of the child (Article 1)

48. There has been some progress on aligning the various definitions of “child” in New Zealand legislation.

• The Children, Young Persons and Their Families Act 1989 (CYP&F Act) provides special protection to children (under 14) and to young persons (over 14 and under 17). The case for raising the age that young people leave state care to 18 is being explored.

• Under the CYP&F Act, certain supports and protections can be extended to the age of 20.[[29]](#footnote-30)

• For the purposes of Part 1 of the Vulnerable Children Act 2014,[[30]](#footnote-31) a child is defined as a person who is under the age of 18 years.

• From 1 April 2016, the qualifying age for children eligible for child support under the Child Support Amendment Act 2013 will reduce from under 19 to under 18.

 IV. General principles

 A. Non-discrimination (Article 2)

 Measures to address disparities in access to services by Māori children
and their families [CRC/C/NZL/CO/3-4, para. 25(a)]

49. Te Puni Kōkiri (TPK) is leading cross-government innovative trials and investments to test policy and programme models that promote better results for Māori. The Government has promoted Whānau Ora, which is an approach to social and health service delivery that seeks to place the whānau or family at the centre. Whānau are given the support of navigators to help them determine their future goals and plan towards achieving them. TPK led the establishment of three independent Commissioning Agencies to drive a “commissioning-for-results” approach to delivering Whānau Ora. By the end of the 2014/15 financial year, it is estimated that 8,900 whānau will be actively engaged by Whānau Ora collectives in whānau ora services. TPK also funds Whānau Social Assistance Programmes (Kaitoko Whānau and Oranga Whānau), which have a similar role to Whānau Ora navigators and assist whānau to access existing services. These programmes reach another 5,000 whanau.

50. Māori children and their families benefit from a number of health services provided by the Ministry of Health (MoH).[[31]](#footnote-32) Work on progressive health targets and towards BPS Result 3 has resulted in Māori immunisation coverage for two-year-olds increasing from 59% in 2007 to 92% in 2014. Immunisation rates for Māori at two years of age are now equal to or better than the New Zealand European rate in over half of the country’s District Health Boards (DHBs), but there is still some lag at the milestone age of eight months, which is being addressed by BPS Result 3. DHBs also have an overarching objective to reduce, with a view to eliminating, disparities between population groups.[[32]](#footnote-33)

51. Despite improvements in overall achievement of National Standards and NCEA, disparity in educational outcomes for Māori students remains a challenge.[[33]](#footnote-34) MoE has a number of strategies and initiatives to ensure all learners achieve their potential, including Ka Hikitia: Accelerating Success 2013 – 2017: The Māori Education Strategy,[[34]](#footnote-35) Tau Mai Te Reo – Māori Language in Education Strategy 2013-2017[[35]](#footnote-36) and Māori Achievement Plans, which enable schools and kura with low levels of achievement for their Māori students to identify responses to meet the specific needs of individual students.

52. A culturally responsive social service initiative developed by Māori for Māori is E Tu Whānau,[[36]](#footnote-37) a family violence prevention programme. It takes a strengths-based approach to working with whānau and communities to identify their own solutions to eliminating violence and building strong and resilient whānau. Whānau Toko i te Ora[[37]](#footnote-38) is a high-intensity, home-based early intervention family support service for high-need Māori whānau who are unlikely to be reached by other agencies.

 Awareness-raising, preventive activities against discrimination and affirmative action for the benefit of children in vulnerable situations [CRC/C/NZL/CO/3-4, para. 25(b)]

 Māori children and their whānau

53. Health and education professionals have access to resources to improve their awareness and knowledge of Mäori culture. The Foundation Course in Cultural Competency is a voluntary online course for health professionals that provides an understanding of New Zealand’s culturally diverse population, with an emphasis on Māori culture.[[38]](#footnote-39) Cultural Competencies for Teachers of Māori Learners is a new resource explaining the progression of the competencies teachers need to develop so they can help Māori learners achieve educationally as Māori.

 Pasifika children and their aiga

54. The Pasifika Education Plan 2013-2017 sets out the education sector’s vision of “five out of five” Pasifika learners engaging, participating and achieving in education. It includes an investment approach to accelerate and raise the educational achievement of Pasifika learners. The first year of implementation has shown improvements in participation and achievement rates, but more needs to be done to improve achievement. The 2014 refresh of Ala Mo’ui: Pathways to Pacific Health and Wellbeing[[39]](#footnote-40) sets out the priority outcomes and actions for the next five years that will contribute to achieving better health outcomes for Pasifika people, families and communities.

 Refugee and migrant children and their families

55. MoE employs six Refugee and Migrant Education Coordinators based in Auckland, Hamilton, Wellington and Christchurch to support schools to develop relationships with immigrant and refugee families and communities.

 Lesbian, bisexual, gay and transgender and intersex (LBGTI) children and their families

56. On 7 February 2015, the Minister for Youth announced a second round of small grants funding of $85,000 to ensure support services are available for LBGTI children.[[40]](#footnote-41)

 Ensure cases of discrimination against children are effectively addressed [CRC/C/NZL/CO/3-4, para. 25(c)]

57. The New Zealand Bill of Rights Act 1990 (BORA) affirms the right to be free from discrimination on the prohibited grounds set out in the Human Rights Act 1993 (HRA). The HRA provides for complaints to be made to the Human Rights Commission when someone believes they have been unlawfully discriminated against.

 B. Best interests (Article 3)

58. The welfare and best interests of the child are the first and paramount consideration of New Zealand courts in applying the Care of Children Act 2004 (CoCA).[[41]](#footnote-42) The welfare and interests of the child or young person are paramount under the care and protection provisions of the CYP&F Act.[[42]](#footnote-43) The CYP&F Act was amended in 2014 to reinforce that decisions affecting children and young people should be made adopting a holistic approach that takes into consideration the child or young person’s age, identity, cultural connections, education and health.

 C. The right to life, survival and development (Article 6)

59. New Zealand continues to support the right of the child to life, survival and development as discussed in Parts V, VI and VII.[[43]](#footnote-44)

 D. Respect for views of the child (Article 12)

 Promote, facilitate and implement the principle of respect for the views of the child [CRC/C/NZL/CO/3-4, para. 27(a)] and systematic consideration of the views of the child in formulating laws and policies [CRC/C/NZL/CO/3-4, para. 27(b)]

60. MYD promotes, facilitates and implements the principle of respect for the views of young people through a number of avenues including:

• Engaging with young people through consultations and involving them on funding and selection panels.

• Connecting young people to opportunities through social media.

• Providing advice and services to agencies on how to take a youth development approach.

• Purchasing youth development services in communities to support local authorities to work with young people.

• A Youth Advisory Group made up of young people from all over New Zealand.

• A network of over 5,000 young people called Aotearoa Youth Voices.[[44]](#footnote-45)

• Various initiatives such as the Youth Week Awards,[[45]](#footnote-46) the Prime Minister’s Youth Programme,[[46]](#footnote-47) MYD internship opportunities and Youth Parliament.[[47]](#footnote-48)

61. MSD is currently working on options for obtaining the views of children in the policy and legislation development processes, as well as options for considering the impacts of policy and legislation on children.

 V. Civil rights and freedoms

 A. Name and nationality (Article 7)

62. All legislative provisions referred to in New Zealand’s Combined Third and Fourth Periodic Report are still in effect.

 B. Preservation of identity (Article 8)

63. New Zealand continues to recognise and support the right of a child to preserve his or her identity.[[48]](#footnote-49)

64. The Government is committed to fostering and protecting the cultural identity of Māori, including Māori children, through the provision of Māori language education programmes (both full immersion programmes and “Māori as a subject” programmes), support for a dedicated Māori television service and the provision of support for families to identify and pursue their cultural development aspirations. This has led to an increased number of people, particularly young people, speaking Māori,[[49]](#footnote-50) and an increased awareness and positive attitude amongst Māori and non-Māori about the place of Māori culture in New Zealand society.

 C. Freedom of expression (Article 13), freedom of thought, conscience and religion (Article 14) and freedom of association and of peaceful assembly (Article 15)

65. New Zealand continues to recognise the right of the child to:

• Freedom of expression, as affirmed by section 14 of BORA.

• Freedom of thought, conscience and religion, as affirmed by section 13 of BORA.

• Freedom of association and peaceful assembly, as affirmed by sections 17 and 16, respectively, of BORA.

 D. Protection of privacy (Article 16)

66. In 2014, the Government agreed to enact a new Privacy Act. The new Act will create stronger incentives for agencies to identify and address privacy risks, and give the Privacy Commissioner enhanced powers. Key recommendations relating to children and young people have either been accepted for inclusion in the new Privacy Act, or have been progressed in the Harmful Digital Communications Bill.[[50]](#footnote-51)

 E. Access to appropriate information (Article 17)

67. The Government recognises the importance of technology for education. In 2016, almost all schools will be able to connect to ultra-fast broadband and have an upgraded internal IT network. Schools also receive funding from MoE for software, while teachers and principals receive laptops.

68. New Zealand has legislative regimes in place to protect all people, including children, from injurious material.[[51]](#footnote-52) A significant suite of tools and internet safety resources for children and schools is available from NetSafe. The NetSafe Kit for schools sets out a comprehensive programme of cybersafety for schools based on an infrastructure of policies, procedures and agreements, an effective electronic security system and a comprehensive cybersafety education programme. The Department of Internal Affairs (DIA) also provides information on its website to help the public monitor safe internet use and to inform users of what constitutes objectionable material.[[52]](#footnote-53)

69. The Advertising Standards Authority’s Code for Advertising to Children was updated in 2010. At the same time, a new and separate Children’s Code for Advertising Food (the Code) has been developed. The Code states that all advertisements for food and beverages that influence children shall adhere to the principles and guidelines set out in the Code. Food advertisements should not undermine the food and nutrition policies of government or the MoH Food and Nutrition Guidelines for the health and wellbeing of children. In 2011, the three major free-to-air broadcasters doubled the weekly hours of advertising-free zones and the hours when food advertising targeted at children is restricted.

 F. Corporal punishment (Articles 37(a) and 28(2))

 Heighten public awareness of section 59(1) of the Crimes Act and continue to promote positive, non-violent forms of discipline in childrearing [CRC/C/NZL/CO/3-4, para. 29]

70. At the Government’s request, Police carried out monitoring of the implementation of the Crimes (Substituted Section 59) Amendment Act 2007. Reviews conducted between 2007 and 2012 found no significant issues with the enforcement of this law change.[[53]](#footnote-54) Police continue to work with CYF and other key stakeholders to promote positive parenting and ensure that parents who wish to attend parenting programmes are connected. Police continue to monitor this through the work of Family Violence Coordinators and Child Protection Teams.

71. A key role of WCTO services is to identify and refer parents who would benefit from parenting programmes. The WCTO Healthbook is provided to all families at birth and contains advice and information for parents about how to respond to their child’s behaviour.

72. The SKIP initiative (Strategies with Kids – Information for Parents) aims to reduce the physical punishment of children by helping parents and caregivers of 0 to 5-year-olds to develop confidence, knowledge and skills.[[54]](#footnote-55)

73. PB4L initiatives help learners, parents, whānau and educators to improve learner behaviour, wellbeing and increase educational achievement. The Incredible Years Parent programme supports parents of children aged 3 to 8 in building positive relationships with their children and developing strategies for positive behaviour. The Incredible Years Teacher Programme provides teachers of children aged 3 to 8 with approaches to create more positive learning environments for children.

 Prioritise the elimination of all forms of violence against children, paying particular attention to gender [CRC/C/NZL/CO/3-4, para. 30(a)]

74. New Zealand continues to grow an evidence base on preventing violence against women. In September 2013, the Ministry of Women’s Affairs[[55]](#footnote-56) published Current Thinking on Primary Prevention of Violence Against Women, which discussed how primary prevention approaches can be effectively implemented in New Zealand.[[56]](#footnote-57) This research was supplemented by research on perspectives on primary prevention for Māori women in March 2015.

 Provide information concerning the implementation on the development of a national comprehensive strategy to prevent and address all forms of violence against children [CRC/C/NZL/CO/3-4, para. 30(b)(i)]

75. The Children’s Action Plan recognises the relationship between child abuse and neglect and family violence. Work is underway to develop child protection policies and support professionals to better recognise vulnerability.[[57]](#footnote-58)

76. Police’s Prevention First operating strategy prioritises addressing all forms of violence. Every Police District has established Child Protection Teams dedicated to child protection investigations, with a District Child Protection Coordinator who holds overall responsibility for this work. A National Sexual Violence and Child Protection Team ensures continued improvements for Police in this area, in partnership with key agencies.

 Provide information concerning the introduction of an explicit national ban on all forms of violence against children in all settings [CRC/C/NZL/CO/3-4, para. 30(b)(ii)]

77. The Crimes Act 1961 criminalises the use of force against a child. There are some exceptions related to parental control of a child, but these do not include force for the purposes of correction (i.e. physical punishment).[[58]](#footnote-59) The Act also criminalises sexual conduct with children under the age of 12,[[59]](#footnote-60) and under the age of 16.[[60]](#footnote-61) Section 144A of the Act further criminalises sexual exploitation of children outside New Zealand committed by New Zealanders.

 Provide information concerning the consolidation of a national system of data collection, analysis and dissemination, and a research agenda on violence against children [CRC/C/NZL/CO/3-4, para. 30(b)(iii)]

78. The Children’s Action Plan Directorate has developed and consulted on a draft Approved Information Sharing Agreement (AISA) that will enable information to be shared between government and NGOs. An AISA will support the Vulnerable Kids Information System (ViKI) and The Vulnerable Children’s Hub (The Hub). ViKI will manage the secure input, access, management and reporting of data for Children’s Teams and is in its final design phase. The Hub (formerly known as the Child Protect Line) will be a point of contact for receiving and processing enquiries or advice of concerns relating to vulnerable children.

79. Police is also working alongside Corrections and MoJ in the creation and development of New Zealand’s first Child Protection Offender register. This will enable better management of high risk child sex offenders in the community and reduce the risk of their further offending against children.

 Cooperate with the Special Representative of the Secretary-General on violence against children and seek technical assistance from international bodies with expertise in this area [CRC/C/NZL/CO/3-4, para. 30(c)]

80. New Zealand cooperates with international bodies to support the protection of children from violence. At the May 2014 World Health Assembly, New Zealand supported the adoption of a resolution which looks to strengthen the role of the health system in addressing violence against women and children. New Zealand will be required to report on progress made against this resolution in 2016. DIA sent a representative to attend an Expert Meeting Group on Technologies used to Abuse and/or Exploit Children held by the United Nations Office on Drugs and Crime during September 2013. The representative provided input for a draft study and a preliminary training and technical assistance programme.

 VI. Family environment and alternative care

 A. Alternative care (Article 20)

81. One of the principles underpinning the CYP&F Act is that wherever possible the relationship between a child and his or her family, whānau, hapū, iwi and family group should be maintained and strengthened. If a child’s own home or options with wider family and whānau are not available, then a Home for Life with a non-family or whānau caregiver becomes the primary goal. These caregivers go through an assessment and approval process and receive training targeted to their needs and the needs of the child or young person in their care.

 B. Parental guidance (Article 5)

82. In April 2014, the Families Commission/Social Policy Evaluation and Research Unit released Effective Parenting Programmes: A review of the effectiveness of parenting programmes for parents of vulnerable children.[[61]](#footnote-62) This report reviewed evidence on the effectiveness of parenting support programmes for parents of vulnerable children aged 0-6 years and contributed to the body of evidence needed to improve outcomes for vulnerable children.

 C. Parental responsibilities (Article 18(1))

83. CoCA defines a child’s guardian as someone who legally has the same duties, rights, responsibilities and powers as a parent in bringing up a child. When parents separate, both should continue to have a significant role in their children’s upbringing. CoCA requires guardians to act jointly and to consult whenever practicable when making decisions about care or welfare.

84. An application for a parenting order under CoCA must include a statement about whether and how the order can provide for any other person to have the role of providing day-to-day care for, or contact with, the child. If the Family Court proposes to make a parenting order that does not give a parent the role of providing day-to-day care for a child, the Family Court must consider whether and how the order can provide for the parent to have contact with the child.

85. CoCA also recognises that New Zealand children are brought up in many different types of family arrangements. CoCA makes it clear that it is important for children to keep and strengthen their links with their wider family, including whānau, hapū, iwi and other family groups. It also encourages members of whānau and other wider family groups to participate in the care and upbringing of children.

86. Recent reforms to the Family Court have changed the way the family justice system responds to parenting arrangements for children following parental separation.[[62]](#footnote-63) The reforms shift the focus from court resolution of disputes to encourage parents to reach agreement through Family Dispute Resolution (FDR). FDR has been introduced to assist parents to reach agreement about care arrangements for children following parental separation without the need for protracted and adversarial court proceedings. FDR is mandatory before court proceedings can be filed, unless exceptions apply (e.g. family violence or urgency). It is government-funded for those who meet the criteria. Some FDR mediators offer a child-inclusive model of FDR.

 D. Assistance in child-rearing (Article 18(2))

 Intensify efforts to render appropriate assistance to parents and legal guardians in the performance of their child-rearing responsibilities [CRC/C/NZL/CO/3-4, para. 32]

87. The Government offers a comprehensive mix of initiatives to support parents and legal guardians in their child-rearing responsibilities. These range from universal approaches through to targeted and intensive programmes, including service coordination and initiatives for families with complex needs.

88. Around 190,000 children under the age of five receive WCTO services each year. WCTO services provide parents and caregivers with the knowledge and skills to respond to their child’s needs at the different stages of their development. They also provide clinical assessments of the child, including growth and development assessments. They support parents and caregivers to identify their needs as parents and link them to community and other services. The March 2014 WCTO quality improvement framework results noted that 97% of families/whänau are referred from their Lead Maternity Carer to a WCTO provider. 74% of infants receive all WCTO core contacts during their first year.

89. MoH is also addressing mental illness, and alcohol and other drug addictions in parents through Healthy Beginnings: Developing perinatal and infant mental health services in New Zealand that provides guidance for DHBs. The Werry Centre[[63]](#footnote-64) is leading a project through to December 2015 aimed at increasing the capability of health professionals to identify and attend to the needs of children of parents with mental illness and/or addiction in all aspects of service delivery.

 E. Separation from parents (Article 9)

90. The CYP&F Act recognises that the primary role in caring for and protecting a child lies with a child’s family. Where possible, CYF will place children in the permanent care of extended family members. Only in rare circumstances will children in CYF care be adopted by permanent carers, as adoption severs the legal relationship between child, birth parent(s) and birth families. Instead, caregivers who provide a permanent home to a child in state care usually have parenting and guardianship responsibility for the child through orders under CoCA. Birth parents may also have orders under CoCA for contact with their children, including supervised contact.

91. Corrections supports children’s contact with parents who are in prison where this is in the best interests of the child.[[64]](#footnote-65) Corrections also runs several programmes that specifically support the relationship between parent and child. These include Mothers with Babies Units,[[65]](#footnote-66) where mothers and children can live together full-time until the child is two years old, Mothers and Bonding Facilities, where mothers with babies aged less than nine months in the community can have daily visits with their babies in secure, purpose-built facilities where they can feed and bond with their child for up to 12 hours a day, and Prison Activities Centres[[66]](#footnote-67) that teach fathers parenting skills.

 F. Family reunification (Article 10)

92. All policy provisions referred to in New Zealand’s Combined Third and Fourth Periodic Report are still in effect.

 G. Recovery of maintenance for the child (Article 27(4))

93. New Zealand’s child support scheme is governed by the Child Support Act 1991. The Act was significantly amended in 2013 to:

• Create a new comprehensive child support formula.

• Improve the administration of the child support scheme.

• Allow Inland Revenue (IRD) to write off child support debt in a greater number of circumstances and reduce penalty rates.[[67]](#footnote-68)

94. The changes also allow liable parents to offset ongoing child support payments against child support arrears and make deductions of child support from their employment income.

95. As at 30 June 2014, Child Support debt amounted to $3.05 billion, of which 78% was late payment penalties. IRD monitors the number of liable parents in debt, their location and amounts owed, as well as money processed through the Child Support Scheme.[[68]](#footnote-69)

96. New Zealand and Australia reached a formal agreement to exchange child support cases for enforcement effective 1 July 2000. In the year ended 30 June 2014, New Zealand sent Australia 12,200 cases for collection work, from which payment of $50.2 million was received. Australia sent New Zealand 6,800 cases for collection activity, from which $11.7 million was paid to the Australian authority.[[69]](#footnote-70) New Zealand also administers around 180 court orders under two other international child support provisions – the Convention on the International Recovery of Maintenance and the Commonwealth Scheme.[[70]](#footnote-71)

 H. Review of detention for mental/physical health reasons (Article 25)

97. Children and young people who are subject to compulsory assessment or treatment are afforded the same rights and protections as adults under the Mental Health (Compulsory Assessment and Treatment) Act 1992. In addition, there are special provisions in the Act relating to those aged under 17. These include a mental health assessment conducted, wherever practicable, by a psychiatrist specialising in child psychiatry. If a child or young person’s condition is reviewed by the Mental Health Review Tribunal, then that Tribunal should include at least one member specialising in child psychiatry. The provisions also require that a young person subject to compulsory mental health treatment is reviewed two months before they turn 17.

98. CYF’s Children’s Charter encourages children in state care to understand their rights and know what to do if they have a complaint. All children in the custody of the Chief Executive of MSD receive a copy of the Children’s Charter, as do CYF social workers and caregivers.

99. Every child and young person in a residence established under section 364 of the CYP&F Act has the right to lay a grievance when they feel they have been treated unfairly, unreasonably or illegally. Each residence has a grievance procedure in place to address and investigate every grievance raised by a child or young person. This procedure is monitored by key stakeholders[[71]](#footnote-72) to ensure that the process remains robust and transparent. Each residence also has an independent grievance panel comprising of three members[[72]](#footnote-73) who are dedicated to regulating the grievance process and ensuring the rights of children and young people are maintained.

 I. Adoption (Article 21)

100. All domestic adoption orders are made by the Family Court. Before making an adoption order under the Adoption Act 1955, the Court must be satisfied that:

• The child’s welfare and interests will be promoted by the proposed adoption, with due consideration given to the wishes of the child, taking into account the child’s age and understanding.

• There is proof that all necessary consents, for example from the child’s parents and guardians, have been filed.

• All the applicants are fit and proper people to have the role of providing day-to-day care for the child and of sufficient ability to bring up, maintain and educate the child.

101. The Family Court must obtain a social worker’s report from CYF that includes the child’s views where available.[[73]](#footnote-74)

 Review of adoption legislation [CRC/C/NZL/CO/3-4, para. 34]

102. A review of adoption law[[74]](#footnote-75) is on hold because of competing priorities for law reform in the justice sector. The matters raised by the Committee will be considered when the legislation is reviewed.

 J. Illicit transfer and non-return (Article 11)

103. For information on New Zealand’s legislative and policy framework to prevent people-trafficking, see New Zealand’s Initial Report under the OPSC.

 K. Abuse and neglect (Article 19)

104. The elimination of all forms of violence against children is a priority for New Zealand, as evidenced by Result 4 of the BPS targets.[[75]](#footnote-76)

105. A key initiative to address family violence is the review of the Domestic Violence Act 1995. The protection of children, including the relationship between CoCA and the Domestic Violence Act 1995, is likely to be considered in the review. Other initiatives include:

• Inserting section 195A into the Crimes Act 1961 to make certain persons who fail to protect a vulnerable child or adult liable to 10 years’ imprisonment.

• Establishing the position of a Chief Advisor on Victims to the Minister of Justice to advise on the needs and views of victims of crime, including family violence victims.

• Establishing a nationwide home safety service to support victims in their homes. The service will offer practical support such as safety planning, strengthening doors and windows and installing alarms.

• Reviewing and improving the multi-agency response system to achieve an integrated response that prioritises the safety needs of victims and children who experience family violence.

106. Police’s Prevention First operating strategy includes a priority response to addressing all forms of violence, including violence against children. Guidelines have been developed for Police staff on how to respond to reported forced and under-age marriages in a culturally appropriate manner. The guidelines also encourage districts to engage with and educate relevant communities and offenders about the criminal nature of forced and under-age marriage and other harmful cultural practices that constitute family violence.

107. In July 2010, Police Safety Orders (PSOs) were introduced as a tool for Police to deal with family violence. They enable frontline officers to take immediate action to protect victims of family violence where there is insufficient evidence to arrest. PSOs are instant orders that require the primary aggressor to leave the residence and not return or contact the victim(s) for up to five days.

108. The Violence Intervention Programme (VIP) is New Zealand’s national response in primary and secondary health care for screening and intervention regarding family violence, child abuse and neglect. VIP includes specifications for violence intervention services, best practice interventions and resources for staff and service users. MoH requires all DHBs to implement and maintain routine screening for partner abuse of female patients aged 16 years and over, and family violence and partner abuse screening based on signs and symptoms for men and for girls aged 12-15 years. Using signs and symptoms to identify child abuse and neglect is also part of the VIP.

109. DHBs are implementing a National Child Protection Alert System, which places alerts on a child’s clinical record when there are concerns about a child’s safety. This system is currently operated within hospital settings in 14 DHBs, providing coverage for 70% of the population aged 0-14 years. The remaining six DHBs will implement the system by 30 June 2015.

110. MSD funds a wide range of programmes which prioritise the elimination of violence against children.[[76]](#footnote-77) A key awareness-raising campaign is the It’s not OK campaign, which mobilises communities to take a stand against family violence (partner, child and elder abuse) and change attitudes and behaviour that tolerate it.

111. For more information about the Government’s work to address child abuse and neglect see paragraphs 225 to 231 of the ICCPR Report.

 Establish mechanisms for monitoring the number of cases and extent of all kinds of child abuse within families, schools and institutional care [CRC/C/NZL/CO/3-4, para. 36(a)]

112. Several agencies are currently responsible for collecting this data, though it does not form a comprehensive data suite.

• MSD publishes data and reports regularly to Government on the number of children who come to the attention of CYF for care and protection concerns. This includes information about substantiated findings of abuse and neglect by type of abuse.[[77]](#footnote-78)

• Government also receives and publishes six-monthly updates on the BPS targets, including Result 4 (reducing assaults on children).

• As part of delivering the VIP, DHBs are required to report to MoH on the number of Reports of Concern made to the statutory child protection services, with comment on any trends.

• Children and adults with disabilities who are compulsorily in residential care under the Intellectual Disability Compulsory Care and Rehabilitation Act 2003 are monitored by District Inspectors (appointed by the Minister of Health) who investigate any breaches of rights under the Act. Investigations may be activated by formal complaints of abuse or when a District Inspector is made aware while visiting a facility.

• ACC monitors the number of lodgements of new claims for mental injury following sexual abuse or assault (sensitive claims) and compares them to numbers lodged in previous time periods to identify trends.

• Police’s case management system enables cases to be tracked through the investigation process from reporting to resolution.

 Ensure professionals working with children receive training on the obligation to report and take appropriate action in suspected cases of domestic violence involving children [CRC/C/NZL/CO/3-4, para. 36(b)]

113. As required by the Vulnerable Children Act 2014, prescribed state services are developing child protection policies on the identification and reporting of child abuse and neglect. The Children’s Action Plan Directorate has published a set of guidelines, Safer Organisations, Safer Children, to assist organisations to develop processes to support the identification and reporting of child abuse and neglect and provide information on developing and implementing high-quality policies to build cultures of child protection.

114. The Vulnerable Children Act 2014 also introduces new requirements to reduce the risk of harm to children by requiring people employed in certain roles to be Safety Checked. This will be implemented for all paid staff in the state service-funded children’s workforce whose work involves regular or overnight contact with a child and takes place without a parent or guardian present. Workforce restrictions will prevent people with certain serious convictions from employment in roles in the state service-funded children’s workforce.

 Strengthen support for child abuse victims to ensure that they are not revictimised during legal proceedings [CRC/C/NZL/CO/3-4, para. 36(c)]

115. The protective services offered to child victims and witnesses are outlined in paragraphs 89 to 96 of New Zealand’s Initial Report under the OPSC.

 L. Physical and psychological recovery (Article 39)

 Provide access to adequate services for recovery, counselling and other forms of reintegration in all parts of the country [CRC/C/NZL/CO/3-4, para. 36(d)]

116. The recovery, counselling and reintegration services offered to child victims of crime and trauma are outlined in paragraphs 97 to 106 of New Zealand’s Initial Report under the OPSC.

 VII. Disability, basic health and welfare

 A. Disability (Article 23)

117. The 2013 Disability Survey[[78]](#footnote-79) found that there are 131,000 children under the age of 18 with a disability in New Zealand.[[79]](#footnote-80) Where appropriate, children with disabilities can access the range of mainstream universal and targeted government, medical and social services available to all children in New Zealand based on need and, for some targeted services, any eligibility criteria. Where children with disabilities require additional support because of their disability, specialist services are available. Examples include:

• The Child Disability Allowance (CDA)[[80]](#footnote-81)

• The Family Whānau Sign Language Facilitator service

• Behavioural Support Services

• Wraparound Intensive Individualised Support

• Education specialist services[[81]](#footnote-82)

 B. Health and health services (Article 24)

118. In 2013, New Zealand’s Health Select Committee made 130 recommendations to the Government on how to improve outcomes for children and prevent child abuse.[[82]](#footnote-83) The Government responded in early 2014.[[83]](#footnote-84) Overall, the Government supported the Inquiry Report and noted that it generally aligns with Government priorities.

119. Universal community and primary health services are the foundation of New Zealand’s child health services and include a focus on preventative health care and health promotion. The WCTO assists families and whānau to improve and protect their children’s health through 12 core visits from birth to five years plus additional visits if needed. The Government is also improving immunisation rates and decreasing the incidence of rheumatic fever through its work under BPS Result 3.[[84]](#footnote-85) From 1 July 2015, the Government will invest $90 million over three years to extend zero fees for doctors’ visits and prescription co-payments any time of the day or night for children aged under six, to children aged under 13.

120. Health prevention and promotion is also a priority for the Government. The Health Promotion Agency (HPA) leads and delivers innovative, high-quality and cost-effective programmes that aim to promote health, wellbeing and healthy lifestyles. HPA produces online and printed resources in many languages for children, parents and schools.

121. Safekids Aotearoa works at a national level to undertake preventative health promotion initiatives to reduce the incidence and severity of unintentional injuries to New Zealand children.[[85]](#footnote-86) Unintentional injury[[86]](#footnote-87) is a leading cause of death and hospitalisation for children aged 0-14 years in New Zealand.[[87]](#footnote-88) Of note during the reporting period are amendments to the Land Transport Act and Rules which improve road safety for children[[88]](#footnote-89) and Housing New Zealand’s Driveway Safety Programme, which seeks to minimise the risk of driveway injuries and deaths to children by auditing existing properties where there are children under the age of five.[[89]](#footnote-90)

122. The 2012/2013 New Zealand Health Survey found that 11% of children aged 2-14 years were obese. This is an increase from the childhood obesity rate in 2006/2007 (8%).[[90]](#footnote-91) The Healthy Families NZ initiative commenced in August 2014. Ten community areas have been identified to receive funding to assist residents to live healthy lives in order to prevent chronic disease. $40 million over four years has been committed to the programme. Helping people make good choices about nutrition and physical activity is at the heart of the Healthy Families NZ programme, along with reducing smoking rates and moderating alcohol consumption. MoH also produces population-specific Food and Nutrition Guidelines, including for Infants and Toddlers (0-2 years) and Children and Young People (2-18 years).

123. The Child and Youth Mortality Review Committee (CYMRC) reviews deaths of children and young people aged 28 days to 24 years and seeks to find ways to prevent such deaths in the future. The CYMRC’s Ninth Data Report[[91]](#footnote-92) was released in January 2014 and notes that overall the number of deaths for those aged between 28 days and 24 years reduced between 2008 and 2012 (from a total of 699 deaths to 600). The Report notes that this reduction has, in part, been driven by a reduction in the number of deaths attributed to Sudden Unexpected Death of an Infant (SUDI) in the post-neonatal period (28 days to 1 year) and motor vehicle crashes in young people aged between 15 and 24 years. Advice on safe sleeping is provided as part of the WCTO service and MoH has a number of initiatives under way to help prevent SUDI, many of which consider the effect of tobacco smoke on children and help health professionals to provide clear, consistent advice to families.

124. New Zealand provides universal maternity services to all New Zealand citizens and residents. This entitles women access to a Lead Maternity Carer (LMC), usually a registered midwife but sometimes a GP with a Diploma of Obstetrics or an obstetrician.[[92]](#footnote-93) A woman’s LMC provides all antenatal, labour, birth and postnatal care for herself and her baby for six weeks postpartum. The majority of New Zealand women give birth in a maternity facility[[93]](#footnote-94) and have access to secondary maternity services when the pregnancy or labour and birth are more complex. LMCs follow the woman and baby through their hospital experience and provide ongoing support once they are home, including support and education for breastfeeding.

125. A growing number of refugees and migrants come from countries that practice Female Genital Mutilation (FGM), and many of these women may have already undergone FGM. There is no documented evidence that FGM is practised in New Zealand. FGM is an offence under the Crimes Act 1961[[94]](#footnote-95) and is punishable by imprisonment for a term not exceeding seven years. In 2012, MoH released Refugee Health Care: A handbook for health professionals. This handbook contains information for health professionals on FGM, including the illegal status of FGM and advice on how to appropriately approach caring for a client affected by FGM. MoH also provides funding to the New Zealand FGM Education Programme, a community-based programme that seeks to improve reproductive health care services for women affected by FGM.

 Coordinated approach across government to address inequalities in access
to health services [CRC/C/NZL/CO/3-4, para. 38]

126. In June 2014, the refreshed He Korowai Oranga Strategy was launched, setting the overarching framework to guide the Government and health sector to achieve the best health outcomes for Māori. He Korowai Oranga has been updated to ensure it continues to provide a strong platform for achieving Pae Ora (healthy futures).

127. The MoH and DHB annual planning process requires all 20 DHBs and their Primary Health Organisations (PHOs) to jointly develop a Māori Health Plan (MHP). The MHP sets out how they are working together to address the specific health needs of their Māori populations. MHPs are monitored by MoH and must address 14 health indicators across 11 key health areas. DHBs can also create up to three local indicators of their choice. DHBs with high rates of SUDI are required to address these in their MHP.

128. MoH produces quarterly reports on the performance of general practices within Whānau Ora[[95]](#footnote-96) collectives against 11 key indicators. The indicators have been selected for their linkages to the major causes of morbidity and mortality for Māori. MoH's report for the quarter ending June 2014 shows that general practices operating in Whānau Ora collectives continue to outperform practices within the general national sample on a number of indicators. Overall, the Whānau Ora sample results are positive, particularly the fact that 60.1% enrolled in the Whānau Ora sample are high health needs patients (Māori, Pasifika and/or people living in areas of high socio-economic deprivation).

 C. International cooperation on health (Article 24(4))

129. The New Zealand Aid Programme focuses on the Pacific. Development assistance is provided to improve maternal, newborn and child health outcomes through different funding channels.

• Pacific Multilateral – Over the next four years, New Zealand will direct $12 million through Pacific regional offices of multilateral organisations (approximately $6 million to each of UNICEF and the United Nations Population Fund) to enable Pacific regional delivery of the United Nations Expanded Programme on Immunisation, Improvement of Sexual and Reproductive Health outcomes and Improvement of Maternal, Newborn and Child Health outcomes.

• Regional – New Zealand continues to enable improved access to specialised medical treatment for children in the Pacific through the New Zealand Medical Treatment Scheme and the Pacific Regional Blindness Prevention Programme.

• Bilateral – New Zealand supports a range of targeted child health interventions including a soon-to-be-implemented $2.2 million activity aimed at eliminating acute rheumatic fever in Fiji.

 D. Breastfeeding (Article 24(e))

 Increase number of infants up to six months of age that are exclusively breastfed, with a particular focus on Māori [CRC/C/NZL/CO/3-4, para. 40]

130. Plunket data for the 2014/2015 year to date suggests that 17% of Māori women are exclusively breastfeeding at six months. In the 2012/2013 financial year, 15.9% of Māori women were exclusively breastfeeding at six months (compared with 24% of all women seen by Plunket).[[96]](#footnote-97) A WCTO Quality Improvement Framework and associated indicators were established in 2013, including breastfeeding indicators.[[97]](#footnote-98) The range of initiatives underway includes a national breastfeeding campaign aimed at improving breastfeeding rates, particularly for Māori women,[[98]](#footnote-99) and maintaining Baby Friendly Hospital accreditation.[[99]](#footnote-100)

131. New Zealand also implements the International Code of Marketing of Breast-milk Substitutes under voluntary self-regulatory Codes of Practice for infant formula marketers and health workers. MoH continues to actively provide information about the Code and promote it to manufacturers and exporters of infant formula.

 E. Adolescent health (Article 24)

132. The last national youth survey completed in 2012 was encouraging, showing a marked reduction in tobacco,[[100]](#footnote-101) alcohol[[101]](#footnote-102) and drug use by young people over this time period. The survey also showed that schools are improving support systems for students to keep them engaged in education and most students report caring and supportive families.[[102]](#footnote-103) There is more work to do to support young people who are emotionally distressed, bullied, using contraception inconsistently, exposed to violence and/or are overweight.

 Strengthen efforts to provide adolescents with appropriate reproductive health services [CRC/C/NZL/CO/3-4, para. 42(a)]

133. The 2008 birth rate for 15 to 19-year-olds of 33 births per 1000 women has declined to 22 per 1000 in 2013. In 2013, the proportion of all births that are teen births reached 5.9%, which is the lowest percentage ever recorded.[[103]](#footnote-104) The rate of teenage childbearing in New Zealand remains high by OECD standards, with only the United States having a higher teen birth rate.

134. Sexuality education is explicitly included in the curriculum as part of the Health and Physical Education Learning Area. MoE provides curriculum resources and schools consult with their school community on their draft health curriculum once every two years. Schools may provide reproductive health services or establish partnerships for services in consultation with their school community.[[104]](#footnote-105)

135. MoH funds a variety of specialist education providers to deliver sexual and reproductive health (SRH) education to students and training for school teachers who teach SRH. MoH has increased funding to DHBs to expand school-based health services at a cost of $10 million over four years. A nurse-led service is now funded in all consenting decile 1-3 secondary schools, and in Teen Parent Units (TPUs) and alternative education facilities. In total, around 55,000 young people will have access to nurses in schools. This service includes a routine HEEADSSS assessment (an adolescent psychosocial assessment covering the domains of Home, Education and employment, Eating, Activities, Drugs, Sexuality, Suicide and depression, and Safety) for all Year 9 students (13 years old) and all students attending TPUs or alternative education. School-based health services provide advice, treatment and referrals for students, including for individual sexual and reproductive health. Some DHBs have opted to fund the service in selected higher-decile secondary schools.

136. Teen beneficiaries can access non-recoverable financial assistance to access Long-Acting Reversible Contraception.

 Continue to address the issue of suicidal behaviour among adolescents across the State party [CRC/C/NZL/CO/3-4, para. 42(b)]

137. The Government is committed to reducing rates of youth suicide. The suicide rate among youth aged 15 to 19 years peaked in 1997 at 26.7 deaths per 100,000, but has fallen to 18.9 deaths per 100,000 in 2011.[[105]](#footnote-106) The current New Zealand Suicide Prevention Action Plan 2013-2016 includes 30 actions designed to:

• Address the impact of suicide on families, whānau and communities by strengthening support for family, whānau and communities.

• Build the evidence base, specifically around what works for Māori and Pasifika.

• Extend existing services, addressing geographical gaps in the coverage of services.

• Strengthen suicide prevention targeted to high risk populations who are in contact with agencies.

138. The Prime Minister’s Youth Mental Health Project is a four-year cross-agency project that began in July 2012 and aims to improve mental health outcomes for young people aged 12 to 19 years by helping to prevent mental health issues developing, and improving access to appropriate services as required. Actions include the introduction of wellbeing programmes in schools, the expansion of school-based health services, rolling out a free online e-therapy tool (SPARX), introducing and expanding youth primary mental health services, and improving access to Child and Adolescent Mental Health and Youth Alcohol and Other Drug services.

139. The Government has introduced Waka Hourua to provide a clear focus for suicide prevention in Māori whānau, hapū, iwi, Pasifika families and communities. It invites Māori and Pasifika communities to enhance resilience and build capacity to prevent suicide and to respond safely and effectively when suicide occurs. The programme also seeks to build leadership and knowledge through education, training and resources that are relevant and effective among Māori and Pacific whānau, families and communities.

140. The Crimes Act 1961 currently contains an offence of inciting another person to commit suicide, where that person attempts or commits suicide as a result, punishable by up to 14 years’ imprisonment. The Harmful Digital Communications Bill, if passed in its current form, will amend the Crimes Act 1961 to add an offence of aiding and abetting suicide, where suicide or attempting to commit suicide does not result, punishable by up to three years’ imprisonment.[[106]](#footnote-107)

141. The Government has agreed to amend the Coroners Act 2006 to clarify the restrictions around suicide reporting. The new restrictions will target only reporting of details most likely to cause harm if made public and help to reduce the risk of imitative (“copycat”) suicide.

 F. Standard of living (Article 27)

 Measures to support disadvantaged families and children to move out of poverty while continuing to provide assistance to those who remain under the poverty line [CRC/C/NZL/3-4, para. 44]

142. There has been considerable recent parliamentary, political, media and community interest in the issue of child hardship.[[107]](#footnote-108)

143. “Child poverty” is often used as a shorthand for two commonly accepted measures of poverty – inadequate household income to meet basic needs and non-income measures of material hardship, which can show the proportion of people with unacceptably low day-to-day living standards. New Zealand does not, and has never had, an official measure of child poverty. Child poverty and material hardship exist on a spectrum from more to less severe, and there will always be debate about where to draw the line. MSD regularly reports on some aspects of child poverty trends using a range of income poverty and material hardship measures.[[108]](#footnote-109) From this work, we know the following.

• In an international context, New Zealand’s child hardship rates are around the middle of the OECD and the European Union (EU) rankings using their standard relative income measures.

• However, using the EU’s official material deprivation index, New Zealand has a relatively high ratio of child hardship rate (18%) to population hardship rate (13%). This reflects two factors:

• The hardship rate for older New Zealanders (aged 65+) ranks New Zealand with the best in the EU (3%), and this pulls down the overall population rate.

• NZ’s lower GDP per capita (which the relative income poverty measures do not reflect in international comparisons).

• On most standard measures, the proportion of children aged 0-17 living in low income households is lower in 2013 than in 2004.[[109]](#footnote-110)

• Following the GFC, hardship rates for children have returned to close to pre-GFC levels.[[110]](#footnote-111)

144. New Zealand, like most OECD nations, already does a considerable amount to address hardship. Despite the recession, the GFC and other significant fiscal pressures, the Government has continued to provide substantial financial assistance, including benefits, Working for Families tax credits, Income-Related Rents, Accomodation Subsidies and Childcare Support, at a cost of $7.3 billion a year. This expenditure has a considerable impact on child poverty. Using the OECD’s 50% of median income measure, New Zealand’s child poverty rates before and after government intervention (through taxes and transfers) are 30% and 12% respectively.

145. In addition, there is a considerable spend on other support that reduces demand on the family budget through subsidies or direct provision (for example, free primary health-care for younger children and the Warm Up New Zealand home insulation programme). These initiatives, together with direct income support assistance, help reduce material hardship among families with children.

146. In the Speech from the Throne on 21 October 2014, the Government announced a continued focus on hardship, especially child hardship, in its new parliamentary term.

 G. Housing (Article 27(3))

147. The majority of New Zealand’s children live in warm, dry healthy homes. However around 25% – about 270,000 – live in poor quality housing.[[111]](#footnote-112) Recent surveys of children admitted to hospitals in New Zealand have highlighted the strong association between poor housing standards and poor child health, a problem which is compounded by overcrowded households. Further New Zealand research has clearly demonstrated that improving the quality of housing enhances children’s health and attendance at school.[[112]](#footnote-113)

148. New Zealand’s supply of social housing is principally delivered through Housing New Zealand, a Crown entity with approximately 69,000 houses. A further 5000 houses are owned by community housing providers. Demand exceeds supply. As at February 2015, New Zealand had 4,745 households on the social housing register who were either waiting for a social house or were waiting to be transferred to another social house.[[113]](#footnote-114)

149. MSD has taken over responsibility for social housing application assessments. Data from MSD shows at February 2015:

• Over 2, 700 applications on the social housing register have one or more children.

• 372 applications on the social housing register stated homelessness as their main reason for applying, with 28 of these being in the 16-20 years old age group.

150. As at June 2014:

• 92% of people receiving an accommodation supplement (including beneficiaries and non-beneficiaries) spend more than 30% of their income on housing costs.

151. Freedom from crowding is one of the six dimensions of housing adequacy recognised by Statistics New Zealand. Data from the Census 2013 shows that children are over-represented in crowded households. Over half of crowded households (74,124 households) have two or more children (at least one child aged between 5 and 14 years) living in them.[[114]](#footnote-115)

152. New Zealand has a high incidence of rheumatic fever, and overcrowded housing is a critical risk factor for this and other health issues. In response, New Zealand’s social housing needs assessment model – the Social Allocation System – includes “fast track provisions” that prioritise the allocation of social housing to households in the North Island who are at risk of rheumatic fever.

153. The Government has introduced a Social Housing Reform Programme which has five objectives, including ensuring people who need housing support from the Government can get it, and that properties used for social housing are the right size and configuration and in the right areas.[[115]](#footnote-116) MSD is also implementing a package of short-term proposals to support people to access alternative housing in the private market and so reduce pressure on the social housing register.

154. MSD is also releasing information about its purchasing intentions to support the sector’s development and investment decision-making in relation to social housing.

 H. Social security and child care services facilities (Articles 26 and 18)

155. The social security system primarily provides for a child’s needs through payment to their parents or caregivers principally (but not exclusively) through either Sole Parent Support, Jobseeker Support or Supported Living Payment. The 2013 welfare reforms placed social obligations on parents in receipt of these benefits to undertake activities in relation to the health and wellbeing of their children.[[116]](#footnote-117)

156. From 2014, the Government introduced additional financial support for carers of children receiving the Orphan’s Benefit (OB) or Unsupported Child’s Benefit (UCB) in the form of:

• An Establishment Grant[[117]](#footnote-118)

• A School and Year Start-up Payment[[118]](#footnote-119)

• The Extraordinary Care Fund[[119]](#footnote-120)

157. In August 2012, the Youth Service was established. It is a new approach to working with vulnerable young people where community-based providers deliver wrap-around support to unemployed or disengaged young people and teen parents in order to improve their educational and social outcomes. A core focus of the Youth Service is engaging these young people in education, training or work-based learning leading to NCEA level 2 or equivalent.[[120]](#footnote-121) Around 14,000 young people are involved with Youth Service, and more than $148 million in services is being targeted towards these groups over four years. Provider funding is based on an incentivised outcome-based contract model. Initial findings suggest that the Youth Service is working well. At the end of March 2014, four out of five young people enrolled in Youth Service were engaged in education, training or work-based learning in either a full or part-time capacity.[[121]](#footnote-122)

 I. Support for working caregivers (Article 18(3))

158. Working parents are able to access a range of childcare subsidies to assist with the costs of out-of-school services. Payments available for eligible applicants are:

• The Childcare Subsidy[[122]](#footnote-123)

• The Out of School Care and Recreation (OSCAR) Subsidy[[123]](#footnote-124)

• The Guaranteed Childcare Assistance Payment (GCAP)[[124]](#footnote-125)

• The Early Learning Payment[[125]](#footnote-126)

159. Flexible Childcare Assistance (FCA) is a non-taxable payment designed to help sole parents receiving Sole Parent Support and Jobseeker Support take up work during non-standard hours. FCA is being trialled from August 2014 to November 2015.

160. In addition, the Government funds up to 20 hours a week of ECE for children aged three to four years attending an approved ECE programme.[[126]](#footnote-127)

161. Paid parental leave supports newborn development by allowing for full-time personal care. The duration of paid parental leave will be extended from 14 weeks to 18 weeks by 1 April 2016. This is likely to extend eligibility to approximately 1,400 additional families and benefit approximately 5% of working mothers with newborn children who are currently not eligible. Cabinet also agreed in principle to a range of measures to modernise and improve the parental leave legislation.

 VIII. Education, leisure and cultural activities

 A. Provision of quality education (Articles 28 and 29)

162. Education in New Zealand is compulsory for all domestic students from the age of six to 16. All domestic students from the age of five to 19 have the right to free enrolment and education at any state school or partnership school kura hourua.[[127]](#footnote-128) Different forms of secondary provision focus on employment-linked education and complement mainstream schooling for students who are at risk of disengaging from the education system. These aim to develop core foundation skills such as literacy and numeracy, help the student gain NCEA Level 2 and assist them in progressing to further education and employment.

• STAR[[128]](#footnote-129) and Gateway[[129]](#footnote-130) provide Years 11 to 13 and above (ages 14-18) school students with career-based learning opportunities, including tertiary study, work experience and workplace learning.

• Fees-free places in tertiary education allow at-risk 16 to 19-year-olds to study towards the NCEA Level 2 or an equivalent qualification.

• Secondary-Tertiary Partnerships allow young people to undertake a combination of school and tertiary vocationally focused study.

163. New Zealand’s high tertiary education participation rates are supported by a system that includes interest-free loans for graduates who remain in New Zealand and allowances targeted at students from lower socio-economic backgrounds.[[130]](#footnote-131)

164. Partnership schools kura hourua were introduced in 2014 as a new type of school with greater freedom and flexibility to innovate and engage with their students in return for stronger accountability for improving educational outcomes. The performance management component of the contract between the sponsor and the Crown specifies a target number of learners from the Government’s priority groups to be enrolled by the school. These groups are Māori, Pasifika, students with special education needs and students from low socio-economic backgrounds.

 Ensure all children have access to high-quality early childhood education and care that is free for socially disadvantaged families and children [CRC/C/NZLCO/3-4, para. 46(a)]

165. Over 200,000 children attend ECE, taught by over 40,000 educators in more than 4,000 licensed services across New Zealand.[[131]](#footnote-132) The Government spends over $1.6 billion on ECE annually.

166. The rate of ECE participation amongst children starting school was 96.1% in December 2014. The Government is targeting participation initiatives towards Mäori and Pasifika children, children from low socio-economic backgrounds and children with special learning needs, as these groups of children have historically had lower rates of participation. Strong growth in Māori and Pasifika participation towards the 98% target is encouraging. Mäori and Pasifika participation has increased by 4.1% each since 2010.[[132]](#footnote-133)

167. The diverse range of ECE services available to New Zealand families is broad by international standards[[133]](#footnote-134) and meets the different needs of families and communities. ECE providers include kindergartens, köhanga reo,[[134]](#footnote-135) play-centres, education and care services, home-based services and playgroups. All services are underpinned by Te Whariki, the flexible, child-centred curriculum framework which outlines broad aspirations for children.

168. Government regulates a high level of structural quality in ECE, meaning New Zealand is in the top group of OECD nations for teacher-child ratios in ECE and levels of qualification for ECE teachers. Ongoing initiatives also contribute to the quality of ECE. Strengthening Early Learning Opportunities is a targeted professional development programme designed to raise the capacity and cultural responsiveness of struggling ECE services.

169. Public expenditure on ECE increased significantly between 2002 and 2013. New Zealand ranks in the top group of OECD countries in terms of both its per-child public investment in ECE and its proportion of total public spending allocated to ECE.

170. The Government subsidises all children’s participation in ECE for up to 30 hours per week. The level of subsidy depends on the child’s age, the type of service and the level of qualification of educators. 20 Hours ECE universally subsidises the full cost of 20 hours of ECE per week, up to six hours per day, for all children aged 3-5 years old. This applies until the child starts school. In addition, targeted programmes ensure that disadvantaged families and children can access ECE for little or no cost.

171. MOE’s Equity funding targets ECE services that provide ECE to children from the most disadvantaged communities.

 B. Inclusive education (Article 29)

 Strengthen efforts to reduce negative effects of ethnic and social background of children on their enrolment and attendance at school [CRC/C/NZL/CO/3-4, para. 46(b)]

172. Children and young people from low socio-economic backgrounds are supported to enrol and attend school through various initiatives.

• A free breakfast programme is provided in over 800 schools nationwide.

• The OCC has produced the School Food Guidelines as a practical resource for schools wishing to introduce or improve the provision of food.[[135]](#footnote-136)

• Funding has been provided to KidsCan for free head lice treatment, raincoats, footwear and health and hygiene items for schools in low socio-economic areas.

• MoE practitioners receive professional development in supporting Māori and Pasifika students with special education needs and their whānau and families. The programmes Akoako (engaging Pasifika)[[136]](#footnote-137) and He Piringa Whānau (engaging with whānau) enable practitioners to provide a culturally responsive service.

• MoE has special education offices and school-based resource teachers for learning and behaviour programmes based in both urban and rural settings to provide local services and actively work to recruit trained Māori and Pasifika staff.

• The Achievement 2013-17 initiative[[137]](#footnote-138) works in partnership with a number of secondary schools to identify young people at risk of not achieving NCEA Level 2, with a particular focus on Māori and Pasifika students.

• The Youth Guarantee scheme supports young people aged 16 to 19 by aiming to improve transitions between school, tertiary education and work, increasing overall achievement for Māori, Pasifika, and students with special education needs, and reducing the overall number of young people not in employment, education or training.

 Invest considerable additional resources to ensure the right of all children to a truly inclusive education [CRC/C/NZL/CO/3-4, para. 46(c)]

173. New Zealand is a world leader in providing inclusive education.[[138]](#footnote-139) Against a set of indicators on inclusive practice, the ERO found that in the schools they reviewed, 78% of schools were “mostly inclusive”, 21% had “some inclusive practices” and just 1% with “few inclusive practices”.[[139]](#footnote-140) This is significant progress.

174. Only 0.4% of children are in education settings separate to regular schools. Special education services are provided as part of ensuring inclusive environments are available for all students. Special education services are provided to an estimated 80,000 – 100,000 children and young people at a cost of around $530 million. These services include specialist services for the 3% of the school population who have the highest level of need (such as the Ongoing Resourcing Scheme[[140]](#footnote-141)), services for the 4 to 6% of students with moderate needs, Early Intervention services for 5% of children aged 0-6 and broad-based interventions and programmes targeted at schools and groups of students.

175. For children in rural or remote areas, the approach of MoE is to provide the additional supports and services needed to the child in their local school.

 C. Suspensions, exclusions and expulsions (Article 28(e))

 Reduce number of exclusions and ensure the presence of social workers and educational psychologists in school to help at risk children [CRC/C/NZL/CO/3-4, para. 46(d)]

176. Sections 13 to 18 of the Education Act 1989 and the Education (Stand-down and Suspension, Exclusion and Expulsion) Rules 1999 lay the foundation for the removal of students from schools due to behavioural reasons. MoE offers guidance to schools on the use of relevant sections of the Act. This guidance states that exclusion and expulsion are for the most serious cases only and are actions of last resort. Boards of Trustees can only make the decision to remove a student if the student's behaviour constitutes gross misconduct, continual disobedience or behaviour risking serious harm and it sets a harmful or dangerous example to other students. The legislated process is designed to provide a range of responses, minimise disruption and facilitate the return of the student to school, and ensure that individual cases are dealt with in accordance with the principles of natural justice.

177. One initiative of the Prime Minister’s Youth Mental Health Project is the Youth Workers in Secondary Schools (YWiSS) programme. Initiated in 2013, YWiSS delivers 19 qualified Youth Workers in 20 schools in four regions. Multi Agency Social Services in Secondary Schools is currently delivered in 17 schools, and Social Workers in Schools is currently delivered in 683 decile 1-3 schools and 42 decile 4-6 schools.

 D. Donations (Article 28(a))

 Ensure parents are not pressured into making school donations, and children are not stigmatised if their parents do not, or cannot, make such donations [CRC/C/NZL/CO/3-4, para. 46(e)]

178. The right to free education at any state school or partnership school kura houraua guaranteed by section 3 of the Education Act 1989 means that there should be no costs associated with the delivery of the curriculum for students in New Zealand from age 5 to the 1st of January after the person’s 19th birthday. The Ministry advises schools that they need to be clear about when and why they are seeking voluntary contributions or donations for specific purposes. Where attendance at a camp or school excursion is a compulsory part of the school's total curriculum or part of the content of a particular course at the school, parents should not be charged and students may not be excluded from attending because of an inability or unwillingness to pay. Schools may charge for consumables, take-home items, stationery, clothing and extra-curricular activities, but students and parents are under no obligation to purchase these and Boards should not indicate that it is mandatory to do so.

 E. Bullying (Article 29)

 Intensify efforts to eliminate bullying and violence in schools, including through teaching human rights, peace and tolerance [CRC/C/NZL/CO/3-4, para. 46(f)]

179. Although several surveys available in New Zealand include measures of bullying, we lack consistent national data on incident rates of bullying. The Youth2000 surveys have found little change in the rates of bullying in New Zealand schools over the past decade (with the exception of cyberbullying, which is on the rise). We know that bullying rates vary considerably between schools with similar demographic profiles. This indicates that school policies, systems and practices influence the prevalence of bullying.

180. Under National Administration Guidelines 5 (NAG 5), each Board of Trustees is required to provide a safe physical and emotional environment for students. The cross-sector Bullying Prevention Advisory Group (BPAG), chaired by the Secretary for Education, has published Bullying prevention and response: A guide for schools[[141]](#footnote-142) and is developing resources to support the implementation of the guide in schools. In February 2015, BPAG agreed an Interagency Strategic Plan for the 2015 to 2016 period, with 12 priority areas for action. BPAG has also established a cyberbullying subgroup to specifically focus on bullying in the digital environment.

181. PB4L School-Wide is a long-term, whole-school approach to help schools develop systems, practices and school cultures that support learning and positive behaviour. There are currently 515 schools participating. Initiatives under PB4L include Wellbeing@School, which is an evidence-based self-review approach that schools can access to guide their work on developing safe, positive school environments, and My FRIENDS Youth, which is designed to build young people’s self-esteem and resilience by teaching practical skills to cope with life challenges.[[142]](#footnote-143)

182. The Te Punanga Haumaru Fund supports whānau and community-driven action that encourages positive social behaviour in children and reduces bullying. Te Punanga Haumaru literally means “a haven to rest and restore – a place of safety where we can be warm and secure.” It will provide $2.8 million each year for families and communities to come together and work out ways that they can support their children.

183. The Harmful Digital Communications Bill, if passed in its current form, will address cyberbullying, online harassment, posting intimate pictures and other harmful digital communications. It provides for:

• An approved agency to deal with complaints about harmful digital communications and provide education about online safety and conduct.

• The District Court to make a number of remedial orders where the approved agency is unable to resolve a complaint.

• New criminal offences to deal with the most serious instances of harmful digital communications – these relate to causing serious emotional distress by sending digital communications and inciting or counselling a person to commit suicide, but where there is no suicide or attempted suicide as a consequence.[[143]](#footnote-144)

 F. International cooperation on education (Article 28(3))

184. The New Zealand Aid Programme supports numerous Pacific Island countries to realise article 28. New Zealand provides a mix of budget support, sector budget support and individual interventions. In Samoa, for example, New Zealand provides sector budget support to the Ministry of Sport, Education and Culture to implement the Samoa Education Plan and specific support to enable Samoa to reduce school dependence on fees.

185. The New Zealand Aid Programme supports access to higher education through its scholarships programme for both undergraduate and postgraduate study in New Zealand or at a Pacific based tertiary institution. New Zealand also provides support to the University of the South Pacific and the Commonwealth of Learning[[144]](#footnote-145) models of distance higher education which can better meet the needs of Pacific Island communities. New Zealand supports the Secretariat for the Pacific Board of Education Quality (SPBEQ). SPBEQ provides assessment materials and senior secondary school examinations in the region. In 2014, New Zealand supported the Ministers of Education from Cook Islands, Tokelau, Niue, Tonga, Samoa, Vanuatu and Solomon Islands as Honoured Observers at an International Summit on the Teaching Profession hosted by New Zealand. Education activities outside the Pacific aim to improve literacy outcomes for primary school children in Eastern Indonesia and improve ECE in Viet Nam and Timor Leste.

 G. Rest, leisure, recreation and cultural activities (Article 31)

186. The 2012 Youth2000 survey of 8,500 students found that young people participate in a wide variety of leisure activities. For example, 31% of them were involved in music, art, dance or drama. 62% of students reported engaging in at least 20 minutes of vigorous physical activity on three or more occasions in the last week. However, only 10% of students (14% males and 6% females) had met the current recommendation of 60 minutes of physical activity a day.

187. Examples of Government initiatives that support a child’s right to rest, leisure and recreation are as follows.

• In the 2013/14 financial year, MYD funded over 30,000 young people to participate in youth development programmes and services including Stage Challenge, cultural groups, performance groups, and art and digital storytelling exhibitions.

• Moving the Māori Nation is a contestable fund that focus on Māori sporting and cultural activities.

• Sport NZ has developed a number of initiatives that support different aspects of children’s sport.[[145]](#footnote-146) Notably, the 2011 Young People’s Survey found that of the 17,000 young New Zealanders surveyed (aged between five and 18 years old), nine out of 10 young people spend three or more hours a week taking part in sport and recreation.[[146]](#footnote-147)

 Allocate sufficient funding for services and programmes for school-age children after school and during holiday periods [CRC/C/NZL/CO/3-4, para. 48]

188. MYD funds providers to deliver programmes and services for young people aged 12 to 18 years old after school and during holiday periods in various locations. Funding includes $5.7 million allocated to Services for Young People[[147]](#footnote-148) and $0.9 million allocated to the Youth Development Partnership Fund.

189. The Break-Away School Holiday Programme provides young people aged 11-17 with structured activities during the school holidays. The holiday programme is available throughout New Zealand in disadvantaged communities at no cost to the participants. Around 30,000 one-week places are available throughout the year.

190. OSCAR programmes are delivered by a range of different providers contracted by MSD.[[148]](#footnote-149) They provide before and after school and school holiday programmes for children, usually up to and including children aged 13 years. MSD contracts for approximately 52,000 children each year.[[149]](#footnote-150)

 IX. Special protection measures

 A. Children in situations of emergency (Article 22)

191. Claims for asylum and protected person status are assessed individually in New Zealand. Immigration New Zealand’s (INZ) Refugee Status Branch (RSB) is aware of the need to ensure the child’s views and best interests are a primary consideration and looks at ways these can be assessed independently. In the case of unaccompanied minors, the RSB ensures that they are supported and properly represented during the claim process.[[150]](#footnote-151) Children seeking asylum have access to publicly funded education and health services.

 B. Canterbury earthquakes (Article 27)

192. The series of devastating earthquakes and ongoing aftershocks across the Canterbury region from 2010 to 2012 has had huge physical, financial and emotional effects for the region. The Human Rights Commission has declared it New Zealand’s greatest contemporary human rights challenge.[[151]](#footnote-152)

193. Immediately after the September 2010 earthquake, support was provided to vulnerable populations and providers. Services to support people at risk of acute admission to hospitals were extended. New programmes were developed to support people in their own homes following discharge from hospital. Canterbury District Health Board extended free influenza vaccination for children under 18 years until 2014 because of the housing situation and pressure on hospital beds. Under the Recovery Strategy for Greater Christchurch: Mahere Haumanutanga o Waitaha, agencies within the Canterbury health system are responsible for delivering the Canterbury District Health Board Transition Programme. This programme will create services and environments that are more able to support people to stay well.[[152]](#footnote-153)

194. Stress has been a result of the earthquakes. The Canterbury Earthquake Recovery Authority’s Wellbeing Survey for September 2014 notes that 10% of greater Christchurch residents are still dealing with frightened, upset or unsettled children.[[153]](#footnote-154) The Community in Mind psychosocial strategy generally addresses stress. It guides agencies and community groups to develop, target and coordinate their work programmes and activities for the psychosocial recovery of greater Christchurch communities.[[154]](#footnote-155)

195. The earthquakes also had a significant effect on participation and achievement in education.[[155]](#footnote-156) In response to population change and damage to land and education facilities, Directions for Education Renewal in Greater Christchurch was released in August 2012. The programme aims to offer an innovative response to the earthquakes by improving the delivery of education, extending options for learners and lifting student achievement.[[156]](#footnote-157)

196. Since the Canterbury earthquakes, a review of the National Civil Defence Emergency Management Plan Order 2005 (the Plan) has been carried out. The Plan includes arrangements for the delivery of welfare services to affected communities, including children. The Plan is a regulation and will be made as legislation in the second quarter of 2015.

 C. Helplines (Article 39)

 Allocate sufficient funding to enable toll-free, 24-hour access to the child helplines, with three or four digit numbers accessible from anywhere [CRC/C/NZL/CO/3-4, para. 54]

197. MoH fully funds the operation of PlunketLine and HealthLine. Both operate 24 hours a day, seven days a week and are free to call from landlines and mobile phones and provide information on WCTO topics and general health advice respectively.

198. A number of toll-free, nationally accessible, child and youth-focused helplines are available via alphanumeric numbers.[[157]](#footnote-158) Coverage is comprehensive during the main hours that children seek help (up to 12 hours a day). One service provides 24-hour coverage.

 D. Economic exploitation including child labour (Article 32)

199. From 1 May 2013, the Starting-Out Wage replaced the new entrants’ minimum wage and training minimum wage for under 20s. These young people may be paid 80% of the minimum wage for the first six months of their employment or for as long as they are undertaking training involving at least 40 credits a year. However, if the young person is undertaking a supervisory role, they must be paid the same minimum wage that over-20s are entitled to. The Starting-Out Wage is aimed at reducing unemployment rates for 16 to 19-year-olds, particularly those at risk of long-term labour market disadvantage from prolonged unemployment and spells of inactivity. This is to be achieved by improving incentives for employers to give work opportunities to the targeted young people. An evaluation of the Starting-Out Wage (including its effects on the young people) will be conducted at the end of 2015.

200. MBIE’s Labour Inspectorate is responsible for enforcing compliance with employment standards to prevent and detect breaches. Youth are a priority focus for the Labour Inspectorate.

 Measures to ensure that no person under the age of 18 is allowed to work in a dangerous workplace, and ratify ILO Convention No. 138 (1973) [CRC/C/NZL/
CO/3-4, para. 50]

201. New Zealand’s consistent approach to children’s employment is that our existing policies and legislative framework provides effective age thresholds for entry into work in general, and for safe work. The report on school children in paid employment provides some background to this approach.[[158]](#footnote-159) The Government continues to monitor the situation. Proposed changes to workplace health and safety regulations will strengthen the requirements relating to young people working in hazardous workplaces.

 E. Illicit use of narcotics and psychotropic substances (Article 33)

202. The National Drug Policy, which sets Government's overarching framework for minimising drug-related harm, is currently undergoing a refresh that will include expanding its focus of harm minimisation to include people affected by the drug use of others, especially children.

203. The Psychoactive Substances Act 2013 reverses the onus of proof by prohibiting the sale of psychoactive substances[[159]](#footnote-160) unless they are first approved by a regulator, following safety testing similar to that for medicines. It prohibits psychoactive substances being sold or supplied to persons under the age of 18 and prohibits under 18-year-olds from buying or being employed to sell psychoactive substances.

 F. Sexual exploitation and abuse (Articles 34, 35 and 36)

204. For information about the Government’s progress on articles 34, 35, 36 and 39, see New Zealand’s Initial Report under the OPSC.

205. Some NGOs have expressed concerns about possible forced and under-age marriages in New Zealand. Such marriages are illegal. In addition to legislative measures, the Government considers that continuing to focus on education and building relationships of trust with migrant communities will be a more effective way to reduce the risk of forced and under-age marriage and protect women from violence.[[160]](#footnote-161)

 Adopt the Child and Family Protection Bill and take adequate measures to combat the exploitation of migrant girls in prostitution, including intensifying data collection efforts [CRC/C/NZL/CO/3-4, para. 52]

206. New Zealand’s measures to combat the exploitation of migrant girls in prostitution are outlined generally in New Zealand’s Initial Report under the OPSC.

 G. Protection against torture (Article 37)

207. New Zealand is a party to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and does not practise capital punishment. Following the adoption of the Optional Protocol to the Convention in 2007, the New Zealand Government designated five existing organisations to fulfil the role of the National Preventive Mechanism (NPM). NPMs independently monitor places of detention, including youth justice facilities.[[161]](#footnote-162)

 H. Children in conflict with the law (Article 40)

208. The number of Police apprehensions of children declined by nearly 40% between 31 June 2010 and 31 June 2014.[[162]](#footnote-163) BPS Result 7, which requires the Government to reduce the youth crime rate by 25% by June 2017, has already been exceeded.

209. Children who come into conflict with the law have the protections of sections 21 to 27 of BORA, which cover a person’s rights on search, arrest and detention. Police have guidelines for officers questioning young people. The CYP&F Act affords specific youth rights as well as recognising that young people who offend need to be held accountable in a way that acknowledges their needs.

 Implement international standards of juvenile justice [CRC/C/NZL/CO/3-4, para. 56]

210. The youth justice provisions of the CYP&F Act are based on principles such as addressing the causes underlying the child’s offending, strengthening families and considering the interests and views of the victim, and, unless the public interest requires otherwise, not instituting criminal proceedings against a child if there is an alternative means of dealing with the matter. These principles echo the international principles of juvenile justice.

211. YCAP sets the strategic direction for youth justice and further embeds these principles through its three key strategies of reducing escalation, partnering with communities and early and sustainable exits from the justice system. YCAP is generally consistent with the Bejing Rules and the Riyadh Guidelines.

 Raise the minimum age of criminal responsibility [CRC/C/NZL/CO/3-4, para. 56(a)]

212. Government is currently not considering raising the minimum age of criminal responsibility. The legislative changes in the Children, Young Persons, and Their Families (Youth Courts Jurisdiction and Orders) Amendment Act 2010 lowered the age that children who commit serious offences can be dealt with in a Youth Court. Sections 272(1)(a) to (c) of the Act specifies the circumstances that a 12 or 13-year-old can be brought before the Youth Court. The amendment provides a greater range of options for responding to serious and persistent offending by a small number of children. An unpublished review of this legislative change found that by 30 June 2013, 34 cases involving children aged 12 or 13 years had appeared in the Youth Court. Only five of these children received a formal Youth Court order.

 Consider setting the age for criminal majority at 18 years [CRC/C/NZL/CO/3-4, para. 56(b)]

213. Government is currently not considering raising the age of criminal majority to 18 years. Raising the age of criminal majority would impact on the youth justice jurisdiction and is likely to involve significant costs. Any change to the age of criminal majority would need to be carefully considered.

 Develop a broad range of alternative measures for children in conflict with the law, and implement the statutory principle that detention is a measure of last resort and should be for the shortest period of time possible [CRC/C/NZL/CO/3-4, para. 56(c)]

214. The range of interventions available in the youth justice system is being increased as part of YCAP, which identifies reducing escalation and early and sustainable exits as two of the key strategies for responding to youth offending. As at June 2014, there are 320 supported bail places available to manage young people in the community who would otherwise be held in custody. Electronically monitored bail is also available. The Reinvigorating Family Group Conferences Project will ensure that FGCs, including youth justice FGCs, are well managed and well informed, which will assist appropriate decision making in FGCs.[[163]](#footnote-164)

 Ensure no age-mixing unless it is in the best interests of the child [CRC/C/NZL/
CO/3-4, para. 56(d)]

215. MoH guidelines assist DHBs and mental health service providers to comply with the non age-mixing provisions of article 37(c). The guidelines outline the relevant Convention principles and advise that the best interests of the child should be considered paramount and that upholding the right of detained children to separation from adults should not be limited by financial or resource constraints. The guidelines also describe MoH’s expectations in situations where it is considered in the best interests of a young person under 18 years to be placed in an adult ward. Directors of Area Mental Health Services are required to report any instances of age-mixing in mental health units to MoH. Notifications must include a justification for age-mixing that confirms it is in the best interests of the child. In cases where it is unclear whether age-mixing has been in the best interests of the child or young person, the Director of Mental Health may intervene.

216. In-court appearances will be reduced by the audiovisual links CYF have in place between the Youth Courts and the four youth justice residences. In addition, YCAP will lead to a further reduction in arrests and court appearances for children through the key strategies of reducing escalation and early and sustainable exits.

217. Corrections runs three specialist units for young offenders within men’s prisons across the country. In general, all men under the age of 18 are held in these units, as are 18 and 19-year-old men who are vulnerable and do not pose a risk to the under 18-year-olds. Where prisoners are at risk of self-harm, they are placed in an At-Risk Unit.[[164]](#footnote-165) Remand prisoners are sometimes housed temporarily in other prisons where Court appearances require it. Because there are so few women prisoners under the age of 18 in custody at any one time (there are typically fewer than five), there are no specialist facilities for young women prisoners. All women under the age of 18 are carefully assessed for vulnerability and either placed with women over the age of 18 or, if the risk of mixing outweighs the isolating effects of separation, kept separate from the older women.[[165]](#footnote-166)

218. Detention of minors under the Immigration Act 2009 is only used in exceptional circumstances. Where detention is required, it is administered in accordance with the legislation and policies regulating the place of detention (facility). INZ is aware of the requirements of article 37(c) and aims to reduce and prevent age-mixing of minors.

 Seek advice and make use of the technical assistance tools developed by the Interagency Panel on Juvenile Justice and by its members [CRC/C/NZLCO/3-4, para. 56(e)]

219. While New Zealand takes an interest in the work of the Interagency Panel on Juvenile Justice, we have yet to seek advice and make use of the technical assistance tools developed by the Panel. We appreciate that where needed, the tools are available.

 I. Protection of witnesses and victims of crimes (Article 39)

 Ensure that all child victims and/or witnesses of crimes are provided with the protection required by the Convention [CRC/C/NZL/CO/3-4, para. 57]

220. The protective services offered to child victims and witnesses are outlined in paragraphs 89 to 106 of New Zealand’s Initial Report under the OPSC.

221. Following the 2013 New Zealand Law Commission review of the Evidence Act 2006, a number of reforms are being made to make appearing in court less traumatic for child witnesses. These include creating a legislative presumption that all witnesses under the age of 18 use alternative ways to give their evidence. This involves the use of pre-recorded evidence, audio-visual link, closed-circuit television and the use of witness screens in court.

222. In 2014 the CYP&F Act was amended to ensure that victims’ rights in the adult criminal jurisdiction are applied in the youth justice jurisdiction, in addition to the existing rights provided by the CYP&F Act. A core feature of this is increasing the support of victims at hearings of the Youth Court.

 J. Children belonging to minority groups (Article 30)

223. In 2012, the Government approved the New Zealand Refugee Resettlement Strategy, which is a whole-of-government approach to delivering improved refugee resettlement outcomes so that refugees more quickly achieve self-sufficiency, social integration and independence.[[166]](#footnote-167) Two of the five strategy outcomes directly support refugee children: Health and Wellbeing, and Education. The relevant respective success indicators measure child immunisations after arrival in New Zealand and increased achievement of NCEA Level 2 by refugee school-leavers.

224. A new migrant-specific cross-government approach was introduced in 2014 to improve monitoring and outcome reporting for whole-of-government settlement activities and decisions about the best use of resources to support migrants. The New Zealand Migrant Settlement and Integration Strategy will also provide a basis for aligning services and prioritising funding across government to improve outcomes. Two of the five Strategy outcome areas directly support migrant children: Education and Training, and English Language. The relevant success indicators are respectively, an increased proportion of migrant school-leavers who achieve NCEA Level 2 or higher after five years in the New Zealand education system, and utilisation of school-funded English language support by migrant children.

225. Refugee and Migrant Social Services, administered by MSD, provides culturally appropriate social work and counselling services to refugees and a limited number of migrants.

 Take into account the observations and recommendations made by the Special Rapporteur on the rights of indigenous peoples following his visit to New Zealand in July 2010 [CRC/C/NZL/CO/3-4, para. 58]

226. On 20 April 2010, the Government declared its support for the United Nations Declaration on the Rights of Indigenous Peoples.

227. A review of Police and iwi/Māori relationships was undertaken in 2014.[[167]](#footnote-168) The review supports the strengthening of partnerships between Police and Māori/iwi to reduce Māori offending and victimisation which will contribute to reducing the number of Māori children and young people in Police custody.[[168]](#footnote-169)

 X. Ratification of international human rights instruments

 Proceed with the ratification of the Optional Protocol on the sale of children, child prostitution and child pornography [CRC/C/NZL/CO/3-4, para. 59]

228. New Zealand ratified the OPSC on 20 September 2011.

 Consider ratifying the international human rights instruments to which it is not yet a party [CRC/C/NZL/CO/3-4, para. 60]

229. New Zealand is considering acceding to the Convention for the Protection of All Persons from Enforced Disappearance, and the Convention on Jurisdiction, Applicable Law, Recognition, Enforcement and Co-operation in Respect of Parental Responsibility and Measures of Child Protection. New Zealand is not presently considering ratifying the Optional Protocol to the International Covenant on Economic, Social and Cultural Rights or the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

 XI. Optional Protocols to the Convention on the Rights
of the Child

 A. Follow-up: Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography (Article 34, 35 and 36)

230. For an update on New Zealand’s progress with regard to the OPSC, see New Zealand’s Initial Report under the OPSC.

 B. Follow-up: Optional Protocol on the Involvement of Children in Armed Conflict (Article 38)

 Legislative measures to prohibit the involvement of children in direct hostilities (article 1)

231. Section 37 of the Defence Act 1990 provides that “no person serving in the Armed Forces who is under 18 years is liable for active service”. Internal audits by the NZDF are regularly conducted on quality control and assurance to ensure that service members under 18 years are not posted on active service outside New Zealand. No one under the age of 18 years serving in the New Zealand Armed Forces has been taken prisoner or participated in active duty during hostilities outside New Zealand.

 Compulsory recruitment (article 2)

232. Currently, there is no legislation in New Zealand providing for compulsory recruitment or conscription.

 New Zealand’s minimum age for voluntary recruitment (article 3)

233. Section 33(1) of the Defence Act 1990 provides that “no person who is under 17 years may be appointed to, or enlisted or engaged in, the Navy, the Army, or the Air Force.”

 Discipline of voluntary recruits under the age of 18 years

234. Section 117Y of the Armed Forces Discipline Act 1971 provides that a punishment or detention cannot be imposed on a service member who is under the age of 18 years without the prior approval of a superior commander. Over the period of data collection, no recruits under 18 years of age have been sentenced to detention across the armed forces.

 Armed groups and legislative provisions (article 4)

235. Existing legislation, in broad terms, prohibits and criminalises the recruitment and use in hostilities by armed groups of persons under the age of 18 years.

 Other international instruments and international humanitarian law (article 5)

236. The International Crimes and International Criminal Court Act 2000 gives effect to New Zealand’s obligations under the Rome Statute of the International Criminal Court. New Zealand has also ratified the ILO Convention concerning the Worst Forms of Child Labour (Convention No. 182) and provided its most recent periodic report to ILO in 2012. New Zealand is a party to the Geneva Conventions of 1949 and the Additional Protocols thereto of 1977. The obligations under those Conventions and Protocols are implemented in New Zealand law by the Geneva Conventions Act 1958 (amended in 1987).

 Implementation and enforcement of the Optional Protocol (article 6)

237. The NZDF has responsibility for managing the recruitment and selection of members of the armed forces through the individual services. Implementation of the Optional Protocol is ensured through Defence Force Orders. The NZDF provides regular training on the law of armed conflict, including respect for human rights and special protection measures for children, and targeted training, for all forces prior to deployment on operations.

 C. Follow-up: Optional Protocol on a Communications Procedure

238. New Zealand will consider the implications of signing and ratifying the Optional Protocol on a Communications Procedure as part of its commitment to the Convention.

1. \* The present document is being issued without formal editing. [↑](#footnote-ref-2)
2. \*\* The annexes and the appendices to the present report are on file with the Secretariat and are available for consultation. They may also be accessed from the web page of the Committee on the Rights of the Child. [↑](#footnote-ref-3)
3. New Zealand is a State party to two of the three Optional Protocols to the Convention: the Optional Protocol on the Involvement of Children in Armed Conflict and the Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography. [↑](#footnote-ref-4)
4. A/68/268 and CRC/C/58/Rev.3. [↑](#footnote-ref-5)
5. HRI/CORE/NZL/2010 (11 March 2011). [↑](#footnote-ref-6)
6. http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/monitoring/uncroc/public-consultation.html. [↑](#footnote-ref-7)
7. See paragraphs 192 to 196. [↑](#footnote-ref-8)
8. Medium population projections based on 2006 data suggest that by 2026 the proportion of the population identifying as European will have fallen to 65% in the under 18 age group. For more information see *Statistical Information by the Government of New Zealand 2015 (Statistical Information)* pages 8 to 9. [↑](#footnote-ref-9)
9. http://www.ssc.govt.nz/bps-results-for-nzers. [↑](#footnote-ref-10)
10. See paragraph 166. [↑](#footnote-ref-11)
11. See Table 24 in *Statistical Information*. [↑](#footnote-ref-12)
12. The recorded crime rate in 2013 was the lowest in 35 years. [↑](#footnote-ref-13)
13. http://www.tpk.govt.nz/en/in-focus/whanau-ora/. [↑](#footnote-ref-14)
14. See paragraphs 16 to 25. [↑](#footnote-ref-15)
15. The UNCROC Monitoring Group members are the Office of the Children’s Commissioner, the Human Rights Commission, UNICEF New Zealand, Action for Children and Youth Aotearoa and Save the Children New Zealand. [↑](#footnote-ref-16)
16. The *New Zealand Gazette* is the official newspaper of the Government and is an authoritative journal of constitutional record. The Gazette notices were Eligibility to Enrol in New Zealand schools
12-16 July 2012 and Eligibility to Enrol in New Zealand Schools Circular 14 June 2010. [↑](#footnote-ref-17)
17. <http://www.health.govt.nz/new-zealand-health-system/eligibility-publicly-funded-health-services/eligibility-direction>. [↑](#footnote-ref-18)
18. http://www.immune.org.nz/national-immunisation-schedule-2014. [↑](#footnote-ref-19)
19. http://www.health.govt.nz/your-health/services-and-support/health-care-services/well-child-tamariki-ora. [↑](#footnote-ref-20)
20. See paragraphs 215 to 218 of this Report and paragraphs 43 to 46 of the ICCPR Report. [↑](#footnote-ref-21)
21. Paragraph 215 describes guidance for health services in cases where age-mixing is in the best interests of the child or young person. [↑](#footnote-ref-22)
22. All prisoners younger than 18 are housed separately from adult offenders, unless it is in the interests of the younger prisoners not to be held separately. [↑](#footnote-ref-23)
23. See Annex One of the ICCPR Report. [↑](#footnote-ref-24)
24. Appendix Three provides a summary. [↑](#footnote-ref-25)
25. All lead government social and economic policy agencies are SSB DCE members. [↑](#footnote-ref-26)
26. See paragraph 7. [↑](#footnote-ref-27)
27. New Zealand’s approach to public accounting divides expenditure in to “Votes” (for example, expenditure on Health is grouped as Vote Health, while expenditure on Education is grouped as Vote Education). [↑](#footnote-ref-28)
28. <http://www.treasury.govt.nz/budget/archive>. [↑](#footnote-ref-29)
29. Under section 110 of the CYP&F Act, the state can continue to have a guardianship role until the age of 20. Under section 368A of the CYP&F Act (coming into effect from July 2016), transition from care provisions will offer advice and support to young people in state care up to the age of 20. [↑](#footnote-ref-30)
30. The purpose of Part 1 of the Vulnerable Children Act 2014 is to support the Government’s setting of priorities for improving the well-being of vulnerable children, and ensure that children’s agencies work together to improve the well-being of vulnerable children. [↑](#footnote-ref-31)
31. See paragraphs 127 to 129. [↑](#footnote-ref-32)
32. DHBs are required to develop Māori Health Plans. [↑](#footnote-ref-33)
33. See Tables 53 and 54 of *Statistical Information*. [↑](#footnote-ref-34)
34. <http://nzcurriculum.tki.org.nz/Curriculum-resources/NZC-Online-blog/A-closer-look-at-Ka-Hikitia-Accelerating-Success-2013-2017>. [↑](#footnote-ref-35)
35. http://www.minedu.govt.nz/theMinistry/PolicyAndStrategy/TauMaiTeReo.aspx. [↑](#footnote-ref-36)
36. http://www.familyservices.govt.nz/working-with-us/programmes-services/whanau-ora/. [↑](#footnote-ref-37)
37. http://www.familyservices.govt.nz/working-with-us/programmes-services/positive-parenting/whanau-toko-i-te-ora-wtito.html. [↑](#footnote-ref-38)
38. <http://learnonline.health.nz/>. [↑](#footnote-ref-39)
39. http://www.health.govt.nz/publication/ala-moui-pathways-pacific-health-and-wellbeing-2014-2018. [↑](#footnote-ref-40)
40. In 2014, 23 organisations received small grants totalling $60,000 under the first round of funding. It enabled them to provide a range of services including counselling, online help and resources, and safe places for young people to meet. [↑](#footnote-ref-41)
41. Section 4 of the Care of Children Act 2004. [↑](#footnote-ref-42)
42. Section 6 of the Children, Young Persons and Their Families Act 1989. [↑](#footnote-ref-43)
43. See Tables 7 to 11 of *Statistical Information.* [↑](#footnote-ref-44)
44. http://www.myd.govt.nz/young-people/aotearoa-youth-voices-network.html. [↑](#footnote-ref-45)
45. http://www.myd.govt.nz/news/2014/youth-week-2014.html. [↑](#footnote-ref-46)
46. http://www.myd.govt.nz/young-people/prime-ministers-youth-programme.html. [↑](#footnote-ref-47)
47. http://www.myd.govt.nz/young-people/youth-parliament/. [↑](#footnote-ref-48)
48. There has been no change to the Human Assisted Reproductive Technology Act 2004 since our last report. A work programme on legal parenthood issues is deferred as a result of other priorities in the justice sector. For more information about work to support gender identity, see paragraph 57 above. [↑](#footnote-ref-49)
49. Te Kupenga (the Māori Social Survey 2013) shows that 55% of Māori adults have some Māori language skills (up from 42% in 2001). Among young Māori aged 15 to 24, 8.5% are able to speak Māori “very well” or “well” (up from 6% in 2001), 13% are able to speak Māori “fairly well” (stable at 13%) and 32.5% are able to speak Māori “not very well” (up from 24% in 2001). [↑](#footnote-ref-50)
50. See paragraph 184. [↑](#footnote-ref-51)
51. These include the Films, Videos, and Publications Classification Act 1993 and the Customs and Excise Act 1996. [↑](#footnote-ref-52)
52. http://www.dia.govt.nz/Censorship-Online-Safety. [↑](#footnote-ref-53)
53. See Tables 16 and 17 of *Statistical Information*. [↑](#footnote-ref-54)
54. http://www.skip.org.nz/. [↑](#footnote-ref-55)
55. Now called the Ministry for Women. [↑](#footnote-ref-56)
56. The report identified initiatives to prevent violence against women that will have a flow-on effect for children. [↑](#footnote-ref-57)
57. See paragraphs 45 and 46. [↑](#footnote-ref-58)
58. Section 59 of the Crimes Act 1961. [↑](#footnote-ref-59)
59. Section 132 of the Crimes Act 1961. [↑](#footnote-ref-60)
60. Section 134 of the Crimes Act 1961. [↑](#footnote-ref-61)
61. http://www.superu.govt.nz/publications/research-reports/effective-parenting-programmes. [↑](#footnote-ref-62)
62. See paragraphs 70 to 75 of the ICCPR Report. [↑](#footnote-ref-63)
63. The workforce development centre for professionals providing child and adolescent mental health services and services for youth who have problems with alcohol and other drugs. [↑](#footnote-ref-64)
64. Section 106 of the Corrections Regulations 2005 applies a regulatory presumption that children under the age of 16 will be supervised on their visits. The section also requires that prison managers have in place arrangements with approved adults to help children without an adult conduct their visit. [↑](#footnote-ref-65)
65. “Mothers with Babies Units” are run in all women’s prisons. [↑](#footnote-ref-66)
66. “Prison Activities Centres” are operated at Christchurch Men’s Prison every Saturday and Sunday, and Invercargill Prison every Sunday. [↑](#footnote-ref-67)
67. The new child support formula comes into effect from 1 April 2015. The other changes come into effect on 1 April 2016. [↑](#footnote-ref-68)
68. During the year ended 30 June 2014 $449 million from 175,183 paying parents passed through the scheme of which $242 million was distributed directly to custodial parent families. [↑](#footnote-ref-69)
69. http://www.ird.govt.nz/childsupport/paying-parents/overseas/. [↑](#footnote-ref-70)
70. http://www.justice.govt.nz/family-justice/about-children/child-support/if-one-party-lives-overseas/commonwealth-country/other-party-lives-in-a-commonwealth-country. [↑](#footnote-ref-71)
71. The stakeholders are the Principal Youth Court Judge, the Principal Family Court Judge and the Children’s Commissioner. [↑](#footnote-ref-72)
72. Grievance panel members are appointed by the Minister to oversee the operation of the grievance process. [↑](#footnote-ref-73)
73. Sections 10 and 11(b) of the Adoption Act 1995. [↑](#footnote-ref-74)
74. This includes the Adoption Act 1955, the Adoption (Intercountry) Act 1997 and the Adult Adoption Information Act 1985. [↑](#footnote-ref-75)
75. See paragraph 6. [↑](#footnote-ref-76)
76. Examples include *Family Start*, *E Tu Whānau* and *Pasefika Proud*. [↑](#footnote-ref-77)
77. See Tables 23, 24 and 25 in *Statistical Information.* [↑](#footnote-ref-78)
78. http://www.stats.govt.nz/browse\_for\_stats/health/disabilities/DisabilitySurvey\_HOTP2013.aspx. [↑](#footnote-ref-79)
79. See Table 26 in *Statistical Information.* [↑](#footnote-ref-80)
80. As at the end of June 2014, there were 34,501 caregivers of children receiving CDA. [↑](#footnote-ref-81)
81. These include early intervention, speech-language behaviour and complex needs, physical disability and moderate hearing services, which are provided to 30,000 children per annum. [↑](#footnote-ref-82)
82. http://www.parliament.nz/en-nz/pb/sc/documents/reports/50DBSCH\_SCR6007\_1/inquiry-into-improving-child-health-outcomes-and-preventing. [↑](#footnote-ref-83)
83. http://www.parliament.nz/en-nz/pb/presented/papers/50DBHOH\_PAP25992\_1/government-response-to-report-of-the-health-committee-on. [↑](#footnote-ref-84)
84. See paragraph 6. [↑](#footnote-ref-85)
85. Submission from Safekids New Zealand, received 27 February 2015. Other agencies that provide education and information to children and families on unintentional injury prevention include ACC, Trading Standards (Ministry of Business, Innovation and Employment), New Zealand Plunket and Territorial Local Authorities. [↑](#footnote-ref-86)
86. Examples of unintentional injury include falls, being struck, suffocation, transport-related injuries and drowning. [↑](#footnote-ref-87)
87. See Tables 9 and 10 in *Statistical Information.* [↑](#footnote-ref-88)
88. See Appendix Three. [↑](#footnote-ref-89)
89. http://www.hnzc.co.nz/info-for-tenants/health-safety/driveway-safety-programme. [↑](#footnote-ref-90)
90. See Table 32 in *Statistical Information.* [↑](#footnote-ref-91)
91. http://www.hqsc.govt.nz/our-programmes/mrc/cymrc/publications-and-resources/publication/1311/. [↑](#footnote-ref-92)
92. See Table 39 of *Statistical Information*. [↑](#footnote-ref-93)
93. In 2012, 96.9% of women gave birth in a maternity facility. See Table 38 of *Statistical Information.* [↑](#footnote-ref-94)
94. Sections 204A and 204B of the Crimes Act 1961. [↑](#footnote-ref-95)
95. See paragraph 49. [↑](#footnote-ref-96)
96. See Tables 38 and 39 of *Statistical Information.* [↑](#footnote-ref-97)
97. Indicator 14 measures the number of infants receiving breast milk at six months of age (exclusively, fully or partially). [↑](#footnote-ref-98)
98. https://www.health.govt.nz/your-health/healthy-living/babies-and-toddlers/breastfeeding. [↑](#footnote-ref-99)
99. http://www.health.govt.nz/your-health/healthy-living/babies-and-toddlers/breastfeeding/getting-ready-breastfeed/your-breastfeeding-plan/baby-friendly-hospitals. [↑](#footnote-ref-100)
100. See Table 47 of *Statistical Information.* [↑](#footnote-ref-101)
101. The proportion of 15 to 17 year olds who drank alcohol in the past year dropped from 75% in 2007/2008 to 59% in 2011/2012. [↑](#footnote-ref-102)
102. <https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/youth2000-national-youth-health-survey-series/youth2012-survey.html>. [↑](#footnote-ref-103)
103. In 2013, all regions except for Northland recorded a decrease in teen birth rates (see *Teen births: Current Trends,* SUPERU, 2015). [↑](#footnote-ref-104)
104. The content of sexuality education changes with the age of the child. [↑](#footnote-ref-105)
105. See Tables 33, 34 and 35 in *Statistical Information*. [↑](#footnote-ref-106)
106. See paragraph 183. [↑](#footnote-ref-107)
107. See the OCC’s Expert Advisory Group on Child Poverty’s *Solutions to Child Poverty – Evidence for Action* and the report of the Health Select Committee *Inquiry into improving child health outcomes and preventing child abuse with a focus on preconception until three years of age.* [↑](#footnote-ref-108)
108. Statistics New Zealand reports to the OECD on “poverty rates” in New Zealand using the OECD’s 50% of median household income relative measure. The report that Statistics New Zealand sends is clear that the information it provides is not about any official poverty measure. [↑](#footnote-ref-109)
109. See Table 49 in *Statistical Information.* [↑](#footnote-ref-110)
110. See Figure L.3 of Perry, B. (2014), *Household Incomes in New Zealand: Trends in Indicators of Inequality and Hardship 1982 to 2013*, Wellington: Ministry of Social Development. [↑](#footnote-ref-111)
111. Children’s Commissioner’s Expert Advisory Group on Solutions to Child Poverty (Dec 2012). *Solutions to Child Poverty in New Zealand: Evidence for Action.* Wellington: Children’s Commissioner. [↑](#footnote-ref-112)
112. Howden-Chapman, P., Baker, M.G., Bierre, S. (May, 2013). The Houses Children Live In; policies to improve housing quality. *Policy Quarterly – Volume 9, Issue 2 – May 2013 – page 35*. [↑](#footnote-ref-113)
113. To be eligible for a social house in New Zealand, applicants must be “at risk” or have a “serious housing need”. [↑](#footnote-ref-114)
114. Ministry of Health. (2014). *Analysis of Household Crowding based on Census 2013 data.* Wellington: Ministry of Health. [↑](#footnote-ref-115)
115. http://www.socialhousing.govt.nz/. [↑](#footnote-ref-116)
116. https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/welfare-reform/july-2013/. [↑](#footnote-ref-117)
117. http://www.workandincome.govt.nz/individuals/a-z-benefits/establishment-grant.html. [↑](#footnote-ref-118)
118. http://www.workandincome.govt.nz/individuals/a-z-benefits/school-and-year-start-up-payment.html. [↑](#footnote-ref-119)
119. http://www.workandincome.govt.nz/individuals/brochures/extraordinary-care-fund.html. [↑](#footnote-ref-120)
120. Exemptions apply for young parents if they have a child younger than six months of age, or between six and 12 months if there are no places in a Teen Parent Unit. [↑](#footnote-ref-121)
121. The evaluation findings are preliminary and some impacts may be due to uncontrolled differences in participant profiles (e.g. school achievement) or because of changing labour market conditions before and after Youth Service was introduced. [↑](#footnote-ref-122)
122. http://www.workandincome.govt.nz/individuals/a-z-benefits/childcare-subsidy.html. [↑](#footnote-ref-123)
123. http://www.workandincome.govt.nz/individuals/a-z-benefits/out-of-school-care-and-recreation-oscar-subsidy.html. [↑](#footnote-ref-124)
124. http://www.workandincome.govt.nz/individuals/a-z-benefits/guaranteed-childcare-assistance-payment.html. [↑](#footnote-ref-125)
125. http://www.workandincome.govt.nz/individuals/a-z-benefits/early-learning-payment.html. [↑](#footnote-ref-126)
126. Families getting 20 hours ECE cannot get GCAP or the Childcare Subsidy for the same hours. [↑](#footnote-ref-127)
127. Schools may, however, seek donations from parents. They may also charge for consumables, take-home items, stationery, and extracurricular activities, but students and parents are under no obligation to purchase these from the school. In addition, proprietors of state integrated schools may levy attendance dues to cover the costs associated with the provision of school property. [↑](#footnote-ref-128)
128. STAR provides opportunities for secondary learners, but is more flexible than Gateway. Learners can experience work-based learning, school-based and tertiary-based education or a mix of these things. In 2011, STAR covered 489 schools. [↑](#footnote-ref-129)
129. The Gateway programme is different to the Gateway Assessment delivered to children entering state care. The Gateway programme provides work-based learning opportunities for learners in Years 11-13 in state and state-integrated schools. The original policy intent was for Gateway to be a pathway into apprenticeships and higher industry training qualifications for those at decile 1-5 schools. In the last ten years the programme has expanded to include schools of all deciles. [↑](#footnote-ref-130)
130. See Table 28 in *Statistical Information.* [↑](#footnote-ref-131)
131. See Table 73 in *Statistical Information.* [↑](#footnote-ref-132)
132. See Table 55 in *Statistical Information.* [↑](#footnote-ref-133)
133. See *Overview of the New Zealand Early Childhood Education (ECE) System Introductory Briefing*, prepared by the ECE Taskforce Secretariat 1 October 2010 at <http://www.taskforce.ece.govt.nz/wp-content/uploads/2010/11/1-Overview-of-the-NZ-Early-Childhood-Education-System.pdf>. [↑](#footnote-ref-134)
134. Te Kōhanga Reo is a total immersion Māori language family programme for young children from birth to six years. [↑](#footnote-ref-135)
135. The Guidelines were produced by an independent working group after the OCC’s Expert Advisory Group on Child Poverty recommended the development of a collaborative food in school programme. [↑](#footnote-ref-136)
136. http://foundrycreative.co.nz/works/ministry-of-education-akoako-in-practice-workbook/. [↑](#footnote-ref-137)
137. http://youthguarantee.net.nz/achievement-retention-transitions. [↑](#footnote-ref-138)
138. Mitchell, D. (2010). Education that Fits: Review of international trends in the education of students with special education needs. [↑](#footnote-ref-139)
139. The indicators are of “quality practice” and do not mean that schools are not fulfilling their legal obligations for children with disabilities/special education needs. [↑](#footnote-ref-140)
140. The Ongoing Resourcing Scheme (ORS) provides support for students with the highest level of need for special education to join in and learn alongside other students at school. In 2015, the ORS is providing support to over 8,000 students, more than in any previous year. [↑](#footnote-ref-141)
141. Every school in New Zealand was sent a copy of *Bullying prevention and response: A guide for schools* in April 2014. Feedback on the guide has been overwhelmingly positive. [↑](#footnote-ref-142)
142. http://wwwminedu.govt.nz/NZEducation/EducationPolicies/ SpecialEducation/OurWorkProgramme/

 PositiveBehaviourForLearning/About.asp. [↑](#footnote-ref-143)
143. See paragraph 142 of the ICCPR Report. [↑](#footnote-ref-144)
144. http://www.col.org/Pages/default.aspx. [↑](#footnote-ref-145)
145. http://www.sportnz.org.nz/. [↑](#footnote-ref-146)
146. <http://www.sportnz.org.nz/managing-sport/research/young-peoples-survey-2011>. [↑](#footnote-ref-147)
147. This includes investment in community based services e.g. Stage Challenge, the Duke of Edinburgh’s Hillary Award, community youth workers and leadership workshops. [↑](#footnote-ref-148)
148. http://www.oscarnz.org.nz/#OSCAR. [↑](#footnote-ref-149)
149. See Table 80 in *Statistical Information*. [↑](#footnote-ref-150)
150. Section 375 of the Immigration Act 2009 outlines the requirements for the appointment of a responsible adult. [↑](#footnote-ref-151)
151. http://www.hrc.co.nz/human-rights-environment/canterbury-earthquakes/. [↑](#footnote-ref-152)
152. http://cera.govt.nz/recovery-strategy/overview. [↑](#footnote-ref-153)
153. See Table 81 in *Statistical Information*. [↑](#footnote-ref-154)
154. http://cera.govt.nz/recovery-strategy/social/community-in-mind. [↑](#footnote-ref-155)
155. For more data about ECE participation, student absences, NCEA Level 2 achievement, NEETS (young people aged 15-24 who are not in education, employment or training), tertiary enrolment, student engagement and student transience in Christchurch in the years prior to and following the earthquake, see <http://cera.govt.nz/sites/default/files/common/canterbury-wellbeing-index-june-2014-sec01-participation-in-education.pdf>. [↑](#footnote-ref-156)
156. http://cera.govt.nz/recovery-strategy/social/education-renewal-recovery-programme. [↑](#footnote-ref-157)
157. MSD provides funding support for the What’s Up child and youth helpline (operated by Barnardos) which offers a free helpline service with trained staff, especially for child and youth callers. [↑](#footnote-ref-158)
158. O’Neill, Damien. *School Children in Employment: Issues and Considerations* (2010). [↑](#footnote-ref-159)
159. Psychoactive substance is defined in section 9 of the Act as “a substance, mixture, preparation, article, device, or thing that is capable of inducing a psychoactive effect (by any means) in an individual who uses the psychoactive substance.” [↑](#footnote-ref-160)
160. See paragraphs 232 and 233 of the ICCPR Report. [↑](#footnote-ref-161)
161. The NPMs include the Human Rights Commission (the Central NPM), the Office of the Children’s Commissioner, the Ombudsman, the Independent Police Conduct Authority and the Inspector of Service Penal Establishments of the Office of the Judge Advocate General. [↑](#footnote-ref-162)
162. See Table 91 in *Statistical Information.* [↑](#footnote-ref-163)
163. See paragraphs 218 to 224 of the ICCPR Report. [↑](#footnote-ref-164)
164. An At-Risk Unit is a dedicated unit that has facilities to prevent self-harm and allows for close observation of prisoners. [↑](#footnote-ref-165)
165. A female checklist must be completed by a Principal Corrections Officer on all female prisoners under the age of 18 years, to determine if it is in their best interests to be mixed with female prisoners aged 18 years and over. This placement is reviewed when circumstances require. [↑](#footnote-ref-166)
166. See paragraphs 125 and 126 of the ICCPR Report. [↑](#footnote-ref-167)
167. <http://www.police.govt.nz/sites/default/files/publications/review-of-police-and-iwi-maori-relationships.pdf>. [↑](#footnote-ref-168)
168. See paragraphs 207 to 217 of the ICCPR Report. [↑](#footnote-ref-169)