



Convention on the Rights of the Child

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Consideration of reports of States parties

List of issues in relation to the fifth periodic report of New Zealand

Addendum

Replies of New Zealand to the list of issues*

[Date received: 3 June 2016]

* The present document is being issued without formal editing.



New Zealand Government response to the list of issues in relation to the Fifth Periodic Report under the United Nations Convention on the Rights of the Child

Part I

1. Please provide updated information on the legal status of the Convention in the State party's territory of Tokelau.

1. Tokelau has a unique status as a non-self-governing territory of New Zealand. It is also part of the Realm of New Zealand (together with Niue and the Cook Islands). Tokelau faces a range of challenges as a result of its extreme geographic isolation and small population (1411 at the last census). As Tokelau's constitutional partner, New Zealand has an important role in its government of Tokelau and the delivery of services to its people. New Zealand remains legally responsible for the fulfilment of the obligations contained in treaties that it has entered into with Tokelau.

2. New Zealand continues to focus on the provision of education to the next generation. Contracted education specialists have worked in Tokelau's schools to assist the principals and teachers to make improvements, and to develop a costed long-term education transformation plan with the Tokelau Department of Education and education stakeholders. Notable progress has been made during the first year. The plan was approved at the March 2015 General Fono (Tokelau Parliament). New Zealand proposes continuing the specialist assistance to end of 2019. New Zealand continues to work with Tokelau to ensure that the provisions and protections afforded to children in Tokelau match those guaranteed to New Zealand children under the United Nations Convention on the Rights of the Child (UNCROC).

3. As part of our engagement with Tokelau, New Zealand officials will continue to discuss with the Government of Tokelau an extension of UNCROC to Tokelau.

4. New Zealand is the primary source of development assistance and budget support to Tokelau. In 2014/15, the New Zealand Aid Programme provided NZ\$20.7m in the areas of transport, education and budget support; NZ\$3.9m through regional and partnership funds and \$12.5m for a new passenger ferry.

2. Please provide information on the progress made in the work programme of the State party's UNCROC Monitoring Group. In doing so, please provide details on the mandate and resources (human, technical, and financial) provided to this mechanism to monitor the implementation and follow up of the Committee's previous recommendations.

5. The UNCROC Monitoring Group (UMG) meets at least quarterly to monitor the progress made on implementing UNCROC and has been involved in discussions with Government regarding priority UNCROC work areas. The UMG were consulted on the development of the Government's UNCROC work programme.

6. The UMG is independent and does not receive any resources from the New Zealand Government to undertake its monitoring function. Each member organisation contributes resources in the form of members' time and expertise. All costs associated with the UMG are funded through the baseline spending of member organisations. The UMG has no standalone budget.

The Government's UNCROC Work Programme

7. The Government has made the following progress on its UNCROC Work Programme¹:

- The Government has agreed to legislative change which will raise the minimum age of care under the Children, Young Persons, and Their Families Act 1989 (CYPF Act) to 18 years old.² These changes are expected to be passed by the end of the year..
- The Ministry of Social Development (MSD), in consultation with the UMG, has developed a best practice guideline for considering the impact of policy and legislation on children and young people and ensuring consideration of children in government decision-making. This guideline includes seeking direct input from children.
- Once the guideline is finalised, MSD will work to implement it across government and non-government organisations.
- The development of a new operating model for the care and protection and youth justice systems provides an important opportunity to embed the voices of children and young people in decisions that affect them.

8. There is no individual budget for the UNCROC Work Programme. The resourcing required for the policy and implementation work is funded through the baseline budgets of all relevant agencies involved in the work programme.

3. Please provide information on measures taken to develop a comprehensive national policy and strategy for the implementation of the Convention. In doing so, please include updated details on its Vulnerable Children's Plan and/or equivalent measure(s) for addressing child poverty.

9. The Government is committed to an on-going programme of work to make improvements for vulnerable children. This includes the:

- Children's Action Plan
- Vulnerable Children Act 2014
- Development of a new operating model

10. The Children's Action Plan was released in October 2012, and the Vulnerable Children Act enacted in 2014.³ Together they make the five Chief Executives of government agencies jointly accountable for developing and implementing a plan to protect New Zealand children from harm, as well as working with families/whānau and communities.

11. Key components of the Vulnerable Children Act include safety checking of paid staff in the government-funded children's workforce and new requirements for government agencies and their funded providers to have child protection policies in place. Safety checking regulations came into force on 1 July 2015 and are being phased in. Child protection policies are primarily focused on identifying and reporting child abuse and neglect.

¹ For details of UNCROC work programme, please refer to the New Zealand Government's Fifth Periodic Report on the Convention of the Rights of the Child, page 8.

² Please refer to paragraphs 127-134 for further information on "raising the age".

³ For more information refer to www.childrensactionplan.govt.nz.

12. The Government has agreed to the new operating model for the future system for vulnerable children as proposed by the Modernising Child, Youth and Family (CYF) Expert Panel. It will take effect from 31 March 2017. The new operating model will consist of five major service areas:

- Prevention of harm through early escalation
- Intensive intervention when concerns escalate
- Care support when children are unable to live with their birth families
- Youth justice services for young people who offend
- Transition support for young people entering adulthood

13. The new operating model will be central to the new Vulnerable Children's Action Plan. It is supported by six foundational building blocks:

- A child-centred system – a system that embeds the voices of children and young people in the design and delivery of services and prioritises the earliest opportunity for a stable and loving family.
- Engaging all New Zealanders – “all New Zealanders” includes the State, the community and individuals, and “engagement” refers to building understanding of what care means for children and playing a shared role in championing for children.
- High aspirations for Māori children – a single system-wide, trauma-informed framework of practice characterised by a common set of definitions, behaviours, values, principles and commitment to evidence from all professionals working with vulnerable children, young people and families across the social sector.
- A professional practice framework – a clear framework of practice that describes the values, principles, definitions, and approaches at both system and practitioner levels, required to achieve the full range of objectives for vulnerable children.
- Strategic partnerships – Government and communities/organisations working together around the common objective of meeting the needs of children and families.
- An investment approach – considers a lifetime view of the wellbeing of individual children and promotes early intervention to address factors that contribute to child vulnerability and the costs associated with poor outcomes.

Intensive intervention

14. Where a child is at risk of harm, the department must be equipped to respond to ensure that child's safety or well-being, to understand the nature of the harm or potential harm caused, and provide intensive support to the child and their family to address the full range of needs to keep the child safe in a loving stable home. Where families are unable to provide the care their children need, intensive intervention services should offer timely, evidence-based decision-making and interventions that focus on providing children with the earliest opportunity to develop relationships in a loving and stable caregiving home.

15. In particular, intensive intervention services will include:

- Assessment tools that take account of the full range of needs, risks and protective factors of children and families to inform decision-making and purchase of services, and support strategic partners to deliver services that meet children and families' identified needs
- Investing in intensive support and services to strengthen families to care for their children at home, including mental health, addiction, and family violence services

- Meeting the full range of assessed needs for vulnerable children, young people and families, including provision of therapeutic services

16. The implementation of the new operating model and reform of CYF is necessarily multi-faceted. Full implementation of the proposed reforms is likely to require four to five years of intensive resourcing, continued oversight and improvement, and a concerted effort and focus from a number of government agencies. Full implementation also depends on the capacity and capability of potential partners to provide the services and programmes required under the new model.

Addressing child poverty

17. The New Zealand government outlined its plan for addressing child poverty⁴ in New Zealand as part of its response to the Expert Advisory Group on Solutions to Child Poverty (EAG). The EAG was a non-government body that was established in March 2012 by the Children's Commissioner to examine international and New Zealand evidence and develop a package of proposals to reduce child poverty and mitigate its effects.

18. The government's approach is multi-dimensional; reflecting the wide range of causes. It addresses the need to deal with immediate need and the deeper causes over the longer term.

19. The Government's response to the EAG's final report⁵ set out the significant investments it had made over the past four years to reduce child poverty and its impacts. Some of the investments include:

- An increase in benefit levels in line with the cost of living
- Welfare system reform with a stronger work focus and more support to help people into work
- \$295 million spent to make State homes warmer, drier and healthier
- A number of investments to lift educational achievement and target priority learners such as those from low socio-economic backgrounds, along with Māori, Pasifika and students with special education needs
- Improved children's health services, which showed results such as child immunisation rates for two year olds reaching a high of 93 percent in June 2012⁶

20. The Government is doing further work, for example:

- Work to insulate around 46,000 houses
- Work with NGOs and financial institutions on what could be done to help low income families access affordable finance
- Provide more clothes, health, and hygiene products to disadvantaged children
- Expand rheumatic fever prevention beyond school-based programmes

21. The Ministerial Committee on Poverty was established to co-ordinate work in this area which continues today.

⁴ For the definition of poverty in New Zealand, please see the New Zealand Government's Fifth Periodic Report on the Convention of the Rights of the Child, page 33.

⁵ https://www.beehive.govt.nz/sites/all/files/Government's_response_to_the_Childrens'_Commissioner's_EAG_report.pdf.

⁶ This included very high immunisation rates for both Māori (92 percent) and Pasifika children (97 percent).

22. Budget 2015 included a package of initiatives which took steps to reduce child material hardship. Support for low income working families has increased as a result of the following changes in the Child Material Hardship Package:

- Increased benefit rates for families by \$25 a week after tax, came into effect on 1 April 2016. Around 100,000 families, with 180,000 children, will be better off as a result. This is the first increase to core benefit rates for families with dependent children outside annual adjustments for inflation since 1972
- A higher rate of Childcare Assistance (from \$4.00 to \$5.00 per hour)
- Lower income thresholds to ensure that the higher rate of Childcare Assistance is targeted to the lowest income families
- Changes to the Working for Families Tax Credits, providing a \$12.50 per week increase in the rate of the In-Work Tax Credit and a \$12.00 per week increase in the Minimum Family Tax Credit. The changes to the Working for Families Tax Credits will support around 200,000 low income working families and approximately 380,000 children

23. The Government continues to support Whānau Ora⁷ as a culturally grounded, holistic, and strength-based approach to improving wellbeing of whānau (families) and addressing children's needs within a whānau context. It places whānau at the centre of service design and delivery. Whānau Ora is increasingly recognised as an effective way to integrate the delivery of social services and achieve better outcomes for vulnerable children and their families. The Whānau Ora approach works particularly well with many Māori and Pasifika families with whom social sector agencies have traditionally struggled to engage.

4. Please clarify the role, mandate and resource allocation (human, technical and financial) of the State party's Social Sector Board Deputy Chief Executives as the principal organ for coordinating the implementation of the Convention.

24. The Social Sector Chief Executives lead a collective approach to tackling the most complex social problems facing New Zealanders. Social Sector Chief Executives are accountable for a range of activities that sit alongside the core business of individual agencies. One of their key focus areas is the oversight of social investment.

25. The Social Sector Deputy Chief Executives (SS DCEs) is a group of 19 SS DCEs who support the Chief Executives to make decisions.

26. The SS DCEs help ensure that the individual work programmes in each social sector agency contribute to the implementation of the Convention, and provide high-level co-ordination and implementation of UNCROC throughout New Zealand.

27. The SS DCEs and the UMG meet twice yearly to support the SS DCEs to fulfil the Government's obligations in implementing the Convention, and to inform the UMG's monitoring. The agreed Terms of Reference between the SS DCEs and the UMG is on the MSD website.

28. MSD is the lead agency for the items on the current UNCROC Work Programme, and also for UNCROC generally. The MSD SS DCEs have two additional meetings each year with the UMG.

⁷ Whānau Ora is a cross-government work programme that places families/whānau at the centre of service delivery, requiring the integration of health, education and social services and is improving outcomes and results for New Zealand families/whānau.

5. Please provide information on measures taken to ensure a child rights approach in the elaboration of the State budget for the implementation of the Convention. In doing so, please include specific information on any measures to assess the impact of applying an “investment approach” to the provision of child protection and children’s social services.

29. The Social Development budget provides funding for child and youth-related areas, such as:

- CYF related services focused on responding to and preventing child abuse and neglect, managing adoptions, and youth justice services
- The Children’s Action Plan, a living document that provides specific actions to protect children, such as delivering high quality care services and achieving better results for children in care, and when such milestones will be achieved
- Financial assistance such as childcare and care of unsupported children
- Delivery of development and leadership services to improve outcomes for young people

30. Ministers commissioned expert advice on the feasibility of taking an investment approach to support vulnerable children during the Modernising CYF Expert Panel process. “The study concluded that an actuarial approach is feasible, and would be highly desirable to support a consistent approach across the social sector that transforms the system from one that focuses on short-term safety and offending, to one that measures and considers a lifetime view of a broader set of outcomes for vulnerable children. This approach would help to identify when earlier and more effective interventions could make the biggest difference, by including the impact of interventions on a broad set of outcomes over the lifetime.”⁸

31. The proposed investment approach will use an actuarial model for vulnerable children that would provide an estimate of childhood and future lifetime costs. The new child-centred model will have the levers required to prioritise investment early.

32. Assessment of the impact of the investment approach will be done via key performance measures around changes in the financial liability, as well as changes in overall wellbeing and need that can be attributed to government investment.

33. The majority of implementation costs to fund the Transformation Programme⁹ to deliver necessary changes to the system will be confirmed following detailed design work.

6. Please provide information on measures taken to ensure that the State party’s possible outsourcing of essential services provision to private enterprises is compliant with the provisions of the Convention. In doing so, please include information on the extent to which General comment 16 of the Committee on State obligations regarding the impact of the business sector on children’s rights has been taken into account.

34. All businesses operating in New Zealand are subject to New Zealand law, including employment law, human rights law, and commercial law.¹⁰

⁸ <http://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/investing-in-children/final-report.pdf>; page 171.

⁹ The Transformation Programme will be responsible for managing the operating model changes and for supporting the establishment of the new model.

¹⁰ Please refer to the New Zealand Government’s Fifth Periodic Report on the Convention of the Rights of the Child, page 13.

35. MSD assesses all its contracted providers against a set of accreditation standards. The standards are based on a levels framework and vary depending on the type of service a provider delivers.

36. The current standards include standards, such as community wellbeing (paramountcy of the child and young person), cultural competence and client centred services. The community wellbeing standard specifically references the Convention on the Rights of the Child.

37. There are also specific standards for care services where children are placed with providers. These standards also highlight the requirement to provide services that meet the care requirements of children.

7. Please provide updated information on measures taken to ensure the right of the child to be heard, particularly on policy and legislation related to children's rights as well as on administrative and judicial decisions affecting them. In this context, please also include information on the recent changes to the Family Court undertaken in 2014. Please also provide information on the extent to which children were consulted in the preparation of the State party's fifth report to the Committee. Additionally, please provide information on the mandate and activities of the Youth Advisory Group.

38. MSD, in consultation with the UMG, has developed a best practice guideline for considering the impact of policy and legislation on children and young people. This guideline includes seeking input directly from children themselves.¹¹

39. As a result of the Modernising CYF Expert Panel process, the Government is implementing a new model for responding to vulnerable children that takes a child-centred approach. This includes a commitment that the voices of children and young people must be embedded into decision-making, which is to be done:

- By establishing a permanent and independent advocacy service that will provide systemic and individual advocacy for children and young persons in care, by 31 March 2017
- Through new statutory objectives to seek and give effect to the voices of children and young people in the new operating model
- By electing and establishing a permanent Youth Advisory Panel to empower children and young people in the system and transmit their views to Ministers and leaders overseeing the new system

40. To assist with the transformation programme, the Minister for Social Development has re-established a Youth Advisory Panel of young people who have first-hand experience of state care. They will continue to provide advice and feedback on the transformation, to ensure that their expectations are met

41. Work to ensure inclusion of the voices of children and young people is also undertaken by the Ministry of Youth Development (MYD). MYD encourages and supports young people, aged between 12 and 24 years old, to develop and use knowledge, skills, and experiences to participate confidently in their communities.

Family Court changes

42. In March 2014, the Government made significant changes to the family justice system.

¹¹ Please refer to paragraph 7 for information on the best practice guideline.

43. A key aspect of the reforms is to encourage less adversarial resolution of disputes about care arrangements for children post separation, where this is appropriate. International experience and research tells us that adversarial court processes can be harmful for families, especially children.

44. Family Dispute Resolution (FDR) was introduced to enable parents to reach an agreement on care arrangements for their children, in appropriate cases (eg when there was no violence involved or other compromising factors).

45. The FDR provider role is to help the parents reach an agreement that is in the best interests of the children. Children's views about their care arrangements are obtained in a number of ways, for example:

- Through their parents
- Speaking directly with the FDR mediator
- Attending part of the FDR session

46. The FDR model allows FDR mediators to work with children, where this is appropriate and is agreed to by both parents.

47. The changes to the family justice system do not impact on a child's opportunities to express their views in certain court proceedings. The Act still requires that children are given reasonable opportunities to express their views on matters affecting them and any views they express must be taken into account. Children's views about their care arrangements can be obtained by the court in a number of ways, for example:

- Through their parents
- Through a lawyer for the child
- Through an individual interview
- Through a specialist report

48. The use of a lawyer for a child is targeted to cases in which they are needed. A Judge or a Court may appoint a lawyer for the child if they consider there are concerns about the child's safety or wellbeing. Under the new legislative framework it is standard practice for a lawyer for the child to meet with the child. Only a Judge may decide that it is appropriate, because of exceptional circumstances, for the lawyer for a child not to meet with the child.

Fifth periodic report

49. During public consultation on the Fifth Periodic Report, MSD trialled a children's survey to gather children's views on whether they enjoy the rights guaranteed to them under the Convention. A trial survey was delivered to one class of 10 and 11 year olds, and a full-scale children's survey may be considered for the next period of reporting.

Youth advisory group

50. The Children's Commissioner, an independent Crown entity, worked with a youth advisory group from 2003-2014, comprising around 12 young people that are recruited every two years, to provide advice on all children's issues related to the work of the Commissioner.

51. The Office of the Children's Commissioner (OCC) has designed and piloted the Children and Young People's Voices Project; a new method of consulting with a greater and more diverse range of children. The project is a partnership with a network of primary, intermediate, and secondary schools through which the OCC conducts quarterly surveys

about topics of relevance to its advocacy programme. As of April 2016 the pilot project has built relationships with 10 schools who bring to the project a combined student population of 3,661 children and young people, aged 5-18 years. Related to this work, the OCC has published advice on engaging with children on its website.¹² This work is funded from within the OCC's existing baseline.

52. In addition, from May until November 2015 the OCC convened a one-off Youth Advisory Panel (the YAP) to provide direct advice to the Minister for Social Development and the CYF Expert Advisory Panel. The YAP comprised eight young people aged between 16-24 years with experience of the care system and represented diverse geographical and ethnic backgrounds, gender, and range of perspectives on the care system. The YAP met four times and provided four reports to the Minister to ensure that children's direct voices and experiences were taken into account in the modernisation process.

53. The new Youth Advice on the Care System (YACS) will ensure that the voices of children continue to influence decision making and transformation of the CYF operating system over the next year. The YACS will include a new panel of six people aged 16-24 that will meet five times, plus three strategic focus groups with other children and young people with experience of specific elements of the care system.

8. Please indicate measures taken to ensure the right of the child to privacy in the context of:

(a) The information sharing processes under the State party's Vulnerable Children Approved Information Sharing Agreements (AISA);

54. The AISA provides a legal framework to facilitate proportionate and relevant information sharing, between the signatory Government agencies. This is needed to determine whether or not a child is vulnerable and whether a referral to a statutory response or voluntary response is required.

55. The AISA has in-built measures to protect a child's right to privacy by ensuring that any information sharing is proportionate and relevant, including:

- Limited types of personal information can be shared under the AISA
- Specific types can only be shared for the purpose of identifying, assessing and determining the appropriate referral response for vulnerable children
- Specific types of information can only be gathered from the signatory parties
- The AISA has a number of reporting requirements for the lead agency, including complaints about alleged interferences of privacy under the AISA

56. To protect the child's right to privacy, the AISA only facilitates the sharing of the most minimal information required to achieve its purpose. For example, the types of information that are allowed to be shared to first identify an individual has been limited to names, addresses, and dates of birth. This has been determined as the most minimal amount of information required to achieve the purpose of identifying a child and their family/whānau.

57. In order to protect the right of the child to privacy, the scope and purpose is limited to:

- Identifying vulnerable children and their families

¹² For full content see, <http://www.occ.org.nz/listening2kids/>.

- Conducting an initial assessment of the likely needs of vulnerable children and their families
- Determining appropriate referrals to address the needs of vulnerable children and their families
- Monitoring outcomes for vulnerable children and their families, including the sharing of information for the purpose of professional supervision of service providers

58. The AISA supports the Hub (contact and triage point for people to raise concerns about a vulnerable child). The AISA has been limited in scope to the sharing of information to and from the Hub to the signatory parties. The signatory parties are all part of a multi-agency response to meet the unmet needs of vulnerable children. The parties are:

- MSD (lead agency)
- The Ministry of Education
- The Ministry of Health
- The New Zealand Police
- The Ministry of Justice
- The Children's Action Plan Directorate

59. MSD must report annually on the AISA and note if there have been complaints about an alleged interference with privacy and account for any adverse effects on vulnerable children and their family/whānau. This provides an opportunity to regularly check that there is a correct balance between an individual's right to privacy and the need for greater information sharing for vulnerable children.

60. ViKI is a secure information management system which stores information, supports case management, and reports on outcomes. ViKI provides the Hub and Children's Teams with access to information to inform the best referral pathway for the child and their family/whānau. ViKI has been developed to ensure that there are a number of measures to protect the privacy of the child. Measures include:

- Validated log-on is required to access ViKI
- Role-based permissions, so only relevant information can be accessed
- Information accessed is audited regularly

(b) The information collection required for the operation of the State party's predictive risk modelling system of its child protection system; and,

61. There is currently no predictive risk modelling system in operation in the New Zealand child protection system.

62. Research studies looking at the feasibility of such a system have been undertaken and further research is underway including a trial to test whether it is possible to use a predictive model to improve triage decision making in the CYF National Contact Centre. All of this research complies with the parts of the Privacy Act 1994 that relate to use of data for research and statistical purposes.

63. MSD is developing a Privacy, Human Rights and Ethics Framework that will govern its operational use of predictive modelling. Application of this framework will ensure that any possible future operational predictive risk modelling system in the New Zealand child protection system complies with the Privacy Act and appropriately balances the right of the child to privacy with other objectives of the system.

(c) **Instances where children and/or their family members are subject to government surveillance.**

64. Surveillance for both law enforcement and intelligence gathering purposes can only be carried out pursuant to a warrant issued by a judicial officer (or, in the case of foreign intelligence warrants, a Government Minister) in accordance with statutory criteria. There are also legislative requirements to destroy surveillance data that is not relevant to an investigation or prosecution.

65. The exercise of surveillance powers is subject to a range of safeguards, including oversight by the Inspector-General of Intelligence and Security, for intelligence warrants, and the Independent Police Conduct Authority, for warrants issued to New Zealand Police.

66. The Privacy Commissioner has published guidelines on the use of CCTV cameras to minimise impacts on individuals' privacy. These guidelines apply to both public and private sector agencies, including schools.¹³

9. Please provide information on any evaluation undertaken of the effectiveness of measures to address all forms of violence against children mentioned in the State party report paragraphs 70-80 and 104-114.

67. In 2016, MSD published a quasi-experimental evaluation¹⁴ of Family Start, an intensive home visiting programme available to pregnant mothers and families with pre-school children, which operates in selected regions of New Zealand. Evaluation results suggest that Family Start had positive impacts on families' utilisation of some health services, and increased children's engagement with early childhood education. Results also suggest that Family Start reduced post neonatal infant mortality. The evidence of programme impacts is strongest and most persuasive in the case of Sudden Unexpected Death in Infancy (SUDI) and injury deaths, signalling improvements in children's environment and care. These results are consistent with emerging evidence from the Nurse Family Partnership.

68. The study highlights the difficulty in using administratively sourced measures to capture whether violence, abuse and neglect is reduced as a result of a home visitation programme. The presence of a worker in the home could result in higher rates of referral to Child Youth and Family (CYF) and higher rates of presentation at hospital and this could offset the effects of any real decrease in harm. Administrative measures could show no change or even an increase in rates as a result. Consistent with such an effect, the results showed no statistically measurable impact on hospitalisation for maltreatment-related injury, and children who received Family Start were more likely to come to the early attention of CYF compared to the matched control group. It appears that the presence of the Family Start worker in the home, and increased contact with other services as a result of Family Start, made it more likely that concerning behaviours and circumstances were identified and brought to the early attention of CYF. Studies of other home visiting programmes have also suggested these sorts of effects. A recommendation from this study is that future investigation of the study data with a longer follow-up should track the trajectory of CYF contact and other outcomes as the children age.

¹³ <https://www.privacy.org.nz/news-and-publications/guidance-resources/privacy-and-cctv-a-guide-to-the-privacy-act-for-businesses-agencies-and-organisations/>.

¹⁴ Vaithianathan, R., Wilson, M., Maloney, T. and Baird, S. (2015). The Impact of the Family Start Home Visiting Programme on Outcomes for Mothers and Children: A Quasi-Experimental Study. Wellington: Ministry of Social Development. <http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/evaluation/family-start-outcomes-study/index.html>.

Education

69. Several evaluations have been completed on the Positive Behaviour for Learning (PB4L) initiatives.¹⁵ All of these demonstrate that PB4L is making a positive contribution to supporting student wellbeing and achievement by building the capability of students and adults to support them in difficult times.

70. The evaluations to date include:

- Patterns of student progress in the Intensive Wraparound Service (published March 2016)¹⁶
- A Positive Culture of Support: PB4L School-Wide Final Evaluation Report (published August 2015)¹⁷
- “It’s who we are”: Stories of practice and change from PB4L School-Wide Schools (published June 2015)¹⁸
- PB4L School-Wide Evaluation: Preliminary findings (published June 2014)¹⁹
- It’s, like trying, to make us better people (Evaluation of My Friends Youth resiliency programme published April 2016)
- Incredible Years Pilot Study: Evaluation Report (published August 2013) and Incredible Years Follow-Up Study (published August 2014)²⁰

Health

71. Well Child/Tamariki Ora (WCTO) services as a whole have not been evaluated for effectiveness. A programme review was published in 2010. This led to an increased focus on psychosocial factors that have an impact on children and families, and identification and response to family needs, including protective and risk factors. Family Violence screening was included in the 2010 review and remains a core part of the service as a result.

72. A quality review was published in 2013.²¹ The findings included that the programme would benefit from improvements in access for Māori and Pacific families; and from better information systems to enable better monitoring of outcomes and effectiveness. As a result, the WCTO Quality Improvement Programme was set up. It is made up of an overarching WCTO Quality Improvement Framework, six-monthly publications of performance using Quality Indicators, local and regional quality improvement activity and national oversight from an Expert Advisory Group.

73. A substantially revised WCTO Health Book was released in June 2014. It was revised by child health experts in order to provide new parents with updated information

¹⁵ PB4L is a long-term, systemic approach involving ten initiatives. These include whole-school change initiatives, targeted group programmes, and individual student support services.

¹⁶ <http://www.nzcer.org.nz/research/publications/patterns-student-progress-intensive-wraparound-service>.

¹⁷ https://www.educationcounts.govt.nz/publications/special_education/a-positive-culture-of-support-pb4l-school-wide-final-evaluation-report.

¹⁸ https://www.educationcounts.govt.nz/publications/special_education/its-who-we-are-stories-of-practice-and-change-pb4l-school-wide-schools.

¹⁹ https://www.educationcounts.govt.nz/publications/special_education/pb4l-school-wide-evaluation-preliminary-findings.

²⁰ <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/evaluation/incredible-years-report/index.html>.

²¹ <http://www.health.govt.nz/publication/well-child-tamariki-ora-programme-quality-reviews-0>.

and more information on a range of topics from teething and toilet training to postnatal depression, never hitting or shaking a baby, family violence, and child abuse.

74. The effectiveness of the Violence Intervention Programme (VIP) has not been evaluated. However VIP is based on best-practice evidence about enquiry, assessment and referral of intimate partner violence and child abuse and neglect in health settings. Updated Family Violence Assessment and Intervention Guidelines - child abuse and intimate partner violence will be released in 2016, incorporating new evidence since the first guidelines were released in 2002.

75. The effectiveness of the National Child Protection Alert System (NCPAS) has not been evaluated to date, however, a quantitative evaluation of the NCPAS is being undertaken by Auckland District Health Board. As at April 2016 there were 15,000 child protection alerts flagged on the National Medical Warning System, indicating a report of concern to CYF has been made. This represents new information sharing between health and our statutory child protection agency that did not previously occur. Doctors are also now alerted to previous concerns about non-accidental injuries.

76. We have not undertaken any evaluation of the investigations conducted by District Inspectors. District Inspectors will often use colleagues to peer review or at times investigations will be conducted by more than one District Inspector. There is only ever a small number of youth subject to the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 (IDCC&R) framework (always aged 15 or over). This number is currently less than one percent. To date we have not had any instances of investigation involving the abuse of youth under the IDCC&R framework.

Whānau Ora

77. In 2015 a report “Understanding whānau-centred approaches: Analysis of Phase One Whānau Ora research and monitoring results” was published. This report outlined:

- Which components of whānau-centred approaches were evident during implementation
- Main barriers and enablers to these approaches
- The impacts on whānau
- The implications for both Whānau Ora as an initiative and Whānau Ora as a wider social sector approach

Police

78. An evaluation of Police Safety Orders (PSO) was commissioned by Police and delivered in June 2014.

79. The findings were that overall there was strong support for PSOs increasing the immediate safety of persons at risk. Findings were also positive in relation to PSOs providing a safe environment for persons at risk to consider accessing support. It also highlighted opportunities to improve.

80. Following the evaluation an enhanced PSO training package was developed and was implemented across the country for frontline staff.

81. In February 2016, Police launched a Family Violence Quality Assurance and Improvement Framework in which a selection of Family Violence investigations are reviewed by Police Districts every two months, one quarter of which result in a PSO. The reviews highlight good practice as well as areas for further improvement around the issuing and service of PSOs and the support provided to both parties.

10. In the context of bullying and violence in schools, please provide information on measures taken to:

(a) Collect data on violence and bullying in schools;

82. The Government does not regularly collect information on reported cases of bullying in schools because schools are self-managing.

83. The University of Auckland conducted the New Zealand Youth 2000 surveys of secondary schools (students aged approximately 13-17) in 2001, 2007 and 2012. Results report a decline in rates of bullying over time. Nine percent of male students reported they had been bullied at least weekly in 2001, compared to five percent in 2007 and 2012. The number of female students who reported frequent bullying remained stable at around five percent over the three surveys.

84. The New Zealand 2011 Trends in International Mathematics and Science Study (TIMSS) showed almost three-quarters of the 4,940 nine-year-old students surveyed said they had been bullied in the previous month. This data is still the most current, although new TIMSS data is expected in late 2016.

85. The Ministry of Education contracted the New Zealand Council for Education Research (NZCER) to develop and administer the Wellbeing@School website and survey tools (a school staff self-review survey and a survey to gather students' perspectives). The Wellbeing@School survey tools have a particular focus on exploring how to enhance positive and caring behaviour among students and how to diminish bullying behaviour, in ways that build students' skills, strategies, and resilience.

(b) Monitor the impact of the student mental health and well-being initiatives recently introduced in schools on the reduction of the incidence of violence and bullying; and

86. The Youth Mental Health Programme is a four year cross-agency project that aims to improve mental health and wellbeing for young people with, or at risk of developing, mild to moderate mental health issues. Groups that are at comparatively higher risk of mental health issues, such as some Māori and Pacific youth, are the focus of a number of initiatives. The final evaluation report is due in June 2016.

87. The expected outcomes of the Youth Mental Health Programme at the four year point are:

- Improved knowledge about what works to improve youth mental health
- Increased resilience among youth, to support mental health
- More supportive schools, communities and health services
- Better access to appropriate information for youth and their families/whānau
- Early identification of mild to moderate mental health issues in youth
- Better access to timely and appropriate treatment and follow-up for youth with mild to moderate mental health issues

(c) Assess the effectiveness of measures, legislative or otherwise, in countering violence and bullying.

88. The National Administration Guideline (NAG) 5(i) (Section 60A of the New Zealand Education Act 1989) states that each school's board of trustees is required to:

- Provide a safe physical and emotional environment for students

- Comply in full with any legislation currently in force or that may be developed to ensure the safety of students and employees

89. The information, resources and tools issued by the Bullying Prevention Advisory Group to all New Zealand schools provide non-statutory guidance to assist in meeting the NAG 5 requirements for a safe physical and emotional school environment

90. New guidelines on cyber bullying were made available to all New Zealand schools in February 2015. They provide non-statutory general guidance on a range of best practice strategies to help schools create a safe school environment.

91. The Education Act 1989 (Part 28, Section 325-328) gives the Education Review Office (ERO) the power to initiate reviews, investigate, report and publish findings on the provision of education to all young New Zealanders. ERO reports on the strategies schools are implementing to provide a safe physical and emotional environment for students in its education reviews of all schools.

11. Please provide updated information on measures taken to follow-up on the State party's Expert Panel interim assessment of "Modernising Child, Youth and Family" and the recent "State of Care" report.

92. The Modernising CYF Expert Panel's final report was publicly released on 7 April 2016, along with corresponding Government decisions.

93. The final report details how New Zealand can improve the lives of vulnerable children and young people and presents the building blocks and components of a future operating model for CYF.

94. The new system will ensure that all children and young people are in loving families and communities where they can be safe, strong, connected, and able to flourish.

95. The changes to the system will be delivered through two significant tranches of work. Tranche one will involve the following key activities:

- A detailed design of the new operating model
- Development of the core strategies, frameworks, and approaches across the building blocks
- Engagement with iwi, providers, and agencies to establish strategic partnering
- Engagement with frontline staff and leaders to manage change
- Implementation and monitoring of changes with a focus on results management
- Supporting leadership of the future department to lead culture change
- Supporting legislative and policy change
- Planning and design for tranche two delivery

96. At the end of tranche one, the future department will be operating in its new role, the independent advocacy service at both an individual and system level will be established and the investment approach will be in its first year of implementation. Importantly, the future department will be co-designing and delivering, with strategic partners, the enhanced services needed by vulnerable children and their families.

97. The focus of tranche two is on completing the full set of changes required to deliver the future experience for children, young people and their families. During tranche two, the Transformation Programme²² will be fully integrated into the future department.

98. Tranche two will build on the foundation and momentum of tranche one and will tackle changes, such as technology, information, and data governance for care and youth justice services.

99. The Government has agreed to major reform of the CYPF Act and related legislation to give effect to the new operating model.

12. Please provide updated information on the State party's measures to provide inclusive education for children with disabilities, including mental and/or psycho-social disabilities. Please also provide updated information on measures undertaken to further reduce the occurrence of preventable diseases, including rheumatic fever, respiratory and skin diseases, amongst Maori children. Please also provide information on measures taken to reduce the prevalence of obesity.

100. Strengthening inclusion is one of the six priorities in the Ministry of Education Four Year Plan. The Ministry of Education is reviewing and updating its current system of special education to ensure the system provides resources as efficiently and as effectively as possible.

101. In March 2015 the Education Review Office reviewed a sample of schools and found that 78 percent were found mostly inclusive of students with special education needs, compared with only half in the 2010 evaluation.

102. There is the same focus on inclusion within the Early Childhood Education sector. The Ministry provides guidance on specific disabilities and information on systems and processes to ensure children and their families are catered for effectively in early learning.

103. The Ministry works with the Ministry of Health to fund 'Tips for Autism', a three-day course for teams supporting students aged 5-12 with Autism Spectrum Disorder (ASD) and to increase parental knowledge and skill to support their pre-school child with ASD.

104. Students with psychological or psycho-social problems that are of sufficient severity to prevent or seriously impede them from attending their local school may enrol with Te Kura – The Correspondence School. All effort is made to ensure that students can maintain a relationship with their local school while they are also receiving learning support from Te Kura.

105. As well as funding Resource Teachers of Learning and Behaviour the Ministry also provides an Intensive Wraparound Service for the small number of students with highly complex, and challenging behaviour across several settings; at school, with their family, and in the community.

Rheumatic Fever

106. There was a decrease in first episode rheumatic fever hospitalisations for both Māori and Pasifika ethnic groups between 2014 and 2015, but this was only statistically significant for Pacific people.

²² The Transformation Programme will be responsible for managing the operating model changes and for supporting the establishment of the future department.

107. The latest decline represents a 54 percent statistically significant decrease in first episode rheumatic fever hospitalisations for Māori since baseline (2009/10–2011/12). There has also been a 27 percent statistically significant decrease from baseline for Pacific.

108. The Rheumatic Fever Prevention Programme (RFPP) will continue to work with the high incidence DHBs to deliver a range of initiatives for each of three key strategies:

- Increasing awareness of rheumatic fever, what causes it, and how to prevent it
- Improving access to timely, effective treatment for group A streptococcal (GAS) sore throat in primary care and community settings
- Reducing household transmission of GAS bacteria

109. The cross-government action plan to reduce household crowding and rheumatic fever (the plan) has been in place as part of the rheumatic fever prevention programme since June 2014. A key action under the plan has been the establishment of Healthy Homes Initiatives (HHIs), which aim to reduce household crowding for children from eligible families in high rheumatic fever incidence district health boards. The programme is being extended through partnerships with businesses and communities to support the supply chain for housing interventions. To date, 3,040 eligible families have been referred to HHIs. Of these families, 1,868 (62 percent) have had assessments of their housing needs completed and have agreed to plans to reduce their household crowding. Addressing household risk factors for rheumatic fever may also have impacts on other communicable diseases, including respiratory and skin diseases.²³

Obesity

110. In October 2015, Government announced the Childhood Obesity Package. The 22 initiatives in the Childhood Obesity Package combine targeted interventions for those who are obese, increased support for those at risk of becoming obese, and a broad base of population-based strategies to make healthier choices easier for all New Zealanders.

111. A new health target, to be implemented from 1 July 2016, will support this package of initiatives. The target will be that 95 percent of obese children identified in the Before School Check programme will be referred to a health professional for clinical assessment and family-based nutrition, activity, and lifestyle interventions.

112. The WHO Commission on Ending Childhood Obesity final report released on 26 January 2016 contained 15 education related recommendations. As a result of this, on 21 March 2016, the Ministry wrote to all schools to encourage them to only provide water and not sugary drinks. This has been found to be a catalyst for broader changes that enhance the health of students and their families.

13. Please provide information on measures taken by the State party to ensure the right to adequate housing and standard of living, including for children in single parent families and for Maori and Pacific Island children. In doing so, please include information on measures taken to:

(a) Implement the recommendations of the State party's Expert Advisory Group on Child Poverty;

²³ For information on the “fast track” for social housing, please see New Zealand Government’s Fifth Periodic Report on the Convention of the Rights of the Child, pp. 34-35.

113. The Government's response to EAG on child poverty reported on a wide range of initiatives to improve the quality of housing in New Zealand in order to prevent poor health outcomes for children. The housing related initiatives include:

- Insulating housing through the Housing New Zealand Energy Efficiency Programme Initiative and proactively identifying tenants who need additional help
- Insulating housing through the Warm Up New Zealand programme to help make homes warmer, drier and healthier
- A cross-government action plan to reduce household crowding and rheumatic fever
- The Māori housing strategy, which aims to improve housing for whānau and increase their housing choices by growing the Māori housing sector
- Changes to the Child Material Hardship Package

(b) Ensure that providers, particularly private ones, of social housing comply with the provisions of the Convention;

114. As at June 2015, 44 percent of the population housed in social housing were children (81,354), compared to 27 percent in the general population, and 56 percent of children in social housing (45,642) lived in Auckland. As at December 2015, there were 5,667 children on the Social Housing Register: 62 percent (3,534) were priority A applications (highest needs).

115. The Social Housing Reform Programme (SHRP) increased government funding for social housing, include transfer of State-owned properties to registered Community Housing Providers (CHPs). CHPs will have the obligation to continue to look after tenants. The SHRP enables registered CHPs to provide more social housing in partnerships with the Government, and over time, better integrate housing services with other support available to tenants.

116. MSD assesses housing needs and purchases social housing tenancies through Income-Related Rent Subsidies (IRRS). The IRRS is available to both Housing New Zealand (HNZC) and registered CHPs. Eleven out of 48 approved CHPs are focusing on providing social housing specifically to Māori and Pacific populations.

117. The Government has introduced the Residential Tenancies Amendment Bill 2015 proposing changes to the Residential Tenancies Act 1986 (RTA) and new regulations to require a minimum standard of insulation and fire protection for all residential rentals. In 2014, HNZC completed its Energy Efficiency Programme to upgrade insulation in all 48,000 properties that are practical to insulate.

118. Currently all tenants may apply to the Tenancy Tribunal for a work order when they believe their property does not comply with the minimum requirements included in the RTA and the Housing Improvement Regulations under the Health Act 1956.

119. MSD and HNZC agreed to escalate cases to resolve certain housing concerns, including leaks or asbestos.

(c) Ensure that decisions regarding the implementation of the Social Security Act and related benefits are in accordance with the provisions of the Convention, in particular the principle of the best interests of the child; and,

120. The Social Security Act 1964 (SSA) contains provisions that specifically address the principle of the best interests of the child. These provisions include:

- Payment of higher rates of benefit and/or supplementary assistance to parents or caregivers with dependent children²⁴
- Protection of 50 percent of the benefit paid where sanctions are applied to parents or caregivers with dependent children
- Applying a number of evidence based, objective measures of child wellbeing on parents and caregivers with dependent children, including obligations to enrol children in early childhood education and undergo core health checks
- Statutory limits on parents' work availability requirements according to the age of the child

121. The SSA is currently being rewritten to make it more accessible and easier to understand. As part of the rewrite, several changes are proposed to further support decisions made in the best interests of the child. These changes include:

- Parents with split²⁵ care of their children will each have access to Sole Parent Support instead of only one parent having access to that benefit
- Orphan's Benefit and Unsupported Child Benefit are being merged into a Supported Child's Payment, giving a more positive and accurate title to support for children who are cared for by people other than their own parents
- The introduction of a purpose statement for Supported Child's Payment, to make it clear the payment is for the child's needs
- Better legislative support for MSD to redirect part or all of a benefit towards rental payments for social housing, to assist people to meet their rental obligations so that they don't lose their tenancy

122. In addition to the above proposals, changes to the Child Material Hardship Package have increased support for low income working families with dependent children.²⁶

(d) Ensure that children who were affected by the 2010 and 2011 earthquakes have received adequate support during the earthquake recovery initiatives of the State party.

123. The Government is committed to ensuring human rights are at the forefront of on-going decisions around the recovery and rebuild of Canterbury. The Canterbury Earthquake Recovery Authority (CERA)²⁷ and government agencies undertook the following measures that indirectly supported children affected by the earthquakes:

- Christchurch Short Term Housing Response: MSD developed a short-term housing response for families and single people in need, which could help 20 families and 10 single people, for up to eight weeks. In the first 12 months, 112 households, including 68 families with children, used the short term emergency housing service, and 81 had been housed in sustainable accommodation.

²⁴ The main forms of financial assistance specifically for children are provided through the Working for Families Tax Credits (refer paragraph 27).

²⁵ Split care is where each parent has the care of at least one child of the former relationship, rather than shared care, when the care of the same child or children is shared between the two parents.

²⁶ For further information on the Child Material Hardship Package refer to paragraph 22.

²⁷ CERA was disestablished 18 April 2016 as the Government transitions from leading the recovery to establishing long-term, locally-led recovery and regeneration arrangements. Some of CERA's functions have wound down, and other responsibilities are now carried out by central and local government agencies.

- HNZC's Canterbury Earthquake Recovery Programme: In 2013, HNZC committed to repairing up to 5,000 Housing New Zealand properties and building up to 700 new houses. As at 29 February 2016, 446 new homes had been built with the remaining 254 under construction or contracted. The programme to repair damaged homes was completed ahead of target for an estimated 20,000 tenants, including families with children.
- Temporary accommodation: Temporary accommodation villages for those who needed to move out of their houses while they were repaired have assisted over 1,200 households to date. Households with dependent children were prioritised. A further 5,000 households have been assisted to find private market temporary accommodation.
- Insurance prioritisation targeted vulnerable groups, which included families with young children.
- Winter Make it Right: This campaign helped people whose houses were unsafe, unhealthy or cold, to improve their living conditions while they waited for final repairs to be done.
- Let's Find and Fix: Until July 2014, this initiative provided temporary fixes to earthquake damaged houses to ensure they were warm, sanitary, and secure before winter. Nearly 5,000 homes were door-knocked and over 500 individual repairs completed.

124. A number of health-based initiatives are in place to support children who were affected by the earthquakes. In recognition that most people, with the support of their family and community, will recover from a disaster with time, much of the effort has been to ensure that communities are supported to manage their own wellbeing. This includes school communities and a range of public health activities such as the 'Tiny Adventures' resource and app, developed as part of the All Right? campaign, to support the people of Canterbury to think about and improve their mental health and wellbeing.

125. In 2013, the Youth Mental Health Action Plan was established to provide additional support for children and young people following the earthquakes. The project is led by the Canterbury District Health Board, with MSD and the Ministry of Education. It includes a range of activities with school communities and more recently, in pre-schools. A schools-based mental health team provides specialist advice to schools and can refer children for further support, if necessary.

14. Please provide updated information on measures taken to ensure the compliance of the State party's juvenile justice legislation and policies with the Convention. In doing so, please provide information on measures taken to:

(a) Raise the minimum age of criminal responsibility;

126. New Zealand's current lower age of criminal responsibility is 10 years. However, no child aged 10 or 11 has ever been convicted of an offence in New Zealand.

127. New Zealand law provides protection for these children by ensuring that they cannot be held criminally responsible for an offence unless it is proven that they knew what they did was wrong or contrary to law. The Government is not making any decisions about raising the minimum age of criminal responsibility at this time.

128. We are exploring if further work should be undertaken to ensure that services are available to children aged 10 or 11 who are charged with murder or manslaughter, throughout their interaction with the justice system.

(b) Raise the age limit under the Children, Young Persons and their Families Act;

129. The Government has agreed to legislative change to raise the minimum age of care under the CYPF Act to 18 years old. This will align the care leaving age with social norms and also bring New Zealand in line with comparative jurisdictions.

130. In June 2016, the Government will consider proposals to:

- Create a right to stay in, or return to, care until 21 years of age
- Create a single point of accountability for ensuring the needs of young people in transition are identified and met, up to the age of 25

131. As children progress from childhood through adolescence to adulthood, they will be able to maintain their relationships with caregivers up to the age of 21 within the caregiving home, if the child and family desire it.

132. The new model based on the Modernising CYF Expert Panel's final report will also work with caregivers and young people to proactively identify and meet the needs of those transitioning into adulthood, up to the age of 25. This will include provision of health, education and housing services.

133. The Government is also investigating the benefits and costs of extending the youth justice jurisdiction to include 17 year olds. This will better align the youth justice jurisdiction with the Convention which recognises that children under 18 require special protection. The Minister of Justice and the Minister for Social Development will report back to Cabinet in June 2016 on operational, funding, policy, and legislative changes necessary to give effect to any future decisions to amend age settings for the youth justice system.

(c) Implement the recommendations of the State party's Joint Thematic Review of Young Persons in Police Detention; and,

134. Following the Joint Thematic Review, a joint Police/CYF work plan was drafted to implement the recommendations in November 2012. Police and CYF jointly reported back to the IPCA on progress against the recommendations in June 2013 noting that most had been, or were in the process of being, implemented.

135. A key principle for those who are in Police custody is to release a youth to CYF or grant bail as soon as possible. The introduction of the Youth Resolutions Model (YRM) has assisted this by providing an objective framework to make decisions that remove bias. The YRM is about to undergo its first evaluation.

136. An approach has been developed through the whole of the government's Youth Crime Action Plan (YCAP) that aims to reduce the numbers of youth that need to go into Police custody, and reduce the time they spend in custody before another option for their care/custody is available. Decisions about custody are informed by the following considerations:

- Appropriately looking after the youth in the community environment
- Meeting the needs of any victims
- Maintaining community safety

137. The availability of local community options for the care of youth on remand has reduced the time spent in Police custody because of the reduction in the time taken to arrange for consent for continued custody and transport to a Youth Justice residence in another location.

138. The custody management system is used to manage all prisoners, including youth. Youth have age appropriate protections, for example separate and suitable accommodation while in custody and contact with family as recommended in the Thematic Review. These protections are recorded in the custody management application. In addition, factors that are taken into account to make decisions are also recorded and are available for future analysis.

(d) Improve the operation, both in terms of numbers of children affected and processing time, of custodial remand under its youth justice system.

139. The YCAP was refreshed in early 2016 and ‘Support Children and Young People on Remand’ is a key priority for all youth justice sector agencies.

140. More sustainable community support and connections means the children and young people are more likely to fulfil any conditions and complete their individual plans. Community options offer alternatives to remand, enabling better outcomes. Residential custody increases criminogenic risk for young people.

141. The YCAP agreed measures are:

- Reduce the rate and duration of remands
- Reduce the number of administrative breaches of bail
- 90 percent of custodial Family Group Conferences (FGCs) will be held within 10 working days

142. The YCAP holds all youth justice sector agencies accountable to reduce the number of remand admissions to a Youth Justice Residence, and reduce the duration spent before a resolution is made in the Youth Court.

143. Through YCAP, agencies are working collaboratively to:

- Develop a best-practice process to increase cross-agency involvement at custodial FGCs
- Produce practice guidance for operational staff outlining what support can best help young people and families increase compliance with Family Group Conferences and bail requirements
- Understand the drivers of custodial remand and build on current New Zealand and international research to establish ‘what works best’ to reduce reliance on remand

144. Of the five core services proposed by the Modernising CYF Expert Panel’s new operating model,²⁸ the Youth Justice Service, under recommendation 14(b), will strengthen the focus on “reducing the number of young people remanded to a secure residence through utilising a range of community based options”.

145. All approaches discussed above are in line with the Objects and Principles of the CYPF Act 1989.

²⁸ For information on the five core services, see paragraph 12.

- 15. Please provide detailed updated information on measures taken by the State party in follow-up to the Committee's concluding observations regarding the Optional Protocol to the Convention on the Involvement of Children in Armed Conflict (CRC/C/OPAC/NZL/1) and inform the Committee of any new legislation, policies and procedures on the implementation of the Optional Protocol.**

146. New Zealand Defence Force (NZDF) has in-depth training modules on the Law of Armed Conflict (LOAC), which include matters contained within the Optional Protocol. These modules are taught to members of the Armed Forces at all levels. The NZDF is arranging to publish a new LOAC manual that will also reference New Zealand's LOAC obligations.

147. NZDF has not developed a national action plan concerning children in armed conflict at this stage.

148. The NZDF took a leading role in championing the development of the Guidelines for Protecting Schools and Universities from Military Use During Armed Conflict and the Safe Schools Declaration concerning the protection of educational facilities during times of armed conflict, and endorsed the Declaration when it was adopted in 2015.

Part II

In this section the Committee invites the State party to briefly (three pages maximum) update the information presented in its report with regard to:

- (a) New bills or laws, and their respective regulations;**
- (b) New institutions (and their mandates) or institutional reforms;**
- (c) Recently introduced policies, programmes and action plans and their scope and financing;**
- (d) Recent ratifications of human rights instruments.**

The Modernising CYF Expert Panel

149. The Modernising CYF Expert Panel's final report recommends a new future department and operating model to reform CYF.²⁹

150. The proposed changes are significant and will take approximately four years to implement.

151. While the future department and operating model could result in a new organisation, the details of this are still being worked through. Future work will involve plans and processes for how to achieve the recommendations and also how it will be implemented and delivered.

152. So far, the Government has agreed to make the following legislative changes:

- Major reform of the CYPF Act and related legislation to give effect to the proposed new operating model

²⁹ For information on the new operating model refer to paragraphs 12-16.

- Amendment of the definition of “young person” in the CYPF Act for care and protection purposes to include 17 year olds. This will come into force on 31 March 2017

153. There was also Government agreement that through this reform process, there will be opportunities to simplify, clarify, and better integrate provisions already within the CYPF Act and to improve alignment with related legislation.

The Vulnerable Children Act 2014

154. The Vulnerable Children Act 2014 requirements relating to the safety checking of children’s workers comes into effect on 1 July 2016. This means all new non-core children’s workers starting a job or contract must be safety checked before they commence work.

155. Additionally, individuals with certain serious convictions³⁰ will be prohibited from holding core worker roles unless they have been granted a Core Worker Exemption. This workforce restriction came into force for new core workers on 1 July 2015. From 1 July 2016, it will apply to existing core workers also.

Whānau Ora

156. The Ministry for Māori Development, Te Puni Kōkiri, continues to commission Whānau Ora outcomes from non-government Commissioning Agencies. This brings funding and funding decisions closer to the community. The Commissioning model allows for flexible and innovative approaches to providing services to meet whānau and their children’s needs. The three Commissioning Agencies are contracted to act as brokers in matching the needs and aspirations of whānau, and their children, with initiatives and services.

Part III

157. The data for Part III can be found in the statistical information annex. The data sets provided should be regarded as the best possible data that we are able to provide for each question asked.

- 1. Please provide consolidated budget information for the past two years on budget lines regarding children and social sectors, by indicating the percentage of each budget line in terms of the total national budget and gross national product, and geographic allocation.**

158. The New Zealand Government is unable to provide consolidated budget information for the past two years regarding children and social sectors, broken down by budget line, national budget, gross national product nor geographic allocation. The information that has been requested is not held at a central level. In most cases, spending is appropriated at a general level. We do not have a specific level of granularity with appropriations so as to indicate the breakdown by an age or geographic level.

³⁰ “Specified offences” as listed in Schedule 2 of the Vulnerable Children Act, such as convictions involving children and/or violent behaviour including child abuse and sexual offending.

2. Please provide, if available, updated statistical data (disaggregated by age, sex, ethnic origin, national origin, geographic location, and socio-economic status) for the past two years on:

(a) Cases of child neglect and abuse, especially in institutions and alternative care settings;

159. Please refer to Table 1.

(b) Parents, guardians, or staff of care institutions accused, indicted and convicted of child abuse, including sexual abuse and corporal punishment;

160. Please refer to Table 2.

(c) Children with disabilities in regular schools and classes;

161. Please refer to Table 3 and Table 4.

(d) School completion rates, up to tertiary level;

162. Please refer to Table 5 and Table 5A.

(e) Asylum-seeking and migrant children in reception centers;

163. Please refer to Table 6.

(f) Child victims of trafficking and abduction;

164. There has not been any known trafficking of child victims in New Zealand over the last two years.

165. New Zealand Police is unable to provide data for trafficking of child victims and abduction because the numbers are low, and therefore the data reported is biased by data reporting methods that include historic offences.

(g) Children in detention facilities and penitentiary institutions, including closed correctional facilities.

166. Please refer to Table 7.

3. Please provide data disaggregated by age, sex, socio-economic background, ethnic origin and geographical location regarding the situation of children deprived of a family environment, covering the past two years, on the number of children:

(a) Separated from their parents;

167. Data on children separated from their parents is not available.

(b) Living in single-parent households;

168. New Zealand is unable to provide data on children living in single-parent households for the past two years. New Zealand last collected this data in 2013 as part of the census. The next census will be in 2018.

(c) Placed in institutions;

169. Please refer to Table 8 and Table 9.

(d) Placed with foster families;

170. Please refer to Table 10.

(e) Adopted domestically or through inter-country adoptions.*Number, age, and gender of children adopted in 2014*

171. In 2014 180 children were adopted under section 3 of the Adoption Act 1955. Of them 79 were under 12 months old, 44 were between 1-5 years old, 56 were over five years old and one child was of an unknown age.

172. Out of the 180 children adopted in 2014, 92 were female, 83 male and five of an unknown gender.

Number, age and gender of children adopted in 2015

173. In 2015 146 children were adopted under section 3 of the Adoption Act 1955. Of them 69 were under 12 months old, 37 were between 1-5 years old and 40 were over five years old.

174. Out of the 146 children adopted in 2015, 78 were female, 65 male and three of an unknown gender.

175. Please refer to Table 11 and Table 12.

4. Please provide data, disaggregated by age, sex, type of disability, ethnic origin and geographical location, for the past two years, on the number of children with disabilities:**(a) Living with their families;**

176. Please refer Table 13.

(b) In institutions;

177. Please refer to Table 14.

(c) Attending regular primary schools;**(d) Attending regular secondary schools;****(e) Attending special schools;****(f) Out of school;**

178. Please refer to Table 15 and Table 16.

(g) Abandoned by their families.

179. New Zealand does not collect data on children under the category “abandoned by their families”.

5. Please provide the Committee with an update of any data in the report which may have been outdated by more recent data collected or other new developments.

180. Please see Tables 18–35 of the annex for all updated data from New Zealand’s Fifth Periodic Report.

6. In addition, the State party may list areas affecting children that it considers to be of priority with regard to the implementation of the Convention.

181. Some of the areas affecting children which New Zealand considers priorities are:

- Reducing levels of child abuse and neglect.
 - Quality care and protection services for children in care.
 - Creating a child-centred system, which includes the impact on children and young people in the development of policies and legislation and the voices of children and young people in care.
 - Reducing child material hardship.
 - Improve the equity of health and social outcomes for children.
 - Increasing support to pregnant and postnatal women experiencing mental health and alcohol and other drug conditions.
 - Promoting healthy nutrition and activity for pregnant women and children to reduce the prevalence of childhood obesity.
 - Supporting families, especially those with newborn babies, to have healthy housing (warm, dry and smokefree) and address crowding issues, to reduce transmission of infectious diseases, infant mortality and family stress.
 - Improving early childhood education attendance and better address unmet health and development needs.
 - Planning and implement a range of actions to prevent fetal alcohol spectrum disorders and improve the response of the health and social sectors to children and families living with the disorder.
 - Increasing children's social, emotional, and behavioural competence.
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