

# **United Nations Convention on the Rights of the Child**

**Sixth Periodic Report by the  
Government of New Zealand 2021**

# Contents

<b>List of Acronyms .....</b>	<b>vi</b>
<b>I. New Developments.....</b>	<b>1</b>
Reply to paragraph 2(a) .....	1
Reply to paragraphs 2(b) and 2(c) .....	2
Reply to paragraph 3.....	2
<b>II. Rights under the Convention and the Optional Protocols.....</b>	<b>3</b>
<b>A. General measures of implementation .....</b>	<b>3</b>
Reply to paragraph 4(a) .....	3
Reply to paragraphs 4(b) and 4(c) .....	3
Reply to paragraph 4(d) .....	5
Reply to paragraph 4(e) .....	6
Reply to paragraph 5(a) .....	6
Reply to paragraph 5(b) .....	6
Reply to paragraph 5(c) .....	7
Reply to paragraph 6(a) .....	10
Reply to paragraph 6(b) .....	11
Reply to paragraphs 7(a), 7(b) and 7(d) .....	12
Reply to paragraph 7(c) .....	13
<b>B. Definition of the child.....</b>	<b>13</b>
Reply to paragraph 8.....	14
<b>C. General Principles .....</b>	<b>14</b>
Reply to paragraph 9(a) .....	14
Reply to paragraph 9(b) .....	16
Reply to paragraph 9(c) .....	18
Reply to paragraph 10(a) and 10(b).....	18
Reply to paragraph 11.....	19
Reply to paragraph 12(a) .....	19
Reply to paragraph 12(b).....	20
<b>D. Civil Rights and Freedoms .....</b>	<b>21</b>
Reply to paragraph 13.....	21
Reply to paragraph 14(a) .....	22
Reply to paragraph 14(b) .....	22
Reply to paragraph 14(c) .....	22
Reply to paragraph 14(d).....	23
Reply to paragraph 15(a).....	23
Reply to paragraph 15(b) .....	23
<b>E. Violence against children .....</b>	<b>24</b>
Reply to paragraph 16(a) .....	24
Reply to paragraph 16(b).....	25

Reply to paragraph 16(c) .....	26
Reply to paragraph 16(d) .....	27
Reply to paragraph 16(e) .....	28
Reply to paragraph 16(f) .....	28
Reply to paragraph 16(g) .....	28
Reply to paragraph 16(h) .....	29
Reply to paragraph 17(a) .....	29
Reply to paragraph 17(b) .....	30
Reply to paragraph 18 .....	30
Reply to paragraph 19(a) .....	32
Reply to paragraph 19(b) .....	32
Reply to paragraph 19(c) .....	32
Reply to paragraph 19(d) .....	33
Reply to paragraph 19(e) .....	33
Reply to paragraph 20 .....	34
<b>F. Children with disabilities .....</b>	<b>34</b>
Reply to paragraph 21(a) .....	34
Reply to paragraph 21(b) .....	34
Reply to paragraph 21(c) .....	35
Reply to paragraph 21(d) .....	35
<b>G. Basic health and welfare .....</b>	<b>35</b>
Reply to paragraph 22(a) .....	35
Reply to paragraph 22(b) .....	36
Reply to paragraph 22(c) .....	36
Reply to paragraph 22(d) .....	37
Reply to paragraph 22(e) .....	37
Reply to paragraph 23 .....	38
Reply to paragraph 24(a) .....	38
Reply to paragraph 24(b) .....	39
Reply to paragraph 24(c) .....	39
Reply to paragraph 24(d) .....	39
Reply to paragraph 24(e) .....	42
Reply to paragraph 24(f) .....	42
<b>H. Education, leisure and cultural activities .....</b>	<b>43</b>
Reply to paragraph 25(a) .....	43
Reply to paragraph 25(b) .....	43
Reply to paragraph 25(c) .....	44
Reply to paragraph 25(d) .....	45
Reply to paragraph 25(e) .....	45
Reply to paragraph 25(f) .....	45
Reply to paragraph 25(g) .....	45

Reply to paragraph 25(h) .....	46
Reply to paragraph 25(i) .....	46
Reply to paragraph 25(j) .....	46
Reply to paragraph 25(k) .....	47
<b>I. Special protection measures .....</b>	<b>49</b>
Reply to paragraph 26(a) .....	49
Reply to paragraph 26(b) .....	49
Reply to paragraph 26(c) .....	49
Reply to paragraph 26(d) .....	49
Reply to paragraph 27 .....	50
Reply to paragraphs 28(a) to 28(e) .....	51
Reply to paragraph 29(a) .....	52
Reply to paragraph 29(b) .....	52
Reply to paragraph 29(c) .....	53
Reply to paragraph 29(d) .....	54
<b>J. Optional Protocol on the sale of children, child prostitution and child pornography .....</b>	<b>54</b>
Reply to paragraph 30(a) .....	54
Reply to paragraph 30(b) .....	55
Reply to paragraph 30(c) .....	56
Reply to paragraph 30(d) .....	56
Reply to paragraph 30(e) .....	56
Reply to paragraphs 30(f) and 30(g) .....	57
Reply to paragraph 30(h) .....	57
Reply to paragraph 30(i) .....	58
Reply to paragraph 30(j) .....	58
Reply to paragraph 30(k) .....	59
<b>K. Optional Protocol on the involvement of children in armed conflict .....</b>	<b>59</b>
Reply to paragraph 31(a) and 31(b) .....	59
Reply to paragraph 36 .....	60
Reply to paragraph 37 .....	60
Reply to paragraph 39(d) .....	60
<b>III. Statistical information and data .....</b>	<b>61</b>
Table 1. Data annex LOIPR cross-reference guide: .....	62
Notes on the data .....	63
Table 2. Please provide information on the budget lines regarding children and social sectors by indicating the amount allocated to each budget line and its proportion in terms of the total national budget	64
Table 3. Data on children under 18 years of age living in New Zealand (2017-2020) .....	66
Provisional data on child and youth suicide from June 2016 - June 2020 .....	67
Table 4. Age group and gender of child and youth suicide .....	67
Table 5. Ethnicity (Māori) .....	67

Table 6. Suicide of 15-24 year olds by deprivation .....	67
Table 7. Suicide of 15–24 year olds by ethnicity (Māori, Pacific, Asian, Other) as recorded by the Ministry of Health for 2016 .....	68
Table 8. Youth suicide by District Health Board (DHB) 2016.....	68
Children living below the poverty line and in extreme poverty.....	70
Table 9. Child poverty rates – population level .....	71
Table 10. Child poverty rates 2019/20 on the primary measures – by disability status .....	72
Table 11. Child poverty rates on the primary measures – by ethnicity.....	72
Table 12. Child poverty rates on the primary measures – by region.....	72
Table 13. The number of reported cases of violence and abuse against children, including sexual abuse, the investigations conducted .....	73
Children with Disabilities .....	74
Table 14. Data on children with disabilities 2013 .....	74
Table 15. Data on children with disabilities in education 2013.....	75
Table 16. Data on the Child Disability Allowance from April 2016-April 2021 .....	77
Children in Education .....	78
Table 17. Data on children in education from 2017 – school type .....	78
Healthcare and Economic Support Services .....	80
Table 18. The number of intersex children who have undergone surgery or treatment related to their sexual characteristics from 2016/17-2017/18 .....	80
Table 19. Data on sexually transmitted diseases among adolescents.....	80
Table 20. Working age Main Benefit clients with children included as at end of April 2016–2021 ....	81
Table 21. Total number of dependent children of working-age people on benefits as at end of April 2016–2021	83
Table 22. Number and proportion of children receiving health services, including counselling and services for the treatment of alcohol and drug-related problems in 2019 .....	84
Table 23. Number of paediatric and mental health services and professionals specializing in young children and adolescents in 2015.....	85
Teenage Pregnancies .....	86
Table 24. Number and percentage of women giving birth 2008–2017 - age .....	86
Table 25. Number and percentage of women giving birth 2017 - by age and ethnic group.....	86
Table 26. Number and percentage of women giving birth 2017 - by neighbourhood deprivation quintile, age group and ethnic group .....	87
Table 27. Birth rate 2017 – by age group and DHB of residence.....	87
Breastfeeding .....	88
Table 28. Number and percentage of babies, by breastfeeding status at two weeks after birth, 2008–2017 .....	88
Table 29. Number and percentage of babies 2017 - by breastfeeding status at two weeks after birth, maternal age group, baby ethnic group, baby neighbourhood deprivation quintile and baby DHB of residence .....	89

## List of Acronyms

<b>ACC</b>	Accident Compensation Corporation
<b>BORA</b>	Bill of Rights Act 1990
<b>BPAG</b>	Bullying Prevention Advisory Group
<b>C4C</b>	Caring for Communities
<b>CIAT</b>	Child Impact Assessment Tool
<b>COCA</b>	Care of Children Act 2004
<b>CYWS</b>	Child and Youth Wellbeing Strategy
<b>DAP</b>	Disability Action Plan 2019-2023
<b>DIA</b>	Department of Internal Affairs
<b>DPMC</b>	Department of the Prime Minister and Cabinet
<b>FVPCA</b>	Films, Videos and Publication Classifications Act 1993
<b>HES</b>	Housing Economic Survey
<b>HRA</b>	Human Rights Act 1993
<b>INZ</b>	Immigration New Zealand
<b>MAPA</b>	Managing Actual or Potential Aggression
<b>MBIE</b>	Ministry of Business, Innovation and Employment
<b>MFE</b>	Ministry for the Environment
<b>MOE</b>	Ministry of Education
<b>MOH</b>	Ministry of Health
<b>MOJ</b>	Ministry of Justice
<b>MOT</b>	Ministry of Transport
<b>MPP</b>	Ministry of Pacific Peoples
<b>MSD</b>	Ministry of Social Development
<b>MYD</b>	Ministry of Youth Development
<b>NCS</b>	Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018
<b>NZDF</b>	New Zealand Defence Force
<b>OCEANZ</b>	Online Child Exploitation Across New Zealand
<b>OECD</b>	Organisation for Economic Cooperation Development
<b>OT</b>	Oranga Tamariki-Ministry for Children
<b>OTA</b>	Oranga Tamariki Act 1989
<b>OTAP</b>	Oranga Tamariki Action Plan
<b>PHRaE</b>	Privacy, Human Rights and Ethics
<b>RBI</b>	Rural Broadband Initiative
<b>RSU</b>	Refugee Status Unit
<b>SBHS</b>	School Based Health Services
<b>SSA</b>	Social Services Accreditation
<b>STAR</b>	Safe Training and Responsible Restraints
<b>TPK</b>	Te Puni Kōkiri—the Ministry of Maori Development
<b>UNCRPD</b>	United Nations Convention on the Rights of People with Disabilities

## Replies of New Zealand to the list of issues in relation to its sixth periodic report

### I. New Developments

#### Reply to paragraph 2(a)

1. Since May 2015, the Government has continued to make progress in implementing the articles of the United Nations Convention on the Rights of the Child (Children's Convention) and addressing the 2016 Concluding Observations of the Committee over the reporting period between May 2015 to April 2021. This reflects the Government's vision for New Zealand to be the best place in the world for children and young people and includes progress in the following key areas:

- a. establishing the Child Wellbeing and Poverty Reduction Group within the Department of the Prime Minister and Cabinet (DPMC) in February 2018, and passing the Child Poverty Reduction Act 2018
- b. the Families Package, implemented from July 2018, increased the incomes of around 384,000 low to middle-income families with children – by, on average, \$75 a week (in total, \$5.5 billion over four years)
- c. the establishment of Oranga Tamariki – Ministry for Children (Oranga Tamariki) in April 2017
- d. programmes designed to specifically support Māori children in the state care and education systems, such as the Māori Education Strategy and the Mana Tamaiti objectives<sup>1</sup>, have been introduced across different points in the six-year period
- e. the statutory care and protection system has been extended to include young people aged 17 years
- f. the Youth Justice system has been redesigned to increase the alignment of New Zealand's justice system to the Convention. This includes an extension for most 17-year-olds to be in the Youth Justice system rather than the adult system
- g. the Department of Internal Affairs (DIA) has established a Digital Safety Group to help protect children from online abuse by enforcing the provisions of the Films, Videos, and Publications Classification Act 1993
- h. the Joint Venture for Family Violence and Sexual Violence was established in 2018 to bring government agencies together to work in new ways to reduce family violence, sexual violence and violence within whānau
- i. the launch of the Child and Youth Wellbeing Strategy (CYWS) in August 2019, will help strengthen New Zealand's commitment to its international obligations for children – including its obligations under the Children's Convention

---

<sup>1</sup> See reply to paragraph 27 of the list of issues for more information on *Mana Tamaiti* objectives.

- j. the Education and Training Act 2020 was introduced to clarify that all children aged 5 years and above, including children with special education needs, whether because of disability or otherwise, have a right to attend school during the hours that the school is open for instruction.
2. Of particular note, please refer to replies to paragraph 4(b) in relation to other domestic legislation relating to alignment with the Convention, paragraph 4(c) for further information regarding the establishment of Oranga Tamariki, paragraph 4(d) for more information on the CYWS, and paragraphs 30 and 31 in relation to the two Optional Protocols.

### **Reply to paragraphs 2(b) and 2(c)**

3. DPMC formed an All-of-Government COVID-19 Group to provide leadership and coordination across government in response to the COVID-19 pandemic. The Group works closely with government agencies across the four portfolio pillars of health, border, economy, and social sector to inform all-of-government advice to Cabinet on COVID-19-related matters, and non-health advice to the Director General of Health, including in relation to children and their rights throughout the pandemic.
4. Individual agencies have focused more specifically on children's rights in the context of COVID-19, including options to mitigate any adverse impacts of the pandemic on children. For example, the Ministry of Education (MOE) provided online schooling to ensure children's rights under Article 28 were still being met regardless of schools being closed and made arrangements for essential workers to continue accessing care and supervision for their children to meet Article 18.3.
5. The COVID-19 pandemic presented unique challenges for children and young people in New Zealand across a range of areas including health, education, social services and employment. Evidence shows that COVID-19 will have a disproportionate and lasting impact on children and young people, and the full extent of these impacts are still emerging. Further information is provided, in various areas, throughout this report.

### **Reply to paragraph 3**

6. Statistics New Zealand (Stats NZ) is currently leading the development of a Data Investment Plan for the government data system. The Data Investment Plan will help Government invest in data strategically, by setting out a long-term view of investment across the Government data system. It will identify critical shortcomings in data content, infrastructure, and capability, and provide recommendations to Government on how these should be prioritised for investment.
7. Data on children and young people, including data from a child and youth perspective, and gaps in data identified through the CYWS and Child, Youth and Family Outcome Framework are included in the stocktake of essential data assets that will inform the Data Investment Plan.
8. A child rights-based approach is relevant to the CYWS, which guides government's work on child and youth wellbeing. The CYWS principles



include that children and young people's rights need to be respected and upheld. One of its outcomes is 'involved and empowered', requiring that children and young people have their voices, perspectives and opinions listened to and considered. Legislation requires consultation with children and the Children's Commissioner before the CYWS is changed or a new strategy is adopted. Insights from over 6,000 children and young people helped to shape the direction and content of the first CYWS.

## **II. Rights under the Convention and the Optional Protocols**

### **A. General measures of implementation**

#### **Reply to paragraph 4(a)**

9. New Zealand supports Tokelau as a non-self-governing territory to improve children's rights 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. New Zealand works with and supports Tokelau to ensure that the provisions and protections of the Convention apply to children in Tokelau. Over this reporting period, New Zealand's investment in internet, transport, education and health has assisted the Government of Tokelau to improve children's right to life, survival and development, and the best interests of the child. New Zealand and Tokelau are also initiating reforms and training to strengthen Tokelau's law and justice services, and to improve community resilience to the impacts of climate change on Tokelau's low-lying atolls.

10. The start of a five-year programme of advisory support to Tokelau's schools and Department of Education was highlighted in our previous report. The New Zealand Education Review Office confirmed in 2018 that this assistance resulted in improvements in primary and early childhood education. New Zealand has recently committed \$4 million to enabling the Tokelau Department of Education to continue raising the quality of education services and to implement Tokelau's new secondary and digital education strategies, which broaden study and career pathways for young Tokelauans. New Zealand is also scaling up specialist support for educating children with disabilities.

#### **Reply to paragraphs 4(b) and 4(c)**

11. Following the final Expert Advisory Panel report titled "Investing in New Zealand's Children and their Families"<sup>2</sup>, the Government established Oranga Tamariki—Ministry for Children (Oranga Tamariki) on 1 April 2017. The work undertaken by Oranga Tamariki was previously performed by the Child, Youth and Family agency within the Ministry of Social Development (MSD).

12. Oranga Tamariki was set up to deliver a child-centred care, protection and Youth Justice system, focused on delivering better long-term outcomes for children. The agency also plays a broader role across Government to

---

<sup>2</sup> <https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/investing-in-children/eap-report.html>

strengthen the wider support system for children, young people and their families.<sup>3</sup>

13. Oranga Tamariki's new operating model aims to make a difference for a child at the earliest possible point. This is achieved by keeping more children and young people safely with their families, whānau (family), hapū (subtribe), iwi (tribe), or, where that is not possible, providing children and young people with high quality alternative care; and ensuring that children and young people in care or custody can transition to independence, with appropriate support.<sup>4</sup>

14. Two noteworthy sets of reform were made to the Oranga Tamariki Act 1989 (OTA). The first set of reforms were passed in 2016 and came into effect from 1 April 2017. The changes included:

- an extension to the provision of the statutory Care and Protection system to young people aged 17 years. This reform directly responds to a recommendation from the Committee to raise the age of criminal majority to 18 years (recommendation 45(b) CRC/C/NZL/CO/5)
- the repeal of sections 141 and 142 of the OTA and introduction of the National Care Standards (NCS) brought New Zealand closer in line with the Convention by ensuring disabled children have the same care mechanisms, protection and safeguards as other children in the statutory care system.
- embedding the views of children and young people at a systemic and individual level under the OTA.

15. A second set of legislative changes to the OTA took effect from 1 July 2019. The legislation included:

- a broader range of professionals to perform a wider set of functions under the OTA
- specific duties on the Chief Executive of Oranga Tamariki to recognise and provide a practical commitment to the principles of the Treaty of Waitangi
- changes to the purposes and principles of the Act to better ensure children and young people are at the centre of decision-making while considering them within the context of their families, whānau, hapū, iwi, family groups, and broader networks and communities
- a requirement to have regulations that prescribe the actions or steps that must be taken to help ensure that children and young people receive an appropriate standard of care
- provisions giving young people the right to remain or return to living with a caregiver until the age of 21, with transition support and advice available up to age 25
- strengthened information sharing provisions to keep vulnerable children and young people safe from harm

<sup>3</sup> <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/corporate/expert-panel-cyf/investing-in-children-report.pdf>

<sup>4</sup> <https://orangatamariki.govt.nz/about-us/reports-and-releases/cabinet-papers/implementing-the-operating-model/>

- a requirement for Oranga Tamariki to have one or more child-centred complaints mechanisms in place
- consideration of the Children’s Convention in decisions.

16. In August 2020, the Family Court (Supporting Children in Court) Legislation Bill was introduced. See the reply to paragraph 12(a) for further information.

#### **Reply to paragraph 4(d)**

17. The Government launched the first version of the CYWS in August 2019 to help make New Zealand the best place in the world to grow up. This includes complying with international obligations for children, including under the Convention and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD).

18. The CYWS provides an overarching framework for central government policy development and services for children and young people. It provides a unifying message or way of talking about child and youth wellbeing in New Zealand and enable collective action to improve child and youth wellbeing. The CYWS’ framework includes a vision to aspire to nine principles (including the principle that “children’s and young people’s rights need to be respected and upheld”), six wellbeing outcomes to set the direction, and a set of 36 indicators to measure progress over time. It is accompanied by a working Programme of Action that the Government will deliver on and add to over the next one to five years.

19. The CYWS does not currently directly link to the Optional Protocols to the Convention. However, this may be an action that is considered in the future as the Strategy is reviewed and broadened,

20. MSD leads a cross-agency Children’s Convention work programme. This was approved by Cabinet in 2018 in response to the recommendations from the Committee’s 2016 concluding observations. The work programme is monitored by the Children’s Convention Monitoring Group and the Children’s Convention Deputy Chief Executives group. They meet biannually to provide a cross-agency focus on key children’s rights issues, which include the below workstreams:

- expanding community-based options across all relevant settings to reduce the use of detention for children and young people (led by Oranga Tamariki and New Zealand Police (Police))
- implementing an anti-bullying strategy and work programme with a strong focus on student voice and agency (led by MOE)
- developing training for public servants on children’s rights and the Children’s Convention (led by MSD, with the Office of the Children’s Commissioner)
- finalising the Child Impact Assessment Tool and its implementation across government agencies (led by MSD)
- establishing a data leadership working group to coordinate and improve data collection and dissemination in relation to children and young people (led by Stats NZ)

- implementing and making the Privacy, Human Rights and Ethical Framework for data use publicly available, including predictive modelling (led by MSD)
- implementing a work programme for the prevention of online child sexual exploitation and abuse, including measures targeting potential offenders, children and young people and parents and guardians of children and young people (led by the Department of Internal Affairs (DIA), with New Zealand Customs (Customs)).

#### **Reply to paragraph 4(e)**

21. The Child Impact Assessment Tool (CIAT) aims to help Government agencies and non-government organisations assess the impact of policy or legislative proposals on the wellbeing of children and young people. MSD published guidance on carrying out a child impact assessment in 2018 but this its use is not compulsory.<sup>5</sup>

22. The Treasury New Zealand (Treasury) acknowledges the CIAT in its guidance for assessing the regulatory impact of policy proposals and encourages its use where impacts on children are anticipated. While Treasury does not require agencies to use the CIAT at this stage, proposals seeking public resources are scrutinised and the relative effectiveness of spending proposals are evaluated.

23. Treasury has also developed a tool to support cost benefit analysis of policy initiatives, which can inform resource allocation. This tool includes some disciplined consideration to a range of factors that affect children (for example health and wellbeing, education, and social connections).

#### **Reply to paragraph 5(a)**

24. The Treasury tracks child-related expenditures through the annual budget process.

25. The first wellbeing budget (2019) had a priority focus (one of five) on improving child wellbeing. A summary of the investments through this priority area are available online.<sup>6</sup>

26. The Treasury has also committed to developing a child wellbeing component to its Flexible Living Standards Framework – which represents the Treasury’s perspective on what matters for New Zealanders’ wellbeing, now and into the future – in 2021.

#### **Reply to paragraph 5(b)**

27. New Zealand has well established processes for civic engagement in investment of public funds. At the broadest level this involves free and fair

<sup>5</sup> <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/resources/child-impact-assessment-guide-jul18.pdf>

<sup>6</sup> <https://www.treasury.govt.nz/publications/wellbeing-budget/wellbeing-budget-2019-html#section-8>

elections. The public can also submit to Parliament on the Budget Policy Statement.<sup>7</sup>

28. The national Budget process is not consulted on publicly, however, the CYWS and its outcomes and priorities were used to assess Budget bids for the 2020 Budget process. Significant consultation with children and young people was undertaken to ensure this group were directly involved in the development of the CYWS, supporting children's indirect involvement in the 2020 national Budget.

29. For local budgets, officials are working with local councils to co-design resources and guidance to help local councils embed the CYWS framework into their broader strategies and business planning, including budget allocation. This will enhance public participation in these processes.

### **Reply to paragraph 5(c)**

30. In response to COVID-19, the Government has run a deficit, while maintaining existing government service provision and providing additional support for those most affected. This enabled the Government to increase expenditure to support New Zealand businesses through the COVID-19 Wage Subsidy and other substantial income support measures. Expenditure on COVID-19 measures was initially funded from increased debt. In December 2020, the Government increased the marginal tax rate for high income earners, in part to manage increased debt in the long term. This measure increased the progressivity of the tax system.

#### **Income Support Measures**

31. In response to COVID-19 in 2020, MSD implemented several rapid changes to the income support system to better support people (including children) affected by the public health response and its economic impact. These include:

- a permanent \$25 per week increase to all main benefits
- a wage subsidy to help maintain employment for affected businesses
- the COVID-19 Leave Payment to support people who had the virus or had to self-isolate (including caregivers of dependants who had the virus or had to self-isolate)
- the temporary doubling of the Winter Energy Payment for winter 2020
- the COVID-19 Income Relief Payment to support people who had lost employment due to COVID-19 and the public health response
- operationally increasing the maximum amount available to meet emergency food costs by \$400.

#### **The Child Poverty Report**

32. The Child Poverty Report, released each year as part of the Budget process, is one way in which the Government takes account of the impact of

---

<sup>7</sup> <https://www.treasury.govt.nz/system/files/2019-12/bps2020.pdf>

major events, such as the COVID-19 pandemic. The latest Child Poverty Report was released with the 2020 Budget.<sup>8</sup>

#### **COVID-19 Support for Youth**

33. Young people have been significantly affected by the uncertainty of COVID-19 in terms of employment, accommodation or having their normal support systems impacted throughout lockdown. A programme of work is underway to ensure there is psychosocial support available to youth (in ways that young people expressed they want to access support).

34. A Social Impacts Evidence Agenda Working Group has been formed to help identify emerging strategic policy priorities and evidence needs for different business areas across MSD, relating to the social impacts of COVID-19 and the associated economic downturn. As part of this, research will be undertaken to better understand the impact COVID-19 has had on young people to inform the development of further actions for the Youth Plan 2020-2022: Turning Voice into Action – Rebuilding and Recovering, which was launched on 29 July 2020.<sup>9</sup>

#### **COVID-19 support for Māori and Pacific young people**

35. The Pacific Health COVID-19 Response is a subset of the COVID-19 Health and Disability System Response Plan and aims to achieve equitable health outcomes for Pacific people in New Zealand in relation to the COVID-19 pandemic. This includes ensuring the rights and health needs of Pacific people, including children and young people are addressed.

36. Health services provided in secondary schools have prioritised responding to Māori and Pacific students.

#### **COVID-19 support for families, including disabled children**

37. Carer Support and Individualised Funding services introduced more flexibility so that families and whānau could access disability supports during lockdown. For example, families could purchase items that would provide them with respite such as weighted blankets, or fidget toys for their disabled children to help them to sleep or reduce anxieties.

38. The Government is working to ensure the complex health and social needs of young people in the custody of Oranga Tamariki are met, particularly if the need for Managed Isolation and Quarantine (MIQ) arises.

39. During all levels of the COVID-19 response, the Courts remained operational as an essential service, at a reduced level. Triaging was put into effect to ensure that matters requiring immediate intervention were still heard in a timely way (such as care and protection applications and family violence related care of children applications). Public-facing guidance was updated at each of the alert levels to ensure that plain English information around the requirements was available to parents and caregivers. At Alert Level 4 the Principal Family Court Judge also issued guidance on children in shared care pursuant to Family Court orders. MOJ also provided a range of other information on its website:

---

<sup>8</sup> <https://budget.govt.nz/budget/2020/wellbeing/child-poverty-report/>

<sup>9</sup> <https://www.myd.govt.nz/documents/young-people/youth-plan/youth-plan-2020-2022-turning-voice-into-action-rebuilding-and-recovering.pdf>

- Chief Victims' Advisor – Support available for victims during isolation,
- Family and Sexual Violence Helplines,
- Q+A for shared parenting in Alert Level 4 that was on the website during level 4, which also had a high number of hits during this time.

40. New Zealand's MIQ system provides information on support for young people in their welcome pack for all returnees to New Zealand.<sup>10</sup> The Procedures for Unaccompanied Children and Young People includes guidance for MIQ staff working with children and young people. This helps ensure that 'the unique needs of unaccompanied children and young people in managed isolation facilities are identified and accommodated so as to ensure that their rights under relevant legislation, international human rights treaties and guidelines are protected'.<sup>11</sup> This document also notes that all children under 18 fall under the Ministry of Business, Innovation and Employment's (MBIE) Child Protection Policy.<sup>12</sup>

41. Oranga Tamariki expect that as a result of the COVID-19 pandemic, the number of children, young people, families, and whānau coming to the attention of Oranga Tamariki and the complexity of needs presenting will increase. Those who require additional support will be responded to effectively by way of:

- early support services that draw on community networks and strengths
- intensive response services to keep children at higher risk of harm safely living with their usual caregivers wherever possible, or to be cared for by extended family, whānau, hapū or iwi
- transition support services for young people who are about to leave, or who have left care that are flexible and responsive to the changing employment environment, potentially providing more support to some and to a larger group of young people than previously anticipated.

42. As part of the all-of-government response to COVID-19, the Government has also formed 'Caring for Communities' (C4C), a group of Senior Public Servants including Chief Executives and their officials. The group acts as an intermediary group to support agencies, regions, and communities by working together across Government to ensure an effective system-wide response to issues as they arise. The group has worked with non-government and community providers and informal networks to ensure rapid and ongoing support for at-risk children and young people. To specifically support Māori, Te Puni Kōkiri (TPK) – the Ministry of Māori Development has a focus on Māori children through regional networks within the C4C work.

43. The prioritisation framework for the delivery of a COVID-19 vaccine, once available, will take an equity approach to delivery and consider the rights of all children as part of this approach.

<sup>10</sup> <https://www.miq.govt.nz/being-in-managed-isolation/entering-isolation/welcome-pack/welcome-pack/>

<sup>11</sup> <https://www.miq.govt.nz/assets/operations-framework-managed-isolation-and-quarantine-facilities.pdf>

<sup>12</sup> Please refer to the response to [Issue 16\(d\)](#) for further information.



## Reply to paragraph 6(a)

44. Methods of data collection in relation to children and young people in New Zealand include the:

- Census – a five-yearly Census of Population and Dwellings provides population counts of children by ethnicity and disability status. It also provides information on the household and family circumstances of children including socio-economic status, housing, and employment.
- Household Economic Survey (HES) – for measuring statistics in relation to the Child Poverty Reduction Act 2018.
- Household Labour Force Survey (HLFS) – The quarterly Household Labour Force Survey provides information on the labour force status of households and families with children. It also provides information on the labour force status of adults aged 15 and over disaggregated by ethnicity and disability.
- Youth Health and Wellbeing Survey - a nationwide survey of young people in New Zealand.
- Wellbeing@School survey.<sup>13</sup>
- New Zealand Health Survey – runs annually (since 2011) collecting health and wellbeing information on adults and children.
- General Social Survey - provides information on the wellbeing of New Zealanders aged 15 years and over.
- Te Kupenga - collects information on the social, cultural, and economic wellbeing of Māori in New Zealand, including information from a Māori cultural perspective.

45. Statistics New Zealand (Stats NZ) has identified the HES as the most effective survey for measuring child poverty statistics in relation to the Child Poverty Reduction Act 2018. To provide a more accurate picture of child poverty in New Zealand, Stats NZ have expanded the survey's sample size to at least 20,000 households, and improved targeting of low-income or high-deprivation households.

46. The CYWS has 36 indicators for measuring and reporting against its outcomes. The indicators will be built on and improved over time, as work across government progresses on improving the quality of data or collecting new or different data on children and young people's wellbeing.

47. Ngā Tūtohu Aotearoa – Indicators Aotearoa New Zealand contains wellbeing indicators that reflect an internationally growing vision to provide a more holistic view of wellbeing and sustainable development. These indicators are collections of data and research that help us measure the state or condition of particular aspects of our wellbeing. Key child wellbeing indicators include:

- child poverty
- early childhood education participation
- literacy, numeracy, and science skills of 15-year-olds

---

<sup>13</sup> See reply to paragraph 25(j) for more information on *Wellbeing@School*.



- harm against children.

48. Stats NZ's integrated data products are critical tools in the Government's effort to reduce poverty, improve health, and provide a growing, inclusive economy. Stats NZ maintains and provides access to two integrated data products – the Integrated Data Infrastructure (IDI) and the Longitudinal Business Database (LBD). These products bring together a wide variety of data from government and non-government organisations on topics like health, social services, education, wellbeing and justice.

## Reply to paragraph 6(b)

### Children's health

49. The Ministry of Health (MOH) uses the annual New Zealand Health Survey and income data (in relation to child poverty) from the Household Income Report to monitor and evaluate health outcomes for New Zealanders. These findings support the monitoring of key health issues for children, including where improvements are being made and where there is room for improvement. The key results from 2018-2019 (and other related reports) can be found on the MOH website.<sup>14,15</sup>

### Children in the care and protection and youth justice systems

50. Oranga Tamariki carries out a range of data and indicators through its work with children and families/whānau and the delivery of services, all of which support the implementation of the Convention through identifying the areas where policies, programmes and projects are working, as well as identifying where new ones are required.

51. The Ministry of Justice (MOJ) collects data around ethnicity, age, and gender of users of the Family Court to assist with analysis of both the current system and options for change. MOJ proactively publishes some of this data, including about the effect of COVID-19 Alert Level 4 on the District Court, Family Court and Youth Court.

### Tamariki Māori (Māori children)

52. TPK monitors the collection of data and indicators concerning Māori, including through the Māori Data Sovereignty Network (Te Mana Raranga) which focuses on the integrity and ownership of data on Māori.

53. This system ensures the cultural adequacy of services for tamariki Māori. TPK is also working on creating indicators that are mapped against the Whānau Ora Outcomes Framework to show how wellbeing from a whānau Māori perspective might be quantified.

### Transport for Children

54. The Ministry of Transport (MOT) have developed a set of Transport Indicators to monitor the performance of the New Zealand transport system for children. This ensures they can access a range of rights including to education, family, health, play and religion. Child-specific indicators include:

- percentage of children unable to visit a general practitioner due to a lack of transport (breakdowns by ethnicity, household income, age, gender and region)

<sup>14</sup> <https://www.health.govt.nz/publication/annual-update-key-results-2018-19-new-zealand-health-survey>

<sup>15</sup> <https://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/child-and-youth-health-data-and-stats>

- number of hours spent on active travel among children aged 0-14 years.

55. MOT also routinely reports on other indicators through different reporting mechanisms, such as the annual reporting for the Government Policy Statement on land transport and Road the Zero: New Zealand's road safety strategy. Example indicators include:

- percentage of children travel to/from school by active modes
- percentage of urban schools with 30-40 km/h speed limits
- percentage of car occupants using a seatbelt or child restraints.

### **Reply to paragraphs 7(a), 7(b) and 7(d)**

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

57. Businesses that have a direct impact on children and young people, including those subject to advertising and broadcasting standards are subject to child-specific laws in New Zealand as well as international obligations under the Organisation for Economic Cooperation Development (OECD) and certain International Labour Organisation Conventions.

58. New Zealand is a signatory to the OECD Multi-National Enterprise guidelines. The guidelines are intended to help the private sector grow their business responsibly by promoting human rights and boosting social development around the world.

59. New Zealand has recently updated its government procurement policy framework to include expectations and requirements regarding human and labour rights. In October 2019, the new Government Procurement Rules (the Rules) came into effect. One of the new Rules requires government contracts to set out the expectation that suppliers and their contractors comply with employment standards and health and safety requirements (including child employment standards). In addition, the Rules include a Government Procurement Charter that sets out the Government's expectations for agencies' procurement activities. One of the expectations in the Charter is that agencies engage with businesses with good employment practices, including respecting international standards relating to human and labour rights including for children.

60. The Supplier Code of Conduct (2019) sets the expectations for suppliers who provide goods and services to the Government. The Supplier Code of Conduct includes an expectation that suppliers adhere to international human rights standards in their workplace and monitor and address these standards within their supply chains. This Code covers all suppliers to government and their subcontractors.

61. HealthCERT within MOH, regulates healthcare service care providers as required under the Health and Disability Services (Safety) Act 2001. This includes providers providing hospital level care such as

children's health services and maternity services (for example, district health boards (DHBs) or private birthing units).

62. MSD and Oranga Tamariki assess all their contracted providers through the Social Services Accreditation (SSA) who provide accreditation on behalf of six Government agencies (Oranga Tamariki, MOJ, Department of Corrections (Corrections), MSD, Ministry of Housing and Urban Development, and Ministry of Pacific Peoples). The SSA assesses 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
- include standards relating to community wellbeing (paramountcy of the child and young person), cultural competence and client centred services. The community wellbeing standard specifically references the Convention
- include specific care services standards where children in State care are placed with providers. These standards also highlight the requirement to provide services that meet requirements set out in the NCS.

63. The Children's Act 2014 introduced a workforce restriction, which means it is unlawful to employ a core children's worker with certain serious criminal offences unless they hold a core worker exemption. People subject to the workforce restriction can apply for a core worker exemption through SSA. This considers a number of key factors including the what the offence was and how long ago it occurred, and steps taken in the time since to show changed behaviour.<sup>16</sup>

### **Reply to paragraph 7(c)**

64. The consultation process for the Comprehensive and Progressive Agreement for Trans-Pacific Partnership, and the earlier Trans-Pacific Partnership, has been among the most extensive a New Zealand Government has undertaken for a trade negotiation. Wide consultation was undertaken before New Zealand ratified the Agreement, and a broad range of stakeholders provided feedback on a wide range of topics.

65. Public sessions were held in a number of cities and regional centres across New Zealand. The majority of these public sessions were dedicated to question and answer time, with officials recording feedback to brief Ministers.

66. Government officials also conducted focused briefings with a range of other stakeholders including civil society, business and industry groups, Māori (including the Federation of Māori Authorities and representatives of the Iwi Leaders' Forum). Issues pertaining to children were not prominent in the submissions.

## **B. Definition of the child**

---

<sup>16</sup> <https://www.orangatamariki.govt.nz/working-with-children/childrens-act-requirements/core-worker-exemptions/>

## Reply to paragraph 8

### Minimum age of marriage

67. The minimum age of marriage in New Zealand is 16 years.

68. For intended marriages where both parties are aged 16 or 17 years, consent must be obtained from a Family Court Judge through an application to the Family Court. The relevant considerations for the Judge to consent to the intended marriage are set out in section 18(4) of the Marriage Act 1955.

### Scope of the Children, Young Person's and Their Families Act 1989

69. Please note the name of the Principal Act has changed. As of 2017, the Children, Young Persons, and Their Families Act 1989 is now called the Oranga Tamariki Act 1989 or the Children's and Young People's Well-being Act 1989 (OTA).

70. The age of care and protection was raised to include 17-year olds in with The Children, Young Persons, and Their Families (Advocacy, Workforce, and Age Settings) Amendment Act 2016 that was passed in December 2016 and took effect from 1 April 2017.<sup>17</sup>

## C. General Principles

### Reply to paragraph 9(a)

71. The Government is currently undertaking substantial work to improve access to education, healthcare and protection for these groups.

### Tamariki Māori

72. Oranga Tamariki has obligations under section 7AA of the OTA to ensure that its policies, practices, and services support and improve outcomes for tamariki and whānau Māori. A range of services have been developed since Oranga Tamariki was established to support how it works with Māori. Examples include:

- Whānau Care – a kaupapa-Māori<sup>18</sup> model that focuses on developing partnerships to build the capacity and capability of iwi and Māori organisations to develop their own models of care and become accredited care providers under section 396 of the OTA.
- Iwi and Māori-led Family Group Conference (FGC) co-ordinators: Oranga Tamariki has strengthened its existing practice for FGCs with some now being led by iwi and Māori organisations. With these conferences, Oranga Tamariki makes the referral, provides information, and resources the FGC plan, with engagement, facilitation, family support and plan development being entirely Māori-led.

73. Ka Hikitia – Ka Hāpaitia is a cross-agency Māori strategy for the education system. The vision is: Māori enjoying and achieving education success as

<sup>17</sup> <https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/investing-in-children/index.html>

<sup>18</sup> Kaupapa: principles and ideas which act as a base or foundation for action

they develop the skills to participate in te ao Māori (the Māori world), Aotearoa (wider New Zealand society) and the world.

74. TPK also promotes Māori culture, including te reo Māori (Māori language), within the education sector. Established tailored investments, such as Pae Aronui<sup>19</sup> are aimed at improving education, training and employment outcomes for Māori 15-24-year olds that are not in education, employment or training (NEET) or are at risk of becoming NEET (at key transition points). Other investments include a Cadetships Programme to develop rangatahi (young persons) to full time employment, and Taiohi Ararau – Passport to Life which helps young Māori acquire essential documents like a driver's license and IRD number.

75. Whakamaua: Māori Health Action Plan 2020-2025 (Whakamaua) is the implementation plan for He Korowai Oranga, New Zealand's Māori Health Strategy. Whakamaua outlines the action to "complete and implement the redesign of the Well Child Tamariki Ora programme to ensure equitable access to the programme and improved outcomes for tamariki and whānau Māori".<sup>20</sup>

76. For disabled tamariki Māori, Whaia te Ao Marama: the Māori Disability Action Plan 2018-2022 lays out actions that will be taken to ensure they are receiving the support they need.<sup>21</sup>

### **Pacific children**

77. The Action Plan for Pacific Education outlines key shifts needed to support Pacific learners to access education and actions to make this happen. One of the key shifts in the Action Plan is to "confront systemic racism and discrimination in education" and this acknowledges that the privileging of dominant ways of thinking, teaching and learning creates barriers for Pacific learners. One of the areas of action relates to the accessibility of learning support interventions for Pacific learners.

78. Ola Manuia Pacific Health and Wellbeing Action Plan 2020-2025 sets out priority outcomes and accompanying actions for the next five years to improve the health and wellbeing of the growing Pacific population living in New Zealand.<sup>22</sup>

79. The Ministry for Pacific Peoples (MPP) funds a range of services to support Pasifika children, including:

- Tupu Aotearoa, which supports NEET young people aged 15 and older into sustainable employment and training opportunities
- Kau Tuli, MPP's youth advisory group which is comprised of aspiring young Pacific leaders from around New Zealand
- Toloa, which is a programme designed to encourage Pacific students to pursue studies in Science Technology Engineering Mathematics (STEM) subjects, with the aim of increasing the number of Pacific peoples employed in STEM careers.

<sup>19</sup> <https://www.tpk.govt.nz/en/whakamahia/pae-aronui>

<sup>20</sup> <https://www.health.govt.nz/publication/whakamaua-maori-health-action-plan-2020-2025>

<sup>21</sup> <https://www.health.govt.nz/publication/whaia-te-ao-marama-2018-2022-maori-disability-action-plan>

<sup>22</sup> <https://www.health.govt.nz/publication/ola-manuia-pacific-health-and-wellbeing-action-plan-2020-2025>

80. Faiva Ora National Pasifika Disability Plan 2016–2021 sets out priority outcomes and actions to support and improve the lives of Pacific disabled people of all ages (including children) and their families.<sup>23</sup>

#### **Children with disabilities**

81. The Disability Action Plan 2019–2023 (Action Plan) is the Government’s vehicle for implementing the New Zealand Disability Strategy 2016–2026. The Action Plan is a package of comprehensive government work programmes that will progress the eight outcomes in the Disability Strategy: education, employment and economic security, health and wellbeing, rights protection and justice, accessibility, attitudes, choice and control, and leadership.

82. The Education and Training Act 2020 clarifies that children with special education needs, whether because of disability or otherwise, have a right to attend school fulltime.

83. The Learning Support Action Plan 2019-2025 aims to ensure that children and young people get the right support at the right time. This has been accompanied by learning support Budget increases in 2018, 2019 and 2020.

84. To further improve the standard of living for disabled children in the education sector, a review is being undertaken by MOT regarding the requirements for urban buses in New Zealand. This is aimed at standardising and improving the usability and accessibility of urban buses for people with physical, sensory and cognitive impairments, including enabling parents and carers to transport children with a disability to local amenities.

85. Ongoing child poverty statistics from the 2019/20 Household Economic Survey will be able to be disaggregated by children with disabilities and children who live in households affected by disability to monitor the living standards of these two groups of children.

#### **Reply to paragraph 9(b)**

#### **Tamariki Māori and whānau**

86. Given tamariki Māori make up nearly two-thirds of those in State care, section 7AA of the OTA recognises that a different approach is required to respond to the needs of tamariki Māori.<sup>24,25</sup>

87. In E Tū Whānau, whānau and families are enabled to make the changes needed to create a different future for themselves and their tamariki by identifying and developing locally-led solutions and initiatives that meet the diverse needs of their own communities. This kaupapa has also been enthusiastically embraced by former refugee and migrant communities, who resonate with E Tū Whānau’s core values, and its strength-based and indigenous approaches.

#### **Pacific children**

88. Oranga Tamariki have a Pacific Strategy which demonstrates a real commitment to meeting the needs and helping Pacific children, young people

<sup>23</sup> <https://www.health.govt.nz/publication/faiva-ora-2016-2021-national-pasifika-disability-plan>

<sup>24</sup> <https://orangatamariki.govt.nz/assets/Uploads/About-us/Report-and-releases/Cabinet-papers/Operating-model-July-2019-Cabinet-Papers/2.Improving-outcomes-for-Maori-Minutes-operating-model.pdf>

<sup>25</sup> <https://orangatamariki.govt.nz/assets/Uploads/About-us/Report-and-releases/Cabinet-papers/Operating-model-July-2019-Cabinet-Papers/1.Overview-Minutes-operating-model.pdf>



and their families thrive within their cultural context. The strategy identifies five focus areas that align with the organisation's key priorities - loving places, quality practice, strategic partnerships, early prevention, and public trust. It is underpinned by six principles that reflect the Pacific worldview: the child's best interest, love and safety, respect, reciprocity, faith and family, and collective responsibility.

89. Oranga Tamariki have also developed products and services to support Pacific families:

- Va'aifetū (guardians and guardianship of stars) a cultural-practice tool that informs practice design, review, and workforce support to best serve the needs of Pacific children and their families
- Talanoa Mai, an App designed to increase cultural confidence, knowledge and capability in working with Pacific children, young people, their families and communities.<sup>26</sup>

### **Children belonging to ethnic minority groups, asylum-seeking, refugee and migrant children**

90. New Zealand does not have a programme in relation to public attitudes that specifically concerns children of this group. However, Immigration New Zealand, leads the Welcoming Communities initiative in partnership with the Office of Ethnic Communities and Human Rights Commission. The objective of this community-focussed programme is to make newcomers – including children – feel welcome and better able to participate in community economic, civic, cultural and social life.<sup>27</sup>

91. MoJ is leading the development of a National Action Plan Against Racism to target and eliminate racism in Aotearoa New Zealand. It will be a plan for all New Zealanders but will include specific actions for the Government to reduce racism. This work is still at an early stage and no decisions have been made about approach or timeframes.

### **Children with disabilities**

92. Oranga Tamariki have obligations to under the OTA and the NCS to ensure disabled children have their needs met and rights upheld, including not experiencing discrimination. In the principles of the OTA, Oranga Tamariki and the court must give effect the UNCRPD for children and young people with disabilities when acting under the Act. This is to ensure the disabled children have equal rights under the law.<sup>28</sup>

### **Sexual orientation, gender identity and expression, and sex characteristic (SOGIESC) diverse children**

93. Oranga Tamariki also has specific obligations towards the sexual orientation, gender identity and expression, and sex characteristic diverse population with whom it has contact. Amendments made to the OTA and the NCS in 2019 require Oranga Tamariki to:

- meet the needs of children and young people that relate to their gender identity and sexual orientation

<sup>26</sup> <https://practice.orangatamariki.govt.nz/practice-standards/working-with-pacific-peoples-vaafetutu/>

<sup>27</sup> <https://www.immigration.govt.nz/about-us/what-we-do/welcoming-communities>

<sup>28</sup> <https://orangatamariki.govt.nz/children-in-our-care/national-care-standards/>

- identify and include gender identity and sexual orientation as part of each child or young person's needs assessment
- give support to the child or young person to address their identity and cultural needs, whilst considering their cultural safety<sup>29</sup>
- ensure support to address cultural and identity needs promotes mana<sup>30</sup>
- for young adults transitioning from care, support them to manage matters relating to these needs, including sexual and reproductive health care.

94. From 2021, the Government will provide targeted nationwide funding to services that provide mental health support to Rainbow young people. The announcement fulfils an election commitment to allocate \$4 million specifically targeted to Rainbow mental wellbeing initiatives aimed at young people.<sup>31</sup>

### **Reply to paragraph 9(c)**

95. The two primary rights Acts in New Zealand are the New Zealand Bill of Rights Act 1990 (BORA) and Human Rights Act 1993 (HRA). While both prohibit discrimination based on age, this is limited to age from 16 years and above. Cases of discrimination against children in New Zealand must be raised through the Office of the Children's Commissioner. The Children's Commissioner can investigate the complaint in that child's personal capacity.

### **Reply to paragraph 10(a) and 10(b)**

96. The Education and Training Act 2020 has explicit requirements for the best interests or needs of children to be taken into account at the individual level (for example when considering exemptions from enrolment) and at a system level (for example when considering approvals for early childhood licensing applications).

97. Principles relating to the welfare and best interests of the child are explicitly set out in section 5 of the Care of Children Act, and in sections 4A, 5 and 13 of the OTA, including matters such as safety and identity. The Court has applied the paramountcy principle under other pieces of legislation (for example the Adoption Act 1955) by imposing the Convention principles to domestic legislation (despite the fact the principle is not reflected in the primary legislation). Previous case law is also used to inform decision-making, resulting in reasonably consistent use.

98. Section 4A of the OTA sets out the wellbeing and best interests of a child or young person as the first and paramount consideration in the application of most of the Act. The best interests of the child are considered primary (but not paramount) in youth justice matters, along with other primary considerations including public safety, the interests of victims, and

<sup>29</sup> Defined as: protection from any action that diminishes, demeans, or disempowers the cultural identity or well-being of an individual, including their diminishes, demeans, or disempowers the cultural identity or well-being of an individual, including their sexual orientation or gender identity.

<sup>30</sup> Mana: a person's intrinsic and spiritual authority to influence others, and standing.

<sup>31</sup> <https://www.beehive.govt.nz/release/first-ever-nationwide-funding-mental-health-services-rainbow-young>



accountability for behaviour. This change recognises the vulnerability of young people within the youth justice system, with its principles supporting decision making.

99. The Family Court Act 1980 explicitly requires a Lawyer for Child to act for that child/young person in proceedings in a way that promotes their welfare and best interests.<sup>32</sup> A lawyer for the child must adhere to a set of requirements, which include that they should have a minimum of five years specialist experience and sound knowledge of core family law statutes. They must also undertake professional development in the family law space. There is no specific guidance on how they should determine and weight the child's best interests – this is decided by the Court.<sup>33</sup>

100. The New Zealand Courts do not provide specified guidance on how to interpret the law. Judges make informed decisions using legislation and previous case law as guidance.

### **Reply to paragraph 11**

101. The Government launched Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 in 2019, which outlines a clear vision and specific actions for preventing suicide in New Zealand.

102. To support children's mental health, MOH provides a free nationwide counselling line available for 5–19 year olds. MOE is working closely with the newly established Suicide Prevention Office to promote wellbeing and provide supports for children and young people experiencing suicidal distress within their places of learning. MOE is updating resources that guide best postvention practices in schools, and supporting schools after a suicide, through their traumatic incident teams, to maintain positive learning environments.

103. TPK also established the Rangatahi Suicide Prevention Fund to support a range of community initiatives contributing to improving rangatahi wellbeing and reducing the likelihood of rangatahi (youth) Māori suicide.

104. While a permanent Mental Health Commission is being established, the Initial Mental Health and Wellbeing Commission (the Initial Commission) has been established under section 11 of the New Zealand Public Health and Disability Act 2000. The Initial Commission is developing an outcomes framework which includes considering how other strategies such as the CYWS measure and track wellbeing outcomes.

### **Reply to paragraph 12(a)**

105. Recent legislative reforms include:

- (a) OTA
  - (i) those working with children are required to ensure that children and young people are encouraged and assisted to participate in proceedings and

---

<sup>32</sup> Section 9B, Family Court Act 1980.

<sup>33</sup> <https://www.justice.govt.nz/family/about/lawyer-for-child/>

processes of relevance and are given opportunities to express their views on matters that may affect them.

- (ii) section 11 was amended to provide greater child participation. If a child or young person has difficulties in expressing their views or being understood (for example, because of their age or language, or because of a disability), support must be provided to assist them to express their views and to be understood; and any views that the child or young person expresses (either directly or through a representative) must be considered.
- (iii) insertion of a new, separate principle of participation for children and young people.

(b) COCA

- (i) section 5(a) was amended in 2019 to state a child's safety must be protected and, in particular, a child must be protected from all forms of violence (as defined in sections 9(2), 10, and 11 of the Family Violence Act 2018) from all persons, including members of the child's family, family group, whānau, hapū, and iwi .
- (ii) Family Court Matters Legislation Bill was passed in 2020.
- (iii) Family Court (Supporting Children in Court) Legislation Bill –provided express reference to the Convention and amended the COCA and the Family Dispute Resolution Act 2013 to establish children's participation as a guiding principle. It also requires a lawyer to explain the court proceedings process in an ongoing way that is understood by the particular child.
- (iv) Practice Note for Lawyer for Child<sup>34</sup> acting under the COCA and the OTA - establishes appointment criteria for the child's lawyer to ensure that they are suitably qualified to represent a child based on their personality, cultural background, training, and experience. Lawyers are to be guided by the Convention.

**Reply to paragraph 12(b)**

106. In 2017, Oranga Tamariki created the Tamariki Advocate, Deputy Chief Executive Voices of Children role to ensure the voices and interests of tamariki and rangatahi were at the centre of the work of the new organisation. This role has now evolved to include the voices and interests of whānau and communities and the organisations approach to partnering with iwi and Māori. This executive role is a first within government and ensures these voices and interests are heard and advocated for at the very highest level of the system.

107. The Voices of Children and Young People Team within Oranga Tamariki reports to the Tamariki Advocate and ensures that the voices of tamariki and rangatahi with care experience are systematically captured and are able to influence policy, practice, service and system thinking across the organisation.

---

<sup>34</sup> <https://www.justice.govt.nz/about/lawyers-and-service-providers/service-providers/practice-notes-and-procedures/>

108. The Oranga Tamariki Youth Advisory Group was established in November 2018. It comprises up to ten rangatahi, aged between 18-24 years, who have experience of the care and protection and/or youth justice systems. The Youth Advisory Group's primary relationship is with the chief executive. This group provides care experienced perspectives and contributions on the design and implementation of the Ministry's policies, practices and services.

109. VOYCE - Whakarongo Mai (VOYCE) was established in partnership between philanthropy, care-experienced rangatahi, the NGO sector and government in 2017. It is an independent, non-government organisation that provides advocacy and connection services for tamariki and rangatahi with care experience. Oranga Tamariki oversees government funding to VOYCE through a non-departmental appropriation, with funding also received from philanthropic organisations.<sup>35</sup> One of its five guiding pou (pillars) is whakatairanga – to promote the collective voice of tamariki and rangatahi in national policy development of the care system.

110. MYD partnered in 2019 with a creative agency and 15 young people to develop a platform which would support young people to have their voice heard during policy consultation processes. The collaboration resulted in the development of The Hive, an online approach to engagement.<sup>36</sup> The 15 young people involved in the project use social media, video and blogs to describe policy initiatives in ways that other young people will understand and relate to. They also developed the submission questions and enabled a more accessible and creative submissions process.

111. TPK developed a Whānau-Centred Policy Tool for government agency policy development, design, service delivery and contracting practices. The focus of this work is to assist other government agencies to be more effective in improving outcomes for Māori. A cornerstone of this tool is to encourage agencies to engage with whānau at all stages of the policy process, including tamariki Māori where they are impacted.

## **D. Civil Rights and Freedoms**

### **Reply to paragraph 13**

112. Domestic surrogacy arrangements in New Zealand require an adoption to legalise the relationship between the commissioning parents and the child. This involves a social work assessment and report with details about the biological parents of the child, details about the surrogate and an assessment of the suitability of the adoptive applicants (commissioning parents) to adopt the child.

113. New Zealand has also established a set of guidelines to inform decisions and the approach taken to cases of international surrogacy. Requirements of the guidelines include as much information as possible about the specific circumstances of the arrangement to be made available. In the event the commissioning parents wish to permanently reside in New Zealand with the child, the parental relationships between the child and their commissioning

---

<sup>35</sup> <https://voyce.org.nz/>

<sup>36</sup> <https://thehive.nz/>

parents must be made legal by way of an Adoption Order. An assessment of suitability and full information about the circumstances of the child's creation is provided to the Family Court in the form of a report by a social worker. This information is secured on the Court file and thus available to the child in the future. In all adoption practice, openness is promoted and supported.

#### **Reply to paragraph 14(a)**

114. The Approved Information Sharing Agreement (AISA) has been superseded by the OTA information sharing provisions.<sup>37</sup> From 2019, the changes to section 66 of the OTA give child welfare and protection agencies (agencies) the ability to request, collect, use and share personal information for purposes related to the wellbeing and safety of children. The new provisions are designed to put the child at the centre of the provision of support and services. Oranga Tamariki has provided comprehensive guidance for agencies on using the new information sharing provisions in the OTA.

115. The Children's Teams to which the AISA applied are gradually shifting to new, community-based approaches as these are developed.

#### **Reply to paragraph 14(b)**

116. The OTA information sharing provisions explicitly require that the best interests of the child are at the forefront of decisions made around the collection, use, storage and dissemination of information regarding that child where that information is to be collected, used or disclosure for the purposes set out in the legislation.

117. MOE has prepared education specific guidelines to assist staff to apply the information sharing provisions appropriately in context of working with learners. Their evaluation teams work with privacy experts to ensure that the information being collected is appropriate and is being collected in a way that is appropriate when information is required from a learner.

#### **Reply to paragraph 14(c)**

118. MSD has developed the publicly available Privacy, Human Rights and Ethics Framework (PHRaE). This consists of a set of materials, including an interactive tool with built in guidance, and a team of specialists. The PHRaE provides a structured tool to assess the privacy, human rights and ethical impacts of using personal information to develop new services, which helps ensure MSD acts responsibly in relation to these matters. Information about PHRaE is publicly available online.<sup>38</sup>

119. Several government agencies are signatory to Stats NZ's Algorithmic Transparency Charter and the Data Protection and Use Policy run by the Social Wellbeing Agency. Oranga Tamariki does not use predictive risk modelling in front line decision making, however ensures it has rigorous

---

<sup>37</sup> <https://www.orangatamariki.govt.nz/working-with-children/information-sharing/>

<sup>38</sup> <https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/phrae/index.html>

ethics, privacy and confidentiality protocol for the use of data and research in all areas of work concerning the children in its system.<sup>39</sup>

#### **Reply to paragraph 14(d)**

120. The Privacy Act 2020 repealed and replaced the Privacy Act 1993 from 1 December 2020.

121. Principle 4 of the Privacy Act 2020 requires that agencies take particular care when they are collecting information from children and young people and that they do so in a way that is fair and reasonable. This includes recognition that children's personal information merits specific protection because children may be less aware of the risks, consequences and safeguards of providing personal information.

122. While security intelligence agencies in New Zealand are exempt from most of the privacy principles, an access request can still be made for the information collected. If any intelligence agency refuses an access request, a complaint can be made to the Office of the Privacy Commissioner who can investigate and independently verify whether there is good reason to withhold some or all of the information.

#### **Reply to paragraph 15(a)**

123. The Government has been progressively rolling out improved broadband to rural and remote areas through the Rural Broadband Initiative (RBI). Phase 1 concluded in 2016 with an estimated 300,000 rural homes and businesses receiving access to a broadband connection. Phase 2 commenced in 2017 and will conclude by 2023 to provide an estimated 84,000 additional rural homes and businesses will access to improved broadband of 20Mbps.

124. Additionally, the Marae Digital Connectivity programme deploys high speed broadband to the approximately 850 marae (meeting houses) that are eligible for a connection, with initial installation and training costs for the first five years fully funded by the Crown. Marae can provide a rural digital hub for communities.

#### **Reply to paragraph 15(b)**

125. DIA has launched a public awareness 'Keep it Real Online' campaign to help keep children and young people safe from online harms. The first phase of the campaign focused on supporting parents and caregivers to manage online risks for children and young people. The second phase of the campaign has been launched with messages directed at young people and updated resources on the website. Different age groups will be targeted in different ways to ensure messaging is effective and children and young people can get age-appropriate information and resources to stay safe online.

126. To protect children from online harm within the school environment, MOE has developed The Digital Technology: Safe and responsible use in

---

<sup>39</sup> <https://data.govt.nz/use-data/data-ethics/government-algorithm-transparency-and-accountability/algorithm-charter/>



schools guide to help all schools develop a safe digital environment. NetSafe provided support on the development of this tool, and also supports schools to proactively manage digital safety through their website.<sup>40</sup>

## **E. Violence against children**

### **Reply to paragraph 16(a)**

127. The Professional Practice Group (Oranga Tamariki) monitors the quality of practice delivered by Oranga Tamariki practitioners in their work with children, young people, and their families and whānau. Monitoring activities are designed to assess practice and decisions against legislative requirements and core standards of practice. All front-line sites are required to complete annual self-assessments of key strengths and areas for improvement in practice. Random samples of casework by site-based Practice Leaders are assessed monthly.

#### **The National Care Standards (NCS) and monitoring**

128. Organisations that have legal custody of children or young people under section 396 of the OTA will also be responsible for meeting the NCS. The standards were built around what children and young people told us they need in the care system. The recently established Independent Children's Monitor (the Monitor) oversees and produces annual reports to the government on adherence to these standards.

129. The Monitor has released reports on agency compliance with the NCS Regulations from 1 July 2019.<sup>41</sup> Of particular note in the second report, the Monitor found areas for improvement for Oranga Tamariki to ensure that allegations of abuse or harm are better responded to and dealt with.

130. MSD is leading work to strengthen oversight of the Oranga Tamariki system, which encompasses statutory care of children. This work aims to strengthen system-level advocacy for all New Zealand children and young people (through the Office of the Children's Commissioner), improve oversight and investigation of complaints (through the Office of the Ombudsman) and to strengthen independent monitoring and assurance of the Oranga Tamariki system (through the Monitor). Cohesive and consistent oversight between the three bodies will improve the rights, interests and wellbeing of children and young people in the Oranga Tamariki system.

#### **Vetting of children's workers**

131. The Children's Act 2014 requires vetting of children's workers.

132. Oranga Tamariki conduct the following safety checks for children's workers:

- confirmation of identity (if not already provided as part of the application process)
- police check completed through Police (and the Australian Police, if applicable) Licensing and Vetting Service Centre
- bankruptcy checks
- a check on their case management database

<sup>40</sup> <https://www.netsafe.org.nz/the-kit/netsafe-schools/>

<sup>41</sup> The Monitor's reports can be found here: <https://www.icm.org.nz/reports/>

- third party checks with any applicable licencing authority and/or professional registration body.

### **Training programmes**

133. Two compulsory training programmes on the use of restraints and de-escalation techniques are provided to support children's workers managing safety in State care.

## **Reply to paragraph 16(b)**

### **In State care**

134. Oranga Tamariki and Police have a statutory obligation to investigate incidents of violence and abuse of children and young people, including those in state care. Safety and wellbeing in relation to incidents of violence, abuse and neglect are taken into account through the course of an investigation or assessment.

### **Claims and complaints**

135. MSD is responsible for responding to claims within the state care system from before 1 April 2017, and Oranga Tamariki is responsible for claims after this date. As at 30 June 2020, a total of 4,173 claims have been received by MSD since the team was established in 2004. Of these, 1,834 claims have been resolved. As part of redress, apologies and payments from MSD so far have totalled over \$30 million. Individual payments have ranged from between \$1,000 and \$90,000, with the most common payment range between \$10,000 and \$25,000.

136. MSD is considering how it can provide more meaningful redress response to consultation with claimants in 2018. Wraparound services are being developed by external non-government organisations to act as a coordination point for supports claimants may need (e.g. housing, health services, employment assistance). Further consideration is also being given to initiatives such as providing whānau reconnection support and new options for how a claimant could receive an apology.

137. The Royal Commission of Inquiry into Historical Abuse in State Care and in the Care of Faith-Based Institutions was established in 2018 to investigate why people were taken into care, the abuse that happened, the reasons for, and the effects of the abuse. The Royal Commission is also looking at the way the State and faith-based institutions have dealt with survivors' claims through redress to assess what improvements could be made. The Royal Commission is scheduled to report back in January 2023 after developing recommendations aimed at better protecting children, young people and vulnerable adults in State care and the care of faith-based institutions now, and into the future.

### **Prosecution and sentencing**

138. Police ensures that prosecutions involving child victims are initiated in accordance with the Solicitor-General Prosecution Guidelines. Under the Guidelines, a prosecution should only be initiated or continued where the prosecutor is satisfied that there is sufficient admissible evidence to provide a reasonable prospect of conviction, and prosecution is required in the public interest. Public interest considerations in favour of prosecution that might be relevant to alleged offending involving a child victim, include where

the victim is vulnerable, where the defendant was in a position of authority or trust and the offending is an abuse of trust of that position, and where the defendant took advantage of a marked difference between the actual or developmental ages of the defendant and the victim. A public interest consideration against prosecution includes whether the defendant is a child or young person.

139. Although it is well-established in New Zealand that violence against, and neglect of children is an aggravating factor at sentencing, offending against children may be penalised through a range of sentencing outcomes.

#### **Abuse outside of the care system**

140. Oranga Tamariki and Police work collaboratively to respond to alleged or actual incidents of serious child abuse or neglect. Oranga Tamariki and Police will assess all reports of child safety concerns received and:

- take immediate steps to secure the child's safety and wellbeing. This is the first and paramount consideration including identifying and seeking support from family members and others who can help
- intervene to ensure the child's rights and interests are safeguarded
- investigate all reports of serious child abuse in a child-centred timeframe, using a multi-agency approach
- take effective action against offenders so they can be held accountable
- strive to better understand the needs of victims
- keep victims and/or their families fully informed during investigations with timely and accurate information as required by section 12 of the Victims' Rights Act 2002.

#### **Reply to paragraph 16(c)**

141. Children and young people are welcome to contact Oranga Tamariki to discuss any concerns or complaints they may have. To provide this feedback, they are encouraged to speak with their social worker, or contact the Feedback Team directly using either the online form or via a dedicated phonenumber. If a child is in the care of Oranga Tamariki residential services they are able to participate in the grievance process. Oranga Tamariki manages a free-dial telephone number which enables anyone to make a report of concern about a child to support possible intervention.

142. If the child or young person is not satisfied with the outcome of their complaint, they may seek a review by contacting the Chief Executive's Advisory Panel or the Office of the Ombudsman.

143. Work is underway to create a more unified complaints and investigations mechanism for children through the Office of the Chief Ombudsman. This is a part of the ongoing work to strengthen the oversight of the Oranga Tamariki system.



144. School Based Health Services (SBHS) can be an avenue for students to report issues and receive support in the school system.<sup>42</sup> There is ongoing work improve the quality of SBHS, including better integration with pastoral supports and school counsellors in secondary schools, and integration with other health and wellbeing initiatives by education and health.

145. Children and whānau who interact with the healthcare system have rights under the Code of Health and Disability Services Consumers' Rights, outlined in the Health and Disability Commissioner Act 1994. All healthcare services in New Zealand must have a channel to receive and consider complaints under the Health and Disability Commissioner Act 1994. Complaints can also be made directly to the Health and Disability Commissioner through their website, through email, in writing, or over the phone. The Health and Disability Commissioner also operates a free nationwide health and disability advocacy service to support children and whānau to make a complaint and to seek a resolution with the healthcare provider.

146. The Initial Mental Health and Wellbeing Commission is responsible for three pieces of work:

- Monitoring and reporting on the Government's system transformation response to He Ara Oranga
- Developing an outcomes framework for Aotearoa New Zealand's mental health and wellbeing
- Supporting the establishment of the permanent Mental Health and Wellbeing Commission.

147. TPK commissions Whānau Ora Commissioning Agencies that provide tamariki-friendly services and mental health services as part of their service delivery model. These agencies also provide a reporting channel for children.

#### **Reply to paragraph 16(d)**

148. One of the CYWS goals is that children are safe and flourishing in their homes. To best support Māori and disabled children, a pillar of the framework for the CYWS is that children and young people are accepted, respected and connected. This has a focus on addressing racism and discrimination, as well as actions to increase sense of belonging and cultural connections.<sup>43,44</sup>

149. The Government is developing a Joint Venture Strategy to address family and sexual violence in New Zealand. This Strategy aims to develop new ways of working across government, and with iwi and communities, to reduce family violence and sexual violence through an integrated response. It is supported by a Ministerial group comprising the MOJ, MSD, Oranga Tamariki, and TPK.

150. While the Joint Venture Strategy will provide attention to all groups of people, there is intention for a focus on children – especially those with disabilities, who have a three times higher risk of being exposed to physical and sexual abuse than other children.

<sup>42</sup> More detail in reply to paragraph 22(b) of the list of issues.

<sup>43</sup> <https://childyouthwellbeing.govt.nz/sites/default/files/2019-08/strategy-on-a-page-child-youth-wellbeing-Sept-2019.pdf>

<sup>44</sup> For further information on how children and young people were involved in the development of the CYWS, please refer to the reply to paragraph 5(b).

151. TPK provided a Māori perspective to the Joint Venture Strategy. This includes support to the interim group set up to represent the Māori-Crown partnership and the provision of expert Māori views and experiences of family harm in the development of the Strategy.

152. In addition to the above strategies, MBIE's Child Protection Policy articulates its commitment to ensuring the wellbeing and safety of children and young people receiving services from MBIE or from organisations funded or contracted by MBIE. In doing so, MBIE recognises a genuine and significant opportunity to identify the abuse and neglect of children that might otherwise be undetected.

#### **Reply to paragraph 16(e)**

153. The Safety of Children in Care unit (Oranga Tamariki) was established in 2018 to implement a new measurement approach to consider all abuse experienced by children and young people in care, regardless of where the abuse occurred or who caused the harm. Reports are released quarterly, with accompanying bi-annual and annual reports.

154. The Oranga Tamariki Evidence Centre also carries out a range of diverse research associated with violence against children. Recently published examples include:<sup>45</sup>

- methamphetamine and care
- factors associated with disparities experienced by tamariki Māori.

155. TPK also supports the New Zealand Family Violence Clearinghouse to undertake research on family harm and acts as a key disseminator of kaupapa<sup>46</sup> Māori research on this matter. TPK has also commissioned several pieces of research on the extent, causes, and nature of violence against whānau Māori and their tamariki.

#### **Reply to paragraph 16(f)**

156. All findings of harm are reviewed by Safety of Children in Care unit, and the data and associated information is held by the unit in a National database.

157. The National Intelligence Application provides a national database of all cases of violence against children recorded by Police.<sup>47</sup>

158. The Joint Venture work programme includes data and analytics around the elimination of family violence and sexual violence.

#### **Reply to paragraph 16(g)**

159. The Children's Action Plan is now called the Oranga Tamariki Action Plan (OTAP), which is currently under development.

160. Under the Children's Act 2014, the action plan must set out the steps that chief executives of children's agencies will take to work together to

---

<sup>45</sup> <https://www.orangatamariki.govt.nz/about-us/research/about-our-research/>.

<sup>46</sup> Defined as principles and ideas which act as a base or foundation for action.

<sup>47</sup> The Government notes that not all cases come to Police attention and therefore is unable to fully disaggregate cases which take place in State care.

achieve wellbeing outcomes set by the CYWS for children and young people of interest to Oranga Tamariki.

161. The Action Plan cohort includes children and young people who are at risk of being involved with, are already involved with, or have been involved with our care and protection and youth justice systems.

162. Police are a key contributor towards supporting violence intervention in relation to the OTAP. As a member of the Family Violence Sexual Violence Joint Venture, Police's primary area of focus is crisis response through Whāngaia Ngā Pā Harakeke and the Integrated Safety Response sites.

### **Reply to paragraph 16(h)**

163. The Government has committed to strengthening specialist family violence and sexual violence services in its recent budget allocations:

- Budget 2018 - \$93.3 million
- Budget 2019 - \$320.9 million
- Budget 2020 - \$202.9 million<sup>48</sup>

164. The Government invested an additional \$1.1 billion over four years for Oranga Tamariki to deliver on system transformation in the care and protection and youth justice systems in Budget 2019. This included additional investment to meet new legislative requirements, such as the NCS and establish new support services with adequate resourcing. \$40.8 million was provided for sexual violence services.

165. Police is committed to ensuring the right capacity and capability across frontline services to respond to, and prevent, cases of child abuse. In the six-year period from 2017/2018 to 2022/2023, Police has funded an additional 1,800 constabulary officers. Of those 1,800, more than 300 officers sit within Youth Specialist and Serious Crime frontline responder groups across the country (including dedicated Child Protection and Adult Sexual Assault Teams).

166. All new Police recruits undertake dedicated training on child and family harm, including how to manage cases involving children and how to provide referrals to support services for children who have been harmed (or who are at risk of being harmed). Refresher training to all constabulary employees is provided to ensure continuous improvement in the delivery of policing services. The centralised Child Protection Team maintains oversight of all activity through monitoring workflows, supporting prioritisation and escalating risk.

### **Reply to paragraph 17(a)**

167. In New Zealand, forced marriage (through intimidation, threats or violence) has been criminalised through the Family Violence (Amendments) Act 2018. This amendment came into force in 2019 and is specifically aimed at preventing people being subjected to forced or coerced marriage,

---

<sup>48</sup> <https://www.treasury.govt.nz/sites/default/files/2020-05/b20-wellbeing-budget.pdf> (page 78)

particularly women and children. Note also the reply to paragraph 8 on the minimum age of marriage.

168. Given New Zealand has very minimal marriages occurring where either the bride and/or groom is aged under 18 years (a total of 7 marriages of 19,071 that were registered in 2019), the Government does not have a formal awareness-raising campaign on this issue. However, Oranga Tamariki will ensure that any young person who discloses a complaint of potential or actual forced marriage, is supported and assisted in making decisions to ensure they are being adequately protected from potential harm.

### **Reply to paragraph 17(b)**

169. The Paediatric Society was directed by MOH in 2017 to set up an Intersex Working Group to develop guidelines and protocol for infants born intersex, based on newborn principles of best practice. Next steps for this work programme for children and young people are currently being discussed with relevant stakeholders.

170. In 2020, Oranga Tamariki updated their Practice Guidelines to assist social workers when responding to cases involving Female Genital Mutilation (an illegal practice under the Crimes Act 1961).

### **Reply to paragraph 18**

#### **Treatment of alcohol and drug-related problems**

171. Publicly-funded alcohol and other drug (AOD) services are available in each District Health Board (DHB) throughout New Zealand. Around 50,000 people access these services each year. Around a third of people accessing AOD services are Māori, and the DHBs in New Zealand that experience disproportionately higher levels of AOD harm are largely rural DHBs with a high Māori population. The Government has prioritised investment in AOD services for DHBs with a high Māori population, including specific funding for managed withdrawal and post-treatment support through Budget 2019.

#### **Welfare Overhaul**

172. The Government has committed to overhauling the welfare system.<sup>49</sup> Recognising the value of unpaid work, including caring for children, is a key feature of the vision for this overhaul. Welfare overhaul progress has included initiatives that support children and the performance of carers' child-rearing responsibilities.

173. In April 2020, the Government repealed section 192 of the Social Security Act 2018, which previously cut incomes to parents and their children if the name of the other parent was not declared to the Government. In May 2019 it was estimated that around 24,000 children would be significantly better off as a result of this change, with many sole parents' incomes increasing by an average of \$34 per week.

174. Cabinet has also agreed to remove the subsequent child policy from the Social Security Act 2018, planned to come into effect in November 2021.

---

<sup>49</sup> <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/information-releases/welfare-overhaul-update/cabinet-paper-welfare-overhaul-update-on-progress-and-long-term-plan.pdf>

This policy currently impacts eligibility for Sole Parent Support and places obligations on parents to return to work earlier if they have an additional child while receiving a main benefit. This initiative will increase affected parents' flexibility to spend time with their subsequent children in the critical first 1,000 days of their life and will have a positive impact for Māori (who are currently disproportionately impacted by the subsequent child policy).

### **Oranga Tamariki**

175. Budget 2020 invested \$209.9 million to increase financial assistance for around 22,000 children being looked after by around 14,000 caregivers.

176. Oranga Tamariki also invests over \$150 million per annum with non-government organisations and iwi partners to support the delivery of Early Support and Intensive Response services. Many partners are co-funded with other Government funders and supported by charitable income. Examples include:

- Family Start - a longstanding home-visiting programme. It supports whānau/families at risk of facing health and social challenges to realise better outcomes for their children. Whānau are enrolled in the programme from pre-natal to the child's first birthday.
- Services in Schools (for example Social Workers in Schools) - a community, school-based social work service, provided in most decile 1-3 primary, intermediate and secondary schools to support individual children and their whānau.
- holistic whānau support services - for example, Waitomo Papakāinga for tamariki and rangatahi Māori in Te Hiku to remain connected to their whakapapa (genealogy). They provide social work, counselling and emergency housing services, as well as budgeting, cooking and literacy classes. Their interventions and decisions are based on knowledge of tikanga Māori (Māori customary practice) and whānau values.
- Strengthening Families - this process develops joint plans with whānau to meet their needs when they require multiple agencies working with a whānau.

177. Oranga Tamariki are beginning work to develop a new approach to early support, with a focus on supporting iwi, Māori organisations, and communities to develop sustainable, locally-led, and whānau-centred approaches that bring together the right agencies and partners to offer early support.

178. Oranga Tamariki, TPK and the Accident Compensation Corporation (ACC) have recently invested \$42 million dollars over two years in Whānau Ora for the development of a whānau-centred early support prototype designed to strengthen families and improve the safety and wellbeing of children. This is part of a wider Ngā Tini Whetū programme, which aims to support around 800 North Island families over a two-year period starting in January 2021. This new collaborative approach is a positive step towards devolution of services to Māori, by Māori, for Māori.<sup>50</sup>

---

<sup>50</sup> <https://www.orangatamariki.govt.nz/about-us/reports-and-releases/reports-to-the-minister-for-children/>

### **Reply to paragraph 19(a)**

179. In December 2015, the Modernising Child, Youth and Family Expert Panel (the Expert Panel) made a series of recommendations to overhaul the care, protection and youth justice systems.

180. The Expert Panel developed its recommendations with extensive consultation with stakeholders and experts from across the system, including care-experienced young people. A Youth Advisory Panel of eight young people with current or previous experience of the care system was established to test, challenge and refine the design work. The Expert Panel also conducted interviews with 63 children and young people, parents, caregivers and social workers who had been involved with the care, protection and youth justice systems. The Expert Panel held a series of collaborative design workshops with users of the care, protection and youth justice systems to explore what a future child-centred system could look like.

181. Oranga Tamariki worked closely with TPK to support whānau engagement with children in both residential and non-residential state care when developing the NCS.

182. The All About Me plan (administered by Oranga Tamariki) supports outcomes by recording planning information that is responsive to their changing needs and circumstances and advances their long-term goals and outcomes. This helps everyone involved support the needs and objectives of children and young people.<sup>51</sup>

### **Reply to paragraph 19(b)**

183. Since its establishment in 2017, Oranga Tamariki has been focused on implementing the recommendations from the “State of Care” report published by the Office of the Children’s Commissioner, including:

- setting explicit expectations for Māori children who come to the attention of Oranga Tamariki, and
- the development of partnerships with iwi and Māori organisations to build the capability of communities to support Māori children and families.

184. Oranga Tamariki reports annually on the Government’s progress of its practical commitment to the Treaty of Waitangi to improve outcomes for tamariki Māori their whānau, hapū and iwi (section 7AA OTA). The first 7AA report (July 2020) observed a shift in focus towards early intervention services, with more support delivered for Māori by Māori.<sup>52</sup>

### **Reply to paragraph 19(c)**

185. Data about children, in particular data from a child’s perspective, is an area of New Zealand’s data system we are looking to expand. Currently, there are few collections that allow children to directly participate in the provision of data. Most official household surveys target people aged 15

---

<sup>51</sup> <https://practice.orangatamariki.govt.nz/policy/all-about-me-plan/>

<sup>52</sup> <https://orangatamariki.govt.nz/about-us/reports-and-releases/section-7aa/section-7aa-report/>



years and above and require parents or caregivers in responding households to provide information on children when it's required.

186. Oranga Tamariki is working to improve collection of data from children and their families/whānau using better processes, technical solutions, and outcomes reporting. This involves working closely with partner service providers to improve upon service delivery data collection.

#### **Reply to paragraph 19(d)**

187. Oranga Tamariki contract service providers are accredited by MSD (using the SSA Standards) and are monitored by the Oranga Tamariki Partnering for Outcomes Group. These can be found in the table below, noting that funding in the current financial year is subject to contracting and may change.

<b>Delivery area</b>	<b>All providers</b>	<b>Iwi and Māori</b>	<b>Cost</b>
Statutory intervention and Transition Support	241	75	\$214m
Prevention	157	36	\$11m
Early Support and Intensive Response	415	110	\$182m

188. The Independent Children's Monitor will provide clear, independent advice and information to Government on the impact of the systemic reforms on children's outcomes. The Children's Commissioner also considers individual and thematic issues.

189. The Independent Children's Monitor has acknowledged that it will take several reporting periods using its Outcomes Framework (in development) for it to receive the level of quantitative and qualitative data required to draw trends and patterns, and that practice change takes time to embed within agencies.

#### **Reply to paragraph 19(e)**

190. Oranga Tamariki is developing more suitable placements to meet the needs of young people in care and protection residential care, however there is not yet a set timeframe for this work.<sup>53</sup>

191. Oranga Tamariki and Police have expanded community-based options to reduce the use of detention for children and young people. These community-based options aim to provide a more child and young person-centred placement and ensure that young people's connection to their whānau are upheld and strengthened. In turn, this aims to improve the wellbeing of young people who are held on detention. This work has included improvements to support young people on bail conditions to prevent

<sup>53</sup> <https://orangatamariki.govt.nz/assets/Uploads/About-us/Report-and-releases/Cabinet-papers/Operating-model-July-2019-Cabinet-Papers/4.Care-Minutes-operating-model.pdf>

breaches through engaging young people in activities and education and building connections with whānau.

### **Reply to paragraph 20**

192. The Government is currently reviewing the adoption laws. This review presents an opportunity to modernise all of our adoption laws, including the Adoption Act 1955, which hasn't been substantially updated in 66 years. The Government is committed to ensuring the law aligns with New Zealand's values and protect children's rights, including those set out in the Convention.

### **F. Children with disabilities**

#### **Reply to paragraph 21(a)**

193. The Disability Action Plan 2019-2023 (DAP) is the Government's fourth plan focusing on improving outcomes to make a positive difference in the daily lives of all disabled people in New Zealand.

194. The DAP does not include any aspects of work directly related to poverty reduction among children. This is covered under the Child Poverty Reduction Act 2018 (refer to reply to paragraph 24(a) of the list of issues).

195. The Learning Support Action Plan 2019-2025 aims to strengthen the way learning support is provided so that all children with disabilities and learning support needs get the right support at the right time in early learning centres and schools.

196. Additionally, the Government is aiming to improve justice services so they are accessible and clear for disabled people. Court orders can be particularly difficult to understand for young people, and these documents can be even less accessible for young people with disabilities.

#### **Reply to paragraph 21(b)**

197. The Government is progressing work on an Accelerating Accessibility work programme that involves developing a legislative framework to act as a vehicle for progressive implementation of a new accessibility system. An important component of this work programme is information and education so people understand the importance of removing barriers to accessibility. This will include the need for a shift in public perception and knowledge of accessibility needs for disabled people.

198. The Accelerating Accessibility work programme will provide for sustainable long-term change to behaviour, addressing underlying problems such as limited knowledge and awareness that can lead to stigmatisation and marginalisation of disabled people, including children with disabilities.

199. Like Minds, Like Mine is a public awareness programme funded by government to increase social inclusion and end discrimination towards people with experience of mental illness or distress, which is underpinned by the social model of disability and the power of contact. It takes a human rights approach to disabilities. The Health Promotion Agency is the lead operational agency for the programme, with strategic responsibility held by MOH.



### **Reply to paragraph 21(c)**

200. District Inspectors have a responsibility under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 to investigate rights breaches. However, there have not been any rights breaches relating to the Convention during this reporting period that have required investigation.

### **Reply to paragraph 21(d)**

201. In New Zealand there is no oversight by the courts of sterilisation without personal consent of learning/intellectually disabled people under the age of 18. The COCA gives parents (or guardians) the right and duty to act in their children's best interests.

202. Safeguarding Bodily Integrity Rights Work Programme (under the DAP) aims to strengthen the safeguarding framework for persons with disabilities, including children with disabilities and minors, against non-consensual sterilisation and other bodily integrity abuse. The following concerns are included in the scope of the work programme:

- girls with disabilities are sterilised or at risk of sterilisation for non-therapeutic reasons (e.g. to manage menstruation) without their consent.
- the current legislative framework is insufficient to protect persons with disabilities (including children with disabilities) against non-therapeutic medical procedures.
- better supportive measures are needed for disabled individuals, parents, family carers and health professionals.
- little is known about disability-related sterilisations and other bodily integrity violations in New Zealand, highlighting the need for better national data collection on these issues.

## **G. Basic health and welfare**

### **Reply to paragraph 22(a)**

203. The National Immunisation Register enables health professionals to improve immunisation rates in New Zealand. The Register also provides a record of immunisation coverage rates – regionally and nationally. Funding has recently been approved to redevelop the register as a National Immunisation Solution to support a potential COVID-19 vaccination programme and the ongoing maintenance of National Immunisation Programme going forward. Improvements will support more equitable delivery of immunisation programmes across the lifespan.

204. The COVID-19 outbreak and response has placed pressure on immunisation services, resulting in a modest decrease in immunisation rates in recent months that has disproportionately affected Māori. However, a change to the delivery of both doses of MMR vaccine in the second year of life, and a campaign to vaccinate an under-immunised cohort of teenagers and young adults, will protect against future outbreaks.

205. Rheumatic fever is particularly prevalent for children living in poverty. MOH works with 11 DHBs across New Zealand with high incidences of rheumatic fever to reduce the transmission rate of this disease among children. This includes measuring immunisation coverage to identify groups at risk of vaccine-preventable diseases and to evaluate the effectiveness of programmes designed to increase immunisation coverage.

206. The introduction of the Healthy Homes Standards in 2019 outline required standards under tenancy law for heating, insulation, ventilation, moisture ingress and drainage, and draught stopping in rental properties.<sup>54</sup>

207. During the winter months, MSD pays the Winter Energy Payment to all households receiving a main benefit or New Zealand Superannuation/Veteran's Pension. This payment was introduced as part of the Families Package. It helps families meet the cost of heating in winter, and thereby prevent diseases caused by cold and damp homes.<sup>55</sup>

### **Reply to paragraph 22(b)**

208. In 2011, the Government adopted the Smokefree 2025 goal for New Zealand. The intention is to achieve this smokefree status by:

- protecting children from exposure to tobacco marketing and promotion
- reducing the supply of, and demand for tobacco
- providing the best possible support for quitting smoking.

209. A decision was made in 2019 to amend the Smoke-free Environments Act 1990 to prohibit smoking in vehicles carrying children under the age of 18. This will reduce children's exposure to second-hand smoke.

210. The amendment to the Smoke-free Environments Act 1990 also included that schools must display 'no smoking or vaping' notices and retailers must not display smoking or vaping products.

211. Healthy Active Learning is a Wellbeing Budget 19 initiative promoting and improving healthy eating and physical activity in schools and early learning services across New Zealand. This is a joint initiative from the MOH, MOE, and Sport New Zealand.

212. School Based Health Services (SBHS) provide holistic healthcare and mental wellbeing support including promoting healthy choices to young people.

### **Reply to paragraph 22(c)**

213. MOH funds a broad range of sexual and reproductive health services, programmes and initiatives. Services are delivered through general practice, hospitals, and other community-based service providers such as New Zealand Family Planning, laboratories, specialist fertility services, and health promotion providers. Schools and other government agencies also undertake work in this area.<sup>56</sup>

---

<sup>54</sup> <https://www.tenancy.govt.nz/healthy-homes/about-the-healthy-homes-standards/>

<sup>55</sup> <https://www.workandincome.govt.nz/products/a-z-benefits/winter-energy-payment.html>

<sup>56</sup> <https://www.health.govt.nz/our-work/preventative-health-wellness/sexual-and-reproductive-health>

214. Relationships and Sexuality Education is compulsory learning in The New Zealand Curriculum from years 1–10 (ages 5–15) and covers education on sexual and reproductive health, including contraception and sexually transmitted infections. MOE recently released refreshed Relationships and Sexuality Education resources for both primary and secondary schools to ensure Boards of Trustees, principals and teachers have clear and up to date guidance for expected learning in this area and information on how to create safe, healthy, and inclusive school environments.

#### **Reply to paragraph 22(d)**

215. New Zealand Food and Nutrition Guidelines for Healthy Infants and Toddlers (0-2 years) recommend to exclusively breastfeed babies until they are ready for and needs extra food – this will be at around six months of age.

216. Breastfeeding data is collected by lead maternity carers and Well Child providers, such as Plunket. These groups also provide education and support in promotion of breastfeeding.

217. In July 2020, the duration of parental leave payment was extended to 26 weeks, from 18 weeks in 2018. This policy aims to support child and maternal health and welfare, including the recommended period of six months breastfeeding, by providing a period of absence from work of at least six months after the birth of a child.

#### **Reply to paragraph 22(e)**

218. Mana Ake – Stronger for tomorrow is an initiative led by the Canterbury Clinical Network that provides mental health and wellbeing support for children in the Canterbury region. Mana Ake was launched by the Government in February 2018, with funding for three years (to June 2021) to deliver dedicated mental health support for children aged 5–13 in school.

219. Mana Ake enabled a quick response to emerging wellbeing concerns in the aftermath of the 2019 Mosque Attacks and worked remotely to provide support for children during the COVID-19 lockdown period. Mana Ake practitioners deliver group or individual interventions to address emotional regulation, social relationships and/or wellbeing concerns, that are evidence-informed, culturally relevant, suitable for their local contexts at low cost.

220. MOH published a National response and recovery plan to support people affected by the Christchurch Mosque attacks.<sup>57</sup> Supporting and treating mental distress, including that of children, is one of the expected outcomes outlined in the recovery plan. Key counselling services include:

- Umed, a virtual counselling service created in response to the mosque attacks. The model allows clients to choose a mental health professional with specific language and cultural capacity for their mental health needs.
- National Telehealth Service 1737.

221. All Right? is a health-promoting social marketing campaign based in Ōtautahi, Christchurch. Since its launch in 2013, All Right? has become a

---

<sup>57</sup> <https://www.health.govt.nz/system/files/documents/pages/supporting-people-affected-christchurch-mosque-attacks-jul19.pdf>

powerful champion for wellbeing in Canterbury, helping normalise conversations around wellbeing and mental health.

### **Reply to paragraph 23**

222. The Ministry for the Environment (MFE) does not have any climate change policies or programmes that are specifically aimed at addressing the special vulnerabilities and needs and views of children. However, in the Climate Change Response (Zero Carbon) Amendment Act 2019;<sup>58</sup>

- Clause 5ZG(3)(c) states that a strategy to mitigate the impacts that reducing emissions and increasing removals will have on employees and employers, regions, iwi and Māori, and wider communities, including the funding for any mitigation action must be included in preparing an emissions reduction plan.
- Clause 5ZQ(3)(b) states that in carrying out a National Climate Change Risk Assessment the Climate Change Commission must consider the distribution of the effects of climate change across society, taking particular account of vulnerable groups or sectors.
- Clause 5ZQ(4)(b) states that in preparing the National Adaptation Plan, the Minister must take into account the distribution of the effects of climate change across society, taking particular account of vulnerable groups or sectors.

223. MFE is currently developing New Zealand's first emissions reduction plan. The Climate Change Response (Zero Carbon) Amendment Act 2019 requires that the plan is released by 31 December 2021. The plan will include policies and actions to transition New Zealand to a low emissions economy, as well as analysis of the distributional impacts that the transition will have and a strategy to mitigate those as required in Clause 5ZG(3)(c).

224. Climate change and caring for the environment is vital to whānau Māori (Māori families), including tamariki Māori, as reflected in the Whānau Ora outcomes and is intrinsic to how Māori conceive of wellbeing. This view informs how TPK influences government policy and is a key focus of its community investment through the Whenua Māori fund.

### **Reply to paragraph 24(a)**

225. The understanding of poverty that informed the development of the Child Poverty Reduction Act 2018 was, 'exclusion from a minimum acceptable standard of living in one's own society due to a lack of resources'. The New Zealand Government's position is that a multi-measure approach is required for monitoring levels of poverty.

226. The Child Poverty Reduction Act uses ten measures to monitor child poverty, including both income measures (before and after housing costs) and measures of material deprivation — measuring poverty from different perspectives and at different depths. The Act identifies a smaller subset of 'primary' measures for target setting over three-year and ten-year periods,

---

<sup>58</sup> <https://www.legislation.govt.nz/act/public/2019/0061/latest/LMS183736.html>

with the selection of measures intended to ensure genuine progress is being made for children.

227. More information on the child poverty measures can be found in the Data Annex.

### **Reply to paragraph 24(b)**

228. During the passage of the Child Poverty Reduction Act 2018, the Public Finance Act 1989 was amended in order to require the Government to publish a report on child poverty as part of the annual Budget process. This report must discuss the latest progress made in reducing child poverty and indicate how initiatives in the Budget will affect child poverty.

229. As outlined in the child poverty reports for Budgets 2019 and 2020, the New Zealand Government has implemented a number of policies to reduce child poverty – see reply to paragraph 24(d) below.

230. The Government also acted quickly to reduce the economic impact of COVID-19 on New Zealanders (see reply to paragraph 5(c)).

### **Reply to paragraph 24(c)**

231. The annual Government report on child poverty provides transparency on how the measures in that Budget will affect child poverty.

232. The Budget 2020 report shows the wide range of measures focused on addressing child poverty, including swift action to protect children from the economic impacts of COVID-19.<sup>59</sup> Further initiatives were also funded through a dedicated COVID Relief and Recovery Fund, including a number of initiatives aimed at supporting families facing additional pressure as a result of COVID-19.<sup>60</sup>

### **Reply to paragraph 24(d)**

233. The Families Package, implemented from July 2018, increased the incomes of around 384,000 low to middle-income families with children – by, on average, \$75 a week (in total, \$5.5 billion over four years). There were also numerous changes to income support through Budget 2019, including the indexation of main social welfare benefits to average wage growth, and increasing the amount that beneficiaries can earn before their benefit reduces.

234. Modelling by Treasury estimated that the combined impact of the Families Package and Budget 2019 income support changes would reduce the number of children in poverty on the primary measure of low income by:

- between 41,000 (24%) and 66,000 (37%) children (before housing costs)
- between 50,000 (22%) and 74,000 (30%) children (after housing costs).

---

<sup>59</sup> <https://www.budget.govt.nz/budget/2020/wellbeing/child-poverty-report/government-response.htm>

<sup>60</sup> [Summary of Initiatives in the COVID-19 Response and Recovery Fund \(CRRF\) Foundational Package \(treasury.govt.nz\)](#)

235. Changes to income support were also announced in April 2020, including an increase to benefits, temporarily doubling payments to support low-income families with energy costs during the winter months, and broadening eligibility for the In-Work Tax Credit. Taking all income support changes together, the combined impact is expected to increase income support for beneficiary families with children by, on average, around \$100 per week.

236. Given the uncertainties surrounding the COVID-19 pandemic, Treasury did not provide a single estimate of the impact of the Budget 2020 changes on child poverty – instead, they modelled a number of scenarios. These scenarios highlight the sensitivity of the modelling to different economic outcomes.

#### **Measures to address food security**

237. The New Zealand Government has also taken a range of measures that specifically address food security.

238. The KickStart Breakfast Programme currently provides Sanitarium Weetbix and Anchor milk in over 1,000 schools (approximately 40% of all schools) across New Zealand, reaching 30,000 children. In addition, KidsCan provides support to children in low-decile (1–4) schools with Food for Kids, as well as essential clothing such as raincoats, socks and shoes, and hygiene products. Budget 19 provided \$3.2 million to extend funding for this programme for a further two years.

239. Since early 2020, MOE has been piloting the Free and Healthy School Lunch Programme. The programme provides a free healthy lunch to children and young people each school day. Schools and kura (state schools where the teaching is in te reo Māori and is based on Māori culture and values) are identified for involvement in the programme using MOE's Equity Index, which estimates where children and young people may experience socio-economic disadvantage that could affect their education.

240. To support food security at a whānau level for children, TPK currently offer Māra Kai grants for the establishment of kaupapa<sup>61</sup> Māori food gardens across Māori communities and marae.

241. The Government also acted quickly to ensure food was available to those who needed it in response to COVID-19. For example, the Government:

- implemented a range of measures to bolster the delivery of food and welfare assistance by local authorities and Civil Defence Emergency Management Groups, as well as providing additional support for foodbanks, food rescue and other community food services.
- made access to Special Needs Grants for food easier.
- funded the distribution of surplus produce to families and communities and is supporting innovative solutions to address supply chain issues exacerbated by COVID-19.

---

<sup>61</sup> Defined as principles and ideas which act as a base or foundation for action.

- is providing funding support for foodbanks, food rescue and other community food services.
- provided Free and Healthy School Lunch Programme as part of the COVID-19 Response and Recovery Fund in June 2020. This programme was initially piloted in specific regions of New Zealand only, but will be expanded to reach approximately 200,000 children and young people across Aotearoa New Zealand during 2021.

### **Measures to address housing affordability and quality**

242. Since 2018, the Government has substantially increased investment in the supply of public and transitional housing. Funding has been committed for an additional 18,000 public and transitional housing places to be delivered by 2024.

243. The Government has also developed a comprehensive, cross-agency action plan to prevent and reduce homelessness, including a focus on young people as one of six actions brought forward in response to COVID-19. The Government is providing assistance for families with children in emergency housing and has made changes to the Residential Tenancies Act to improve the quality of rental housing, strengthen security of tenure, and extend the minimum period between rent increases.

244. As part of the response to the COVID-19 pandemic, TPK brought forward and reprioritised its Māori housing investment programme. Support for repairs to homes owned and occupied by low income whānau Māori was prioritised against a list of criteria with the first priority being critical and essential repairs to sub-standard homes occupied by whānau with vulnerable persons (tamariki, kaumātua (elders) or others with special health and social service needs).

245. Another investment related to housing is the Oranga Marae programme. This programme gives support, advice and investment for marae. It gives whānau and hapū advice and support to help develop their marae and achieve their goals. This support may include building projects and activities to revitalise cultural knowledge.

### **School donations scheme**

246. The donations scheme is an optional extra pool of funding available for decile 1–7 schools introduced in 2020. It provides schools with \$150 for each student if they agree not to seek donations from parents and whānau. The scheme was designed to direct funding to schools that are less able to raise funds from their communities and reduce the pressure on parents to pay donations. It aims to reduce the widespread expectation that families should pay voluntary contributions to schools for their child's education.

247. Figures show that 92.1% of eligible schools chose to opt into the scheme for the 2020 school year. \$64.8 million in funding went to schools, benefitting 431,973 students and their families.

### **Access to menstrual hygiene products in schools**

248. In June 2020, the Government announced an initiative to provide access to free menstrual hygiene products in schools nationwide, on an opt-in basis, in 2021. The initiative aims to:



- reduce barriers to accessing both education and sanitary products
- improve child and youth wellbeing
- reduce financial strain on families and whānau experiencing material hardship
- promote positive gender norms and reduce stigmatisation of menstruation.

### **Reply to paragraph 24(e)**

249. As the key provider of benefit payments, MSD is the lead agency in benefit fraud investigations.

250. The process for deciding on prosecution requires that once a solicitor has confirmed that there is sufficient evidence to provide a reasonable expectation of conviction, the case is referred to the Fraud Prosecution Review Panel to determine if it is in the public interest.

251. In considering a case, the Panel will consider the effect a prosecution would have on any children related to the case (e.g. children in the care of the offender). Where there are children who may be impacted, this would be a factor considered. Each case is taken on its merits on a case-by-case basis and an overall assessment of all factors is required to make a final determination on whether to prosecute or not.

### **Reply to paragraph 24(f)**

252. The Children's Act 2014 sets out a legislative requirement to consult with children on a proposed strategy (or any changes to the strategy). In the development of the CYWS, a range of methods were used to help around 6,000 children and young people to express their views on what wellbeing means to them – namely through:

- partner agencies, skilled in working with children and young people, who were commissioned to lead the engagement process.
- interviews and focus groups to hear from 423 children and young people who were more likely to have faced, or be facing, challenges in their lives.
- a Child and Youth Engagement Toolkit developed to help community organisations organise their own focus groups
- an online survey that was completed by 5,631 children and young people.
- the 'Postcard to the Prime Minister' which proved an effective way for children, young people and adults to express their 'big ideas' directly with the Prime Minister.
- DPMC's Child Wellbeing Unit engaging directly with children and young people through a small number of informal face-to-face engagements, as opportunities and events presented themselves.

253. TPK was engaged in the policy process to ensure that the voice of tamariki Māori and their whānau were clearly reflected in both the CYWS.

## **H. Education, leisure and cultural activities**

### **Reply to paragraph 25(a)**

254. The Education Act 1989 has been replaced by the Education and Training Act 2020. Policy changes in the new Act were informed by feedback heard in consultation processes with children and young people.

255. Kōrero Mātauranga (Education Conversation) is an ongoing series of engagements with New Zealanders to capture the views of the population on how to build a world class education system. The engagements have had a particular focus on capturing diverse perspectives that may otherwise go unheard, especially children and young people, Māori, Pacific peoples, parents, and people with learning support needs. 43,000 New Zealanders have engaged with the Education Conversation process.

256. Peak bodies and organisations representing children were also consulted during the development of the Education and Training Act 2020, including the Office of the Children’s Commissioner, Barnardos New Zealand, and the Human Rights Commission.

#### **Human rights curriculum**

257. The Social Sciences learning area contains achievement objectives which focus on human rights at Levels 2, 5, 6, 7 and 8 of the curricula.

258. The Health and Physical Education learning area includes a set of achievement objectives titled “rights, responsibilities and laws” which include learning about a child’s own rights and the rights of others.

259. There is currently work underway to determine a scope and process for updating the New Zealand Curriculum. Consultations with children as part of an update may include looking at human and children’s rights role in the curriculum.

260. This learning area and accompanying curriculum resources allow for human rights to be examined and considered in a local and global context.

### **Reply to paragraph 25(b)**

261. MOE leads Te Marautanga o Aotearoa, which describes the essential knowledge, skills, values, and attitudes appropriate to Māori-medium schools and settings. One of the key values is that the learner is respectful of the mana and spirituality of each person and each whānau, and their attitudes and values, even if these differ from their own. This is consistent with the core values and underpinning principles of He Tamaiti Hei Raukura, which is an ākonga (learner) centred and holistic framework that is being developed for implementation through the refresh of Te Marautanga o Aotearoa. Through this underpinning value, human rights education can be taught and weaved throughout the curriculum and learning experiences.

262. The learning and teaching of Te Takanga o Te Wā (Aotearoa New Zealand’s histories) is explicit within Tikanga ā-lwi and is an important part of Te Marautanga o Aotearoa. Te Takanga o Te Wā gives learners the

opportunity to develop knowledge and understanding of people, places and events that have influenced and shaped Aotearoa New Zealand historically through to the present day.

263. Curriculum resources based on the Tikanga-ā-lwi Wāhanga Ako (learning area) allow students to develop knowledge of the diverse and dynamic nature of society and gain an understanding of the complexity of human behaviour. The Treaty of Waitangi and its historical and contemporary relevance is a major underlying principle in this learning area.

264. TPK led the work on the development of Te Ture Mo Te Reo Māori 2016 (the Māori Language Act 2016). Part of this work brought about the Maihi Karauna (Māori Language Revitalisation 2019–2023) that sets out a vision for te reo Māori in the future. It outlines what the Crown will do to support a strong, healthy, thriving Māori language in New Zealand to support the cultural identity of Māori and all New Zealanders, so the profile of te reo Māori is lifted to national status and is a source of pride for everyone.

265. The National Library's Services to schools has promoted te reo Māori (Māori language) with children by:

- making available te reo books suitable for supporting literacy and learning available in New Zealand schools
- including te reo Māori material wherever possible in learning resources and programmes to support our work with schools
- developing Māori learning resources and content in priority areas – in collaboration with MOE.

### **Reply to paragraph 25(c)**

266. There are a range of mechanisms embedded in New Zealand's education legislation that ensure children are enabled to have meaningful input into decisions that affect them at school. These include consultation requirements, representation, and forums such as disputes panels.

#### **Consultation requirements**

267. The Education and Training Act 2020 sets consultation requirements in a number of key areas, ensuring that children's views are considered throughout their education journey.

#### **Representation**

268. Boards of State schools (where students are enrolled full-time in year levels above age 13) must have a student representative.

269. The New Zealand Institute of Skills and Technology (NZIST) Council must establish a students' advisory committee and is required to consult it about significant matters related to the council's strategic direction that are relevant and consider the advice. The NZIST must also have one member who is a member of and elected by the student's advisory committee.

#### **Dispute mechanisms**

270. The Education and Training Act 2020 enables the establishment of dispute resolution panels. Students in the primary and secondary school system will have an accessible, independent, mechanism to resolve matters where the board has refused to resolve a dispute, or they are not satisfied

with the process or outcome of a board's resolution. These include disputes related to:

- rights to education
- stand-downs, suspensions, exclusions and expulsions
- learning support, racism and other types of discrimination
- physical and emotional safety and
- physical restraint.

271. If the student or a parent requests it, schools are also obliged to hold a meeting to discuss the suspension, and how to resolve the situation with the student.

#### **Reply to paragraph 25(d)**

272. Where a crisis or other issue develops or can be reasonably predictable, then the Government will adjust its spending priorities as required and seek authority from Parliament for any consequential changes to appropriations. If there is an emergency that requires additional spending then section 25 of the Public Finance Act 1989 allows for new expenditure to be incurred in an emergency without Parliamentary authority (e.g. funding was approved for MOE for the provision of resources to allow students to continue learning from home and funding to support wellbeing and engagement with education when restrictions eased).

#### **Reply to paragraph 25(e)**

273. In 2019, over 99% of students were educated in local schools. 3,786 students (36% of students supported by the Ongoing Resourcing Scheme) were enrolled in special schools or their satellite units.

274. MOE has started implementing a new Learning Support Delivery Model to organise learning support based on what best meets the needs of local children and young people. A National Learning Support Network Plan 2030 is being designed to align MOE's network practices with the strategic direction for learning support expressed in the Learning Support Action Plan 2019-2025 (see reply to paragraph 9(a) of the list of issues) and the Learning Support Delivery Model through more active and deliberate network design, planning and management. The Learning Support Network Plan will focus on responding to growth and shifting towards a more integrated network of learning support provision linked to the local school.

#### **Reply to paragraph 25(f)**

275. The Government has made significant investments in learning support over the last three Budgets. This includes \$283.8 million in Budget 2018, \$335.8 million in Budget 2019, and \$251.6 million in Budget 2020.

276. In 2018/19, MOE delivered specialist learning support services to approximately 41,700 children and young people.

#### **Reply to paragraph 25(g)**

277. There are a number of initiatives focussed on supporting schools and education providers to address the gap between girls' and boys' achievement.

278. MOE provides guidance on improving boys' achievement through the Success for Boys website. This brings together research, governance information, and teaching and learning resources to support schools to improve engagement and achievement for male students.

279. A number of programmes also support girls' increased participation in science, technology, engineering and mathematics subjects. These include projects funded through the Curious Minds science education initiative.

#### **Reply to paragraph 25(h)**

280. All schools and other forms of State provided education (for example Alternative Education, Youth Justice and Oranga Tamariki Residential Schools) are periodically reviewed by the Education Review Office.

281. The Government removed the legislative provisions for partnership schools through the Education Amendment Act 2018. MOE worked with each school on a case-by-case basis to disestablish all partnership schools.

#### **Reply to paragraph 25(i)**

282. See reply to paragraph 9(a) of the list of issues about Ka Hikitia – Ka Hāpaitia and The Action Plan for Pacific Education. One of the domains of Ka Hikitia is Te Tangata (Māori are free from racism, discrimination, stigma and bias). Recognising and understanding the impacts of racism, discrimination and bias on access to schooling is a first step.

283. The Learning Support Action Plan 2019-2025 commits MOE to reviewing the guidelines on stand-downs, suspensions, exclusions and expulsions in schools in 2020. This process was delayed due to the need to respond to COVID-19; however, the review has started. We expect new guidelines to be in place for the second half of 2021.

#### **Reply to paragraph 25(j)**

284. MOE is continuing to work with the cross-agency Bullying Prevention Advisory Group (BPAG) and to implement actions from the Bullying Prevention and Response Work Programme 2019 -2022 (BPAG Programme).

285. MoE has made progress on a number of student voice and agency actions from the BPAG Programme. They:

- reviewed the approach to the annual Bullying-Free NZ Week and Competition and changed the objectives and criteria in order to increase the focus on student-led action and initiatives
- have been working with Sticks 'n Stones, the Central Otago based youth-led anti-bullying organisation, to develop two Student Action Packs – one for primary-level students and one for secondary-level students. The aim of the packs is to

encourage and enable students to take action in their schools to prevent and respond to bullying behaviour as well as build a positive school culture

- partnered with the Office of the Children’s Commissioner to undertake engagements with schools that have been identified as effectively implementing bullying prevention and response approaches. The aim of the engagements is to talk to students, school staff, and parents and whānau to understand what enables safe and inclusive learning environments where every child feels accepted, respected and connected, and bullying is prevented
- provided the Wellbeing@School (W@S) survey tools to all schools. These tools support schools to take an in-depth look at the factors that support safe and positive school climates that deter bullying and ensure that student perspectives and experiences can inform positive strategic change
- contracted the New Zealand Council for Educational Research to develop video webinars, an information brochure and provide some advisory hours to support the use of the W@S tools.

286. In August 2020, MOE delivered the New Zealand Council for Educational Research’s published text, Mental Health Education and Hauora: teaching interpersonal skills, resilience and wellbeing to all schools with year 7 students and above, including Activity Centres, alternative education providers, Teen Parent Units and Resource Teachers: Learning and Behaviour clusters. This resource aims to support students to develop knowledge, understandings and skills in areas that have particular relevance to bullying prevention and response including communication and relationships with others, personal identity and wellbeing, social issues and social justice (especially against discrimination and exclusion).

### **Reply to paragraph 25(k)**

#### **Subsidised early childhood education**

287. The Government subsidises all children aged 0-5 years old who attend early childhood care and education for up to 6 hours a day to a maximum of 30 hours a week. Within this, 20 Hours Early Childhood Education provides fees free early childhood education and care for all children aged 3, 4 or 5 years old for up to 6 hours per day, up to a maximum of 20 hours a week.

288. The Government further reduces the cost of early childhood education and care via the Childcare Subsidy. This offsets the parental fees for children aged 0-4 years of age from low income families for up to 50 hours a week.

#### **Additional funding is targeted to services with high proportions of children from low socio-economic backgrounds**

289. MOE provides additional funding to approximately 40% of services with the highest proportions of children from low socio-economic backgrounds.

290. Services can use this funding to remove or reduce barriers to accessing early childhood education and care, such as providing transport, food,

clothing or providing additional fees free hours. They can also use this funding to improve the quality of the education and care in their service, for example through purchasing additional resources, engaging specialist services such as a Speech-Language Therapist or providing excursions.

### **Training for staff on Māori and Pacific culture**

291. The Teaching Council introduced new requirements for initial teacher education (ITE) which took effect from July 2019. ITE providers have until 1 January 2022 to have their programmes approved by the Council under the new requirements, which cover ITE programmes in early childhood, primary and secondary, in English medium and Māori medium.

292. As part of its programme approval, monitoring and review process under the new requirements, the Council will particularly look at how ITE providers integrate culturally responsive teaching into their programmes. Providers must also ensure that ITE programmes are preparing graduates to meet the Code and the Standards (described in the section below).

293. MOE funds a number of professional learning and development (PLD) opportunities and programmes focused on developing the schooling workforce's cultural capabilities. These include centrally funded PLD to develop Cultural Capability, with specially accredited facilitators with expertise in Kaupapa Māori, the Treaty of Waitangi, Critical Consciousness and Inclusion. This PLD is available to all schools and targeted at beginning and overseas-trained teachers additionally has a particular focus on strengthening knowledge of the Treaty of Waitangi and cultural capability. PLD is also available for school leaders through the Māori Achievement Collaborative initiative to promote Māori achieving educational and cultural success as Māori.

### **Requirements for registered and certificated teachers**

294. Our Code Our Standards guides the teaching profession in New Zealand in terms of the high standards for ethical behaviour that are expected of every teacher (the Code) and the expectations of effective teaching practice (the Standards).

295. These includes specific commitments to upholding the partnership expectations outlined in the Treaty of Waitangi in the learning environment, to respecting the diversity, heritage and culture of all learners, their families and communities, including Māori learners as tangata whenua (indigenous people). The Standards set the expectation that teachers use culturally responsive teaching and learning approaches to reflect the diverse identities, languages and cultures of learners in the learning environment.

### **Government-funded professional learning and development**

296. The Government funds the Whakapiki i te reo Māori, a professional development initiative for teachers who work in Māori immersion and bilingual services (speaking te reo Māori 51-100% of the time). The initiative aims to strengthen their existing skills and knowledge. The Whakapiki programme is currently delivered to 23 Māori immersion services annually, with an annual budget of approximately \$0.5m.

297. Training is also provided via the Strengthening Early Learning Opportunities (SELO) professional learning and development initiative. The programme focuses on community specific professional development to



support services to be responsive to identity, language and culture. The annual budget is approximately \$3.0 million.

## **I. Special protection measures**

### **Reply to paragraph 26(a)**

298. Section 9A of the Immigration Act 2009 defines a “Mass Arrival Group” as a group of more than 30 people who travel to New Zealand together or in associated groups and who, in terms of section 115, are unlawfully in New Zealand. Immigration Instructions set out the residence policy for those who arrive in a Mass Arrival Group and include temporal limitations on wider family reunification. Under instruction C8.5, unaccompanied minors (under the age of 18, not married or in a civil union) are excluded from these instructions and therefore not subject to the limitations on family reunification.

### **Reply to paragraph 26(b)**

299. The rights of the child are a primary consideration in immigration decision making but are not an overriding consideration.<sup>62</sup>

### **Reply to paragraph 26(c)**

300. The Immigration Act 2009 sets out the procedures to be followed for a minor making a refugee or protection claim and these are reflected in Immigration Instructions.<sup>63</sup>

301. Claims for refugee and protected person status are assessed individually in New Zealand. Immigration New Zealand’s (INZ) Refugee Status Unit (RSU) adopts the principle that it is in the child’s best interests to have a determination process where they are provided an opportunity to express their views, and that those views and their individual circumstances are taken into account independently in the decision. In the case of unaccompanied minors, the RSU has a legislative obligation<sup>64</sup> to ensure that they are properly represented during the claim process.

302. The RSU has published Guidelines on Children and Minors in the refugee status determination process to assist decision makers, child claimants, their parent/s or responsible adult, and representative.<sup>65</sup>

### **Reply to paragraph 26(d)**

303. The all-of-government New Zealand Refugee Resettlement Strategy provides the framework to improve refugee settlement outcomes so that refugees are able to contribute and to participate in communities and have a sense of belonging to New Zealand. The Strategy’s outcome areas directly relate to and support refugee children to settle in New Zealand, including education, housing, health and participation. Refugee and protection claimants are eligible to access government-funded assistance, including

<sup>62</sup> <https://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/tools-and-information/support-family/dependent-children>

<sup>63</sup> <https://www.immigration.govt.nz/opsmanual>

<sup>64</sup> Section 375, *Immigration Act 2009*.

<sup>65</sup> <https://www.immigration.govt.nz/documents/refugees/refugee-status-children-minors-guidelines.pdf>

publicly funded health care, income support and (in the case of children) education in the compulsory sector. For example, refugee families may be eligible for a non-recoverable grant of up to \$5,000 to support their establishment in the community.

304. INZ has established a Senior Civil Detention and Welfare Advisor role, who is responsible for assisting refugee and protection claimants with their support needs (including disability). This includes unaccompanied minors and children.

305. MOE funds targeted assistance to meet all children's individual needs, including disability support and English language support.

### **Reply to paragraph 27**

306. The legislation established Te Mātāwai, a new organisation to lead revitalisation of te reo Māori on behalf of iwi and Māori. This is the vision of a new Māori language strategy called the Maihi Māori Strategy that was developed by and for iwi, Māori and Māori language communities.

307. Oranga Tamariki has specific legislative obligations to have regard to many Māori cultural principles under the OTA. See reply to paragraph 9(a).

308. A set of five objectives have been developed to guide Oranga Tamariki workers on how these principles can be practically applied (the Mana Tamaiti objectives). These are focused on tamariki Māori, but aspects can be applied to all children.<sup>66</sup>

309. The CYWS, once fully implemented, should influence the business planning, including legislative, policy and service development for all relevant government agencies, and guide decision-making. Several of the Strategy's principles reflect the importance of identity for Māori children. One of the outcome areas of the Strategy is that all children and young people are "accepted, respected and connected" which includes having connection to their culture, language, beliefs and identity, including whakapapa and turangawaewae (a place to stand).

310. The Oranga Tamariki Voices of Children and Young People team undertakes research and engagement projects with tamariki and rangatahi in care to better understand their needs and experiences and advocate for their voices to be heard and responded to. Some of the insights gained from specific cohorts in care include the voices of tamariki and rangatahi Māori, Pacific children and young people and the voices of disabled children and young people.

311. For Pacific children, the Action Plan for Pacific Education is in place. It has the vision that "Diverse Pacific learners and their families are safe, valued, and equipped to achieve their education aspirations". This was designed together with Pasifika learners, families and educators through two years of fono (meetings) across the country and research regarding best practice.<sup>67</sup>

---

<sup>66</sup> <https://www.orangatamariki.govt.nz/assets/Uploads/About-us/Report-and-releases/Section-7AA-Report/S7AA-Improving-outcomes-for-tamariki-Maori.pdf> (pages 40-53)

<sup>67</sup> <https://conversation.education.govt.nz/conversations/action-plan-for-pacific-education/>

## Reply to paragraphs 28(a) to 28(e)

312. New Zealand's existing policy and legislative framework continues to provide age thresholds for entry into work in general, and for safe work.

313. New Zealand has not ratified the International Labour Organisation's Minimum Age Convention, 1973 (No. 138). Rather than legislate for a single minimum age of employment, New Zealand has a range of protections and restrictions on young people's work, mainly regulated by a combination of education and health and safety legislation.

314. The Education and Training Act 2020 mandates that all children in New Zealand attend school between the ages of six and 16 to ensure that young people achieve a proper education before entering the workforce. In addition, employers are explicitly prohibited from employing children under 16 during school hours or when it would interfere with their attendance at school.

315. The Government is committed to securing the health and safety of all young workers. 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 Health and Safety at Work Act 2015 covers all types of working relationships and arrangements, including casual contracts.

316. The Health and Safety at Work (General Risk and Workplace Management) Regulations 2016 places restrictions on hiring children under the age of 15 to do certain work such as logging, construction and manufacturing - or any other work that is likely to cause harm. Further regulations protecting young people in the Health and Safety at Work (General Risk and Workplace Management) Regulations 2016 apply to workers under any type of contract.

317. As part of our ongoing regulatory reform programme, we are considering a range of aspects of youth health and safety at work, including the current settings for:

- how best to support young people transitioning into hazardous work
- how hazardous work is defined in a regulatory sense
- the age of entry to hazardous work.

318. MBIE's Labour Inspectorate is responsible for enforcing compliance with employment standards to prevent and detect breaches. The Labour Inspectorate has a webpage dedicated to raising awareness for the rights of young people at work and prioritises its work through the application of three filters, one of which is 'Vulnerable Youth'.<sup>68</sup> This filter ensures that any employment standards breaches relating to young workers are dealt with swiftly through the enforcement tools available to the Labour Inspectorate.

---

<sup>68</sup> <https://www.employment.govt.nz/#gref>

319. The Starting-Out Wage replaced the new entrants' minimum wage and training minimum wage for under 20s in 2013. 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. 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.

#### **Reply to paragraph 29(a)**

320. Following New Zealand's third Universal Periodic Review in January 2019, New Zealand agreed to consider whether the current minimum age of criminal responsibility, ten years of age, should be increased to align with international standards. The Government is currently monitoring the progress of the Council of Attorneys-General Age of Criminal Responsibility Working Group review led by Western Australia.

321. It should be noted that very few children go through the youth justice system. The majority of children who offend aged between 10-13 will receive a warning or alternative action by Police Youth Aid. If a child's offending raises serious concerns for their wellbeing, a family group conference can be convened to make a plan for the child's wellbeing. This involves the child being dealt with under the care or protection system rather than through the Youth Court.

322. Children may be referred to Oranga Tamariki for an intention-to-charge family group conference, or be brought before the Youth Court, if they are:

- 10 or older and are alleged to have committed murder or manslaughter
- 12 or 13 and alleged to have committed a serious offence that carries a maximum term of imprisonment of 14 years or more
- 12 or 13, have previously offended and been dealt with via the care or protection or Court system, and are alleged to have committed a serious offence that carries a maximum term of imprisonment of 10 years or more.

323. 17-year olds who commit very serious offences (as listed in Schedule 1A of the OTA) will have those charges transferred to an adult court following first appearance in the Youth Court. This allows for offending by the oldest cohort, on the most serious end of the scale to be heard by a higher court.

#### **Reply to paragraph 29(b)**

324. In 2019, the OTA was changed to include most 17 year olds in the youth justice system. This means most children and young people, where logistically possible, are separated from adult offenders while on remand, appearing in court, and in custody.

325. Given New Zealand's relatively sparse population, particularly in some large geographical areas, mixing is sometimes considered to be in the best interests of the child, young person or staff member's wellbeing.

326. Some examples of where age-mixing may occur in New Zealand include:

- in detention to and from fixed places (e.g. by Police transport where a mix of young people and adults are arrested as a result of the same offence/s)
- under exceptional circumstances, if a 17 year old poses an unmanageable risk to other young people in a Youth Justice residence, they can be placed in a Corrections Youth Unit
- mixing in facilities due to the small number of cells available in a region, combined with the relatively long distance to a suitable placement (in Police and Court facilities)<sup>69</sup>
- mixing where it may be clinically and developmentally appropriate for a child or young person to undertake a brief (24–48 hour) local admission at an adult health facility with access to a special and separate care area.

327. The decision to age-mix is a complex one. The young person's wellbeing will play a significant role in this decision, of which a factor is the young person's connection to their whānau, whakapapa, and whenua which may influence decisions on where to detain the child.

### **Reply to paragraph 29(c)**

328. The principles of the OTA provide that children (10–13 years old) and young people (14–17 years old) should be kept in the community as far as is practicable and consonant with public safety. When held in custody, children and young people are mostly held in a community-based remand home or a youth justice residence as these are more appropriate than detaining a child in a Police cell.

329. Oranga Tamariki is working towards more community-based options as an alternative to detention in custody. These community-based options aim to provide a more child and young person centric placement and ensure that young people's connection to their whānau are upheld and strengthened. In turn, this aims to improve the wellbeing of young people who are held on detention.

330. A child or young person who is arrested by Police may be held for up to 24 hours in police custody while waiting for placement with the chief executive of Oranga Tamariki where:

- the Police officer believes on reasonable grounds that the child or young person may not appear before the court, may commit

---

<sup>69</sup> Sometimes there are only a small number of cells available in regional Courts, where young people may be temporarily held while they await a Court hearing. Young people will be held in a separate cell but may be in close proximity to adults in cells. A small spike in volume of young people or adults on a specific instance can mean some young people may need to be held alongside adults. At the same time, we do not consider moving young people to more distant courts (where more space may be available) is desirable as this may remove the young person from their whānau and home community.

further offences, or detention is necessary to prevent loss or destruction of evidence or interference with witnesses; or

- where they have been arrested for repeated breaches of bail and are likely to continue breaching (section 235 OTA).

331. In limited cases where there are no suitable facilities for the safe custody available to the chief executive and a young person is likely to abscond or be violent, a joint certificate can be issued by the chief executive and a senior Police officer to enable the young person (aged 14–17) to be held in custody for longer than 24 hours and until the next court appearance (section 236 OTA). A Youth Court reviews this continued detention every 24 hours unless clearly impractical. A young person must be brought before the court as soon as possible. Once brought before the Court there is the possibility of a young person being further detained in Police custody.

### **Reply to paragraph 29(d)**

332. The Ngāpuhi-led remand service, Mahuru, launched in October 2019, is a remand service for tamariki of Ngāpuhi decent who commit a crime and are placed on remand. This service has been built by listening to our partners as they know what works for the young people and whānau with whom they work. In turn, this helps ensure the best outcomes for young people, whānau, and victims.

333. As of July 2020, Oranga Tamariki is working with a range of iwi and Māori organisations on youth justice placements, and transition support workers in order to better support young people, whānau and victims of youth crime to restore mana to tamariki and rangatahi. There have been no instances of suicide in any Oranga Tamariki institution since 2005.

334. TPK is undertaking Paiheretia te Muka Tangata – Uniting the Threads of Whānau, a \$35 million investment in a multiagency whānau-centred approach that aims to improve outcomes for Māori under 30 and their whānau engaged with the Corrections system. This approach will support improved outcomes for Māori in the youth justice system.

## **J. Optional Protocol on the sale of children, child prostitution and child pornography**

### **Reply to paragraph 30(a)**

335. DIA gathers information, including personal information, for a range of regulatory compliance and law enforcement purposes to fulfil its statutory functions. The Department must act lawfully in line with any statutory authority (particularly the BORA), the Code of Conduct, the Public Service Commission Model Standards, other relevant guidance and what the public generally expects and considers reasonable. DIA employees carry out information gathering activities in accordance with the Department's Information Gathering Framework, including keeping appropriate records about the planning, approval, conduct and reporting of information gathering activities, and following the processes set out in the Framework.

336. In considering how to collect information DIA considers a range of factors, including:

- the official source of the information
- the credibility and reliability of the source of the information, where it is not an official source
- the impact of the collection on affected individuals
- the severity of the harm we are seeking to prevent or address
- the intended and possible outcome(s) of the information collection (for example, a prosecution or imposition of a fine or other statutory penalty).

### **Reply to paragraph 30(b)**

#### **Prevention of child exploitation and trafficking**

337. The Government is developing a new national Plan of Action against Forced Labour, People Trafficking and Slavery, setting out a high-level framework for the actions that agencies will undertake between 2020 and 2025 to address these practices.

338. The draft Trafficking National Plan of Action recognises that children are among the most vulnerable to exploitation and sets out a range of actions targeted at addressing the exploitation of children both within New Zealand and internationally. Part of this plan includes exploring the possibility of research and collection of data to enable us to gain a better understanding of what New Zealand's experience is with these issues, including among children.

339. Building from the existing Plan of Action to Prevent People Trafficking, Oranga Tamariki are now recognised as a key agency and lead for actions to prevent child exploitation and protect children.

340. Oranga Tamariki also chairs the Children Across Borders Working Group, which consists of agency representatives from across government.

341. The Government will also consider strengthening provisions relating to the criminalisation of trafficking in children. This will ensure our legislative settings remain fit-for-purpose to address child trafficking.

342. In accordance with policy, New Zealand only ratified the protocol once it passed the legislation required to implement it. Accordingly, all offences in the protocol are offences under New Zealand law. This includes section 98AA of the Crimes Act which creates an offence for people dealing with children for the purpose of sexual exploitation, the removal of body parts, and engagement in forced labour.

343. New Zealand's trafficking framework includes a specific trafficking offence in section 98D of the Crimes Act as well as other offences including abduction, kidnapping and exploiting workers.

344. The trafficking offence applies to both adults and children, and the fact that the victim is under 18 years is an aggravating factor on sentencing.

#### **Prevention of child sexual exploitation**

345. DIA is mandated to investigate and prosecute offences of possession, distribution and producing objectionable publications under the Films, Videos and Publications Classifications Act 1993 (FVPCA).<sup>70</sup> This includes online

<sup>70</sup> Sections 3, 3(2), 123(1)(d), 124(1)(a), 131 and 131A FVPCA in particular.



child sexual exploitation material (referred to as child pornography in some other countries).

346. The Digital Safety Group has built a reputation as being a highly effective investigation agency, working alongside domestic and international partners to identify and prosecute people who collect and distribute child exploitation materials online and identify and help victims.

347. The team help to protect New Zealand children by:

- ensuring restricted content is accessed appropriately;
- removing the ability to access material that has been classified as objectionable and is considered injurious to the public good; and
- managing the Digital Child Exploitation Filtering System which blocks access to websites that contain child sexual abuse material.

### **Reply to paragraph 30(c)**

348. Although there is no specific reference to the Optional Protocol itself within their mandates, the Human Rights Commission (HRC) and the Office of the Children's Commissioner promote and monitor the Children's Convention and its Optional Protocols as part of their general functions (section 5(2)(kc) of the Human Rights Act 2003 and implicitly in the Children's Commissioner's Act 2003). This includes the ability to lodge a complaint with the HRC.<sup>71</sup>

### **Reply to paragraph 30(d)**

349. The Digital Safety Group has provided data and insight into third parties on offender behaviour and demographics since 2015.

### **Reply to paragraph 30(e)**

350. In relation to online child sexual exploitation, DIA holds liable legal persons in New Zealand through the following prosecution processes:

- formal written warnings,
- youth justice process that includes family group conferences, or
- youth court.

351. For adult offenders there are District Court proceedings that may result in alternative actions. However, in most criminal convictions cases prosecution results in:

- pecuniary fines,
- probation,
- supervision,
- placement on the child sex offender register, or
- terms of imprisonment.

---

<sup>71</sup> <https://www.hrc.co.nz/enquiries-and-complaints/>

### **Reply to paragraphs 30(f) and 30(g)**

352. An offence is deemed to be committed in New Zealand if any part of the offence is committed in New Zealand (section 7 Crimes Act 1961).

353. Both New Zealand Customs service and Police hold charge and prosecute a range of offenders under the FVPCA, the Crimes Act 1961 and Customs and Excise Act 2018 for online child exploitation. For example this includes offences set out in sections 98AA (people dealing with people under 18 for sexual exploitation, removal of body parts, or engagement in forced labour), 98A (participation in organised criminal group), 98C (smuggling migrants) and 98D (human trafficking) of the Crimes Act 1961.

354. In addition, section 7A of the Crimes Act 1961 creates extraterritoriality for specified offences with transnational aspects. This will ensure that sale and exploitation of children is an offence if it occurred completely outside New Zealand and was committed by either a citizen of New Zealand or a person who is ordinarily resident in New Zealand. New Zealand does not have extraterritorial jurisdiction under section 7A of the Crimes Act 1961 if the victim is a national of New Zealand.

355. Section 144A of the Crimes Act 1961 creates an extraterritorial offence for New Zealand citizens and residents who have sexual conduct with people under 18 outside of New Zealand. This explicitly applies to child prostitution offences occurring outside of New Zealand.

356. Extraterritoriality for child pornography offences exists in section 145A of the FVPCA. Offences occurring outside of New Zealand can be prosecuted under that Act if the alleged offender is found in New Zealand and is not extradited because they are a New Zealand citizen.

357. New Zealand does not need a treaty to extradite or receive extradition requests. Dual criminality is required and includes that the offence is punishable by 12 months or more imprisonment in both the requested and the requesting country. All of the offences under the protocol reach this threshold.

### **Reply to paragraph 30(h)**

358. Taskforce Ruru is a group of Victim Identification Specialists from DIA, New Zealand Police and Customs Service who work to a specific protocol in order to identify child sexual exploitation victims both within New Zealand and overseas. They support the development and maintenance of national and international agreements that are in place and undertake ongoing training to follow best practice image analysis. The Taskforce meets on a regular basis throughout the year and link in with other jurisdictions across the globe.

359. Police is an active member and interacts with the Taskforce Ruru primarily through the Online Child Exploitation Across New Zealand (OCEANZ) team. The group discuss emerging trends and topics on online child sexual abuse, which supports MBIE's Plan of Action Against Forced Labour, People Trafficking and Slavery.

360. In Wellington, the OCEANZ team focusses solely on online child exploitation and is connected with Police Districts at multiple levels. The team carries out investigations into all types of online child exploitation and also conducts victim identification investigations. At present, the victim identification role is currently undergoing redesign to ensure it is fit for purpose and adequately supports district and national investigations.

#### **Reply to paragraph 30(i)**

361. The Evidence Amendment Act 2016 made a number of significant changes to how child witnesses give evidence in criminal proceedings. For example, it is now presumed that a child witness will give their evidence in an alternative way (for example by a video record made before the hearing, from behind a screen or from a place outside the court room). An application must be made if a child witness wishes to give evidence in the way an adult would.

362. However, in most prosecution cases progressed by DIA, the investigation of possession, production, or distribution of the content does not reveal the child victims contained within in it. As such, the child victims are unable to be called as witnesses in the court proceedings, nor is their direct evidence necessary to meet the evidential threshold for offences under the FVPCA.

#### **Reply to paragraph 30(j)**

363. New Zealand investigates these offences using a cross-agency approach involving DIA, Police and Customs.

364. The Digital Safety inspectors at DIA hold specific warrants under the Search and Surveillance Act 2012 to investigate and ensure compliance with the FVPCA. DIA have specific warrants which allow them special search and seizure powers in relation to child sexual exploitation.

365. Customs focuses on the cross-border illicit trade in child sexual exploitation material, whether carried across the border on devices such as computers or phones or imported via online means.

366. In 2019, Customs began the process to double the number of Child Exploitation Operations Team investigators dedicated to investigating and prosecuting offences involving cross-border transfers of child sexual exploitation material from 6 to 12 (full complement will be in place by 2023). Customs also began building up significant additional analytical and electronic processing staff, to support the investigators as they investigate and prosecute these offences. This will allow Customs to respond more fully to the over 1,000 attempts made every day to import and/or export child sexual exploitation material across New Zealand's cyber border, and to the three to five thousand referrals each year from our partner agencies overseas.

367. Police coordinate prevention activities and investigations into online child exploitation across the country. Child Protection Teams within the Districts are dedicated full time to investigating offences against children and

carrying out child protection activities. This includes the investigation of child exploitation online.

### **Reply to paragraph 30(k)**

368. In recent years, DIA has operated in two main areas of the wider digital safety environment. DIA detects, deters and prosecutes those responsible for creating and sharing child exploitation material online – as well as assisting other local and international enforcement agencies in similar efforts. The main tool for prevention is the digital child exploitation filter which blocks access to known child exploitation sites for users of those internet services who voluntarily subscribe to the filter.

369. There is a centralised contact team (which also carries out investigations into all types of online child exploitation) for multiple agencies (DIA and NZ Customs) as well as international partners who refer online child exploitation investigations to Police. These investigations and referrals are then coordinated and disseminated throughout the country, with the OCEANZ supporting district investigations. The OCEANZ team provides additional training to staff to proliferate knowledge not only to investigators, but also to front line staff, to enable identification and detection of online child exploitation offending. Police are also a member of a number of global taskforce's that are dedicated to this area of offending (recognising the serious and borderless nature of this type of offending).

370. DIA, Police and Customs work together to undertake the below programmes to prevent online child sexual exploitation and abuse.

(a) Taskforce Ruru (refer to reply to paragraph 30(h) of the list of issues)

(b) Prevention working groups and initiatives

- In December 2019, the Combating Child Sexual Exploitation Group was launched. This group includes NGOs and is developing and running collaborative initiatives, projects and campaigns to combat and prevent child sexual exploitation in New Zealand.
- DIA re-launched a programme of safe to fail trials to prevent online child sexual exploitation and abuse in May 2020. This has expanded to include a wider set of government agencies (e.g. Accident Compensation Corporation, MSD, MOE) and NGOs.

(c) Online Safety Awareness Campaign 2020

Please refer to issue 15(b).

## **K. Optional Protocol on the involvement of children in armed conflict**

### **Reply to paragraph 31(a) and 31(b)**

371. New Zealand has extraterritorial jurisdiction for the war crimes specified in Articles 8(2)(b)(xxvi) and 8(2)(e)(vii) of the Rome Statute.<sup>72</sup> Proceedings may be brought for an offence whether or not any act forming part of the offence occurred in New Zealand under s 8(1)(c) of the International Crimes and International Criminal Court Act 2000. The relevant Rome Statute provisions only apply to conscripting or enlisting children under the age of 15 and/or using them to participate actively in hostilities. Beyond this, members of the New Zealand Defence Force (NZDF) can also be charged (and punished if convicted) for using children to take a direct part in hostilities or recruiting children into armed forces or armed groups.<sup>73</sup>

### **Reply to paragraph 36**

372. See the reply to paragraph 9(c).

### **Reply to paragraph 37**

373. See tables 4-8 of the Data Annex.

### **Reply to paragraph 39(d)**

374. In 2019/2020, 136 adoption applications were filed in New Zealand. This number has decreased over the past 10 years, with 212 adoption applications filed in 2010/2011. Almost half of these children (49%) were aged under 12 months.

---

<sup>72</sup> For the purpose of the Rome Statute, “war crimes”, in the context of armed conflict not of an international character, can mean “conscripting or enlisting children under the age of fifteen years into armed forces or groups or using them to participate actively in hostilities”.

<sup>73</sup> New Zealand Defence Force, Manual of Armed Forces Law – Law of Armed Conflict (DM 69 (2 ed) Volume 4 at 14.6.10.

### III. Statistical information and data

See the content of the Data Annex below for replies to the remaining paragraphs of the list of issues.

Table 1. Data annex LOIPR cross-reference guide: .....	62
Notes on the data.....	63
Table 2. Please provide information on the budget lines regarding children and social sectors by indicating the amount allocated to each budget line and its proportion in terms of the total national budget 64	
Table 3. Data on children under 18 years of age living in New Zealand (2017-2020).....	66
Provisional data on child and youth suicide from June 2016 - June 2020.....	67
Table 4. Age group and gender of child and youth suicide .....	67
Table 5. Ethnicity (Māori) .....	67
Table 6. Suicide of 15-24 year olds by deprivation .....	67
Table 7. Suicide of 15–24 year olds by ethnicity (Māori, Pacific, Asian, Other) as recorded by the Ministry of Health for 2016 .....	68
Table 8. Youth suicide by District Health Board (DHB) 2016.....	68
Children living below the poverty line and in extreme poverty.....	70
Table 9. Child poverty rates – population level .....	71
Table 10. Child poverty rates 2019/20 on the primary measures – by disability status.....	72
Table 11. Child poverty rates on the primary measures – by ethnicity .....	72
Table 12. Child poverty rates on the primary measures – by region .....	72
Table 13. The number of reported cases of violence and abuse against children, including sexual abuse, the investigations conducted .....	73
Children with Disabilities .....	74
Table 14. Data on children with disabilities 2013 .....	74
Table 15. Data on children with disabilities in education 2013 .....	75
Table 16. Data on the Child Disability Allowance from April 2016-April 2021 .....	77
Children in Education .....	78
Table 17. Data on children in education from 2017 – school type .....	78
Healthcare and Economic Support Services .....	80
Table 18. The number of intersex children who have undergone surgery or treatment related to their sexual characteristics from 2016/17-2017/18 .....	80
Table 19. Data on sexually transmitted diseases among adolescents .....	80
Table 20. Working age Main Benefit clients with children included as at end of April 2016–2021 .....	81
Table 21. Total number of dependent children of working-age people on benefits as at end of April 2016–2021.....	83
Table 22. Number and proportion of children receiving health services, including counselling and services for the treatment of alcohol and drug-related problems in 2019.....	84
Table 23. Number of paediatric and mental health services and professionals specializing in young children and adolescents in 2015.....	85
Teenage Pregnancies .....	86

Table 24. Number and percentage of women giving birth 2008–2017 - age .....	86
Table 25. Number and percentage of women giving birth 2017 - by age and ethnic group .....	86
Table 26. Number and percentage of women giving birth 2017 - by neighbourhood deprivation quintile, age group and ethnic group .....	87
Table 27. Birth rate 2017 – by age group and DHB of residence .....	87
Breastfeeding .....	88
Table 28. Number and percentage of babies, by breastfeeding status at two weeks after birth, 2008–2017 .....	88
Table 29. Number and percentage of babies 2017 - by breastfeeding status at two weeks after birth, maternal age group, baby ethnic group, baby neighbourhood deprivation quintile and baby DHB of residence .....	89

**Table 1. Data annex LOIPR cross-reference guide:**

LOIPR	Table #
<b>34</b> Please provide information on the budget lines regarding children and social sectors by indicating the amount allocated to each budget line and its proportion in terms of the total national budget.	2
<b>35a</b> The number and proportion of children under 18 years of age living in the State party.	3
<b>35b</b> The number of children under 18 years of age who were married in the State party or whose marriage abroad was recognized by the State party.	3
<b>36</b> Please provide data, disaggregated as described in paragraph 32 above, on the number of cases of discrimination against children and the type of sanction delivered (disciplinary, administrative or penal).	n/a
<b>37</b> Please provide data, disaggregated as described in paragraph 32 above, on the number of children under 18 years of age who died by suicide.	4-8
<b>38a</b> The number of reported cases of violence and abuse against children, including sexual abuse, the investigations conducted, the prosecutions carried out and the sentences delivered, further disaggregated by type of offence, whether it occurred in State care and type of disability, if applicable.	13
<b>38b</b> The number of intersex children who have undergone surgery or treatment related to their sexual characteristics.	18
<b>39a</b> The number and proportion of families and children receiving economic and other types of support services, including counselling and services for the treatment of alcohol or drug-related problems.	20-23
<b>39b</b> The number of children in institutional care and the average length of stay.	3
<b>39c</b> The number of children in family-based and community-based care.	3
<b>39d</b> The number of children adopted domestically and internationally.	n/a
<b>40a</b> Children with disabilities.	14
<b>40b</b> Children with disabilities living with their families.	16
<b>40c</b> Children with disabilities living in institutional care and in family-based and community-based care.	16
<b>40d</b> Children with disabilities who have been sterilized.	n/a
<b>41a</b> The number of paediatric and mental health services and professionals specializing in young children and adolescents, further disaggregated by municipality.	23
<b>41b</b> The number and proportion of children living below the poverty line and in extreme poverty.	9-12
<b>41c</b> The number and proportion of teenage pregnancies.	24-27
<b>41d</b> The incidence of sexually transmitted diseases among adolescents.	19
<b>41e</b> The number and proportion of infants up to 6 months of age that are exclusively breastfed.	27-28
<b>42a</b> Children attending regular and partnership schools.	17
<b>42b</b> Children with disabilities enrolled in inclusive education and in separate schools	15



## Notes on the data

The data in this report is provided, where possible, to answer the United Nations Committee on the Rights of the Child's list of issues questions. Where data is not available in the required detail and format, this is noted and the closest alternative is provided.

There are some constraints on the use and reporting of data. Some data includes small numbers and there are limits to which this data can be disaggregated without compromising the reliability of the estimates being reported. It is also important to maintain confidentiality with disaggregated data (in general, cells representing fewer than five individuals have been suppressed, indicated with "...S") and this also helps to minimise data volatility when reporting on trends. This is particularly important when dealing with sensitive data, such as child abuse statistics and youth suicide.

Female = F, Male = M.

DRAFT

**Table 2. Please provide information on the budget lines regarding children and social sectors by indicating the amount allocated to each budget line and its proportion in terms of the total national budget**

Note that the figures sourced from the Half-Year Economic and Fiscal Update as at 16 December 2020 are aggregated, and therefore, some of the figures presented in Table 2 may include funding not in scope of the request.

\$millions	2018	Proportion of total expense %	2019	Proportion of total expense %	2020 (unaudited actual)	Proportion of total expense %	2021 (forecast)	Proportion of total expense %
<b>Total Crown Expense</b>	<b>80,576</b>		<b>86,959</b>		<b>108,832</b>		<b>119,458</b>	
					<b>Social security and welfare</b>			
<b>Welfare benefits</b>	24,005	29.8	26,689	30.7	41,308	38.0	36,339	30.4
<b>Social rehabilitation and compensation</b>	241	0.3	249	0.3	260	0.2	333	0.3
<b>Departmental expenses</b>	1,593	2.0	1,784	2.1	2,062	1.9	2,637	2.2
<b>Other non-departmental expenses</b>	160	0.2	18	0.0	398	0.4	588	0.5
<b>Total social security and welfare expenses</b>	<b>25,999</b>	<b>32.3</b>	<b>28,740</b>	<b>33.1</b>	<b>44,028</b>	<b>40.5</b>	<b>39,897</b>	<b>33.4</b>
					<b>Health</b>			
<b>Departmental outputs</b>	200	0.2	210	0.2	236	0.2	294	0.2
<b>Health services purchasing</b>	15,449	19.2	16,311	18.8	18,176	16.7	19,711	16.5
<b>Other non-departmental outputs</b>	816	1.0	937	1.1	634	0.6	915	0.8
<b>Health payments to ACC</b>	682	0.8	782	0.9	812	0.7	1,056	0.9
<b>Other expenses<sup>74</sup></b>	12	0.0	28	0.0	33	0.0	1,156	1.0
<b>Total health expenses</b>	<b>17,159</b>	<b>21.3</b>	<b>18,268</b>	<b>21.0</b>	<b>19,891</b>	<b>18.3</b>	<b>23,132</b>	<b>19.4</b>
					<b>Education</b>			

<sup>74</sup> The '2021 Forecast' for other expenses includes costs in relation to the Government's response to COVID-19.

\$millions	2018	Proportion of total expense %	2019	Proportion of total expense %	2020 (unaudited actual)	Proportion of total expense %	2021 (forecast)	Proportion of total expense %
Early childhood education	1,844	2.3	1,896	2.2	2,007	1.8	2,199	1.8
Primary and secondary schools	6,334	7.9	6,823	7.8	7,104	6.5	7,987	6.7
Tertiary funding	4,112	5.1	4,112	4.7	5,621	5.2	3,878	3.2
Departmental expenses	4,281	5.3	1,416	1.6	1,534	1.4	1,660	1.4
Other education expenses	58	0.1	46	0.1	56	0.1	244	0.2
<b>Total education expenses</b>	<b>13,629</b>	<b>16.9</b>	<b>14,293</b>	<b>16.4</b>	<b>16,322</b>	<b>15.0</b>	<b>15,968</b>	<b>13.4</b>
<b>Primary and secondary schools</b>								
Primary	3,126	3.9	3,452	4.0	3,600	3.3	4,001	3.3
Secondary	2,407	3.0	2,606	3.0	2,683	2.5	3,018	2.5
School transport	195	0.2	206	0.2	208	0.2	221	0.2
Special needs support	429	0.5	447	0.5	515	0.5	626	0.5
Professional development	82	0.1	104	0.1	91	0.1	102	0.1
Schooling improvement	5	0.0	8	0.0	7	0.0	19	0.0
<b>Total primary and secondary school expenses</b>	<b>6,334</b>	<b>7.9</b>	<b>6,823</b>	<b>7.8</b>	<b>7,104</b>	<b>6.5</b>	<b>7,987</b>	<b>6.7</b>

Source: the Treasury <https://www.budget.govt.nz/budget/pdfs/hyefu2020/hyefu20.pdf> from page 117.  
Note that data disaggregated by demographic characteristics is not available for this question.

**Table 3. Data on children under 18 years of age living in New Zealand (2017-2020)**

	2017	2018	2019	2020
<b>Population estimate</b>				
<b>Under 18</b>	1,131,000	1,137,600	1,149,300	N/A
<b>Total population</b>	4,859,500	4,941,200	5,042,000	N/A
<b>Percentage of total population under 18 years</b>				
<b>Under 18</b>	23.3	23	22.8	N/A
<b>Marital status</b>				
Note that Stats NZ does not have data on marriages abroad to people under 18 years. The table shows the number of marriages <i>within New Zealand only</i> to people under 18 years.				
<b>Number of marriages</b>	36	21	9	N/A
<b>Living situation of children living in State care</b>				
<b>Number of children in Residential Placement (average length of stay in care in days)</b>	N/A	25 (120)	18 (152)	24 (238)
<b>Number of children in Family-based care*</b>	N/A	4,268	4,442	4,193
<b>Number of children in Community-based care</b>	N/A	575	600	549
<b>Number of children in other placement types</b>	N/A	170	208	229

Source: Stats NZ and Oranga Tamariki

Note:

- specific information related to children with disabilities is provided separately.
- \*includes Family Home Placement, Family/Whānau Placement and Foster Carer Placement
- disaggregated data for other demographic characteristics is not available for this issue.

## Provisional data on child and youth suicide from June 2016 - June 2020

In New Zealand, suicide data is reported by both the Ministry of Health and by the Chief Coroner, Ministry of Justice. The coronial statistics are published as provisional and are a count of self-inflicted deaths released before coroners have investigated the circumstances surrounding death. The Ministry of Health publishes the number of suicides that have been confirmed by the coroner and also those provisionally coded as suicide where there is enough information to suggest the coroner will find the cause of death to be suicide.

Consequently, the Ministry of Health has only provided public information on suicide up to 2016. As the Chief Coroner's statistics are published more quickly and frequently than the Ministry of Health's statistics, we have provided provisional data that is more up to date for age group, gender and Māori breakdowns. The Ministry of Health's data from 1996-2016 can be found at <https://www.health.govt.nz/publication/suicide-facts-data-tables-19962016#reporting>.

The information provided relates to provisional suicide figures. It relates to deaths where suicide is suspected but has not yet been confirmed by a coroner; some cases recorded here may eventually be found not to be suicides. This data differs from the Ministry of Health data, which is based on the numbers of suicides confirmed by coroners, or where there is sufficient other evidence to conclude the death was a suicide. In addition, Ministry of Health figures are recorded by calendar year.

The Chief Coroner releases national provisional suicide statistics each year to help suicide prevention efforts and initiatives undertaken by other agencies at <https://coronialservices.justice.govt.nz/suicide/annual-suicide-statistics-since-2011/>

More general mortality data up to 2018 can be accessed via the Ministry of Health's Mortality Web Tool [https://minhealthnz.shinyapps.io/mortality\\_webtool/](https://minhealthnz.shinyapps.io/mortality_webtool/)

### Table 4. Age group and gender of child and youth suicide

In August 2020, Chief Coroner Judge Deborah Marshall noted "[t]here was a decrease in the number of young people dying by suspected suicide, particularly in the 15-19 age range (down from 73 to 59). [The rate] decreased from 23.14 to 18.69".

Age group	2016/2017			2017/2018			2018/2019			2019/2020			Final total
	F	M	Total	F	M	Total	F	M	Total	F	M	Total	
10-14	7	6	13	S	S	8	6	S	11	S	S	6	38
15-19	10	28	38	20	33	53	25	48	73	23	36	59	223
<b>Total</b>													261

### Table 5. Ethnicity (Māori)

Reporting on suicide by ethnicity is not generally available as disaggregated data by age beyond 2016. New Zealand however does collect annual data by age for suicide deaths reported to the Coroner by Māori ethnicity.

Age group	2016/2017			2017/2018			2018/2019			2019/2020			Final total
	F	M	Total	F	M	Total	F	M	Total	F	M	Total	
10-14	7	S	8	S	S	6	S	S	7	S	S	S	24
15-19	S	11	15	9	15	24	12	16	28	10	10	20	27
<b>Total</b>													111

Note: Ethnicity count is based on information reported to the Coroner and may differ from that held by other agencies, such as the Ministry of Health.

### Table 6. Suicide of 15-24 year olds by deprivation

Age group	Quintile
-----------	----------

	1 (least deprived)		2		3		4		5 (most deprived)	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
<b>15-24 years</b>	16	13.7	11	9.2	15	11.8	43	30.2	26	16.1

Source: New Zealand Mortality Collection

Notes:

- Deprivation quintile 5 represents the most deprived areas and quintile 1 represents the least deprived areas.
- Rates are expressed per 100,000 population.
- Rates are not calculated where a category has fewer than five suicide deaths. Calculating rates of suicide from fewer than five suicide deaths produces unstable rates.
- Data excludes eight suicides among those aged 0–14 years.

**Table 7. Suicide of 15–24 year olds by ethnicity (Māori, Pacific, Asian, Other) as recorded by the Ministry of Health for 2016**

Ethnicity	Female		Male		Total	
	Number	Rate	Number	Rate	Number	Rate
<b>Māori</b>	225	34.2	140	42.3	225	34.2
<b>Pacific</b>	50	18.1	36	26.1	50	18.1
<b>Asian</b>	29	6.1	24	9.4	29	6.1
<b>Other</b>	267	14.8	204	22.1	267	14.8

Source: Ministry of Health

Notes:

- Rates are for the five-year period 2012–2016, expressed per 100,000 population. Rates for 'All ages' are age-standardised to the WHO World Standard Population.
- Numbers have been aggregated over a five-year period (2012–2016) as some ethnic groups have very small numbers of suicide deaths.
- Rates are not calculated where a category has fewer than 20 suicide deaths (< 5 per year). Calculating rates of suicide from fewer than five suicide deaths per year produces unstable rates.

**Table 8. Youth suicide by District Health Board (DHB) 2016**

The Ministry of Health has disaggregated suicide by District Health Board data by youth population. There is no definition of this age-group for this data. It can be assumed that the youth population is likely to include young people over 18 years. Therefore, the information presented may not be a clear indication of child suicide rates.

Age group	District Health Board	Total
Youth	New Zealand	591
	Northland	33
	Waitemata	44
	Auckland	42
	Counties Manukau	61
	Waikato	49
	Lakes	26
	Bay of Plenty	31
	Tairāwhiti	7
	Hawke's Bay	26
	Taranaki	13
	Mid Central	32
	Whanganui	10
	Capital & Coast	31

	Hutt Valley	23
	Wairarapa	7
	Nelson Marlborough	13
	West Coast	12
	Canterbury	58
	South Canterbury	10
	Southern	42
	Unknown	1

Source: New Zealand Mortality Collection

Notes:

- Rates for the total population are five-year rates, expressed per 100,000 population and age standardised to the WHO World Standard Population.
- Rates are not calculated for youth. Most DHB regions had too few youth suicide deaths over the five-year period and / or a youth population that is too small to produce stable rates.
- DHBs have varying population sizes. Each DHB's numbers should be read in the context of its population size.

DRAFT

## Children living below the poverty line and in extreme poverty

The New Zealand Government's position is that a multi-measure approach is required for monitoring levels of poverty. The Child Poverty Reduction Act uses ten measures to monitor child poverty, including both income measures (before and after housing costs) and measures of material deprivation — measuring poverty from different perspectives and at different depths. New Zealand does not collect data on 'extreme poverty' (using the \$1.90 per day international poverty line set by the World Bank), but does include measures of deeper poverty that are relevant to our context – for example, severe material hardship, and/or the AHC40, which measures the number of children living in households receiving less than 40 percent of the median household income (moving line), after housing costs.

Table 3 below sets out the most recent child poverty rates released by Stats NZ in February 2021 (for the 2019/2020 year), as well as the baseline rates (for the 2017/18 year). The most recent Household Economic Survey data collection was halted in March 2020 due to the COVID-19 lockdown, so the 2019/20 data does not reflect any economic impacts of COVID-19.

Table 4 below sets out child poverty rates for 2019/20 by disability status. This is the first year that Stats NZ has disaggregated the data in this way, and it will be a part of their ongoing releases.

Table 5 below sets out child poverty rates for 2019/20 by ethnicity (for European, Māori, and Pacific children) using the primary measures, as well as the change from the 2018/19 rates. Rates by ethnicity were not released for the 2017/18 year due to the limitations of the relatively small sample size. The sample size was increased significantly in 2018/19 to support the new regime, and to allow for disaggregation by ethnicity. While there are children from all ethnic groups living in households with relative low income and in relative material hardship, the rates for Māori and Pacific peoples are higher across most measures compared with the national average. Note the large sample errors for the change, meaning we have not focussed on the year-on-year change.

Table 6 below sets out child poverty rates for 2019/20 and 2018/19 by region using the primary measures. Rates by region were not released for the 2017/18 year due to the limitations of the relatively small sample size. Note the large sample errors for the change, meaning we have not focussed on the year-on-year change.

Source: Stats NZ "Child Poverty statistics year ended June 2020" <https://www.stats.govt.nz/information-releases/child-poverty-statistics-year-ended-june-2020>

Notes on tables:

- Further data and sampling errors can be found here: <https://www.stats.govt.nz/information-releases/child-poverty-statistics-year-ended-june-2020>
- Stats NZ releases a technical appendix with each release of the official statistics that sets out the methodology they used to prepare the estimates of child poverty rates (The 2018/19 Technical appendix can be found here: <https://www.stats.govt.nz/methods/child-poverty-statistics-year-ended-june-2020-technical-appendix>).
- All income measures refer to household equivalised disposable income, before or after housing costs.
- Material hardship is measured using a deprivation index called DEP-17. A household with 6 or more lacks is in material hardship, and with 9 or more lacks is in severe material hardship.
- Ethnic groups are created using the total response method. People were able to identify with more than one ethnic group, so figures will not sum to the total population. Other ethnicities figures are available in the excel tables online.



**Table 9. Child poverty rates – population level**

	<b>2017/18 (baseline)</b>	<b>2019/20 (second year of three-year target period)</b>	<b>Sample error on change</b>	<b>Change over 2018– 2020 (percentage point)</b>
<b>Primary measures</b>				
BHC50 moving line	16.5 % (183,400 children)	13.8 (157,800 children)	1.6	-2.7
AHC50 fixed line (2017/18 ref year)	22.8 % (253,800 children)	18.4% (210,500 children)	<b>2.3</b>	<b>-4.4</b>
Material hardship	13.3 % (147,600 children)	11.3% (129,600 children)	2.5	-2.0
<b>Supplementary measures</b>				
BHC60 moving line	25.3 % (281,200 children)	22.3% (254,800 children)	<b>1.8</b>	<b>-3.0</b>
AHC60 moving line	30.6 % (341,100 children)	27.9% (318,900 children)	2.8	-2.7
AHC50 moving line	22.8 % (253,800 children)	20.1% (229,600 children)	2.3	-2.7
AHC40 moving line	15.7% (174,300 children)	14.0% (159,700 children)	2.5	-1.7
Severe material hardship	5.8 % (64,800 children)	4.5% (51,600 children)	1.6	-1.3
Combined AHC60 moving line and material hardship	8.8 % (98,300 children)	6.6% (75,500 children)	<b>2.1</b>	<b>-2.2</b>

**Table 10. Child poverty rates 2019/20 on the primary measures – by disability status**

Disability status	Primary Measures					
	BHC50 moving line		AHC50 fixed line		Material Hardship	
	% in poverty	Sample error	% in poverty	Sample error	% in poverty	Sample error
Disabled children	15.6	3.0	22.5	3.6	20.4	3.4
Non-disabled children	13.6	1.3	17.7	1.4	10.1	1.0
Children in a disabled household	17.0	2.3	21.4	2.8	20.4	2.6
Children in a non-disabled household	12.4	1.4	17.1	1.5	7.5	1.0

**Table 11. Child poverty rates on the primary measures – by ethnicity**

Ethnicity	Primary Measures								
	BHC50 moving line			AHC50 fixed line			Material Hardship		
	2019/20 (%)	Change from 2018/19 (ppt)	Sample error for change	2019/20 (%)	Change from 2018/19 (ppt)	Sample error for change	2019/20 (%)	Change from 2018/19 (ppt)	Sample error for change
European	10.6	0.8	1.9	14.8	0.2	2.0	8.9	-0.8	1.6
Māori	17.1	-0.7	2.9	21.1	-1.3	3.3	19.5	-3.1	3.5
Pacific peoples	19.1	0.6	4.7	21.0	-0.5	4.0	26.1	-2.1	5.5

**Table 12. Child poverty rates on the primary measures – by region**

Region	Primary Measures								
	BHC50 moving line			AHC50 fixed line			Material Hardship		
	2019/20 (%)	Change from 2018/19 (ppt)	Sample error for change	2019/20 (%)	Change from 2018/19 (ppt)	Sample error for change	2019/20 (%)	Change from 2018/19 (ppt)	Sample error for change
Northland	22.1	4.9	11.1	22.6	0.1	9.7	15.5	1.6	9.5
Auckland	16.4	2.7	2.7	21.4	1.4	2.9	12.1	-1.1	2.7
Waikato	13.5	-2.5	4.5	20.5	0.5	4.9	12.6	-3.2	4.7
Bay of Plenty	12.5	-1.2	5.7	16.9	-4.0	6.6	12.0	-1.7	6.2
Gisborne / Hawkes Bay	11.8	-3.5	6.0	13.7	-1.1	6.8	9.2	-5.4	5.3
Taranaki	9.8	-5.6	8.9	17.6	-2.8	10.8	12.5	-5.2	9.9
Manawatu-Whanganui	11.8	-3.9	5.5	14.4	-3.1	6.2	15.6	-2.2	7.1
Wellington	8.3	-3.4	3.7	13.0	-1.8	4.8	7.6	-1.8	3.5
Tasman-Nelson-Marlborough-West Coast	9.2	-2.0	5.3	14.5	-2.0	8.1	17.2	2.3	10.4
Canterbury	12.4	3.6	4.3	17.8	2.7	4.3	8.5	-1.4	4.0
Otago	15.0	0.9	8.2	15.1	-2.1	7.6	4.4	-7.6	8.1
Southland	13.6	-5.1	9.2	15.9	0.5	9.9	13.7	1.7	11.8

**Table 13. The number of reported cases of violence and abuse against children, including sexual abuse, the investigations conducted**

		2017	2018	2019	2020
<b>Age</b>	Under 10	2,929	2,787	3,094	3,028
	10-13 years	2,784	2,820	3,074	3,018
	14-17 years	4,932	4,895	4,858	5,034
<b>Gender</b>	Female	4,640	4,477	4,839	4,736
	Male	5,998	6,021	6,172	6,334
	Unknown	7	4	15	10
<b>Ethnicity</b>	African	26	19	16	22
	Asian	142	111	149	149
	European	3,128	3,011	2,953	2,644
	Indian	135	145	178	153
	Latin/Hispanic	15	16	22	11
	Maori	3,670	3,509	3,393	3,445
	Middle Eastern	41	39	44	43
	Pacific Island	858	747	756	639
	Not elsewhere classified	74	123	140	125
Unknown	2,556	2,782	3,375	3,849	
<b>Police district</b>	Northland	522	561	536	569
	Waitemata	752	734	798	743
	Auckland City	541	473	464	390
	Counties / Manukau	1,626	1,520	1,637	1,720
	Waikato	955	879	906	944
	Bay Of Plenty	1,183	1,199	1,287	1,359
	Central	1,128	1,153	1,177	1,103
	Eastern	895	882	849	868
	Wellington	924	987	978	1,090
	Tasman	504	444	466	485
	Canterbury	908	1,007	1,283	1,216
	Southern	707	663	645	593
	Northland	522	561	536	569
	Waitemata	752	734	798	743
<b>Outcome of investigation at 7 days</b>	Court action	1,523	1,328	1,301	1,041
	Non-court action	205	171	158	176
	No offender proceeded against	295	312	238	255
	Investigation continuing	7,885	7,903	8,562	8,422
	Investigation pending	737	788	767	1,186
<b>Offence type</b>	Serious Assault Resulting in Injury	2,023	2,273	2,691	2,706
	Serious Assault Not Resulting in Injury	3,312	2,971	3,586	3,932
	Common Assault	2,869	2,813	2,329	2,033
	Aggravated Sexual Assault	2,329	2,354	2,327	2,303
	Non-Aggravated Sexual Assault	112	91	93	106
<b>Total</b>		<b>10,645</b>	<b>10,502</b>	<b>11,026</b>	<b>11,080</b>

Source: New Zealand Police

Note data is not available on prosecutions and sentences, whether the offense occurred in State care and disability (if applicable).

## Children with Disabilities

Table 14. Data on children with disabilities 2013

The most recent data on disabilities in New Zealand can be found in the Disability Survey 2013. Due to sample size constraints, the population level estimates presented are rounded to the nearest thousand. Publicly available data from this survey includes age breakdowns for children aged 0-14 and people aged 15-44 years. We are unable to provide a breakdown of children aged 0-18 years. Statistics NZ will be undertaking a further New Zealand Disability Survey in 2023.

		<b>Children with disabilities from 2013</b>			
		<b>Number (rate within NZ population)</b>			
		0-14 years number	0-14 years rate*	15-44 years number	15-44 years rate*
Sex	Female	35,000	8	145,000	16
	Male	60,000	13	138,000	16
Ethnicity	European	69,000	11	205,000	16
	Māori	35,000	15	66,000	23
	Pacific peoples	9,000	9	21,000	17
	Asian	4,000	4	26,000	10
	Other	2,000	8	9,000	18
Impairment type <sup>75</sup>	Sensory	18,000	2	98,000	5
	Physical	13,000	1	122,000	7
	Intellectual	22,000	2	37,000	2
	Psychiatric / psychological	38,000	4	102,000	6
	Other	70,000	8	106,000	6
Cause of impairment	Disease or illness	21,000	25	93,000	34
	Accident or injury	3,000	3	83,000	31
	Existed at birth	42,000	49	61,000	22
	Ageing <sup>76</sup>	N/A	N/A	10,000	4
	Other	28,000	33	91,000	34
	Not specified	8,000	?	14,000	?
Impairment number	Single	50,000	52	165,000	58
	Multiple	45,000	48	119,000	42

Source: Stats NZ *Disability Survey: 2013* <https://www.stats.govt.nz/information-releases/disability-survey-2013>

More detailed data can be found in the data provided on the same page.

\*the rate is the percentage of the total population in each age (and sex) group

<sup>75</sup> Any individual may appear in more than one impairment type. 'Sensory' includes both hearing and vision impairments. 'Physical' includes both mobility and agility impairments. 'Other' includes impaired speaking, learning, and developmental delay for children aged 0-14 years, and includes impaired speaking, learning, and remembering for adults aged 15+ years.

<sup>76</sup> Ageing is only asked of adults aged 15+ years.

**Table 15. Data on children with disabilities in education 2013**

<b>Children with disabilities in education 2013<sup>77</sup></b>				
		<b>Number of disabled students</b>	<b>Total number of students</b>	<b>Percentage of all Students that have a Disability</b>
<b>Age</b>	Age 05	1,000	55,000	2%
	Age 06	3,000	60,000	5%
	Age 07	4,000	63,000	6%
	Age 08	5,000	57,000	9%
	Age 09	5,000	60,000	8%
	Age 10	7,000	60,000	12%
	Age 11	7,000	62,000	11%
	Age 12	7,000	55,000	13%
	Age 13	8,000	61,000	13%
	Age 14	10,000	63,000	16%
	Age 15	9,000	64,000	14%
	Age 16	9,000	64,000	14%
	Age 17	10,000	63,000	16%
	Age 18	8,000	56,000	14%
<b>School Region</b>	Tai Tokerau	3,000	28,000	11%
	Auckland	20,000	237,000	8%
	Waikato	8,000	69,000	12%
	Bay Of Plenty / Rotorua / Taupō	7,000	56,000	13%
	Taranaki / Whanganui / Manawatu	36,000	242,000	15%
	Hawkes Bay / Gisborne	4,000	38,000	11%
	Wellington	9,000	90,000	10%
	Nelson / Marlborough / West Coast	3,000	26,000	12%
	Canterbury	11,000	91,000	12%
	Otago / Southland	5,000	47,000	11%
		<b>Age 5-11 years</b>	<b>Age 12-19 years</b>	
<b>Proportion of students that are disabled</b>		8%	15%	
<b>School type</b>	Specialist school	6%	4%	
	Non-Specialist school	94%	96%	
<b>Gender</b>	Male	65.63%	59.46%	
	Female	34.37%	40.54%	
<b>Impairment type</b>	Memory	S	0.39%	
	Sight	1%	1%	
	Agility	1%	1%	

<sup>77</sup> The Government's Learning Support Action Plan 2019-2025 (the Action Plan) notes the need to provide better support for disabled children and young people, and those with additional learning needs. Some Action Plan priorities may need further funding, such as strengthening support for neurodiverse learners and those who require alternatives to mainstream schooling and/or are at risk of disengaging from education. In addition, some existing learning support services provided and/or funded by the Ministry of Education face volume and price pressures. There is a risk that these pressures cannot be met within existing baselines and further funding may be required.

Number of impairments	Hearing	1%	2%
	Mobility	1%	2%
	Intellectual	1%	4%
	Speaking	4%	4%
	Psychological / Psychiatric	2%	6%
	Learning	2%	9%
	Single	4%	8%
	Multiple	4%	7%

Source: Ministry of Education

DRAFT

**Table 16. Data on the Child Disability Allowance from April 2016-April 2021**

The Child Disability Allowance (CDA) is paid to the principle caregiver for a child with a serious disability who needs constant care and attention. The CDA can be paid to partners and primary clients in their own right but they are not paid to children directly. Each partner that receives CDA payments is counted as a separate recipient, for each child that qualifies for CDA.

<i>Provision of Child Disability Allowance from April 2016-April 2021</i>						
	Age of child	2016	2018	2019	2020	2021
<b>Age</b>	<1	426	468	438	414	426
	1	900	783	897	909	900
	2	1,143	1,125	1,101	1,182	1,143
	3	1,542	1,512	1,542	1,560	1,542
	4	1,908	1,899	1,953	2,019	1,908
	5	2,187	2,220	2,286	2,412	2,187
	6	2,295	2,472	2,490	2,634	2,295
	7	2,472	2,538	2,820	2,838	2,472
	8	2,796	2,688	2,862	3,162	2,796
	9	2,745	2,967	2,973	3,189	2,745
	10	2,766	2,913	3,180	3,240	2,766
	11	2,733	2,868	3,051	3,399	2,733
	12	2,598	2,805	2,976	3,222	2,598
	13	2,571	2,592	2,877	3,105	2,571
	14	2,454	2,547	2,670	3,036	2,454
	15	2,361	2,403	2,577	2,790	2,361
	16	1,608	1,686	1,785	2,190	1,608
	17	1,287	1,287	1,392	1,608	1,287
	18	159	183	222	213	159
	<b>Total</b>	<b>36,945</b>	<b>37,956</b>	<b>40,092</b>	<b>43,122</b>	<b>36,945</b>
<b>Sex</b>	Female	13,047	13,191	13,587	13,818	14,565
	Male	21,819	22,596	23,358	24,135	25,524
	Gender diverse	0	0	0	9	9
<b>Disability type</b>	Physical	18,048	18,072	18,243	18,102	18,291
	Mental	8,979	9,621	10,239	10,821	11,784
	Physical and mental	7,836	8,091	8,460	9,027	10,011
	Unspecified	3	3	3	6	9
	<b>Total</b>	<b>35,935</b>	<b>37,095</b>	<b>38,427</b>	<b>40,809</b>	

Source: Ministry of Social Development

## Children in Education

**Table 17. Data on children in education from 2017 – school type**

Partnership schools, also known as charter schools or *kura hourua*, were partnerships between education, business and community groups aiming to provide new opportunities for students to achieve education success. They had student enrolments from 2014 – 2018. At their peak, 0.2% of students were enrolled in a partnership school. The children enrolled were mostly aged 13 years and over, with enrolments between 55 – 59% male. At the same time, non-partnership schools were 49% female to 51% male. Additionally, partnership schools had a much higher percentage of Māori students enrolled than non-partnership schools.

Number of children grouped by		2017	2018	2019
<b>Attendance in Non-Partnership Schools</b>				
<b>Age</b>	Age 05	60,194	59,603	58,049
	Age 06	64,513	64,436	64,658
	Age 07	65,445	65,270	65,209
	Age 08	64,476	66,087	66,096
	Age 09	64,943	65,160	66,800
	Age 10	63,171	65,509	65,905
	Age 11	60,219	63,667	66,107
	Age 12	59,217	60,760	64,473
	Age 13	59,150	59,609	61,371
	Age 14	57,923	59,491	60,122
	Age 15	57,968	58,296	59,873
	Age 16	56,533	54,935	55,243
	Age 17	48,591	47,322	46,156
	Age 18	11,424	11,819	11,535
<b>Sex</b>	Female	391,751	396,017	400,513
	Male	407,337	410,981	416,119
<b>Ethnic and national origin</b>	Māori	191,694	193,891	197,343
	European / Pākehā	401,105	396,820	392,633
	Pacific	77,829	78,442	79,293
	Asian	94,533	101,929	108,791
	Other	21,793	23,518	26,152
	International fee paying	12,134	12,398	12,420
<b>Geographical Location</b>	Tai Tokerau	30,092	30,476	30,918
	Auckland	274,606	277,469	281,529
	Waikato	71,868	72,800	73,582
	Bay of Plenty, Waiariki	61,062	61,585	62,414
	Taranaki, Whanganui, Manawatu	52,088	52,864	53,608
	Hawke's Bay, Tairāwhiti	39,937	40,004	40,247
	Wellington	89,571	90,108	90,583
	Nelson, Marlborough, West Coast	28,753	28,794	29,052
	Canterbury and Chatham Islands	94,391	95,828	96,897
	Otago, Southland	49,561	49,993	50,595
	Correspondence School	5,533	5,492	5,631
	Not Applicable	1,626	1,585	1,576
	<b>Socioeconomic</b>	Decile 1	62,300	62,257
Decile 2		54,969	55,042	55,631
Decile 3		62,850	64,080	64,975

<sup>78</sup> The Government has made an in-principle decision to replace school deciles with the Equity Index. The index provides a more refined measure to understand whether there are socio-economic factors present in the lives of children that can impact educational outcomes. This will inform how the education system can be resourced to provide all children with an equitable chance of success



Number of children grouped by		2017	2018	2019
	Decile 4	69,629	70,091	70,761
	Decile 5	70,525	71,199	72,567
	Decile 6	78,222	78,897	78,784
	Decile 7	87,331	88,796	90,960
	Decile 8	91,546	91,634	91,060
	Decile 9	99,438	100,497	101,750
	Decile 10	112,528	114,504	116,678
	Not Applicable	9,750	10,001	10,500
<b>Total attendance</b>		<b>793,767</b>	<b>801,964</b>	<b>811,597</b>
Number of children grouped by		2017	2018	2019
<i>Partnership schools*</i>				
<b>Attendance</b>		1,242	1,436	N/A
<b>Age</b>	Age 05	56	54	
	Age 06	61	58	
	Age 07	50	58	
	Age 08	29	59	
	Age 09	35	43	
	Age 10	30	49	
	Age 11	161	157	
	Age 12	156	199	
	Age 13	175	209	
	Age 14	126	173	
	Age 15	115	137	
	Age 16	99	122	
	Age 17	112	93	
	Age 18	37	25	
<b>Sex</b>	Female	546	645	
	Male	700	796	
<b>Ethnic and national origin</b>	Māori	736	882	
	European / Pākehā	112	105	
	Pacific	369	421	
	Asian	24	27	
	Other	5	6	
	International fee paying		N/A	
<b>Geographical Location</b>	Tai Tokerau	313	293	
	Auckland	798	867	
	Waikato	110	159	
	Bay of Plenty, Waiariki		83	
	Taranaki, Whanganui, Manawatu	25	39	
	Hawke's Bay, Tairāwhiti	313	293	
<b>Total attendance</b>		<b>1,242</b>	<b>1,436</b>	<b>N/A</b>

Source: Ministry of Education

## Healthcare and Economic Support Services

**Table 18. The number of intersex children who have undergone surgery or treatment related to their sexual characteristics from 2016/17-2017/18**

The data provided below relates only to publicly funded hospital charges.

	2016/2017	2017/2018
Number of discharges for procedures for anomalies of genitalia	S	-
Discharge with a diagnosis of intersex conditions*	-	10

\*Note none of those with a diagnosis of intersex conditions received a procedure for anomalies of genitalia.

**Table 19. Data on sexually transmitted diseases among adolescents**

		Chlamydia (per 100,000)			Gonorrhoea (per 100,000)			Syphilis		
		2017	2018	2019	2017	2018	2019	2017	2018	2019
<b>Gender</b>	Female	3,435	3,417	3,083	256	273	267	49	88	86
	Male	1,529	1,605	1,496	368	432	442	358	458	537
<b>Age</b>	0-14	220	195	164	38	37	33	0	0	0
	15-19	11,168	10,974	9,472	1,110	1,078	947	15	13	19
<b>Ethnicity</b>	Asian	899	995	1,009	140	185	213	33	26	39
	European / Other	1,342	1,380	1,337	149	182	198	280	343	418
	Māori	4,685	4,798	4,584	680	658	602	69	148	26
	Pacific Peoples	4,692	4,737	4,484	771	739	634	19	26	30
	Unknown	-	-	-	-	-	-	6	0	7
<b>Overall rate per 100,000</b>		<b>2,485</b>	<b>2,507</b>	<b>2,244</b>	<b>314</b>	<b>354</b>	<b>355</b>	<b>360</b>	<b>554</b>	<b>624</b>

Source: Environmental Science and Research Ltd (New Zealand's Crown Research Institute specialising in science for communities) "Sexually Transmitted Infection (STI) surveillance" <https://www.esr.cri.nz/our-services/consultancy/public-health/sti/>

**Table 20. Working age Main Benefit clients with children included as at end of April 2016–2021**

		April 2016	April 2017	April 2018	April 2019	April 2020	April 2021
<b>Benefit Type</b>	<b>Jobseeker Support</b>	18,234	18,540	18,699	20,907	26,754	29,223
	<b>Sole Parent Support</b>	66,177	61,599	58,578	58,602	63,054	66,231
	<b>Supported Living Payment</b>	10,677	10,650	10,383	10,002	10,314	10,302
	<b>Young Parent Payment</b>	657	1,242	1,371	1,299	1,236	1,188
	<b>Other Benefits</b>	1,374	1,275	1,080	1,083	1,251	1,134
<b>Gender</b>	<b>Female</b>	79,392	76,617	74,157	75,264	82,467	87,378
	<b>Male</b>	17,733	16,686	15,954	16,626	20,136	20,676
	<b>Gender Diverse</b>	0	0	0	0	9	21
<b>Ethnic Group</b>	<b>Māori</b>	43,284	41,994	40,740	41,589	45,675	47,874
	<b>Pacific Peoples</b>	11,169	10,629	10,239	10,488	12,117	13,134
	<b>NZ European</b>	29,472	27,492	26,127	26,142	28,479	29,568
	<b>Other</b>	11,781	11,328	10,908	11,148	12,780	13,524
	<b>Unspecified</b>	1,416	1,863	2,097	2,526	3,558	3,978
<b>Region</b>	<b>Northland</b>	6,174	6,024	5,787	5,742	6,219	6,462
	<b>Auckland Metro</b>	31,638	29,817	28,764	29,490	34,080	36,033
	<b>Waikato</b>	8,880	8,661	8,400	8,406	9,231	9,918
	<b>Taranaki</b>	5,130	5,055	4,884	5,079	5,517	5,691
	<b>Bay of Plenty</b>	9,756	8,916	8,442	8,841	10,167	10,989
	<b>East Coast</b>	6,663	6,408	5,979	6,066	6,741	6,744
	<b>Central</b>	5,862	5,568	5,340	5,346	5,898	5,994
	<b>Wellington</b>	6,810	6,462	6,351	6,321	6,726	6,930
	<b>Nelson</b>	3,213	2,994	2,712	2,748	2,985	3,045
	<b>Canterbury</b>	6,843	6,813	6,930	7,455	8,289	9,195
	<b>Southern</b>	5,136	4,944	4,782	4,707	5,142	5,460
	<b>Other</b>	1,014	1,638	1,743	1,689	1,617	1,611

<b>Total</b>	<b>97,122</b>	<b>93,306</b>	<b>90,111</b>	<b>91,890</b>	<b>102,612</b>	<b>108,078</b>
--------------	---------------	---------------	---------------	---------------	----------------	----------------

Source: Ministry of Social Development

Notes:

- Working age is 18 to 64.
- Main Benefits exclude NZ Superannuation, Veteran's Pension, Non-Beneficiary assistance, Orphan's Benefit and Unsupported Child's Benefit.
- Ethnicity data is self-identified and multiple ethnicities may be chosen by an individual as fits their preference or self-concept.
- Multiple selected ethnicities are then prioritised into a hierarchy.
- The Māori ethnicity has the highest priority in this hierarchy, followed by Pacific peoples. NZ European has the lowest priority. This is to ensure that smaller and politically significant ethnic groups do not get overwhelmed by the larger ethnic groups.
- A single ethnicity is assigned to an individual based on this hierarchy.
- Ethnic groups do not currently align with Statistics New Zealand ethnicity groupings.
- The 'Other' region includes clients managed from non-regional service centres such as the Centralised Unit Housing service centre, StudyLink Processing Centre, National Office and NZ Super service centres.
- Since 2 December 2019, the Ministry of Social Development (MSD) has three options to record a client's gender: Female, Gender Diverse or Male.
- To protect confidentiality, MSD uses processes to make it difficult to identify an individual person or entity from published data.
- These data tables have had random rounding to base three applied to all cell counts in the table.
- A value of one or two may be rounded to zero or three.
- The impact of applying random rounding is that columns and rows may not add exactly to the given column or row totals.
- The published counts will never differ by more than two counts.

**Table 21. Total number of dependent children of working-age people on benefits as at end of April 2016–2021**

We are unable to provide exact numbers and proportions of families with children receiving economic support, as New Zealand pays parents benefits, rather than children.

		April 2016	April 2017	April 2018	April 2019	April 2020	April 2021
<b>Benefit Type</b>	<b>Jobseeker Support</b>	31,833	32,487	32,997	36,804	47,850	52,095
	<b>Sole Parent Support</b>	125,763	118,905	114,066	115,110	124,095	131,352
	<b>Supported Living Payment</b>	18,297	18,306	17,931	17,256	17,853	17,931
	<b>Young Parent Payment</b>	708	1,380	1,539	1,455	1,389	1,320
	<b>Other Benefits</b>	2,241	2,205	1,842	1,905	2,241	1,989
<b>Total</b>		<b>178,845</b>	<b>173,283</b>	<b>168,378</b>	<b>172,530</b>	<b>193,431</b>	<b>204,687</b>

Source: Ministry of Social Development

Notes:

- Working age is 18 to 64.
- Main Benefits exclude NZ Superannuation, Veteran's Pension, Non-Beneficiary assistance, Orphan's Benefit and Unsupported Child's Benefit.
- To protect confidentiality, the Ministry of Social Development uses processes to make it difficult to identify an individual person or entity from published data.
- These data tables have had random rounding to base three applied to all cell counts in the table.
- A value of one or two may be rounded to zero or three.
- The impact of applying random rounding is that columns and rows may not add exactly to the given column or row totals.
- The published counts will never differ by more than two counts.

**Table 22. Number and proportion of children receiving health services, including counselling and services for the treatment of alcohol and drug-related problems in 2019**

Figures provided also include the number of clients under non-DHB services for Mental Health and Alcohol and Other Drug services.

		Total clients aged 0-19 years	Number and percentage proportion of total clients																							
			Sex						Age						Ethnicity											
			F No.	F %	M No.	M %	O No.	O %	Aged 0-9 No.	Age 0-9 %	Age 10-14 No.	Age 10-14 %	Aged 15-19 No.	Age 15-19 %	Māori No.	Māori %	Pacific No.	Pacific %	Asian No.	Asian %	MELAA No.	MELAA %	European No.	European %	Unknown No.	Unknown %
Geographical location (by DHB region)	Northland	670	239	35.7%	431	64.3%			4	0.6%	297	44.3%	369	55.1%	454	67.8%	19	2.8%	3	0.4%	1	0.1%	193	28.8%		
	Waitemata	638	226	35.4%	412	64.6%			13	2.0%	148	23.2%	477	74.8%	259	40.6%	84	13.2%	21	3.3%	9	1.4%	262	41.1%	3	0.5%
	Auckland	534	201	37.6%	333	62.4%			24	4.5%	104	19.5%	406	76.0%	216	40.4%	118	22.1%	30	5.6%	11	2.1%	159	29.8%		
	Counties Manukau	1312	479	36.5%	833	63.5%			32	2.4%	493	37.6%	787	60.0%	669	51.0%	446	34.0%	39	3.0%	11	0.8%	147	11.2%		
	Waikato	925	358	38.7%	567	61.3%			12	1.3%	359	38.8%	554	59.9%	571	61.7%	24	2.6%	15	1.6%	6	0.6%	307	33.2%	2	0.2%
	Lakes	153	57	37.3%	96	62.7%			1	0.7%	47	30.7%	105	68.6%	119	77.8%	4	2.6%					30	19.6%		
	Bay of Plenty	676	240	35.5%	436	64.5%			12	1.8%	232	34.3%	432	63.9%	446	66.0%	12	1.8%	3	0.4%	2	0.3%	212	31.4%	1	0.1%
	Tairāwhiti	62	28	45.2%	34	54.8%			1	1.6%	2	3.2%	59	95.2%	55	88.7%	2	3.2%					5	8.1%		
	Taranaki	91	35	38.5%	56	61.5%			1	1.1%	13	14.3%	77	84.6%	54	59.3%	2	2.2%	1	1.1%			34	37.4%		
	Hawke's Bay	164	68	41.5%	96	58.5%			2	1.2%	38	23.2%	124	75.6%	79	48.2%	4	2.4%					81	49.4%		
	MidCentral	277	126	45.5%	151	54.5%				0.0%	86	31.0%	191	69.0%	131	47.3%	22	7.9%	6	2.2%			116	41.9%	2	0.7%
	Whanganui	226	97	42.9%	129	57.1%				0.0%	94	41.6%	132	58.4%	142	62.8%	8	3.5%					76	33.6%		
	Capital & Coast	179	58	32.4%	120	67.0%	1	0.6%		0.0%	50	27.9%	129	72.1%	83	46.4%	20	11.2%	7	3.9%	4	2.2%	65	36.3%		
	Hutt Valley	161	73	45.3%	86	53.4%	2	1.2%	8	5.0%	49	30.4%	104	64.6%	75	46.6%	9	5.6%	3	1.9%	2	1.2%	72	44.7%		
	Wairarapa	85	37	43.5%	48	56.5%			2	2.4%	31	36.5%	52	61.2%	51	60.0%							34	40.0%		
	Nelson Marlborough	751	368	49.0%	381	50.7%	2	0.3%	106	14.1%	274	36.5%	371	49.4%	160	21.3%	12	1.6%	11	1.5%	14	1.9%	552	73.5%	2	0.3%
	West Coast	111	35	31.5%	76	68.5%			32	28.8%	34	30.6%	45	40.5%	23	20.7%			1	0.9%			87	78.4%		
	Canterbury	509	226	44.4%	283	55.6%			23	4.5%	141	27.7%	345	67.8%	185	36.3%	11	2.2%	5	1.0%	3	0.6%	304	59.7%	1	0.2%
South Canterbury	90	40	44.4%	50	55.6%				0.0%	14	15.6%	76	84.4%	26	28.9%	1	1.1%			1	1.1%	62	68.9%			
Southern	292	138	47.3%	154	52.7%			1	0.3%	61	20.9%	230	78.8%	79	27.1%	6	2.1%	5	1.7%	1	0.3%	201	68.8%			
Unknown	11	3	27.3%	8	72.7%				0.0%	4	36.4%	7	63.6%	6	54.5%							5	45.5%			
Distinct NZ Total		7508	2976	39.6%	4527	60.3%	5	0.1%	267	3.6%	2478	33.0%	4763	63.4%	3630	48.3%	776	10.3%	147	2.0%	62	0.8%	2882	38.4%	11	0.1%

Source: Ministry of Health using PRIMHD.<sup>79</sup>

Pregnancy and Parenting Support (PPS) services in three DHB areas also provide AOD services to pregnant women and new mothers, and this data is also reported to the PRIMHD collection. In the 2019 calendar year 351 distinct clients received PPS AOD services in the Hawkes Bay, Northland and Tairāwhiti DHB areas.

Notes:

- Geographical location is the DHB of domicile of the client at the time of activity.
- Ethnicity is current prioritised ethnicity recorded on the NHI system for each client included.
- The sum of clients seen by each DHB of domicile is greater than the Distinct NZ total number of clients seen as a number of clients lived in more than one DHB region during the reporting period.

<sup>79</sup> PRIMHD is a living data collection, which continues to be revised and updated as data reporting processes are improved. For this reason, previously published data may be liable to amendments, and this data may not be directly comparable to previously published data.

**Table 23. Number of paediatric and mental health services and professionals specializing in young children and adolescents in 2015**

This data sets out the number of full time employees providing support to children and adolescents aged 19 and under.

		Number of Full Time Employees																
Service	Alcohol and drug	Co-existing problems	Mental health nurse	Occupational therapist	Psychiatrist	Psychotherapist	Psychologist	Social worker	Other clinical	Cultural	Specific liaison	Mental health consumer	Mental health support	Youth worker	Other non-clinical	Administration / management	Total	
Geographical location (by DHB)	Northland	-	6.0	14.0	2.0	2.8	0.6	5.3	7.0	3.8	-	-	-	-	-	5.0	<b>46.5</b>	
	Waitemata	31.9	1.0	22.5	17.3	15.25	8.6	21.6	22.3	6.8	2.6	-	-	-	-	14.4	<b>164.25</b>	
	Auckland	-	-	8.15	14.0	6.7	3.55	25.18	7.0	5.4	6.8	-	-	-	-	9.1	<b>85.88</b>	
	Counties Manukau	0.9	0.8	12.6	5.75	4.0	-	10.63	19.93	15.65	2.5	-	0.4	-	2.0	-	9.18	<b>84.34</b>
	Waikato	2.0	1.0	7.8	3.0	7.1	-	12.55	10.5	2.0	-	-	1.0	-	1.0	1.0	6.8	<b>55.75</b>
	Lakes	1.0	-	5.5	-	1.2	-	5.8	2.3	0.35	1.0	-	-	-	-	-	3.0	<b>20.15</b>
	Bay of Plenty	2.6	2.0	10.4	1.0	2.8	-	8.4	9.8	-	1.6	-	-	-	-	1.0	4.1	<b>43.7</b>
	Tairāwhiti	4.0	-	1.5	-	1.4	1.0	4.65	4.0	-	1.0	-	-	-	-	-	2.5	<b>20.05</b>
	Taranaki	-	-	7.2	-	2.0	-	2.9	1.0	-	-	-	-	-	2.70	-	1.0	<b>16.8</b>
	Hawke's Bay	1.8	-	5.0	0.8	2.0	-	2.7	8.8	4.6	1.0	-	-	-	-	-	4.6	<b>31.3</b>
	MidCentral	-	1.0	6.0	1.0	2.8	1.0	6.0	9.9	1.4	1.0	-	-	-	-	-	5.5	<b>35.6</b>
	Whanganui	1.7	1.0	4.1	-	1.2	-	1.4	1.6	0.9	-	0.5	-	---	1.0	-	3.6	<b>17.0</b>
	Capital & Coast	1.0	2.0	22.4	7.6	7.9	3.0	17.9	8.4	9.65	4.3	-	-	6.5	-	3.5	12.5	<b>106.05</b>
	Hutt Valley	-	-	1.0	0.6	3.1	2.8	10.11	10.05	3.9	-	-	-	-	-	-	3.6	<b>35.16</b>
	Wairarapa	-	1.0	1.8	-	1.0	-	2.0	1.0	1.0	-	-	-	2.0	-	-	1.9	<b>11.7</b>
	Nelson Marlborough	2.3	-	5.6	1.2	1.2	-	8.0	6.6	1.2	-	1.0	1.0	-	-	0.3	5.0	<b>34.2</b>
	West Coast	-	1.5	-	-	-	-	1.3	0.3	2.25	1.0	-	-	-	-	-	0.5	<b>6.85</b>
	Canterbury	1.0	-	19.75	10.9	10.9	1.0	14.15	18.7	5.8	3.6	-	-	-	-	-	12.88	<b>91.98</b>
	South Canterbury	-	-	-	0.3	0.3	3.7	0.5	0.7	0.9	-	-	1.2	2.0	-	1.0	-	<b>12.3</b>
	Southern	0.8	-	15.95	5.4	5.4	-	8.0	5.7	6.4	0.5	-	1.0	-	-	-	6.0	<b>53.45</b>
<b>Total</b>	<b>51.0</b>	<b>17.3</b>	<b>171.25</b>	<b>79.05</b>	<b>79.05</b>	<b>25.25</b>	<b>168.47</b>	<b>155.58</b>	<b>72.0</b>	<b>26.9</b>	<b>1.5</b>	<b>3.6</b>	<b>10.5</b>	<b>6.7</b>	<b>6.8</b>	<b>111.16</b>	<b>973.61</b>	

Source: Werry Workforce 2016 Stocktake of Infant, Child and Adolescent Mental Health and Alcohol & Other Drug Services in New Zealand

[https://werryworkforce.org/sites/default/files/2016%20Stocktake%20Full%20Report%20Aug2017\\_0.pdf](https://werryworkforce.org/sites/default/files/2016%20Stocktake%20Full%20Report%20Aug2017_0.pdf)

## Teenage Pregnancies

There is limited information on the number of pregnancies, so we have provided information on the number of births.

Source: The Ministry of Health *Report on Maternity 2017* <https://www.health.govt.nz/publication/report-maternity-2017>

\*Note most breakdowns were provided for “less than 20 years old”, meaning in some cases, the number represented may be slightly higher than those under 18.

**Table 24. Number and percentage of women giving birth 2008–2017 - age**

Year	Women under 20 years giving birth	Percentage of women under 20 years giving birth	Total number of births
2008	5293	8.2	64628
2009	4869	7.6	64236
2010	4580	7.1	64460
2011	4095	6.6	62297
2012	3937	6.3	62346
2013	3355	5.7	59239
2014	3016	5.1	59183
2015	2800	4.8	58922
2016	2464	4.1	59763
2017	2309	3.9	59661

**Table 25. Number and percentage of women giving birth 2017 - by age and ethnic group**

Age (years)	Women giving birth								Percentage of women giving birth					
	Māori	Pacific	Indian	Asian (excl. Indian)	Other	European	Unknown	Total	Māori	Pacific	Indian	Asian (excl. Indian)	European or Other	Total
<15	14	3	1	1	0	2	0	21	0.1	0.0	0.0	0.0	0.0	0.0
15	42	9				5		56	0.3	0.1	0.0	0.0	0.0	0.0
16	142	19		1	2	24		188	1.0	0.3	0.0	0.0	0.1	0.1
17	229	35	1	2	1	83		351	1.5	0.6	0.0	0.0	0.3	0.3
18	401	86	2	7	4	138		638	2.7	1.4	0.1	0.1	0.5	0.5
<b>Total</b>	<b>828</b>	<b>152</b>	<b>4</b>	<b>11</b>	<b>7</b>	<b>252</b>	<b>0</b>	<b>1254</b>						



**Table 26. Number and percentage of women giving birth 2017 - by neighbourhood deprivation quintile, age group and ethnic group**

Category	Women giving birth							Percentage of women giving birth				
	1 (least)	2	3	4	5 (most)	Unknown	Total	1 (least)	2	3	4	5 (most)
<b>Overall</b>												
Total	8785	9612	10760	13198	16894	412	59661	14.8	16.2	18.2	22.3	28.5
<b>Age group (years)</b>												
<20	125	182	278	554	1157	13	2309	5.4	7.9	12.1	24.1	50.4
<b>Ethnic group (all births)</b>												
Māori	810	1267	2017	3513	7150	135	14892	5.5	8.6	13.7	23.8	48.5
Pacific	234	468	563	1184	3499	60	6008	3.9	7.9	9.5	19.9	58.8
Indian	371	563	679	943	1199	21	3776	9.9	15.0	18.1	25.1	31.9
Asian (excl. Indian)	1406	1594	1331	1347	1123	25	6826	20.7	23.4	19.6	19.8	16.5
European or Other	5964	5720	6170	6210	3922	162	28148	21.3	20.4	22.0	22.2	14.0
Unknown	0	0	0	1	1	9	11	-	-	-	-	-

**Table 27. Birth rate 2017 – by age group and DHB of residence**

DHB of residence	Women giving birth		Birth rate (per 1000 females of reproductive age)		Female population of reproductive age	
	<20		<20		<20	
Northland	157		29.8		5270	
Waitemata	165		8.7		18910	
Auckland	97		6.2		15660	
Counties Manukau	371		19.0		19510	
Waikato	269		19.5		13790	
Lakes	102		30.8		3310	
Bay of Plenty	154		22.6		6800	
Tairāwhiti	65		41.4		1570	
Hawke's Bay	137		25.8		5310	
Taranaki	45		12.8		3520	
MidCentral	90		14.9		6060	
Whanganui	61		32.1		1900	
Capital & Coast	81		7.6		10600	
Hutt Valley	90		19.3		4660	
Wairarapa	27		20.8		1300	

Nelson Marlborough	53	13.1	4050
West Coast	13	16.3	800
Canterbury	172	9.7	17690
South Canterbury	29	17.5	1660
Southern	118	10.1	11650
Unknown	13	-	-
<b>Total</b>	<b>2309</b>	<b>15.0</b>	<b>154030</b>

Note: reproductive age refers to females aged 15–44 years.

## Breastfeeding

### Terms defined

**Exclusively breastfed:** the infant who has never, to the mother's knowledge, had any water, formula or other liquid or solid food. Only breast milk (from the breast or expressed) and prescribed medicines (defined in the *Medicines Act 1981*) have been given to the baby from birth.

**Fully breastfed:** the infant has taken breast milk only, and no other liquids or solids except a minimal amount of water or prescribed medicines, in the past 48 hours.

**Partially breastfed:** the infant has taken some breast milk and some infant formula or other solid food in the past 48 hours.

**Artificially breastfed:** the infant has had no breast milk but has had alternative liquid such as infant formula, with or without solid food in the past 48 hours.

**Table 28. Number and percentage of babies, by breastfeeding status at two weeks after birth, 2008–2017**

Year	Babies						Percentage of babies			
	Exclusive	Fully	Partial	Artificial	Unknown	Total	Exclusive	Fully	Partial	Artificial
2008	33126	5145	5810	4439	11358	59878	68.3	10.6	12.0	9.1
2009	33964	4721	6047	4293	11481	60506	69.3	9.6	12.3	8.8
2010	35953	4890	6858	4336	9161	61198	69.1	9.4	13.2	8.3
2011	36188	4629	6602	4000	8348	59767	70.4	9.0	12.8	7.8
2012	36481	5105	7245	4198	7004	60033	68.8	9.6	13.7	7.9
2013	35522	5004	7306	3943	5892	57667	68.6	9.7	14.1	7.6
2014	35638	5090	7819	3868	5456	57871	68.0	9.7	14.9	7.4
2015	35821	4736	7600	3666	5406	57229	69.1	9.1	14.7	7.1
2016	35906	4703	8024	3657	4842	57132	68.7	9.0	15.3	7.0
2017	35738	4401	7888	3554	5297	56878	69.3	8.5	15.3	6.9

Note: breastfeeding data is only available for babies of women registered with a primary maternity service.

**Table 29. Number and percentage of babies 2017 - by breastfeeding status at two weeks after birth, maternal age group, baby ethnic group, baby neighbourhood deprivation quintile and baby DHB of residence**

Category	Babies						Percentage of babies			
	Exclusive	Fully	Partial	Artificial	Unknown	Total	Exclusive	Fully	Partial	Artificial
<b>Overall</b>										
Total	35738	4401	7888	3554	5297	56878	69.3	8.5	15.3	6.9
<b>Maternal age group (years)</b>										
<20	1148	141	305	266	244	2104	61.7	7.6	16.4	14.3
<b>Ethnic group (all breastfed babies)</b>										
Māori	10311	986	1932	1531	1463	16223	69.9	6.7	13.1	10.4
Pacific	2863	413	899	382	571	5128	62.8	9.1	19.7	8.4
Indian	2158	368	685	73	383	3667	65.7	11.2	20.9	2.2
Asian (excl. Indian)	3454	812	1550	160	546	6522	57.8	13.6	25.9	2.7
European or Other	16949	1821	2822	1408	2263	25263	73.7	7.9	12.3	6.1
Unknown	3	1	0	0	71	75	-	-	-	-
<b>Deprivation quintile (all breastfed babies)</b>										
1 (least deprived)	5674	801	1188	344	706	8713	70.9	10.0	14.8	4.3
2	6180	762	1331	445	740	9458	70.9	8.7	15.3	5.1
3	6745	793	1399	583	904	10424	70.9	8.3	14.7	6.1
4	7949	976	1705	874	1219	12723	69.1	8.5	14.8	7.6
5 (most deprived)	9001	1060	2248	1292	1629	15230	66.2	7.8	16.5	9.5
Unknown	189	9	17	16	99	330	-	-	-	-
<b>DHB of residence (all breastfed babies)</b>										
Northland	1555	83	233	134	135	2140	77.6	4.1	11.6	6.7
Waitemata	4882	653	1072	340	659	7606	70.3	9.4	15.4	4.9
Auckland	3282	523	895	162	587	5449	67.5	10.8	18.4	3.3
Counties Manukau	3655	547	1192	429	719	6542	62.8	9.4	20.5	7.4
Waikato	3495	265	712	402	331	5205	71.7	5.4	14.6	8.2
Lakes	993	111	192	124	125	1545	69.9	7.8	13.5	8.7
Bay of Plenty	2088	224	338	217	229	3096	72.8	7.8	11.8	7.6
Tairāwhiti	482	52	62	44	58	698	75.3	8.1	9.7	6.9
Hawke's Bay	1314	181	212	157	190	2054	70.5	9.7	11.4	8.4
Taranaki	766	134	188	108	217	1413	64.0	11.2	15.7	9.0
MidCentral	1187	208	269	209	201	2074	63.4	11.1	14.4	11.2
Whanganui	470	56	89	52	144	811	70.5	8.4	13.3	7.8
Capital & Coast	2071	306	552	136	305	3370	67.6	10.0	18.0	4.4
Hutt Valley	1085	114	294	139	249	1881	66.5	7.0	18.0	8.5

Wairarapa	332	26	59	52	27	496	70.8	5.5	12.6	11.1
Nelson Marlborough	963	67	182	92	51	1355	73.8	5.1	14.0	7.1
West Coast	203	14	18	14	109	358	81.5	5.6	7.2	5.6
Canterbury	4162	577	937	431	293	6400	68.2	9.4	15.3	7.1
South Canterbury	244	16	35	27	313	635	75.8	5.0	10.9	8.4
Southern	2325	237	341	273	259	3435	73.2	7.5	10.7	8.6
Unknown	184	7	16	12	96	315	-	-	-	-

Source: The Ministry of Health *Report on Maternity 2017* <https://www.health.govt.nz/publication/report-maternity-2017>

Note:

- Proportions are calculated based on valid breastfeeding type only.
- Breastfeeding data is not available for infants up to 6 months of age.
- Data is only available for babies of women registered with primary maternity service (approximately 95% of women giving birth).

DRAFT