



# Convention on the Rights of the Child

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## Committee on the Rights of the Child Seventy-third session

### Summary record of the 2138th meeting

Held at the Palais Wilson, Geneva, on Thursday, 15 September 2016, at 3 p.m.

*Chair:* Mr. Mezmur

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*Fifth periodic report of New Zealand*

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*The meeting was called to order at 3 p.m.*

**Consideration of reports of States parties** *(continued)*

*Fifth periodic report of New Zealand (CRC/C/NZL/5; CRC/C/NZL/Q/5 and Add.1)*

1. *At the invitation of the Chair, the delegation of New Zealand took places at the Committee table.*
2. **Ms. Tolley** (New Zealand), introducing her country's fifth periodic report (CRC/C/NZL/5), said that the Government of New Zealand was committed to improving the well-being of all children and young people living in the national territory, particularly those who were vulnerable, at risk or disadvantaged. The report had been informed by consultations held with children, non-governmental organizations (NGOs) and the general public and, once completed, had been made publicly available to assist civil society in preparing alternative reports for the Committee's information.
3. Her Government was committed to giving full effect to the provisions of the Convention and drew upon the Committee's concluding observations and recommendations to help it achieve that goal. It had directed many of its resources towards assisting the most vulnerable children and was undertaking a complete overhaul of the national care and protection system for children amid concerns that the existing operating model was seriously underperforming. A panel of independent experts and a youth advisory panel composed of young people with experience of State care had been appointed in early 2015 to advise the Government on how best to conduct the overhaul. Special attention had been paid to the needs and concerns of vulnerable children and young people during that process. The panel of independent experts had found that the Child Protection Agency often failed to intervene early enough to provide the necessary support to vulnerable children and young people and that fundamental changes were required to improve its performance.
4. The results of a study had also highlighted the need to provide vulnerable children and young people with better support, as, by the age of 21, children in care were more likely to be claiming welfare benefits, not to have obtained the secondary school qualifications that were an entry-level requirement for jobs and some higher education courses and to have come into conflict with the law.
5. Based on the report submitted by the panel of independent experts, the Government had decided to raise the maximum age for receiving State care and protection to 18 years with immediate effect and was considering the possibility of raising it further to 21 years. Although the new operating model of the national care and protection system for children would be in place by the beginning of April 2017, it could take up to five years to implement all the changes entailed by the overhaul of the existing system. The new operating model would focus on providing five core services: prevention services, intensive intervention services, care support services, transition support services and a youth justice service intended to prevent offending and reoffending. A social investment approach, which would entail money being spent up front to provide vulnerable children and young people with a better life, would be used to ensure that those children and young people received the necessary care and support when they needed it.
6. Furthermore, a new ministry for children, known as the Ministry for Vulnerable Children, Oranga Tamariki, would be responsible for delivering the aforementioned core services. Priority would be given to reducing the disproportionate number of Maori children and young people in the national care system and to providing children who were at risk of harm with vital services, such as trauma support, as soon as they became necessary. Legislative initiatives intended to raise the maximum age for receiving State care and protection to 18 years, to ensure that children's views on decisions affecting them were taken into consideration and to establish an independent youth advocacy service were

currently before Parliament. The independent youth advocacy service would play a significant role in ensuring that the voices of children were heard.

7. The Government was also considering making further changes to benefit young people as they transitioned out of the national care and protection system, including granting them the right to remain in or return to State care until the age of 21 and meeting the needs of exceptionally vulnerable young people in transition until the age of 25. It was also planning to provide caregivers with robust and targeted support and to set national standards for the quality of care provided in placement homes.

8. The panel of independent experts had also recommended raising the age of eligibility for the juvenile justice system to include young people aged 17. The Government was still working to determine the feasibility of that recommendation.

9. Since New Zealand had last reported to the Committee, the Government had strengthened its response to child poverty by introducing a material hardship package for children worth 790 million New Zealand dollars (NZ\$) at the beginning of April 2016, which had raised benefit rates for families, increased tax credit payments for low-income working families and increased childcare assistance payments. Over 500,000 children were expected to benefit from that package. In addition, NZ\$295 million had been spent on making infrastructural improvements to State care homes and investments had been made in an attempt to raise academic achievement levels and to provide better assistance to priority groups of students, such as those from underprivileged backgrounds, Maori and Pacific students and students with special educational needs. Moreover, the Government's policy of exempting children under 13 years of age from paying medical fees had served to improve access to primary health care. Under that policy, the entitlement to free visits from general practitioners and assistance with the cost of standard prescriptions enjoyed by children under 6 years of age had been extended to all children under 13 years of age eligible for public health care.

10. The 2016 Household Incomes Report, prepared on the basis of data collected before the material hardship package for children had been introduced, showed, inter alia, that, while still unacceptably high, there had been no rise in poverty or material hardship trends for children in recent years. Over the next four years, the Government intended to invest an additional NZ\$200 million to guarantee those most in need access to social housing.

11. The Childhood Obesity Plan, which had been launched in October 2015, consisted of 22 initiatives and focused on interventions aimed at preventing and managing obesity in health-care, education and community settings. The Government had succeeded in improving children's health-care services in general and in granting children belonging to marginalized groups greater access to core health-care services. In that connection, the Government had identified five core health-care services for children belonging to the 0-5 age group that it considered to be critical for their healthy development and learning, which included midwifery or maternity services, early childhood education, general practitioner services and community oral health services. Given that between 80 and 96 per cent of families already enjoyed access to those services, the Government's focus was now on guaranteeing all remaining families access thereto. Moreover, the child immunization rate for children aged 8 months had risen from 86 per cent to 93 per cent since 2012, with the disparity between the immunization rates for Maori and non-Maori children having been greatly reduced. By the age of 1 year, 95 per cent of all children were fully immunized.

12. The Prime Minister's Youth Mental Health Project, launched in 2012 and to be implemented over a period of four years, consisted of a package of initiatives focusing on young people aged between 12 and 19 who suffered from, or who were at risk of developing, mild to moderate mental health problems. The aim of the project was to help

prevent mental health problems from developing and to improve the access of young people in need to the appropriate services.

13. The Children's Action Plan, which had also been launched in 2012, and the Vulnerable Children Act 2014, made the chief executives of key government agencies working in the social sector jointly accountable for taking action to protect the children of New Zealand from harm and for engaging with families and communities. In that connection, children's teams were being formed in both urban and rural communities for the purpose of addressing the needs of children who were at risk but whose situation did not yet necessitate them being placed in State care. The teams worked with the children in question to develop a tailored plan as a means of ensuring that they received all the support that they needed to thrive.

14. The Youth Crime Action Plan had led to a substantial reduction in child and youth offending since 2011, with the number of court appearances of young people aged between 14 and 16 years having fallen by 39 per cent by the end of 2015. The Government had provided substantial support to the Whānau Ora initiative as a means of delivering services directly to marginalized Maori and Pacific families. The Government was also in the process of introducing best practice guidelines for use by government agencies in considering the impact of policies and legislation on children and young people. The guidelines encouraged those agencies to seek direct input from children when formulating major policy and legislative proposals.

15. While it was committed to ensuring that all children had the opportunity to reach their full potential and, to that end, had decided to focus on those children who were vulnerable or at risk, the Government also recognized that it needed to do more to achieve that goal and would welcome input from the Committee on how it could make further improvements.

16. **Ms. Aldoseri** (Coordinator, Country Task Force) said that there was a clear discrepancy between the Care of Children Act, which defined a child to be any person under the age of 18, in keeping with the Convention, and the Children, Young Persons, and Their Families Act 1989, which effectively denied young people aged 17 access to statutory protection and the juvenile justice system. She asked which of the two laws was used to determine whether a young person aged 17 should be treated as a child or not. Noting that, in New Zealand, children as young as 16 years old could marry with parental consent and that they were no longer treated as children upon entering into marriage, she asked whether the State party planned to raise the minimum legal age for marriage to 18 years for both boys and girls.

17. **Ms. Sandberg** (Country Task Force) said that she failed to understand why the scope of application of the Convention could not be extended to cover Tokelau, which was a non-self-governing territory of New Zealand. She asked whether the State party had set a time frame for extending the application and whether it intended to withdraw its reservations to the Convention.

18. She also asked whether the State party planned to undertake a comprehensive review of all legislation affecting children to ensure its conformity with the Convention. Noting that the State party's policy on children focused almost exclusively on vulnerable children and that many of its resources had been directed towards assisting those children, she recalled the need for it to develop a comprehensive policy that covered all children living in the national territory and to ensure the equitable distribution of resources. She enquired whether the State party had plans to make its policy on children more inclusive, particularly in view of the reform process that was already under way, and how the State party addressed inequalities among children through budgeting. She drew the delegation's attention to the Committee's general comment No. 19 on public budgeting for the

realization of children's rights, which provided useful guidance on that subject. She also enquired whether the State party planned to adopt the practice of conducting a child rights impact assessment prior to setting the national budget and how it identified and monitored the budgetary resources allocated to children.

19. The delegation should provide additional information on the role played by the Social Sector Deputy Chief Executives in coordinating efforts to implement the Convention and explain how their role differed from that played by the Ministry of Social Development. It would be helpful to know whether the new Ministry for Vulnerable Children would contribute to those efforts.

20. **Mr. Nogueira Neto** (Country Task Force) asked when the State party intended to put in place a more comprehensive information system to ensure the availability of disaggregated data on all of the issues covered by the Convention and to facilitate the analysis of the situation of all children living in New Zealand, particularly those belonging to vulnerable groups. It would be useful to know whether the State party planned to introduce a mechanism to ensure that those data were shared with all relevant government ministries and agencies and that they were used for the purposes of monitoring and assessing the effectiveness of policies, programmes and projects designed to implement the Convention. In that connection, he wished to know whether the State party made use of the document prepared by the Office of the United Nations High Commissioner for Human Rights entitled *Human Rights Indicators: A Guide to Measurement and Implementation* in collecting, analysing and disseminating statistical data and information. He also wished to know whether the State party envisaged stepping up its awareness-raising and dissemination activities to ensure that the provisions of the Convention were widely known by the general public, professionals working with children and children themselves. He recalled the need to include a human rights component in curricula and study plans at all levels of education. What was the State party doing to reach out to children who were illiterate or who had not received a formal education? How did it plan to enhance the training on the Convention dispensed to all professionals working with children and public officials?

21. Lastly, he asked how the State party ensured that businesses in New Zealand complied with international and national standards concerning children's rights and that private sector companies providing essential services for children and trans-Pacific investment and trade agreements adhered to the principles enshrined in the Convention. The delegation should also indicate whether the State party had adopted corporate social responsibility standards for corporations operating inside and outside New Zealand.

22. **Ms. Muhamad Shariff** (Country Task Force) said that there were still marked disparities between the social, economic and health outcomes of groups of vulnerable children — including the Maori, Pacific children, refugees, children in care, disabled children and children living in isolated and rural communities — and those of other children, which hampered the full realization of vulnerable children's rights. Maori and Pacific children were particularly disadvantaged, as evidenced by the higher mortality, suicide and obesity rates and lower birth weights recorded. Moreover, the participation rate of Maori and Pacific children in early childhood education was lower and Maori and Pacific students tended to leave school with fewer qualifications and were less likely to enter the labour market after having completed their studies.

23. The Committee had identified a number of laws that were discriminatory towards certain groups of children and/or their parents, including the social security legislation rewrite bill and the Adoption Act 1955. Moreover, it appeared that a child's cultural and ethnic background was not taken into account during the adoption process. In addition, there was no national strategy to ensure that children and young people with diverse sexual orientation or gender identity received the necessary support services. The Committee was

concerned by reports that migrant and refugee children were often subjected to racism, prejudice and discrimination on the basis of their ethnic and national origin. Moreover, the State party's reservation to article 2 of the Convention adversely affected children who were in New Zealand unlawfully. The Committee had also identified a number of laws that limited children's access to information on the basis of age, including the Adult Adoption Information Act 1985 and the Human Assisted Reproductive Technology Act 2004. Young people aged 17 were excluded from the scope of the special protection measures provided for in the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 and the Criminal Investigation (Bodily Samples) Act 1995 and, under the Minimum Wage Act 1983, young workers under the age of 16 were not entitled to the adult minimum wage despite performing the same work. The age of criminal responsibility in the State party also remained unacceptably low. She invited the delegation to outline the measures that it had taken or planned to take to address all the aforementioned disparities and discriminatory practices and to explain how the initiatives mentioned in the periodic report had served to improve the situation of Maori and Pacific children. Was there a mechanism in place to ensure that the potential impact of policies and legislation on Maori children was systematically assessed prior to their development and adoption?

24. The Committee was also concerned that the Family Dispute Resolution mechanism introduced as part of the recent reform of the family court system did not include a procedure for soliciting children's views or criteria for determining the best interests of the child. She asked how the principle of respect for the best interests of the child was applied during judicial proceedings involving children, including adoption proceedings, in schools and in health-care settings.

25. She asked whether the budgetary framework took into account the best interest of the child as a criterion for financial decisions and resource allocation. Did the State party plan to amend or review the legislation regarding adoption?

26. With regard to respect for the views of the child, she said that the Family Dispute Resolution Act 2013 should be amended to allow the child's voice to be expressed and heard so that children could effectively participate in proceedings affecting them. Under the Adoption Act, there were no mechanisms to ensure that the independent views of the child were heard, apart from through a social worker. How were the views of disabled children, including those with communication disabilities, taken into consideration? What mechanisms did the Government have to systematically collect and include the views of children when formulating policies and laws affecting them? What systematic training opportunities were available to staff of government agencies to develop expertise in engaging with and analysing the views of children and young persons?

27. Between 2007 and 2011, more than 200 children under 14 years of age had died from unintentional injuries. Moreover, in 2015, after examining a 2-year-old girl who had died from respiratory disease, the coroner had stated that the conditions of the State institution in which she had lived might have contributed to her illness. Had the State party had conducted any research or studies to determine the root causes of youth suicides, especially among Maoris? Were any prevention programmes in place? Had New Zealand taken measures to reduce the number of deaths by non-accidental injury?

28. **Ms. Aldoseri**, referring to the high number of child deaths resulting from maltreatment, asked whether programmes were in place to educate the general public on emotional abuse and chronic need, which might eventually lead to violence. She also asked whether there were culturally appropriate programmes for the Maori and Pacific populations. She wondered whether the State party planned to develop a comprehensive national policy to combat abuse and neglect and what impact the Children's Action Plan had had thus far in countering child abuse in New Zealand. The State party should provide data on the number of cases of physical and sexual abuse of children in government-run and

private institutions, as well as on the number of investigations carried out. It should also provide data on sanctions handed down to perpetrators and on forms of redress, including compensation, granted to victims. She enquired what precautions were in place to ensure the safety of children who reported being abused by staff members of institutions. Information on the free post-abuse care and rehabilitation programmes available to victims would be welcome.

29. Noting the prevalence of bullying in schools, particularly of children with disabilities, LGBTI children and small children, she asked whether the State party planned to systematically collect data on such bullying. She also asked what impact anti-bullying initiatives had had thus far and whether the State party planned to establish a fully funded anti-bullying programme nationwide or to amend the Education Act 1989 so that schools were obliged to prevent bullying. The Committee would welcome an update on the most significant results of the Bullying Prevention Advisory Group.

30. On harmful practices, she wished to know what efforts were being made to legally prohibit the practice of genital normalization surgery on intersex children who were not old enough to give their informed consent. She also wished to know what social support services and accompanying financial aid were available to intersex children and their families and whether there were any education programmes that addressed intersex children. Lastly, the State party should provide data on child marriages, including reported cases of forced marriages.

*The meeting was suspended at 3:50 p.m. and resumed at 4:15 p.m.*

31. **Mr. Coster** (New Zealand) said that the Care of Children Act and the Children, Young Persons, and Their Families Act, had different purposes, which were clearly stated in each Act, and that their provisions were applied in accordance with those statements. However, the Care of Children Act described situations in which the child's welfare and best interest must be taken into account, and the provisions in that Act extended to other Acts and situations. There were no plans to raise the legal age of marriage in New Zealand.

32. **Mr. Reaich** (New Zealand) said that Tokelau had unique constitutional status and faced a range of challenges, which stemmed from its extreme geographic isolation and small population of 1,400 people. The Government of New Zealand was focused on improving the education and health of the children of Tokelau, but would nevertheless continue to discuss the possible extension of the application of Convention to the island with the local government.

33. Concerning the consistency between the Trans-Pacific Partnership (TPP) agreement and other international agreements, he said that article 1.2 of the agreement stated the parties' intention for the TPP to coexist with their existing international agreements and that the agreement included a chapter on labour that prohibited, inter alia, child labour. Moreover, the treaty had been the subject of an extensive consultation process and had been passed by Parliament. The Government of New Zealand was not planning to remove its reservations to the Convention.

34. **Ms. Tolley** (New Zealand) said that the Government was not planning to conduct a comprehensive review of all legislation concerning children.

35. **Ms. Roberts** (New Zealand) said that the Vulnerable Children's Act 2014 provided a statutory mechanism to establish priorities and agree on a national plan for improving the well-being of vulnerable children. As a result, the Children's Action Plan had been introduced and a number of initiatives, including Children's Teams and services for children, had been rolled out. The Government was collecting information and data on the Plan to inform further initiatives.

36. **Ms. Tolley** (New Zealand) added that the Government was taking measures to ensure that all children, and not just vulnerable children, had access to universal services such as education and health in order to thrive and succeed.

37. **Ms. Roberts** (New Zealand) said that senior officials from across the social and justice sectors, representing 13 agencies, met regularly to coordinate their work programmes and monitor progress.

38. **Ms. Tolley** (New Zealand) said that the Vulnerable Children's Board focused on children in New Zealand who were most at risk, particularly those in State care. As to budgeting for children, there was not a specific budget for children, but ministers worked closely together to ensure that government resources were allocated in a way that would most improve the lives of the people.

39. **Ms. Roberts** (New Zealand) said that Statistics New Zealand collected a large amount of data on children and young persons that were used to inform policy and administrative practices. Moreover, research units within all government agencies published data and research. A new initiative known as the Integrated Data Infrastructure was also in place, which was a large inter-agency research database that provided linked microdata on people and households.

40. The State party had established guidelines on best practices for child impact assessment to raise awareness of the Convention and to take the rights and views of children into consideration when developing policy and legislation. The guidelines were intended for all public sectors and were designed to make users consider how a policy or legislation might affect children's lives, both directly and indirectly.

41. **Mr. Tuohy** (New Zealand) said that the Government had developed materials, some of which were pictorial, to facilitate communication with persons with a wide range of disabilities, so that they would be able to participate in the development of public policies.

42. **Mr. Gurán** said that the Committee had not received much information about the Office of the Children's Commissioner. He asked who nominated the Children's Commissioner; why the Commissioner reported directly to the Ministry of Social Development and not to Parliament; and whether the Office had a complaints mechanism that allowed children to file complaints relating to the violation of their rights. Had any complaints been received and, if so, what type of complaints? The Committee would welcome further information on the mandate of the Commissioner.

43. **Ms. Sandberg** expressed concern about the lack of funding for the Office of the Children's Commissioner, the budget of which had not increased since 2010, and the fact that only one person, the Commissioner, was responsible for looking into the 6,000 complaints received per year. While she welcomed the State party's efforts to improve the lives of vulnerable children, she reiterated that the Convention was comprehensive and that the rights contained therein were indivisible.

44. **Ms. Tolley** (New Zealand) said that she, the Minister for Social Development, was responsible for nominating the Children's Commissioner to the Prime Minister, who was then appointed by the Government. However, the Commissioner was independent and was not required to report to the Minister. The Office of the Children's Commissioner had several staff members and produced an annual state of care report that underpinned concerns about care and protection and proposed relevant changes. The Office was currently being reviewed and the complaints mechanism was being redesigned, in consultation with children and young persons. As to the concern expressed about funding for the Office, she said that the Commissioner had not requested a budget increase and that such an increase would be considered once the Office had been reviewed and redesigned.



45. **Ms. Roberts** (New Zealand), in response to a question about the business sector's compliance with national and international standards, said that all businesses operating in New Zealand were subject to national legislation, including its labour, human rights and commercial laws. New Zealand had also agreed to the Organisation for Economic Co-operation and Development (OECD) Guidelines for Multinational Enterprises and had ratified a number of International Labour Organization (ILO) Conventions.

46. **Mr. Coster** (New Zealand) said that each government agency was responsible for addressing any discrimination against or disparities between the different groups that benefited from its services. All government agencies were committed to that task.

47. **Mr. Tuohy** (New Zealand) said that the Human Assisted Reproductive Technology Act 2004 stipulated that the interests of the child should be taken into account, while also addressing the rights of the woman.

48. **Ms. Grennell** (New Zealand) said that the Ministry for Maori Development, Te Puni Kōkiri played a key role in advising on policies that affected the Maori people and in implementing an innovative approach that supported good outcomes for them. The Whānau Ora approach placed families at the centre of the decision-making process and supported them so that they could address their own issues and challenges. It aimed to improve economic, health, education and housing outcomes for Maori families. Representatives of lead ministries in the social sector collaborated with Maori tribal leaders to oversee the implementation of Whānau Ora.

49. The Ministry for Maori Development was also focused on improving the quality of housing for Maori, particularly in remote, rural communities, and it gave priority to households with children. The agency sought to support the collective ownership of housing by Maori communities, particularly on their traditional lands, with a view to increasing the supply of affordable new homes.

50. The Ministry for Maori Development was working in collaboration with the Ministry of Health to implement a strategy focused on reducing the suicide rate among Maori youth. It funded youth-led community initiatives to combat cyberbullying and worked with lesbian, gay, bisexual, transgender and intersex (LGBTI) communities, as Maori youths in those communities often faced stigma and double discrimination. A summit on youth suicide prevention would be held in 2017.

51. **Mr. Tuohy** (New Zealand) said that the Ministry of Health played a proactive role in addressing the poor health outcomes experienced by certain groups. It also implemented a programme to prevent unintentional injuries among children. For example, investments had been made in the installation of fencing around homes to prevent driveway run overs and provide children with a safe place to play. The number of driveway run overs had thus been reduced by half in the last five years.

52. The number of children dying from diseases that could be prevented through immunization had been dramatically reduced, as immunization coverage for children 1 year of age stood at 95 per cent. Safe sleeping devices were provided to families with a view to preventing unexpected sudden death in infancy. The prevalence of rheumatic fever had been reduced by 45 per cent, largely by reducing overcrowding in Auckland homes. The number of smokers among the Maori adult and adolescent populations had also been reduced dramatically.

53. His Government had committed to reaching the target set by the World Health Organization with regard to reducing the rate of youth suicide, which affected Maori and LGBTI youth in particular.

54. **Ms. Tolley** (New Zealand) said that the Ministry for Pacific Peoples led a range of targeted programmes for that population group in collaboration with other ministries, such

as the Ministry of Health and the Ministry of Education. The new Ministry for Vulnerable Children would replace the former agency known as Child, Youth and Family, which had dealt with children in crisis, and would deal specifically with children living in dysfunctional families who were in danger of abuse or neglect. The State social sector as a whole did address the needs of all children in the country by providing universal services. The Ministry for Vulnerable Children, however, would focus on children who were at risk and required special intervention.

55. **Mr. Coster** (New Zealand) said that the Care of Children Act expressly stated that its purpose was to promote the welfare and best interests of children. It contained provisions covering proceedings under other acts, establishing that children's views should be taken into account in proceedings affecting the day-to-day care of children. It also stipulated that the court should appoint a lawyer to represent the interests of the child.

56. Various reforms had been made to the family courts so as to place greater emphasis on children's needs. The Family Dispute Resolution Act provided for mediated proceedings to take place before resorting to the more adversarial courtroom environment. The Care of Children Act ensured that children's views were reflected both in those mediated proceedings and in more formal court proceedings.

57. **Ms. Sandberg** asked whether children expressed their views themselves to the mediator during dispute resolution proceedings or whether that was done through their parents. She wondered whether mediators were aware of the obligation to hear the child's views, since it was not stated in the Family Dispute Resolution Act.

58. **Mr. Coster** (New Zealand) said that, pursuant to the Care of Children Act, children must be given a reasonable opportunity to express their views, which could be done by the child directly or through a representative. The Act did not explicitly state how representation by a parent should be managed. The mediator had a professional obligation to ensure that the views of the parents and the child were carefully balanced. If the dispute could not be resolved through dispute resolution proceedings, a lawyer could be appointed to represent the child in court.

59. It was the Care of Children Act that contained the actual legal provisions on family dispute resolution, whereas the Family Dispute Resolution Act was simply an enabling law to support the machinery set out in the Care of Children Act.

60. **Ms. Tolley** (New Zealand) said that if even one child's life was lost through unintentional injury, that was one life too many. Her Government was doing everything it could to prevent such injuries.

61. **Mr. Coster** (New Zealand) said that his Government fully acknowledged that there was room for improvement with respect to the abuse and neglect of children and that clear protocols were in place to report and deal with suspected abuse. The police worked in close collaboration with schools, which often reported suspected cases of abuse. The increase in reporting was considered to be a reflection of increased trust and confidence in the system.

62. A promising pilot programme currently under way focused on collaboration among various agencies to exchange information and avoid duplication, in order to identify gaps and intervene more effectively for children at risk. It was hoped that the pilot project would be expanded and rolled out in other areas. A clear protocol was in place for dealing with situations of possible mass scale abuse, such as in schools or residential care institutions. Investigations were carried out, with a focus on wide searches for victims who might not have come forward initially. There was also a strong protocol for removing children from families where they were at serious risk and monitoring less serious situations where removal was not deemed necessary.

63. **Ms. Grennell** (New Zealand) said that the participation of tribal leaders was key in programmes to prevent child abuse in Maori communities, as it increased the likelihood that families would participate. Tribal leaders had given broad support to the multi-agency approach to raise awareness about violence and abuse and had spoken out firmly against child abuse.

64. **Ms. Tolley** (New Zealand) said that, in addition to the focus on child protection, multi-agency efforts were also under way to reduce family violence as a whole. The pilot programme previously referred to had shown positive results thus far, but it had also brought to light some serious gaps in services that must be addressed. In addition to assisting victims, her Government was also making greater efforts to ensure that perpetrators received the necessary support so that they would not reoffend.

65. **Mr. Tuohy** (New Zealand) said that his Government took very seriously the coroner's report indicating that the cold and damp home provided by Housing New Zealand had contributed to the death of a child. The Government recognized that a substantial proportion of homes did not meet quality standards, and the work already under way to improve those conditions had been accelerated as a result of that tragic death. From the 2016 budget, 18 million New Zealand dollars had been allocated to provide better housing for larger numbers of families. It was expected that about 25,000 low-income families would benefit from the expanded Healthy Housing initiative. That initiative covered the costs of interventions such as floor coverings, insulation and minor repairs with a view to improving the residents' health.

66. **Mr. Wales** (New Zealand) said that the Secretary for Education had established the Bullying Prevention Advisory Group in 2013. It was made up of 17 governmental and non-governmental organizations and was aimed at reducing the prevalence of bullying in schools. The Advisory Group had produced a set of guidelines on bullying and continued to assist schools with their implementation. It had also been responsible for the establishment of a new website for schools, had sponsored and helped to organize the inaugural Bullying-free New Zealand Week and had overseen the introduction of new guidelines for schools on cyberbullying. It was difficult to collect data on bullying because schools in New Zealand were self-managing, although some data were available through the Wellbeing@School survey. The Advisory Group was exploring ways of improving data collection procedures. The Education Review Office reported on the strategies used by schools to ensure a safe physical and emotional environment and reviewed their bullying prevention and response policies and practices. Schools were required to provide a safe physical and emotional environment for pupils and, as part of the ongoing review of the Education Act, consideration was being given to the possibility of enshrining that requirement in primary legislation.

67. **Ms. Roberts** (New Zealand) said that, on 1 March 2013, the starting-out wage had replaced the new entrants' minimum wage for new entrants aged under 20 years. They were paid 80 per cent of the adult minimum wage for the first six months of their employment or for as long as they were undertaking training involving at least 40 credits per year. The aim of the starting-out wage was to reduce unemployment rates among persons aged between 16 and 19 years by providing incentives for employers to offer them work opportunities. In 2016, the Ministry of Business, Innovation and Employment would undertake a post-implementation review of the starting-out wage.

68. In its concluding observations on the combined third and fourth periodic reports of New Zealand (CRC/C/NZL/CO/3-4), the Committee had recommended that children should be given a greater say in the adoption process. Although adoption legislation had yet to be amended with that recommendation in mind, adoption practice continued to develop and remained broadly consistent with the New Zealand Bill of Rights and the Convention. Under current legislation, adoption orders were not conditional on the child's consent, but

they were made with consideration to his or her interests. It was acknowledged that open adoption could serve to protect a child's identity. The courts took a modern approach to the interpretation of the language of the Adoption Act.

69. **Mr. Tuohy** (New Zealand), responding to the Committee's questions on intersex children, said that, although there was no legislative framework to prevent the genital normalization of children, all citizens of New Zealand were covered by the Code of Health and Disability Services Consumers' Rights and all medical practitioners worked under the authority of the Medical Council of New Zealand. There was a multidisciplinary network of surgeons and endocrinologists who discussed all cases related to gender, and its default practice was to avoid surgical intervention. It dealt with between 20 and 30 cases per year. According to hospital records, since 2006, no children had undergone gender normalization surgery. The parents of intersex children were put in touch with one another and were offered peer support. He was not aware of any specific programmes for intersex children in the education sector.

70. **Mr. Coster** (New Zealand) said that there had been no confirmed reports of forced marriage in New Zealand. Only a few days previously, the Government had announced the new offence of coercion to marry. As a specific offence, its prevalence would be officially monitored. The Government took a proactive approach to working with communities and NGOs to address issues relating to child marriage, in particular in minority communities. He was unsure whether a specific data set on child marriage was available.

71. **Ms. Sandberg** said that she wished to know how the right to privacy would be protected in the implementation of the Vulnerable Children Approved Information Sharing Agreement. While the NetSafe Kit for Schools protected children aged under 14 years from information that might be harmful to them, she wished to know how children aged between 14 and 18 years would be protected.

72. She would be grateful for more information on how the State party planned to address the challenges faced by caregivers. What more could be done to support Maori parents? With regard to social work, she would also like more information on the deficiencies in service provision. It would be helpful to know whether children were involved in the current reform of the care system. How often did the Youth Advisory Group meet and did it exert any real influence? In the light of the conclusions of the Children's Commissioner's 2016 State of Care report, she wished to know whether a unified conception of child-centred practice would be promoted, how the quality of care services for children would be maintained in the period of transition between the current and future operating models and whether children would be consulted in decision-making processes regarding their care. It would also be helpful if the delegation could comment on the root causes of the disproportionate representation of Maori children in the care system and the measures taken to enable Maori parents to improve outcomes for their children.

73. With regard to the placement of children in care, she asked whether robust criteria for decision-making had been developed, what efforts had been made to ensure that children in the care system were connected with their culture and how foster care and residential care placements were monitored. She requested the delegation to comment on reports that children were sometimes placed in care via informal arrangements and on how effective the complaint mechanism for children in care was. She wished to know how the new youth advocacy service would be funded and whether its funding would be sufficient. Lastly, she would be grateful if the delegation could comment on the security of the care provided for children.

74. **Ms. Muhamad Shariff** said that she wished to know whether the budget for health-care services for children with disabilities had been increased, whether it was sufficient, whether there were enough specialist doctors to treat such children and whether an

assessment of the health-care services provided for them had been conducted. On the subject of children with disabilities, she would be grateful for more information on a case lodged in 2008 that had yet to be heard by the Human Rights Review Tribunal.

75. She enquired whether children under the age of 6 years had access to free primary health care outside business hours and whether health care was free for all children until the age of 18 years. It would be helpful to know what measures had been taken to counter childhood obesity, whether there were any plans to improve the provision of primary health-care services for socioeconomically deprived communities, what was being done to ensure equitable health outcomes for Maori and Pacific children and whether steps had been taken to develop a health impact assessment mechanism to inform climate change policies and corresponding health sector planning.

76. She enquired whether the National Breastfeeding Committee would be re-established, whether a national breastfeeding coordinator would be appointed and whether there were plans to promote breastfeeding by introducing legislation in line with the International Code of Marketing of Breast-milk Substitutes and relevant World Health Organization resolutions thereby ensuring that industry practice was monitored and sanctions were imposed for non-compliance. She asked whether programmes had been implemented to reduce the number of pregnancies among girls aged 15 to 18 years.

77. With regard to suicide, she asked whether the New Zealand Suicide Prevention Action Plan 2013-2016 would be extended or replaced, whether any research had been conducted on the high rate of suicide among young people of Maori ethnicity, what kind of support had been given to the families of victims, and whether the budget would be increased. Information would be welcome on any programmes and awareness-raising campaigns aimed at reducing alcohol consumption among young people, the regulation of alcohol advertising and the protection of children from the dangers of second-hand smoke. Information would also be welcome on children living HIV/AIDS and the treatment with which they were provided. She wished to know what measures were taken to ensure that children who had an incarcerated parent or who lived with a parent in prison did not experience discrimination. In such cases, how were the best interests of the child taken into account?

78. Concerning poverty, she asked whether an official estimate of the number of children living in poverty had been made. Many children lived in poor-quality housing, which adversely affected their health. She also asked whether data were collected on homeless children and what efforts had been made to meet the Sustainable Development Goal to reduce poverty by 50 per cent by 2030.

79. **Ms. Aldoseri** said that she wished to know whether children were involved or were being consulted as part of the review of the Education Act and what efforts were being made to reduce the disparities in school performance between ethnic groups. Maori children, for example, tended to perform worse than average at school, but were more frequently excluded or expelled and were overrepresented in disciplinary statistics. She also wished to know how private, for-profit early childhood education and care institutions were monitored and what measures were being taken to increase the enrolment of Maori and Pacific children in schools, especially in preschools, as well as to promote the enrolment of all children illegally resident in New Zealand. Were any training programmes on Maori culture organized for education and childcare professionals?

80. More information on alternative education would also be welcome. She wished to know whether the Success for All programme, which had recently been completed, would be replaced with another programme in order to sustain efforts to achieve inclusive education for all children, including marginalized and disadvantaged children. She also wished to know whether the principle of inclusive education had been incorporated in the

Disability Strategy and Disability Action Plan and what steps had been taken to incorporate the Sustainable Development Goals into the public policy framework.

81. **Mr. Madi** said that the Immigration Amendment Act 2013 was reportedly discriminatory because, pursuant to its provisions, the treatment of a refugee or asylum seeker depended on whether or not he or she had been part of a mass arrival group and the rights of successful asylum seekers to reunite with their families, including children, was restricted. It would be helpful if the delegation could explain the procedure by which legal assistance and legal guardians were provided for unaccompanied child refugees and asylum seekers. He wished to know: whether a mechanism had been implemented and specialist staff had been trained to identify child refugees and asylum seekers who might have been involved in armed conflict; whether such children were offered psychological support with a view to ensuring their reintegration; whether a system had been put in place to prevent terrorist groups such as the Islamic State in Iraq and the Levant from using the Internet to recruit children; and whether any children had left New Zealand to join such terrorist groups.

82. The Committee would be grateful for more information on the Health and Safety at Work Act 2015, which seemed neither to recognize the vulnerability of young workers nor to require a duty of care towards them. He wondered whether the new Act addressed the fact that children aged 12 years and over were permitted to drive tractors on farms. Similarly, it was unclear whether the State party had ratified the International Labour Organization (ILO) Minimum Age Convention, 1973 (No. 138) and whether procedures had been introduced to prevent children from working in hazardous environments. He would also be grateful for data on homeless children.

83. With regard to juvenile justice, many of the Committee's previous recommendations had not been implemented. Children aged 10 years or older could be prosecuted for serious offences, children aged 12 and 13 years could be prosecuted for serious or repeated offences in the Youth Court and children aged 16 years who were married or in a civil union were tried in criminal courts, as were all children aged 17 years. Despite the State party's reservation to article 37 (c) of the Convention, the Committee continued to be concerned that many imprisoned children aged under 18 were held in adult prisons. Alternative measures to detention for children were not in place, and the principle that detention should be used as a measure of last resort and for the shortest possible time was not fully respected. More could be done to counter discrimination against children from minority groups. In that connection, he would be grateful for additional information on the results and effectiveness of the review of Police and iwi/Maori relationships mentioned in paragraph 227 of the State party report.

84. Despite the request for information made in paragraph 16 of the list of issues (CRC/C/NZL/Q/5), the State party had not responded satisfactorily to the Committee's request for detailed updated information on measures taken in follow-up to the Committee's concluding observations concerning the Optional Protocol on the involvement of children in armed conflict (CRC/C/OPAC/CO/2003/NZL). He would be grateful for a complete response. Although it was indicated in paragraph 235 of the State party report that the recruitment and use in hostilities by armed groups of persons under the age of 18 years was prohibited and criminalized "in broad terms" those acts should be explicitly criminalized. He wished to know whether New Zealand had established extraterritorial jurisdiction over offences covered by the Optional Protocol. The Committee continued to recommend that the minimum age for voluntary recruitment should be raised to 18 years.

*The meeting rose at 6 p.m.*