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Children's Rights Report - UPR 3 AOTEAROA NEW ZEALAND

Introduction

This report was prepared by ACYA¹, CPAG², Save the Children NZ³, and IHC⁴ in consultation with a wide range of civil society organisations and individuals.⁵ It is based primarily on the United Nations Convention on the Rights of the Child (UNCROC), particularly the 2016 Concluding Observations of the Committee on the Rights of the Child (UNCRC)⁶.

About one quarter of Aotearoa New Zealand's (Aotearoa/NZ) population is aged under 18; just over 1.1 million children⁷. Approximately 71% identify as European or other (including NZer); 25% as Māori; 13% as Pasifika; 12% as Asian; and 1% as Middle East, Latin, American or African⁸. Half are adolescents⁹. Māori and Pasifika populations have a younger age profile.

While most children in Aotearoa/NZ enjoy positive childhoods, the rights of a significant number are regularly compromised.¹⁰

¹ Action for Children and Youth Aotearoa (ACYA) is the coalition of non-governmental organisations that co-ordinates reporting on children's rights under the United Nations Convention on the Rights of the Child (UNCROC) and other international human rights instruments. ACYA is New Zealand's UNCROC country focal point.

² Child Poverty Action Group (CPAG) is an independent charity working to eliminate child poverty in New Zealand through research, education and advocacy. Through research, CPAG highlights the position of tens of thousands of New Zealand children living in poverty and promotes public policies that address the underlying causes of that poverty and its impact on children's economic, social and cultural rights

³ Save the Children New Zealand is a non-governmental organisation working to give children a healthy start in life, the opportunity to learn and protection from harm

⁴ IHC advocates for the rights, inclusion and well-being of all people with intellectual disabilities and supports them to live satisfying lives in their communities.

⁵ A list of all those supporting this report is attached as Appendix 1.

⁶ CRC/C/NZL/CO/5.

⁷ In this report we use the term children to refer to all those aged under 18. We recognise that this classification encompasses many ages and diverse circumstances. We also recognise that many young people do not regard themselves as children.

⁸ <http://www.occ.org.nz/assets/Uploads/StatsOnKids/demographics2016.pdf>

⁹ Statistics New Zealand. Subnational population estimates by age and sex, at 30 June 2017

<http://nzdotstat.stats.govt.nz/wbos/index.aspx?DataSetCode=TABLECODE7502>

¹⁰ <http://www.occ.org.nz/our-work/statsonkids/>

Overall comment about Pēpē¹¹, Tamariki¹² and Rangatahi Māori^{13 14}

Individual and collective human rights under international rights instruments such as UNCROC and United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), develop and support inherent tāngata whenua¹⁵ rights of pēpē, tamariki and rangatahi Māori¹⁶. These rights are also inherent in Te Tiriti o Waitangi of 1840¹⁷.

In Aotearoa/NZ, especially for Māori, children's rights are understood within the context of whānau¹⁸ and family.

Pēpē, tamariki and rangatahi Māori experience significant and pervasive inequities¹⁹. These inequities arise from inequitable access to the determinants of wellbeing, inequitable access to and through services and care, and from the differential quality of services and care received.²⁰ This maldistribution is the expression of colonisation,²¹ coloniality²² and racism²³ whereby the determinants of health and wellbeing continue to be differentially distributed in Aotearoa/NZ by ethnicity and specifically, by indigeneity.²⁴

The inequities that occur for pēpē, tamariki and rangatahi Māori compared with Pākehā²⁵ are thereby considered an end-result of the disproportionate impacts of the socio-political and economic environments that drive poor health and wellbeing outcomes in Aotearoa/NZ.²⁶

¹¹ Baby, see Appendix 2 Glossary

¹² Children, see Appendix 2 Glossary

¹³ Younger generation, see Appendix 2 Glossary

¹⁴ See Appendix 2 *Health inequities for pēpē, tamariki and rangatahi Māori*. Prepared by Dr. Paula Thérèse King for Aotearoa/NZ Children's Rights report: UPR 2019

¹⁵ People born of the whenua/land. See glossary, Appendix 2.

¹⁶ The Oranga Moko-puna model, set out in Appendix 2, provides a conceptual frame of reference within Te Ao Māori for the realisation of tamariki Māori rights.

¹⁷ Te Tiriti o Waitangi/The Treaty of Waitangi imposed obligations on the Crown to protect the rights of Māori to the possession of their own taonga (i.e. whatever is precious in Māori culture) and to enjoy the same rights as British subjects.

¹⁸ Extended family, family group, a familiar term of address to a number of people - the primary economic unit of traditional Māori society. In the modern context the term is sometimes used to include friends who may not have any kinship ties to other members.

<http://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&keywords=whanau>

¹⁹ Simpson, J., Duncanson, M., Oben, G., Adams, J., Wicken, A., Pierson, M., ... Gallagher, S. (2017). Te Ohonga Ake The Health Status of Māori Children and Young People in New Zealand Series Two (Health Status of Children and Young People). New Zealand Child and Youth Epidemiology Service. Retrieved from <http://hdl.handle.net/10523/7390>

²⁰ Jones CP. Systems of power, axes of inequity: parallels, intersections, braiding the strands. *Med Care* 2014 Oct;52(10 Suppl 3):S71-5.

²¹ Robson, B., & Harris, R. (Eds.). (2007). *Hauora: Māori Standards of Health IV. A study of the years 2000-2005*. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare, University of Otago.

²² Grosfoguel, R. (2011). Decolonizing Post-Colonial Studies and Paradigms of Political-Economy: Transmodernity, Decolonial Thinking, and Global Coloniality. *TRANSMODERNITY: Journal of Peripheral Cultural Production of the Luso-Hispanic World*, 1(1), 1-38.

²³ Harris RB, Stanley J, Cormack DM. Racism and health in New Zealand: Prevalence over time and associations between recent experience of racism and health and wellbeing measures using national survey data. *PLOS ONE* 2018;13(5):e0196476.

²⁴ Reid, P., & Robson, B. (2007). Understanding Health Inequities. In B. Robson & R. Harris (Eds.), *Hauora Māori Standards of Health IV: A study of the years 2000-2005* (pp.3-10). Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare, University of Otago

²⁵ Foreign, see glossary Appendix 2.

Developments since previous review (2013)

Since 2013 there has been increased focus on children, particularly those considered at risk of abuse, offending or in poverty, providing many opportunities to advance children's rights: Parliament is considering legislation²⁷ that will require Governments to adopt, publish and review a child wellbeing strategy covering all children, with a focus on measures and targets to reduce child poverty; the education and health systems are being reviewed; and changes are being made to the care, protection and youth justice systems.

For the first time Aotearoa/NZ has a Minister for Children. The Prime Minister is responsible for the Child Wellbeing Strategy and poverty reduction.

Changes to the Oranga Tamariki Act 1989, due to come into force in 2019, will require consideration of the UNCROC and UNCRPD²⁸ rights of children in the Oranga Tamariki system²⁹. This means that some children, but not others, will have their rights included in domestic legislation.

The increased focus on children in a number of Government departments underscores what has been a perennial challenge for Aotearoa/NZ; lack of coordination and cohesion on child policy and regulation across Government. For example the social service and health systems remain distinct.

Children's Commissioner

A review of oversight of the Oranga Tamariki system and of children's issues in New Zealand, is currently underway³⁰ and focusses mainly on the role and functions of the Children's Commissioner. The review is an opportunity to address UNCRC recommendations that the Office be: well resourced; equipped to receive, investigate and address complaints from children; and have its independence strengthened and powers to act in the best interests of children.³¹

Mechanisms to uphold and implement children's rights

In its April 2018 report [*Building Blocks: Building the foundations for implementing the Children's Convention in Aotearoa*](#) the Children's Convention Monitoring Group (CMG)³² called on the

²⁶ Simpson, J., Adams, J., Oben, G., Wicken, A., & Duncanson, M. (2016). The Determinants of Health for Māori Children and Young People in New Zealand (Determinants of Health for Children and Young People No. 2). New Zealand Child and Youth Epidemiology Service. Retrieved from <http://hdl.handle.net/10523/6384>

²⁷ Child Poverty Reduction Bill 2018

²⁸ United Nations Convention on the Rights of Persons with Disabilities

²⁹ The term 'Oranga Tamariki system' is being used within Government to describe not only the statutory care and protection and youth justice system in the Oranga Tamariki Act 1989, but also the system for responding to children with early risk factors for future involvement in the statutory care and protection and youth justice system, and young people transitioning from care. See, for example, the cabinet paper on "Consultation on options to strengthen independent oversight (children's issues and Oranga Tamariki system). <https://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/policy-development/oversight-for-children/cabinet-paper-consultation-on-options-to-strengthen-independent-oversight.pdf>

³⁰ <http://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/policy-development/oversight-for-children/children-s-oversight-consultation-document.pdf>

³¹ Relates to UNCRC Concluding Observation recommendation 11 (2016)

³² The Children's Convention Monitoring Group (the Monitoring Group) monitors the New Zealand Government's implementation of the UN Convention on the Rights of the Child (the Children's Convention), its Optional Protocols and the Government's response to recommendations from the UN Committee on the Rights of the Child (the Committee). In addition to a monitoring role, we advocate for the adoption of processes that embed the Children's Convention across

Government to invest in the infrastructure needed to ensure the Children’s Convention is embedded in Aotearoa. The CMG identified ten areas where improvements need to be made to enable implementation of the UNCRC, including children’s rights awareness raising and training, data collection, budgeting for children, planning, and legislative and policy development³³.

Recommendations

1. Ensure the Child Wellbeing Strategy is based on children’s rights and Te Tiriti o Waitangi³⁴, and developed in close cooperation with children, their whānau, hapu and iwi, families and communities, to
 - a. improve understanding and implementation of children’s rights, particularly the rights of pēpē, tamariki and rangatahi Māori as tāngata whenua
 - b. promote children’s best interests and respect for the inherent dignity of each child, including participation in their communities and wider society
 - c. encourage more co-ordinated and cohesive work for children across government through
 - i. systematic use of children’s rights to analyse and monitor laws, policies and practices and their impact on all children’s lives
 - ii. increased training on children’s rights and child impact assessments
2. Ensure any moves to strengthen the Children’s Commissioner advance all rights of all children, be based on wide consultation with those working with and for children, and children themselves, and strengthen the Office’s independence³⁵
3. Address the recommendations of the Children’s Convention Monitoring Group^{36 37}.

A Cross cutting issues

Equity and non-discrimination

Inequities and discrimination remain significant issues, particularly for Māori children, Pasifika children and children with disabilities. In 2016 The Committee made a priority recommendation regarding children belonging to minority and indigenous groups and identified issues of discrimination or inequities in numerous separate recommendations³⁸.

The Committee made several recommendations specifically about children with disabilities³⁹ and remained “seriously concerned about the structural and systemic disadvantages Māori and Pasifika children face...”⁴⁰.

Examples of inequities include:

- 50% of babies uplifted at birth and taken into State care are Māori⁴¹

Government, such as collecting good information, listening to children, raising awareness of the Convention and planning to advance children’s rights

³³ See Appendix 3 for the full list of recommendations made by the CMG

³⁴ Consistent with children’s rights, the Child Wellbeing Strategy should be developed in close cooperation with children, their whānau, hapu and iwi, families and communities.

³⁵ Relates to UNCRC Concluding Observation recommendation 11 (2016).

³⁶ See Appendix 3

³⁷ Relates to UNCRC Concluding Observation recommendations 5-12 (2016).

³⁸ Relates to UNCRC Concluding Observation recommendations: 10(a), 15(a)(b), 16, 17, 19(a)(b)(c), 23(c)(g), 24(a), 26, 27(a)(b), 28(a)(b), 30(a)(b)(c)(d)(e)(f)(g), 31(a)(b), 33,34,36(a), 37(d), 38(a)(b),42, 45(e)(2016).

³⁹ Relates to UNCRC Concluding Observation recommendation 30 (2016)

⁴⁰ Relates to UNCRC Concluding Observation recommendation 41 (2016).

- In the year ended 30 June 2017
 - 3,518 of the total 5,708 children in State care were Māori
 - 2,895 of the 4,716 children in out-of-home placements were Māori
 - 78 out of the total 118 children admitted to Care and Protection residences were Māori
 - 658 of the 889 admitted to Youth Justice residences were Māori⁴²
- Disproportionately high numbers of Māori and Pasifika youth appear before the Youth Court⁴³
- Between 2014/15 and 2016/17, the Youth Court appearance rate for Māori increased by 23%; the rate for non-Māori reduced by 12%⁴⁴
- In 2016, 11% of Māori children/adolescents in mental health units had been put into seclusion at least once, and 7% of Pasifika children/adolescents⁴⁵
- Suicide rates for rangatahi are disproportionately high and overall, Aotearoa/NZ has the highest rate of adolescent suicide in OECD⁴⁶
- 15% of people under 16 and 19% of people under 28 who receive Disability Support Services have had a finding of abuse and neglect⁴⁷
- Pasifika children are nearly 50 times more likely than New Zealand European children, and twice as likely as Māori children, to be admitted to hospital with acute rheumatic fever⁴⁸
- Pasifika children are three times more likely to witness violence and five times more likely to die from abuse or neglect⁴⁹
- In a recent consultation many children said they experience racism at school and are treated unequally because of their culture⁵⁰.
- In 2016
 - School exclusion rates for Māori were around twice the national rate.
 - Boys are excluded three times more than girls.⁵¹
 - Exclusion rates for children with disabilities are not recorded.
- Youth with disabilities aged 15 – 24 are four times more likely than their non-disabled peers not to be in employment, education or training (NEETS). For Māori the rate is 22.4% compared to 9.1% for the non-Māori population⁵²
- Queer⁵³ and gender diverse students are at higher risk of being subject to violence⁵⁴

⁴¹ <https://www.stuff.co.nz/national/102575309/hundreds-of-newborns-taken-from-mothers-over-last-three-years>

⁴² All ethnicity statistics are from: <http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/statistics/cyf/kids-in-care-national-and-local-level-data-jun-2017.xlsx>

⁴³ Ministry of Justice *Youth Justice Indicators Summary Report April 2018*.

<https://www.justice.govt.nz/assets/Documents/Publications/Youth-Justice-Indicators-Summary-Report-201804.pdf>

⁴⁴ Ibid

⁴⁵ <https://www.stuff.co.nz/national/health/104612267/pasifika-mori-put-in-seclusion-at-double-the-rates-of-pkeh>

⁴⁶ https://www.unicef-irc.org/publications/pdf/RC14_eng.pdf

⁴⁷ Ministry of Health 2016 – *Characteristics of Disability Support Service (DSS) recipients*. Minister of Disability Issues Forum, December 2016.

⁴⁸ http://archive.stats.govt.nz/browse_for_stats/people_and_communities/pacific_peoples/pacific-progress-health/overall-health.aspx

⁴⁹ <http://www.pasifikaproud.co.nz/assets/Resources-for-download/PasifikaProudResource-Understanding-family-violence-infographic.pdf>

⁵⁰ *Education matters to me: Key insights*, Children’s Commissioner’s Office and New Zealand School trustees Association. 2018. Available at <http://www.occ.org.nz/assets/Uploads/OCC-STA-Education-Matters-to-Me-Key-Insights-24Jan2018.pdf>

⁵¹ <https://www.educationcounts.govt.nz/statistics/indicators/main/student-engagement-participation/Stand-downs-suspensions-exclusions-expulsions>

⁵² New Zealand Household Labour Force Survey 2017 – June quarter

⁵³ “Queer” is a reclaimed word that serves as an umbrella term encompassing diverse sexualities and those who are not sure. This word is used by many people in Aotearoa/NZ but is not the preferred term for everybody.

<https://www.ry.org.nz/friends-whanau/useful-words/>

⁵⁴ <https://www.bullyingfree.nz/about-bullying/lgbtqia/>

- The In-Work-Tax-Credit discriminates against around 230,000 children whose parents are beneficiaries⁵⁵.

Recommendations

4. Uphold Te Tiriti o Waitangi
5. Ensure the Child Wellbeing Strategy
 - a. is comprehensive, cross sectoral and holistic, covering all rights of all children, including affirmative action where necessary
 - b. include measures to
 - combat negative attitudes and prevent discrimination
 - urgently address disparities in education, health and standard of living for Māori and Pasifika children and children with disabilities
6. Provide all low-income families with equitable income support.

Environmental issues

Climate change is impacting children’s rights in Aotearoa/NZ. Children who are Māori, Pasifika, have a low standard of living, and/or experience discrimination and disadvantage will carry a greater burden^{56 57 58 59}.

The Government’s consultation on proposed legislation to lower greenhouse gas emissions is to be commended⁶⁰.

Recommendations:

7. Place children’s rights at the centre of climate change adaptation and mitigation, particularly those most vulnerable to climate change effects⁶¹
8. Undertake health impact assessments, particularly child health, to inform climate change legislation and policies.

B Civil and political rights

Right to life, liberty and security of the person

Children living in the poorest areas are three times more likely to die^{62 63}.

⁵⁵ The In-Work-Tax-Credit (IWTC) discriminates against some 230,000 children whose parents are beneficiaries, including those who are studying full-time and receiving a student allowance. They are denied assistance given to others. In June 2013 (*CPAG v Attorney-General* [2013] NZCA 402.) the Court of Appeal found that the IWTC discriminated against children of beneficiaries, but the discrimination was justified by social and economic policy which the Court regarded as the purview of Parliament. (Refer to Max Harris “Justified Discrimination” [2013] NZLJ 363.)

⁵⁶[http://www.acya.org.nz/uploads/2/9/4/8/29482613/uncroc_orataiao_submission_on_climate_change .pdf](http://www.acya.org.nz/uploads/2/9/4/8/29482613/uncroc_orataiao_submission_on_climate_change.pdf)

⁵⁷ Metcalfe S. Fast, fair climate action crucial for health and equity. *NZ Med J* [Internet] 2015; 128(14250):14-23.

⁵⁸ Bennett H, Jones R, Keating G, Woodward A, Hales S, Metcalfe S. Health and equity impacts of climate change in Aotearoa-New Zealand, and health gains from climate action. *N Z Med J*. 2014;127(1406).

⁵⁹ Appendix 4

⁶⁰ Zero Carbon Bill 2018 <https://www.mfe.govt.nz/have-your-say-zero-carbon>

⁶¹ Such as the children of Tokelau, and the rights of children in the future

Between 2002 and 2016 there were 1,758 deaths due to suicide, making it the leading cause of death in adolescents⁶⁴.

In the year ended June 2017, there were 14,802 substantiated findings of child abuse⁶⁵.

Seven percent of children have witnessed adults at home hitting or physically hurting another adult; 14% have witnessed adults at home hitting or physically hurting children⁶⁶.

Aotearoa/NZ continues to lack child's-rights based health-care protocols for intersex children, which means surgery and other treatment of intersex infants, and the denial of treatment and surgery to young people who want to make their own decisions about their gender, remain an issue⁶⁷.

Similarly, there is not a legal framework that protects children with disabilities from sterilisation without their free, prior and informed consent, and ensures they have independent advocacy⁶⁸.

Rates of bullying are high compared with other countries⁶⁹. Each school has its own processes for reporting, recording and responding to bullying, which allows for responses suited to particular school communities but can also result in inconsistency⁷⁰.

The Historical Abuse in State Care Royal Commission⁷¹ excludes abuse within religious institutions⁷² and children currently in State care need immediate protection.⁷³

For children who have suffered violence, trauma or abuse, access to child-friendly reporting channels, physical and psychological rehabilitation and health services, including mental health services, remains limited.

Recommendations

9. Prioritise efforts to address and prevent youth suicide.
10. Build on existing initiatives⁷⁴, to develop a strategy to combat violence, abuse and neglect of all children in all settings⁷⁵, that:

⁶² Child and Youth Mortality Review Committee 13th data report 2012-16. Prepared by the New Zealand Mortality Review Data Group, University of Otago. 2018. <https://www.hqsc.govt.nz/assets/CYMRC/Publications/CYMRC-13th-data-report-FINAL-Apr-2018.pdf>

⁶³ Medical conditions are the leading cause of death for children and young people at 39% of deaths. This is followed by unintentional injuries at 28%, intentional injury at 25% of deaths, and SUDI at 7% of deaths. Medical conditions include tumours and congenital disorders, unintentional injuries include transport-related deaths and drownings, and intentional injuries are made up of deaths due to suicide and assault

⁶⁴ <https://www.hqsc.govt.nz/our-programmes/mrc/cymrc/news-and-events/news/3285/>

⁶⁵ <http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/statistics/cyf/findings.html>

⁶⁶ <https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2012-overview.pdf> (page 26)

⁶⁷ Relates to UNCRC Concluding Observation recommendation 25 (2016).

⁶⁸ Relates to UNCRC Concluding Observation recommendation 30(f) (2016)

⁶⁹ There is more information on bullying in New Zealand Schools on the bullyingfreez website <https://www.bullyingfreez.nz/about-bullying/bullying-in-new-zealand-schools/>

⁷⁰ For example, recent media reports illustrate an obvious discord between parent's views of addressing bullying and the school's. <https://www.stuff.co.nz/southland-times/news/104706752/southland-school-fight-club-claims-fended-off-by-principal>

⁷¹ <http://www.abuseinstatecare.royalcommission.govt.nz/>

⁷² Unless the State had transferred responsibility of children to the religious institution.

⁷³ See Appendix 5 Children deprived of their family environment, which indicates the problem of abuse and harm of children in the State care system is on-going.

⁷⁴ For example, the development of the Child Wellbeing Strategy, establishment of Oranga Tamariki, BullyingFreeNZ, Guidelines on restraint and seclusion in schools, and family violence prevention

⁷⁵ Families, schools and institutional care.

- i. pays particular attention to Māori, Pasifika and disabled children, and children under five years
 - ii. provides better data on violence against children
 - iii. strengthens awareness raising and education programmes to prevent and combat child abuse
 - iv. monitors and evaluates initiatives to address violence against children.⁷⁶
- 11. Uphold the rights of all children to bodily integrity, autonomy and self-determination by
 - a. Developing and implementing a child rights-based health care protocol for intersex children, that provides for counselling and support for families and training for professionals
 - b. Adopting legislation that prohibits the sterilization of children with disabilities without their free, prior and informed consent, and provides for independent advocacy.
- 12. Welcome the Historical Abuse in State Care Royal Commission.
- 13. Begin to eradicate the use of violence and abuse in State care immediately, including the use of restraints and detention, through
 - i. training and supervision of those working with and for children in care
 - ii. establishing child-friendly reporting processes
 - iii. prompt investigations and responses to violence.
- 14. Ensure all children who suffer trauma and violence receive rehabilitation in addition to core health interventions.

Administration of justice, including impunity and the rule of law

There has been progress on youth justice issues, such as the inclusion of most 17 year olds in the Youth Court jurisdiction (as from 1 July 2019) and a significant fall in Youth Court appearances since 2009. However, significant problems remain.

The age of criminal responsibility (ten years) is low, and for serious crimes such as murder and manslaughter, children as young as ten can face a High Court jury trial and an adult sentence.

Between 2015 and June 2018, nine children were killed, and 36 seriously injured, in Police chases.

Although 80% of young people⁷⁷ are granted bail, the proportion of young people held on custodial remand has doubled since 2012⁷⁸. Detention of children in Police cells has increased. One percent of youth were detained in Police custody at initial hearing in 2014/15 and 3% in 2015/16⁷⁹. Of those who are held, up to 70% are rangatahi Māori⁸⁰. Alternatives are urgently needed to both prevent Police cell remands and to significantly reduce the number of young people held on remand in youth

⁷⁶ Relates to UNCRC Concluding Observation recommendation 23 (2016).

⁷⁷ Under section 2 of the Oranga Tamariki Act 1989, a young person means a person over the age of 14 years but under the age of 17 or 18

⁷⁸ <https://www.orangatamariki.govt.nz/assets/Uploads/Research/Youth-Justice/Youth-remand-trends-F2012-to-F2016.pdf>. This increase is most likely due to changes to the Bail Act in 2013.

⁷⁹ <https://www.orangatamariki.govt.nz/assets/Uploads/Research/Youth-Justice/Youth-remand-trends-F2012-to-F2016.pdf> (page 12)

⁸⁰ Correspondence with JustSpeak <http://www.justspeak.org.nz/>

justice facilities because there is nowhere else for them to be held (i.e. not because their offending was serious enough to warrant a lengthy remand).

Policing strategies are not always appropriate for children. For example, bail checks and conditions can be onerous for young people, increasing the likelihood of breaches.

Recommendations

15. Address discrepancies in the age of criminal responsibility and sentencing provisions for children charged with serious crimes such as murder or manslaughter
16. Urgently invest in alternative remand options
17. Urgently review Police pursuits to prevent further deaths or serious injury of children
18. Take a more targeted approach to reduce the number of Māori and Pasifika young people in the Youth Court, including in the provision of culturally specific diversion programmes and changes to Family Group Conference process to ensure these are appropriately delivered for all families
19. Consider lifting the age of youth justice to include those aged under 21, consistent with evidence on effective responses to offending by young people.

Fundamental freedoms and participation in public and political life

Increasing recognition is being given to the views of children.⁸¹ The Children's Commissioner has made a significant contribution through their *Mai world* project.⁸²

Recommendations

20. Build on growing recognition of children's voice to;
 - a. make including children's views the norm
 - b. ensure all children can actively participate in decision-making affecting all aspects of their lives, including within families, communities and wider society
 - c. create opportunities and mechanisms so all children can raise issues themselves
21. Accede to the third UNCROC Optional Protocol on a Communications Procedure⁸³.

Prohibition of all forms of slavery

In April 2018 a mother was convicted of slavery for selling her daughter for sexual services an estimated 1000 times⁸⁴. The young woman fell under Aotearoa/NZ's general reservation to UNCROC and her abuse was discovered by chance.

Work underway on digital child protection is welcome⁸⁵.

Recommendations

22. Remove the general reservation to UNCROC
23. Take all other necessary measures to prevent and respond to the sale of children.⁸⁶

⁸¹ Recent examples include Oranga Tamariki establishment and education reform.

⁸² <http://www.occ.org.nz/4youth/maiworld/>

⁸³ UNCROC Optional Protocol on a Communications Procedure

⁸⁴ https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12011269

⁸⁵ This work is on the proposed UNCROC work programme and is being led by the Department of Internal Affairs.

Right to privacy and family life

Privacy and data

Legislation has been passed allowing collection and sharing of data on children^{87 88 89}.

It is unclear when children's data should be destroyed, whether this happens automatically or on request when the child turns 18.

Care is needed to prevent genuine, useful data collection becoming surveillance of specific populations, leading to individual or group discrimination, stigma and predictive privacy risk, undermining the trust and purpose for collection⁹⁰.

Recommendations

24. Regulate to protect the data and privacy of children, including children in the Oranga Tamariki system
25. The Privacy Commissioner monitor and report on children's privacy
26. Children be made aware of their privacy rights⁹¹.

Family life

A high and increasing number of children are deprived of care in their own family⁹². In the year ending 30 June 2017, 5,708 distinct children and young people were in State care^{93 94}. A disproportionate number are Māori.

In 2017, 225 new-born babies were taken into State care - 38 more than in 2016 and 63 more than in 2015⁹⁵. More than half of these babies are taken from young Māori mothers.

Oranga Tamariki reports having approximately 3,800 caregivers⁹⁶; a shortfall given the number of children in State care. This means some children are not having their care and welfare needs met within a family environment and places stress on the State care system, undermining options and quality.

⁸⁶ In accordance with the Optional Protocol on the Sale of Children, Child Prostitution, and Child Pornography

⁸⁷ Especially those children identified as vulnerable to harm or poor life outcomes

⁸⁸ [Privacy \(Information Sharing Agreement for Improving Public Services for Vulnerable Children\) Order 2015](#)

⁸⁹ The interest in data collection is due to the (perceived) need for data on individuals for protection purposes and to guide Government investment on how best to allocate targeted funding, particularly in the social sector; education, health, justice, housing migration and welfare.

⁹⁰ Ballantyne, A., & Style, R. (2017) Health data research in New Zealand: updating the ethical governance framework. *NZMJ*, 130(1464), pp 64-71

⁹¹ That agencies hold information about them, they can request this information, and that it can be deleted (either automatically or on request) at 18 years of age.

⁹² See Appendix 5

⁹³ Children in State care are legally in the custody of the Chief Executive of Oranga Tamariki (Ministry for Children), New Zealand's State child welfare agency

⁹⁴ <http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/statistics/cyf/kids-in-care.html>

⁹⁵ <https://www.stuff.co.nz/national/102575309/hundreds-of-newborns-taken-from-mothers-over-last-three-years>

⁹⁶ <https://www.radionz.co.nz/news/national/353938/record-number-of-children-in-state-care-more-than-6000>

The Historical Abuse in State Care Royal Commission is positive⁹⁷. However, the problem of abuse of children currently in the care of the State requires urgent attention.

Recommendations

27. Provide effective and culturally-appropriate support services to families, in particular whānau Māori, to ensure positive child, family and whānau outcomes⁹⁸
28. Monitor the number of babies being taken into care and ensure it is truly an option of last resort and does not reflect unconscious bias or structural discrimination
29. Take urgent measures to eradicate abuse, harm and violence against children in State care, and provide training and ongoing support to carers⁹⁹
30. For all children in State care, translate the principles of the best interests of the child and the importance of the child's views¹⁰⁰
31. Ensure that every child in State care can make complaints which are addressed¹⁰¹
32. The State and community-based NGO care providers work in closer partnership for the benefit of all children in State care, including tamariki Māori
33. All carers undertake children's rights training to support their State-delegated care responsibilities
34. All children in care have age-appropriate, regular and ongoing opportunities to learn about their rights.

Economic, Social and Cultural Rights

Right to work and to just and favourable conditions of work

Aotearoa/NZ's reservation to UNCRC Article 32(2), covering protections for children who work, is based on young workers being adequately protected by existing law.

There is very little recent research about young workers. However, there is enough to call into question the adequacy of existing protections, which are contained in a wide, relatively complex, array of statute law, regulations and codes of practice. There are inconsistent standards and no clear principles underpinning the regulation of children and young people's work or recognising their particular vulnerabilities in the workplace. For example, there is no minimum wage for those aged under 16 and no minimum working age.¹⁰² During 2012 and early 2013 an Independent Taskforce on

⁹⁷ <http://www.abuseinstatecare.royalcommission.govt.nz/>

⁹⁸ Relates to Concluding Observation recommendation 26 (2016).

⁹⁹ Relates to Concluding Observation recommendation 23 (2016).

¹⁰⁰ Relates to Concluding Observation recommendation 28(a) (2016).

¹⁰¹ This will require making sure that all children in State care are aware they can make a complaint about their care experience, and they know how to make such a complaint, to Oranga Tamariki itself and/or to an appropriate external agency, and that the complaints of children in State care will be appropriately investigated and addressed in a timely and child-centered manner.

¹⁰² Research has found that secondary school students in employment have low levels of awareness surrounding their employment rights, low rates of union membership and a 50% likelihood of having a formal written employment agreement. Schoolchildren employees have reported trusting their employers to the extent that they will do work that they consider unsafe, while a small proportion will do an unsafe task because they are afraid they will lose their job if they do not. Injuries are a relatively common and occasionally serious occurrence for child workers. In one study, one sixth of secondary school students in part time work reported being injured at work in the previous year, of these injuries half were relatively minor but about one fifth were serious enough to warrant a visit to a medical professional or hospital.

<http://www.mbie.govt.nz/publications-research/research/labour-market-and-skills/schoolchildren-in-paid-employment.pdf>

Workplace Health and Safety identified young people as one of the groups particularly vulnerable to injury and harm ¹⁰³.

A large number of children work, mostly by choice and safe from harm and exploitation. They must be a part of determining the adequacy of protections.

Recommendations

35. Ensure young workers are adequately protected from harm and exploitation ¹⁰⁴
36. Collect data on the experiences of young workers, including their views
37. Remove the reservation to UNCROC Article 32(2).

Right to social security

In 1991, child poverty increased significantly following cuts of up to 25% to social welfare. This reduction in social security has never been fully restored.

Tax credits are not well indexed, which means their impact on living standards diminishes over time.

Recent family tax credit increases are expected to lift 64,000 children out of poverty on the Government's primary measure of 50% Before Housing Costs median income. They apply to all low income children. Households in low-paid work benefit from a realistic increase in the amount they can earn before abatement of the tax credits begins. However the abatement rates for those earning over \$42,700 increased to 25% from 1 July 2018, so that the extra is more quickly lost. Those families on benefits or with insufficient hours of work are still denied an important part of the tax credit package.

Benefit sanctions mean children of beneficiaries can have their household income reduced by up to 50%, or even cancelled, if certain requirements are unmet. For example, when children live in sole parent families and the father is not named on the welfare application, the welfare recipient's weekly income may be reduced by up to \$28 per week.

Although the Welfare Expert Advisory Group (WEAG)¹⁰⁵ will suggest improvements to welfare accessibility and provision, evidence is available to support immediate changes.

Recommendations

38. Improve children's wellbeing by
 - a. Giving all low income families the full tax credits for their children
 - b. Immediately abolishing benefit sanctions
 - c. Legislating for annual tax credit adjustments¹⁰⁶
 - d. Reducing abatement rates so low-income families can earn without compromising their overall household income and therefore children's wellbeing
 - e. Building a fair, compassionate welfare system where everyone receives their entitlements.

¹⁰³ *The report of the Independent Taskforce on Workplace Safety and Health He korowai whakaruruhau* (2013) p 13.

¹⁰⁴ Relates to Concluding Observation recommendation 44 (2016)

¹⁰⁵ <https://www.beehive.govt.nz/release/expert-group-established-provide-independent-advice-welfare-system-improvements>

¹⁰⁶ The tax credit threshold should be adjusted to be consistent with wage inflation (as happens with New Zealand Superannuation)

Right to an adequate standard of living

Poverty

In 2018, there are more than 140,000 children going without many of the things they need and 28% children experiencing income poverty¹⁰⁷

Children with disabilities and Māori and Pasifika children are disproportionately over-represented in low-income households. Household with disabled children are 43% more likely to experience income poverty than all households with children.¹⁰⁸

Forty five percent of children in income poverty are from working households.¹⁰⁹

The Child Poverty Reduction Bill will require Governments to develop a Child Wellbeing Strategy and set child poverty reduction targets.¹¹⁰

Access to nutritious food

Many families cannot consistently afford healthy food. Food security concerns are most frequently experienced by Pasifika and Māori young people. In 2012, approximately two out of three Pasifika young people and half of Māori young people reported food security concerns occasionally or more often. Teenagers whose families worry about money for food are more likely to be overweight, have poor mental and physical health, and miss school.¹¹¹ In 2017 the Ministry of Social Development reported that "*food has remained the main reason for needing hardship assistance ... grants for food assistance have increased from 98,076 in the December 2015 quarter to 137,079 in the December 2017 quarter*".¹¹² On 14 February 2018, the Salvation Army reported a 13% increase in food parcel distribution in 2017 compared to consistent numbers over the six years prior.¹¹³

Drinking water safety

A 2016 outbreak of gastroenteritis from drinking water in Havelock North affected 5,500 of the 14,000 residents and raised serious concerns about drinking water safety¹¹⁴.

Housing

Nearly 70% of children in poverty live in State housing or private rentals. The price of housing and rents is high compared to wages¹¹⁵. For families who are renting, the problem is threefold: house rents are high and increasing, the quality of many rental properties is substandard and deteriorating,

¹⁰⁷ Based on the measure of 60% of the national median income after housing costs

¹⁰⁸ Based on the 60% of household median income before housing costs, analysis by CCS Disability Action of unpublished 2013 Disability Survey data provided by Statistics New Zealand.

¹⁰⁹ http://www.childpoverty.co.nz/sites/default/files/IncomePoverty_2016.jpg

¹¹⁰ See Appendix 5 - joint children's sector submission setting out high level, collective views on the Bill.

¹¹¹ Rising food security concerns among New Zealand adolescents and association with health and wellbeing (2018) Kōtuitui: New Zealand Journal of Social Sciences Online, 13:1, 29-38, DOI: 10.1080/1177083X.2017.1398175

¹¹² Ministry of Social Development, 2017 *Hardship Assistance -December 2017 quarter* (refer Figure 3) The Salvation Army, 2018, *Kei a Tātou - It Is Us State of the Nation Report*

<http://www.salvationarmy.org.nz/sites/default/files/uploads/20180214tsastateofthenation2018.pdf>

¹¹³ The Salvation Army, 2018, *Kei a Tātou - It Is Us State of the Nation Report*

<http://www.salvationarmy.org.nz/sites/default/files/uploads/20180214tsastateofthenation2018.pdf>

¹¹⁴ Havelock North Drinking Water Inquiry reports. 2017. Retrieved from: <https://www.dia.govt.nz/Government-Inquiry-into-Havelock-North-Drinking-Water-Report---Part-1---Overview> ; See also <https://www.health.govt.nz/publication/annual-report-drinking-water-quality-2016-2017>

¹¹⁵ The International Monetary Fund's house price-to-rent ratio shows New Zealand has one of the widest gaps between prices and incomes.

and the rental market provides few rights and protections for renters¹¹⁶ For the whole of Aotearoa/NZ, rents increased by around 11% between 2009 and 2014 (similar to Consumer Price Index inflation) but Christchurch rents increased by 20% to 30%, with almost all of this increase since the 2011 earthquakes. In Auckland, rents are rising faster than incomes, increasing by 17% between 2009 and 2013.

Recommendations

39. Align policies and services with children's rights and the Sustainable Development Goals (SDGs) to ensure all children have equitable access to and outcomes from:
 - a. an adequate standard of living
 - b. quality housing
 - c. free, quality, public education
 - d. good health (nutritious food, safe drinking water, and quality healthcare when needed)
 - e. timely, flexible and integrated social support services.
40. Update the reference year for measuring poverty at least every five years
41. Legislate to protect families who rent¹¹⁷
42. Establish a social housing plan that is aligned with children's rights, based on realistic forecasts for future demand for social housing, targeted to areas of high need, and allocate budgets to fund this plan over at least a ten-year period.

Right to health

There are significant inequities in availability, accessibility, acceptability and quality of health, especially for children already marginalised by poverty, indigeneity, ethnicity and disability.

A child living in poverty is nearly three times more likely to end up hospitalised than a child from a more affluent household, and over eight times more likely to be hospitalised for assault, neglect or maltreatment. Children living in poverty are also significantly more likely to end up hospitalised for conditions such as asthma, pneumonia, bronchiolitis, bronchiectasis, gastroenteritis, skin infections, road traffic crashes, drownings, falls, neglect and violence. Highly prevalent yet preventable diseases such as serious skin infections and pneumonia, as well as less common but highly preventable damaging diseases rheumatic fever and bronchiectasis are directly related to unhealthy housing, and are virtually unknown in other OECD countries such as Sweden, the UK and the USA.¹¹⁸

Pasifika children and young adults are nearly 50 times more likely than New Zealand European children, and twice as likely as Māori children, to be admitted to hospital with acute rheumatic fever. The top three barriers to primary health care for Pasifika peoples are identified as cost, transport and language.

Expensive general practice primary health costs (GP) visits create barriers to healthcare for children in poverty. In July 2015, the National Government introduced free GP visits and prescriptions for

¹¹⁶ Our children, our choice (2014). Child Poverty Action Group. see:

<https://www.cpag.org.nz/assets/Publications/140812%20CPAG%20OurChildrenOurChoice-Part4Housing%202014.pdf>

¹¹⁷ The Residential Tenancies Act needs to be overhauled to ensure more secure tenure, access to effective advocacy, support in disputes with landlords, protections against excessive rent increases and guarantees to decent quality housing through a comprehensive warrant of fitness programme.

¹¹⁸ Left further behind (2011). Child Poverty Action Group.

<https://www.cpag.org.nz/assets/sm/upload/g4/gp/1n/xu/111010%20FINAL%20%20Left%20Further%20Behind%20Brochure.pdf>

children under 13, extended to under 14 under Labour in 2018. However, 14-17 year olds must pay the full fees for the GP and prescriptions. The rate of unmet need due to cost is high from the age of 13-14 (8.8% compared to 2.7% for 6-12 year olds, 2016-17 data)¹¹⁹.

Adolescent health

'We are always told make the most of our lives, achieve highly, do great things, be great, always be striving. But this makes us feel like we have a lot of pressure to do these things, we never achieve enough, we never do enough, we never have enough, we never are enough. It stops us from being happy with our lives, our situation, ourselves. We don't know if enough is enough and worry too much about this instead of being happy with what we do, what we have and who we are.'

Young person, Mental Health and Addiction Youth Hui, 25 May 2018¹²⁰

Overall there have been improvements in the health and wellbeing of adolescents¹²¹, but significant issues remain. Sexual and reproductive health, bullying, obesity, mental health and access to primary health care are all issues for adolescents. Participants in the Youth 2000 survey also reported not getting enough time with parents, struggling with food affordability and lack of access to part-time employment impacted on their wellbeing.

For some girls, cultural and cost barriers to menstrual management products adversely impact their health and education.¹²²

Dental caries

Dental caries remains the most common chronic preventable childhood disease in New Zealand, with Māori and Pasifika children experiencing greater prevalence and severity than other groups. While dental services for children are free, there is a maldistribution of services, variable access to fluoridated water supply as well as a lack of monitoring to ensure children in need are receiving adequate services.

Breastfeeding

A lack of facilities in public spaces and workplaces creates barriers to breastfeeding¹²³. Breastfeeding initiation rates are relatively high but decline rapidly in the first months of life¹²⁴ due to multiple structural barriers to breastfeeding such as a lack of facilities in public spaces and workplaces. The most recent National Strategic Plan of Action for Breastfeeding covered the period 2008-2012 and has not been renewed.

Preventing Neural Tube Defects

The addition of folic acid to bread is a safe and effective way to prevent the neural tube defects (NTDs), a major contributor to infant mortality and morbidity¹²⁵. Mandating folate fortification of

¹¹⁹ https://minhealthnz.shinyapps.io/nz-health-survey-2016-17-annual-data-explorer/_w_6a7d866d/#!/explore-indicators

¹²⁰ Save the Children New Zealand, *Youth submission to the mental health and addiction inquiry* (2018).

¹²¹ Based on findings of Youth 2000 Survey series. https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports/overview-of-health-and-wellbeing-findings.html#par_pagetitle It should be noted that the latest data available is from 2012 and the next survey is due to be completed this year, 2018.

¹²² https://www.nzno.org.nz/Portals/0/Files/Documents/Activities/Submissions/2018-02%20Proposal_Mens_Mgmt_Pdcts_NZNO.pdf

¹²³ Personal correspondence between ACYA and members of the Child Wellbeing Network

¹²⁴ Royal New Zealand Plunket Society. Annual breastfeeding statistics [Available from: <https://www.plunket.org.nz/news-and-research/research-from-plunket/plunket-breastfeeding-data-analysis/annual-breastfeeding-statistics/>]

¹²⁵ [http://www.moh.govt.nz/notebook/nbbooks.nsf/0/19C76A786D58C8D6CC256DA4008038A6/\\$file/ImprovingFolate.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/19C76A786D58C8D6CC256DA4008038A6/$file/ImprovingFolate.pdf)

bread, as recommended by the Chief Science Adviser¹²⁶, would lower the incidence of NTDs, especially for at-risk groups.

Recommendations

43. Ensure the health system provides services that are available, accessible, acceptable and of high quality to all children, especially those already marginalised by poverty, indigeneity, ethnicity and disability¹²⁷
 - a. Extend free primary health care and prescriptions for children up to the age of 18¹²⁸
 - b. Promote healthy environments and lifestyles for children
 - c. Improve sexual and reproductive health services for adolescents
 - d. Update the National Strategic Plan of Action for Breastfeeding.

Right to education

Education review

The education system is under review creating opportunities to realise children's rights to quality education that supports them to reach their fullest potential.^{129 130}

The repeal of National Standards, which had the effect of narrowing or limiting the taught curriculum, is consistent with children's rights.¹³¹

Early Childhood Education

Concerns about the quality and safety of Early Childhood Education (ECE) are growing. In the 2016 Early Childhood Education Complaints and Incidents Report, a total of 331 complaints about early learning services. Of these 245 were investigated and 165 were upheld. The complaints upheld found that standards had not been met or the investigation found the service was required to improve. Tragically one child died due to an accident at their centre.

Inclusive education

Students with disabilities are excluded from New Zealand's education system, face barriers to equitable access to education and are over-represented in school disciplinary processes, particularly exclusions both formal and informal. There are barriers to enrolment, accessing the curriculum and required resourcing. Initial teacher education and ongoing professional development in inclusive practice also remains a problem. Long delays continue for students in access to early intervention and specialist services, including communication and behaviour support.

¹²⁶ <http://www.pmcsa.org.nz/wp-content/uploads/The-role-of-evidence-in-policy-formation-and-implementation-report.pdf> (p 15)

¹²⁷ More intensive effort is needed to close equity gaps in health services for different cultural groups, including developing culturally appropriate services for Māori and Pasifika communities.

¹²⁸ Including prescriptions, oral health, vision and hearing care.

¹²⁹ UNCROC, Article 29.

¹³⁰ Article 29; New Zealand has signed up to the Sustainable Development Goals and therefore is committed to achieving Sustainable Development Goal 4, to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

¹³¹ [NZCER \(2016\) National Standards in the Seventh Year. NZCER: Wellington](#)

Despite over thirty years of special education policy development and review it is unknown how many children and young people with disabilities are enrolled, where they go to school or the type, extent and true cost of the supports they need to learn.

Students with disabilities do not enjoy an enforceable right to education and have no access to an independent review of decisions made. IHC (the New Zealand organisation providing support and care for people of all ages with intellectual disabilities) lodged a complaint under the Human Rights Act in 2008 based on the continual systemic, unjustified discrimination against students with disabilities requiring accommodations to learn. This claim is still to have a full hearing in the Human Rights Review Tribunal.

Recommendations

44. Ensure the education system upholds Te Tiriti o Waitangi and realises, respects and promotes children's education rights¹³², especially the rights of
 - a. children with disabilities to an inclusive education and reasonable accommodations, using accurate prevalence data about children requiring additional supports to inform education policies, resource frameworks, plans and programmes
 - b. minority groups to an education that diverges from that preferred by the majority.
45. Improve quality and safety in ECE by, amongst other things, improving teacher to child ratios, lifting ECE teacher qualification requirements and monitor provision of home-based care.

Rights of specific persons or groups

Children with disabilities

Children with disability are more likely to live in low income families. Data from Statistics New Zealand's 2013 Disability Survey¹³³ shows:

- 34 % of disabled children living in families that earn under \$50,000 a year, compared to only 24 % of non-disabled children
- 17% of carers of children with disability were unemployed¹³⁴
- 30% of disabled children lived in one parent households, compared to 17% of non-disabled children.

Estimates from 2013 Disability Survey also found that children with disability were less likely, in the previous four weeks, than non-disabled children to have had music, art, or other similar lessons; played a team sport; done other physical activity such as swimming or gymnastics; visited friends; or been away on holiday in the past 12 months.

Children with disability are disproportionately impacted by wider systemic issues associated with poverty such as housing and household income levels.

¹³² Articles 23, 28 and 29 UNCROC; Articles 7 and 24 Convention on the Rights of Persons with Disabilities

¹³³ Statistics New Zealand. (2014). *Disability Survey: 2013*. Wellington: Statistics New Zealand.

¹³⁴ CCS Disability Action *Submission on the Child Poverty Reduction Bill 2018*. Page 9. Retrieved from <https://www.ccsdisabilityaction.org.nz/assets/resource-files/Submission-on-the-Child-Poverty-Reduction-Bill.pdf>

Children with disability are also over-represented in the care and protection system¹³⁵. At the same time, children with disability are sometimes left in placements when other children are removed for protection purposes¹³⁶.

Recommendations

46. Include an explicit focus on children with disabilities in the Child Wellbeing Strategy
47. Strengthen efforts to combat the marginalisation and discrimination of children with disabilities in their access to and outcomes from health, education, care and protection and justice services¹³⁷
48. Ensure the Disability Action Plan addresses issues for children with disability¹³⁸.

Specific regions or territories

There are regional variations in the realisation of children's rights. For example, children in post-earthquake Canterbury and those living in economically deprived areas (such as Northland and the East Coast of the North Island), do not enjoy their rights equitably.

Recommendation

49. Address regional variations in the enjoyment of children's rights, in consultation with children, their whanau, hapu and iwi, families and communities.

¹³⁵ Ministry of Health 2016 – *Characteristics of Disability Support Service (DSS) recipients*. Minister of Disability Issues Forum, December 2016.

¹³⁶ IHC Submission on the Children, Young Persons and Their Families (Oranga Tamariki) Legislation Bill. (2017). Retrieved from <https://ihc.org.nz/sites/default/files/IHC%20CYPF%20OT%20Bill%20Submission%203%20March%202017.pdf>

¹³⁷ Relates to UNCRC Concluding Observation recommendation 23(c) and 30(b)(2016).

¹³⁸ Relates to UNCRC Concluding Observation recommendation 30(a) (2016).

