



NEW ZEALAND  
Permanent Mission  
TE AKA AORERE

**NOTE NUMBER: 2025/38**

The New Zealand Permanent Mission to the United Nations Office and other international organisations in Geneva presents its compliments to the Office of the United Nations Commissioner for Human Rights and has the honour to enclose a letter from the New Zealand Minister of Foreign Affairs and Trade, Rt Hon Winston Peters, in response to the "Joint Communication from Special Procedures" (AL NZL 1/2025) dated 4 March 2025.

The New Zealand Permanent Mission to the United Nations Office and other international organisations in Geneva takes this opportunity to renew to the Office of the United Nations Commissioner for Human Rights

New Zealand Permanent Mission to the United Nations Office

GENEVA

12 September 2025





4 September 2025

Special Rapporteur on the Rights of Persons with Disabilities  
Special Rapporteur on the Right to Education  
Special Rapporteur on the Independence of Judges and Lawyers  
Office of the United Nations Commissioner for Human Rights  
Palais des Nations  
1211 Geneva 10

Dear Special Rapporteurs

**Joint Communication from Special Rapporteur on the Rights of Persons with Disabilities; Special Rapporteur on the Right to Education; and Special Rapporteur on the Independence of Judges and Lawyers AL NZL 1/2025**

Thank you for your Joint Communication of 4 March 2025. We welcome the opportunity to respond to the matters raised in your Joint Communication.

We note that the Communication refers to a named individual but does not indicate that the individual has provided his consent to the public disclosure of his name. We have chosen to refer to the individual as Mr M in this response.

In **Appendix A** we provide an overview of New Zealand's accident compensation scheme, including the obligations of the Accident Compensation Corporation (**ACC**) and individual claimants in relation to rehabilitation, the assessment of support needs, and the resources available to claimants who wish to challenge a decision made by the ACC. We also provide an overview of New Zealand's legal aid scheme.

In **Appendix B** we provide information relating to the specific concerns you have raised about this case.

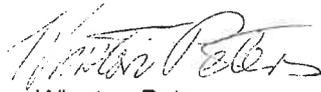
In **Appendix C** we address other sources of support available to people with disabilities through New Zealand's government agencies.

Several of the matters raised in the Joint Communication relate to proceedings that are currently before the Family Court of New Zealand. Under New Zealand's constitutional conventions, Ministers of the Crown must exercise judgement before commenting on matters before the courts, whether generally or in relation to the specifics of an individual case. The need for the exercise of judgement in this regard is particularly acute in relation to matters before the Family Court concerning the care of young people. New Zealand legislation also places restrictions on the publication of a report of proceedings in the Family Court containing identifying information about persons under the age of 18 years, which would extend to

commenting on the details of those proceedings. For these reasons, it would not be appropriate to comment on proceedings that are before the Family Court.

We further acknowledge the observations you have made regarding New Zealand's obligations under relevant international human rights norms and standards; in particular, the Convention on the Rights of the Child (**CRC**) and the Convention on the Rights of Persons with Disabilities (**CRPD**). The New Zealand Government takes these obligations seriously and is confident it has upheld its obligations.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Winston Peters', with a stylized flourish at the end.

Rt Hon Winston Peters

**Minister of Foreign Affairs**

Attachments:

Appendix A

Appendix B

Appendix C

# Appendix A: Overview of accident compensation scheme, associated dispute resolution processes and legal aid scheme

## 1 New Zealand's accident compensation scheme (ACC)

### What is ACC?

- 1.1 New Zealand operates a universal, no-fault personal injury cover scheme for everyone in New Zealand, including overseas visitors. Under the scheme, individuals forgo the right to sue for compensatory damages following injury in exchange for comprehensive injury cover and compensation provided by the Accident Compensation Act 2001 (**AC Act**).<sup>1</sup> The accident compensation scheme has three core functions: injury prevention, rehabilitation and compensation.
- 1.2 The AC Act confirms the Accident Compensation Corporation (**ACC**) as the entity responsible for administering the scheme.<sup>2</sup> ACC is a Crown entity governed by a Board that is responsible to the Minister for ACC.<sup>3</sup> Crown entities are an important part of government, set up at 'arm's length' from Ministers to deliver a range of government services and make some decisions independently.
- 1.3 The AC Act provides cover for certain "personal injuries". To obtain compensation and other support from ACC, a person must have suffered a personal injury and the injury must be caused by an "accident" or another cause covered under the AC Act. The types of personal injury ACC can cover fall into seven main categories:
  - (a) Physical injuries caused by accident (e.g. an ankle sprain, poisoning, accidental death);
  - (b) work-related gradual process injuries, disease or infection (e.g. asbestosis caused by workplace exposure to asbestos);
  - (c) mental injuries caused by physical injuries (e.g. depression caused by a life-changing serious injury);
  - (d) mental injuries caused by sexual assault (sensitive claims e.g. posttraumatic stress disorder caused by rape);
  - (e) work-related mental injuries (e.g. post-traumatic stress disorder caused by seeing a coworker killed at work);
  - (f) injuries caused by treatment by a registered health professional (e.g. infection caused by use of non-sterile surgical instruments); and
  - (g) maternal birth injuries (e.g. an injury while giving birth).

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<sup>1</sup> Accident Compensation Act 2001 [**AC Act**], s 317. The Act does not, however, bar claims for non-compensatory damages such as exemplary damages.

<sup>2</sup> AC Act, s 259(1).

<sup>3</sup> AC Act, s 259(2), Crown Entities Act 2007, s 7(1)(a) and sch 1, pt 1.

## **Assessment and determination of claims**

- 1.4 When a claim is lodged with ACC, ACC must determine whether the person is entitled to cover for that claim. To do this, ACC requires information about whether a personal injury exists, how it was caused and where the injury occurred. The no-fault scheme means it does not matter what the person was doing when they were injured or who was at fault. There are, however, limits to the support ACC can provide. These limits are set by New Zealand's Parliament, which makes laws about what conditions can or cannot attract cover.
- 1.5 The first step in determining cover is to assess whether a person's condition falls within the definition of "personal injury" under the AC Act. If that is established, the second step is to assess whether the personal injury was caused by accident, or by the other circumstances provided for in the AC Act. While "personal injury caused by accident" is often used as a catch-all term, coverable injuries can be caused by non-accidental events, such as deliberate assault or some work-related gradual process illnesses.
- 1.6 There are statutory timeframes for issuing a cover decision, and the timeframe depends on the nature of the claim (non-complicated or complicated). For non-complicated claims, ACC has 21 days to investigate the claim at its own expense and decide on cover. If ACC cannot reach a decision within 21 days, it must inform the person that the timeframe is being extended. The final cover decision on a non-complicated claim must be made by ACC within four months.
- 1.7 Complicated claims include treatment injury, work-related gradual process, disease, or infection, work-related mental injury, sensitive claims and claims not lodged within 12 months from the date of accident. ACC has two months to investigate these claims at its own expense. If ACC is unable to make a cover decision in this timeframe, it must inform the person that it is extending the timeframe by up to two months to make a decision. If ACC is still unable to make a decision, it must seek the person's agreement to extend the timeframe further. The final cover decision on a complicated claim must be made by ACC within nine months.

## **Entitlements and rehabilitation**

- 1.8 The types of support available from ACC include short term treatment through to lifelong support, to help people live as independently and safely as possible. ACC's assistance ranges from paying or contributing to treatment (such as a consultation with a general practitioner or physiotherapist), to intensive support for persons with long-term injuries (which can include social and vocational rehabilitation and weekly compensation).
- 1.9 Examples of serious injuries that can require life-long support include tetraplegia, severe or moderate traumatic brain injury, paraplegia and conditions with comparable severity such as multiple limb amputations and bi-lateral blindness.
- 1.10 A person who has suffered a personal injury for which he or she has cover is entitled to be provided with rehabilitation, to the extent provided by the AC Act, to assist in restoring the person's health, independence and participation to the maximum extent practicable. Each person is also responsible for their own rehabilitation to the extent practicable having regard to the consequences of their personal injury.<sup>4</sup>

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<sup>4</sup> AC Act, s 70.

- 1.11 Once initial support services have been set up, and no later than 13 weeks after a claim is accepted, ACC must develop an individual rehabilitation plan which outlines the social rehabilitation that will be provided for the purpose of restoring the person's independence to the maximum extent practicable. The plan must also include vocational rehabilitation if the person is in receipt of weekly compensation.
- 1.12 The plan must identify the person's needs for rehabilitation; the assessments to be done; the services appropriate to those needs, and whether or not ACC is liable to provide any or all of those services. It must also specify which of the services that ACC will provide, pay for, or contribute to. An individual rehabilitation plan must be updated from time to time to reflect the outcome of assessments done and progress made under the plan. The plan must be developed in consultation with the person, and once finalised by ACC, is treated as a reviewable decision. Therefore, if a person does not agree with the finalised individual rehabilitation plan, they can apply for an independent review under the statutory dispute processes in Part 5 of the AC Act.
- 1.13 Social rehabilitation is provided for the purpose of restoring a person's independence to the maximum extent practicable. In this context independence includes the capacity for function in the following areas: communication, domestic activities, educational participation, financial management, health care, hygiene care, mobility, motivation, safety management, sexuality, cognitive tasks of daily living, such as orientation, planning, and task completion, and use of transport.
- 1.14 ACC's responsibility is to provide key aspects of social rehabilitation to address these functional areas. A person's need for social rehabilitation must be assessed by an appropriately qualified assessor.<sup>5</sup> This may be reassessed from time to time, and must be reassessed if ACC considers that the person's condition or circumstances have changed.<sup>6</sup>
- 1.15 A person who receives support must, when reasonably required to do so by ACC, give ACC certificates from registered health professionals or treatment providers, give ACC any other relevant information required, authorise ACC to obtain medical and other records relevant to the claim, undergo assessment by a registered health professional specified by ACC (at ACC's expense), co-operate with ACC in the development and implementation of an individual rehabilitation plan, undergo assessment of present and likely capabilities for the purposes of rehabilitation (at ACC's expense) and participate in rehabilitation.<sup>7</sup>

#### **Code of ACC Claimants' Rights**

- 1.16 The Code of ACC Claimants' Rights helps guide how ACC works with individuals seeking ACC support. The Code has been established under the AC Act and confers rights on claimants and imposes obligations on ACC in relation to how ACC deals with claimants. The Code provides, among other matters, that claimants have a right to be treated with dignity and respect, to be treated fairly and to have their views considered, to receive effective communication, to be fully informed, to have their privacy respected and to be able to make a complaint.

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<sup>5</sup> AC Act, s 84(2).

<sup>6</sup> AC Act, s 84.

<sup>7</sup> AC Act, s 72.

## Support for claimants in navigating the system

- 1.17 ACC funds Navigation Services to give the public free, independent advice or guidance if they find the ACC system difficult to navigate or have an issue that needs resolving. ACC's website lists navigation service providers, which are independent of ACC. Navigation Services can provide advice on next steps to take or what a person needs to ask ACC. They can also act on a person's behalf when liaising with ACC or can obtain information from ACC with the consent of the person. Although Navigation Services cannot represent a person at a Part 5 independent review or District Court appeal hearing, they are able to advise about the Part 5 statutory dispute process and on how to find representation. Depending on the circumstances, Navigation Services may be able to help individuals resolve their dispute with ACC without the need to engage the Part 5 statutory dispute process. Around 1,000 people access these services per month.

## Support Needs Assessments

- 1.18 To assess social rehabilitation needs for people with complex claims in accordance with the AC Act, ACC arranges Support Needs Assessments (**SNAs**). These are assessments of claimants who have complex support and rehabilitation needs following a covered injury, and are undertaken by appropriately qualified assessors. Assessors provide detailed information about a person's injury-related needs, strengths and capabilities, living situation and environment. The assessment identifies strategies and options to enhance the person's independence and participation in their home, school, leisure and community. Strategies and options may include the use of natural supports, community or other support groups, ACC-funded services and day-to-day activities.
- 1.19 ACC refers a person for an SNA using a referral form that sets out the reason for the referral and purpose of requesting the assessment. Some examples of circumstances that may trigger a referral for an SNA include:
- (a) the person's needs have recently changed;
  - (b) the person has moved addresses and ACC needs to know what their support needs will be;
  - (c) a residential care facility looking after a person has requested a change in funding due to a change in injury-related needs; or
  - (d) a person has been discharged from an acute care facility.
- 1.20 The referral is sent to a supplier, who will provide an assessor to undertake the assessment. Suppliers are contracted to ACC to provide assessment services. Assessors must:
- (a) provide a full explanation of the assessment process at the beginning of the first meeting with the person and their family or support people;
  - (b) complete all aspects of the SNA and all standardised measures in accordance with the relevant guideline;
  - (c) identify the person's abilities and support needs, and develop strategies and options to assess those needs, including ACC-funded responses;

- (d) base strategies for children and young people in family-centred practice; and
  - (e) complete the SNA report.
- 1.21 Assessors must hold the appropriate professional qualification (either Occupational Therapist, Registered Nurse or Physiotherapist), have demonstrated competencies, maintain registration with the appropriate responsible authority under the Health Practitioners Competence Assurance Act 2003 and meet other competency requirements. Non-registered service providers must have the appropriate qualification and expertise and have regulatory documented supervision. All assessors must consistently provide the highest standard of service in accordance with good industry practice.
- 1.22 As registered health practitioners, assessors must meet the expectations of good practice set out in standards published by the Medical Council of New Zealand, one of which is the *Medical assessments for third parties* standard. This standard emphasises the need for assessments provided to third parties (such as ACC) to be impartial and unbiased, stating that, because of the possible implications for patients about whom opinions are given, “you must ensure that your professional opinion and recommendations are accurate, objective, and based on evidence”.<sup>8</sup>
- 1.23 ACC only funds injury-related support and rehabilitation. Where a person has other challenges, the assessment should clearly identify these and differentiate between injury-related needs and other non-injury related factors. The assessor will then make recommendations of what supports will be best to keep the person safe and help them achieve their goals, which may involve the assessor recommending other funding sources or services available in the community to meet the person’s non-injury related needs. ACC may share costs with another government department.
- 1.24 If a person disagrees with a SNA report, then ACC will manage that query directly with the person and may determine that it is reasonable to ask the assessor to re-consider a section of the report. If the assessor declines to make changes to the SNA report, the person can supply a ‘statement of correction’ to ACC which is then included with the report. Each SNA informs decisions concerning the provision of ongoing support, and individuals have the right to review these decisions as set out below.

#### **Monitoring and compliance with international human rights standards**

- 1.25 ACC contributes to the monitoring procedures New Zealand has in place to ensure ongoing protection of fundamental rights and the availability of domestic remedies for breaches of those rights. The relevant monitoring procedures under the UNCRPD and the UNCRC are addressed in Appendix C below in relation to the responsible agencies: Whaikaha – the Ministry of Disabled People, and the Ministry of Social Development.
- 1.26 By way of recent example, ACC shares responsibility for leading the response to observation 36(e) of the United Nations Committee on the Rights of Persons with Disabilities’ 2022 concluding observations on New Zealand. ACC is also a supporting agency for concluding observations 42 and 54(b).
- 1.27 Individuals who wish to pursue other avenues of challenge against ACC, including in relation to human rights issues, may also have recourse to:

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<sup>8</sup> Medical Council of New Zealand *Conducting medical assessments for third parties* (August 20210) <[Conducting-medical-assessments-third-parties.pdf](#)> at [6].

- (a) The Office of the Ombudsman. The Ombudsman is an officer of the New Zealand Parliament whose primary role is to investigate complaints against government agencies, including ACC.
- (b) The Human Rights Commission (**HRC**). The HRC is a Crown entity whose primary functions are:<sup>9</sup>
  - (i) to advocate and promote respect for, and an understanding and appreciation of, human rights in New Zealand society;
  - (ii) to encourage the maintenance and development of harmonious relations between individuals and among the diverse groups in New Zealand society; and
  - (iii) to promote racial equality and cultural diversity;
  - (iv) to promote equal employment opportunities (including pay equity); and
  - (v) to promote and protect the full and equal enjoyment of human rights by persons with disabilities.

As part of its role, the HRC facilitates the resolution of complaints of unlawful discrimination against both public entities and private persons or bodies.

- (c) The Human Rights Review Tribunal (**HRRT**). The HRRT is an independent judicial body that hears claims relating to breaches of the Privacy Act 2020, the Health and Disability Commissioner Act 1994, and the Human Rights Act 1993 (in circumstances where the complaint has not been able to be resolved through ADR processes, such as through mediation in the HRC).

## **2 Challenging ACC decisions**

- 2.1 There are a range of options for resolving issues with ACC, advancing complaints and challenging decisions.

### **Alternative Dispute Resolution**

- 2.2 As formal legal processes for resolving disputes can be challenging and stressful, ACC supports using Alternative Dispute Resolution (**ADR**) to resolve disputes. ADR includes mediation, conciliation and facilitation. It provides an opportunity to engage in meaningful conversations with an independent party to find a way forward or resolution without the need for a more formal review hearing or appeal.
- 2.3 ADR involves a person talking with a conciliator and mediator to explain, from the person's point of view, what their concerns are and what might resolve the issue. A meeting is then held between ACC and the person, facilitated by an independent conciliator or mediator, in a safe environment (either in-person or virtually). The conciliators and mediators are independent experts and can give independent information to individuals and identify options to solve concerns raised. ACC and the person will then consider options to resolve the concerns raised and develop an agreement. If an agreement cannot be reached, a person can move on to a formal

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<sup>9</sup> Human Rights Act 1993, s 5(1).

review process. The ADR process can be completed at any stage, including during the review process, and is funded by ACC.

### Applying for a review

- 2.4 ACC claimants have the right to apply for a review of ACC's decisions on cover and entitlement within three months of a decision, though ACC may accept late applications in some situations.<sup>10</sup> If a review is lodged, it means ACC will re-consider the decision at issue and an ACC review specialist will work with the claimant to resolve the issues raised as quickly as possible.
- 2.5 Once ACC receives a review application, ACC will explore options for resolving the issue at an early stage. If early resolution is not possible, the review specialist will give the person a choice of independent review providers whose role is to consider whether ACC's decision was correct. If ACC and the person are unable to agree on a resolution in the case management phase, then the reviewer will arrange a review hearing.
- 2.6 ACC must agree on a date for the review hearing within three months of receiving a review application. If ACC does not do this, the decision may be deemed in the person's favour and it will be legally binding on ACC. Organising a review hearing and gathering evidence can take time, so it may be more than three months before a review hearing is held.
- 2.7 At a review hearing, an independent reviewer will consider all the information available to them, including information about the case, ACC legislation, and submissions from both the person and ACC. After the review hearing, the reviewer will either dismiss the decision, quash it with directions to ACC concerning next steps, modify the decision, or refer it back to ACC to reconsider. The person has the right to appeal to the District Court if dissatisfied with the review decision.

### Costs of review covered by ACC

- 2.8 ACC pays for the costs of an independent review. The reviewer may also award the person costs in relation to the review; for example, travel or representation costs. An award must be made if the decision is in the person's favour but can also be made if the decision is not in the person's favour if the reviewer considers that the person acted reasonably in bringing the review.<sup>11</sup>
- 2.9 The costs that can be awarded are set out in Schedule 1 to the Accident Compensation (Review Costs and Appeals) Regulations 2002 (**Regulations**) and includes covering scale costs of an applicant's representation in preparing and lodging an application, participating in a case conference, preparing the case and appearing at the review hearing. ACC also covers a maximum of NZD1,090.84 for reports from a registered specialist necessary for a person's review and scale costs to cover the preparation of reports by persons with a recognised qualification to express a competent view. ACC also covers other expenses reasonably incurred by or on behalf of a person, for example transport to a hearing, time off work by the applicant, their representative, support person or witnesses, and disbursements such as photocopying, childcare and telephone charges.

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<sup>10</sup> AC Act, s 134.

<sup>11</sup> AC Act, s 148.

- 2.10 The rates in the Regulations were updated in 2017. In 2022, the Ministry of Business, Innovation and Employment (**MBIE**) consulted on options for updating the Regulations to assess if any adjustments to the amounts payable were required to take into account increases in the costs of undertaking a review. MBIE consulted on proposals to increase the maximum amount awardable in each cost category. Following the consultation process, MBIE provided advice to the Government that a number of updates should be made to the Regulations. The Government elected not to progress the updates at that time. MBIE is currently providing advice to the Government on updates to the Regulations and that advice is under active consideration by the Government. In June 2025, Cabinet agreed to increase and restructure these rates. It is expected that these changes will be in force in October 2025.
- 2.11 Legal aid may also be sought to assist a person with advancing a claim at review or on appeal. Further information about the legal aid regime in New Zealand is set out below.

### **ACC's Model Litigant Policy**

- 2.12 ACC expects all lawyers engaged in litigation, whether external or in-house, to act in accordance with the principles set out in its Model Litigant Policy. This includes lawyers representing ACC at reviews and in any ADR processes. The general principles of the model litigant policy include that ACC will:
- (a) act with complete propriety, honesty and fairness and in accordance with the highest professional standards;
  - (b) deal with litigation promptly and efficiently, without causing unnecessary delays or expense;
  - (c) consider and, if appropriate, initiate alternative means of avoiding or resolving litigation, applying common sense solutions to litigation;
  - (d) act responsibly in its use of public funds of litigation, consistent with ACC's obligations as a responsible steward of the accident compensation scheme;
  - (e) not take inappropriate or unfair advantage of an unrepresented litigant, or of a litigant who lacks the resources to litigate a claim;
  - (f) not contest matters which it accepts as correct;
  - (g) not take unmeritorious points for tactical reasons; and
  - (h) not pursue litigation unless it considers it has reasonable prospects of success, or it considers the litigation is otherwise justified in the public interest.
- 2.13 The Model Litigant Policy also stipulates that ACC will take all legitimate steps open to it in conducting litigation to act firmly and properly to protect its interests and the integrity of the accident compensation scheme including, but not limited to, testing and defending claims and declining to resolve litigation when resolution will not satisfy ACC's objectives.
- 2.14 In recognition of the difficult nature of dispute resolution for claimants, ACC's lawyers will:

- (a) adopt a compassionate, empathetic, and culturally appropriate approach to the conduct of litigation;
  - (b) be proactive and assist the court with efficient case management;
  - (c) deal with litigation, including court deadlines and timeframes, promptly and efficiently without causing unnecessary delay; and
  - (d) promote equal access to justice and sensitivity to the person's culture.
- 2.15 Regarding appeals, though the default position is that costs are reserved and the judge has a discretion to award costs to any party to the appeal, ACC will not generally seek costs against an unsuccessful appellant, even if the merits of an appeal are poor or the appeal is misguided or misinformed, provided ACC believes the appeal was brought in good faith.

### **3 New Zealand's legal aid scheme**

#### **Overview of the legal aid scheme**

- 3.1 New Zealand's legal aid scheme provides publicly funded legal advice and representation for people who require these services but could not otherwise afford a lawyer. The scheme helps ensure that people who seek to enforce their rights can use the legal system to obtain an outcome by means of a fair and open process.
- 3.2 The scheme is established under the Legal Services Act 2011 (**LSA**) and administered by the Ministry of Justice. However, an independent Legal Services Commissioner (**Commissioner**) role established under the LSA is responsible for decisions such as granting legal aid, determining legal aid repayment amounts, and allocating cases to lawyers. The Legal Services Regulations 2011 prescribe the maximum income and disposable capital for civil and family legal aid eligibility and the maximum amount to be repaid by a person who is granted legal aid.
- 3.3 Legal aid is a loan except for specified cases (e.g. protection orders and compulsory mental health treatment orders). The expectation is that the cost of these services in some cases will eventually be repaid to the state. The legal aid debt that is accrued is generally low compared to the cost of legal aid services due to income and capital-based limits on repayment expectations, and can be waived entirely by the Commissioner on substantial hardship grounds (which includes consideration of medical conditions and disability), if the debt is not economical to collect, or if it is in the interests of justice to do so.
- 3.4 Legal aid can be granted for nearly any criminal proceeding and may be granted for most civil and family disputes or problems that could go to a court or tribunal.

#### **Civil and family legal aid (including ACC)**

- 3.5 Eligibility for civil and family legal aid is generally subject to means testing. However, section 10(2) of the LSA allows for exceptions where the Commissioner is satisfied that there are special financial circumstances that require the applicant to be granted aid. The considerations for special circumstances are the likely cost of the proceedings to the applicant, and the applicant's ability to fund proceedings if legal aid is not granted.

- 3.6 In addition to means testing, applicants for civil and family proceedings that are not listed in Schedule 2 (such as ACC and relationship property matters) must have sufficient prospects of success for legal aid to be granted. Proceedings under certain enactments listed under Schedule 2 of the LSA (such as the Family Violence Act 2018 and Care of Children Act 2004) are subject to the merits of the case being sufficient to grant legal aid instead of the prospects of success consideration.
- 3.7 Additionally, any civil matters before specialist courts, tribunals, and judicial authorities identified under section 7(1)(e) of the LSA must satisfy the following criteria to be eligible for legal aid: the proceeding is one that requires legal representation (having regard to the nature of proceedings and to the applicant's personal interest), and that the applicant would suffer substantial hardship if aid were not granted.<sup>12</sup>
- 3.8 For civil and family legal aid, the applicant is generally responsible for finding a lawyer who takes legal aid cases to represent them. If there is a relationship breakdown between the applicant and their lawyer, the applicant can request to change their lawyer.

#### **Legal aid grants for challenging an ACC decision**

- 3.9 Legal aid can be granted for appealing an ACC review decision and is subject to the means and prospects of success tests. However, the initial review of an ACC claim decision (before an appeal can be made) comes under section 7(1)(e) of the LSA and must meet the additional requirements of being a case that requires representation, and that the applicant would suffer substantial hardship without legal aid.

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<sup>12</sup> Except for administrative tribunals and judicial authorities where an appeal lies to any of the bodies referred to in paragraphs (f) to (j) of section 7(1) of the LSA.

# Appendix B: Response to allegations relating to management of Mr M's claims

## 1 Mr M's claim history and review applications

### Introduction

- 1.1 A response has been sought about a broad set of concerns relating to ACC's management of Mr M's ACC claims. ACC notes the particular sensitivity of the subject-matter – health information about a young person – contained in the joint communication and that is canvassed in the following section in order to respond as requested. The joint communication also concerns sensitive information around family dynamics and relationships in Mr M's family setting.
- 1.2 ACC seeks to have a positive relationship with claimants, and in that context, a partnership based on mutual trust, respect, understanding and participation is critical (as set out in the Code of ACC Claimants' Rights). Respecting the privacy of claimants is a central feature of how ACC interacts with claimants. To limit any intrusion into the privacy of Mr M and his family members in this response, we have chosen to refer to Mr M's parents as "Parent A" and "Parent B".
- 1.3 ACC strives to ensure that any decisions it makes in relation to a person's entitlement and support are made in light of all relevant information, including the opinions of independent assessors and other medical experts where applicable, in accordance with the objectives of the scheme and the applicable statutory criteria.
- 1.4 These points are noted by way of introduction to the response that follows.

### Mr M's injuries and subsequent immediate care

- 1.5 In 2014, Mr M sustained serious injuries in an accident. A SNA completed before Mr M was discharged from care identified high levels of supports required at that stage.

### 2015 to 2022

- 1.6 In 2015, Mr M continued to receive ACC-funded support from home and community support services. Mr M's support needs were reviewed periodically between 2015 and 2022, in accordance with ACC's usual practice as a person's needs or circumstances evolve. By way of summary:
- 1.7 A SNA in late 2016 found that Mr M had made significant improvement compared to his previous assessment in 2014. His medical condition had become stable and his functioning had improved significantly.
- 1.8 The general consensus held by Mr M's therapy team and paediatrician was that he should have reduced therapy so that he had the potential to learn and develop in naturally occurring interactions and play activities. It was recommended that the hours per week of attendant care, teacher aide support and home and community support services be reduced, and a further SNA be completed when Mr M turned five and started attending school.

- 1.9 In January 2017 ACC responded to the SNA by supporting the reduction in personal support hours, to reflect the good progress Mr M had made. However, ACC noted that the need for supervision should be reassessed following a surgery Mr M had scheduled for later in 2017. ACC noted that any further requests for funding would need to be considered by ACC's National Consistency Panel.
- 1.10 In 2018, Mr M's parents separated and began sharing custody of Mr M. ACC is required to have both parents' consent to implement referrals or supports.
- 1.11 In February 2018, a SNA recommended a further reduction in attendant care hours: 16 hours and 3 minutes per week, increased to 17 hours and 23 minutes per week during school holidays, alongside 30 hours per week of teacher aide support. However, these recommendations were not implemented.
- 1.12 In 2019, an Education Based Rehabilitation Assessment was completed. This is an assessment ACC uses to establish appropriate injury-related teacher aide hours. The assessment is usually completed before a transition between school years or classes. The assessment recommended 30 hours per week of teacher aide support. Mr M's need for teacher aide support was reassessed as being at 28.5 hours per week in 2020, but this was increased back to 30 hours when Mr M's school identified a misunderstanding of their timetable in the report.
- 1.13 A further SNA was completed on 17 May 2021. Due to various circumstances, recommendations from previous SNAs had still not yet been implemented at this stage. By 2021, Mr M had made a lot of progress and developed many skills. Parent A wanted him to continue with the same level of intensive rehabilitation support that was in place at the time. Parent B considered it was time for Mr M to begin weaning off the intensive support, to foster his independence and begin to normalise his life.
- 1.14 The 2021 SNA recommended that Mr M's teacher aide hours reduce from 30 to 15 hours per week, however they remained at 30 hours per week until 2023 and gradually reduced to 7.93 hours per week over the final school term of 2023 because of the 2022 SNA recommendations.

#### **The 2022 SNA and changes to ACC-funded support**

- 1.15 A 2022 SNA acknowledged that Mr M was continuing to do well. The SNA recommended that Mr M be regularly reviewed by medical specialists, receive ongoing occupational therapy and physiotherapy, undertake a neuropsychology assessment and that psychological input commence. In 2022, ACC also obtained advice from a rehabilitation specialist.
- 1.16 On 10 March 2023, taking into account the 2022 SNA and all information available, ACC decided to refer Mr M for a single discipline assessment to be completed by an occupational therapist, to inform ACC of the level of additional support required to assist with Mr M's rehabilitation needs. ACC agreed to fund continued physiotherapy in response to requests made. ACC also approved funding of two blocks per year, up to two weeks, with a maximum of 20 hours per week, of a particular therapy. ACC requested that Mr M's parents liaise and advise when they would like ACC to make a referral for psychological input and a referral for a neuropsychology assessment. Parent A did not consent to the recommended neuropsychology assessment or psychological input.

- 1.17 On 13 March 2023, ACC approved 7.92 hours per week of funded teacher aide support, together with the funding of additional teacher aide support required for swimming.
- 1.18 On 17 March 2023, ACC reduced funding for attendant care hours and teacher aide hours. ACC reduced care from 62.5 hours per week and allocated new hours of care for Mr M.
- 1.19 More attendant care hours were assessed as necessary when Mr M is in Parent A's care. ACC's needs assessments look at individual needs in clients' living environments, which can result in different levels of need depending on factors relating to clients' home environments and who they share their home with.
- 1.20 Mr M has received a considerable amount of attendant care funding, and that funding is based on assessed need. For a sustained period, Mr M had an occupational therapist acting as his carer and teacher aide, ensuring his intensive programme was complied with while Mr M was at school. While Mr M was receiving a particularly high amount of attendant care and teacher aide support, a meaningful amount of these hours were spent implementing intensive therapy. The provision of therapy is not within the usual boundaries of the services to be provided by attendant care or teacher aide. Attendant carers may generally support exercise regimes or prompt (but not administer) medications as part of their care, but they are not expected to be therapists. This is important context to the reduction in ACC-funded hours.
- 1.21 Reductions in attendant care hours occur when a reassessment identifies that the number of hours required to maximise the individual's independence has decreased. The SNA assessor uses objective measurements, applied by accredited clinicians, to provide a clear picture of the individual's function, needs and improvements.
- 1.22 Since 2024, Mr M has been receiving 7.93 hours of teacher aide support per week.
- 1.23 ACC would support an assistive technology referral if a client had an identified need for assistance technology, or a need for support with communication or other functional tasks which technology could provide. This would usually be recommended following a SNA, but Mr M's 2023 SNA did not identify such a need. Nevertheless, on 24 June 2024, ACC agreed to a cost contribution of up to \$350 towards an assistive technology. Although a clear clinical benefit was not established, potential benefits were opined and ACC accordingly agreed to the \$350 cost contribution.

#### **Mr M's current needs and supports provided**

- 1.24 Mr M has made progress with his physical skills. It is reported that he is achieving as expected with his learning at school and there were no concerns regarding his cognition or behaviour at school.
- 1.25 Mr M's current ACC-funded entitlements include:
  - (a) Attendant care hours — approximately 6 hours per week during school terms, and approximately 8 hours per week during school holidays.
  - (b) Teacher aide support — approximately 8 hours per week.
  - (c) Six-month Training for Independence programme with physiotherapy and occupational therapy.

- (d) A pending neuropsychological assessment referral.
  - (e) An Education Based Rehabilitation Assessment planned for September/October, to inform support and plan for transition to secondary school.
  - (f) A SNA planned for 2025 once Mr M's family have settled into new living arrangements.
- 1.26 ACC's care and support decisions are informed by multi-disciplinary expertise. For instance, when considering psychological support options, ACC would obtain assessments from neuropsychologists or clinical psychologists. ACC does not rely solely on the opinions of SNA assessors when making decisions over care and support funding. When making the decision in March 2023 to reduce the hours of attendant care funding, ACC considered the 2022 SNA alongside other medical reports and the feedback of both of Mr M's parents.

#### **Mr M's applications to review 2023 funding decisions**

- 1.27 A representative for Mr M lodged three review applications on 6 April 2023, challenging:
- (a) ACC's decision of 10 March 2023 regarding funding of occupational therapy, physiotherapy and psychology support;
  - (b) ACC's decision of 13 March 2023 about funding for education support; and
  - (c) ACC's decision of 17 March 2023 reducing attendant care hours.
- 1.28 The review hearing was adjourned several times. All adjournments to the review proceeding were sought by Parent A, rather than ACC, and ACC has not opposed the adjournments sought. In ACC's view, the review hearing could have proceeded in 2023 without delay.
- 1.29 A review hearing took place on 21 May 2025. A decision was released on 18 June 2025. In summary:
- (d) The application to review ACC's 10 March 2023 decision was dismissed by consent (as there was no effective challenge to that decision); and
  - (e) ACC's decisions of 13 and 17 March 2023 were quashed.
- 1.30 Further evidence was adduced on behalf of Mr M for the purposes of the review. This included further medical opinions regarding Mr M's support and rehabilitation needs, to the effect that Mr M should continue receiving his previous levels of attendant care and teacher aide assistance. This information was not available to ACC at the time the decisions were made. Nevertheless, ACC's position at review was that its decisions remained well-supported on the evidence.
- 1.31 In reaching his decision, the Reviewer noted that the evidence presented "a complicated situation" in respect of Mr M's injury-related needs, particularly as he grows and develops into adulthood. The evidence also highlighted "competing or differing approaches to [Mr M's] rehabilitation". Further, the SNA reports over the years demonstrated "a tension between recommendations for lower levels of assistance, and [Parent A's] desire that the intensive therapy regime continue."

- 1.32 Ultimately, the Reviewer did not come to any conclusion regarding the competing evidence relating to Mr M's care. Rather, the Reviewer considered that ACC should develop an up-to-date rehabilitation plan for Mr M (to replace the previous plan completed in 2020), in light of Mr M's changing needs. The Reviewer was satisfied that the absence of an up-to-date plan was a flaw in ACC's decision making. The 13 and 17 March 2023 decisions were therefore quashed, and ACC was directed to reinstate Mr M's prior entitlements in relation to education support and attendant care.
- 1.33 ACC was also directed to reassess Mr M's education support and attendant care needs in the context of an individual rehabilitation plan. ACC is then to issue fresh decisions (with the usual review rights).
- 1.34 Mr M was awarded costs totalling NZD 6,005.70, which have been paid.

### **Concluding comments on the concerns raised**

- 1.35 Mr M has received assessments by specialists, registered and non-registered health professionals and therapists, both contracted by ACC and non-contracted. ACC has sought a range of opinions to understand Mr M's rehabilitation needs, particularly regarding the role of Constraint-Induced Therapy. Some clinicians have supported ongoing intensive input, while others have questioned the benefit of it and suggested it may hamper Mr M's development. This tension was a significant focus of the evidence before the Reviewer.
- 1.36 In ACC's decision-making, the best interests of Mr M and supporting his injury-related needs are the primary considerations. ACC remains of the view that its decisions regarding Mr M were evidence-based and well-supported. The reduction in care aligns with Mr M's increasing independence over many years and is consistent with the recommendations in successive SNAs and the recommendations of other specialists. Evidence supporting ACC's decisions include evidence querying the high impact that the intensive support sought would have on other areas of Mr M's life.
- 1.37 ACC is progressing the development of a new rehabilitation plan for Mr M as directed.
- 1.38 More generally, ACC is a compensation scheme to provide funding for medical impairments resulting from injuries. Given that purpose, the supports available to children with disabilities in New Zealand are sourced from ACC, but also from other Government departments who provide wraparound supports to address their longer-term non-injury related needs. Other forms of support available to people with disabilities through New Zealand Government agencies are addressed in Appendix C below.

## **2 Family Court Proceedings**

- 2.1 While the joint communication refers to aspects of Family Court proceedings in Mr M's case, it would not be appropriate for the Government to comment on matters that are before the Family Court. Due to the operation of s 11B of the Family Court Act 1980 there are also statutory restrictions on the publication of a report of proceedings in the Family Court containing identifying information about persons under the age of 18 years, which would extend to commenting on the details of those proceedings.
- 2.2 This section of the response accordingly provides:

- (f) an overview of the Family Court in New Zealand, including the key pieces of legislation that fall within the jurisdiction of the Family Court and the role of lawyer for the child in that Court; and
- (g) information as requested on accountability mechanisms for alleged human rights violations in the Family Court.

### Overview of the New Zealand Family Court

- 2.3 The Family Court's proceedings relate to sensitive and personal matters about the wellbeing of families and, in particular, children. The most significant proportion of cases relate to the care of children following the separation of their parents.
- 2.4 The Family Court is intended to be conciliatory, as opposed to adversarial, to preserve the relationships of the parties involved. Wherever possible, the family justice system aims to help people resolve their disputes outside of the Family Court by way of counselling, conciliation, and mediation. For example, most people will need to attend a Parenting Through Separation course, Family Dispute Resolution (FDR), or both before going through the Family Court.<sup>13</sup>
- 2.5 There are 31 statutes which fall under the jurisdiction of the Family Court, including the Care of Children Act 2004, which constitutes the most significant proportion of cases, and the Family Violence Act 2018:
  - (h) **The Care of Children Act 2004** is the central piece of legislation that helps to ensure that appropriate arrangements are in place for children's guardianship and care, including by making interim and final parenting orders.
  - (i) **The Family Violence Act 2018** enables the court to make protection orders where there is evidence of violence. A protection order can provide protection for both the applicant and their children from a respondent and sets out conditions that the respondent must comply with.

### Interaction between the Care of Children Act 2004 and the Family Violence Act 2018

- 2.6 Under the Care of Children Act 2004, the court may make a parenting order determining the time or times when specified persons have the role of providing day-to-day care for, or may have contact with, the child.<sup>14</sup> The Family Court is able to make a parenting order subject to any terms or conditions the court considers appropriate, including to ensure the child's safety.
- 2.7 In making decisions about parenting arrangements, the welfare and best interests of the child are the first and paramount considerations.<sup>15</sup> The Care of Children Act 2004 states that the court must ensure a child's safety and that a child must be protected from all forms of violence (including physical, sexual and psychological violence, as defined in the Family Violence Act 2018). In addition, the Care of Children Act says children should have ongoing relationships with both parents where possible. However, when balancing these factors, the obligation to ensure a child's safety may override other considerations.

<sup>13</sup> See sections 46O and 47B (regarding parenting programmes) and 46D-46F, Care of Children Act 2004 (regarding Family Dispute Resolution).

<sup>14</sup> Care of Children Act 2004, section 48.

<sup>15</sup> Care of Children Act 2004, section 4.

- 2.8 At any time before an application for a parenting order is finally determined in a court, a Judge may make an interim parenting order, for example, where there are allegations of family violence that indicate a high risk of harm to the child.<sup>16</sup> While the court investigates the allegations, the interim parenting order may include protective conditions, for example, an order for supervised contact.<sup>17</sup>
- 2.9 The court may make a final parenting order at any time with agreement from the parties, or at the conclusion of proceedings. The court process may take longer to conclude where there are complex factors or considerations to balance.

### **Lawyer for Child**

- 2.10 A lawyer for a child is generally appointed when the Court is asked to decide parenting arrangements for a child. Their role is to provide independent court representation and advice to the child that is in their best interests and is also presented to them in a way that they can understand.
- 2.11 The lawyer for the child's role includes:
- (a) acting for the child in a way that promotes their welfare and best interests;
  - (b) ensuring that views expressed by the child are communicated to the court;
  - (c) assisting the parties to reach agreement to the extent that it is in the best interests of the child;
  - (d) providing advice to the child about appeal rights, and the merits of pursuing an appeal.
- 2.12 The lawyer must meet with the child and, if appropriate, ascertain the child's views on matters affecting them. In cases under the Care of Children Act the lawyer must, if reasonably practicable to do so in light of the child's age and maturity, explain the proceedings to the child in a manner that the child is most likely to understand.

### **Accountability mechanisms for alleged human rights violations in the Family Court**

- 2.13 The New Zealand Bill of Rights Act 1990 (NZBORA) applies to any acts done by the legislative, executive, or judicial branches of Government (section 3 of NZBORA). As such, all courts have a responsibility to ensure a person's rights under the NZBORA are protected. This includes all core civil and political rights such as the right to be heard, the right to a fair trial or the right to be free from discrimination. The Court must act in accordance with the rule of law and common law rights.
- 2.14 While the Family Court operates under the principle of judicial independence, accountability for alleged human rights violations in the Family Court can be pursued via the judicial review mechanism. Judicial review involves an application to the High Court for review of the relevant decision.

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<sup>16</sup> Care of Children Act 2004, section 49.

<sup>17</sup> Care of Children Act 2004, section 59.

2.15 If the Family Court is found to breach NZBORA rights some remedies are available. However, in New Zealand damages are not currently available for judicial breaches of NZBORA.<sup>18</sup>

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<sup>18</sup> *Attorney-General v Chapman* [2011] NZSC 110, [2012] 1 NZLR 462).

# Appendix C: Other forms of support available to people with disabilities in New Zealand

## 1 Overview

- 1.1 People with disabilities in New Zealand can access a range of supports from various Government agencies depending on their circumstances, the most relevant of which are outlined below. We set out below an overview of the most relevant Government agencies, the types of support they may offer people with disabilities, and other relevant policy work.

## 2 Ministry of Education

- 2.1 The Ministry of Education (**MOE**) is the public service department responsible for New Zealand's education system. MOE runs New Zealand's system of schools, kura,<sup>19</sup> and early childhood education and shapes direction for education organisations and providers.
- 2.2 Students with a physical and/or learning disability can receive support from MOE to help with access to the everyday curriculum and activities. The support team can include physiotherapists and occupational therapists who work with teachers and students. For more complex learning and/or disability needs the Ongoing Resourcing Scheme (**ORS**) provides specialist support including:
- (a) specialists such as therapists, psychologists and learning support advisors;
  - (b) additional teacher time in the school's staffing entitlement, for a teacher to provide specialist teaching support;
  - (c) a contribution for a teacher aide to assist with the student's learning support; and
  - (d) consumables grants for buying small items to support the student's needs.
- 2.3 Where a young person has an accepted ACC claim, MOE coordinates support under a memorandum of understanding with ACC. When both agencies are working with a child or young person, staff collaborate with the key contacts at the school, kura or early learning service to deliver seamless support based on one team and one plan as far as possible. This may involve a similar programme over different environments or the provision of different and complementary supports and services. Coordination ensures that gaps and overlaps in support and service provision are minimised.

## 3 Ministry of Social Development

- 3.1 The Ministry of Social Development (**MSD**) is a large public service department with a broad range of responsibilities and functions. These include providing employment services and support; providing income support and superannuation; providing student allowances and loans; assessing eligibility for social housing; designing, allocating funding to and delivering community services with partners; advising on child poverty reduction; and being a primary provider of social policy and advice to the Government.

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<sup>19</sup> Schools taught in the Māori language and consistent with Māori customs and protocols.

- 3.2 MSD is also responsible, through its Disability Support Services business unit, for funding and providing disability support services through contracted providers to people with eligible disabilities.

### **Disability-related income and employment support**

- 3.3 Examples of income and employment support and services MSD provides for disabled people include the following:
- (a) Child Disability Allowance - A fortnightly payment available to the main carer of a child or young person under 18 years with a serious disability. It is paid in recognition of the extra care and attention needed for that child. It is not income or asset tested.
  - (b) Disability Allowance - A weekly payment for people who have regular, ongoing costs because of a disability. These could be visits to the doctor or hospital, medicines, extra clothing or travel.
  - (c) Housing Modification Fund – A payment which helps someone pay for changes to their home because they or their child have a disability.
  - (d) Supported Living Payment – A weekly payment for people aged 16 years or older who are caring for or have with a significant health condition, injury or disability.
  - (e) Jobseeker Support – Health Condition, Injury and Disability – A weekly payment for people who are eligible for Jobseeker but are also limited in their capacity, or unable to work full-time, or are in employment but cannot work or can only work at a reduced level. This can include disabled people or people with long term health conditions that fluctuate, or who do not meet the criteria for the Supported Living Payment.
  - (f) Mainstream programmes – A service that supports people with a disability or health condition to get into paid work placements with on-the-job training and into a long-term job.
  - (g) Community Participation Services - MSD provides funding towards specialist services for disabled people and people with health conditions lasting longer than six months who need additional support with community participation and inclusion and in some cases employment outcomes.
- 3.4 Many of MSD's disability-related income supports, allowance and services are only available to people not fully covered by another agency, such as ACC.

### **Disability Support Services**

- 3.5 Disability Support Services (**DSS**) is responsible for funding and contracting providers to deliver disability support services for around 50,000 disabled people, mostly under the age of 65 years, who have a physical, intellectual or sensory disability (or a combination of these) which is likely to continue for at least six months and needs ongoing support to live independently, to the extent that ongoing support is required.
- 3.6 DSS-funded disability support services also include people with: some neurological conditions that result in permanent disabilities; some developmental disabilities in

children and young people, such as autism; and physical, intellectual or sensory disability that co-exists with a health condition and/or injury. Examples of supports and services include:

- (a) help around the home and with personal care;
  - (b) carer support and respite;
  - (c) equipment and aids;
  - (d) Child Development Services that provide specialist assessments, therapy-based support and assistance with navigating supports across agencies;
  - (e) community residential care; and
  - (f) autism-specific supports including parent education, behavioural support services, development services and support-coordination.
- 3.7 DSS also funds equipment and modification services for approximately 100,000 people. DSS does not fund support services for people with conditions or situations covered by other funders, including support needs due to an injury that meets ACC's cover and entitlement criteria under the AC Act.

#### **Monitoring and compliance with international human rights standards**

- 3.8 MSD is responsible for coordinating Government agencies' responses to New Zealand's commitment to the CRC. MSD chairs and coordinates the Children's Convention Deputy Chief Executives group which exists to help ensure that the individual work programmes in each agency contribute to the implementation of the CRC throughout New Zealand. This group and the Children's Monitoring Group (CMG) meet at least twice a year to fulfil the Government's obligations in implementing the Convention, and to inform the CMG's monitoring.
- 3.9 To support New Zealand's commitment to the CRC a Child Impact Assessment Tool has been developed by MSD to help Government and non-Government organisations in New Zealand assess whether policy proposals will improve the wellbeing of children and young people. This tool supports New Zealand's commitment to the CRC and the development of policies that explicitly consider the potential impacts on children and young people. The tool includes templates that agencies can use to test and assess any proposed law or policy for consistency with the intent of the CRC. Government agencies are required to consider and apply the principles of the CRC in their work with and for children and young people.

#### **4 Whaikaha – Ministry of Disabled People**

- 4.1 The Ministry of Disabled People – Whaikaha was established as a standalone Government Ministry on 1 December 2024, and has responsibility for leading work to improve the lives of disabled people through strategic policy advice on disability issues, monitoring outcomes for disabled people, connecting with the disability community, and promoting positive change.
- 4.2 Whaikaha also contributes to policy development on topics that are the responsibility of other agencies. Further, it has specific policy responsibilities relating to New

Zealand Sign Language, the production of alternative formats to enable information access, and for accessibility more generally.

- 4.3 One of Whaikaha's key work programmes is the refresh of the New Zealand Disability Strategy. This strategy guides the work of Government agencies on disability issues, and supports New Zealand's progressive realisation of the CRPD. The Minister for Disability Issues is responsible for the development of a Disability Strategy under the Pae Ora (Healthy Futures) Act 2022. The role of Whaikaha is to inform, steward and coordinate evidence-based actions for inclusion in the strategy.
- 4.4 Whaikaha also coordinates and monitors the identification and progress of actions to respond to UN Committee Observations on the CRPD. Whaikaha supports other agencies to identify actions to progress the Committee's 2022 Observations, and will shortly be uploading these to the online Human Rights Monitor that is run by the Ministry of Justice.<sup>20</sup> Whaikaha will then monitor progress on the actions, and upload progress updates to the Human Rights Monitor each year.

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<sup>20</sup> The Human Rights Monitor is an online tool that records recommendations made to New Zealand from United Nations human rights mechanisms and the actions being taken by the Government in response.