BRIEFING

FOR

INCOMING MINISTER

Office of the Children's Commissioner

November 2008

Children's Commissioner
Briefing for incoming Minister 2008

This paper provides information about:

- my functions and status
- the position of children and young people in New Zealand
- key child and youth issues facing New Zealand
- advice to the incoming Government on how best to address the challenges facing children and young people in New Zealand.

As Children's Commissioner, I aim to ensure that children's and young people's rights and interests are recognised and widely supported and that children and young people are treated with respect, dignity and fairness. My work covers children from birth to 18 years of age. I have 16 staff based in two offices, one in Wellington and one in Auckland.

The commissioner is an independent Crown entity as listed in the schedule to the Crown Entity Act 2004 and operates under the Children's Commissioner Act 2003. I meet regularly with the Minister for Social Development and Employment, and have an annual output agreement, but I am independent of Government so do not report to a minister. I have the right to request a meeting with the Prime Minister directly.

At my meetings with the Minister for Social Development and Employment I provide an update on the office's work programme and outline any upcoming projects/events/ announcements. My office advises the Minister's office prior to the public release of reports/investigations/ media releases.

Three key areas require significant intervention to ensure the positive development and wellbeing of children and young people in Aotearoa New Zealand. These are:

- eliminating violence against children and young people
- addressing the impact of poverty on children and young people
- promoting and raising awareness of children's and young people's rights.

Government has a pivotal role to play in making New Zealand a great place to grow up. I believe that everyone wants to do what is best for children and young people and I see my role as facilitating this happening. Sometimes this requires me to challenge what Parliament, parents, families or institutions do.

Functions and status

The Office of the Commissioner for Children was established under the Children, Young Persons and Their Families Act 1989. It is part of a worldwide move toward having commissioners or ombudsmen for children. New Zealand's Children's Commissioner's office was among the first to be set up and is now well established and internationally respected. Initially the commissioner's main focus was on monitoring the operation of the Children, Young Person's and Their Families Act 1989. Over time, the office has developed a research and advocacy role in addition to this important monitoring function. The Children's Commissioner Act 2003 confirmed the independence of the office, and

created additional obligations such as working with Government to implement the United Nations Convention on the Rights of the Child.

The work of the office consists of advice, monitoring and investigation, and public awareness and advocacy.

The office runs an enquiry line and e-mail advice option that dealt with about 900 individual complaints and enquiries last year. In addition, I undertake systemic advocacy that is about doing the best for the greatest number of children and young people. For example, I am a founding member of the Taskforce for Action on Violence within Families and this has enabled me to sponsor a national child maltreatment strategy. This is the largest ever co-ordinated attempt to address child abuse and neglect.

In March 2007, New Zealand ratified the *Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (OPCAT).[1] Ratification of the protocol obliges member states to establish one or more National Preventive Mechanisms (NPM) to monitor places of state detention. The Children's Commissioner was designated a NPM.[2] My office is specifically responsible for monitoring six Child, Youth and Family care and protection and three youth justice residences. The office's role as a NPM overlaps with my statutory responsibility to monitor the policies and practices of Child, Youth and Family.

The monitoring of Child, Youth and Family is one of my primary responsibilities. My office fulfils this responsibility in a variety of ways and this monitoring role has become increasingly structured over the duration of my term.

The key components of the approach I employ to monitor Child, Youth and Family includes:

- site visits to Child, Youth and Family offices and residences throughout New Zealand
- receiving and monitoring Section 47 (of the Children, Young Persons And Their Families Act 1989) reports in relation to all Place of Safety Warrants
- receiving and analysing audit reports for Child, Youth and Family residences
- receiving and analysing reports regarding deaths of children and young people known to Child, Youth and Family in the preceding 12 months and serious events around children and young people known to Child, Youth and Family
- assessing and analysing Grievance Panel reports from Child, Youth and Family residences.

Public awareness of child physical abuse and the impact of family violence on children and young people has increased in the past decade. Notifications to Child, Youth and Family that require further investigation have increased from 22,868 in 2000/01 to 44,436 in 2008.[3] In the year ending June 2008, overall notifications increased by 31 percent, reflecting a 27 percent increase in family violence notifications from Police. Research indicates that child abuse is 15 times more likely to occur in families exposed

[1] See Appendix 3 for an overview of OPCAT
[2] The Office of the Ombudsmen, the Office of the Judge Advocate General of the Armed Forces and the Police Complaints Authority are also designated as NPMs.
[3] 2000/01 figures from Child, Youth and Family Annual Report, 2008 figures from Ministry of Social Development.

to family violence and my role must be to ensure that concern is directed to children and young people.

Resources available to Child, Youth and Family have also more than doubled during the past decade. While this cannot possibly end all child abuse, it will improve government's ability to respond to abuse and neglect. Joining up with other sectors, particularly health, and also engagement with high need communities such as Maori and Pacific, will be important in dealing with child abuse and neglect.

There is some evidence of improvements to Child, Youth and Family youth justice services since 2006, for example reductions in young people in police cells, and increased bed availability in Child, Youth and Family residences. Further development is, however, needed to ensure that there are enough supported bail and supervision with activity options.

Child, Youth and Family's ability to use community-based organisations to work with lower risk families and their children, will depend on the capacity and capability of these organisations to meet the inevitable increase in demand.

In October 2008, my office negotiated a new comprehensive monitoring framework with Child, Youth and Family. This will give my office electronic access to far more information about Child, Youth and Family.

My office has an extremely ambitious work programme. It includes:

- an alternate five-yearly report for the United Nations Committee on the Rights of the Child
- work on child maltreatment and neglect for the Taskforce for Action on Violence within Families
- a School Safety investigation prompted by a desire to contribute to solutions for bullying and violence within schools
- delivery of an advocacy-training package primarily targeting practitioners and professionals in the education sector.[4]

The report to the UN reflects on implementation of the United Nations Convention on the Rights of the Child in New Zealand over the past five years. The report responds to the UN Committee's concerns and recommendations. It states that while progress has been made on some issues, there are still outstanding concerns that need to be addressed. A copy of my final report has been provided to your officials in MSD and I will provide you a copy in due course.

The office's education advocacy focuses on the overall objectives of:

- positive outcomes for children and young people and their schools by maintaining them within the education system
- reducing barriers to learning created by conflict between the child's parents and the educational setting
- improving relationships between the early childhood and school sectors and the wider community.

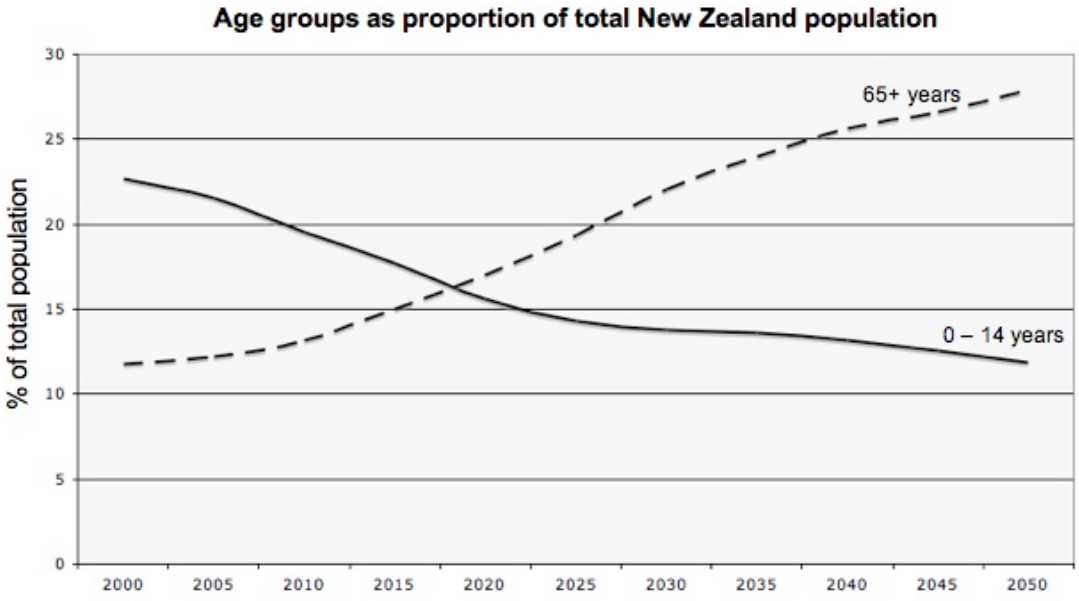
[4] My office has a Provision of Services Agreement with the Ministry of Education, detailed in an overview of the work of the Children's Commissioner in Appendix 1.

To ensure participation from children and young people, the office has a Young People's Reference Group that advises my staff and I. We also meet regularly with teachers, social services, health professionals and the Courts.

The position of children and young people in New Zealand[5]

Demographics

There are just over one million children and young people under 18 years living in New Zealand today. While their number is growing, children and young people represent a decreasing proportion of the New Zealand population. The graph below shows that while the proportion of the population under 15 is projected to drop significantly by 2051, the proportion of those over 65 years is expected to increase significantly.[6]



The majority of children and young people live in major urban centres (71 percent of children under 18 years in 2006); just over a third of the child population lives in the Auckland region.

There is increasing ethnic diversity in the urban child population.[7] Population projections suggest that by 2026, Maori children and young people will make up 28 percent of the

[5] Unless other sources are noted indicators are drawn from Children and Young People: Indicators of Wellbeing in New Zealand, Ministry of Social Development 2008 and the Census, 2006.

[6] Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2005 Revision, http://esa.un.org/unpp The demographic assumptions underpinning the graph are:
"Low general variance used in calculations assuming generally low levels of fertility, normalised rates of mortality by gender-split life expectancy trends, and normalised international migration levels based on past international migration estimates and consideration of the nation's policy stance with regard to future migration."

[7] In 2006, 24 percent of children under 18 identified as Maori, roughly the same as a decade ago. Pacific children made up 12 percent of the child population, two percent more than in 1996. In the decade to 2007, New Zealand had a net gain of 98,400 migrants including almost 62,000 children less than 15 years of age (25 percent total net gain). The proportion of Asian children in the child population has increased from 6

population under 18, Pacific children and young people 18 percent and Asian children and young people 18 percent. The proportion of children under 18 years identifying as European is expected to fall from 77 percent in 2006 to 65 percent in 2026.

A snapshot of trends and persistent problems

Some indicators that provide a "snapshot" of the position of children and young people in New Zealand are listed in Appendix 5. Taken together, they show considerable ethnic, income and neighbourhood disparities.

It is clear that the health, education and social services sectors individually and collectively continue to fail a large group of Maori and Pacific Island children and young people.

During the 1980s and 1990s, inequality increased more in New Zealand than in any of the 20 Organisation for Economic Cooperation and Development (OECD) countries for which comparable data is available. The increase in inequality was accompanied by a concomitant decline in child wellbeing among some groups.[8]

From the late 1990s to the present, there have been improvements in child wellbeing. For example, a strong economy and Working for Families tax credits have reduced the number of New Zealand's children and young people living in poverty on both relative and absolute measures. Nevertheless, in 2006/7, 230,000 or 22 percent of all children and young people were living in households with incomes below the 60 percent-of-median-income poverty line, after taking account of housing costs. This figure included 170,000 children and young people (16 percent) below the more restrictive 50-percent-of-median-income threshold.[9]

Poverty increases the risks of neglect, physical and emotional abuse. There is a correlation between deprived neighbourhoods and higher risks of child physical abuse and neglect. Although most parents find ways to overcome structural disadvantage, deprived neighbourhoods exacerbate the conditions under which child physical abuse and neglect can flourish.[10]

Neglect, emotional abuse, physical abuse, sexual violence, witnessing family violence, and other prolonged childhood traumas are detrimental, affecting children not just at the time but potentially throughout life. Effects are visible in adult obesity, alcohol and drug abuse, heart disease, strokes, diabetes, attempted suicides and early death.[11]

Children whose infancy is marked by unpredictability and violence are likely to struggle to excel – or even keep up – at school. Children who do not experience warm loving

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percent in 1996 to 10 percent in 2006. The proportion of children from all other ethnic groups (mainly Middle Eastern, African and Latin American) nearly doubled from 0.7 percent in 1996 to 1.3 percent in 2006.

[8] Fletcher, M. & Dwyer, M. (2008). A Fair Go for All Children: Actions to address child poverty in New Zealand. Wellington: Children's Commissioner and Barnardos.

[9] ibid

[10] Coulton, C. J, Korbin, J. E, & Su, M. (1999). Neighbourhoods and child maltreatment: A multi-level study. Child Abuse & Neglect, 23: 1019–1040; Drake, B & Pandey, B. (1996). Understanding the relationship between neighbourhood poverty and specific types of child maltreatment. Child Abuse & Neglect, 20: 1003–1018.

[11] Fellitti, V. (2003). The impact of adverse childhood experiences on health problems: Evidence from four birth cohorts dating back to 1900. Preventative Medicine, 37, 268-77.

carers during infancy are less likely to develop empathy and so struggle with future relationships. Young children who lack stimulation, live in boring empty environments and are deprived of frequent human interaction have much of their life's potential stolen. These scenarios of relational poverty might help to explain our negative tail of underachievement in NCEA. Some traumatised and neglected children may become aggressive; others may dissociate and shut down; some truant from school and some end up in prison.

Without appropriate and effective early interventions, some abused and neglected children's life trajectories will all too often involve ruinous harm to others and themselves. Some become the people who are pitied in our media as children and then all too quickly despised, feared and locked up as dangerous teens and adults. Unsurprisingly they can become abusive or neglectful parents. In the long term, the cost of compassionate early and effective assistance for these children may be inconsequential compared to the cost of doing too little too late.

The picture is complex: Not all children and young people in poverty or all children and young people living in socially deprived areas will have poor longer-term outcomes or experience family dysfunction or violence. Damaged adults sometimes beget damaged children. Relational and income poverty hugely increases stress on families and children and the probability of poorer health, educational, income and employment outcomes in adulthood. This then leads on to an increased inter-generational risk of poverty and hardship.

This has a toll not just for individual children and their families, but also for society as a whole both in terms of potential negative social spending (for example on special education, youth justice, health and mental health services), and lost opportunity because these children are not able to achieve their full potential.

Key challenges

Getting it right from the start

Research into child development has confirmed what has been known intuitively for many years. Children's early experiences have a significant impact on their emotional competency, thinking and behaviour in later life.[12] Healthy pregnancies, secure attachments and good parenting in the early years enables children's brains to grow capacity to regulate emotions and cope with stress. Then comes the capacity to engage in reasoning; both are the foundations of optimal human development, life-long learning, good relationships, functional families and safe communities. What is needed is a life-cycle approach to policy development that focuses on key life stages.[13]

For example, pregnancy is a time of enormous change and a critical foundation for the entire life course. The foundations of adult health lie in the womb, in infancy and early

[12] Shonkoff, J.P. & Phillips, D.A. (eds.) (2000). From Neurons to Neighbourhoods: The Science of Early Childhood Development. Washington, DC: National Academy Press.
[13] See: World Health Organisation (2006). Promoting Optimal Fetal Development: Report of a Technical Consultation. Switzerland: World Health Organisation. Allen & Smith (2008)…ibid

childhood experiences.[14] There is more that can be done to promote young people's sexual and reproductive health.[15] [16] Preparation for pregnancy is important. All new parents, young and old, need support. Parenting is one of the hardest jobs we do and the one for which we are often least prepared.

When born, infants' brains are hard-wired for human relationships. Responsive human relationships are how they get basic needs met. The explosive rate of growth of the human brain from conception to about three years of age is extraordinary. It is a window of opportunity in the life cycle when good parenting and well-implemented government policies supporting this can improve children's lives now and in the long-term. For example, front-loading benefits to families with children less than three years old could assist more children to get a healthy start to life.[17]

The underpinnings of literacy and numeracy start well before school. It is encouraging to see increasing participation of three- and four-year-olds in early childhood care and education. This can be a powerful long-term equaliser. However, some of the keys to changing the behaviour of the significant minority who fail at school, lie earlier in the lifecycle.

Key goals of early intervention for children and their families are to promote healthy pregnancies, breastfeeding, secure attachments, good parenting and resilience in the face of adversity. Throughout the OECD, it is increasingly recognised that effective early intervention is a wise investment to promote health, including mental health and reduce low educational achievement and violent crime in the medium to long-term.

Developmental science focuses attention on the importance of parenting capability and professional maternity, particularly midwifery, and early childhood and community workforce to support this. There is a shortage of trained midwives in New Zealand. The early childhood workforce is growing, but remains undervalued.

Current social service delivery is based on an assumption that families in need of support and children in need of protection will be referred to appropriate services by those providing universal services such as health and education. Unfortunately this does not happen for all children and sadly many fall through the gaps. It is for this reason that I proposed Te Ara Tukutuku Nga Whanaungatanga o Nga Tamariki: Weaving Pathways to Wellbeing – an integrated framework for children and their families. A key factor is universal application to ensure that every child gets the support they deserve and require. While there are some groups of children with greater needs and more complex issues, the starting point is that every child (and their family) is likely to require support at

[14] ibid and Fellitti, V. (2003). The impact of adverse childhood experiences on health problems: Evidence from four birth cohorts dating back to 1900. Preventative Medicine, 37, 268-77.
[15] Kirby, D. (2007). Emerging Answers 2007. Research findings on programs to reduce teen pregnancy and sexually transmitted diseases. Washington: The National Campaign to Prevent Teen and Unplanned Pregnancy.
[16] NZ Parliamentarians Group on Population and Development. Youth Sexual Health: Our Health, Our Issue." Report of Open Hearing on youth sexual and reproductive health in December 2006.
[17] A recommendation made by the policy report from the UK Early Years Commission (2008). The Next Generation. London: The Centre for Social Justice p. 23. This is consistent with the recommendations to restructure the Family Tax Credit so as to reduce the number of rates, and to provide relatively more assistance for younger children, as recommended in: Fletcher, M. & Dwyer, M. (2008). A Fair Go for All Children: Actions to address child poverty in New Zealand. Wellington: Children's Commissioner and Barnardos. p.41.

some point in their lives. If all children and young people are assessed at different times throughout the first 18 years of their life, and if these assessments encompass their physical, emotional, social and cognitive development, then we would be more able to respond if and when they required more intensive support from their parents, families and wider community (including government and non-government sectors).

A key strength of an integrated approach to children's wellbeing is the potential for all professionals to be working to the same frame of reference, to have access to information that may help them to make better decisions about the supports and services required for a child or young person.

My vision is that the systematic assessment of children and young people will ensure that challenges (such as being born in to a family where there are multiple risk factors) are detected early and that appropriate responses are put in place immediately. Assessing and providing early solutions will save money and resources later in the lives of children, even if they still require some level of assistance as they grow towards adulthood.

The systematic gathering of information also has the potential to ensure that policy is based on accurate assessments of levels of need. I have received support from community and professional organisations for this integrated approach.

Meeting the needs and rights of Maori children and young people

The future wellbeing of iwi Maori is inextricably linked to the current and future wellbeing of tamariki and taiohi Maori. As the proportion of children in the population shrinks, we will rely on a higher proportion of Maori children and young people, who are currently over represented in the under-achieving tail.

Key to this will be Government's ability to support work with Maori to foster practices that reinforce good outcomes for Maori children and young people. While immediate interventions are required to address the challenging circumstances of many children within whanau, long-term investment in the restoration and rejuvenation of Maori whanau, hapu, iwi and communities is required for the overall future wellbeing of many Maori children and young people. As an example, my office gave an establishment grant to Te Kahui Mana Ririki Trust and have encouraged their involvement with key work around child maltreatment and neglect prevention.

Reducing child poverty in economic recession

There is much more to child wellbeing and good outcomes in adulthood than money. Nevertheless, there is strong evidence that prolonged poverty during childhood – especially during a child's early years – is associated with a higher probability of poorer outcomes throughout the life course across a wider range of domains including health, mental health, educational achievement, criminal behaviour, employment, earnings and productivity.[18]

In essence poverty increases the risks of**:**

[18] Fletcher, M. & Dwyer, M. (2008). A Fair Go for All Children: Actions to address child poverty in New Zealand. Wellington: Children's Commissioner and Barnardos.

- illness and injury
- child physical abuse and neglect
- impaired cognitive development
- poorer adult health
- lower future earnings
- next generation being poor.

The impact of poverty on children's development and subsequent education, health and employment starts before birth. Children born into poverty are more likely to be born prematurely and to have a low birth weight, which in turn can affect longer-term cognitive development.[19] In New Zealand, a child growing up in a low-income household has on average a 1.4 times higher risk of dying during childhood than a child from a high-income household. The relationship between poor housing and poor health is well established. A poor child is three times more likely to be sick, and hospitalisation rates for children from low-income areas are significantly higher than for those from wealthier areas.[20]

In times of global economic uncertainty, children and young people can be the biggest losers over access to scarce family, community and government resources. The ability of the Working for Families package, for example, to protect children and young people from poverty is heavily dependent on a strong labour market. [21] Unemployment is predicted to rise, and with that the numbers of children and young people living in poverty will also increase.

Current core benefits are not sufficient to protect children and young people. While the real value of core benefits plus family benefits and family tax credits have increased in the past decade, it is still lower today than in 1973.[22] The Ministry of Social Development estimated that the 2006 disposable income of most beneficiary families with children was 30-35 percent of the median disposable income of New Zealanders,[23] a level well below the internationally recognised relative poverty line of 50 percent. Positive parenting on incomes as low as this, often in damp or overcrowded housing, is a challenge. As a result, many children and young people experience poor health and miss out on the things their peers take for granted, and suffer all the harm that poverty is known to cause to children and young people. It is for these reasons that I sought the voices of children and young people to express their perceptions of poverty and marginalisation and I commissioned and published an action plan to reduce child poverty earlier this year.[24] This plan is consistent with international best practice within the OECD.[25]

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[19] ibid.
[20] Turner, N. & Asher, I. (2008). Chapter 8: Health perspectives on child poverty. In: Left Behind: How social and income inequalities damage New Zealand children. Child Poverty Action Group.
[21] Fletcher & Dwyer (2008) suggested that Working for Families could be re-aligned so that it works better in times of weak labour demand.
[22] ibid.
[23] Ministry of Social Development (2007). Pockets of significant hardship and poverty. Wellington: Centre for Social Research and Evaluation.
[24] See: www.occ.org.nz/childpoverty
[25] For example, The Joseph Rowntree Foundation (2008). What is needed to end child poverty in 2020? http://www.jrf.org.uk/knowledge/findings

Real Value of core benefits plus family benefits / family tax credits 1973-2007[26]

Make early intervention systems work better

Early intervention is about tilting the balance in favour of children. When we build skyscrapers, we ensure that the foundations are well designed and securely in place. A large proportion of the resources go into ensuring that the groundwork is right. To build the foundations of humanity, the same principle applies. There is a role for government to assist families and communities to create the conditions to enable optimal human development.

Throughout the OECD, it is increasingly recognised that effective early intervention is a wise investment to promote health, including mental health and reduce low educational achievement and violent crime in the medium to long-term. Despite this recognition, it has proved difficult to get serious traction on early intervention policies that cut across government agencies in partnership with community agencies.

There are overlaps between crime prevention, social development, education, public health, primary health and mental health systems for children and young people. At their core, they all aspire to promote healthy human development and nurture family relationships within supportive communities. Clearer articulation of a life-cycle approach to policy development could assist in drawing out commonalities between sectors.

Barriers to focusing on early intervention include:

[26] Fletcher, M. & Dwyer, M. (2008). A Fair Go for All Children: Actions to address child poverty in New Zealand. Wellington: Children's Commissioner and Barnardos. p. 18 Authors' estimates based on MSD benefits data and Consumer Price Index, p. 18.

- different philosophies and languages of professionals and community workers rendering good communication about similar problems difficult
- three-year political cycle - outcomes are often not to be expected for many years and there are usually other more immediate pressing political priorities
- most public demands are for strong remedial actions
- low priority given to children and young people in policy and service provision
- limited workforce knowledge and skills.

It has long been recognised that getting the best outcomes for children and young people from public expenditure requires a 'joined-up' approach. Nonetheless government agencies, research and practice disciplines and service sectors still tend to work in silos. In my opinion, effective collaboration might be assisted by:

- more 'bottom-up' approaches to integration including inter-agency and inter-professional child development training[27]
- better alignment of government agencies dealing with health, education, social development and justice in some regions
- more incentives for innovative multi-agency research and development
- increased resources for effective child and family programmes and services
- better information.

Build on what we know works

Information collection and dissemination has improved in the past decade. The regular publication of the Social Report and indicators of child wellbeing, nationally and regionally, provides a good picture of the status of children and young people in New Zealand.[28] As we endure the tide of global economic uncertainty, it will be important to maintain publication of these data sets and keep a close eye on trends.

Promoting positive trends and lessening the impact of emerging negative trends will require inter-disciplinary research and policy development. Equally important, is identifying which initiatives are working – and which are not – for whom and in which circumstances. Communities and government agencies need information to be equipped to appropriately and effectively enable successful interventions and promptly cut failures.

Improve child and family programmes and services

There is no one size that fits all for service provision. It is tempting to try to rationalise services by solely targeting those most in need or most at risk. However, getting the right assistance to the right people at the right time is notoriously difficult.

Research has consistently shown the importance of an integrated tiered service system of targeted and specialist programmes and services built on a strong base of universal programmes and services.[29] New Zealand has the base of universal services to build from and there are encouraging signs of development.

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[27] UK Early Years Commission (2008). The Next Generation London: The Centre for Social Justice p. 138.
[28] For example, Craig et al. (2007). Monitoring the health of New Zealand Children and young people. Paediatric Society of New Zealand & Child and Youth Epidemiology Service, University of Auckland. Children and Young People: Indicators of Wellbeing in New Zealand (2008). Wellington: Ministry of Social Development
[29] Moore, T. (2007). Supporting young children and their families: Why we need to rethink services and policies. Victoria; Australia. Centre for Community Child Health.

One challenge for communities and government agencies is getting the right mixture of bottom-up design and engagement and style of delivery on the one hand; with centrally supported knowledge, strong feedback/monitoring loops on the other. A focus on outcomes can help to guide both top-down and bottom-up initiatives, as long as the desired outcomes are shared and clearly articulated.

The UN Committee on the Rights of the Child has called on New Zealand to build on our base of child health, education and community services to produce a more effective service system for children and young people.

The child maltreatment prevention strategy of the Taskforce for Action on Violence within Families has potential to make a positive difference. The reinvigoration of Strengthening Families is promising as a process to strengthen early intervention services in some areas, although increased coordination does not in and of itself compensate for lack of service capacity and capability. Integrated Service Responses for families with entrenched difficulties may also assist. Family Service hubs are a good idea. However, keeping the child's needs clearly in sight in these family-focused co-ordinating mechanisms remains a critical challenge. While it may appear paradoxical, what is good for the adults in families is not always good for the children of those families, as child advocates working in situations of family violence can testify. There are also many other existing early intervention programmes that have shown some effectiveness and hold promise for some groups of children.[30]

Despite some progress, our efforts appear piecemeal. What is needed is a more strategic and integrated approach to increase the numbers of New Zealand's children and young people who will grow up able to take their place in the community as fully contributing members of our economy and society.

Conclusion

There is a gap between what some children and young people need and what we are achieving for them. While there have been improvements in child mortality and morbidity, poverty reduction, educational engagement and service coverage for some children and young people, the most vulnerable still remain at considerable risk. Our challenge is to address this gap so that all children and young people can reach their potential.

I look forward to working with you to achieve improvements for all children and young people, but particularly for our most vulnerable children and young people.

Dr Cindy Kiro
Children's Commissioner

[30] For example, Early Start, some Family Start sites, HIPPY, the Incredible Years Programme, Roots of Empathy, Circles of Security (to promote attachment).

Appendix 1: An overview of the work of the Children's Commissioner

Vision	The rights of every child and young person in New Zealand are recognised and each enjoys good health, education, safety and economic wellbeing.
Outcomes sought	Every child is safe and nurtured. Every child has adequate resources and opportunities to develop. Society's attitudes and behaviour change to become more child-focused.
Regular activities	Monitoring activities including visits to Child, Youth and Family sites and residences, practice and services. Responding to concerns and complaints through the Child Rights line (900 enquiries and investigations in 2007/8). Responding to media, public and professional enquiries. Invited to deliver speeches in New Zealand and overseas. Policy advice. Providing submissions on legislation that impacts on children and young people. Meeting planning and reporting requirements as a Crown entity. Produce and disseminate publications including reports, posters and pamphlets (1106 requests – some for multiple resources – from organisations and individuals in 2007/8) and a quarterly magazine (4 in 2007/8). Run child advocacy workshops (6 in 2007/8) and community forums (6 in 2007/8) around New Zealand.
Child and Youth Participation	The Young People's Reference Group, comprising six to nine young people aged between 12 and 17 years of age, advises my staff and me. They are based throughout New Zealand, represent rural and urban communities, and their different backgrounds aim to reflect the diversity of New Zealand children and young people. The group meets up to six times a year. My office and other government agencies seek its advice regularly. I also meet with children and young people in schools and through community organisations.[31] I communicate with children and young people on a project basis. For example, my staff worked with community organisations and approximately 100 children and young people on the project called: *This is how I see it: Children's experiences of poverty and marginalisation*.[32] Since the launch of the electronic resource in August 08, I have had many requests from non-government organisations to use and learn from the material created by children and young people. Child advocacy workshops enable sharing of good practice in child and youth participation.
Provision of Services to Ministry of	Under a Provision of Services Agreement with the Ministry, The Office of the Children's Commissioner is providing the following services: • An education inquiry and complaints service

[31] Some of the young people have reached 18 and so I am in the process of recruiting more members. This process will be complete by the end of 2008.
[32] www.occ.org.nz/childpoverty

Education	• A free legal information service – PLINFO • Co-ordination of a nationwide mediation service. The three objectives of these services are to assist in: • Providing positive outcomes for schools and students by maintaining students within the education system (including improving outcomes for Maori and Pacific Island students). • Reducing barriers to learning that are created by conflict between schools, students and parents. • Improving relationships between the education sector and the community. Services have specific performance measures and are reported on quarterly.
Key projects Nov 2008 – April 09	Five-yearly report for UN Committee on the Rights of the Child. Leading the Taskforce for Action on Violence within Families programme on child maltreatment prevention and neglect. School Safety Investigation. Implementation of new Child, Youth and Family monitoring framework.

Appendix 2: Overview of the Children's Commissioner

Set-Up	Independent Crown Entity (ICE)	Established:	1989
	Staff: 16	Offices:	2
Income Sources	Vote Social Development (SD) and some Vote Education (Ed)		
	Crown appropriation 08/09	$1.757m (SD)	$0.188m (Ed)
	Net Assets 30 June 08 (estimated)	$628,359	
	Operating budget 08/09	$2.343m	
	Expected Out-turn 08/09	$(362,418)	
Accountability Documents	Pre-accountability	Ministerial Letter of Expectations Statement of Intent, Output Agreement	
	Post-accountability	Quarterly reports, Annual Report	
Key Legislation / Agreements	Children's Commissioner Act 2003 Children, Young Persons and Their Families Act 1989		
	United Nations Convention on the Rights of the Child UN Optional Protocol to the Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment		
Appointed Members	Commissioner (sole) – appointed by Governor General on recommendation of responsible Minister for a term not exceeding five years, but may be reappointed.		
	Dr Cindy Kiro – appointed 1/09/2003 term expires 31/08/2008. Term extended until April 2009.		
Key Functions	By statute: • Inquires into and reports on any matter relating to the welfare of children by investigating any decision or recommendation made, or any act done or omitted in respect of any child. • Monitors Child, Youth and Family and other persons, bodies and organisations exercising a function or power conferred by the Children, Young Persons and Their Families Act 1989. • Advises the responsible Minister on any matters relating to the administration of the Children, Young Persons and Their Families Act 1989. • Promotes public awareness of children's rights and issues relating to the welfare of children and young people. • Advocates for and on behalf of children and young people. • Seeks children and young people's views on issues and enables their voices to be heard. • Promotes the development of policies and services designed to protect the interests, rights and welfare of children and young people. • Raises awareness and understanding of the Convention and advances and monitors its application by departments of State and other instruments of the Crown.		

	• Promotes the establishment of accessible and effective complaints mechanisms, in key agencies, for children and young people and monitoring the nature and level of complaints. • Undertakes research into matters relating to the interests, rights and welfare of children and young people.

Appendix 3: The United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child (the Convention) was adopted by the General Assembly of the United Nations in 1989. The Convention has been used as a tool for child advocacy around the world for nearly 30 years. Within 20 years of its adoption by the General Assembly it was ratified by almost all nation states. Today, the Convention has been ratified by all but two nations (Somalia and the USA).

The Convention is a broadly agreed standard against which to judge law, policy and practice as it affects children and young people. It can prompt States to consider how to best serve children and young people in their family and community contexts to assure a healthy child-rearing culture.

The Convention recognises the fundamental importance of the family to the growth and wellbeing of children and young people and the right of parents, families and caregivers to guide children and young people in the exercise of their rights under the Convention.

UNCROC has 54 articles covering civil and political as well as economic, social and cultural rights. It applies to all children and young people under the age of 18. There are four key rights or principles within the Convention:

- non-discrimination – the rights in the Convention apply equally to all children (Article 2)
- best interests – in all actions concerning children, the best interests of the child shall be a primary consideration (Article 3)
- right to life, survival and development – every child has an inherent right to life and States Parties to the Convention are obliged to ensure to the maximum extent possible the survival and development of the child (Article 6)
- participation – all children have the right to express their views on matters affecting them and to have those views given due weight in accordance with the age and maturity of the child (Article 12).

New Zealand ratified the Convention in 1993. It is referenced in New Zealand's case law and informs submissions to the legislature and government agencies.

Children's rights have underpinned the work of the Office of the Children's Commissioner since its inception under the Children, Young Persons and Their Families Act 1989. The Children's Commissioner's Act 2003, now requires the commissioner to have regard to the Convention when exercising functions and powers. The Convention is attached to the legislation as a schedule.

The New Zealand Government entered three reservations to the Convention relating to:

- minimum age for employment
- age-mixing in prisons
- access to services for children and young people illegally in New Zealand.

While work has been undertaken towards removing these reservations, at the time of writing they remain in place.

The United Nations Committee on the Rights of the Child (the Committee) is the monitoring mechanism for implementation of the Convention by its States Parties. The Committee also monitors implementation of two optional protocols to the Convention

(involvement of children in armed conflict and sale of children, child prostitution and child pornography). All States Parties are obliged to submit regular reports to the Committee on how the rights are being implemented. States must report initially two years after signing the Convention and then every five years. The Committee examines each report and addresses its concerns and recommendations to the State Party. New Zealand provides three reports to the Committee; a government report collated by the *Ministry of Youth Development,* a report from the non-government organisation *Action for Children and Youth Aoteoroa* and a report that I prepare using information from government and non-government sectors. The UN Committee is due to consider the status of New Zealand's children, with reference to these three reports, in 2009.

Appendix 4: Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT)

Inspired by the European Convention against Torture, OPCAT aims to: "establish a system of regular visits undertaken by independent and national bodies to places where people are deprived of their liberty, in order to prevent torture and other cruel, inhuman or degrading treatment or punishment" (Article 1).

The Convention requires member states to take effective measures to prevent torture or degrading treatment within their borders. The text of the Convention was adopted by the United Nations General Assembly (UN) on 10 December 1984 and came into force on 26 June 1987.

New Zealand ratified the convention on 10 December 1989. OPCAT was adopted by the United Nations in 2002, and opened for signature in February 2003. It was added to the original convention to help member states to implement their existing obligations to prevent torture.

The optional protocol provides for a two-pronged approach to prevent torture. First, it establishes a new international entity, which is the Sub-committee against Torture. Second, it obliges each member state to establish one or more National Preventive Mechanisms (NPM) to visit places of detention within the state and to enter into a cooperative dialogue with the key agencies in order to help them ensure that torture does not take place.

New Zealand ratified OPCAT in March 2007 and the Children's Commissioner's office was designated an NPM.[33] Each NPM is responsible for monitoring different places of detention and the office is specifically responsible for Child, Youth and Family residences. Child, Youth and Family has established nine residences under Section 364 of the CYPF Act: Three Youth Justice residences and six Care and Protection residences. The office's role as a NPM overlaps with its statutory responsibility to monitor the policies and practices of Child, Youth and Family generally.

Specifically the visits review:

- Treatment: identifying any incidents of torture and ill treatment, the use of isolation and of force and restraint
- Protection measures: registers, provision of information, complaint and inspection procedures, disciplinary procedures
- Material conditions: accommodation, lighting and ventilation, personal hygiene, sanitary facilities, clothing and bedding, food
- Activities and access to others: contact with family and the outside world, outdoor exercise, education, leisure activities, religion
- Health services: access to medical care
- Staff: conduct and training.

[33] The Office of the Ombudsmen, the Office of the Judge Advocate General of the Armed Forces and the Police Complaints Authority are also designated as NPMs.

Management from Child, Youth and Family facilitate access to the residential facilities, the staff, residents and to written documentation. Issues identified are raised, in a written draft report, with the management of each unit. Child, Youth and Family senior staff have the opportunity to discuss the report with the NPM before the report is finalised. A final report on the visit is provided to Child, Youth and Family Services and an annual report on the issues that have been identified and Child, Youth and Family's response is presented to Parliament.

Appendix 5: Snapshot of the position of children and young people in New Zealand through the life cycle

0-3 years

- The infant mortality rate was 5.1 per 1000 live births in 2006. This is down from 7.1 per 1000 live births in 1997 and 14.2 per 1000 in 1977. Despite these significant decreases, comparable countries are doing better than New Zealand.

- Sudden Infant Death Syndrome (SIDS) is the leading case of mortality for babies. Infants under one year have the highest rate of child homicide victimisation.[34]

- In 2001, there were on average 31.6 births to females under 20 per 1000 females. New Zealand had the fourth highest teenage pregnancy rates among 30 OECD countries in 2004-6. Rates are higher for Maori and Pacific infants and those in deprived areas.

- Seventy-one percent of children are fully immunised at age two years. While this is a significant increase in the past 15 years, it is still lower than the OECD median. Rates are lower for Maori infants.

3-14 years

- Participation in early childhood education has increased over the past decade, although ethnic and regional differences are evident.

- There were approximately 90,000 children between 0 and 14 years in 2006 who had a disability that limited their activities. Just over half of these children had been living with their disabilities since birth; almost a quarter had disabilities resulting from disease or illness, and three percent had disabilities resulting from accidents or injuries. Maori boys have the highest disability rate of all groups at 17 percent.

- Of 5-14 year olds, 8.14 percent were obese in 2006/7. Rates are also significantly higher among Maori and Pacifica children and young people than Pakeha children and young people.

- New Zealand ranks poorly against comparable countries for child death from accidents and injuries. Deaths and injuries from motor vehicle crashes have declined substantially from 1986 - 2000. There is little change since 2002 with highest rates for Maori males. They are still the leading cause of injury-related death for children from 1-14 years.

Education

- New Zealand children aged about nine years have demonstrated high average rates of reading on international tests – girls perform better on average than boys and Maori and Pacific Island children have lower average scores than others. Although

[34] Craig. E., Jackson, C., & Han, D.Y. (2007). *Monitoring the health of New Zealand children and young people*. Paediatric Society of New Zealand & Child and Youth Epidemiology Service, University of Auckland.

the average is relatively high, there are big disparities between high and low achievers in schools.

- Most New Zealand students also perform well at 15 years in international tests of reading, mathematics and science literacy, although Maori and Pacific students have consistently lower average scores. The big disparities between high and low achievers in schools remain.

- Two-thirds of school leavers in 2007 gained NCEA level 2 qualifications, although Maori and Pacific students did not fare as well as their peers.

- Between 2004 and 2006 truancy rates for all ethnic groups increased with the largest increase of 17 percent occurring for Maori students.

Youth offending

- There were 1591 police apprehensions per 10,000 14-16 year olds in 2006. The total number of police apprehensions of this age group per year has remained stable since the mid 1990s, although there has been an increase in the proportion of violent offences.[35]

- Approximately 20 percent of young offenders commit about 80 percent of offences. About five percent youth offenders can justifiably be described as hard-core serious offenders. Of these hard-core young offenders, 85 percent are male and more than half are Maori. The majority have drug and alcohol problems, many have a history of child abuse and neglect and are not enrolled or engaged in schooling.[36]

Mental health including bullying

- A growing body of literature reports that bullying by pupils and teachers continues to undermine the safety of some New Zealand children.[37] (Adair, 1999; Adair, Dixon,

[35] Ministry of Justice (2007). *A summary of Youth Statistics in New Zealand: 1992-2006.* Wellington: Ministry of Justice.
[36] Smith, M. (2007). *Investigation into issues involving the Criminal Justice Sector.* Wellington: Ombudsman.
[37] Adair, V. (1999). No bullies at this school: Creating safe schools. *Childrenz Issues, Journal of the Children's Issues Centre, 3*(1), 32-37; Adair, V. A., Dixon, R. S., Moore, D. W., & Sutherland, C. M. (2000). Ask your mother not to make yummy sandwiches: Bullying in New Zealand secondary schools. *New Zealand Journal of Educational Studies, 35*(2), 207-221; Adolescent Health Research Group (2007). *Students' experiences of violence. Youth2000 survey*. Author: University of Auckland; Barwick, H., & Gray, A. (2001). *Analysis of submissions by children and young people to the Agenda for Children: Children's Discussion Pack.* Wellington: Ministry of Social Development. Also available from www.msd.govt.nz (Under Agenda for Children); Browne, J., & Carroll-Lind, J. (2006). Relational aggression between primary school girls. *Kairaranga. Weaving Educational Threads, Weaving Educational Practice, 7*(1), 20-29; Carroll-Lind, J. (2006). *Children's perceptions of violence: The nature, extent, and impact of their experiences*. Unpublished doctoral thesis. Massey University: Palmerston North; Carroll-Lind, J., & Kearney, A. (2004). Bullying: What do students say? *Kairaranga, Weaving Educational Threads, Weaving Educational Practice, 5*(2), 19-24; Human Rights Commission (2007). *To be who I am. Report of the inquiry into discrimination experienced by transgender people.* Auckland: Human Rights Commission; Maxwell, G., & Carroll-Lind, J. (1997). *The impact of bullying on children.* Occasional Paper No. 6. Wellington: Office of the Commissioner for Children; Nairn, K., & Smith, A. B. (2002). Secondary school students' experiences of bullying at school – and their suggestions for dealing with it, *Childrenz Issues, 6*(1), 16-22; Nairn, K., & Smith, A. B. (2003). Taking students seriously: Their rights to be safe at school. *Gender and Education, 15*(2), 133-149; Raskauskas, J., Carroll-Lind, J., & Kearney, A. (2005). Text-bullying: Is it related to relational or verbal aggression? *SET:*

Moore, & Sutherland, 2000; Adolescent Health Research Group, 2007; Barwick & Gray, 2001; Browne & Carroll-Lind, 2006; Carroll-Lind, 2006; Carroll-Lind & Kearney, 2004; Human Rights Commission, 2007; Maxwell & Carroll-Lind, 1997; Nairn & Smith, 2002, 2003; Raskauskas, Carroll-Lind, & Kearney, 2005, 2006; Sullivan, 2000; Watson et al., 2003).

- A national survey of New Zealand children and young people, aged 9 to 13 years, with a representative sample of 2077 children from 28 randomly selected schools of various sizes, geographic areas and socio-economic neighbourhoods, compared children's experiences of physical, sexual and emotional violence. Of the three forms of violence, emotional violence (bullying) was found to be the most prevalent form of both direct and indirect (witnessing) violence and to have more impact on children and young people than physical violence. In this study 80 percent of the children and young people reported direct experiences of emotional violence and 88 percent reported witnessing emotional violence against other children and young people. Nearly three-quarters of the children and young people (72 percent) stated there is "some" to "a lot" of bullying at their schools and was the main reason why children and young people said they did not like school (Carroll-Lind, 2006).

- Data from the What's Up? telephone counselling service[38] reveal a range of problems experienced by children under 13 years, including: bullying, family relationships, grief, pregnancy, assault, sexual, physical and emotional abuse, neglect, homelessness, domestic violence, study, and authority conflict. The 2007 What's Up? statistical summary shows a long-term trend of increasing calls about bullying and an increase in the severity of bullying reported. Bullying was the second most frequent reason children and young people call What's Up? and the most frequent reason children aged five to 12 years used the service. Between September 2001 and May 2008, for callers aged 13 or younger, there was a total of 4830 phone calls about bullying, which was almost four times as many calls as the next most frequent problem (family relationships).

- Pilot sessions with six- to 15-year-old children and young people in the Auckland District Health Board (ADHB)'s Listening to Children Project[39] revealed mental health issues, including: peer pressure, self-harm, mood swings, 'emo' identity, relationships, self-esteem, puberty, and rebelling. Children expressed concern about the lack of adequate health provision in the school environment. Young people aged

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Research Information for Teachers 3, 7-10; Raskauskas, J., Carroll-Lind, J., & Kearney, A. (2006). Multiple peer victimization in New Zealand: Relations to bullying behaviour. *New Zealand Journal of Educational Studies, 41*(2), 349-366; Sullivan, K. (2000). Bullying in schools. Issues for New Zealand teachers. *SET, 2,* 39-43; Watson, P. D., Denny, S. J., Adair, V., Ameratunga, S. N., Clark, T. C., Crengle, S. M., Dixon, R. S., Fa'asisila, M., Merry, S. N., Robinson, E. M., & Sporle. A. A (2003). A health profile of New Zealand youth who attend secondary school. *New Zealand Medical Journal, 116*(1171). Retrieved: http://www.nzma.org.nz/journal/116-1171/380/

[38] *What's Up?* is a free, professional telephone counselling service offered throughout New Zealand for children and young people aged between 5 and 18 years. See: http://www.whatsup.co.nz/

[39] In 2007, the ADHB launched the Listening to Children Project, an ongoing process to allow children to have input into the development of child health services. The project engages children aged 6 to 15 years from low, medium and high decile schools in the ADHB region and covers a range of health topics, including social and emotional wellbeing.

13 to 15 were concerned about the lack of school-based mental health service provision.[40]

- A recent survey of 307 Resource Teachers: Learning and Behaviour (RTLBs)[41] across New Zealand revealed concerns about the length of waiting time before accessing DHB mental health services, with some areas having waitlists of up to 12 months. Many of the RTLB referrals included multiple presenting issues. Emotional/ behavioural difficulties were the most common presenting issue, followed by parenting/attachment/family dynamics issues, and then diagnosis of developmental disorders. A significant number of referrals involved self-harm and suicidal ideation. Many referrals involved young children in early primary school; 30 per cent of referrals were made for students in Years 1 and 2.

Child abuse and neglect

- During the 1990s, New Zealand ranked 5th highest among developed nations for its child maltreatment death rates.[42]

- New Zealand Health Information Service data shows that between 1995 and 2004 (inclusive) intentional assault resulted in hospital admission for 443 children aged under five years, almost one child every week. More than half (58 percent) of these children were aged under one year, and over three-quarters (77 percent) were aged under two years. In the same time period 51 children aged under five years died as a result of assault. Almost half (49 percent) of these children were aged under one year, and over two-thirds (69 percent) were aged under two years.

- The absolute number of notifications to Child, Youth and Family that require further investigation has increased from 22,868 in 2000/01 to 44,436 in 2008.[43] These numbers continue to increase. It is not known with certainty whether this reflects increased awareness of abuse and neglect alone or increased awareness coupled with increased incidence. Child, Youth and Family however, consider it to be the former. Certainly, increased awareness by the Police of the impact of violence against women and children has led to some of the increases in notifications.

- During 2006, children were present at 51.5 percent of the 61,743 family violence incidents attended by Police.

- Emotional abuse and neglect are consistently the most common categories of substantiated cases in New Zealand and in comparable countries.

Poverty

- Child poverty rates in New Zealand, while declining, are still above the average of other developed countries. In 2006/07 230,000, or 22 percent, of New Zealand's

[40] Dixon, R., Goldson, J. & Widdowson, D. (2007). *Child Health Consultation: Children's view of health.* Auckland: University of Auckland.
[41] New Zealand Resource Teachers: Learning & Behaviour Association Membership Survey, 'Students with mental health needs.' Term 1, 2008.
[42] Unicef, 2003 – ref?
[43] 2000/01 figures from Child, Youth and Family Annual Report. 2008 figures from Ministry of Social Development.

children were living in households with incomes below the 60 percent median income poverty line, after taking housing costs into account. This is more than the entire population of North Shore City (205,605) or the Manawatu-Wanganui region (222,423) and means one adult and one child were living on $430 a week before housing costs.[44]

- Of these children, 170,000, or 16 percent, live in households with incomes below the 50 percent median income poverty line, after taking housing costs into account. This means one adult and one child were living on $355 a week, before housing costs.[45]

- Child poverty is unevenly distributed across society. For children living in sole-parent families, the rate of poverty (49 percent) is five times as high as that for children in couple households (nine percent). Poverty rates are also significantly higher among Maori and Pacific Island children than Pakeha children.[46]

- Forty percent of children and young people with disabilities (involving moderate or high needs) live in dependent or super annuitant families.[47]

- The poverty rate for children and young people in households where there is no full-time worker is six times higher than for those where at least one adult is in full-time work.[48]

- Of the children and young people aged 0-15 years in 2006, 17 percent were living in crowded houses. Although there were wide regional differences, Pacific children and young people were more at risk of living in crowded conditions.

- In New Zealand, a child growing up in a low-income household has on average a 1.4 times higher risk of dying during childhood than a child from a high-income household. Children born into poverty are more likely to be born prematurely, to have a low birth weight and to die before the age of one.[49] A poor child is three times more likely to be sick, and hospitalisation rates for children from low-income areas are significantly higher than for those from wealthier areas.[50]

- Children and young people are more likely than adult New Zealanders to live in poor areas. Thirty-nine percent of all births in 2006 were in the three poorest areas (lowest NZ Deprivation Index decile areas). In contrast, only 7.7 percent of children and young people were born in the wealthiest areas.[51]

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[44] Fletcher, M. & Dwyer, M. (2008). *A Fair Go for All Children: Actions to address child poverty in New Zealand.* Wellington: Children's Commissioner and Barnardos.
[45] ibid
[46] ibid
[47] ibid
[48] ibid
[49] ibid
[50] Turner, N. & Asher, I. (2008). *Chapter 8: Health perspectives on child poverty.* In: Left Behind: How social and income inequalities damage New Zealand children. Child Poverty Action Group.
[51] Shaw, Blakely, Crampton & Atkinson, 2005.