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## **Submission to the Ministry of Social Development on *The Green Paper on Vulnerable Children***

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 51 nationally organised societies and national members. It has 23 branches throughout the country attended by representatives of those societies and some 150 other societies as well as individual members. NCWNZ's function is to represent and promote the interests of New Zealand women through research, discussion and action.

This submission has been prepared by the NCWNZ Public Issues Standing Committee after extensive consultation with the membership of NCWNZ with responses from branches, nationally organised societies and individual members.

### **Introduction**

The key message is stated as: The Government's vision for children is that every child should thrive, belong, and achieve. Most New Zealand children live this vision with the support of their parents, and family and whanau. About 15 per cent (approx. 163,000) of New Zealand children are at risk of not doing well.

To thrive, a child should be healthy, protected from harm, be able to keep themselves safe, and have their basic physical needs – food, shelter, and clothing – met. To belong, a child should be loved and supported; confident in their identity, language and culture; and have positive connections with friends and adults. To achieve, a child should develop strong foundations for lifelong learning; have the support they need to contribute positively to their own and New Zealand's future; to achieve in their own culture; and if Maori, to succeed as Maori. To thrive, belong and achieve, children need to be supported by caring parents, family and whanau, and networks.

Children should know who they are, where they belong, and who loves and cares for them. It is the individual child that is hurt, abused, or in pain. While there is much information in general about children, eg how many are in hospital, how many are truant, how many leave school with no qualification, information has to be particular for the individual child and not just aggregated information.

The individual child should be the focus, not the collective of children. The needs of each individual child are diverse and different. It was disappointing to see the discussion document identify areas exempt from discussion (economic, transport, health, and education

sector activities)<sup>1</sup> as these are integral to a child's wellbeing and part of the holistic picture needed when assessing a child's vulnerability. When social decisions have been made – when policy is set – it is an economic decision on how these will be funded. The social decisions that we make are the drivers to create value, and the economic decisions are how we achieve the greatest value.

There is a wide range of research material already published that should be drawn on for more information, eg:

Blaiklock AJ et al. 2002. *When the invisible hand rocks the cradle: New Zealand children in a time of change*. Innocenti working paper; no. 93. Florence: UNICEF.

Infometrics for Every Child Counts. 2011. *1000 days to get it right for every child: the effectiveness of public investment in New Zealand children*. Every Child Counts discussion paper; no. 2.

NZ Federation of Graduate Women. Hutt valley Branch. 2009. *Ending intergenerational dysfunction in NZ families: the importance of early intervention*. Available [01 Feb 2012] [www.nzfgw.org.nz/branch\\_news.html](http://www.nzfgw.org.nz/branch_news.html)

St John S, Craig D. 2004. *Cut price kids: does the 2004 'Working for Families' budget work for children?* Auckland: Child Poverty Action Group.

Wood E, Kunze K. 2004. *Making New Zealand fit for children: promoting a national plan of action for New Zealand children (violence, exploitation and abuse section)*. Wellington: UNICEF New Zealand.

## **Chapter 2: Share responsibility**

It is not the community or the individual who is responsible for the structural poverty caused by lack of jobs, low pay, inflexible working hours, poor housing or inadequate benefits. This is the responsibility of government. Money per se is not the problem.

Any resource mobilisation should target the alleviation of poverty.

### **What services and programmes could government agencies consider in a review of support for parents and caregivers?**

- Well child health service
- Paid parental leave of at least 12 months
- Te Puna Whairoa Children's Health Camp
- Early Start / Family Start programmes
- Information sharing by agencies

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<sup>1</sup> Every child thrives, belongs, achieves: the green paper for vulnerable children, p. 1.

- Highly skilled people in support roles
- Public Health nurses
- School Health nurses
- Social workers in schools
- Plunket
- Midwives
- Parental education
- Free health care for children
- Community-based services
- Whanau Ora
- Child Health and Welfare Trust
- Kiwi Family Trust
- What's Up telephone line
- The interconnectedness of services
- PHO nurses
- B4 School checks
- Truancy officers / visiting teachers
- Mandatory reporting

**Have government agencies got the balance right in supporting parents, caregivers, family and whanau to meet their responsibilities, while also protecting the needs of vulnerable children?**

When the balance is right there will be no deaths or injury through violence in the home.

Many agencies are risk averse, so any changes that are made should be introduced gradually. This would still lead to less child abuse and neglect of young children, and a reduction in the extreme behaviour in adolescence.

There need to be better protocols for speedy information transfer among agencies at local and national level – covering issues as diverse as housing, health, justice, courts, education, and social welfare.

**When should government agencies step in and intervene with families and whanau?**

Current legislation identifies the intervention points. The agencies need robust processes to ensure the correct analysis of information. Early intervention, with attention to small issues, could well prevent the manifestation or escalation of these issues.

Where there are a range of high risk factors present (eg prison or probation, alcohol or drug dependence, severe mental or physical health issues), especially if these are combined with more moderate risks such as low income, substandard housing, language barriers.

When health professionals, who have contact with the families in the first months of a child's life (and even pre-birth) identify at risk factors.

**How can government encourage communities to take more responsibility for the wellbeing of their children?**

Through sound social policy decision making that is supported with adequate financial planning. The policy decision precedes the financial planning.

**What barriers need to be removed to allow communities to take responsibility for the wellbeing of their vulnerable children?**

Longitudinal studies<sup>2</sup> have provided the basis to predict the types of families where it is more likely that a newborn will have their development compromised. The barriers that need to be reduced or removed include:

- mental health problems
- drug and alcohol abuse
- education levels
- violence
- poverty

**What can you do in your community to support or initiate community-led actions to support vulnerable children, and their families and whanau?**

The needs of each community will require a solution that fits that community.

Support can be given to pre-school breakfasts and food banks. Volunteers are required for most programmes (eg budget advice, refuges).

Local authorities can be encouraged to provide suitable recreational areas for children.

Raise awareness of the existing services, ensure they are accessible and encourage their use.

**Chapter 3: Show leadership**

Those who have first contact with the child – and this is generally health professionals – are key to identify the child who is at serious risk. Extended family, neighbours, teachers at all levels, sports coaches, church and club officials also have a responsibility for the children with whom they have contact.

The reporting of a suspected child at risk should be made simple through a freephone mechanism that would enable anyone to make a call that could be anonymous. The information is then passed to a well-resourced children's agency (currently Child Youth and Family, CYF) where it is speedily processed, with proper follow-up.

**How can an action plan help improve outcomes for vulnerable children?**

An action plan articulates the goals, provides the targets in an achievable timeframe and sets the accountability.

The action plan should encompass the wellbeing of all children from before birth to 17 years of age.<sup>3</sup>

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<sup>2</sup> eg Dunedin longitudinal study. 2005; Christchurch health and development study. 2005.

The plan provides the acceptance of the need for early intervention in the lives of the most vulnerable pre-school children. It should introduce suitable intensive early intervention programmes which can be used as the building blocks for future developments.

An Action Plan would ensure that children are school ready and on the way to meeting their potential at age 5.

At the macro level the action plan should be developed in partnership with community support groups. At the micro level the plan needs to build on local community strengths.

**What goals could the government include in a plan?**

Goals should include:

- widespread availability of early childhood education
- B4 School Checks
- parenting programmes
- Whanau Ora programme
- early intervention
- giving Maori communities the autonomy and funding to provide for their own needs in a culturally appropriate way
- free health care for children.

**What actions could be included in a plan?**

The plan should identify the areas of assessment for a child, eg health, emotional and cognitive development, and the timeframes for the assessments, eg pre-birth, and at ages two, five, thirteen and prior to leaving secondary school at 17<sup>4</sup>.

The requirement for interagency co-operation and community connectedness and the accountability for implementation of the plan.

**What could be the priorities for vulnerable children for the early years, for primary school-aged children and adolescents?**

The plan should focus on the pre-school years of 0-5. Solutions to problems in these years are of most benefit to the child and are the most cost effective.

**What do you see as the value of using legislation to underpin a Vulnerable Children's Action Plan?**

An action plan should not be enshrined in legislation; it needs to be a flexible and long term planning document.

**What other actions or principles would you like to see included in legislation?**

All legislation affecting children should uphold the best interests of the child – the child is paramount.

Legislation should also balance people's rights and responsibilities.

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<sup>3</sup> The Children's Commissioner, Cindy Kiro, suggested such a plan in 2006.

<sup>4</sup> Ibid.

New Zealand's commitment to international human rights instruments means there is a reporting process that the government and the NGO community should actively engage in as a means of monitoring New Zealand's progress in advancing the status of the child.

A review of the Privacy Act is required so that everyone involved with a child can interact and share information. The correct use of this legislation needs to be promoted and an effort made to educate those who misuse or overuse the provisions of the Act. Many felt that this Act is misused, and some even refer to it as the Secrecy Act.

Legislation is required to set up a Commissioner for Children as an officer of parliament.

Some NCWNZ respondents consider it is time to undertake a review of the Children, Young Persons, and their Families Act 1989. There was support for the proposal from the Children's Commissioner for a Children's Act that introduces "specific and measurable reductions in child poverty and reducing inequalities in health and educational outcomes"<sup>5</sup>.

**Who could legislation require to report on national progress against an action plan?**

The Commissioner for Children.

The legislation should also identify the frequency of the report.

**What things could be included in such a report?**

The advancement against the plan, including a "climate change" report that identifies the changes since the previous report.

Trending over a five year period.

Analysis of why initiatives have been successful or unsuccessful in a community.

## **Chapter 4: Make child-centred policy changes**

There was much discussion on defining vulnerability. The use of categories to define children was seen as a disadvantage. Ethnicity, for example, should not be the sole determinant of vulnerability, nor is being the child of a sole or unemployed parent.

Each child should be treated as an individual.

**Do you think the government should provide more targeted services for vulnerable children? If yes, from where should funding be taken?**

OECD data on the wellbeing of children in the OECD countries shows that New Zealand has one of the lowest child outcome indicators accompanied by one of the lowest levels of public spending per child. Norway, Sweden and the Netherlands have the best child outcomes, and higher levels of investment per child to achieve their result.<sup>6</sup> Netherlands achieves its result for half the investment of Norway and Sweden. A study on how the Netherlands achieves this

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<sup>5</sup> Children: a newsletter from the Office of the Children's Commissioner, no. 78(2011): p. 3.

<sup>6</sup> OECD. 2009. *Doing better for children*.

could assist New Zealand to introduce more cost effective investment in children. An analysis of the OECD has also indicated that concentrating investment on those under six years of age is more cost effective than investing in older children<sup>7</sup>.

It would seem reasonable to target proportionally more resources to those under six years of age, with the most vulnerable children in this age group being given the highest priority for early, specialised intervention.

Funding should not be diverted from successful programmes.

The use of government funding for non-essential services (eg Rugby World Cup, yachting) should be re-evaluated.

Education and health services should be fully funded – there should be no need for “voluntary” fees in schools.

**Should the government reprioritise spending to provide more early intervention; that is, more services for younger children and/or services for children that address problems as they are beginning to surface?**

In discussing the priorities for meeting the needs of vulnerable children, many of the NCWNZ respondents referred to Maslow’s Hierarchy of Needs (physiological, safety, social, esteem and self-actualisation) or as someone succinctly expressed it – food, shelter, clothes, comfort and love.

There needs to be a long term commitment from future governments and secure funding for the programmes.

Existing services should be evaluated, duplications addressed, and prioritised and then funding allocated.

Government funding should be channelled through those best equipped to assist those in need.

New funding should be provided.

Early intervention is a form of crime prevention.

**If so, from where should funding be taken?**

There needs to be a balancing so that no children are living in poverty or inadequate housing.

There needs to be a universal basic income that is inflation proofed.

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<sup>7</sup> Infometrics for Every Child Counts. 2011. 1000 days to get it right for every child: the effectiveness of public investment in New Zealand children. Every Child Counts discussion paper; no. 2.

As changes in other government services bring reduce costs, the money should be diverted to fund programmes for vulnerable children, eg:

- The transition in the prisons to introduce double bunking appears to have progressed smoothly so far, providing a reduction in prison costs and future investment requirements.
- Current reforms and efficiencies being sought in the justice system, especially as fewer young adults would be expected to have contact with the Courts or Corrections systems.
- Efficiencies with the Ministry of Social Development.
- Cost effective relationships between departments.
- An overhaul of the tax and welfare systems. These systems should be complementary, but each has grown in an ad hoc manner and they have diverged from their original principles.
- Increase taxes in a way that would prevent tax avoidance for those who are in high income groups.
- Increase the age of eligibility for superannuation to 67 over time and divert the savings to services for vulnerable children. If we don't invest more in our children, the funding of future superannuation is even more likely to be unaffordable.

Alternative models of funding and implement policies that deal with complex problems that can only be solved over the longer term, eg programmes like Family Start and Whanau Ora.

Funding should be moved from non-essential services such as major events (rugby, yacht racing).

A greater share of the levy on alcohol could be used to fund prevention programmes.

**What priority should the government give to the families and whanau of those caring for vulnerable children when allocating services that impact on the children they are caring for?**  
The safety of the child is the priority.

Vulnerable children should be seen as part of a family. If they are to be given the highest priority for assistance this means that the adults caring for them should be given the same priority and receive any services they need before those who don't have vulnerable children.

Funding for staff training and good quality evaluation are as essential as funding for delivery of the programmes. The focus should be on achieving outcomes for families that show increased wellbeing and better family relationships. The Family Partnership Model should be considered<sup>8</sup>.

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<sup>8</sup> Families Commission. 2009. *An exploration of the Family Partnership Model in New Zealand*. Available [18 Feb 2012] <http://www.nzfamilies.org.nz/research/family-partnership-model/an-exploration-of-the-family-partnership-model-in-new-zealand>

**What services do you think should be included in this policy?**

Intensive, comprehensive, home-based support programmes like Family Start, which are accepted as necessary for the most vulnerable children and their families. Family Start should involve providing:

- Suitable housing
- Health services, including immunisation
- Education
- Drug and alcohol rehabilitation
- Family violence services
- Budgeting
- Early childhood education
- Parenting courses
- Needs of pre-school children
- Well child programmes

Many other services are being provided, and should be included. Also services such as respite care and other relief services for the carers, and health camps.

The policy should include services that address the two types of problem: dysfunctional parents, and parents who do not have the resources to provide for their children despite their best efforts (often but not always through poverty).

**When should adults who care for vulnerable children be prioritised for services over others?**

For vulnerable children to reach their potential, specialised on-going support from birth (or even before) is needed. The families of vulnerable children frequently have serious, multiple, complex problems which are usually of long standing. Most other children are brought up in families that need no extra help. A small number of families would need help and/or guidance from time to time. An Action Plan would ensure that these children are school ready and on the way to meeting their potential at age 5.

Fairness does not require everyone to receive the same services. Services should be directed towards those most in need as weighted against specific criteria for meeting the basic rights of life. Parental support is seen as a vital part of meeting a child's needs.

**How much monitoring of vulnerable children should the government allow?**

The responses to the question ranged from a reasonable amount of monitoring to the vulnerable child under six being closely monitored.

The families of vulnerable children under six are already known to many agencies. They could be assisted more effectively if all relevant information about them could be accessed more easily.

Any loss of family privacy caused by closer monitoring of children's progress has to be balanced against the rights of the child, maintaining the paramountcy of the child, the rights of the adults

in the family to privacy and the degree to which the adults are carrying out their responsibilities to care for the child.

As well as monitoring the individual child, programmes should be monitored to ensure the continuation of those that are having positive outcomes are continued.

Those who are being monitored should not be made to feel victims.

**Who should monitor vulnerable children and under what circumstances?**

Some of the NCWNZ respondents to this question believed that one agency should undertake the monitoring through a central database that is updated in real time. There are already databases in use for the surveillance of health needs that could be used as a model for such a central database.

Others believed that different people/agencies will need to undertake the monitoring. In the case of Family Start, the lead social worker who coordinates the services of other agencies assisting a child's family should have direct access to integrated information about the child. This would help trace the family if it moves, monitor the progress of the child and any contacts the adults might have with other agencies such as the police or CYF.

Whoever undertakes the monitoring needs to ensure protocols are in place to prevent misuse of information, and involve the Office of the Privacy Commissioner to ensure this.

**How can the possible negative consequences of increased monitoring be minimised?**

Through the use of protocols.

Care needs to be taken that a child and their family are not labelled for life. Labels invite prejudice, misjudgement and inappropriate interventions.

The families should be advised of the names of the agencies and people who are sharing the information about the child or family.

**What other mechanisms could be used to keep track of vulnerable children and their families and whanau?**

All New Zealanders have a national health number, which allows health professionals access to information about contact with the health system. Allied services such as Plunket and B4 School records should be linked to this. Good health and education information about all children born or receiving services in New Zealand are required in order to track their health and development progress and provide timely intervention. This information should already be available in different places and should be brought together.

Integration of data from a range of sources should only take place to update information about the families of specific vulnerable children and should not occur as a matter of course. Such sources could include:

- CYF records of contact with a child
- Early childhood education records
- WINZ information

- Housing NZ information
- Police records of callouts or contacts with the family.

**What information should professionals be able, or required, to share about vulnerable children?**

The United Nations Convention on the Rights of the Child is an important reference point for setting up procedures of access to information.

Evidence-based material should form the basis of the information shared.

While the information is shared between the professionals, it is only available to those who need to know.

**Under what circumstances should they share information?**

When a child appears to be at risk (their safety or welfare is being jeopardised), everyone should take steps to improve and protect the wellbeing of the child by sharing their genuine concern with other child-related services.

For evaluation and follow-up there needs to be checking systems in place in both early childhood and health sectors.

Information should be shared when there is a need to monitor a child and their family. There are a wide range of agencies that may need to share the information, and they may be different for each child. Protocols would ensure the appropriate mechanisms are used.

**Who should be able to share information, and with whom?**

The people engaged with providing services to the child – see answers to other questions.

**What else can the government do to make sure professionals and services have all the information they need to make the best decisions about services for vulnerable children and their families and whanau?**

Good recordkeeping is an essential requirement.

Training is required on the application of the Privacy Act.

Criteria need to set for the release of information.

There must be transparency and accountability in the systems used.

The government should be acting on the research that has been undertaken and reported on over the last decade, and even earlier.

**Chapter 5: Make child-centred practice changes**

**What can be done to improve or promote collaboration between professionals and services?**

The key is communication. Improved communication among the various agencies is essential to achieving better outcomes.

Part of communication is a willingness to listen to all the contributions of the professionals and caregivers involved with a child.

The appropriate use of the Privacy Act is fundamental to this process. Principle 10 enables the collection and use of information to prevent or lessen a threat to the life or health of the individual concerned.

Clear, written guidelines that articulate the accountability for collaboration.

An agency smaller in size than the existing Ministry for Social Development that can respond quickly and flexibly, working across disciplines.

Appropriate training and retraining. Training courses should be regularly evaluated. Professionals in all the disciplines necessary to support vulnerable children and their families need to be involved in the workforce for children and should be trained together.

**What principles, competencies or quality standards should be included in the minimum standards for a workforce for children?**

Practical experience as well as recognised professional qualifications.

A focus on achieving outcomes for children rather than outputs.

An ability to build respectful and trusting relationships with clients.

**Who should be included in a workforce for children?**

People from the health, education and social service professions.

People who are experienced in working with children.

People with an empathy with children.

**What other changes could be made to increase the effectiveness of those who work with vulnerable children?**

The provision of mentoring for both the professional and the family of the child receiving services.

**How can the government's frontline services better connect vulnerable children and their families and whanau with the services they need?**

Through better resource mobilisation. Frontline services need trained and experienced people and the associated costs for this should not be minimised.

The right to privacy for parents to bring up their children in their own way needs to be balanced against the rights of their children to be healthy and have the best opportunities to meet their potential. The child, who is not usually in a position to articulate their need, should be the focus.

The workforce should have training in developing respectful and trusting relationships with the children and their families.

Greater information sharing among the agencies connecting with the child.

**What services could be included in this action to better connect vulnerable children to the services they need?**

A distinction needs to be made between categories and labels. The use of categories guides the type of service that may be required. Professionals require training to do this with as close a degree of accuracy as possible. Once categorised, an individually designed intervention would always be required. Vulnerability is hard to define and means different things to different people.

An interdisciplinary approach is necessary, crossing boundaries and categories where appropriate.

Any service that is needed to redress the status of the child should be included. Some issues need to be addressed at a national level through public health actions (eg diminishing the effects of alcohol); others will address the individual needs of the child.

A system for tracking transient families to enable contact to be maintained. There are a number of systems maintaining data about the child – access to the data should only take place to track the families of specific vulnerable children.

Good information is required on the health and education of all children to monitor their health and development progress and provide appropriate and timely intervention. It is also required for reporting purposes.

**What other changes do you think could be made to ensure vulnerable children are connected to the services from which they would benefit?**

Universal health and development checks at various points in a child's life – at or before birth, and at ages 2, 4, 12 and 17. Stable funding and independent monitoring and reporting should produce the best result. The results of these checks should provide an opportunity for all appropriate service providers to connect with vulnerable children and their families.

**How could early childhood education centres and schools be better used as sites for delivery of a wider range of services?**

These are places where information should be made available, particularly where the school and early childhood centre are co-located.

The inclusion of programmes into the curriculum that promote the healthy child concept.

The Victory Community in Nelson and Pomare Primary School in the Hutt Valley were identified as examples of what could be achieved.

Staff and Boards of Trustees trained to take a human rights approach to programme development.

**What services could be better connected and how?**

Bureaucratic barriers need to be removed.

Positively promoting cooperation and information sharing between communities and the professional people who provide services to children and their families.

Providing services in venues in which the families feel comfortable.

**What other opportunities exist to deliver services more effectively for vulnerable children, and their families and whanau?**

There are many opportunities for the provision of family and child services within a community environment where there are maraes, Pacific Island churches, ethnic community centres, early childhood education centres, schools and community houses.

Provision of services in rural areas, particularly remote rural areas, is more challenging. Mobile units that combine social, health and family services could be used for visits to local community halls, where a range of programmes for parents and children could be offered during the visit. The local community needs to initiate such a programme.

**Conclusion**

The policies of past governments have created the large pool of vulnerable children (the 15%) that we have today. Therefore government has the main responsibility to remediate the situation. The complex and frequently longstanding problems of the 15% have taken a long time to build up. It will require cross party support for a long-term commitment to fund suitable quality programmes and monitor and adapt them for the individual child.

Children are New Zealand's main resource for the future. The focus must be on the needs of the individual child and be culturally appropriate. It is the adult members of society who cause the problems for many of the children.

Elizabeth Bang

National President

Beryl Anderson

Public Issues Standing Committee Convener