

## THE GREEN PAPER ON VULNERABLE CHILDREN POSITION OF THE CHILDREN'S COMMISSIONER

There is now a clear consensus among academics, practitioners and politicians from all parties that health, education and social outcomes for children in New Zealand are worse than they should be and we need to invest more in our children. It is clear that younger children are the most vulnerable and investment in younger children offers the greatest "return on investment". For example, the OECD report "Doing Better for Children"<sup>1</sup> notes the poor outcomes of New Zealand children relative to the rest of the world and that New Zealand spends less than the OECD average on young children and much less than it does on older children.

Defining who is vulnerable will be a difficult but important first step forward. I encourage those engaging in the debate and preparing submissions to give advice about how vulnerability should be defined. I also encourage officials preparing the White Paper to spend time developing a cross-agency, cross-sector approach to conceptualising vulnerability.

Total government funding should increase for children, and younger children in particular. Increased investment in early intervention also needs to occur. However Government faces a difficult challenge to improve outcomes for vulnerable children in the face of the most challenging economic conditions in a generation, an ageing population, increasing costs of interventions and increasing societal expectations of government services. Choices will have to be made. Government will need to consider its funding priorities to determine where the additional funding can be drawn from. Feedback from the public about New Zealanders' priorities gathered in the Green Paper consultation process should inform these decisions.

There are a number of key issues in the Paper that need in-depth discussion and I believe are essential to be addressed in the White Paper. These issues are discussed below using the headings of the Green Paper. Given the White Paper is likely to be a high-level, strategic document from which various streams of policy work follow, I have focused this document on identifying principles and areas where we may find consensus on what needs to happen to improve outcomes for children and young people.

### Share responsibility

The Green Paper asks the question, have government agencies got the balance right in supporting parents, caregivers and family and whānau to meet their responsibilities, while also protecting the needs of vulnerable children, and when should government agencies step in and intervene with families and whānau?

As the Green Paper states, children will thrive, belong and achieve – not in isolation – but as part of families and whānau. Children's wellbeing is inextricably linked to that of their parents, caregivers, family, whānau, hapū, iwi and communities.

My view is that the Children, Young Persons and their Families Act 1989 already provides a sound legislative platform for balancing the roles of family and whānau and children in as far as the care and protection system is concerned. However I believe more thought needs to be given to the issue of neglect.

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1 <http://www.oecd.org/dataoecd/20/42/43589854.pdf>. Accessed 16 September 2011.

### **Neglect**

Recent research undertaken by my office<sup>2</sup> found a number of challenges in tackling child neglect including a lack of a common understanding amongst agencies of the definition of neglect, limited understanding of its prevalence and impact on children, and an absence of information about preventive interventions.

Our report made a number of recommendations, including that the Ministry of Social Development, together with Child, Youth and Family, the Ministry of Health, the Ministry of Education and the Police:

- develop a shared definition of child neglect
- develop practice manuals and guidelines and
- develop information collation and case auditing practices.

My position is improved inter-agency focus on neglect including development of shared definitions, practice manuals and guidelines and information collation is needed.

### **The Role of Communities**

Deprived communities are characterised by high levels of benefit dependency, unemployment, low income, family breakdown, high levels of social dysfunction including crime, alcohol and drug abuse, low educational attainment and poor health outcomes. These communities also have strengths that are untapped and there are many community-led programmes funded to build on these strengths and address the above issues at a community level. However these programmes are sometimes not based on sound evidence, evaluated or sustained, and it is often difficult to demonstrate benefit.

Both New Zealand<sup>3</sup> and overseas<sup>4</sup> development programmes offer useful insights into effective funding of community development programmes. Initiatives like Whānau Ora<sup>5</sup> provide a vision for new ways of working at the local level. The UNICEF Child-Friendly Cities<sup>6</sup> approach offers a comprehensive approach to placing children at the heart of local government planning and this approach features in the new Auckland Council Draft Plan.<sup>7</sup>

My position is that Government needs to review its approach to investing in community-led development. Ministers should require all new investment in community-led development:

- Be based on sound evidence or have a clear theoretical underpinning (eg. UNICEF Health Cities approach, Ottawa Charter, Whānau Ora)
- Have a robust and appropriately funded evaluation built in from the beginning, including specific, measurable outcomes
- Be designed to reduce inequalities.

2 Mardani J (2010). *Preventing child neglect in New Zealand: A public health assessment of the evidence, current approach, and best practice guidance*. Wellington, Office of the Children's Commissioner. [http://www.occ.org.nz/publications/reports\\_documents](http://www.occ.org.nz/publications/reports_documents) accessed 20 September 2011.

3 Coggan C, Patterson P, Brewin M, Hooper R and Robinson E. Evaluation of the Waitakere Community Injury Prevention Project *Inj Prev* 2000;6:130-134

4 Development Assistance Committee (1997). *Evaluation of Programs Promoting Participatory Development and Good Governance: Synthesis Report*. Paris: OECD

5 <http://www.tpk.govt.nz/en/in-focus/whanau-ora/> . Accessed 16 September 2011.

6 <http://www.childfriendlycities.org/> . Accessed 16 September 2011.

7 *Auckland Unleashed: The Auckland Plan Discussion Document*. 2011. Auckland: Auckland Council. <http://www.aucklandcouncil.govt.nz/EN/AboutCouncil/PlansPoliciesPublications/theaucklandplan/Documents/theaucklandplandiscussiondocument.pdf> . Accessed 16 September 2011.

## Show Leadership

### ***Vulnerable Children's Action Plan***

I agree with the expectations set out in the Green Paper for a Children's Action Plan.

The Children's Action Plan will provide a framework upon which future policies and policy settings can be unified. In order for it to improve outcomes for children it should be focused on reducing inequalities, committed to furthering evidence-based policies and programmes and reflect the Government's commitments to all children under the United Nations Convention on the Rights of the Child (UNCROC) and specifically tamariki and rangatahi under the Treaty of Waitangi.

I believe seven core goals should sit at the heart of a Children's Action Plan. The goals reflect the Government's UNCROC obligations<sup>8</sup>, and would identify the responsible Government Ministries or Departments and the measures and targets to achieve those goals. (NOTE: the measures noted below are given as *examples only* and will require further analysis):

#### **Goal 1: Address child poverty**

- UNCROC Articles 6, 26, 27
- Accountable Ministry: Treasury, Social Development
- An agreed definition and measure of child poverty (eg. the proportion of children <18 living in households with incomes <60% of median income after housing costs, by ethnicity)
- 2-yearly targets to reduce child poverty.

#### **Goal 2: Protect all children from all forms of abuse and exploitation**

- UNCROC Articles 19, 32-36, 39
- Accountable Ministry: Social Development, Police, Justice, Education
- a measure of incidences of child abuse/offending against children
- a measure of incidences of domestic violence
- 2-yearly targets to reduce child abuse and domestic violence.

#### **Goal 3: Ensure that all children enjoy their rights to an education**

- UNCROC Articles 28, 29
- Accountable Ministry: Education
- Improved educational outcomes (eg. reduced suspensions, non-enrolled exclusions, non-enrolled truancy numbers, school leavers without qualifications)
- 2-yearly targets to improve educational outcomes and reduce educational inequalities.

#### **Goal 4: Ensure that all children enjoy their right to the highest attainable standard of health**

- UNCROC Articles 23-25
- Accountable Ministry: Health

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<sup>8</sup> Crossing these goals are general principles that apply to each:

- That the best interests of the child is a primary consideration in decisions that affect them
- The right to protection from discrimination
- The right to survival and development
- The right to be heard and participate in matters that affect them in a manner in keeping with their evolving capacity.

- Measures of inequalities in health outcomes. These could include measures, by ethnicity, over time:
  - of the effectiveness of the primary care system and primary-secondary integration
  - of the effectiveness of preventive systems, eg. vaccine preventable disease rates
  - that indicate the healthiness of the physical environment, where the interventions to improve health lie outside of the health system, eg. admissions with viral respiratory infections
  - that indicate the healthiness of the social and cultural environment, where the interventions to improve health lie outside of the health system, eg. non-accidental injuries
  - of adolescent health, eg. teen pregnancy, sexually transmitted infections, suicide, motor vehicle crashes, assaults
- 2-yearly targets to reduce health inequalities.

**Goal 5: Support parents and families and whānau in their primary responsibility in the upbringing and development of children**

- UNCROC Articles 9, 18, 19.2, 23
- Accountable Ministry: Social Development, Education
- Measures of special education needs including:
  - the proportion of children with severe learning difficulties, especially young children (eg. referrals to Ministry of Education: Special Education Service for learning difficulties, by ethnicity)
- 2-yearly targets demonstrating improved outcomes of programmes designed to increase participation in early childhood education and improve parenting skills
- 2-yearly targets to demonstrate improved outcomes for children with special education needs.

**Goal 6: Provide special protective and rehabilitative measures for all children involved in the care and protection system**

- UNCROC Articles 9, 20, 37, 39
- Accountable Ministry: Health, Social Development
- Measures of the effectiveness of the care and protection system, including care and protection and disability support services and ethnicity indicators
- 2-yearly targets demonstrating improved outcomes of:
  - the care and protection system, eg. permanency indicators
  - the disability system, eg. S141 referrals.

**Goal 7: Provide special measures for all children and young people subject to a criminal justice intervention or who are a victim of or witness to crime**

- UNCROC Articles 37, 39, 40
- Accountable Ministry: Health, Social Development, Justice
- Measures of effectiveness of rehabilitation or therapeutic approaches
- 2-yearly targets demonstrating improved outcomes of rehabilitation or therapeutic approaches for:
  - Children and young people subject to a criminal justice intervention
  - Children and young people who are victims of or witnesses to crime.

**Working with whānau, hapū, iwi and Māori leaders**

Reducing inequalities between Māori tamariki and rangatahi and other New Zealand children is most likely to occur through a working partnership between Government agencies and iwi, hapū and urban Māori organisations. While Whānau Ora is still in development as an approach and the full implications are yet to be understood, I believe it offers a genuine opportunity to progress this partnership. Whānau Ora promotes a wrap-around approach to service delivery and a partnership approach to working with whānau to address issues. It is therefore a practical reflection of the partnership between the Crown and Māori in Te Tiriti o Waitangi.

Governance, management and clinical leadership in Māori organisations needs continued investment. Proactive support, sensitive to local relationships, principles of good commissioning<sup>9</sup> and the principles of prioritisation, should underpin development in this area.

My position is that:

- Whānau Ora continue to be implemented, including a continued investment in evaluation
- An explicit commitment to developing governance, management and clinical leadership within kaupapa Māori organisations, using local relationships, principles of effective commissioning and the principles of prioritisation be made
- That the Children's Action Plan include a clear commitment to the principles of Te Tiriti o Waitangi.

**Pasifika Children**

I note that the Green Paper does not explicitly discuss strategies for supporting Pasifika children and their families and communities. Strategies that address the specific needs of Pasifika children will need to be mandated under the Children's Act and Action Plan.

I recommend that specific attention be paid to Pasifika children and their families and communities in the White Paper and the Children's Act and Action Plan.

**Make child-centred policy changes****Priorities for vulnerable children for the early years, primary school and adolescence**

I believe it will be difficult to get consensus across sectors on *which* programmes and services should be prioritised. Instead, I believe it is more realistic to attempt to find a consensus on *principles* for prioritising resource allocation.

Government should develop general principles for prioritisation and resource allocation that could include:

- High quality evidence of substantial benefit, including understanding of key success factors
- Applicability in the New Zealand setting
- Ability to reduce outcome inequalities
- Capability of providers to provide the service
- Systems to ensure fidelity to the evidence base
- Systems to ensure robust performance monitoring

9 Imison C, Naylor C, Goodwin N, Buck D, Curry N, Addicott R and Zollinger-Read P. 2011. Transforming Our Health Care System: Ten Priorities for Commissioners. London: The Kings Fund.

- Life course approach (services should fit within a continuum of services from pregnancy through antenatal care to early childhood, and through to adolescence and transition to adulthood)
- Suitability of the programme for the client group
- Where a problem is urgent and evidence is lacking, investment may still be appropriate when a robust evaluation capable of demonstrating that the intervention is or is not effective is included.

### **Targeted and Universal Services**

I note that the Green Paper focuses on the needs of vulnerable children only, rather than on all children. Targeted approaches are appropriate when the outcome of interest is concentrated in a narrow and readily identifiable group of children, and the intervention is most effective, or only effective or appropriate with that group, eg. child abuse and special education interventions.

For other issues, a universal approach is necessary, eg.:

- "Shifting the curve" may be a more cost-effective approach to reducing the problem of interest, eg. fluoridation of water supplies, immunisation, education.
- When poor outcomes are widely spread throughout the population, so focusing only on the most disadvantaged risks missing many who need the service
- To reduce stigmatisation. A standalone "child abuse prevention programme" is likely to be shunned by parents.

*Progressive universalism* allows provision or additional resource to those most in need within a universal programme and is already a feature of some New Zealand services, eg. the Well Child/ Tamariki Ora Framework and literacy support programmes within schools.

There is scope for increased investment in evidence-based programmes in all three groups – targeted, universal and progressive universal programmes.

I agree that Government provide more targeted services for vulnerable children, and younger children in particular. However, I recommend that Government maintain an investment in evidence-based universal and progressive universal programmes.

### **Where should funding be taken from?**

It is clear that Government will need to re-prioritise spending in order to invest more in vulnerable children. To determine which services to fund, a set of principles should be developed and applied to ensure the best outcomes are achieved.

I agree that funding should be reviewed and, subject to review, withdrawn from non-performing services or programmes to enable increased investment in vulnerable children to occur.

Principles upon which decisions to cease or reduce funding are made should include:

- There is credible evidence the service or programme causes harm
- There is credible evidence the service or programme does not provide a demonstrable benefit
- There is significant professional or public support to reduce or cease a programme.

Feedback from the public about New Zealanders' priorities gathered in the Green Paper consultation process should also inform these decisions.