Briefing for the Incoming Minister

Office of the Children's Commissioner

December 2011

Manaakitia a tatou tamariki
CHILDREN'S COMMISSIONER

INTRODUCTION

This briefing has been prepared to inform you of:

- The role and functions of the Children's Commissioner;
- The status of children in New Zealand and issues you may need to address during your term as Minister;
- My proposed priorities as Commissioner; and
- The work that my Office and myself undertake.

Introducing the Children's Commissioner

I am the current Children's Commissioner, an Independent Crown Entity, appointed by the Governor-General for a five year period that began on 1 July 2011. I am the sixth Children's Commissioner since the position was established as part of the Children, Young Persons and Their Families Act in 1989. Previous Commissioners were Dr Ian Hassall, Laurie O'Reilly, Roger McClay, Dr Cindy Kiro and Dr John Angus.

Central to my thinking about becoming Children's Commissioner was an agreement that I would continue my work as a paediatrician in the Hawke's Bay DHB, including on-call and outpatient commitments. In the main, I work in Wellington Mondays and Tuesdays and in the DHB Wednesdays to Fridays each week.

One of the first decisions I made was to engage Dr Jo Cribb as Deputy Commissioner. Jo is available to attend to many of the Commissioner responsibilities and I delegate responsibility to her when I am not available.

Legislative mandate of the Children's Commissioner

As Children's Commissioner, I have the statutory responsibility to ensure that children's and young people's rights, interests and welfare are upheld.

The Children's Commissioner's Act (2003) outlines the independence of my role and the functions and responsibilities of the Commissioner. I am required to promote the United Nations Convention on the Rights of the Child (UNCROC) and to ensure children's voices are heard and their participation encouraged in all areas which are relevant to them.

The Act gives me two main responsibilities:

- monitoring and investigating services delivered under the Children, Young Persons and Their Families Act 1989 (CYPF Act) and
- advocating for the best interests of children (0-17 years inclusive).

Monitoring and investigating

I am required to monitor policies and services delivered under the CYPF Act and investigate individual cases brought to my notice.

The Act does not say how I should do this and in practice almost all of the effort in this area has gone into monitoring the policies and practices of Child, Youth and Family. Services are delivered to children and young people under the CYPF Act by a number of other agencies (e.g., S396 providers) and some of those services are of an intrusive nature. I hope to be able to expand our monitoring role further over time, to have a close look at those services.

I have agreed on a framework with Child, Youth and Family that sets out how my monitoring role will be performed. My staff receive management information from Child, Youth and Family, and visit six to ten sites and all nine of their residences every year. Alongside this they also have regular contact with residence Grievance Panels and with site Care and Protection Resource Panels. Visits to Child, Youth and Family sites include sampling case records and discussions with children and young people, social workers, supervisors and managers, and a range of stakeholder groups who work alongside Child, Youth and Family. These include meetings with Police, DHBs, school principals, iwi groups, NGOs, Judges and lawyers and many others. They have invaluable opinions and insights into the services being delivered to children and young people in their area and help us form a view on what is going well and where the gaps are.

I report all findings to the Minister for Social Development and to Child, Youth and Family and I am confident that we have made a difference to practice in a number of areas.

Crimes of Torture Act:

I am also a National Preventive Mechanism (NPM) under the Crimes of Torture Act 2006. My role is to check children and young people held in the nine residences around the country (managed by Child, Youth and Family and, in one case, by Barnardos) are not subject to any cruel or inhuman or degrading treatment.

Each residence is visited to ensure they are safe environments. This work is reported on annually when we provide information to the Human Rights Commission for inclusion in their annual NPM report.

Advocating for the best interests of children

I am required to advocate for the best interests of children and young people. My staff and I do this in a number of different ways:

At an individual level:

The Office's Child Rights Line receives about 1,000 contacts each year, mainly from parents or other adults concerned about individual children. Common issues raised are concerns about bullying at school, school suspensions and expulsions, access to housing, concerns about Child, Youth and Family services and immigration issues, such as the status of children whose parents are overstayers.

Callers are provided with information and advice. For some, I advocate on their behalf to remove barriers, achieve results and generate action. Calls also provide a valuable source of information that allow us to identify systemic issues which I also work on to seek resolution.

A community worker contacted the Office on the Child Rights Line. She asked why there was no advocate for a child who came into the hospital with non accidental injuries – and whose family was not allowed to see them. There was no one to wash their clothes, no one to bring them treats or books or activities; they were on their own. The community worker was given a copy of the Paediatric Society's publication, The Rights of Tamariki/Children and Rangitahi/ Young People in Health Care. She was advised to talk with the hospital social worker and call a meeting with all concerned to ensure an advocate was found. She did this and is now working with the hospital to get a formal process in place for carers of all children in this situation.

At a policy and practice level:

My staff and I are engaged in a number of activities that seek to influence the policies and practice of government and local government. These include membership of inter-agency groups and taskforces, commenting on departmental papers and making submissions to Select Committees.

We encourage agencies to hear and include the voices of children in their decision making and promote UNCROC.

I regularly engage with key decision makers and leaders across the Public Service, State Sector, Voluntary sector, community leaders, Maori and Pacific communities and one to one to advocate for changes to policy and practice for specific children or on systemic issues.

At a political level:

My role is independent of Government and I do not report to a Minister, although my funding is provided through Vote: Social Development and my relationship with the Government is with the Minister for Social Development.

The Act which governs my role allows me to 'report, with or without request, to the Prime Minister on matters affecting the rights of children'.

The independence of my Office provides me with a mandate to challenge what Parliament, Government, Ministers as well as parents, families, communities and other institutions do.

I usually meet monthly with the Minister for Social Development and seek opportunities to meet with other Ministers and MPs, both in Government and in Opposition, to advance children's best interests.

Delivering an advocacy work programme

Driven from my concern for specific issues, my Office will embark on an ambitious advocacy work programme during your term. This will involve programmes of work in four areas: child poverty, child health, child abuse and neglect, and education. My proposed advocacy work programme is discussed in more detail in a following section.

SNAP SHOT - STATUS OF CHILDREN IN NEW ZEALAND

Children and young people make up a large part of New Zealand's population[1]. Just over one million of New Zealand's citizens are under the age of 18 years (26 percent of the population). Amongst New Zealand's ethnic groups, Māori and Pasifika[2] populations have much higher proportions of children within them.

The majority of New Zealand children and their families enjoy a high quality of life and experience good outcomes. This is reflected in New Zealand's high international ratings in comparative surveys measuring quality of life and in areas such as educational attainment.

However, a significant proportion of New Zealand's children do not experience the good outcomes the majority enjoy. The circumstances of these children are reflected in New Zealand's poor rating in international comparisons of child health and wellbeing and in our level of investment in young children[3].

Poverty is the common denominator amongst this group, within which Maori and Pasifika children are particularly over-represented. Children in the care and protection

system, children with disabilities, and children from refugee and migrant backgrounds also disproportionately experience poor outcomes.

The causes of the poor outcomes experienced by these children are complex and multi-systemic. However, when addressing this issue, four areas stand out as being of immediate and fundamental concern – child poverty, child health, child abuse and neglect, and education.

Following is a snapshot of outcomes for children within each of these four areas.

Child poverty snapshot

- *Income poverty* – The proportion of children aged 0-17 living below the income poverty line (measured at 60 percent of median household income) after housing costs are factored in stood at 25 percent in 2010[4]. By contrast, in 1986 the level was 10 percent. Poverty rates were highest for children aged 7-11 years, followed by children aged 0-6 years.

- *Living standards* – Hardship rates for children aged 0-17 years are higher than the overall New Zealand population and nearly five times those of the 65+ age group[5]. Fifty-one percent of Pasifika children and 39 percent of Maori children experience high levels of deprivation due to low family income[6].

- *Housing* – Approximately 50 percent of Pacifika children and 25 percent of Maori children live in overcrowded housing conditions, compared to 5 percent of European children. Overall, 44 percent of children who live in the most deprived areas live in overcrowded conditions[7].

Child health snapshot

- *International comparisons* **-** New Zealand's child health outcomes are poor by OECD standards, with some children experiencing rates of disease which are closer to those of developing countries[8,9]. New Zealand has high levels of death from injury, maltreatment, and suicide[10]. The decline in mortality rates over time has been less than in other nations and inequalities have persisted or even widened[11]. Compared with other OECD countries, New Zealand children experience especially high levels of infectious disease, injury and poor mental health.[12,13]

- *Large disparities* **-** There are stark differences in many child health indicators between population groups in New Zealand[14,15]. For example, the mortality rate for infants in our least deprived neighbourhoods is the same as the best-performing countries in the OECD[16]. However, the infant mortality rate in our poorest neighbourhoods is worse than that of all but two OECD countries. Children living in our most deprived neighbourhoods have disproportionately

high rates of unintentional injury, maltreatment, poor oral health, SUDI (Sudden Unexpected Death in Infancy), and higher hospitalisation rates for a number of conditions such as bronchiolitis, rheumatic fever and pneumonia[17,18].

- *Deprivation-related illness* **-** Hospitalisation rates for conditions related to social-economic deprivation (such as acute respiratory infections) have increased significantly between 2007 and 2010[19]. Pasifika children have by far the greatest number of admissions (approx 80 per 1000), followed by Maori children (approx 60 per 1000) with European and Asian children having significantly lower rates (approx 30 per 1000)[20,21].

Child abuse and neglect snapshot

- *Injuries from assault/neglect/maltreatment* **–** hospital admission rates for assault, neglect and maltreatment have declined slightly from 2000 to 2010. However, children who live in New Zealand's most deprived areas have rates of admissions under these grounds that are nearly six times that of those children living in the least deprived areas[22].

- *Mortality* **–** Mortality as a result of assault, abuse or neglect fluctuates from year to year. However, on average seven children die each year as a result of maltreatment. Between 2003 and 2008, 68 children aged under 19 years died as a result of assault. 11 of those were aged under 1 year-old and 12 between 1 and 4 years-old[23].

- *Child Youth and Family Intervention* **–** In 2010, reports of concern to Child, Youth and Family requiring further action numbered 55,494 cases and substantiated abuse was found in 26,129 (41 percent)[24]. Of these cases, emotional abuse was the most common, followed by behaviour/relationship concerns, neglect, physical abuse, sexual abuse and self harm[25]. The total numbers of child clients of Child, Youth and Family rose by over 30 percent from 2009 to 2010[26,27]. Approximately 46 percent of Child, Youth and Family child clients are Maori, 36 percent European and 10 percent Pasifika.

- *Exposure to family violence* **–** Numbers of police family violence attendances have steadily increased over the past four years, although the rate of increase has declined. Police attendances increased 8.5 percent from 2008/9 to 2009/10, down from 13.1 percent the previous year[28]. Children are present at the vast majority of family violence incidents attended by police[29]. Police estimate that only 18 percent of family violence incidents are reported.

- *Youth offending* **–** There continues to be a downward trend in the rate of police apprehensions of young people. However there are still concerning statistics that relate to an increase in the the number of apprehensions for violent offences; the overrepresentation of young Maori in the youth justice

system; and the fact that females now make up a larger proportion of the overall youth justice statistics[30].

Education snapshot

- *Early Childhood Education* - New Zealand has high participation rates in early childhood education. The most significant growth area is for the under two-year-old age group where I have both educational and health concerns about the quality of provision.[31] Participation rates for Maori and Pasifika children have increased significantly over the past decade but remain lower than for other ethnic groups[32].

- *Education – school* - The percentage of Maori and Pasifika children school-leavers without formal attainment dropped markedly from 1996-2007[33]. However, Maori students are over three times as likely to be suspended from school as European students[34]. Rates of unjustified absence for Maori and Pasifika students are twice that of other ethnic groups[35].

Issues for Maori children

As noted above, a high proportion of the Maori population are children - children aged 0 – 14 years make up 35.4 percent of the Maori population – and they bear a disproportionate burden of ill-health, poverty and neglect. Maori children are more than four times more likely to die from SUDI and twice as likely to die from youth suicide[36]. Māori children experience high rates of serious preventable diseases such as rheumatic fever, meningitis, serious skin infections, bronchiecstasis, injury, and abuse and neglect.[37]

Educational outcomes for Maori children, however, are steadily improving, associated with the establishment of initiatives such as Kohanga Reo, Kura Teina, Kura Kaupapa, Whare Wananga and more recently Whanau Ora. Early childhood education participation rates are improving, as are the rates of Maori school-leavers qualified to attend university and participating in modern apprenticeships.

Issues for Pasifika children

The Pasifika population in New Zealand is steadily increasing. Like Maori, Pasifika peoples are a youthful population, with 38 percent aged under 15 years at the time of the last census in 2006.

Like Maori children, Pasifika children experience disproportionate levels of poverty and ill-health. Pasifika children experience the highest levels of severe overcrowding and inadequate housing – a significant risk factor in their health outcomes.

Education outcomes are improving at both ends of the spectrum and it is notable that Pasifika initiatives such as aoga mata (early childhood language nest), and Island specific immersion classes at primary school level receive strong community and church support for early learning and children's languages and cultures. Participation rates in early education services have increased more than for all other ethnic groups, although remain significantly lower than other groups. [38]Attainment rates of NCEA 1 and 2 have increased by 24 percent in four years.[39]

Issues for refugee and migrant children

New Zealand's annual refugee quota includes many families with children. Refugee families face many challenges including language, culture, post-traumatic-stress disorder, bullying in schools,[40] poverty, unemployment and lack of family and community support.

Migrant children also experience a difficult transition. The major concern in relation to migrant children is when their parents become overstayers. These children are not able to access free medical health care, and until recently were not allowed to attend school. There is still a six month stand down before these children can attend school. It is impossible to know exactly how many are affected, however anecdotal information indicates the numbers are significant enough to be of concern.

Issues for children with disabilities

Approximately 11 percent of children (90,000) up to 15 years of age live with a chronic condition or disability.[41] There is a higher prevalence within Maori and Pacific populations.

The most common causes of disability are conditions present at birth (41 percent), followed by acquired conditions. Four percent of children use special education services and another four percent have a chronic health condition (severe asthma being the most common). Medical advances and a trend away from institutional care have seen an increase in the number of children with complex needs in the community.

Children and young people with chronic conditions and disabilities and their families face multiple challenges in accessing services and in participating in society. Specific issues relate to the limited availability of data to inform service planning; continuity and coordination between services; access to respite care; resourcing of caregivers, and difficulties with the transition to adult services.[42]

Issues for children in care

There are approximately 4400 children in state care at any one time. Inherently, these children are amongst the most vulnerable of all groups of New Zealand children. It is

therefore encouraging that this year, further government investment has been allocated over four years for the following areas:

- Extra Gateway Health and Education assessments
- Mental health services for children in care
- Early Childhood Education for children in care
- Parenting support services for foster carers.

The success of this extra investment for Children in Care will be assessed and reported on through the monitoring function of my Office and, in particular, through the monitoring team's visits to Child, Youth and Family site offices.

OPPORTUNITIES FOR THE INCOMING MINISTER FOR SOCIAL DEVELOPMENT

As the snapshots show, too many children in New Zealand are not getting the best start in life.

This concerns me for a number of reasons. Childhood is a critical period in life. This is a time of rapid brain and other organ development, crucial for laying the foundations for life-long health and well-being[43]. A child's development is strongly influenced by their social and physical environment, and their experiences and relationships early in life and during adolescence[44,45]. Early life is recognised as an important time for actions to break cycles of disadvantage and to reduce inequalities in health and well-being[46].

The consequences and costs of a poor start in life can be profound. The costs to an individual child and to society as a whole of not having a stable and secure childhood have been estimated at $6 billion (3 percent of GDP)[47]. Investing in the early years produces the greatest long-term benefit for health, educational and social outcomes for each dollar invested[48].

You are well positioned to make the important and substantial changes needed to address these poor statistics:

- By ensuring children are at the centre of your portfolio
- By implementing the changes outlined in the Green Paper on Vulnerable Children that seek to make children the centre of law, policy and practice and a priority in resource allocation decisions
- By working with your colleagues across Government and beyond to develop and implement a comprehensive, co-ordinated and enduring plan for children.

Specific initiatives and strategies will need to be developed for key areas of concern: children growing up in poverty, key areas of child health, child abuse and neglect, and

education. These strategies will only be effective if they take a long-term perspective and we find enduring, pragmatic solutions to these complex issues.

MY PRIORITIES

I will be focused and operate strategically to ensure I use the resources available to me in the best way possible. I can make the biggest contribution to the well-being of children and young people in New Zealand if I focus on a small number of priorities and work hard to make progress for children in these areas.

From my analysis of the key issues facing New Zealand children, I have identified four areas that I propose to be my priorities for the duration of my term as Children's Commissioner:

- Children growing up in poverty
- Child health
- Child abuse and neglect
- Education.

Each requires a different approach.

Priority areas for the Children's Commissioner

Children growing up in poverty

As you can see from the previous section, approximately 20 percent of children in New Zealand grow up in poverty. Child poverty has a powerful negative impact on children's well-being, but the causes are complex and there is little agreement about what mix of interventions will be effective to reduce child poverty. These factors prevent consensus and make solutions difficult to sustain beyond the three-year electoral cycle. I propose to work on this issue in partnership with credible academics and policy experts from New Zealand and overseas to find a sustainable and durable policy framework for New Zealand.

Child health

Again, as outlined in the previous section, too many children have poor health outcomes. Some poor child health outcomes will change little until poverty, household crowding, and second-hand smoke exposure improve. Other outcomes can be influenced by improving service delivery through better planning and commissioning of services, improved inter-sectoral collaboration, sharing innovation, improved use of quality improvement approaches and workforce development.

I am looking at re-commissioning the 'Scorecard' of child health services. This is a clinician-led process that develops standards for the planning and delivery of child health services and seeks feedback from each DHB on these issues. Clinicians independently assess the responses and grade them. When last done in 2004 by the Paediatric Society of New Zealand the results led to significant uptake of innovation, and better planning and delivery of services to children.

I believe New Zealand needs an annual *State of the Nation's Children Report*. The Report should bring together data from all relevant ministries to identify areas where public policy needs to focus and to identify areas doing surprisingly well. We can then learn from New Zealand examples of what works and share these innovations. I would like to explore this further.

Abuse and neglect

New Zealand's record of child abuse and neglect is shameful. We will make two contributions; firstly, continuing our role of monitoring services delivered by Child, Youth and Family and under the Children and Young Persons and Their Families Act.

Our statutory role to monitor Child, Youth and Family has become more focused over time and is very effective at supporting improved practice in Child, Youth and Family. We are currently working with Child, Youth and Family on improving service delivery in poor, rural sites; improving practice and supervision; better functioning grievance panels in Child, Youth and Family residences; standards of training for social work undergraduates and improved collaboration with health in particular, e.g., on the response to child witnesses to domestic violence.

Secondly, we will undertake project work focusing on prevention and early intervention for abuse and neglect. Some of these projects are already underway, e.g., child protection alert systems and the Memorandum of Understanding between Child, Youth and Family, DHBs and Police and involvement in the Taskforce for Action on Family Violence. Others still need to be negotiated with stakeholders, e.g., inclusion of child protection skills in undergraduate training of social workers.

Education

The final strand of my work over the next five years will focus on increasing engagement in education. While the majority of children are engaged in both compulsory and non-compulsory education, a significant minority are either missing out (in the ECE sector) or disengaging. Maori and Pasifika children's participation, in particular, needs improvement. My focus will be on advocating to the ECE sector on the importance of their role in building resilience in young children and families.

Underpinning strategies

Four strategies underpin the work in these priority areas and all work undertaken in the Office:

Promoting and raising awareness of UNCROC

My Office and I make a substantial number of presentations promoting the United Nations Convention on the Rights of the Child (UNCROC). New Zealand ratified UNCROC in 1993. Its articles provide civil, political, economic, social and cultural rights to all children and young people under 18. My Office also produces resources, leads training on UNCROC and provides advice to Parliament, Ministers, government agencies, and other organisations on progress towards its implementation.

Capturing children's voices

I aim to ensure children's voices feature in our advice and that decision makers are presented with the views of children. One mechanism for this is my Young People's Reference Group. This group of ten young people provides me with advice on issues, often after consultation with their wider networks. When the young people reach 18 years they leave the group and new members are recruited by advertising through schools and youth networks. The current members are a diverse group, representing different genders, ethnicities, religions and cultures.

Influencing decision makers

I influence policy through submissions, providing expert advice, and bringing a child focus to central and local government policy processes. We have a particular focus on the changes to local government in Auckland and the opportunities this presents for the interests of children and young people to be better met in the new arrangements. We have submitted to the Auckland Council and have met with the Mayor, Deputy Mayor, council officials and others as we progress this aim. As policy changes are considered over the next Parliamentary term, we will contribute our expertise and knowledge to such debates.

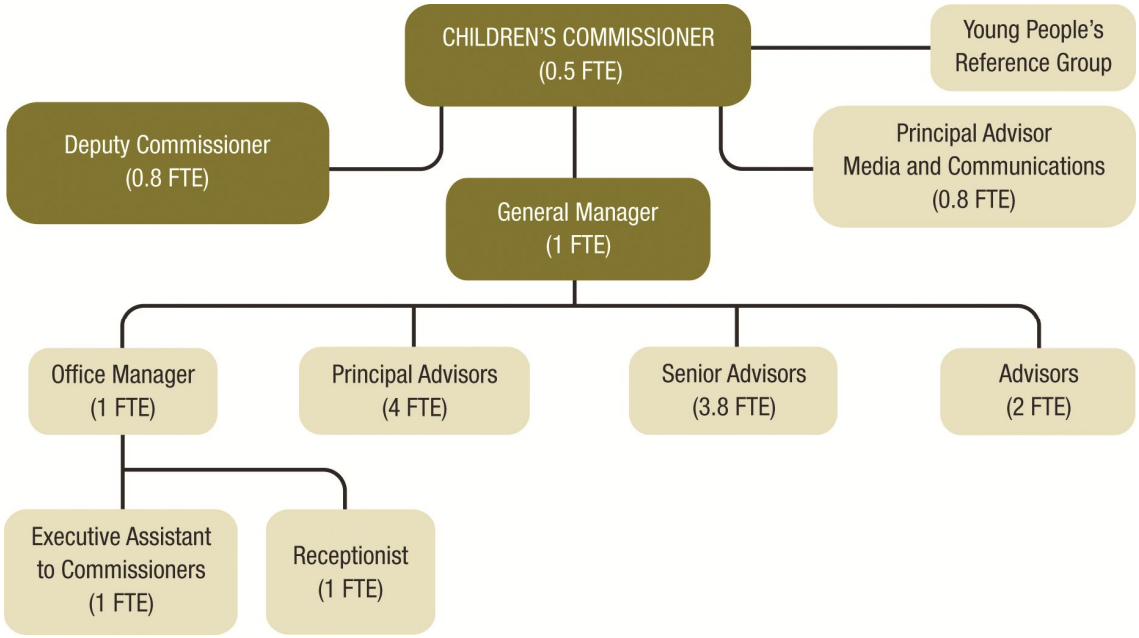
Effective communication

The Office manages a wide range of media inquires and I seek to influence the quality of debate about children in New Zealand. I have an active social media strategy aiming to engage a wide range of New Zealanders in key issues for children. At present, this includes a regular blog on issues covered in the Green Paper for Vulnerable Children.
We have developed a great deal of material which we print and distribute to individuals, government and non-government agencies and community groups. This material, much of it concerned with parenting, is in great demand.

Four times a year, the Office publishes *Children* which is distributed to 2,500 readers. As well as being part of our 'front window' the publication features articles from Office staff and invited experts.

THE OFFICE OF THE CHILDREN'S COMMISSIONER

To help carry out our role, the Deputy Commissioner and I have an Office of staff working with us. Currently the Office looks like this:



The Office staff are based in two locations – Wellington and Auckland. In both locations we rent space from the Families Commission, an arrangement which has allowed us to save on rent and amenities costs. The Wellington Office is home base to myself and the Deputy Commissioner and most staff, with one principal advisor and one senior advisor in Auckland.

Our management team consists of:

- Jo Cribb, Deputy Children's Commissioner;
- Audrey Barber, General Manager, who appoints, manages and supports Office staff;
- Rodney Farrant, Office Manager, who is responsible for the reporting systems, IT, finances and administration services; and
- Anna Santos, Principal Advisor, who manages our media and communications.

The three senior advisors who comprise our monitoring team are all qualified and experienced social workers. They are Zoey Caldwell, Tom Ratima and Marlane Welsh-Sauni.

We are ably assisted by Karen McKechnie, receptionist, and are in the process of appointing a senior administrator to replace the executive assistant.

Advocacy work is the focus of our Principal Advisors. All have been appointed for their expertise in particular areas. Currently, these are:

Dr Nicola Atwool – Principal Advisor, social sector
Dr Amanda D'Souza – Principal Advisor, health and disability
John Hancock – Principal Advisor, legal (Auckland)
Dr Sarah Te One – Principal Advisor, education

Michelle-Egan-Bitran (senior advisor, Auckland) also is advocacy focused, leading our work with the Auckland council.

Rebecca Blaikie (advisor, Wellington) supports the Young People's Reference Group, is responsible for the distribution of resource materials and oversees the production of the Office publication *Children*.

Sheryn Elborn (advisor) manages the Child Rights Line.

Many of our staff not only have specific sector and technical knowledge but are also skilled in ensuring children's participation in policy and practice and hearing children's voices.

REVENUE

	2010/2011 Actual $m	2011/2012 Budget $m		2010/2011 Actual $m	2011/2012 Budget $m
Operating Revenue	2.223	2.198	Net Working Capital	0.765	0.797
Operating Expenditure	1.989	2.139	Total Equity	0.796	0.852
Net Surplus / (Deficit)	0.234	0.059			

The Office is primarily funded by the Crown through Vote: Social Development with other income generated through interest and the sale of publications.

As a result of a permanent baseline transfer from the Families Commission, funding for the Children's Commissioner increased in 2009/10 and out-years by $0.4m (GST exclusive). Since this increase the Office has been operating at a surplus which has resulted in increased equity levels.

During 2009/10 the Office undertook an efficiency review with the Families Commission. The review resulted in savings for both entities in the 2009/10 financial year of $0.143m and $0.182m in the 2010/11 financial year. The major component of these savings is due to rent.

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