

CHiLD POVERTY ACTION GROUP

Green Paper on Vulnerable Children: Submission February 2012

Introduction

In August 2011 the government released its Green Paper ('GP') on vulnerable children,¹ with the stated aim of ensuring every New Zealand child "thrives, belongs, achieves." These are laudable aims, and a genuine commitment to achieving them would result in a significant improvement to the lives of many New Zealand children. However, as the paper is often narrowly focused on fiscal outcomes, with little regard to historical or other context as to the origins of those problems, there is doubt as to whether they can be achieved with this approach.

While the focus on vulnerable children has an immediate appeal – who doesn't want to improve the life chances for a vulnerable child? – there are significant issues in identifying which children are 'vulnerable' at any point in time, a point taken up below. Yet given the serious nature of the problem as stated, the process as set out displays a curious lack of urgency. The GP being commented on here is simply a discussion document: it is to be followed at an unspecified date by a White Paper outlining the Vulnerable Children's Action Plan. The GP website² gives no date for this, and makes no mention of what will happen thereafter.

Cabinet papers show the GP was originally conceived as an Action Plan for Children. This broader approach would have been preferable, acknowledging as it does that all children are vulnerable not only to personal violence and neglect, but also to economic and institutional violence and neglect. The Cabinet paper originally argued

¹ New Zealand Government, (2011) *The Green Paper for Vulnerable Children*. Wellington: New Zealand Government. Available www.childrensactionplan.govt.nz.

² Ibid.

that an Action Plan for Children would provide “a child-focused underpinning to a range of other initiatives across Government” (Office of the Minister for Social Development, 2011). A similar approach – the ‘whole of government’ approach – was mooted in the 2002 *Agenda for Children* (Ministry of Social Development, 2002), a government document that considered the issues facing children, and laid out a rights-based approach to dealing with them. Unfortunately the *Agenda for Children* was never properly implemented, although it still stands as a government policy document, and one that is considerably more comprehensive than anything outlined in the GP.

The Agenda for Children explicitly acknowledged child poverty as a key issue preventing many New Zealand children from enjoying the same opportunities as their better-off peers, and poverty continues to blight the lives of many thousands of children. It is poverty that the GP fails to adequately acknowledge and address, whereas the evidence clearly shows it is the greatest risk factor for economically and socially vulnerable children.

This submission proceeds as follows: a general discussion about the useful points made in the GP, followed by a discussion of its shortcomings and the contextual factors that need to be taken into account; and a chapter-by chapter analysis, with the questions for each chapter addressed at the end of this analysis. This submission concludes with the principles that need to be included in an Action Plan for Children, drawing on the existing Agenda for Children. CPAG’s responses to the questions in the GP are appended at the end of this submission.

Child Poverty Action Group submissions

- ***‘Vulnerable’ has not been defined, and the GP admits the group of vulnerable children is a moving target. Efforts to improve children’s wellbeing must include all disadvantaged children as efforts to pinpoint vulnerable families will necessarily involve monitoring, significant interference and for this reason are likely to be counter-productive.***
- ***The outcome of this consultation should be a Children’s Action Plan, as they have in Australia, and which acknowledges and specifically deals with issues such as housing, domestic violence, social isolation, low educational attainment, and poor health and disability impeding access to services.***
- ***Disadvantage and poverty must be acknowledged as the greatest potential threats to children’s physical and mental wellbeing, and their health and development.***
- ***The government must actively take steps to reduce childhood poverty in New Zealand consistent with its obligations under international conventions and the Treaty of Waitangi.***

- ***These steps must include greater overall spending on children, including spending on under-5s, as recommended by the OECD (OECD, 2009b).***
- ***Any effort to improve with children's wellbeing must include greater social spending across all sectors including income support, housing, education and health.***
- ***Provision of services to children must be on a universal basis to the greatest extent possible as this is most likely to ensure the wellbeing of children, and allow for easier identification of vulnerable children and communities***
- ***Specific institutions within communities have a role to play in the care and protection of children, however they must be adequately resourced. Families must not be left to the care of inadequately resourced communities and community groups.***
- ***The government has role to play in showing leadership through a genuine commitment to the UN Covention on the Rights of the Child, the Convention on Economic, Cultural and Social Rights, and the Treaty of Waitangi. This includes giving children a voice in matters that directly affect them, and a Child Impact Assessment for new and changed policies and legislation.***
- ***Policy-centred changes must address the child and family poverty that is at the heart of many children's vulnerability.***
- ***It is unjust and unethical to propose reducing services for some children in order to fund services for others, especially when no evidence has been provided that some children are receiving services they do not need.***
- ***CPAG does not support improved measures to share information. At present there is sufficient legal mechanisms to share information. Instead, existing agencies such as CYF must be strengthened, and family service providers a re adequately funded.***
- ***CPAG does not support mandatory reporting. There is little evidence it reduces the incidence of child abuse, it gives people an incentive to hide the abuse, and there is evidence it uses considerable resources in the process of substantiating reports.***
- ***Mechanisms currently exist for agencies to collaborate, and significant legislative change is not required to improve collaboration between agencies.***
- ***CPAG does not support withdrawing services for children while a children's workforce is developed.***

- ***While communities are often aware of the vulnerable families in their midst, they must be adequately funded and trained to provide appropriate services if they wish to do so. Otherwise, it is incumbent upon current institutions such as Child, Youth and Family to be funded to better work within communities to protect all children, and be relied upon to exercise their statutory responsibility should circumstances change.***
- ***Access to services can best be improved by greater provision of services such as ECE in low-income areas. As part of any Action Plan for Children, inequitable access to services must be addressed.***

Issues identified in the Green Paper

The GP correctly identifies a number of problems faced by vulnerable children, as well as some general principles to help guide an Action Plan for Children. The frontpiece by the Minister of Social Development (p.iii) explicitly states that children must “always come first and remain at the centre of our thinking,” a sentiment CPAG endorses. Similarly, CPAG applauds the Prime Minister’s statement (p.ii) that New Zealand needs to develop new, integrated solutions for children, and the recognition that improving the welfare of New Zealand children will take many years – that there are “no quick fixes”. Both of these principles have been recognised for many years although the first has never been implemented, and the second continues to be ignored in the political process.

The GP:

- Recognises that too many New Zealand children are not doing well
- Recognises communities and others have a role to play in helping raise children
- Recognises long-term impact of childhood experiences
- Has a stated commitment to preventing children becoming vulnerable
- Recognises there are no simple solutions, and that vulnerability can be the result of many factors, including poverty and having a disability or health problem
- Recognises that children need to have their basic physical needs met in order to thrive
- Acknowledges the importance of pre-natal health and the early childhood development
- Acknowledges international conventions on the rights of children, including disabled children
- Acknowledges the principles of the Treaty of Waitangi

- Recognises that New Zealand children are growing up in a complex world, one with a rapid pace of change, growing inequalities and that on a personal level, many children are dealing with competing cultures and expectations
- Commits to making child-centred policy and practice changes

These form a positive basis on which to take steps to improve children's wellbeing. However, the GP's stated commitment to improving outcomes for children, its acknowledgement of the time and complexity this involves and the requirements to attend to New Zealand's international obligations and the Treaty of Waitangi are undermined by the rest of the paper, which is predominantly focused on cost and service delivery.

Areas of weakness and inconsistencies

Focus on violence

The single greatest weakness within the GP is its inability to define 'vulnerable', a definition made more difficult by the acknowledgement that the population of vulnerable children changes as children's circumstances change. The GP states it is concerned about violence towards and neglect of children but almost all the examples it cites as contributing to vulnerability are to do with violence, particularly within the context of the home.

Children encounter other types of violence in their lives, including the violence of poverty and institutional violence. Key state institutions interacting with children include schools, Child Youth and Family, Work and Income, and the criminal justice system. In the context of dealings with children, institutional violence seldom involves physical violence; rather it involves the overt or insidious (and hence invisible) violation of their integrity, dignity and personal attributes including ethnicity, culture and gender. Every child living in overcrowded housing, going hungry through want of a food grant or who is stigmatised for being poor experiences the violence of poverty and state institutional indifference (O'Brien, 2011). Their long-term outlook is also compromised, even though they may not be in overt physical danger (although household overcrowding presents a number of clear health and physical risks (Baker et al., 2012)).

CPAG argues it is important to consider children's needs on a universal basis as the evidence suggests this is the most efficient and effective way of ensuring children get access to them (OECD, 2009a). The key risk in cherry-picking selected aspects of vulnerability, for example parental drug and alcohol addiction, is that it will miss the broader need to create an environment wherein all children can reach their potential, and from within which to identify children's multiple vulnerabilities (the universal services in Figure 1). In addition, to basic universal services, there needs to be proportionate universalism for additional services as described by Sir Michael Marmot (The Marmot Review, 2010). Here, universal services are scaled with a proportionate increase to alleviate the hardship of less well-off groups, and address particular needs of disadvantaged children. "Focussing solely on the most

disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage” (The Marmot Review, 2010, p. 15). School decile funding is an example of proportionate universalism.

Lack of context or focus on poverty

More broadly, this points to the other overarching weakness of the GP, and that is that it provides no historic or other context for the information it presents, and ignores the greatest threat to New Zealand children, which is poverty, especially the deep and persistent poverty of many children being brought up in benefit-reliant households. While the GP mentions poverty as a factor that contributes to vulnerability, this sits alongside a paragraph on disability or health problems: the implication is that, like a disability, poverty is inevitable and unchangeable.³ Similarly, the GP notes that while the government can take some action to protect vulnerable children, in an extraordinary statement, it argues: “Many things impact on what happens to children that are beyond the reach of Government – in terms of what happens in the economy and job market...” (p1).

Longitudinal research from Christchurch and Dunedin consistently shows poverty is correlated to reduced childrens’ wellbeing, while more recent research has highlighted the high likelihood that children growing up in poverty will themselves have poor educational outcomes and end up poor as adults (Fergusson, Horwood, & Gibb, 2011). The New Zealand Child and Youth Epidemiology Service (NZCYES) argues that ongoing exposure to socioeconomic disadvantage in the first five years of life has repeatedly been associated with detrimental long-term outcomes for children. Socioeconomic disadvantage has been shown to impact negatively on health, development and wellbeing in particular:

- Health and physical development
- Cognitive and academic attainment
- Socio-emotional development and behaviour

NZCYES notes the causal pathways through which disadvantage may lead to adverse outcomes is not well understood, with key transmission mechanisms being:

- Access to resources, including poor nutrition, lack of access to medical care, poor-quality and overcrowded housing, access to resources such as books and games, and parental and teacher expectations.
- Stress reactions in response to adversity. This includes physiological responses to changing circumstances, anxious, depressed or hostile parents,

³ Although the disability sector would argue that sickness and disability are not inevitable and unchangeable, either.

and adoption of health-related behaviours such as smoking or alcohol consumption.

- Neighbourhood effects (See Craig, McDonald, Reddington, & Wicken, 2009, pp. 269-272).

Multiple and in some cases inter-generational socioeconomic disadvantage must be the basis of any meaningful strategy to improve outcomes for children.

More recently, Sir Peter Gluckman's report on adolescent morbidity in New Zealand has thoroughly traversed the risk factors for children and young people. The report found that poverty was a major risk for morbidity in adolescence, with the risks carried over from childhood. In his letter to the Prime Minister which introduced the report, Gluckman stated that it was important to note that "social, socioeconomic and cultural factors mean that there is marked heterogeneity in the risks facing young people across New Zealand " (Gluckman & Hayne, 2011, p. viii). This heterogeneity is largely ignored in the GP, as are the very difficult socioeconomic factors including poverty faced by many New Zealand children. The GP mentions poverty (p4) once. There is no suggestion that the vulnerability of children can be actively addressed by improving the resources available to families in poverty through more equitable public policies. On the contrary, the GP asks that submitters make difficult, arguably unethical, policy choices on the basis of very limited evidence or information, including choices about which family programmes should be cut in order to fund services for 'vulnerable' families.

Recent research by the Families Commission also argues that poverty is a major risk factor in the abuse of children, and that Maori children are twice as likely to live in poverty than their European peers, as well suffering racial discrimination (Cram, 2012). While the Families Commission has attempted to distance itself from Dr Cram's research, it too recommended a greater focus on systemic issues such as poverty and discrimination (Hendricks & Stevens, 2012). The Office of the Commissioner for Children has also argued that the government needs to address child poverty, and set targets as part of that process (Office of the Commissioner for Children, 2011). More recently, Dr Michael Baker has found poverty to be the key driver in New Zealand's increase in children's hospitalisation for infectious diseases. While other countries rate of infectious disease has generally been falling, New Zealand's has risen significantly since the late 1980s (Baker et al., 2012). CPAG encourages the Minister to recognise that poverty presents a risk to the wellbeing of children, and that child poverty is something the government can act on if it so chooses.

The government cannot pretend that ending child poverty is beyond its mandate or control. In recent report the OECD notes:

"Material conditions for Kiwi kids are relatively poor. Average family incomes are low by OECD standards, and child poverty rates are high...New Zealand spends less than the OECD average on young children and much less than it does on older children. Spending more on young children is more likely to generate

positive changes and, indeed, is likely to be fairer for more disadvantaged children. Based on international evidence, the OECD concludes that New Zealand should spend considerably more on younger, disadvantaged children” (OECD, 2009b).

Shuffling spending between the relatively poor is not sufficient to address many years shortfall in social spending on young children. Change is well overdue.

Lack of focus on children’s rights

The other significant weakness in the GP is the lack of attention to children’s rights. While the UN Convention on the Rights of the Child (UNCROC) is mentioned, the paper glosses over the fact that the Convention places a positive obligation on governments to provide for the material wellbeing of children in manner that does not discriminate against any one group. UNCROC specifies at length states parties’ responsibilities, including:

- Article 2: that they shall respect the convention without discrimination of any kind;
- Articles 3 (1) In all actions concerning children, ...the best interests of the child shall be a primary consideration. (2) States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being,...and, to this end, shall take all appropriate legislative and administrative measures;
- Article 24 (1) “States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.”
- Article 26 (1) States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law
- Article 27 (1) States Parties recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development.
- Article 27(3) States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.”

Similarly, the Treaty of Waitangi gets only one mention. This is disappointing as a disproportionately high number of Māori children are living in poverty, have parents on a benefit, and have adverse outcomes (Baker et al., 2012; Craig, Jackson, Han, & NZCYES Steering Committee, 2007; Henare, Puckey, Nicholson, Dale, &

Vaithianathan, 2011), some of which are worsening (Craig & et al, 2011). The extraordinary efforts required to rectify these disparities among children cannot be dealt with through any of the measures outlined in the GP.

Focus on specialist services and family monitoring

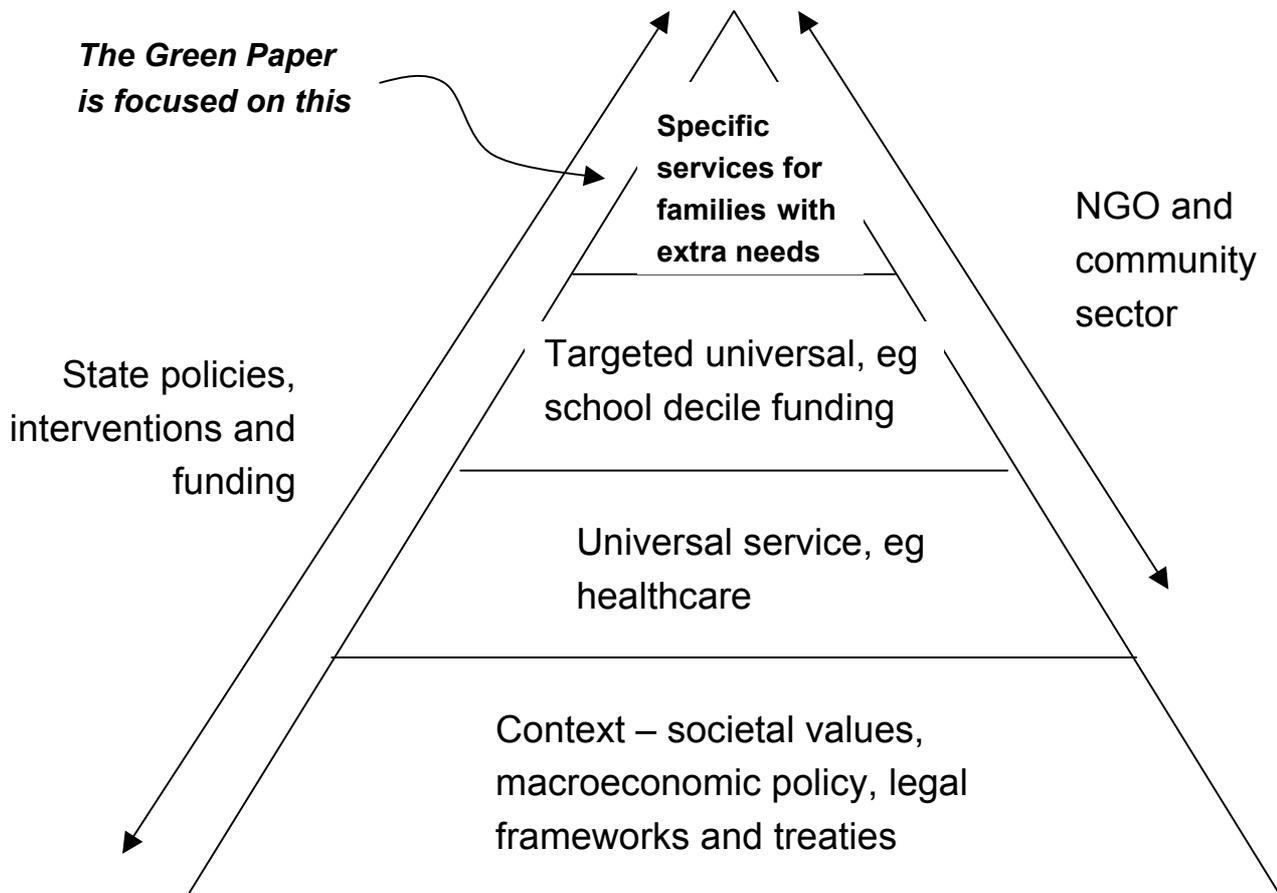
CPAG's last observation is that while the GP has clear expectations of families and communities, it seeks to limit the government's role to one of monitoring, reporting, information sharing, and providing third-tier services to families labeled as 'vulnerable'. Far from being resilient, communities devastated by years of economic decline and unemployment often do not have the internal resources – financial or social – to address issues of child neglect and abuse of their own accord. Monitoring and reporting on families risks becoming an exercise in social control while the greater evils of poverty and inequality are ignored.

Figure 1 shows the factors that contribute to the care and protection of children, including their socioeconomic wellbeing and general services provided through the wider welfare state. Figure 1 is adapted from the model outlined in the Australian *National Framework for Protecting Australia's Children 2009–2020* (p8),⁴ cited on p13 of the GP. In essence, the Green Paper is asking the public to make decisions on the allocation of resources within the top tier of assistance. The GP provides no information to justify this stance, nor does it provide the information necessary to make what are complex public policy decisions.

⁴ See

http://www.fahcsia.gov.au/sa/families/pubs/framework_protecting_children/Documents/child_protection_framework.pdf, p. 8.

Figure 1: Focus of the Green paper



In contrast to the GP, the *National Framework for Protecting Australia's Children* from which Figure 1 is adapted specifically acknowledges risk factors for abuse and neglect include:

- poverty and social isolation
- unstable family accommodation and homelessness
- poor child and maternal health
- childhood disability, mental health and/or behavioural problems
- young people disconnected from their families, schools and communities
- past experiences of trauma

The role of family accommodation is particularly important, especially for young children, however the GP does not mention this. Childhood vulnerability cannot be addressed without dealing housing or any of the other key issues identified in the Australian *National Framework*. To this list, CPAG would also add high levels of household debt as an additional stressor.

CPAG submissions

- ***'Vulnerable' has not been defined, and the GP admits the group of vulnerable children is a moving target. Efforts to improve children's wellbeing must include all disadvantaged children as efforts to pinpoint vulnerable families will necessarily involve monitoring, significant interference and for this reason are likely to be counter-productive.***
- ***The outcome of this consultation should be a Children's Action Plan, as they have in Australia, and which acknowledges and specifically deals with issues such as housing, domestic violence, social isolation, low educational attainment, and poor health and disability impeding access to services.***
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- ***These steps must include greater overall spending on children, including spending on under-5s, as recommended by the OECD (OECD, 2009b).***
- ***Any effort to improve with children's wellbeing must include greater social spending across all sectors including income support, housing, education and health.***

Green Paper Chapter 2: Share responsibility

CPAG agrees in principle that we all have a responsibility for children. We would, however, argue that this can be better achieved through the starting platform of adequate and appropriate provision of universal services including free healthcare for children, a more equitable distribution of early childhood education centres, and improved provision of social housing. The OECD notes that countries that achieve the best results for children are those that provide the most universal services (OECD, 2009a). The provision of services on a progressive universal basis also allows for easier identification of vulnerable children and communities. In cases where communities can actively contribute to the support of children, experience suggests that these, too, need local or central government support, especially low-income communities with little financial or social capital.

At present children at risk of abuse are covered by the Children, Young Persons and their Families Act 1989, which is administered by Child, Youth and Family. The Act provides a sound basis for intervention when a child is at risk of abuse. However, along with the Commissioner for Children, CPAG is concerned that there is little in

the GP that adequately deals with the broader and more problematic issue of neglect. At present Child, Youth and Family prioritises interventions on the basis of risk of physical harm to the child. Because neglect poses no direct physical threat but arguably poses a greater long-term threat of harm to a child, CPAG recommends CYF's intervention criteria be amended to account for neglect, which is more common than physical abuse (Currie & Widom, 2010; Dubowitz & Bennett, 2007; Office of the Children's Commissioner, 2010).

CPAG is concerned at the GP's claims of "society's expectations" (New Zealand Government, 2011, p. 10) of parental responsibility when no evidence is presented for such expectations, nor for how these might be measured and usefully incorporated into policy. CPAG submits that "society's expectations" – a term that lacks empirical support and clarity for policy purposes – should not be a fig leaf to minimise the state's obligations to adequately provide for children, as required by international conventions such as UNCROC.

The assertion that communities "have a role to play in stepping up to support children" (New Zealand Government, 2011, p. 11) requires closer examination. Which communities? What role? What level of support? ? The catch 22 to this argument is that the communities in greatest need have the least social capital to start from. To rely on community support alone is likely to encourage increased equity gap as the communities with greater resources are likely do better. For example, research in Auckland has shown that although low-income suburbs often have a greater need for walking school buses (higher traffic volumes, more school-aged children), it is better-off suburbs that have the resources to initiate and sustain them (D. Collins & Kearns, 2005). The examples mentioned in the GP (p11) are specific institutions within the broader community. They may have a role in supporting families and whanau but whether they want to or can provide appropriate support for children is a questions that requires more information than that available in the GP. While the GP goes on to state "there are good examples of promising community initiatives" (New Zealand Government, 2011, p. 11), it does not name any, nor does it provide information what external support if any those communities had in order to "generate solutions" (New Zealand Government, 2011, p. 11).

We note that overcrowding as a risk factor is not mentioned in the GP, yet community strength and cohesion is also a function of the housing market, with the high levels of transience arising from the predominance of rental housing in some areas (not always low-income areas) eroding community cohesion as people move in and out without developing any attachment to the neighbourhood or its residents.⁵ It is unreasonable and unrealistic to expect these communities to provide a secure environment. Rather, this requires a fundamental rethinking of the housing market, especially in low-income neighbourhoods where household overcrowding is a significant threat to the wellbeing of children.

⁵ Daryl Evans, Mangere Budgeting Service, pers comm.

CPAG submissions

- ***Provision of services to children must be on a universal basis to the greatest extent possible as this is most likely to ensure the wellbeing of children, and allow for easier identification of vulnerable children and communities***
- ***Specific institutions within communities have a role to play in the care and protection of children, however they must be adequately resourced. Families must not be left to the care of inadequately resourced communities and community groups.***

Chapter 3: Show leadership

This chapter of the GP notes leadership is crucial to ensuring vulnerable children are and remain a priority. It goes on to state that 'vulnerable' children's best interests can best be served when policies and practices across government sectors have common goals and are child-focused (New Zealand Government, 2011, p. 13). The 2002 Agenda for Children also concluded that government sectors needed to stop working within silos, although a decade later this has yet to occur. Child-focused government agencies working together for the benefit of all children would not only support 'vulnerable' children (however they end up being defined) but children at risk of neglect, and those whose circumstances change, sometimes suddenly.

The GP cites the example of Australia having a national action plan. However, Australia's action plan is quite different from what appears to be envisaged in the GP. While it, too, makes the point that protecting children is everyone's business, it has a far greater emphasis on the provision of universal services (rather than redistributing third-tier services), it outlines guiding principles, underpinned by the UNCROC, and it sets out specific strategies, actions and indicators. The GP simply outlines what it expects a Plan would include (p14).

CPAG supports the requirement that Ministers prepare reports into how new or changed policies will impact on children using relevant international Conventions as a yardstick, including UNCROC, the Convention on Economic, Social and Cultural Rights, and the Treaty of Waitangi. This would ensure the provision of adequate and culturally appropriate services for all children. CPAG also endorses the Commissioner for Children's call for a Child Impact Assessment to be completed on new and changed policies and legislation.

CPAG submissions

- ***The government has role to play in showing leadership through a genuine commitment to the UN Convention on the Rights of the Child, the Convention on Economic, Cultural and Social Rights, and the Treaty of Waitangi. This includes giving children a voice in matters that directly***

affect them, and a Child Impact Assessment for new and changed policies and legislation.

Chapter 4: Make child-centred policy changes

This chapter says little about how we might think about changing the practices of government agencies and contractors in ways that put children at the centre. Rather, the chapter is largely focused on spending, targeting, monitoring, and intervening. As one workshop attendee noted, the proposals are very “nanny state...Big Brother. Because I'm Maori, because my children are Maori, the focus will be on those children. I don't want the state watching everything that I do" (S. Collins, 2012). CPAG echoes these concerns, and submits that genuine policy-centred changes would deal with the poverty at the heart of children's vulnerability, and increase funding for social services across the board, rather than asking submitters to make choices between services. The suggestion that spending on some children be reduced in order to fund services for 'vulnerable' children is simply rearranging deck chairs on a sinking ship. It is unconscionable to ask one group of children to give up their services for another. CPAG also submits that asking submitters to make choices between services on the basis of no information is unfair and unethical.

CPAG submits that there are already adequate legal and institutional mechanisms to intervene early in vulnerable families, although there are questions about whether these are adequately resourced. CPAG submits existing agencies such as CYF be strengthened, and that family service providers are adequately funded, and have some guarantee of funding with appropriate reporting back and audit procedures, to avoid the existing situation where families establish a relationship with a provider then the provider loses their funding, leaving the family adrift.

Similarly, CPAG does not support cutting some social services to provide services to adults who care for children. Reviewing social services to ascertain their appropriateness to need is valid, but not from a fiscal starting point. Reviews must focus on need. Housing, health and rehabilitation services all form part of the environment in which children live. Juggling spending between low-income adults will not improve outcomes for children in total. CPAG is also concerned that despite talking about the need for coordinated services across agencies, the GP is effectively talking about fragmenting existing services in order to save the government money. These aims are clearly incompatible. The long term needs to drive decisions around spending on children, and disadvantage experienced in childhood has long-term consequences (Fergusson, Horwood, & Gibb, 2011; Gluckman & Hayne, 2011).

With respect to monitoring families, CPAG reiterates that the real problem lies with difficult and highly stressed families (referred to as 'hard-to-reach' in the GP). These families are often high needs families who tend to be very mobile. CPAG submits that rather than inventing new ways to monitor families, existing systems be strengthened, and new funding is found to trial innovative ways to work with hard-to-

reach families. Strengthening surveillance of families is, indeed, 'nanny state', and may prove counter-productive.

CPAG is of the view that presently there is adequate legal provision to share information, particularly when a child is at risk of harm. Broader provisions risk citizens giving up the confidentiality they presently enjoy with medical professionals, and again this may prove counter-productive if people decide they are unwilling to get medical treatment or be frank with medical professionals. The provisions of the Privacy Act do not constitute a barrier to information sharing, contrary to the view widely held in the community, and by some social service providers themselves.

CPAG has significant reservations about mandatory reporting of child abuse. As we have noted elsewhere (Child Poverty Action Group, 2012):

Children can suffer multiple forms of abuse, including physical, emotional and sexual abuse, and neglect. All are damaging to children, with evidence suggesting that neglect – where a child may not suffer any physical injuries – is the most common form of child maltreatment in New Zealand, and is at least as damaging as physical abuse (Mardani, 2010, pp. ii, viii). The lack of visible physical injuries raises a number of questions, such as what gets reported, and when?

Child abuse can be difficult to detect, even for experts, but mandatory reporting by lay people assumes that child abuse is self-evident and easily detected. To date there has been little discussion of the detection threshold that would need to be met even for a prosecution, let alone conviction, and the [GP] offers no such discussion; indeed the discussion of the complex issues surrounding mandatory reporting is brief and simplistic. If there is no obvious reason to suspect a caregiver or any other person of abusing a child, it is possible for non-accidental injuries to be overlooked as part of normal childhood play. Other problems are: mandatory reporting risks diverting resources from prevention and care programmes that may ultimately be more productive, with evidence suggesting that systems emphasising maltreatment, without concomitant attention to welfare needs, lead to less service provision for maltreated children than systems where child maltreatment is part of a broad child and family welfare response" (Ainsworth, 2002; Gilbert et al., 2009); people may not report cases if they do not wish to be caught in the inevitable legal processes that reporting would involve; and legal and administrative uncertainty are unlikely to ensure that the most vulnerable children would be made any safer. Furthermore, parents may be discouraged from seeking assistance if they fear that such requests are likely to lead to monitoring and surveillance.

Experience from overseas where mandatory reporting, especially for medical professionals, is already the law suggests that despite mandatory reporting, many professionals choose not to report suspected child abuse for reasons that include fear of misdiagnosis and experiences of child protection and legal

processes (Bunting, Lazenbatt, & Wallace, 2010; Mathews & Bross, 2008). Mandatory reporting does have its supporters, although this is reporting by “thoroughly trained” specified mandated reporters. Yet even its supporters admit that despite mandatory reporting, many child abuse cases evade detection by authorities (Mathews & Bross, 2008, pp. 3-4).

...Duties pertaining to the protection of children were contained in Section 195 of the Crimes Act and Section 10A Summary Offences Act. Section 195 of the Crimes Act covered a range of ill-treatment, including scalding due to insufficient supervision and waiting an unreasonable time before seeking medical attention; hosing children down with cold water during winter; shaking an infant causing brain damage; and leaving children alone unsupervised for several days (see Law Commission, 2009, p. 51).

A cross-state comparison from Australia suggests there is no difference in child hospitalisation rates for non-accidental injury or child deaths between states with mandatory reporting and others; moreover it appears mandatory reporting uses considerable resources in the process of substantiating the report (Ainsworth, 2002, pp. 59-61).

CPAG submissions

- ***Policy-centred changes must address the child and family poverty that is at the heart of many children’s vulnerability.***
- ***It is unjust and unethical to propose reducing services for some children in order to fund services for others, especially when no evidence has been provided that some children are receiving services they do not need.***
- ***CPAG does not support improved measures to share information. At present there is sufficient legal mechanisms to share information. Instead, existing agencies such as CYF must be strengthened, and family service providers a re adequately funded.***
- ***CPAG does not support mandatory reporting. There is little evidence it reduces the incidence of child abuse, it gives people an incentive to hide the abuse, and there is evidence it uses considerable resources in the process of substantiating reports.***

Chapter 5: Make child-centred practice changes

The focus of this chapter is largely collaboration and standards. Collaboration within and between state agencies and NGOs is certainly desirable, and as Mel Smith’s report on the case of the 9 year-old girl abused by her parents (Smith, 2011) clearly shows, absolutely necessary if New Zealand is to improve children’s safety in the home and elsewhere. CPAG argues that mechanisms currently exist for agencies to collaborate but that they must be better utilised. We would also argue that significant

legislative change is not required to improve collaboration between agencies, rather it requires a change in attitude and practice.

CPAG broadly endorses some standards for those caring for children, but we are also of the view that this will depend on the service being provided, and the circumstances. We also note that the emphasis on standards runs contrary to a number of current government policies including reducing funding for early childhood centres with qualified staff.

CPAG notes with major reservations the comment that getting professionals to adopt common standards and develop collaborative practices may require a decrease in the number of children being seen while the workforce is established. Children in need of services – whatever they may be – need them now. It is not acceptable that children miss out on the basis of a vague future promise of “effective assessment, better allocation of services and reduced waiting times” (New Zealand Government, 2011, p. 27). In short, this reads as though children will need to wait while the government determines ways to cut or shift scarce services, or move children off the list of those who need service. This is inequitable, and CPAG does not accept that vulnerable children can be best served by cutting services now, or rearranging scarce services in the future. We reiterate that in our view funding of children as a group must be increased.

Lastly, CPAG notes again the GP’s general concern with connecting families to services. This has long been a challenge within the social services sector, and it is obvious that innovative ways of connecting with families and whanau are needed. CPAG urges the government to allocate additional funding for pilot programmes, programme assessment, and undertake to *maintain* funding if they are achieving their stated aims.⁶

CPAG would also like to note that while the GP appears to be concerned with some children entering school having not participated in ECE, CPAG has noted elsewhere (Ritchie & Johnson, 2011) the gross inequities in provision of and access to early childhood centres, particularly in South Auckland. Addressing this would be a significant step towards connecting children to services. Likewise, access to medical attention for some families and children is limited by cost, particularly of after-hours doctor’s visits and filling prescriptions. This points again to the fact that a key issue is one of economic poverty: children fail to connect to services their caregivers cannot afford. It is this that must be addressed.

CPAG agrees that supporting ‘hard-to-reach’ families will probably involve greater input from the community, and sectors such as education and health. However, we

⁶ We note that the desire to better connect families and whanau to services comes after Housing New Zealand has recently ceased to provide the service that linked Housing New Zealand tenants with other social service providers. This seems at odds with the desire set out in the GP to provide better, more connected services.

note that this must not be used to offload the work of the public sector onto low-income communities with a view to cutting costs. Community organisations need funding too. Moreover, having many small organisations funded on a competitive basis and attending to the same families cuts across the goal of coordination and sharing information the government claims it is aiming for. CPAG submits that while communities are often aware of the vulnerable families in their midst, they must be adequately funded and trained to provide appropriate services if they wish to do so. Otherwise, it is incumbent upon current institutions such as Child, Youth and Family to be funded to better work within communities to protect all children, and be relied upon to exercise their statutory responsibility should circumstances change for the worse.

CPAG submissions

- ***Mechanisms currently exist for agencies to collaborate, and significant legislative change is not required to improve collaboration between agencies.***
- ***CPAG does not support withdrawing services for children while a children's workforce is developed.***
- ***While communities are often aware of the vulnerable families in their midst, they must be adequately funded and trained to provide appropriate services if they wish to do so. Otherwise, it is incumbent upon current institutions such as Child, Youth and Family to be funded to better work within communities to protect all children, and be relied upon to exercise their statutory responsibility should circumstances change.***
- ***Access to services can best be improved by greater provision of services such as ECE in low-income areas. As part of any Action Plan for Children, inequitable access to services must be addressed.***

CHAPTER AND QUESTIONS	Child Poverty Action Group response
<p><i>Parents and caregivers</i></p> <ul style="list-style-type: none"> • What services and programmes could government agencies consider in a review of support for parents and caregivers? • Have government agencies got the balance right in supporting parents, caregivers, family and whānau, to meet their responsibilities, while also protecting the needs of vulnerable children? • When should government agencies step in and intervene with families and whānau? 	<ul style="list-style-type: none"> • No information is given to enable submitters to answer this question sensibly, including information about existing services, their target groups, and evaluations of existing programmes. • Existing legislation provides a sound basis for getting the balance right. The greatest difficulty parents and others have in meeting their responsibilities comes from a lack of resources, not a desire to fail to meet their obligations as parents. Moreover, whanau and extended family already do a great deal of unpaid, unrecognised work caring for children, and the greatest threat to this is cuts to government support for families and communities. • As noted, existing legislation already provides a framework for intervention in families. CPAG submits this be modified to enable greater recognition of the neglect of children. We also submit that government agencies be better resourced to administer the legislation they currently work under. The report from former Ombudsman Mel Smith looking into the case of a 9 year old girl abused by her parents found there was a total of 13 agencies or individuals dealing with the girl or her mother (Smith, 2011). This suggests the problem is one of inter-agency coordination, training, and care rather than a broader question of when to intervene.
<p><i>Communities</i></p> <ul style="list-style-type: none"> • How can Government encourage communities to take more responsibility for the wellbeing of their children? 	<ul style="list-style-type: none"> • The government can encourage specific institutions within communities to take a role in supporting families, but successful interventions require resources, notably administrative support and staff. Many communities lack the resources to provide these themselves. CPAG is concerned that government not

CHAPTER AND QUESTIONS	Child Poverty Action Group response
<ul style="list-style-type: none"> • What barriers need to be removed to allow communities to take responsibility for the wellbeing of their vulnerable children? • What can you do in your community to support or initiate community-led actions to support vulnerable children, and their families and whānau? 	<p>pull out of support to high needs communities which do not have the internal resources to provide for themselves in the way that wealthier communities do as this has the potential to increase inequities even more.</p> <ul style="list-style-type: none"> • The GP provides no evidence that barriers exist. We are therefore unable to answer this question. • This question is a nonsense. If the government wants communities to be better able to support families then there must be a willingness to invest in those communities, not hope that untrained community volunteers can deal with entrenched poverty, poor housing and high rates of youth unemployment.

CHAPTER AND QUESTIONS	Child Poverty Action Group response
<p><i>Vulnerable children's action plan</i></p> <ul style="list-style-type: none"> • How can an action plan help improve outcomes for vulnerable children? • What goals could the government include in the plan? • What could be the priorities for vulnerable children for the early years, for primary school-aged children and adolescents? 	<ul style="list-style-type: none"> • A Children's Action Plan (as per the Agenda for Children, or the broader Children's Action Plan as originally put forward in the Cabinet papers) can only improve outcomes if government agencies and others adopt it, and if they are independently audited to ensure they are complying with the provisions therein. The lesson from the Agenda for Children is that without targets and a genuine commitment for change, nothing does change. • The broad goal of the GP, that every child thrives, belongs and achieves, would be a suitable goal, in CPAG's view. The critical question is what steps would then be taken to ensure this is achieved. • It is not clear what priorities this question refers to, ie whether priorities generally, priorities for families or priorities for government spending. As we have no indication of what is being referred to CPAG declines to answer this question.
<p><i>Legislation changes</i></p> <ul style="list-style-type: none"> • What do you see as the value of using legislation to underpin a Vulnerable Children's Action Plan? • What other actions or principles would you 	<ul style="list-style-type: none"> • A Children's Action Plan underpinned by legislation setting out targets and measures consistent with New Zealand's national and international legal obligations would show the government is serious about improving outcomes for children. CPAG reiterates the importance of a universal basis for the provision of services to all children in order to be able to identify and respond to the vulnerable. Without government acknowledgement of the need for universal services and screening, New Zealand will be able to identify and respond to the needs of the vulnerable. • Other actions or principles besides what? Existing legislation? It is unclear what this question is

CHAPTER AND QUESTIONS	Child Poverty Action Group response
<p>like to see included in legislation?</p> <ul style="list-style-type: none"> • Who could legislation require to report on national progress against an Action Plan? • What things could be included in such a report? 	<p>referring to. Assuming it refers to what submitters would like to see included in future legislation, CPAG submits that given the relationship between poverty and children’s vulnerability to economic, institutional and domestic violence. Any legislation should include a goal to eliminate child poverty in New Zealand by 2020, with benchmarks at set intervals and reporting on if the benchmarks are being achieved, and if not why not.</p> <ul style="list-style-type: none"> • Clearly, there is a great deal more that could be considered in the context of both existing legislation (for example a review of the Child, Youth and Families Act), and prospective legislation (for example CPAG generally supports the Children’s Commissioner’s call for a Children’s Act incorporating UNCROC and mandating a Child Impact Assessment for new and changed legislation). CPAG does not support mandatory reporting of child abuseCPAG. • At present New Zealand has the Families Commission, the Office of the Commissioner for Children, and the Human Rights Commission. CPAG’s preference would be a for the Children’s Commissioner to be assigned an independent role such as the Parliamentary Commissioner for the Environment with the power to independently carry out Child Impact Assessments and audit the performance of government agencies and those in receipt of crown money to provide family services to ensure services are being delivered, and that agencies are working together in the best interests of children. • Ultimately this would depend on the duties and purpose set out in any legislation. CPAG notes that it is important that reports are focused on outcomes, and do not become box-ticking exercises at the expense of genuine progress.

CHAPTER AND QUESTIONS	Child Poverty Action Group response
<p><i>Working with whanau, iwi and Maori leaders</i></p> <ul style="list-style-type: none"> • How can the government work in partnership with iwi, Maori organisations and their leaders to deliver services for vulnerable tamariki and their whanau? • What services or programmes are working well to achieve tamariki ora? • What could be improved to ensure that services generate tamariki ora? • How can we get services to hard-to-reach Maori whanau? 	<ul style="list-style-type: none"> • CPAG declines to answer these questions as it considers there is insufficient information provided to assess what services are currently available to Maori, let alone which are working well, or how they could be improved. • CPAG would like to express its concern that there appears to be an underlying theme in the GP that vulnerable children are Maori children. Maori are over-represented in child abuse statistics but they are also over-represented in poverty statistics, unemployment statistics and poor educational outcomes. These broader issues must be addressed as part of any focus on Maori children. At the same time, there needs to be acknowledgement that other children are vulnerable, especially those living in poverty.
<p><i>Review government spending to get better results for children</i></p> <ul style="list-style-type: none"> • Do you think the Government should provide more targeted services for vulnerable children? 	<ul style="list-style-type: none"> • This question cannot be answered without information on the services already available. It is also unclear what services might be provided, how they fit into an overall strategy, and what steps to monitor outcomes would be put in place. A universal service base is necessary as a starting point – highly targeted services will only identify a small part of the greater need of children.

CHAPTER AND QUESTIONS	Child Poverty Action Group response
<ul style="list-style-type: none"> If yes, from where should funding be taken to do so? 	<ul style="list-style-type: none"> CPAG submits that taking funding from one group of poor children to fund services for another group is unjust and unethical. We submit that additional funding must be found by increasing the government's revenue stream from high-income earners and property owners.

CHAPTER AND QUESTIONS	Child Poverty Action Group response
<p><i>Early intervention</i></p> <ul style="list-style-type: none"> • 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? • If so, from where should funding be taken? 	<ul style="list-style-type: none"> • CPAG submits that taking money from one group of children needing social services to provide services to another is unjust and unethical. Funding for the sector as a whole must be increased, and issues of poverty and poor access to housing must also be addressed.
<p><i>Vulnerable child-first allocation policy</i></p> <ul style="list-style-type: none"> • What priority should the Government give to the families and whānau of those caring for vulnerable children when allocating services that impact on the children they are caring for? • What services do you think should be included in this policy? • When should adults who care for vulnerable children be prioritised for services over others? 	<ul style="list-style-type: none"> • CPAG declines to answer these questions on the basis that insufficient information is provided. Cutting services to one group of needy persons to fund services for another is unjust and unethical. Funding across the critical sectors of health, education and social service provision must increase. Moreover, this question is impossible to answer given the dynamics and changing circumstances of many families.

CHAPTER AND QUESTIONS	Child Poverty Action Group response
<p><i>Watching out for vulnerable children</i></p> <ul style="list-style-type: none"> • How much monitoring of vulnerable children should the Government allow? • Who should monitor vulnerable children and under what circumstances? • How can the possible negative consequences of increased monitoring be minimised? • What other mechanisms could be used to keep track of vulnerable children and their families and whānau? 	<ul style="list-style-type: none"> • There is presently sufficient legislation in place to monitor children’s wellbeing. The government sector needs to show a commitment to children by adequately funding those agencies charged with implementing the legislation. • CPAG is concerned that as framed these questions are asking people to assent to nanny state interference in people’s lives. This cannot be justified when we know the biggest problem many children face is poverty and lack of access to existing services. This must be addressed before the state gives itself any more authority to mark, monitor and stigmatise parents and children.
<p><i>Information sharing</i></p> <ul style="list-style-type: none"> • What information should professionals be able, or required, to share about vulnerable children? 	<ul style="list-style-type: none"> • Professionals can already share information if they have concerns children are being abused and neglected, and in fact they do. The key issue is whether the state agencies charged with attending to the wellbeing of children respond in a timely and appropriate manner when they receive reports of abuse or neglect, and there is some evidence that they do not.

CHAPTER AND QUESTIONS	Child Poverty Action Group response
<ul style="list-style-type: none"> • Under what circumstances should they share information? • Who should be able to share information, and with whom? • 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 whānau? 	<ul style="list-style-type: none"> • Professionals can never have all information, nor should they be expected to. Getting “all the information they need” would be incredibly intrusive and possibly counter-productive if families decide they would rather walk away. CPAG submits existing legislation and institutional frameworks are adequate, and that they should be properly resourced to do their jobs in a timely manner.

CHAPTER AND QUESTIONS	Child Poverty Action Group response
<p><i>Improving the workforce for children</i></p> <ul style="list-style-type: none"> • What can be done to improve or promote collaboration between professionals and services? • What principles, competencies or quality standards should be included in the minimum standards for a workforce for children? • Who should be included in a workforce for children? • What other changes could be made to increase the effectiveness of those who work with vulnerable children? 	<ul style="list-style-type: none"> • CPAG declines to answer these questions as they cover significant issues that would require a great deal of research and policy analysis to answer in an informed manner. Such research and analysis has not been presented, so we submit it is impossible to answer these questions on the information provided.
<p><i>Better connecting vulnerable children to services</i></p> <ul style="list-style-type: none"> • How can the Government's frontline services better connect vulnerable children and their families and whānau with the services they need? 	<ul style="list-style-type: none"> • CPAG submits that secure funding must be made available to find more innovative ways to help connect families with complex needs with services. We also submit that addressing issues of inequitable access to services such as early childhood centres and medical care must be part of any programme to better connect children with services.

CHAPTER AND QUESTIONS	Child Poverty Action Group response
<ul style="list-style-type: none"> • What services could be included in this action to better connect vulnerable children to the services they need? • What other changes do you think could be made to ensure vulnerable children are connected to the services from which they would benefit? 	
<p><i>Improving service delivery</i></p> <ul style="list-style-type: none"> • How could early childhood education centres and schools be better used as sites for delivery of a wider range of services? • What services could be better connected and how? • What other opportunities exist to deliver services more effectively for vulnerable children, and their families and whānau? 	<ul style="list-style-type: none"> • CPAG notes that there is no information provided about what services are already delivered through schools, or the connection between schools that exists at present and where opportunities to improve connections might lie. CPAG is also concerned that service delivery and connectivity through schools is adequately and appropriately funded. We further note that many low-income areas have inadequate early childhood facilities, and that the provision of more early childhood centres must take priority. Accordingly, CPAG declines to answer these questions.

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