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**PRESERVATION**

# **CHILDREN IN NEW ZEALAND IN THE 1990s**

**A response to the World Summit for Children, New York 1990**

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August 1995

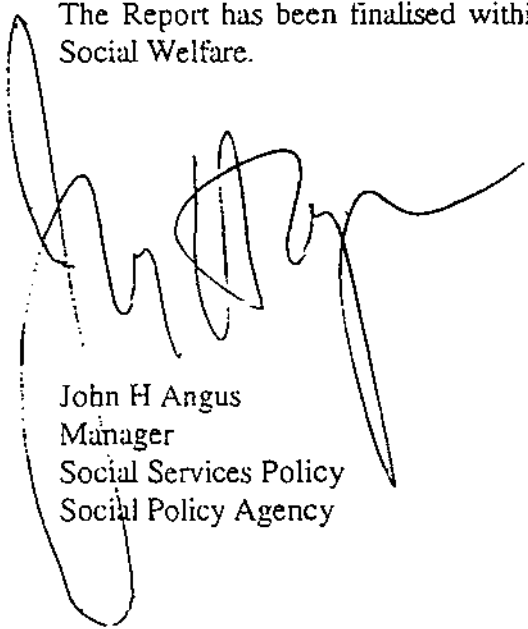
## FOREWORD

This report was compiled with the assistance of Dr Ian Hassall when he was Commissioner for Children and forms part of New Zealand's response to commitments made at the World Summit for Children in New York in 1990. It comments on the current status of children in New Zealand and includes details of government programmes and initiatives to assist children and their families.

The Report is a useful base from which future interdepartmental activities focussed on children and families can be developed. It will be distributed to all government departments as a resource document for use when planning involvement in this area.

The Report identifies both positive and negative aspects of New Zealand life as it affects our children. While there are many services available to meet the needs of children and families, there are still issues of health, education and family welfare that need to be addressed.

The Report has been finalised within the Social Policy Agency of the Department of Social Welfare.



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## **I. INTRODUCTION**

### **A Commitment to Children**

New Zealand accepted the "World Declaration on the Survival, Protection and Development of Children in the 1990s" in December 1990 and thereby agreed to actively pursue the welfare of current and future generations of its children and those of the wider international community. Together with the other signatories, the Government of New Zealand endorsed plans to prepare national programmes of action for children as appropriate, to give effect to the commitments in the Declaration. This report is an inventory of where children stand, what is being done for them and what is proposed.

More recently, New Zealand as a member of the global community has further committed itself to children's well-being through its ratification of the 1989 United Nations Convention on the Rights of the Child, as well as its support of other documents such as Agenda 21.

### **The Child Population**

At the time of the 1991 census there were 783,645 children under 15 years of age in New Zealand, a quarter of the population. 66% were of European ethnicity, 21% were New Zealand Maori, 8% were of Pacific Islands ethnicity and 3% were of Asian ethnicity. 83% lived in cities and towns and 17% lived in rural areas. There were a further 284,988 persons in the 15-19 year age group. In total, persons aged 0-19 years represented 32% of the total population.

More recent population estimates, as at June 1994, show that the 0-19 year population now numbers 1,085,110, making up 31% of the total population.

### **Recent Changes in New Zealand**

Since 1984 the New Zealand economy has undergone major restructuring making it more competitive and adaptable to changing circumstances. Deregulation has proceeded and inhibitors to internal and external competition have been reduced. There has been a growing emphasis on education and occupational preparedness and a shift towards more tightly targeted social assistance.

In response to significantly improving economic conditions, the unemployment rate has trended down from a peak of 10.9% of the labour force in the September 1991 quarter, to 6.4% in the June 1995 quarter. The level of unemployment is still higher than the Government considers acceptable. However, it is expected that the downward trend in unemployment will continue.

New Zealand has been undergoing other social changes of the kind that are occurring in much of the rest of the western world. The most obvious changes include:

- ♦ Population increase has slowed and the number of households without children has increased.
- ♦ The proportion of women in the workforce is increasing.

- ◆ An increasing number of couples separate during their offspring's childhood, with step-parenthood and sole parenthood becoming more common.
- ◆ The proportion of children living in a benefit-supported household has risen in recent years.
- ◆ Proportion of children whose family income is very high or very low has increased.
- ◆ An increasing number of people are marrying at a later age and also having their first child at a later age.
- ◆ There is increasing ethnic diversity as a result of increased immigration and faster than average population growth amongst Maori and Pacific Islands populations.

At the same time, economic and social indicators show New Zealand children are, on the whole, in a favourable position compared with those in many other countries. The majority are able to enjoy life in a relatively safe, protected environment where the provision of adequate levels of basic needs such as food, shelter, and health care, as well as access to education, and legislative protection of fundamental civil and political rights may be taken for granted.

While New Zealand is fortunate among the nations of the world in being able to provide for its children, overall, the advantages of low mortality and high literacy, it is recognised that statistics do not describe individual conditions of life and that there is still much to be done to improve the lives of some children particularly those in low income families.

## **The Status of New Zealand's Indigenous People**

Maori, the tangata whenua or indigenous people of New Zealand, are in the process of re-asserting their identity and status, and recovering their spiritual, social and economic foundations. The Treaty of Waitangi, the founding document of the nation, signed in 1840 by representatives of some Maori tribes and of the British Sovereign, promised a working partnership between the tangata whenua and the colonising people, but conflicting aspirations and values between the two cultures have meant that the experience of Maori has been one of recurring cycles of conflict and tension against a backdrop of ongoing disadvantage. Statistically Maori are over-represented in the crime, social dependency and ill-health statistics. Maori efforts to have grievances redressed proceed on the basis of the Treaty of Waitangi.

Article III of the Treaty confers on Maori the Crown's "royal protection and imparts to them all the Rights and Privileges of British subjects". These rights and privileges include the rights of equal treatment under the law and the enjoyment of social benefits. Where imbalances exist between Maori and Pakeha in social benefits such as health, education, or housing, Government believes it must consider particular measures in redressing the balance.

In 1991, Maori made up nearly 13% of the total New Zealand population with 62.5% of the Maori population aged under 30 years. Maori fertility is marginally higher than non-Maori, and Maori women are twice as likely as non-Maori women to give birth under the age of 25 years. Nearly 33% of Maori families were, in 1991, sole parent families with the responsibility for caring for over 40% of Maori children aged under 5 years. A high proportion of sole parents are not in paid work.

and this trend is particularly pronounced for Maori. Almost 40% of Maori households were in the bottom 20% income quintile in 1991, and fewer than 10% were in the highest 20% income quintile. Maori also experience significant disparities in the health, education, housing, employment and justice sectors.

Although the New Zealand Government is moving steadily toward fulfilling its partnership obligations under the Treaty of Waitangi through programmes and incentives designed to reduce disadvantage, social indicators show these disparities still exist.

## **The World Declaration on the Survival, Protection and Development of Children**

The Declaration was agreed at the World Summit for Children in 1990. Headings in the sections which follow conform approximately to the structure of Part II of the Plan of Action which was developed in association with the World Declaration. Each section broadly outlines present structures and policy directions and identifies prominent issues. A general statistical and research base is provided where it is available. Key references are added at the end of each section.

This report aims to present a picture of children's lives to be used as a basis for considering what is being done for children and what can and should be done for them.

This document is available as an information resource for government departments for their use in the future planning of their programmes in respect of children.

## **References**

1. 1991 NZ census of population and dwellings. National summary. Dept of Statistics. Wellington. 1992.
2. 1991 NZ census of population and dwellings. New Zealand's Population Structure. Dept. of Statistics. Wellington 1992.
3. Plan of Action for implementing the world declaration on the survival, protection and development of children in the 1990s. UNICEF. New York. 1990.

## 2. THE UN CONVENTION ON THE RIGHTS OF THE CHILD

The New Zealand Government signed the Convention on 1 October 1990, and ratified it on 5 April 1993. The Ministry of Youth Affairs has the responsibility for the preparation of New Zealand's initial report, as required by article 44 of the Convention, on measures it has adopted which give effect to the rights recognised in the Convention and progress on the enjoyment of those rights.

An illustrated, indexed New Zealand edition of the Convention in English and Maori is available<sup>1</sup>.

### Child Advocacy

The Children, Young Persons, and Their Families Act 1989 has made it mandatory for children to be independently represented in care and protection proceedings in which they are involved, and when they appear in Court charged with an offence.

### Commissioner for Children

In 1989 the New Zealand Government established the position of the Commissioner for Children. The Commissioner has a broad mandate to inquire into, and report on, any legal and other matters affecting children; to undertake research; and to increase public awareness about matters affecting children and young persons. The Commissioner can also receive representations from members of the public on any matter relating to the welfare of children and young people. The Office of the Commissioner for Children has a monitoring role in relation to many of the issues raised in this report.

### International Year of the Family

During the International Year of the Family 1994 the Government, recognising that information about support programmes for families in need of help was not always easily accessible, put emphasis on the development of information programmes that promote services for families across a wide range of programmes available in the government and voluntary sectors. Other areas of activity during the year sought to reinforce that the family is the principal medium for the socialisation, education, care and protection of children; and the obligations and responsibilities of parents towards their children and the obligations of children towards their parents.

Key issues taken into account during the year included:

- " the diversity of the New Zealand family and its strengths;
- " the importance of the extended family;
- " the range of solutions that are available, or that are required, to help prevent families reaching crisis point;
- " the wide range of parenting skills required by both current and future parents;

- " issues associated with the care of elderly relatives and children;
- " information and education on options that work in providing boundaries and discipline for children and young people.

## References

1. *The United Nations Convention on the Rights of the Child. He Hui Whakatau i te Mana o te Tamaiti a te Whakakotahitanga o nga Whenua o te Ao.* Office of the Commissioner for Children/UNICEF. Te Whanganui-a-Tara, 1992.

### 3. HEALTH AND NUTRITION

#### Introduction

The survival and health of children rests upon the healthy functioning of their society, their genetic and cultural heritage, the values and practices of their families, the qualities of those on whom they depend, and the nature of the relationship they have with them. Good health incorporates many factors including the realisation of potential, enjoyment of life, dignity and autonomy and having an honourable place and making an honourable contribution to family, kin group and the wider society.

By these criteria the achievement of health is not solely, or even in a major part, the business of a single sector of society. Nor can its achievement, or the lack of it, be gauged by a single measure.

#### Structure and Policy Directions

New Zealand spends around 5-6% of GDP on health services<sup>1</sup>. While the major part of the cost (82% overall) is met from general taxation and levies, there is a varying cost to the individual or his/her insurer at a number of points in the health system<sup>2</sup>.

The delivery of government-funded health services has recently been reorganised and the responsibility for purchasing personal health, disability and public health services has been placed in the hands of four Regional Health Authorities. Planning and policy functions lie with the Ministry of Health.

The Crown's objectives set out the overall direction for health gains and for health and disability support services. In relation to the health status of the communities served by the regional health authorities, the Crown's objectives for 1994/5 are to:

1. Improve the health status and promote the independence of all New Zealanders and protect the public health, having regard to what is reasonably achievable within the funding available to them. In particular the Crown's objective is to improve health status in the health gain priority areas of:
  - ♦ Child Health
  - ♦ Maori Health
  - ♦ Mental Health
  - ♦ Physical Environmental Health
2. In relation to the special needs of Maori and other particular communities of people the Crown's objective is that the purchasers should:
  - ♦ have regard to the Crown's policy direction for Maori expressed in the document *Whaia te ora mo te iwi*<sup>3</sup>



- ◆ seek to improve the health status of Maori so that they will enjoy the same level of health as non-Maori.

Included in these objectives are terms of access and coverage as well as the standards of those services. Underlying all purchasing decisions are principles of equity, effectiveness, efficiency, safety, acceptability and risk management.

A variety of small and large agencies provide health and disability services and programmes. Most primary health services provided for children are free of user charges, including immunisation, dental care and the majority of well child care services. The concept of well child care is described later in this Chapter.

Primary medical care is undertaken largely by independent practitioners who charge a fee for service. A State subsidy of 50% or more of the fee is provided, the actual amount dependent on the age of the child or family income.

The Government has also agreed in principle that there will be no user charges for publicly funded disability support services for children.

Hospital services are operated in the main by recently established, State-owned Crown Health Enterprises.

A number of independent, voluntary-based organisations provide certain services and programmes, partly on contract, either directly to Government or through the purchasing authorities. Prominent among these are the New Zealand Society for the Intellectually Handicapped (IHC) which provides services and programmes for the intellectually disabled, the Crippled Children Society (CCS) which provides services and programmes for the physically disabled, and the Plunket Society which provides well child and parent support services.

Some services and programmes operate in a distinctly Maori way and serve principally Maori populations. Kohanga Reo (literally: language nests - Maori language early childhood centres) provide among other things, health education for pre-school children and their families who attend these facilities by day, and Tipu Ora is a well child and family support programme. Several marae have associated health facilities and programmes.

## **Health Priorities for Children**

For the 1993/94, 1994/95 and 1995/96 years Government has identified child health as a health gain priority area for Regional Health Authorities in the purchasing of health and disability support services. The focus is on improving well child services for children and their families with particular emphasis on vision and hearing screening, parenting support, immunisation, and surveillance and support for "at risk" families and for children or adolescents at risk of abuse or neglect.

Public health objectives include continued reductions in sudden infant death syndrome (SIDS), prevention of child hearing loss, increased uptake of immunisation, reduction of death rates and disability from asthma, unintentional injuries, child abuse and road traffic crashes, and reductions in tobacco smoking.

## The Health Status of New Zealand Children

### Child Survival

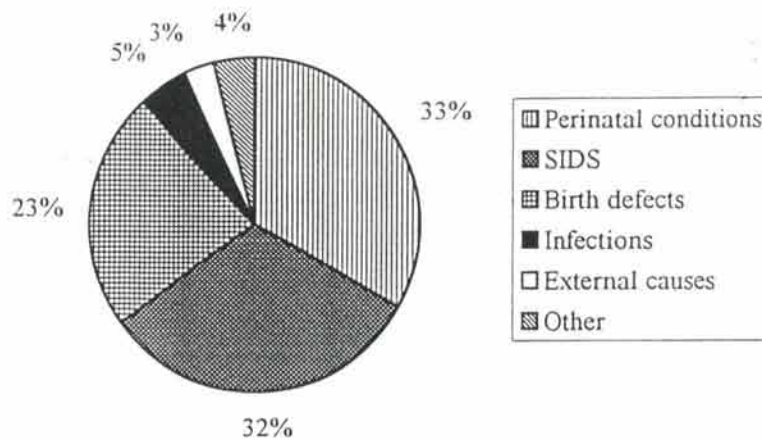
The safety of pregnancy and childbirth in New Zealand is indicated by the rate of maternal and newborn baby deaths. The newborn mortality rate (deaths per thousand live births in the first four weeks after birth) in 1990 was 4.2. Maternal mortality (deaths from pregnancy-related causes per 100,000 live births) between the years 1980 and 1990 was 13. These figures fall in the middle range for the 33 "low under 5 mortality rate countries" as defined by UNICEF<sup>4</sup>.

New Zealand has one of the lowest rates of infant death in the world (11th in 1991). The table shows New Zealand's infant mortality (deaths per thousand live births in the first year of life) for the seven years to 1993. By way of contrast figures are also shown for Mozambique and Japan, the countries with the highest and lowest infant mortalities in the world, and for Australia, New Zealand's nearest neighbour.

Infant Mortality (Annual Deaths in the first year of life per 1,000 live births)				
	New Zealand 5,6,7,8	Australia <sup>4</sup>	Japan <sup>4</sup>	Mozambique <sup>4</sup>
1987	10.1	9	5	170
1988	10.9	9	5	172
1989	10.3	8	4	173
1990	8.4	8	5	173
1991	8.3	8	5	170
1992	7.26			
1993	7.23			

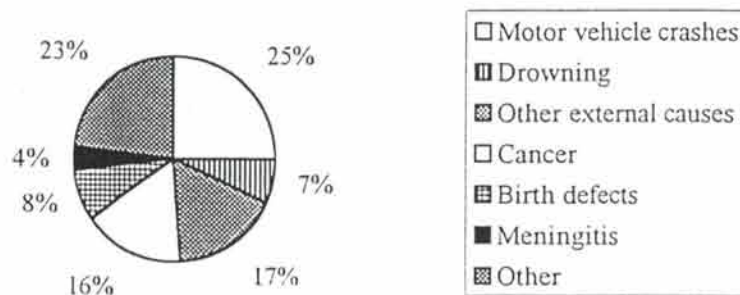
The sharp fall in infant mortality that occurred in New Zealand in 1989 came about because of a dramatic reduction in New Zealand's comparatively high rate of Sudden Infant Death Syndrome (SIDS, cot death). Between 1988 and 1991, 32% of all infant deaths were due to sudden death, cause unknown. Despite declining between 1989 and 1991, the New Zealand rate from this cause remains the highest among the OECD countries. The decline in the SIDS rate between 1989 and 1992 coincided with the National Cot Death Prevention Campaign which alerted parents to three risk factors: prone sleep position, lack of breast feeding and maternal smoking.

### Infant Deaths in 1990 - per 1,000 live births



Perinatal conditions, most of which are associated with premature birth and low birth weight, are now the commonest cause of death in the under one year age group, closely followed by SIDS. Birth defects are the third largest grouping of causes of death while infections, cancers and injuries make smaller contributions.

### Deaths of 1-14 year olds in 1990 - per 100,000 age specific population



In the 1 to 14 year age group, there were 238 deaths in 1990, a rate of 33 per 100,000 age specific population. Half of these deaths were due to external causes such as injuries, drownings, and poisonings. The main single cause of death in this age group was motor vehicle crashes which killed 60 children in 1990. Of these, 66% were occupants of a vehicle and 33% pedestrians.

## Nutrition

Most New Zealand infants are initially breastfed. 84% are exclusively breastfed when they go home from the maternity hospital and 61% by 4 weeks of age. 50% are still receiving some breastmilk at 6 months of age<sup>9</sup>.

Nutrition in childhood is not only important to contemporary health but sets the scene for certain adult patterns of health and disease. In a 1989 random sample of New Zealanders over 15 years of age, obesity was uncommon in the 15-19 age band<sup>10</sup> but body mass index rose steeply thereafter and 33% of the total sample was overweight. The diets of a national sample of 10-11 year olds were surveyed in 1992<sup>11</sup>. Concern was expressed for the relatively high sugar and low fibre intake and, for girls, the low calcium intake.

"Food and Nutrition Guidelines for Healthy Adolescents" was released in July 1993. These guidelines address the special nutrition needs of adolescents and have been produced as a pamphlet and poster for the target group and as a background technical paper for health professionals.

Work is being done on the development of a National Plan of Action for Nutrition. This is in accordance with New Zealand's international commitment to nutrition given at the International Conference on Nutrition in December 1992. The Plan of Action for Nutrition will address the special needs of different sectors of the population, including children, adolescents and Maori.

As in most developed countries, there is a complicated relationship between food and women, especially with young girls. The rise in the incidence of anorexia and bulimia are evidence of this. The diet industry and constant media expression of thinness detrimentally affect the nutrition of young women.

## Folic Acid

Recent clinical trials in the United Kingdom and Hungary have shown that folic acid (one of the B group vitamins), if taken before conception and during the first months of pregnancy, can significantly reduce the prevalence of birth defects such as spina bifida. Health agencies have responded by advising health professionals of the latest findings and has recommended prevention strategies. An information leaflet for women has been developed and is widely available.

## Illness

There are a number of illnesses and disorders to which some New Zealand children are prone. The most common of these are listed below together with programmes that are in place to reduce the rate of occurrence.

### (a) Sudden Infant Death Syndrome (SIDS)

Up to and through 1989 New Zealand had one of the highest rates of SIDS in the world at between 4 and 4.5 per thousand live births. Since 1989 that rate has halved, an annual saving of 100 lives. It seems likely that this has been brought about because parents have been advised

not to place babies in a prone position to sleep, a practice that was found by a New Zealand study to be associated with an increased risk of death<sup>12</sup>. The study also found that the potential to prevent more of these deaths exists by the reduction of other risk factors such as parental smoking and early cessation of breast feeding.

The rate of SIDS remains high among Maori, at 6.9 per thousand live births in 1991. The rate was higher, and has fallen more slowly, than for non-Maori. A nationally focused service to co-ordinate Maori SIDS prevention efforts has involved the Maori community at all levels of planning and design, and has been successful in dramatically reducing SIDS in the communities where it has been established.

(b) Youth Mental Health and Suicide Prevention

Suicides among young people have risen sharply in New Zealand since 1985. In 1990 the rate among 15-24 year old males of 38 per 100,000 population was the third highest for OECD countries. Among females in the same age band, although it was considerably lower than for males at 6.7 per 100,000, it was the highest female rate for the OECD countries<sup>13</sup>.

The Ministries of Health and Youth Affairs are both represented on the Monitoring Group which follows up the recommendations made by the Steering Group on Youth Mental Health and Suicide Prevention in 1994. The steering group representing government departments and other agencies whose roles relate to youth suicide, developed a comprehensive set of recommendations for a coordinated approach to youth mental health and suicide prevention. The recommendations cover:

- ♦ the provision of good mental health services for youth;
- ♦ the need for protocols for the care of those known to be suicidal;
- ♦ the training of those who work with young people;
- ♦ support for families, friends and others affected by suicide;
- ♦ culturally appropriate policies, programmes and services;
- ♦ the role of education and training institutions;
- ♦ the need for further research and evaluation.

The Ministry of Health monitors the performance of Regional Health Authorities in purchasing mental health services for young people. In July 1994, extra funding was paid to Regional Health Authorities by the Government for mental health services. Some of this money was tagged for new youth mental health services. Each Regional Health Authority is required to purchase dedicated services for young people with serious mental health problems.

During 1994, a major strategy for mental health services in New Zealand was developed. The strategy document was published as *Looking Forward: Strategic Directions for the Mental Health Services*. The strategy set in place goals for child and youth mental health. As part of the strategy follow-up, the Ministry of Health is convening an Interdepartmental Working Party on the Mental Health Needs of Children, Young People and their Families, as well as working with Regional Health Authorities on service issues. The key task of this working party is to clarify interface issues around the role of different government agencies in relation to the needs of young people with mental health problems.

(c) Asthma

Asthma is perhaps the most common chronic debilitating condition in childhood. It is responsible for 13% of all childhood admissions to hospital. While it does not appear to be more common among Maori, it seems more likely to be severe and to lead to hospital admission and to death<sup>14</sup>. 42 adolescents died from asthma in 1987-89. The death rate is now falling as knowledge of the control of the disease improves and becomes more widespread. In 1990 there were three deaths from asthma in under 15 year olds.

New initiatives have focused on increasing public awareness about asthma and greater use of management plans. In 1993 a children's asthma management plan was developed to assist children and caregivers of children with asthma. An early childhood education kit was launched to help children and their teachers understand asthma.

A National Maori Asthma Educator has been appointed to develop material for the use of Maori asthma educators. A Maori asthma management plan and training programme for lay Maori asthma educators has been piloted, and the management plan has been recognised internationally as a model for working with lay asthma educators.

(d) Rheumatic Fever

Rheumatic fever is a preventable illness which continues to be an important infectious disease in New Zealand. The highest rate of the disease occurs in children aged 5 to 14 years, with Pacific Islands and Maori populations having higher rates of the disease than all other ethnic groups. Maori children have almost 15 times, and Pacific Islands children 28 times, the risk of children of all ethnic groups.

The serious nature of this disease is recognised. In 1986 it was listed as a notifiable disease and a surveillance system developed. Rheumatic fever registers have been set up in certain high risk areas which has resulted in improvement in identification of those at risk and prophylactic early treatment. The rate of notified cases of rheumatic fever in children aged 5-14 years in 1993 was 2 per 100,000 for all other ethnic groups, 26 per 100,000 for Maori and 44 per 100,000 for Pacific Islands children<sup>15</sup>.

A five year programme specifically designed to reach Maori in a culturally appropriate manner was established in 1989.

## (e) Hearing loss

Screening of 5 and 6 year olds at school entry in 1991 identified 10.5% with hearing loss, 15% Maori and 10% non-Maori<sup>15</sup>. By school entry age this is already likely to have interfered with learning and social development and to have contributed to behavioural problems. Most hearing loss is due to Otitis Media with Effusion (glue ear). A smaller number have been caused by rubella infection. In each case a preventive strategy exists<sup>16</sup>.

## (f) Infections preventable by immunisation.

The current immunisation schedule protects against nine serious diseases. These are measles, pertussis (whooping cough), mumps, hepatitis B, tetanus, diphtheria, rubella, polio and haemophilus influenzae type b (Hib). Annual notifications of hepatitis B have declined from over 600 in 1984, before the introduction of the vaccine, to 221 cases in 1991. Immunisation against tuberculosis is offered to at-risk populations.

Epidemics of pertussis, measles, mumps and rubella continue to occur (although generally at decreased frequency or intensity), in spite of free immunisation against them. Sporadic cases of diphtheria and tetanus also occur. There have been 5 cases of paralytic poliomyelitis since 1964.

Haemophilus influenzae b (Hib) is the most common cause of serious bacterial infection in young children. Safe and effective vaccines are now available to prevent Hib. A Hib vaccine was introduced in 1994, the effects of which have been seen already. There were only 76 cases of Hib disease in 1994, compared with an average of 143 cases per year for the 1991-3 period. Government health agencies developed health promotion strategies for the effective implementation of the programme.

A Maori health promotion strategy was also designed to optimise the delivery of health messages about Hib to the Maori community. Maori community health workers receive training to assist them in the promotion of immunisation in general, and Hib specifically<sup>17</sup>.

Surveys of immunisation coverage in New Zealand have consistently shown less than adequate levels. A 1992 national survey found that less than 60% of all New Zealand children, and only 42% of Maori children, were fully immunised at the age of two. The Government announced a National Immunisation Strategy in March 1995. Key elements of the strategy are the introduction of an immunisation status certificate that must be produced when enrolling children in early childhood education centres and primary schools; a proposed legal requirement for parents to decide whether or not to immunise their child (ie, not making a choice is not an option); changes to the National Immunisation Schedule to reduce the number of times children must be taken to a vaccinator to receive all the recommended vaccinations; the development of nationally agreed standards for vaccinators; local and regional coordination of immunisation to ensure that children do not fall into the gaps between individual providers; and the development of immunisation surveillance systems so that immunisation coverage is routinely and accurately measured.

The National Immunisation Strategy sets coverage targets to increase the number of children who are fully immunised to 95% and to increase the Maori rate so that it matches the non-Maori rate by the year 2000<sup>18</sup>.

(g) Melanoma

New Zealand's climatic conditions increase the potential for overexposure to the sun's harmful rays, with fair skinned people particularly at risk.

The incidence of melanoma of more than 1.5 mm in thickness at the time of diagnosis was 9 per 100,000 non-Maori in 1992. At this thickness, prospects of cure are considerably less than with melanomata diagnosed earlier. Although the incidence in childhood is relatively low, overexposure to sun during childhood is thought to make a major contribution to development of the cancer. Education for primary prevention aimed at children and their caregivers has increased in recent years and is ongoing.

(h) Birth defects

2-3 % of infants are born with a major defect and approximately half of these will suffer ill-health, disability or early death as a result. Certain of these defects, where there is a family history, may be prevented through genetic counselling. Some can be diagnosed in early pregnancy and termination offered. Some substances (notably alcohol) taken in pregnancy cause damage to the infant. In addition, for one of the major defect groups, spina bifida and anencephaly, there is the prospect of more primary prevention by dietary means. 20-30 infants with one or other of these conditions is born each year in New Zealand. As previously stated in this report, it has been found that supplementation of the diet with the vitamin folic acid in the period around conception can reduce the risk.

(i) Low birth weight

The prospect for infants of low birth weight is poorer than that of other infants in a number of ways. They are more likely to die in the first year of life, to suffer neurodevelopmental defects and to be disadvantaged in other ways. Programmes of care during pregnancy can reduce the risk of a low birth weight infant being born. Infants of less than 2,500grams at birth, the usual definition of low birth weight, constituted 5.7% of births in 1987<sup>19</sup>.

## Injury

In children over 12 months of age, injuries are by far the commonest cause of death and are a major cause of suffering and disability, as well as a major use of costly services<sup>20</sup>. Strategies exist to prevent most injuries<sup>21</sup>.

The Child Accident Prevention Trust<sup>22</sup> has established a National Working Party to examine preventive strategies aimed at reducing the incidence of child injury through accidents, and to facilitate the introduction of appropriate programmes.



## Other Health Factors

Certain important factors contribute to, or interfere with, the attainment of health.

### (a) Tobacco smoking

A recent national study found that 41% of New Zealand mothers smoked during pregnancy. Children suffer from the effects of both passive and active smoking and babies exposed to tobacco smoke are more likely to die from SIDS. They suffer an increased number of respiratory infections and are more likely to develop glue ear and hearing loss. Babies born to mothers who smoke are lighter at birth and in association with this are more vulnerable in a number of ways.

In one New Zealand study<sup>23</sup> 10% of children had taken up the smoking habit by the age of 11. A person who is smoking by 15 years of age is 15 times more likely to die of lung cancer than a non-smoker and 5 times more likely than a smoker who starts at the age of 24 or more.

Education programmes advising of the health risks of smoking are regularly promoted through schools, health services and the media.

The Ministry of Youth Affairs has developed an information sheet on the subject of tobacco to assist with the provision of information to children and young people and to discourage the taking up of smoking.

### (b) Well child care for infants

Child rearing is ordinarily not a sole occupation. There are good reasons for those who have the care of infants to share that care, and be in touch with a wider society of those who have the child's and parents' well-being at heart. In part it is a matter of gaining knowledge of the practice of infant care and checking for illness and disability. It is also a matter of introduction to a whole social environment which supports and sustains child and parent during critical early phase of the family life cycle.

Well child care embraces this concept. The adoption of a holistic concept of well child care owes much to the work of Maori who have consistently advocated an holistic approach to health. It is a concept well developed in New Zealand and has its expression through organisations such as the Plunket Society, Te Kohanga Reo, Parents Centres, New Mother Support Groups, Tipu Ora and others. A 1993 report, Tamariki Ora<sup>24</sup>, dealt with the future direction of well childcare services and focuses on the development of services which promote the physical, mental, family and spiritual well-being of children and young people. The Ministry of Health is working with the four Regional Health Authorities to define the components of, and a national schedule for, wellchild/tamariki ora care for the first five years of life. The schedule will define the entitlement of every child to health protection, such as immunisation; health education and promotion, such as nutrition and safety in the home; and family/whanau support, such as assessment of parental/whanau concerns and need for referral or additional support.

## Other Initiatives

In addition to the major health sector projects outlined above, all government departments maintain a range of policies and initiatives which support the principles and objectives of health authorities in relation to children and young people. Examples of this include the Education (Early Childhood Centres) Regulations 1990, the syllabus, *Health Education in Primary and Secondary Schools*, and programmes within the Special Education Service.

Government policies cover such areas as product safety standards (including product bans); health and welfare of dependent infant children of prison inmates; road safety; civil emergency; building safety codes for local bodies, and industrial relations provisions.

Through Government funding, priority in the child health and nutrition area is given to mother/child support groups, children and youth with disabilities, cultural identity projects and community facilities. Funding is also made available to support specific health research projects. Examples are research into Sudden Infant Death Syndrome, low birthweight infants, the effects of television on pre-school children, and the quality of childcare services.

## Health Education in Schools

The health education syllabus is a required syllabus in New Zealand schools. The syllabus, *Health Education in Primary and Secondary Schools*, defines health and health education and sets out aims and objectives for health education in New Zealand schools. It sets out guidelines for developing effective programmes and highlights the need for consultation among schools, the family and the community in relation to health education. Health education is also clearly identified within the essential learning area of "Health and Physical Well-being" in *The New Zealand Curriculum Framework* (1993). Policy development for a new national curriculum statement in Health and Physical Well-being is currently in progress, with curriculum development leading to a draft to be published for comment in early 1996.

The Ministry of Education is developing national curriculum statements in each essential learning area of the Framework. Until such time as the national curriculum statement in Health and Physical Well-being is written, the Health Syllabus guides school programmes in this curriculum area.

## Healthy Schools

The Ministry of Health is developing "Healthy Schools" guidelines for health promotion providers working in schools who wish to establish a health-promoting school environment. Health promotion areas covered include injury prevention, smokefree environments, nutrition, mental health, exercise, melanoma prevention and sexuality education.

The New Zealand School Boards of Trustees Association is promoting a Healthy Schools Project. The project asks Boards of Trustees and staff to focus on the school's goals, policies, programmes and curriculum to achieve healthier schools. The project is a partnership between schools, their community and agencies to create safe, positive and healthy schools. The focus is on providing for the well-being of the whole person using an holistic approach to the needs of the child or young person and the family and community.

## Special Education

Services are delivered to schools by the Special Education Service, under a contract managed by the Ministry of Education. The Special Education Service provides a service for the benefit of children and young people with special education needs including those arising from a disability. Students with identified special education needs are catered for in a range of regular and special education settings, including education or help from a special school, special class, special clinic or a special service. Staff in the Special Education Services include advisers of the deaf, psychologists, speech and language therapists and visiting teachers. Supplementary funding is allocated to meet additional needs.

## Community Services Card

A Community Services Card was introduced in 1992 and enables low income and beneficiary families obtain low cost health care. A High User Health Card is available for all children with chronic health problems to assist with meeting the cost of doctors visits and prescription charges.

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## **WOMEN'S ROLE**

### **Introduction**

The status and life opportunities of women have a powerful influence on the well-being of children. This is particularly so for Maori women who are pivotal to the cohesion of the whanau. The past twenty years have seen significant advances in legislative support and protection for women to the extent that today New Zealand women are some of the most advantaged worldwide in this regard.

Legislation passed over the past decade of particular significance to women and children includes:

- ♦ the Child Support Act 1991 which requires non-custodial parents to financially contribute towards the upbringing of their children;
- ♦ the Parental Leave and Employment Protection Act 1987;
- ♦ the Films, Videos and Publications Classification Act 1993 which makes it an offence to possess banned pornographic material that is extremely violent, exploitative, or degrading to women and children.

These and several other Acts of Parliament have provided a greater degree of security and equality of treatment for women than was the case prior to the 1970's (see also Chapter 11).

### **Women, Work and Families**

There has been a steady increase in the numbers of women entering the job market in the last three decades. The June Quarter 1994 Household Labour Force Survey shows that 55% of women over the age of 15 years are either employed, or unemployed and seeking work.

Greater participation of women in the labour force and their over-representation in lower paid occupations has implications for children, particularly those in sole parent households headed by women.

An added factor is that the relative roles of men and women in the household have not changed significantly, with women still doing the major share of domestic duties and having the care of children. This can place extra stress on women in two-parent households where both partners are working, which in turn can rebound on children.

Current concern is with "home alone children" i.e. those at home unattended by an adult. Mechanisms for members of the community to report on these cases where they find them is a current area for consideration.

## Education

Gender equity is addressed in New Zealand as part of the Government's commitment to ensuring equality of educational opportunity for all students. The National Education Goals make equality of educational opportunity for all New Zealanders integral to the education system. This is to be achieved through the identification and removal of barriers to achievement. Boards of Trustees, through the Principal and staff, are required to analyse barriers to learning and achievement and develop and implement strategies which address identified learning needs in order to overcome barriers to students' learning.

The Ministry of Education is committed to improved outcomes for girls and women in education and training. Although substantial improvements have been made over the last two decades for girls and women in terms of their access to, and participation in education, current data indicates that girls and women are still not achieving their full potential.

Women are now more likely to remain in school to senior levels than has been the case in the past. Women tend to leave school more highly qualified than their male colleagues and are more likely to enrol at a university. However, women still participate less in graduate education than men. One enduring difference between men and women is the subjects they choose for study. Although women and girls are involved in a greater range of subjects than ever before, they still predominate in areas of study which have been traditionally thought of as women's. This occurs at all levels of education, from different early childhood play experiences to different postgraduate subject choice.

The situation for Maori girls and women gives considerable concern. They are more likely than non-Maori women to leave school at an early age, are less likely to have any qualifications, and the qualifications they do receive are more likely to be locally, rather than nationally based. Few attend tertiary institutions.

The Ministry of Education's is developing *Actions Plans for the Education and Training of Girls and Women*. The project aims to develop action plans for improving the quality of education for girls and women in educational institutions. Policy blueprints have been developed for the participation and achievement of Maori girls, and a gender-inclusive curriculum. Te Iho Kohine is a joint policy between the Ministries of Maori Development and Women's Affairs. It will pilot a training programme to enhance the opportunities of Maori girls by providing them with skills to deal with racism and sexism.

## Employment

The Government is taking a pro-active role in assisting women in receipt of sole parent benefits to return to the workforce. One initiative which commenced last year will help sole parents to gain access to employment, education and training. The pilot programme, which is similar to a programme implemented in Australia, provides positive support for sole parents and has been shown to lift their self esteem and thus widen their horizons and aspirations and those of their children. The Compass pilot programme is run by the NZ Income Support Service of the Department of Social Welfare. The New Zealand Employment Service is currently running seminar series (Hikoi ki pae-rangi/New Horizons) in 18 NZES centres, which complements the Compass initiative and particularly targets Maori women.

Government-subsidised childcare is available to enable parents to attend training, education or paid employment. There has been a substantial increase in the number of early childhood facilities in recent years. The number of childcare centres has increased by 302 over the past three years, and the total increase in early childhood centres including kindergartens, Kohanga Reo and Pacific Islands Language Nests for the same period is 605.

In the area of employment and equal employment opportunities, a range of special projects across government departments is in place to ensure that women have equal access to education, training and employment. These include the National Advisory Council on the Employment of Women (an advisory body to the Minister of Employment on matters relating to women in paid work), Wahine Pakari, and Wahine Ahuru/Turning Point programmes to help women to return to paid work.

## **Health**

Work is underway on the development of an intersectoral national strategy to improve reproductive and sexual health outcomes in New Zealand. The target groups are Maori, Pacific Islands peoples, young people and parents. Sub-strategies are likely to focus on community-based programmes, school-based programmes, and service issues.

Strategies to improve the overall safety and quality of pregnancy and childbirth are also being developed. Other initiatives in the health sector which pertain to women include projects which examine low birthweight predictions, neo-natal services, contraception/planned pregnancy, maternal mortality, and artificial reproductive technology and surrogacy.

Community funding priorities include family planning, mother support and infant care groups.

Screening for cervical cancer is widely available and a national policy on breast cancer screening is being developed.

## **Domestic Violence**

Family violence is addressed in a number of ways by social service and law enforcement agencies.

The New Zealand Police operates a policy of arresting perpetrators of family violence. Criminal charges are frequently laid in cases of family violence. Adult victims can also apply for orders from the Family Court under the Domestic Protection Act 1982. This Act enables non-violence, non-molestation, occupation and tenancy orders to be made, affording protection to victims from molestation in the domestic sphere.

Legislation currently under consideration will propose to repeal the Domestic Protection Act 1982 and create a new act that widens the definition of domestic violence, hold perpetrators responsible, and afford even greater protection to victims. Under the provisions of the Bill, children and young persons will be able to apply for protection orders in their own right.

The legislation also proposes amendments to the Guardianship Act 1968 in cases involving domestic violence. The Family Court will determine whether allegations of violence, either towards a spouse or a child, are proven. Provisions relating to the custody of, and access (visitation) to children following the dissolution of a violent marriage, and like relationships, are amended to better protect the welfare of children. Where violence has been found to have occurred, the violent party will not be granted custody of the child, or allowed unsupervised access unless the Court is satisfied that the child will be safe.

The Department of Social Welfare is able to assist victims of domestic violence through the provision of income support and the funding of Women's Refuges and family support programmes.

## Rural Women

A number of the problems confronting women and children in New Zealand are exacerbated in rural areas by difficulties in accessing services (i.e. education, health, support services such as Women's Refuge etc). Rural people have difficulty in accessing some services for a variety of reasons such as the high cost in time and money of travelling long distances, and a lack of knowledge about available services.

The Ministry of Agriculture and Fisheries has undertaken a major study investigating the role of women and their economic contribution to rural communities.<sup>1,2</sup>

In the first part of the study, published and unpublished information has been brought together to provide an overview (or scoping study) of the role and contribution of rural women today compared with their role and contribution in the past; how this contribution stands alongside that of rural men, and alongside that of urban women and men. The study also looks at the work of rural women in terms of their hopes and aspirations and at the way in which this work is formally recognised.

The second part of the study takes a closer look at issues raised in the first report, through in-depth discussions with rural and farm women, and women involved with agricultural and rural service industries. The second part of the study also focuses on the barriers against, and opportunities for rural women to contribute to the economy.

*The Contribution of Women to the Rural Economy (Parts one and two)* is of particular relevance to girls and young women in providing them with information on women's involvement in all facets of the rural economy (i.e. women's roles as farmers, in paid and unpaid work in rural and small towns, and women as decision-makers in primary production and related industries).



## Ministry of Women's Affairs

The Ministry of Women's Affairs has a key role as the primary adviser on public policy issues which affect women. The Ministry of Women's Affairs is involved in all aspects of policy development and its officials liaise with other government departments, attend Cabinet Committee meetings and monitor the implementation of policy. Within the Ministry, a specialised unit, Te Ohu Whakatupu advances Maori women's interests in all aspects of the Ministry's work and provides advice to the Minister and government agencies on policies that have particular impact on Maori women.

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## 5. THE FAMILY

### Introduction

New Zealand is a country of many races and cultures with European, Maori and Pacific Islands peoples as the three main population groups, followed by smaller communities of Chinese, Indian and other Asian people.

The mix of cultures and traditions has contributed to a diversity of family types and customs. Families can vary in size from a small unit of one parent and a child, to large extended families with many aunts, uncles and cousins as well as parents and grandparents.

### Families and Change

In creating a picture of children's lives, the best setting in which to begin is the child's primary context, the family. The mix of family structures, customs and values has undergone profound changes in recent times and so, therefore, has the landscape of childhood. In some respects these changes have been on a scale and in directions not experienced in the past.

Changes in marital dissolution patterns have also contributed to the changing face of "family" and family structures for children. These changes include:

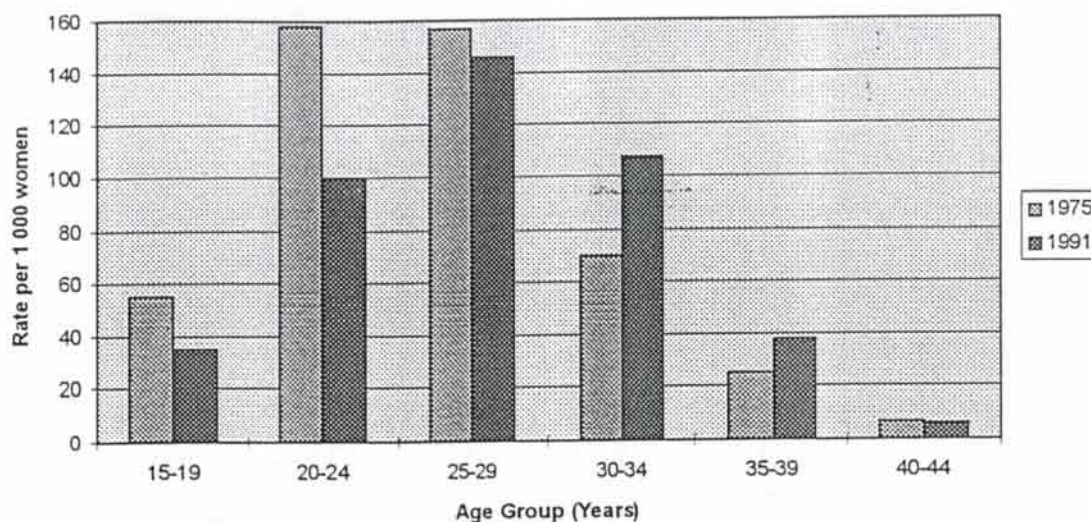
- " An increasing proportion of marriages lasting for a shorter period of time<sup>1</sup>.
- " One in four couples married in 1972 separated before their 20th wedding anniversary.
- " Half of the marriages dissolved in 1992 involved children under 18 years of age.

These statistics do not give a complete picture of marriage breakup because they do not include breakups of de facto unions or of marriages in which couples do not complete a formal dissolution agreement.

A more complete picture of children's experience of family breakup can be gained from following a group of children for a period of time, as has been done in Christchurch. This study shows that 23% of a group born in 1977 experienced at least one, 10% at least two, and 4% three or more parental separations in their first ten years of life<sup>2</sup>. The parents who separated were more likely to have themselves experienced adversity, including parental separation, in their own childhood<sup>3</sup>.

Parental separation and parental hostility have been found to be associated with offending<sup>2</sup> and reduced life chances<sup>4</sup> for children. The magnitude of the contribution made by the hostility, the separation and other possible factors is not clear.

### Age Specific Fertility Rates



There is a trend toward childbearing at an older age<sup>5</sup>. Also, 25 to 29 year olds have overtaken 20 to 24 year olds as the age group with the highest fertility rate. Since 1975 fertility has risen among 30 to 39 year olds and fallen among 15 to 24 year olds.

The proportion of different family types is changing<sup>6</sup>. In 1991 one-child families were 39% of families with dependent children, replacing two-child families (36%) as the most common family type.

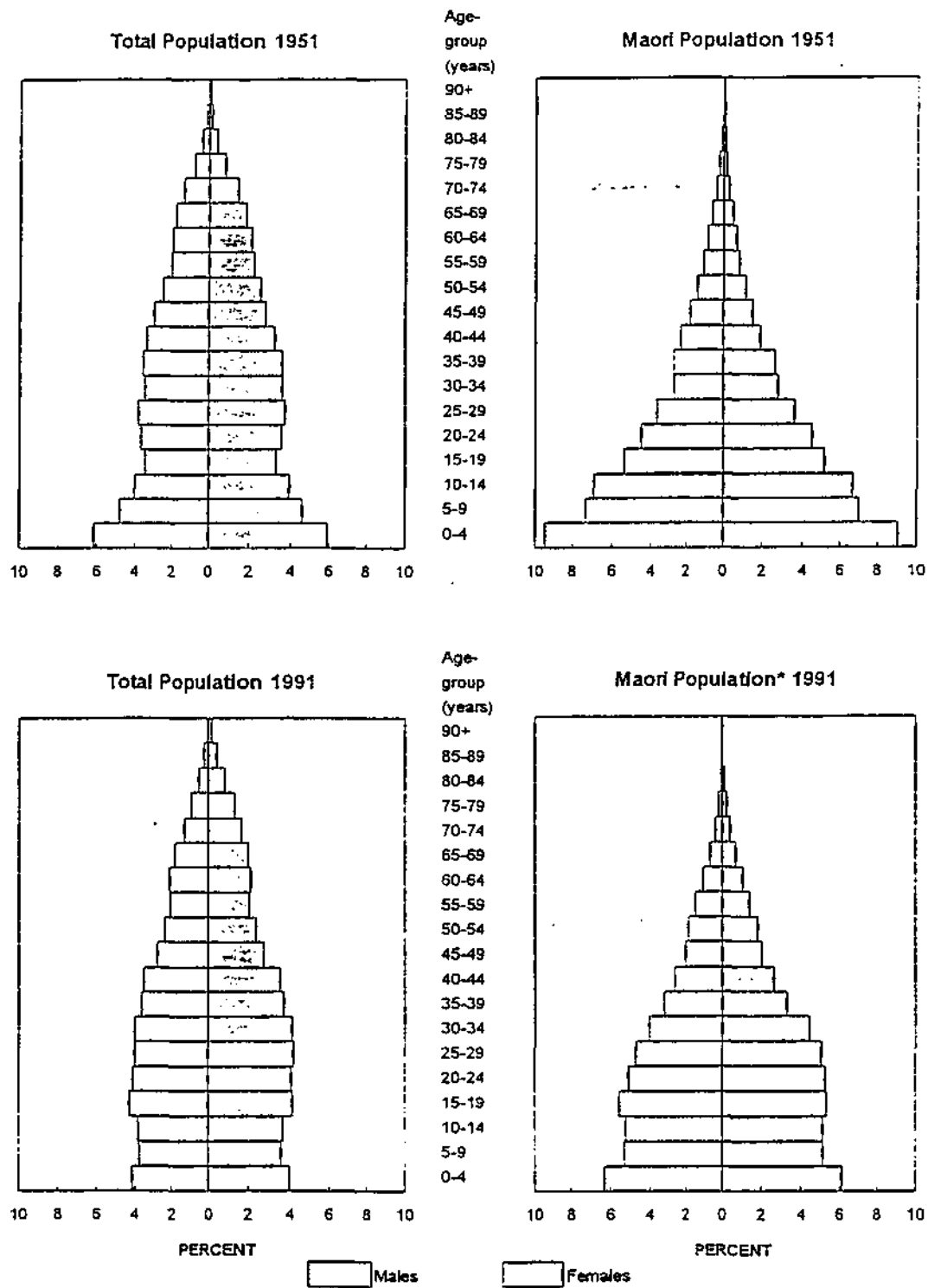
87% of children 0-14 years old live in single family households. However, children from sole parent families (32%), Pacific Islands (34%), and Maori children (24%) are the most likely to live in households shared with others.

More children are being reared in one-parent families. The 1991 Population Census showed that 25% of all children lived with only one parent.

Many parents work in paid employment (as defined in the census). In over 50% of two-parent families both parents work and in 33% of one-parent families the parent works. Of increasing concern is the proportion of families where no parent is in paid employment. At the time of the 1991 census, 25% of all children (0-14yrs) had no parent in paid employment.

One in five of all families with children and 66% of one-parent families with children have an annual income of less than \$20,000.

## AGE-SEX DISTRIBUTION AT 1951 AND 1991 CENSUSES



\* The population of solely New Zealand Maori ethnic group has been used here.

Source: Statistics New Zealand.

Major trends for Maori include:

- ◆ a fertility rate that is marginally higher than non-Maori;
- ◆ slightly larger families than non-Maori;
- ◆ higher cohabitation levels than non-Maori;
- ◆ higher sole parenting levels than non-Maori;
- ◆ lower incomes than non-Maori;
- ◆ a tendency to have their children at a younger age than non-Maori; and
- ◆ over-representation in teenage pregnancy statistics.

The age structure of the population has changed. The proportion of children has decreased as the birth rate has fallen, and the proportion of elderly is set to increase because of longer life expectancy and the ageing of the post World War II "baby boom" cohort.

Although people under 15 years still make up 25% of the population, it seems likely that fewer children now will have the opportunity to spend unplanned time in their families and neighbourhoods in the company of other children within their age band. In 1989 30% of a survey sample of families of children aged 5-12 years were minded out of school hours by someone other than their parent or guardian<sup>7</sup>. 3 % of the sample said that the children looked after themselves either before or after school or at nights or weekends.

## **Parenthood, Care of Children, and Children's Place**

Central to the child's development is the quality of the relationship with parents, family members and others involved in her/his care. Love, a sense of permanence, an identity of which to be proud, bring confidence and achievement. The social changes that are taking place mean changes in the practice of parenthood and in the experience of childhood.

It is important to affirm and strengthen the parental role, as well as provide quality care, recreation and education for children of all ages in out-of-home settings.

Smaller families, changes of residence, involvement of older and younger male and female family members in the workforce, and the depletion of neighbourhoods by day, have a tendency to interrupt the natural transmission of child-rearing knowledge.

Alternative means of maintaining a child-rearing culture can assist greatly. These can be centred on voluntary sector groups, early childhood care and education organisations and facilities, schools, workplaces and places of recreation. On the principle that the child-rearing culture must accompany children, young people and their families to wherever modern life places them, rather than according to some notion as to where they should be, all these alternative means are needed to cater adequately for children, young people and their families.

## Increased Emphasis on Early Childhood Education

New Zealand has some of the highest participation rates of children in early childhood education in the OECD. At July 1993, 79% of three year olds and 95% of four year olds were enrolled in an early childhood education service.

The Government has placed greater emphasis on the provision of early childhood education and has increased the number of facilities that parents can use for this purpose. In the past three years the number of childcare centres has increased by 302 while the total increase in all early childhood education institutions is 605. These include language nests for Maori (Kohanga Reo), Pacific Islands Language Groups, licensed childcare centres and playgroups.

The first three years of life may be the most critical for the child's learning and development. New Zealand research has shown that children delayed in language development at age three have a 70- 80% chance of experiencing serious learning difficulties right through schooling and on into adult life.

Parents have a vital role to play in providing a sound foundation for their children's later learning, yet they do not always feel confident that they can help their children with their learning. Parent support programmes help parents to develop their parenting skills and provide them with opportunities to develop their knowledge about young children.

In 1992 the New Zealand Government introduced one such parent support programme, the Parents As First Teachers programme, on a pilot basis in four communities. The programme involves parent-educators working at home with families to ensure children aged 0-3 get the best possible start in life. Parents are helped to create an environment in which children's language, physical and social development is enhanced, and support networks are built by putting families with young children in contact with one another. Opportunities for involvement in the programme have since been extended to parents in 24 communities, and it is intended that the programme will be available by 1998 to all parents who request it.

The majority of early childhood services are funded by Government to provide support and education to parents of enrolled children. These services promote good parenting skills, sometimes through specific parent education programmes or by providing to parents information about child development opportunities for them to be actively involved in their children's learning. A government agency, the Early Childhood Development Unit (ECDU), is responsible for promoting and facilitating opportunities for an increasing number of families to be involved in early childhood services.

Parents can choose from a wide range of government-supported early childhood services such as kindergartens, playcentres, kohanga reo, Pacific Islands language groups, playgroups, Correspondence School programmes, and home-based services. A range of services is also available from private early childhood centres with differing philosophies.

Government has specified its desired outcomes for early childhood education in the document, *Education for the 21st Century*<sup>8</sup>. These desirable education outcome objectives have been described as:

- ◆ A set of services which enhance and extend the role of families in educating children under school age;
- ◆ Children who, at entry to school are emotionally, intellectually, and socially prepared to gain maximum benefit from schooling.

For good quality outcomes from early childhood education, it is essential that services provide high quality care and education. Licensing and chartering requirements set required standards for premises, staffing, programmes, organisation, and management of early childhood services. Government funds are received only if licensing and chartering requirements are met.

Because the early years are so crucial in providing a foundation for later learning, early childhood curriculum guidelines have been developed which clearly define the goals of early childhood education. A draft of these guidelines, called *Te Whariki*<sup>9</sup> establishes common principles, aims, and developmentally-appropriate goals for learning and skill development in all chartered early childhood settings. When the guidelines have been finalised, professional development programmes will be provided for early childhood educators to ensure that they are supported as they implement the new curriculum. The guidelines will be reviewed regularly.

To help early childhood educators and school teachers support children's smooth transition to school, the guidelines will draw attention to common elements in the early childhood and school curricula. They will provide examples of the ways in which learning in early childhood is linked to the development of skills, understandings and knowledge in the school curriculum.

There is also a range of parenting programmes and services addressed within the context of the school curriculum. It is the responsibility of schools to include in their curriculum delivery a focus on family studies, particularly as expressed in the essential learning areas of Social Sciences and Health and Physical Well-being.

Government health service providers also target parent education as a crucial part of their activities. In addition to specific health projects, research and evaluation of parenting programmes is undertaken to assess their cultural appropriateness, structure and content.

### **Income adequacy**

Income support is available to those who have the care of children and are otherwise without sufficient income as a result of unemployment, sole parenthood, accident, illness or disability.

The Family Support programme provides weekly payments to low-income families and families dependent on benefits at a rate that is dependent on the number of children and the level of income. In the case of income earners Family Support is delivered through the tax/wage system and for those on benefits, through the benefit system. Payment rates and the abatement threshold have been regularly reviewed. Since the introduction of the scheme in 1986, the rate of payment has increased to provide greater levels of support in respect of second and subsequent children aged 13 years and over.

A Guaranteed Minimum Family Income scheme, available only to families in employment, ensures that the weekly incomes of low income earners do not fall below a minimum level.

The Child Support Act 1991 provides legislative recognition that both parents have a continuing responsibility to financially support their children, whether or not they are living with them.

The financial contribution of non-custodial parents is assessed according to a formula which takes into account taxable income, a living allowance which varies according to the liable parent's current family size, and the number of children for whom Child Support is being paid. In special circumstances a parent can apply for a departure from the liability assessed under the formula.

A custodial parent who is a beneficiary is required to apply for a Child Support assessment and any money collected by the Child Support Agency is retained by the Crown to help offset the cost of the benefit. If the Child Support payment exceeds the benefit, the excess is paid to the custodial parent. A non-beneficiary custodial parent is not required to apply for an assessment but may choose to do so.

## **Support and assistance for families**

There is a wide range of family support programmes available from government departments or from community organisations which receive government funding. Assistance and advice is available in such areas as parenting, law and order, family/community support and development, home and road safety, personal safety, health, domestic violence, the environment and crime prevention.

## **New Initiatives For Families**

In recent years extra funding has been made available for programmes which assist families in need of support. In addition to services already provided for families under stress, the Government has funded pilot programmes to assist families with young children. One pilot, the Family Service Centres provide integrated family support services that include health, education and welfare advice and assistance. Another, the Parents as First Teacher has already been described in this chapter.

The aim of the pilot programmes is to develop healthier adults and children, promote improved family relationships that will reduce family violence, child abuse and criminal behaviour and improve educational outcomes for children.

In recognising that a strong family unit is important in raising children well, the Government has made additional funding available to organisations providing practical support programmes for parents who are not coping with the task of caring for their children.

The Children, Young Persons, and Their Families Act came into force in 1989. It emphasises family responsibility and involvement in resolving concerns about child abuse and neglect and offending by young people. The Act recognised the importance of cultural differences. It is discussed more fully in Chapter 7.



The present Government, in adopting a crime prevention strategy, has established a Crime Prevention Unit to advise the Government on crime prevention and to coordinate the management of crime prevention activities, programmes, research and policy advice.

The Crime Prevention Unit is responsible for developing seven key areas which have been identified as priorities for action within the national crime prevention strategy. A number of these key areas are directly related to addressing problems within families. These are:

- " to improve the effectiveness of support for 'at risk' families;
- " to reduce the incidence of family violence; and
- " to target preventative programmes at youth 'at risk' of offending.

The activities of the Crime Prevention Unit are further outlined in Chapter 10.

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## 6. EDUCATION

### Introduction

Education begins in, and is sustained by, families. Formal schooling is only a part, although an important part, of education. It introduces a child to a wider world and equips him or her to flourish in that world. It is also the medium of transmission of a broad cultural heritage, providing confidence and security of identity.

### Structure and Policy Directions

The Ministry of Education/Te Tahuhu o te Matauranga has been established to:

- ◆ provide policy advice to the Government on early childhood, compulsory and post-compulsory education and training;
- ◆ ensure the effective, efficient and equitable implementation of the Government's policies; and
- ◆ ensure the optimal use of resources allocated to education.

All early childhood services are required to have an approved charter in order to receive government funding through bulk grants. All early childhood care and education centres are required to be licensed to operate, and are subject to the Education (Early Childhood Centres) Regulations 1990. Home-based services are subject to the requirements of the Education (Home-based Care) Order 1992.

Since major reforms of education in 1989, all State primary and secondary schools in New Zealand are governed by a Board of Trustees. Each Board is the employing and administering authority for its school. The Board of Trustees is accountable in law for the performance of all aspects of the school.

In New Zealand, schooling is compulsory for everyone between their sixth and sixteenth birthday and is provided free. There are 2666 State schools, of which 2251 are primary schools, 40 are composite schools, 319 are secondary schools, 55 are special schools, and the Correspondence School. There are also 144 private and integrated schools which are controlled by committees, trust boards and management boards on behalf of a range of proprietors.

Government has set a number of objectives for education. They are:

- ◆ A community of shared values;
- ◆ A sound foundation in the early years for future learning and achievement;
- ◆ High levels of achievement in essential learning areas and essential skills throughout the compulsory schooling years;

- ◆ Excellence in tertiary education, postgraduate study and research;
- ◆ Attainment of qualifications to enable all to participate successfully in the changing technological and economic environment;
- ◆ A highly skilled workforce at enterprise and industry levels to enhance New Zealand's international competitiveness;
- ◆ Equality of educational opportunity for all to reach their potential and take their full place in society;
- ◆ Success in learning for those with special needs;
- ◆ Full participation and achievement by Maori in all areas of education;
- ◆ Improvement in the effectiveness and efficiency of resource use in education.

## Curriculum Policy

Under Section 61 of the Education Act 1989, each Board of Trustees must have an approved written charter of aims, purposes and objectives. Every charter shall be deemed to contain the aim of achieving, meeting and following the *National Education Guidelines*. The new set of guidelines, which took effect from 30 April 1993, contains a statement of goals for education in New Zealand, as well as curriculum and administrative requirements.

The New Zealand Curriculum is the official policy framework for teaching, learning and assessment in New Zealand schools. The *New Zealand Curriculum Framework* (1993) specifies seven essential learning areas for New Zealand students: language and languages, mathematics, science, technology, social sciences, the arts, and health and physical well-being. It also sets out the essential skills to be developed by all students: communication, numeracy, information, problem-solving, self-management, competitive, social, co-operative, and physical work and study.

Included within the framework is a range of principles which give direction to the curriculum in New Zealand schools. They are based on the premises that the individual student is at the centre of all teaching and learning, and that the curriculum for all students will be of the highest quality. The principles also affirm and reflect New Zealand's identity.

## Maori education

The focus for Maori is the revival of te Reo Maori (Maori language) and increasing the educational achievement of Maori students. This is being achieved through Te Kohanga Reo (at early childhood level) and Kura Kaupapa schools (at schooling level) which emphasise tikanga and te reo (Maori language).

Kohanga Reo is a Maori initiative which evolved out of the Maori community in an effort to stimulate the revival and survival of spoken Maori. At the national level, Te Kohanga Reo is

administered by Te Kohanga Reo Trust. At the community level, the administration and operations of the Kohanga are the collective responsibility of the whanau, in the past characterised by the high participation of Maori women.

Kura Kaupapa Maori, which have been in operation since 1985, are State schools in which Maori language, culture and values predominate. Other Maori medium education also takes place, with varying degrees of immersion in some mainstream primary and secondary schools which offer immersion and/or bilingual classes.

The Government is committed to increased participation and success by Maori through the advancement of Maori education initiatives, including education in Te Reo Maori (Maori language), consistent with the principles of the Treaty of Waitangi. *The Ten Point Plan for Maori Education* represents all the major actions the Ministry is undertaking in Maori education.

There are currently 29 State-funded kura kaupapa Maori (schools in which Maori language, culture and values predominate) in which the principle language of instruction is Maori. Government has approved a further 5 new kura to be established as from 30 January 1995. The first *kura kaupapa a rohe* (Maori immersion area school), catering for primary and secondary pupils, was established in 1992, and a *whare kura* (Maori immersion secondary school) is being piloted.

## Current Issues

Concern has been expressed by parents, school and welfare authorities, the police and the public at the incidence of truancy in New Zealand schools. A number of means of dealing with the problem have been adopted<sup>1</sup> most focussing on an early response involving the family and community agencies. A protocol between schools and the Children and Young Persons Service of the Department of Social Welfare has been developed for use where persistent truancy occurs.

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## 7. CHILDREN IN DIFFICULT CIRCUMSTANCES

### Children who are abused and neglected

There has been an increase in the reporting of child abuse in recent times. This is partly due to more public awareness of abuse and to a greater degree of openness about this sensitive issue. Attention has focused on the home as both the place in which violent acts may be perpetrated and the place in which violent behaviour may be learned, . . . .

In New Zealand, during the last decade, an average of 9 children annually were officially recorded as victims of homicide<sup>1</sup>. Seven of these deaths were the result of abuse<sup>2</sup>. An Auckland study found that of all age groups, under 5 year olds were the ones most commonly the victims of homicide, equal with 25-29 year olds<sup>3</sup>.

Physical discipline of New Zealand children by parents is permitted<sup>4</sup>, but the practice is reducing. However, since 1990 physical punishment has not been permitted in schools.

There were 28,756 notifications to the official child protection service of under 17 year olds for abuse or neglect or care difficulties in 1993<sup>5</sup>. This was an increase on the previous year's figure of 24,861. Some 5,219 cases proceeded to a Family Group Conference, which is the statutory process for cases in which the child or young person is believed to be in need of care or protection.

Central to New Zealand's consideration of the status and welfare of children is the belief that no child can be viewed in isolation; that all children are part of some form of family arrangement, and that the role of the family is a key factor in the well-being and rehabilitation of children. In the normal course of events, a child is protected from danger through the relationship with parents, family members and others. For this reason intervention strategies, except as a last resort, are directed at families, with the expectation that they will continue to take primary responsibility for the care and protection of their children.

The past practice of removal of many abused and neglected children from their whanau, hapu and iwi was not favoured by Maori. They sought respect for their family structures and patterns of problem resolution based primarily on the principle that children belong to whanau, hapu and iwi as a whole<sup>6</sup>. This demand was an important factor in the development of the child protection law, the Children, Young Persons, and Their Families Act, which came into effect in 1989. A central feature of the Act is the Family Group Conference, a decision-making body consisting of the wider family and other interested parties.

The Children, Young Persons, and Their Families Act allows for the establishment of Iwi and Cultural (meaning ethnic cultures other than Maori and Pakeha, in particular Pacific Islands) Social Services organisations to deliver social services, and grants those providers the right to make application for sole guardianship of children and young persons. The Department of Social Welfare has developed options for the approval and development of Iwi and Cultural Social Services in consultation with Iwi and Pacific Islands groups, and the first Iwi Social Service was approved in May 1995. Culturally-based services are seen as having the potential to improve outcomes for abused and neglected children.

The New Zealand Community Funding Agency of the Department of Social Welfare, in contracting for the provision of social services has, as a matter of policy, a requirement that social welfare services be culturally appropriate.

A new initiative to educate families on the negative effects of child abuse has been trialled in the Pacific Islands community. Samoan community leaders and government agencies are working in partnership to prevent child abuse, by the use of education and training programmes.

A range of activities is taking place within the Ministry of Education in relation to child abuse. The *Prevent Child Abuse* guidelines and an accompanying pamphlet for parents and others who want information on child abuse prevention in early childhood education were released in April 1993. A copy of *Sexual Abuse and the School* was distributed to every school by the Department of Education in 1989 along with a circular, 1989/5, *The Sexual Abuse of Children and Young People. Keeping Ourselves Safe* is a step by step personal safety curriculum which is available to schools throughout New Zealand.

### **Young People who Offend against the Law**

For the past twelve years the rate of officially cleared offences by under 17 year olds has been steady at 350 - 450 per 10,000 age specific population<sup>7</sup>. There is some evidence of increases over the past two years, in particular in violent offending.

### **Youth Aid Section - New Zealand Police**

A primary aim of the Youth Aid Section, in accordance with the objects and principles of the Children, Young Persons, and Their Families Act, is to implement when appropriate, alternative methods of dealing with young offenders other than by way of criminal proceedings. Each report received relating to a young offender is assessed to determine a suitable course of action. Alternative action plans, which may include warnings, verbal or written apologies, performance of a task for the victim or the payment for loss or damage to property, may be actioned and monitored by Youth Aid.

For the year ending 30 June 1993, 80% of all young offenders reported to the Police were sanctioned by way of warnings or Youth Aid alternative plans.

The remaining young offenders were involved in serious offences or were repeat offenders and were referred to Family Group Conferences. In those cases, Youth Aid accepted over 90% of family plans and recommendations, leaving only a small proportion which required a decision from a Youth Court.

The 1993 prison census<sup>8</sup> reveals that there were 14 sentence inmates and one remand inmate aged 15-16 years. However, it does not indicate how many were subsequently transferred to the custody of the Department of Social Welfare, which is common practice for young people sentenced to long periods of imprisonment.

The figures for 1993 show that there were 48 sentenced inmates and 18 remand inmates aged 17 years.

## **Families and Young Offenders**

The family is the principal medium of socialisation of children. Much of the potential that exists for the prevention of anti-social behaviour including law breaking and its earlier manifestations such as bullying, exploitation of other children and damage to property rests in large measure with the family. Their performance in this respect is dependent, in turn, upon their personal values and experiences, the traditions, values, beliefs and social organisation of their community and the information, advice and other resources they may use.

The Children, Young Persons, and Their Families Act brought in radical changes to the principles and procedures of youth justice in New Zealand, with the offender being formally held to account before his or her wider family and the victim of the offence.

Today when young people offend, it is the obligation of the State to see that the offender is held accountable for their actions. The harm that has been done through the actions of the offender must be repaired and further harm prevented. In most cases the family will share these objectives and together with the offender can be expected to accomplish them. The State's role, then, is to enable this to happen. The family is asked how they intend to proceed and, if necessary, assistance is given to them in formulating plans and seeing that they are carried out.

The State, through its institutions, cannot directly socialise children and young people into their families and communities. In particular, life within a prison culture tends to socialise a young person into that culture. The interests of the State, the family and the young person therefore coincide if a partnership is entered into between State and family aimed at providing a positive family environment and keeping the child within its influence. For this partnership to be effective the State must acknowledge in word and deed the wider family's authority in carrying out the task.

Youth justice matters are dealt with under the provisions of the Children, Young Persons, and Their Families Act 1989. The Family Group Conference is the statutory process by which most young people (under 17 years) who offend are handled. In 1993, 6,559 Youth Justice Family Group Conferences were held, a decrease on the previous year when 6,950 conferences were conducted.

## **Violence and Children**

A range of measures to reduce violence in New Zealand society has been proposed. Reduction in the depiction of violence in videos and on television warranted particular mention in an influential 1988 report<sup>9</sup> and aspects have since been further addressed, in legislation through the Films, Videos and Publications Classification Act 1993.

Violence against women at home led 11,786 women to seek the help of women's refuges in 1992<sup>10</sup>. Of these women 5,148 accompanied by 7,779 children, stayed at a refuge. There are 53 women's refuges funded by the Government through the National Collective of Women's Refuges and a further eight independent refuges which are also funded in this way.

The New Zealand Children and Young Persons Service of the Department of Social Welfare is currently examining agency response to family violence. The Service is exploring new policy and practice options in order to:

- ◆ better serve the interests of children and their mothers who are the direct victims of family violence; and
- ◆ meet the needs of children who witness family violence.

The Service also plans to launch a public awareness campaign to highlight the long-term effects on children of being unwilling witnesses to family violence

The Crime Prevention Unit, in consultation with other agencies, including the Family Violence Advisory Committee, is developing strategies to reduce the level of violence in families.

### **Youth Education Service (YES)**

The New Zealand Police provide a Youth Education Service to schools as part of its strategic plan for crime reduction. This service covers the school system from junior primary to senior high school and consists of a curriculum and supporting programmes. A team of police education officers trained to work in classrooms in partnership with teachers encourage and support the teaching of law-related studies.

The programmes are divided into four thematic groups:

- **Violence Prevention** which includes abuse prevention, self defense, non-violent relationships, the prevention of violence on the roads, and the prevention of violent relationships involving young people. Specific programmes include Keeping Ourselves Safe, Kia Kaha (bullying) and The Minder (safe babysitting).
- **Drug and Alcohol Prevention** which includes resisting pressure to use alcohol and other drugs, the personal and social effects of drugs and the agencies available to assist in preventing drug abuse. These contexts are included in the Police drug abuse prevention programme DARE New Zealand which targets young people, their parents, teachers and the community.
- **Crime Reduction** which includes educating young people in ways that they can assist the Police to prevent crime, the consequences of crime, how to resist negative peer pressure and ways to keep themselves and others safe.
- **Traffic Safety Education and Public Safety Enhancement** which also includes safety on the roads and how to assist the community cope with emergencies and disasters. Programmes include Safely Home, Safe Cycling, and Search and Rescue.

The Government administers funding programmes for the purchase of services from non-government organisations for children in difficult circumstances. Many of the programmes provide support for families in meeting the needs of their children.



The Ministry of Youth Affairs is involved in training workshops covering drug and alcohol issues, and drug information sheets to provide more information to parents and those working with young people.

## **Hague Conventions**

New Zealand is a party to the Hague Convention on the Civil Aspects of International Child Abduction and is considering acceding to the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption. The Guardianship Amendment Act 1991 implements the Hague Convention on International Child Abduction. The aims of the Convention are to :

- " protect children (internationally) from the harmful effects of their wrongful removal or retention;
- " establish procedures to ensure the prompt return to the State of their usual residence, of children wrongfully removed to, or retained in, any contracting State;
- " ensure that the rights of custody and of access under the law of one contracting State are effectively respected in the other contracting States.

## **Child Pornography**

The Customs Child Pornography Project (an official 1993 commemoration of Women's Suffrage in New Zealand) aspires to the rescue and protection of children who are victims (or potential victims) of sexual abuse. While preventing the entry of child pornography is a key objective, the project has also been designed to take into account the fact that New Zealand Customs (insofar as it encounters paedophiles as international travellers and as importers of child pornography) is uniquely placed to intervene in the cycle of child sex abuse. To this end, (informal) cooperative working relationships currently exist between Customs, Police and Internal Affairs in such areas as executing search warrants.

## **Children and Crime Prevention**

The Government of New Zealand has instituted a national crime prevention strategy to be managed by a special crime prevention unit in the Department of the Prime Minister and Cabinet. The overall goal of the strategy is to make sure people feel, and are, safe and secure in their own communities. Preventing crime is an important part of creating that safe and secure environment.

It is recognised that children, because of their vulnerability, need special care and protection. Children can be:

- " the victims of mental, sexual and physical abuse from adult family members;
- " prime targets for sexual and physical violence by offenders outside the family;

- " socially and economically deprived as a consequence of law-breaking activities of other family members; and
- " at risk of adopting the lifestyles of their older role models who may be involved in offending activities.

As part of the New Zealand crime prevention strategy the Government has identified seven key areas for priority attention. Four of the seven key areas relate directly to children. Successful strategies in the key areas will assist in the creation of a positive crime-free environment for our nation's children.

The key areas of the crime prevention strategy of particular relevance and importance to children are:

- " reducing family violence. Treatment programmes, education and support leading to increased reporting of violence and reduced levels of family violence will assist in protecting our children and make their social and physical environments safer, more secure and more supportive;
- " developing a coordinated approach to alcohol and drug treatment. New Zealand has a wide range of treatments and treatment agencies but no coordinated programme for dealing with the related crime prevention issues and child issues arising from alcohol and drug abuse. This includes children as victims of addicts, and as addicts themselves;
- " addressing the concerns of victims and potential victims. This involves making sure that all victims, including children, are treated in ways that protect and support them, and ensure that justice is served; and,
- " improving the effectiveness of support for families at risk. Intervention at an early stage can assist in reducing factors that can contribute to criminal behaviour later in life.

The Government believes that the successful implementation of these strategies will make a major positive contribution to the safety and security of New Zealand children and families in the years to come. The Crime Prevention Unit has convened interdepartmental focus groups to develop long-term strategies for meeting the goals in the key areas. The provision of services aimed at strengthening families, increasing parenting skills, ensuring young people are gaining sound education and employment training are all seen as an integral part of reducing crime in our future generations.

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## 8. ENVIRONMENT

### Introduction

The New Zealand Government is signatory to Agenda 21, one of the outcomes of the United Nations Conference on Environment and Development (UNCED). An analysis of the significance of Agenda 21 for New Zealand domestic policies and practices has been carried out by 30 government departments.

The main conclusion from the analysis is that New Zealand's domestic policies and practices are consistent with Agenda 21 in most areas. However, the analysis identified a need to "mainstream" sustainable development objectives in government policy and decision making.

### Vision for the Environment

Children have a vested interest in the quality of the environment, as it is the basis of their future well-being and prosperity. The environment provides the basic essentials for life and the natural resources on which the economy is based. The Government's *Environment 2010 Strategy* sets out a vision of "a clean, healthy and unique environment, sustaining nature and people's needs and aspirations".

This is an environment where:

- ◆ the life-supporting capacity of air, water, soil and ecosystems is safeguarded;
- ◆ biological diversity and spectacular scenery is conserved;
- ◆ the basis is provided for sustainable development that meets the needs of present and future generations;
- ◆ people are able to meet their needs, especially for employment, food, clothing, shelter and education;
- ◆ it is safe and healthy;
- ◆ natural, renewable resources are not consumed faster than they can regenerate;
- ◆ the natural treasures or taonga of Maori are protected, and the cultural practices of Maori associated with the environment are provided for; and
- ◆ leisure and recreational opportunities are provided for those who enjoy the outdoors.

## **Primary Responsibility for the Protection of the Environment**

The two key departments charged with the care of the natural and physical environment on behalf of the Government are the Ministry for the Environment and the Department of Conservation. The Ministry for the Environment provides policy advice to the Government on matters that affect the environment. It promotes sustainable management of the environment through legislation, advocacy, education and advice. The Department of Conservation is responsible for ensuring the protection of the publicly-owned natural areas and waters that encompass one-third of the country.

Both departments are involved in environmental education at a number of levels. Resource information is provided for schools, through a Green Box of environmental resources sent out twice a year by these departments and a group of non-government organisations. The Ministry for the Environment provides environmental awards for national and regional science fairs to encourage study of environmental issues.

## 9. ALLEVIATION OF WORLD POVERTY

### Introduction

The Ministry of Foreign Affairs and Trade has a primary role in monitoring the New Zealand Government's interaction with the international community. This includes ensuring that, when appropriate Government reports regularly to the United Nations on how it is fulfilling its commitments to the world forum, particularly through New Zealand's Official Development Assistance (ODA) programme.

### The ODA Dimension

The New Zealand Government recognises its obligations to assist its developing-country partners in their efforts to ensure the survival, protection and development of children. The Government discharges its obligations in this area through the provision of Official Development Assistance (ODA) delivered on a bilateral basis and through multilateral channels.

The principal purpose of New Zealand's ODA programme is to help promote sustainable economic and social progress and justice in developing countries by expanding their capabilities to raise and sustain the living standards of their people. The provision of targeted and high quality assistance which addresses the needs of children is an integral part of the Government's ODA programme. New Zealand ODA is managed in partnership with recipient countries who generally set the priorities for the nature of any assistance to be delivered. New Zealand's ODA is given in grant form and therefore does not contribute to the external debt of developing countries.

In responding to the priorities set by its developing-country partners New Zealand's ODA programme accords special attention to the needs of the most vulnerable groups in society - the poor, those living in rural areas, women and children. The Government has a formal policy statement which articulates the priority it places on women in development. The policy statement takes account of the special needs of children and recognises the benefits which accrue to them and society in general when women are able to participate fully in the development process. The Government provides about half of its ODA to the social sector, much of which is targeted at the young or has substantial follow-on benefits for children.

Education assistance accounts for the majority of that expenditure which includes the provision of study and training awards both in New Zealand and the South Pacific region and through educational projects, particularly curriculum development, upgrading of quality of teaching and support for educational institutions in the region. The number of study and training awards offered has continued to increase at the request of partner countries which place value on the returns gained from the investment in human resource development.

### Multilateral

New Zealand makes voluntary contributions to a number of international development and humanitarian agencies whose mandates specifically task them with addressing issues central to the development and well-being of children. These include the United Nations Children's Fund (UNICEF), the UN Population Fund (UNFPA), the UN Development Fund for Women

(UNIFEM), the International Research and Training Institute for the Advancement of Women (INSTRAW), the International Planned Parenthood Federation (IPPF) and the Commonwealth of Learning. New Zealand also contributes substantial ODA funds to a range of multilateral organisations who through special programmes and targeted assistance recognise and seek to address the special needs of children. These organisations include the World Food Bank group, the Asian Development Bank, the Commonwealth Fund for Technical Co-operation (CFTC), the United Nations Development Programme (UNDP), the UN High Commissioner for Refugees (UNHCR), the UN Relief and Works Agency (UNWRA) and the International Committee of the Red Cross.

The work programmes of multilateral organisations reflect the increasing importance being placed on investment in human capital. Education, population, health, nutrition, women in development and the special needs of the young are becoming an integral part of virtually all aspects of development activities. This is a trend New Zealand continues to encourage through its participation in the policy formulation forums of a range of development and relief agencies, and through contributions to the budgets of multilateral agencies generally.

### **Humanitarian and Relief Assistance**

Emergency and disaster relief forms an integral part of New Zealand's ODA programme. In recent years a significant proportion of this assistance has been channelled through international disaster and relief agencies whose mandates focus their effort on the special needs of children. Other assistance has gone to organisations which, within the broader framework of delivering help to the victims of natural and man-made disasters, have taken special account of the needs of children. The Government has also provided relief assistance on a bilateral basis to countries, particularly in the South Pacific which have suffered natural disasters. In doing so it has sought, in consultation with partner Governments, to ensure children's needs are considered in relief and rehabilitation efforts. The New Zealand Government will continue to respond to requests for humanitarian and relief assistance on a case by case basis and will continue to give special attention and priority to children in deciding where its assistance can be most effectively used.

### **NZODA: Contributions in Support of the Plan of Action for Children: FY 1994/95**

#### **Multilateral**

New Zealand's contribution to the core budgets of multilateral agencies whose work is most closely associated with the goals set out in the Plan of Action agreed by the World Summit for Children:

	\$
UNICEF	900,000
UNFPA	600,000
UNHCR	600,000
UNRWA	200,000
IPPF	500,000

New Zealand also provided funding to the following organisations/funds whose work contributes in part to the goals and objectives of the Plan of Action:

	\$
Commonwealth of Learning	50,000
UN Education & Training Programme for South Africa	40,000
UN Development Fund for Women	75,000
International Research & Training Institute for the Advancement of Women (INSTRAW)	30,000
UN Development Programme	3,750,000
Commonwealth Fund for Technical Co-operation	1,350,000
World Food Programme	350,000
International Committee of the Red Cross	400,000

### **Emergency and Disaster Relief**

New Zealand also regularly provides emergency and disaster relief, much of which focuses on the plight of children. Grants in the current (1994/95) financial year included \$1,550,000 for refugee assistance in Rwanda and Zaire.



## 10. LEGISLATION

New Zealand has a number of Acts of Parliament that assist in protecting the rights of children. Of particular significance are three pieces of legislation passed in the last six years. These are:

The Children, Young Persons, and Their Families Act 1989;

The Child Support Act 1991; and

The Films, Videos and Publications Classification Act 1993.

These three Acts, described below, have advanced the care and protection of children and recognise their place in our society.

### **The Children, Young Persons, and Their Families Act 1989**

The Children, Young Persons, and Their Families Act came into force in November 1989. It was considered to be the first serious attempt by a New Zealand Government to take into account the cultural values and perspectives of our diverse society.

The Act recognises that European, Maori and Pacific Islands families have particular preferences in the way child protection and youth justice matters should be addressed.

A key feature of the Act, which enables the views of families to be taken into account, is a shift of emphasis away from impersonal bureaucratic agencies to the family group themselves. Central to consideration of the welfare of children is the notion that no child is to be viewed in isolation; that all children are part of some form of family situation and that the role of family is a key factor in the well-being of children. This is consistent with traditional Maori values.

In essence the Act seeks to find family solutions to family problems.

### **Objectives of the Children, Young Persons, and Their Families Act**

Essentially the Act, and its procedural and practice requirements, was developed to divert children and young people away from involvement by the State and to give families a greater role in the resolution of family problems.

The promotion of the well-being of children and their families is assisted by:

- " helping parents, whanau, hapu, iwi and family groups to discharge their responsibilities to prevent their children and young people from suffering harm, ill treatment, abuse, neglect or deprivation;
- " helping children and young people and their family, whanau, hapu, iwi and family groups where the relationship between a child and young person and their family is disrupted;
- " ensuring that where children or young people commit offences they are held accountable and are encouraged to accept responsibility for their offending behaviour, and that they

are dealt with in such a way that their needs are acknowledged while at the same time providing them with opportunities to develop in ways that are socially acceptable.

The principal method of incorporating families' knowledge and values is through the process of a Family Group Conference. These conferences are the most critical factor in meeting the objectives of the Children, Young Persons, and Their Families Act.

### Review of the Act

The Children, Young Persons, and Their Families Act is a large and complex piece of legislation. To ensure that the Act was meeting the needs of children and young people and to address problems that had been identified in the practice and procedures of the Act, the Government commissioned a review in 1991.

The review made recommendations in some key areas, including:

- .. the need to strengthen the paramountcy of the child provisions in the Act;
- .. the need for mandatory reporting of child abuse;
- .. the need for better-qualified social workers;
- .. the use of residential care or custody;
- .. clarification of the requirements of Police when questioning a child or young person in relation to a criminal offence;
- .. the lack of approved social services provided by Iwi and Cultural authorities.

The Government has acknowledged the findings of the review and has passed amending legislation which addresses these issues. Mandatory reporting has not been introduced, but education about child abuse and the development of reporting protocols has.

### International interest in the Children, Young Persons, and Their Families Act

Although the Act is still new in terms of its practice and procedures there has been a considerable amount of international interest in the outcomes it is achieving for New Zealand children and their families.

Countries that have sent representatives to New Zealand to study the Act or who have otherwise expressed interest include Australia (all States), Canada, United States of America, Great Britain, Ireland, South Africa and Israel.

New Zealand is proud of this legislation and believes that it is a most important factor in helping children and families to deal with serious problems. The long-term effects will be a reduction in the potential for anti-social or criminal behaviour, and the preservation of family.

## **The Child Support Act 1991**

The New Zealand Government believes that providing financial support for children is part of the responsibilities of being a parent, whether or not that parent is living with their children. This, and the belief that children have the right to know that their parents are financially supporting them throughout their dependent years, is the basic philosophy behind the Child Support Act.

The Child Support Agency which is responsible for the administering of the Child Support Act is part of the Department of Inland Revenue. The Child Support Agency assesses the amount of Child Support a non-custodial parent is required to pay. The non-custodial parent can make the Child Support payments by a deduction from wages or salary or can choose another method of paying.

Money collected by the Child Support Agency is passed on to the custodial parent. If the custodial parent is receiving a Social Welfare benefit, the Child Support payment is paid to the Government.

## **Films, Videos and Publications Classification Act 1993**

The Films, Videos and Publications Classification Act 1993 makes New Zealand a world leader in censorship legislation. The Act is a tremendous step towards stemming the flow of hard core, violent and explicit pornography depicting women and children.

The new law sets very clear guidelines as to what is and what is not acceptable both in law and in the New Zealand community.

The test as to whether material may be banned under the legislation is based on a human rights approach. Material may be banned if it degrades, dehumanises, or demeans any persons. Other grounds include extreme violence and exploitation.

In relation to the protection of children there is a new provision which makes it an offence to possess pornographic material depicting children. Its possession, collection and distribution is seen as being used not only for personal gratification and psychological validation, but also to lower the inhibitions of potential victims.

The New Zealand Government believes that the rights of those who are harmed by pornography must outweigh the rights of individuals who wish to profit from such material.