SUBMISSION TO THE MINISTRY OF SOCIAL DEVELOPMENT
ON
THE GREEN PAPER ON VULNERABLE CHILDREN
Every Child Thrives, Belongs, Achieves: *Ka whai oranga, ka whai whi, ka whāi taumata ia tamaiti*

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Format of the Submission

This submission commences with an explanation of the purpose and membership of the University of Otago 'Children and Young People as Social Actors' Research Cluster, outlines our General Comments, and then addresses the questions posed in the Green Paper on Vulnerable Children.

University of Otago
'Children and Young People as Social Actors' Research Cluster

The University of Otago Humanities Division provides funding for research clusters to encourage a supportive and stimulating collegial context for researchers, postgraduate students and postdoctoral fellows working on topics of common or related interest. The 'Children and Young People as Social Actors' Research Cluster was established in 2003 by Emeritus Professor Anne Smith. The Cluster focuses on the well-being and rights of children and young people, how children participate in and contribute to society and how their growing competence is supported, or placed at risk, in this process. Children's voice, and the extent to which their views are heard and acted upon in families, the legal, health, social welfare and education systems, are central to the work and interests of Cluster members. We are also committed to researching and valuing children and young people's perspectives on important issues they face in their daily lives. The Cluster has a diverse membership of lecturers and researchers from a wide range of University departments as well as several independent researchers external to the university:

- Centre for Research on Children and Families – Megan Gollop (Cluster co-cordinator), Associate Professor Nicola Taylor
- Department of Women's and Children's Health – Dr Julie Lawrence (Cluster co-cordinator)
- Faculty of Law – Professor Mark Henaghan
- Department of Sociology, Gender and Social Work – Associate Professor Anita Gibbs, Emily Keddell
- Department of Anthropology and Archaeology – Dr Martha Bell
- College of Education – Emeritus Professor Anne Smith, Dr Gill Rutherford, Barrie Irvine, Dr Karen Nairn, Lyn Foote, Dr Ruth Gasson, Dr Alex Gunn, Judy Layland
- Department of Psychology – Dr Tamar Murachver
- School of Physical Education – Associate Professor Lisette Burrows
- Injury Prevention Research Unit – Dr Jean Simpson
- The Dunedin Multidisciplinary Health and Development Research Unit – Judith Sligo
- Department of Geography – Associate Professor Claire Freeman
- Independent researchers– Dr Jude Macarthur, Dr Nancy Higgins, Michael Gaffney, Jenny Munro, Margaret McKenzie

General Comments

Thank you for the opportunity to provide this submission on a topic of such significance to New Zealand families and communities. We have a number of issues we would like to raise by way of general comment before responding to the specific questions asked in the Green Paper.

United Nations Convention on the Rights of the Child (UNCRC): The UNCRC is mentioned in the Green Paper (pp. 2-3) but needs to be given much greater significance in the work programme emanating from this submission process. Children's rights are highly relevant to the issues under consideration and a Convention that the NZ Government ratified as long ago as 1993 should be prominent in the discussion. In particular, we would encourage attention being paid to the Articles in the Convention that directly relate to the best interests of the child (Article 3) and children's rights to protection from abuse, neglect and violence (Article 19), expressing their views (Article 12), freedom of expression (Article 13), privacy (Article 16), an adequate standard of living (Article 27), and appropriate measures to promote their physical and psychological recovery from abuse and other degrading treatment (Article 39). The regular Periodic Reporting process to the UN Committee on the Rights of the Child provides the means whereby New Zealand's progress in complying with these Articles can be monitored and improvements noted both domestically and internationally. The latest report from the UN Committee in 2011 makes several recommendations to the New Zealand Government regarding child abuse and neglect issues that need to be addressed.[1]

Children and Young People's Perspectives: The Green Paper is rightly focused around issues faced by children and young people, but emphasises their role as the 'objects' of professional, family and community attention. The Paper gives little consideration to children and young people's own voices and agency and underestimates the coping strategies and resilience they can display despite their sometimes challenging circumstances. Members of our Cluster have undertaken numerous studies that place children's own perspectives at the heart of research enquiry. In the family violence field this has included studies with children regarding supervised contact,[2] out-of-home care,[3] and parental discipline.[4] Children are well able to express their views on such issues and frequently make insightful contributions to these sensitive topics. To fully understand their perspectives it is vital that children and young people are

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[1] United Nations Committee on the Rights of the Child. (2011, February 4). *Concluding observations of the Committee on the Rights of the Child: New Zealand*. CRC/C/SR.1588 and 1589. Geneva: UNCRC.

[2] Gollop, M., & Taylor, N. (2005). *Supervised contact centres: The perspectives of children, parents and staff*. Report to the Ministry of Social Development. Dunedin: Children's Issues Centre.

[3] Smith, A.B., Gollop, M., Taylor, N.J., & Atwool, N. (1999). Children's voices in foster or kinship care: Knowledge, understanding and participation. *Journal of Child Centred Practice*, *6*(1), 9-37.

[4] Dobbs, T.A., Smith, A.B., & Taylor, N.J. (2006). "No, we don't get a say, children just suffer the consequences": Children talk about family discipline. *The International Journal of Children's Rights*, *14*, 137-156.

engaged as 'subjects' in the Green Paper process, and in any intervention relating to their abuse or neglect, with their Article 12 and 13 rights respected. Listening to children and supporting them to express their views and concerns will help to shift to a strengths-based/resilience framework and away from the vulnerability and deficit model so evident in the Green Paper.

'Vulnerable' Children: We are concerned about the narrow focus on vulnerable children in the Green Paper. While approximately 15% of children are said to be considered vulnerable (p. 4), we note that 'vulnerability' is a difficult concept to define and we question the impact any definition of vulnerability will have on those children, young people and their families who are so defined. Furthermore, this approach misses two important points:

- Most children and young people are likely to be vulnerable at various times in their lives, particularly at times of transition, or when exposed to multiple/chronic stresses;
- Their adjustment and well-being in response to these vulnerable situations will depend on a wide variety of internal factors (e.g. self-esteem, perseverance, resilience, cognitive functioning) and external factors (e.g. parent, adult and peer support, the availability of school-based and community-based programmes, therapeutic services etc).

Consideration needs to be given to better identifying the factors that contribute to vulnerability and its amelioration. We advocate taking a broader, strengths-based approach where the response is greater than just protecting children from abuse and neglect but rather, as the title of Green Paper indicates, ensures that 'every child thrives, belongs and achieves'.

Legislative Responses: We are concerned that the socio-legal policies governing child abuse/neglect and domestic violence are inconsistent despite both being forms of family violence. Tapp and Taylor point out that:

> ... these two linked forms of violence within the family – child abuse and domestic violence – have been diametrically opposed. Statutes relating to domestic violence (Domestic Violence Act 1995, Care of Children Act 2004) have incorporated increasing professional and state involvement, at the same time as care and protection legislation (Children, Young Persons and Their Families Act 1989) has emphasised family, whānau, hapū and iwi responsibility for the safety and wellbeing of children.[5]

We therefore support the Government adopting a more coherent approach across both the child protection and domestic violence sectors. A more holistic view of the entire field of family violence would then ensure a more inclusive and consistent statutory framework as well as encourage greater collaboration and

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[5] Tapp, P.F., & Taylor, N.J. (2007). Protecting the family. In R.M. Henaghan & B. Atkin (Eds.), *Family law policy in New Zealand* (3rd ed., pp. 81-165). Wellington: LexisNexis NZ Ltd, pp. 81-82.

co-ordination between government and NGO providers for children and adults alike.

Interdisciplinary Training Programmes and Best Practice Guidelines: All professionals involved in the child protection and family violence sectors should be required to complete an interdisciplinary training programme that includes a sound understanding of child development, childhood studies, the dynamics of child abuse/neglect and family violence and the roles of the professionals working in the child protection, domestic violence and family justice fields. Best Practice Guidelines should also be developed for all these staff so that a common set of values and knowledge could better underpin collaborative models of practice.

Responses to the Questions Posed in the Green Paper

Has government got the balance right between supporting parents and families/whānau and protecting children?

We are in agreement with the Green Paper's view that there are many vulnerable children in New Zealand, and that there is evidence of continuing risk from abuse and neglect. Child abuse and neglect is a serious problem with long-term consequences for the well-being of children and for New Zealand society. A recent paper in the Lancet[6] shows an increase in the rate of maltreatment-related injury from 1999 in New Zealand, and no improvement in maltreatment statistics. Yet we have a very active child protection system - New Zealand has a very high rate of notifications to child protection agencies (five times higher than Western Australia or Sweden) with one child in every 25 being investigated every year. We also have a high rate of placement of children in out-of-home care. Dorothy Scott[7] suggests that while placement of children in care may result in short-term safety it carries the risk of long-term harm associated with foster placement instability. Such high levels of placement are unsustainable and add to the continuing problem of recruiting and training sufficient foster carers. Current child protection policies for identification and intervention are not working to protect children in New Zealand and, in our view, a different approach is needed.

We believe that it is not a question of a balance between support and protection, because both are necessary, but rather that supporting parents and families/whānau is the best way of protecting children. A focus on surveillance of families in order to protect children is, in our view, misguided. We believe that prevention of the underlying causes of child maltreatment by supporting families, and building on their strengths, is much more likely to be effective than any escalation of existing child protection approaches. We are opposed to mandatory reporting of child abuse, because this is likely to flood the child protection agencies with cases (the numbers of which are already very high), producing an

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[6] Gilbert, R., Fluke, J., O'Donnell, M., Gonzalez-Izquierdo, A., Brownell, M., Gulliver, P., Janson, S., & Sidebottom, P. (2011). Child maltreatment: variation in trends and policies in six developed countries. *The Lancet,* published online December 9, 2011. http://www.thelancet.com

[7] Scott, D. (2009). "Think child, think family": How adult specialist services can support children at risk from abuse and neglect. *Family Matters, 81*, 37-42.

even higher pressure workload for social workers, and reducing their ability to take broader preventive roles and develop strong positive relationships with families. We are concerned at the suggestion that services might become targeted rather than universal, and we believe there is widespread evidence in the research literature that universal services are more effective, and avoid the stigmatisation associated with targeting.

One type of universal provision that has proved to be effective in the prevention of child abuse, is the provision of access to high quality early childhood education. For example, according to a recent European Commission Report referring to early childhood education:

> There is clear evidence that universal access to quality ECEC is more beneficial than interventions targeted exclusively at vulnerable groups. Targeting ECEC poses problems because it is difficult in practice to identify the target group reliably, it tends to stigmatise its beneficiaries and can even lead to segregation at later stages of education. Targeted services are also at more risk of cancellation than universal ones.[8]

Moreover, there is ample evidence that increasing vulnerable children's access to high quality early childhood education (ECE) is cost effective, and more than repays the initial investment. We are concerned, however, at the emphasis in the Green Paper (p. 14) on access to ECE with no mention of quality, as there is evidence that participation in low quality ECE exacerbates rather than ameliorates children's vulnerability.[9]

Social services in the UK now place a greater emphasis on family support and child welfare rather than on child protection. While children must be protected, high impact identification, assessment and notification procedures for child abuse tend to overwhelm services so that they can only undertake very limited preventative and supportive work with families. In the UK, it is being found that providing services that help families sort out their difficulties is a lot more effective, and that this works best when social workers can develop a trusting (rather than policing) relationship with families. There is:

> ... an inherent waste of resources by systems that over identify large numbers of cases at point of referral as requiring child protection, only for a majority of these cases to be quickly redesignated as *not* child protection following investigation, without further delivery of services. [10]

When there is an emphasis on surveillance, families feel that they are being targeted by professionals, and are not likely to be amenable to intervention. In Australia, Dorothy Scott has also argued for the importance of looking at the

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[8] European Commission. (2011). *Early childhood education and care: Providing all our children with the best start for the world of tomorrow.* COM (2011), Brussels, p. 5.

[9] Early Childhood Taskforce. (2011). *An Agenda for Amazing Children: Final report of the ECE Taskforce.* Wellington.

[10] Spratt, T., & Callan, J. (2004). Parents' views on social work intervention in child welfare cases. *British Journal of Social Work, 34*, 199-224, p. 202.

whole family circumstances and building the capacity of services to be "child-and-parent-sensitive."[11]

How can government encourage communities to take more responsibility for the well-being of their children?

There should be a focus on nurturing the development of communities at the outset. Friendships and relationships develop where people come together, and for this to happen there have to be more opportunities for people to meet at a local level. Friendships within communities can act as valuable support systems as children and families grow and prevent the isolation and alienation that are associated with abuse. In Victoria, Australia, for example, there are community houses dotted throughout the state, and nurses set up initial meetings between young mothers. These become self-sustaining once the mothers get to know each other. These maternal and child health nurses are a highly successful community initiative in Victoria.[12]

Families/whānau, and those coming into communities to work, need to develop trusting relationships and professionals need to be trained to work alongside parents, rather than in a supervisory capacity. Early childhood services and schools are already embedded in their communities and their work should be recognised, valued, supported and adequately funded. The first step in strengthening community networks should be to look towards established and successful New Zealand community outreach initiatives/programmes (e.g., the *More ladders, fewer snakes* proposals[13] and the *Otago Youth Wellness* project) and extend these into other communities where appropriate. The Strong Communities programme developed by Professor Gary Melton in South Carolina, USA, provides evidence that it is possible to strengthen communities if they are properly supported and resourced.[14]

There should be an extension of the 'Community Hubs' initiative for families to access government/non-government services and support, e.g., sing schools/ECE settings, Plunket clinics or community halls or centres as familiar, non-threatening settings with representatives from each service attending once a week. It is important that staffing is consistent so that relationships can develop between these professionals and the community.

We recommend that the focus on strengthening community-initiatives to reduce the vulnerability of children, should be on programmes that have already been demonstrated to be successful in local areas. We are opposed to introducing

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[11] Scott, D. (2009). "Think child, think family": How adult specialist services can support children at risk from abuse and neglect. *Family Matters, 81*, 37-42.

[12] Scott, D. (2009). "Think child, think family": How adult specialist services can support children at risk of abuse and neglect. *Family Matters, 81*, 37-42.

[13] Boven, R., Harland, C., & Grace, L. (2011). *More ladders, fewer snakes: Two proposals to reduce youth disadvantage*. Discussion paper 2011/1. Auckland: The New Zealand Institute. http://www.nzinstitute.org/Images/uploads/More_ladders_fewer_snakes.pdf

[14] Melton, G. (2010). Angels (and neighbors) watching over us: child safety and family support in an age of alienation. *American Journal of Orthopsychiatry*, *10*(1), 89-95.

identical packaged programmes all over the country, as such an approach would be insensitive to local community conditions. There is much to be learned from some overseas programmes, such as Sure Start in the UK and Strong Communities in South Carolina, but they cannot be imported wholesale without in-depth knowledge of communities, and adjustment to local circumstances. The principles of effective community development approaches are well known and have been applied in New Zealand, but some good programmes have experienced diminishing funding and support. If the government is serious about supporting communities, then resources need to be made available.

Should there be an action plan for vulnerable children that focuses the activities of government and non-government agencies?

In our view, the government should have an Action Plan for all children, enshrined in legislation, not just one for children deemed vulnerable. The plan needs to recognise the competency of children, and their rights to participate in society, as well as their rights to protection and to provision. Such a plan would support children to express their views and preferences. It would adopt a universal preventative approach to eradicate the illnesses and other conditions associated with family poverty and inequality, not a targeted 'ambulance at the bottom of the hill' approach. Creating an Action Plan only for those children deemed vulnerable is likely to narrow the focus of government support and responsibility to this limited group. This is likely to have negative unintended consequences. Further, legislative provision for governmental responsibility to provide services to enable and support families to discharge their parental responsibilities is already available in the Children, Young Persons and their Families Act (1989). One of its aims is to: "promote the well-being of children, young persons, and their families and family groups by – Establishing and promoting, and assisting in the establishment and promotion, of services and facilities in the community that will advance the well-being of children … and their families…" (s4(a)).

The potential negative consequences of limiting an Action Plan to vulnerable children only is that, if fiscal neutrality is to be maintained, it is likely to drain resources from other important preventive and interventive services, and the numbers of children facing complex and serious issues is likely to increase. This rapidly results in an overloaded, intervention and deficit-focused system. Workers within the system become consumed with gate-keeping access to the limited services reserved for only the most complex families. Their jobs become primarily about determining risk, establishing culpability and reacting intrusively in the lives of families, rather than in engagement, therapeutic and systems intervention, and working to build safety and well-being in families. A large body of research emphasises time and again that the best prevention begins with universal, whole of population approaches that stop many issues for families developing into complex needs. These universal approaches should include a commitment to economic well-being in order to alleviate child poverty, ensuring basic health and educational provision, and building social capital in innovative ways.

A UNICEF (2003) report[15] nicely summarises the effects of providing only targeted services. Where such services are provided without an underlying base of universal, whole of population approaches, certain groups of people tend to be marginalised and stigmatised. This then leads to disengagement with services and thus increases the risks to children, rather than reducing them. Much bureaucratic energy goes into identification of individual/family culpability, risk assessment, and categorising, rather than actually engaging and working with families, or preventing the social (as opposed to individual) sources of problems. This leads to disengagement of families with services, as they perceive services as being solely driven by an impetus for surveillance, monitoring and complusion. These kinds of systems tend to lead to intrusive intervention, and to individualise the blame for complex social problems. Providing services only after families have already become vulnerable may also result in middle income families, also currently under financial pressure, to have to pay for services if they are withdrawn in order to provide for those most 'vulnerable'.

In countries where the rates of child abuse are low, there is attention paid to the social policy landscape. This includes broad issues such as child poverty, as well as universal services based on children's rights that seek to esteem children and value the work of parenting. There is provision for family-friendly policies that allow all families to maintain an acceptable standard of living, build social and community capital, meet parenting responsibilities, and provide access to quality education services, particularly early childhood education. This is underpinned by sound legislation that sets out a mandate for all children. Thus, legislation that creates a strategic policy base for all children is more likely to have greater benefits in terms of prevention. It should be noted that the social policy examples from other countries cited in the Green Paper are, in fact, universal, not targeted (e.g., Australia's 'National Framework for Protecting Children'[16] and England's 'Every Child Matters'[17]).

The contents of an Action Plan or legislation would ideally include reference to the UNCRC and rights-based principles as a vehicle for ensuring protection, participation and provision for all children. Creating a Ministry for Children, or children and families/whānau, could help bring about these ends. Any new system needs to recognise and enshrine the UNCRC principles, and include a commitment to address child poverty, provide universal services, and create a duty in law for other legislation to consider the effects on children, for example, laws affecting parental leave, benefit levels, tax credits, early childhood education, and specialist services for those with disabilities or mental health issues. We agree that creating an Action Plan may be a way to create unity and coherence amongst the broad array of current services, but it must also extend to other legislation that affects children, whether it is level of family income or access to education and health services.

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[15] UNICEF. (2003). A *league table of child maltreatment deaths in rich nations*. Innocenti Report Card No. 5. Florence: UNICEF Innocenti Research Centre.
[16] Council of Australian Governments. (2009). *Protecting children is everyone's business: National Framework for Protecting Australia's Children 2009-2020*. Canberra: Commonwealth of Australia.
[17] Chief Secretary. (2003). *Every child matters*. Crown Copyright.

In summary, the assumption that having an Action Plan that focuses on vulnerability promotes the notion that if only 'vulnerable children' could be identified and provided with 'services', then the problem will be solved. There will always be families who require intensive targeted and specialist services, but without a clear plan that includes poverty alleviation, access to services before the issues become intractable, and the resourcing of broad services that focus on general health, education and social capital of ALL families, then any system designed to offer targeted services is bound to be ineffective and rapidly overwhelmed. Workers within such services become gatekeepers and monitors of an ever-increasing threshold for access, and by the time families become eligible for services their issues are extreme, their desire to engage is low, and the system becomes one that is driven by surveillance and policing rather than support and trusting relationships. If a policy or service is only 'triggered' once a child becomes vulnerable, then preventive efforts become marginalised within whatever bureaucracy results from a new policy framework. Significant prevention can only be achieved by building a strong base of economic support and universal services in addition to any that are targeted.

Should the government focus its spending on programmes and services that have a sound evidential basis?

While the Research Cluster agrees that providing services based on research is important, there are some crucial provisos.

The first, and perhaps most important, is that research should be adequately funded over a period of time that is sufficient to obtain comprehensive results. It must not be conducted on a piecemeal basis. Research should be neutral and unbiased by government policy. Research about New Zealand children, families and whānau should be conducted in New Zealand. Policies should not be based on research conducted in other historical, social, political and cultural contexts.

Secondly, as acknowledged in the Green Paper, there is evidence that there are children in New Zealand who are unsafe and suffering from poor health. This is a moral and ethical issue and not just a scientific one. The 'precautionary principle' (Pless, 2003)[18] requires that when there is suspected harm and the scientific evidence is inconclusive, the best plan of action is precautionary. This means that prevention of harm should be the first priority of all research and policy. Funders and policy makers should err on the side of caution to continue to fund programmes and interventions that indicate that they are improving the safety of children and families and not wait for scientific 'proof' that they are working. It is difficult to obtain cause-effect evidence using the scientific model, which is able to negate a hypothesis but never prove it.

So, it is crucial that the definition of what constitutes research evidence is broader and richer. It should include different types of research, including case studies, Kaupapa Māori research, in-depth evaluations, grounded theory, child-centred research and in-depth interviews as well as standardised research tools

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[18] Pless, I. B. (2003). Expanding the precautionary principle. *Injury Prevention*, *9*, 1-2.

and control trials. It is important to ensure that programme assessments are culturally appropriate and conceptually feasible and acceptable.

> Unidimensional measures that assess changes in risk status as the sole measure of outcome are unlikely to be sufficient to capture program effectiveness or family change. Rather, multiple outcome domains need to be assessed.[19]

Should some people get priority over others when allocated support and services because they are caring for vulnerable children?

Prioritisation is difficult because it requires judgements of who is caring for vulnerable children and who is not. All children deserve support and services, and therefore everyone caring for children deserve support and services. While a child might not be obviously 'vulnerable', they may become vulnerable if support and services are not available. Prioritisation therefore risks creating, rather than preventing, vulnerability.

Prioritisation is problematic because it puts the focus on families competing with each other for support and services, rather than on broader economic and social conditions that contribute to poverty and therefore to creating vulnerability. At present approximately 200,000 children in NZ are growing up in poverty.[20] This has been clearly influenced by government policies throughout the 1980s, 1990s and 2000s, and poverty disproportionately affects Māori and Pasifika families.[21]

Another problem with giving priority to some children or families is that it is difficult, if not impossible, to identify those who are most vulnerable.[22] It is often incorrectly assumed that screening programmes to identify individual children or families who are at risk is a simple matter. Identifying children seriously at risk, however, requires assessing the environment rather than just children or families, and this is not a simple matter. There is consensus amongst people who write about risk that it has multiple causes (a combination of ecological factors in the environment and individual differences).[23] It is not possible to ameliorate

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[19] Devoe, E.R., & Kaufman Kantor, G. (2002). Measurement issues in child maltreatment and family violence prevention programmes. *Trauma, Violence, & Abuse*, *3*(1), 15-39, p. 16.

[20] Dale, M.C., O'Brien, M., & St John, S. (Eds.). (2011). *Left further behind: How New Zealand is failing its children.* Auckland: Child Poverty Action Group Inc.

[21] Atwool, N. (1999). New Zealand children in the 1990s: beneficiaries of New Right economic policy? *Children and Society, 13,* 380-393; Cheyne, C., O'Brien, M., & Belgrave, M. (2008). *Social policy in Aotearoa New Zealand: a critical introduction* (4th edition). Auckland: Oxford University Press; Stephens, B., Waldegrave, C., & Frater, P. (1995). Measuring poverty in New Zealand. *Social Policy Journal of New Zealand, 5*, 88-112.

[22] Smith, A. B. (2006, December). *Identifying what, assessing whom and then what?* Invited presentation to Ministry of Social Development workshop on 'Developing the Path Forward: A Workshop on Identification, Assessment and Referral in the Early Years of Life', Wellington.

[23] For example: Fergusson, D., Horwood, L., & Lynsky, M. (1994). The childhoods of multiple problem adolescents: A 15-year longitudinal study. *Journal of Child Psychology and Psychiatry, 35,* 1123-1140; Rutter, M. (2006). The promotion of resilience in the face of adversity. In A. Clarke-Stewart & J. Dunn (Eds.), *Families count; effects on child and adolescent development* (pp. 26-52). Cambridge: Cambridge University Press; Masten, A. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56,* 227-238.

risk by intervening at the level of the individual child or family, but it is necessary to focus on the ecological context of risk.

Another reason to avoid screening tests of young children's competence or well-being, is that these measures are often very poor predictors of later progress.[24] The undesirable side effects of screening and testing include: false positives and false negatives due to poor assessment validity and reliability; stigmatisation and labelling of children; exclusion of children; and failure to act to ameliorate risk.

A universal service to provide support and services to all children is the best option because it normalises programmes that benefit children and avoids stigmatisation when programmes are targeted at particular groups of children. Families are less likely to withdraw from universal services. A universal service can prevent vulnerability developing.

Targeting can be added to a universal service but it needs to be carefully thought through to avoid stigmatisation and alienation. It is difficult to identify the target group reliably in practice and targeting tends to stigmatise its beneficiaries. Targeted services are more at risk of cancellation than universal ones.

In summary, universal support and services for everyone caring for children is preferable. It may be necessary to add targeted support and services but there should be no prioritisation of some caregivers and their children over others; all children and their caregivers seeking support and services should be provided with those services and support.

How can vulnerable families and children be better connected to all the services that they need?

Independent child advocates should be central to supporting vulnerable children and their families to be better connected to the services and information they need. Child advocates are independent persons to whom a child, parent, member of a whānau or family or a professional may be directed to for support.

Child advocacy through independent advocates is well-established in the United States.[25] New Zealand has successful models of independent advocacy through the Office of the Children's Commissioner and the Office of the Health & Disability Commissioner. Health and Disability Advocates address complaints about the Code of Health and Disability Consumers' Rights. An independent child advocacy service could respond to issues about a breach of Te Tiriti o Waitangi, the Children, Young Persons and their Families Act 1989, the United Nations Convention on the Rights of Children 1989 and the Human Rights Act 1993. The value of such an independent and well-publicised service is that children's rights

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[24] Feightner, J.W. (1994). Preschool screening for developmental problems. In Canadian Task Force on the Periodic Health Examination. (Ed.), *Canadian guide to clinical preventive health care* (pp. 290-296). Ottawa: Health Canada.

[25] Westman, J. C. (1979). *Child advocacy*. New York: Free Press; Westman, J.C. (Ed.). (1991). *Who speaks for the children? The handbook of individual and class child advocacy*. Sarasota: Professional Resource Exchange.

and the potential risks of growing up in poverty and growing up with disability and health conditions become better known within communities. More people then share responsibility for accessing advocacy support for vulnerable children and their families.

Non-governmental organisations, like Barnardos that is currently funded to engage advocates on issues of family violence, are contracted by the Ministry of Social Development to fulfil legislated responsibilities. Non-governmental organisations have the infrastructures and community networks to offer advocacy and self-advocacy help. It is important that children and young people themselves be part of an advocacy service for vulnerable children, with appropriate training and supervision, in order to enhance a child-centred response to the realities of children's lives. Child Advocates should be available to any child or adult caring for children who wants to talk about their situation, their concerns and their rights to better community support and protection.

Is it appropriate that all government agencies promote and prioritise the well-being of vulnerable children in their day-to-day work?

It is appropriate for all government agencies to **promote** the well-being of all children. But there are dangers in **prioritisation** of one child ahead of another, of one family ahead of another. All children and families deserve support and services from government agencies.

Rather than the troubling emphasis of the Green Paper on prioritisation of one child over another, we need to address factors that make children 'vulnerable' in the first place, such as poverty. Prioritisation seems to be the government's rationale for distributing funds that they expect to limit further, and that they simplistically anticipate can be prioritised when it comes to services for children.

As a signatory to the UNCRC, NZ government agencies should **promote** the well-being of all children in their day-to-day work. The UNCRC promotes children's universal rights to enjoy the best possible circumstances in which to grow up, and prioritisation of one child ahead of another is antithetical to the UNCRC's principles.

<u>Recommendations</u>

1. Give stronger emphasis to children and young people's rights as articulated within the UNCRC (particularly Articles 3, 12, 13, 16, 19, 27 and 39 that pertain to the child protection field).

2. Explicitly incorporate the UNCRC into a Children's Action Plan and into any new laws and policies.

3. Provide opportunities for children and young people to express their own perspectives on how they can best thrive, belong and achieve, or to access community-based services if they have an issue that needs addressed.

4. Rethink use of the term 'vulnerable' and focus more broadly on the range of micro and macro factors that can make a child or young person 'vulnerable'.

5. Avoid targeting a 'vulnerable' group of children, young people and their families, and recognise that all children and young people are likely to be vulnerable at times.

6. Provide universal strengths-based services, rather than targeted deficit-based services, for children, young people and their families.

7. Do not introduce mandatory reporting.

8. Realign the statutes governing child abuse/neglect and domestic violence so a more consistent approach to family violence is implemented within New Zealand.

9. In partnership with tertiary providers, develop interdisciplinary training programmes and Best Practice Guidelines for all professionals working in the child protection, domestic violence and family justice fields.

10. Invest in research and evaluation studies in this sector to better develop a New Zealand evidence-base and to ensure best practice.