

**Follow-up to the United Nations
World Summit for Children 1990**

New Zealand Government Report

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Contents

	Page
1 Introduction	3
Background	3
Process Established for the End-decade Review in New Zealand	3
Order of the Report	4
II Children in New Zealand	5
III Actions at the National and International Level	6
National Plan of Action	6
Priority to Programmes for Children	6
Priority in National Budgets for Children	7
Roles of Sectors	9
Mechanisms to Monitor Social Indicators	9
Response to Natural Disasters	10
Research	11
IV Specific Actions for Child Survival, Protection and Development	11
Children's Rights	11
Children's Health	13
Children's Growth and Development	15
Status of Women and Girls in Society	16
Role of the Family	18
Education and Training	21
Children in Difficult Circumstances	24
Children in Conflict Zones	27
Environment	27
World Poverty	28
V Lessons Learnt	29
VI Future Action	29
Appendix 1 Indicators for Monitoring Progress at End-Decade	31
Appendix 2 Children's Interest Groups Consulted on Report	42
References	43

I Introduction

- 1 The New Zealand Government is pleased to present this end-decade report on progress since the World Summit for Children in 1990.
- 2 At the World Summit participants prepared a World Declaration on the Survival, Protection and Development of Children in the 1990s and a Plan of Action, that outlined a ten-point programme to improve the lives of children throughout the world. Now at the end of the decade the United Nations' Secretary-General is to report on progress to a Special Session of the General Assembly in September 2001.
- 3 This national report provides information for the Secretary-General's report. The report presents this country's progress in each of the ten specific actions for child survival, protection and development taken from the 1990 Plan of Action, and a description of major constraints faced and lessons learnt.

Background

- 4 The New Zealand Government was represented at the World Summit for Children in 1990 and accepted the Declaration and Plan of Action. As a follow-up to the World Summit a mid-decade report on Children in New Zealand in the 1990s was prepared in 1995. The report provided detailed information, including statistical data on the position of children in New Zealand, and described programmes and initiatives of government departments and agencies to assist children and their families. The report was structured around the ten specific actions for child survival, protection and development outlined in the Plan of Action.
- 5 The Declaration of the World Summit called on all Governments to promote earliest possible ratification of the United Nations Convention on the Rights of the Child (UNCROC). New Zealand ratified the Convention in 1993. New Zealand's initial UNCROC report was submitted to the Committee on the Rights of the Child in 1995, and presented in 1997. In response, the Committee made recommendations relating to general measures of implementation (factors or issues that underpin New Zealand's compliance with UNCROC) and specific areas of concern. The Government has recently (December 2000) submitted its second report to the Committee. New Zealand's second report describes progress in the years from 1995 to 2000 to give effect to the rights recognised in the Convention, and current and proposed measures to address the recommendations of the Committee. These are described in Part IV of this report.

Process Established for the End-decade Review in New Zealand

- 6 The review by the Government has built upon existing mechanisms. There was an extensive consultation process in 2000 for the UNCROC report, and some of the content of this report was drawn from information gathered for the UNCROC report, including submissions received from public consultation. As

part of the review the Commissioner for Children and the principal children's interest groups and individuals were consulted on a draft of this report.

Order of the Report

- 7 This report (apart from Part II) follows the guidelines provided by the United Nations. Part II provides key information about children in New Zealand. Part III describes actions taken under paragraphs 34 and 35 of the World Summit Plan of Action and briefly assesses their impact. Part IV provides a brief assessment of New Zealand's progress with respect to the ten specific actions taken from the Plan of Action. Part V considers the lessons learnt and Part VI describes future action. Appendix 1 provides statistical data on the indicators for monitoring World Summit for Children Goals. Appendix 2 lists the children's interest groups consulted on the report.

II Children in New Zealand – Key Facts

- There are just over 1 million children under the age of 18 years in New Zealand, approximately 1,039,000 in June 2000, or 27% of the population. This proportion is projected to fall to 22% by 2016.
- Over the decade to 2010, the number of children aged below 10 years will decline steadily, while the number aged 10-17 will increase, peaking in 2006-07.
- The number of children in some ethnic groups is expected to grow. In 2000, 24% of children under 18 were identified as Maori, 10% Pacific and 7% Asian:
 - the number of Maori children is projected to increase by around 10,000 over the next five years, then remain stable at just under 260,000 over the decade to 2016;
 - the number of Pacific children is projected to increase by a similar number (11,000) over the next five years, then continue to rise steadily to reach 125,000 by 2016;
 - population growth is likely to occur fastest among Asian children, who are projected to number over 100,000 in 2016, assuming medium levels of migration.
- The structure of New Zealand families has changed substantially over recent decades. Today's families are smaller and many parents are older when their first child is born. Maori women continue to have children at a younger age than non-Maori.
- In 1996, 24% of children under 18 were living in one-parent families, compared to 16% in 1986. Maori children are the most likely to live with one parent (41%), followed by Pacific children (29%).
- In 1996, 26% of all children under 18 had a parent dependent on state income support. Thirty-nine percent of Maori children and 13% of Pacific children had a parent on income support .
- Income disparities increased in the first part of the decade and have remained at an historically high level: the most wealthy group, the top quintile, have increased their share of disposable income from 35% in 1988 to 41% in 1996. There has been some reduction in the extent to which households with children, Maori and Pacific people are disproportionately represented in the lowest quintile, but those groups still remain relatively disadvantaged. Income mobility means that the “haves” and the “have-nots” are not necessarily the same people over time. However there has been evidence in the nineties of the growth of an entrenched poor unable to escape the poverty cycle.
- In 1996 two-thirds of all children lived in large urban centres with a population of 30,000 or more. Maori children are more likely than other children to live in small urban areas with a population under 10,000.

III Actions at the National and International Level

- 8 This section responds to UN guidelines to describe actions (in italics) taken under paragraphs 34 and 35 of the World Summit Plan of Action.

National Actions

- *The extent to which the National Plans of Action have achieved their intended purposes, including the extent to which the development and subsequent implementation of NPAs has been integrated with, or influenced national planning processes and budget allocations for children.*
- 9 New Zealand did not develop a national plan of action for children following the 1990 World Summit. However there are currently two initiatives underway which go some way towards addressing the need in New Zealand for a co-ordinated and comprehensive approach by Government to children's rights and interests.
- The Government is developing a Children's Policy and Research Agenda to provide a framework to inform policy development relating to children 0 to 18 years of age, for the next five years. The development of the Agenda will help achieve the Government's priority of promoting children's interests. The Agenda is expected to be fully developed by August 2001.
 - The Government is also progressing a Youth Development Strategy Aotearoa¹ over the next two years, covering the 12 to 25 age group. The Strategy will take a developmental and preventive approach to the issues facing young people, and set out a range of integrated responses. It will be developed in close consultation with young people, and key youth-focused organisations, service providers, local government and central government agencies. The aim is to improve the outcomes for young people through a better co-ordinated approach to the delivery of youth services and increased youth participation in the decision-making process.
- *The degree of priority accorded to programmes for the well-being of children in national plans, programmes and policies.*
- 10 In the period since 1995 successive New Zealand governments have set key goals or strategic priority areas to guide public sector policy and programmes. From 1995 to 1999 the focus was on strengthening families and developing intersectoral approaches and programmes to support children in families at risk. The Interagency Co-ordination Initiative is a major initiative to improve the wellbeing of families. It arose from concerns about inter-generational cycles of disadvantage and lack of co-ordination of services at the local level. The strategy began with the health, education and welfare sector, and it now involves a range of government and non-government agencies, including

¹ Aotearoa - the Maori term for New Zealand

Maori and iwi-based (tribal) groups. It is based on the research evidence that supportive family environments build resilience and improve life outcomes for children and young people. At its heart is a collaborative approach to casework and service development at the community level.

- 11 Since 1999 the main focus of the new Government has been on addressing the inequalities that result from socio-economic differences, particularly for Maori and Pacific people, including the co-ordination of policies that relate to children. Maori in particular were disproportionately affected by the economic restructuring of the 1980s and continue to be over-represented in all the negative employment, housing, education, health, justice, social welfare and poverty statistics, although recently there have been signs of relative gains for Maori in the areas of qualifications and employment. Policies are being pursued to support Maori development, particularly in the key areas of health, education, housing, employment and economic development. The focus is on building skills and capacity to enable Maori to participate and create business development opportunities. The Government is developing partnership relationships with Maori as a means to address disparities. There has already been some devolution of services to Maori, for example in the growth of Maori health, education and social service providers. Pacific people are also over-represented in all the negative employment, housing, education, health, social welfare and poverty statistics.
- 12 In the 2000 Budget the Government has invested in several locally developed and driven services to reduce disadvantage for children, and for Maori and Pacific peoples' children in particular, including:
 - The Whanau Development Project, which seeks to allow communities to define needs and responses in order to improve social outcomes through preserving Maori family structures and values;
 - The Stronger Communities Action Fund, which explores alternative means of using departmental funding to improve service provision in communities by devolving fund management to community organisations (including iwi);
 - Increased funding to promote innovations to assist students at risk of poor educational outcomes and to support alternative and teen parent education services;
 - Increased funding to support the development of programmes that address the needs of young Maori serious offenders;
 - Increased funding for not-for profit organisations providing family violence prevention services including women's refuge services;
- *The priority given in national budgets and, in the case of donor countries, development assistance budgets, to the allocation of resources for children.*
- 13 The Government's budget allocations have generally been set within the framework of the strategic priority and key goal areas. As part of its response to the concluding observations of the United Nations Committee on the Rights of the Child, the Government is considering better ways of tracking government budgetary allocations relating to children. Budget allocations for initiatives giving priority to children within the period since 1995 include:

- “Breaking the Cycle” campaign – a multi-media public awareness-raising strategy spanning four years from 1996-2000, aimed at increasing the understanding and reporting of child abuse and neglect;
- Family Violence 1996 – three year funding for initiatives to address the problem of family violence, and a further four years funding including money specifically for the programmes approved in the year 2000;
- Youth at Risk 1997 – three year funding for initiatives to address youth offending, with extended funding in 2000 for Maori Community Initiatives;
- Extra health funding was made available in 1997 to reduce the cost of access to primary medical services for children under six;
- The Child Health Strategy 1998 – additional funding allocated to child health services;
- Family Start 1998 – an early intervention service aimed to help New Zealand’s most at-risk families, and operating at 16 sites around the country;
- Social Workers in Schools 1999 – initiative with a focus on early intervention and co-operation between schools and social workers. There are now 67 social workers operating around the country;
- Youth Services Strategy – to reduce serious and persistent re-offending and improve rehabilitation outcomes for high-risk youth;
- Parents as First Teachers (PAFT) - provides a series of regular home visits by early childhood educators to parents with children from birth to three years;
- Education initiatives to improve outcomes for Maori including: Maori language education; mentoring and financial assistance for Maori students; establishing resource teachers to improve literacy; establishing homework centres;
- Health initiatives for children include greater investment in children at risk of poor oral health and greater investment in immunisation;
- Housing - the Government has significantly improved the economic circumstances of families with dependent children in public housing through a move from market-related to income-related rents.

14 The New Zealand Official Development Assistance Programme (NZODA) funds numerous projects and programmes which directly or indirectly allocate resources to children, including through the development of human and cultural resources, social development, particularly education and health, promoting the role of women, minorities and other disadvantaged groups, and by recognising the importance of the environment and the effective management of natural resources. New Zealand is currently considering the implementation of a children’s policy, including a reference to the “First Call for Children” to guide the administration of NZODA. A copy of “Programme Profiles”, which summarises the NZODA programme, is attached.

- *The roles played by families, communities, local governments, NGOs, social, cultural, religious, business and other institutions, including the mass media.*
- 15 The Government recognises the role of families as children’s primary care-givers and gives priority to policies to strengthen families in that role.
 - 16 Children’s interests have been widely promulgated in New Zealand, both by the Government and by NGOs. The Commissioner for Children, an independent Crown entity, is active in promoting and publicising UNCROC and children’s issues through the media and a quarterly journal, and in networking with children and young people, NGOs and community people, local bodies and government officials.
 - 17 The Interagency Co-ordination Initiative operates at a central and at a local level. At the local level co-ordinating committees have been established with the help of the mayors (heads of local government) throughout the country. The committees represent both government and community sectors.
 - 18 The Government has also been promoting the notion of strong communities to support families, and is in the process of strengthening its relationship with the community and voluntary sector. These organisations provide many of the social services at the local level on a contractual basis with the Government. A joint working party between the Government and voluntary social service organisations is currently working out ways to facilitate and guide that relationship.
 - 19 Some businesses and other institutions, including the mass media, support children’s interests and activities through sponsorship, award schemes, promotion and other types of support.
- *The development of mechanisms for the regular and timely collection, analysis and publication of data to monitor social indicators relating to the well-being of children.*
- 20 A number of mechanisms have been developed to collect, analyse and publish data required to monitor social indicators relating to the well-being of children:
 - A report has been prepared annually since 1997 on cross-sectoral outcome measures and targets. The measures comprise a range of mortality, illness and injury, abuse, neglect and care, youth offending, alcohol and cannabis use, participation in early education and health prevention activities, and development/behaviour measures;
 - As part of the outcomes report, a five-yearly report (based on Census data) was prepared for the first time in 1999 on social context indicators. They include indicators of the extent to which children are affected (through their parents, families or households) by disadvantages in relation to family circumstances, benefit dependency, paid work status, low income,

household food security and educational level. Results have been included for 1986, 1991 and 1996, and will be updated following the 2001 Census;

- The Ministry of Health publishes an annual report on the state of the public health, and a five-yearly report on population health status and on the major determinants of health outcomes. In 1998 the Ministry published a comprehensive report of key findings on the health of New Zealand children (provided as an attachment to this report);
 - Statistics New Zealand publishes a series of books from Census data on specific populations such as Children, Young People, Maori, Families;
 - Two longitudinal health and development studies have tracked two large samples of young people for more than 20 years and have provided valuable information on relationships between health-related behaviours and various biological, demographic and social factors;
 - Te Hoe Nuku Roa is a longitudinal study (by Massey University) of 700 Maori households living in both the urban and rural situations, that aims to inform Maori and other planners and facilitate the development of policies and programmes appropriate to Maori advancement in cultural, social and economic terms.
- *Arrangements for responding to natural disasters and man-made calamities.*
- 21 Natural hazards in New Zealand are earthquakes, fire, floods and volcanic eruptions. Other hazards with potential for major disruption are chemical spills, power failures and interruptions to community lifelines.
- 22 The Ministry for Emergency Management works in partnership with the civil defence and emergency management sector, to ensure that proper systems are in place across New Zealand to make communities more resilient to disaster. Functions include:
- providing overarching emergency management policy advice;
 - ensuring the establishment of structures throughout New Zealand to give effect to the goals and objectives of the Government;
 - managing central government response and recovery functions for large scale events that are beyond the capacity of local authorities; and liaising with the emergency management sector.
- 23 NZ supports disaster preparedness and mitigation activities in the Pacific with an annual grant and the provision of technical assistance to the Disaster Management Unit of the South Pacific Applied Geoscience Commission. New Zealand Official Development Assistance also provides humanitarian relief following natural disasters. In provision of this relief the needs of vulnerable groups, particularly women and children, are recognised.

- *Efforts by governments, industry and academic institutions to increase basic and operational research, aimed at new technical and technological breakthroughs, more effective social mobilisation and better delivery of existing social services.*
- 24 In the area of welfare two research programmes are underway which will provide information on the economic circumstances of children – one on living standards and one on family dynamics and family effectiveness. Most major programme initiatives have evaluation underway.
- 25 In the area of health one of the six future directions identified in the Child Health Strategy is the goal of improving child health evaluation and research.
- 26 There is a significant contribution to research related to children by the academic institutions, particularly the Children’s Issues Centre at Otago University.

IV Specific Actions for Child Survival, Protection and Development

- 27 This section provides a brief assessment of New Zealand’s progress with respect to the ten specific actions taken from the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s.

A Children’s Rights

Action: To disseminate and promote the earliest possible ratification of the Convention on the Rights of the Child and, thereafter, to promote its implementation and monitoring.

- 28 As stated above, New Zealand ratified UNCROC in 1993. In response to New Zealand’s initial UNCROC report, the Committee on the Rights of the Child issued a number of recommendations. New Zealand’s second report, submitted in December 2000, describes New Zealand’s responses and measures to address the concerns expressed by the UN Committee.

Brief Summary of Recommendations and Responses

- 29 Recommendations (in italics) and responses are as follow:
- *That New Zealand take steps to withdraw its reservations on*
 - *distinguishing between children lawfully and unlawfully in New Zealand;*
By March 2001 the Government will see if the reservation can be removed once it identifies possible difficulties and considers options for dealing with those difficulties.
 - *the protection of children under labour law;*

The Government is considering removal of this reservation, which will include reassessment of New Zealand's ability to comply with the minimum employment age requirements of UNCROC.

- *age mixing in prison.*
The Government is clarifying, by September 2001, the nature of any remaining difficulties for New Zealand in removing this reservation in order to assess whether there are steps that might be taken toward such removal.
- *That New Zealand prepare and adopt a comprehensive child policy statement.*
The need for a global policy or plan of action will be taken into account in developing the Children's Policy and Research Agenda and the Youth Development Strategy (described above in Part III).
- *That New Zealand bring existing legislation, policy and practice into line with the Convention.*
The Government will continue to co-ordinate work to bring legislation, policy and practice in line with the principles and provisions of UNCROC.
- *That New Zealand strengthen the office of the Commissioner for Children.*
Work is underway to amend the functions and powers of the Commissioner for Children to give better effect to the Convention.
- *That New Zealand review the system of data collection.*
The Government has asked for a report in September 2001 on the existing initiatives for data collection and identification of indicators of childhood wellbeing that are addressing the Committee's concerns. (This topic is also discussed in part III.)
- *That New Zealand give priority to children in budget allocation.*
As discussed in part III the Government plans to measure and assess the priority it gives to children in budget allocations by improving tracking allocations relating to children.
- *That New Zealand study the needs of single-parent families.*
A number of studies are underway on the needs of single-parent families. Government has asked officials to report in September 2001 on progress in addressing the needs of single-parent families.
- *That New Zealand give priority to preventing youth suicide.*
The New Zealand Youth Suicide Prevention Strategy was released in March 1998.
- *That New Zealand review corporal punishment legislation.*
In October 2000 the Government directed officials to report on how other comparable countries (particularly in the European Union) have addressed the issue of compliance with UNCROC, including the education campaigns that preceded legislative change.

- *That New Zealand establish mechanisms for recovery of child victims of abuse.*
Several sectors and agencies share responsibility for the recovery of child abuse victims, and ongoing work continues within each sector.
- *That New Zealand reduce inequalities.*
Reducing inequalities is a key priority for Government (described elsewhere in this report).
- *That New Zealand review child labour law.*
The Government intends to ratify the ILO Convention No 182 on the Worst Forms of Child Labour (subject to completion of domestic constitutional processes).
- *That New Zealand introduce assistance to **all** refugee children*
Asylum seekers (including children) can receive the same level of publicly-funded health, education and welfare services as quota refugees and other people lawfully in New Zealand. The Government does not consider it practical to provide asylum seekers with the induction programme that quota refugees go through immediately on arrival in New Zealand for the reasons that: the majority of asylum seekers lodge their claims after they have been in New Zealand some time; only 20 to 30% are found to be genuine refugees; they have usually been in New Zealand for up to two years by the time their claim is heard.

30 The Committee also noted a number of positive factors in the initial report, such as an increasing emphasis on monitoring and evaluation of the impact of proposals on children, the wide range of support services for children, the introduction of age discrimination measures, and the “Youth Parliament”.

Treaty of Waitangi

31 The Treaty of Waitangi underpins the relationship between Maori and the Crown and therefore affects government’s relationship in respect to Maori. The Treaty is also an important source of rights for Maori. The rights of Maori children as indigenous people are also protected under UNCROC.

B Children’s Health

Action: To combat childhood diseases through low-cost remedies and by strengthening primary health care and basic health services; to prioritise the prevention and treatment of AIDS.

National Actions

32 In 1997 there were 389 infant deaths, a rate of 6.7 per 1000 live births, which has decreased from 10.1 per 1000 live births in 1987. The infant mortality rate varies substantially between ethnic groups: for Maori it was 10.7 per 1000 live

births in 1997; for Pacific 8.8 per 1000 live births; and for NZ European 4.6 per 1000 live births. The mortality rate for ages 1-4 years in 1997 was 46 per 100,000 population. Major causes of death were injury and poisoning (18%), which also accounted for nearly half of all deaths in 1992-96. Cancers accounted for 15% of deaths followed by congenital anomalies (10%).

- 33 The Child Health Strategy was launched in 1998 after wide consultation. It provides a framework for child health and identifies six future directions:
- A greater focus on health promotion, prevention and early intervention;
 - Better coordination;
 - Development of a national child health information strategy;
 - Workforce development for those who work with children;
 - Improve child health research and evaluation;
 - Leadership in child health.
- 34 There has been an increased emphasis on preventive healthcare in New Zealand over recent years. Health care for children under six years of age is free. Extra funding has gone to additional home and school-based prevention and early intervention services, particularly for children from the priority groups: Maori children; Pacific children; children with high health and disability support needs; and children from families with multiple social and economic disadvantage.
- 35 An immunisation coverage survey in the northern region in 1996 showed that Maori and Pacific children had low rates of completed immunisation. Only 45% of Maori and 53% of Pacific children were fully immunised at two years of age, compared with 72% of European and Other children (Ministry of Health, 1998).
- 36 The National Immunisation Strategy was launched in February 1996. Immunisation has contributed significantly to the control of a number of important infectious diseases in New Zealand, including polio, diphtheria, tetanus *Haemophilus influenzae* type b (Hib) disease, congenital rubella, and hepatitis B. Some vaccine-preventable diseases continue to be significant public health problems, especially pertussis (whooping cough) and measles.

AIDS

- 37 The number of AIDS cases in infants and children in New Zealand is extremely small and usually related to blood transfusions. The prevention and treatment of AIDS is focused primarily on adults and young people. There is a worrying rise in the rate of non AIDS STDs in New Zealand, particularly gonorrhoea. There are a number of health promotion campaigns aimed at increasing condom use.

International Actions

- 38 Internationally, the New Zealand Official Development Assistance Programme (NZODA) has contributed to the Hepatitis B immunisation

programme and the Expanded Programme for Immunisation in the Pacific Islands, which has resulted in substantial progress in the control of vaccine-preventable diseases in children. The NZODA funded Women and Child health programme in Papua New Guinea and the Samoan Child Health programme are examples of large bilateral projects addressing child health issues. Under its multilateral programme, NZODA contributes \$2.2 million dollars a year to UNICEF, and \$1.8 million to UNFPA.

C Children's Growth and Development

Action: To overcome malnutrition, including by ensuring household food security and by developing strategies that include employment and income-generating opportunities; dissemination of knowledge; and support to increased food production and distribution.

National Actions

- 39 Food security is defined as access by all people at all times to the food needed for a healthy life (Ministry of Health, 1998). Certain groups may experience problems with access to the food they need due to personal socio-economic circumstances. In the 1997 National Nutrition Survey more than one third of Pacific people (43% males and 35% females) aged 25-44 years reported that they could afford to eat properly only sometimes, while the corresponding figures for Maori were 30% males and 37% females.
- 40 A study in 1995 showed that over 20,000 (almost 3%) of New Zealand school children are perceived by their teachers to be inadequately fed during the school day. Thirty-eight percent of all schools (850 schools) provided free food and/or beverages for their students (Ministry of Health, 1998).
- 41 The Ministry of Health is working with academics and health promotion professionals to undertake a national nutrition survey for children. The survey is expected to begin within twelve months. A new Health and Physical Education curriculum has been developed for schools, to be mandatory from the beginning of 2001. A key area of learning is food and nutrition.
- 42 The Government funds a number of nutrition health promotion programmes. In South Auckland which is a major metropolitan area, for example, several programmes are delivered by small non-government organisations. Staff work within low socio-economic communities facilitating practical education sessions in ethnically appropriate languages. They demonstrate how simple changes can be made to existing cultural food practices to improve the nutritional value and safety of the food being prepared for children and other family members within family and school settings. An evaluation of the impact of these interventions is currently being undertaken.

International Actions

- 43 The New Zealand Official Development Assistance Programme (NZODA) supports a number of integrated rural development projects in Asia (Vietnam

and China in particular) which focus on the improvement of household food security including child nutrition. Key mechanisms for this include: improving food production; marketing infrastructures; access to market and technical information; access to credit; access to health services, in particular health education; access to potable water; and adult literacy. NZODA is in the process of developing a food security policy in response to the World Food Summit Plan of Action.

D Status of Women and Girls in Society

Action: To enhance the status of girls and women and ensure their full access to health, nutrition, education, training, credit, extension, family planning, pre-natal, delivery, referral and other basic services.

National Actions

- 44 The past thirty years have seen significant advances in legislative support and protection for women. New Zealand became a party to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1985 and signed and ratified the CEDAW Optional Protocol at the Millennium Summit in September 2000. The Beijing Platform for Action has been a key tool in New Zealand women's policy development.
- 45 The Ministry of Women's Affairs has a key role as primary adviser on issues that affect women. Key themes of the Ministry's work are women's participation in society, safety and wellbeing and economic autonomy. Within the Ministry a specialised unit, Te Ohu Whakatupu, advances Maori women's interests, and provides advice to the Government on policies that have particular impact on Maori women.

Health and Nutrition

- 46 Health of children is affected directly by the health and nutrition of mothers during pregnancy. In 1999 an independent advisory committee (National Health Committee) reviewed maternity services – its report contains a range of recommendations aimed at ensuring equitable access to quality services for women and babies.

Teenage fertility rate

- 47 Research suggests that childbearing during adolescence may be associated with more difficulties for the mother, the child and society. There are higher risks associated with adolescent parenthood such as low birth weight and infant mortality, and children are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce employment prospects and earnings potential. New Zealand has relatively high teenage fertility rates compared with other developed countries, although considerably lower than the United States. In 1998 there were 1245 live births to mothers less than 18 years, a rate

of 9.5 per 100 females aged 13-17 years, compared to 11.8 per 1000 in 1995. In 1998 the fertility rate for Maori females aged 13-17 years was 26.2 per 1000, more than five times that of non-Maori (4.9 per 1000).

- 48 In terms of prevention, sexuality education is a part of the health education curriculum in schools and includes elements such as safe sex and contraception. There are a number of programmes that support teen parents. Parent Support and Development programmes provide health, welfare and education support to parents, including teen mothers. Teen parents have access to Correspondence School tuition, and a number of schools have creche facilities on site. Three schools have custom built programmes to cater particularly for teen mothers, with purpose built child-care facilities.

Education and Training

- 49 During the 1990s the position of girls and women in the education system has gradually improved. Since 1986 young women have been more likely than young men to remain at school beyond the compulsory school leaving age. There is still an identified need for:
- increased participation and achievement rates of young women in subject areas traditionally male-dominated and in areas that are becoming increasingly significant in the labour market;
 - reduction in the participation, retention, and achievement disparities that exist between non-Maori and Maori girls.
- 50 Although the number of women trainees in on-the-job courses is increasing, they still make up only one in five trainees in subsidised courses.

Work

- 51 The likelihood of being in the labour force has steadily risen for women. Younger generations of women are less likely than previous generations to withdraw from the labour market between the ages of 25 and 34, tend to withdraw later as the peak age for childbearing has increased, and are more likely to return subsequently to high levels of participation in their 40s. The ratio of female to male wages has fluctuated between 80% and 82% since the late 1980s.
- 52 Sole mothers have relatively low rates of employment and it has been the aim of policy in recent years to increase them. Government-subsidised childcare is available to enable parents to attend training, education or paid employment. Over the five years to 1996, there was a large increase in the proportion of sole mothers employed part-time. In total 36% of sole mothers were employed in 1996 (20% fulltime, 16% part-time). In 1996, only 25% of Maori sole mothers and 28% of Pacific sole mothers were employed compared with 44% of European sole mothers. This reflects the fact that Maori and Pacific mothers are less likely than European mothers to have qualifications, are more likely to be young, have young children, have larger families and, in the case of Maori, to live outside a main urban area.

International Actions

- 53 The NZODA programme has had a Gender and Development policy since 1992. It was revised in 1998 to ensure that programmes and projects are fully consistent with the Beijing Platform for Action. NZODA actively promotes mainstreaming a gender perspective in its policies, programmes and projects to ensure that they include consultation with women and men, are based on a full analysis of differential impacts of activities on women and men, and provide equal opportunities for women and men to contribute to and benefit from development. Approximately 54% of New Zealand's development co-operation can now be said to be 'gender integrated'.
- 54 NZODA also supports initiatives which are specifically directed towards women and girls or towards closing the gender gap, including: a Women and Children's Primary Health Care project in Papua New Guinea; women's credit schemes or revolving loan funds in several Pacific Island countries; support for women's organisations working on reproductive health care; development of curricula and readers which meet the needs of girls, support their continuing involvement in education and contribute to raising the achievement level of girls; a Child Health project in Samoa; and a Solomon Islands Family health project.

E Role of the Family

Action: To ensure support for parents and other care-givers in nurturing and caring for children; to prevent separation of children from their families and, where such separation takes place, to ensure appropriate alternative family care or institutional placement.

National Actions

Income Support

- 55 New Zealand has a comprehensive tax-funded income support system, targeted to those most in need. The system provides financial assistance in situations of sole parenthood and unemployment, sickness and invalidity. The benefit system is supplemented by additional assistance for those facing high accommodation or other essential costs. For those families where income from paid work is low, financial assistance is also available through the tax system.
- 56 In 1996, 84.5% of children in one-parent families were in the two lowest income quintiles, compared with 26.5% in two-parent families. There was a slight improvement since 1991 when these proportions were 87.8% and 26.7% respectively.

Strategy to Support and Strengthen Families

- 57 There is evidence that some 5% of families (around 25,000) in New Zealand exhibit persistent multiple and serious disadvantage. These families typically have some combination of low incomes, inadequate or frequent changes in

housing, poor health and low educational attainment. A number are long-term benefit dependent. These households are also concentrated in certain geographic regions.

- 58 The 5% of families that have multiple problems require the support of more than one agency. Over the past five years collaborative approaches have been developed to improve life outcomes for children in families at risk such as: better health status; improved educational attainment; the ability to form positive relationships; and prevention of persistent offending. The Interagency Co-ordination Initiative is one such approach. The various government agencies in the social sector work with each other to achieve strategic priorities, and work with local government and community-based organisations to provide a seamless service to families at risk. It is a strategy that operates at the levels of policy development, programme development (including funding and purchasing), and service delivery.
- 59 *Social Workers in Schools* is a school-based preventive programme for children and families at risk. Social workers work alongside teachers, other professionals, and families to ensure that children at risk are encouraged and assisted to succeed at school.
- 60 *Family Start* is a home-based early intervention service that is offered to those families with a newborn baby who are facing significant difficulties. The service is intensive and ongoing and, if needed, can be provided until the child reaches school age. This is a joint initiative supported by the health, education and welfare sectors.

Other Parent Support and Development Programmes

- 61 In addition to the initiatives described above there are a number of programmes that provide support to parents with a child aged 0-5 at some risk of poor life outcomes:
- Parents as First Teachers (PAFT) – provides a series of regular home visits by early childhood educators to parents with children from birth to three years, and is designed to help children develop the language, intellectual and social skills on which to build learning – 9000 families were involved in the programme in 1998;
 - Home Instruction Programmes for Preschool and Year One Youngsters (HIPPY) helps parents prepare their children for the transition to school through developing the children’s literacy skills;
 - He Tipu Ora – providing health and other services. Maori mothers are visited before birth and follow-up is provided until the child is five years.
 - Awhina Matua – community workers target those families that are not using early childhood education services and help them by providing parent support, group sessions, and linking them to early childhood services;

- Whanau Toko I Te Ora – a programme that aims to improve health, education, and social outcomes for Maori, through a focus on child development, strengthening cultural identity and links to health and social services.
- Anau Ako Pasifika – set up in 1998, a home-based early childhood and parent support programme based in Auckland, Tokoroa and Wellington. The programme also develops learning resources for use in Pacific homes.

Family Violence Services

- 62 There is a high prevalence of family violence in New Zealand, particularly violence against women. Maori women report higher rates than non-Maori of acts of controlling behaviour, or physical or sexual abuse by their partner.
- 63 The Domestic Violence Act 1995 put in place a number of protections for children and young people who have suffered or witnessed domestic violence. The legislation deals with treating offenders as well as giving help to the victims of violence. Services for both victims and perpetrators of family violence are provided through non-government organisations such as Womens’ Refuge, Rape Crisis organisations and Men for Non-Violence, as well as the statutory agencies in the Police, Justice and Welfare sectors.
- 64 In 1996 a crime prevention package provided funding for several initiatives to address the problem of family violence. Funding for these kinds of initiatives has been renewed in the year 2000:
- personal safety training for girls;
 - Maori family violence prevention services;
 - specialist services for child victims and witnesses of family violence;
 - additional resources for victim services;
 - extension of family violence services in rural areas;
 - community based sex offenders’ treatment programme;
 - violence in schools – to deal with bullying and harassment in schools.

Work, Families and Children

- 65 This Government is considering ways to improve support for families with young children through paid parental leave. With respect to children and work the Government intends to ratify the ILO Convention No 182 on the Worst Forms of Child Labour (subject to completion of domestic constitutional processes).

Separation from Parents

- 66 The Government is currently looking at responsibilities for children when parents part. New Zealand’s guardianship and adoption laws were passed over thirty years ago and it is now widely acknowledged that they no longer meet the needs of modern families. Patterns of family life and values regarding family relationships have changed significantly in the intervening period. As a

first step to the review of the Guardianship Act 1968 the Government released a discussion document in August 2000 on New Zealand's guardianship, custody and access framework. Key issues to consider in a review include the rights of children, the rights and responsibilities of families and extended families, recognition of cultural diversity and the outmoded language in the current law.

International Actions

- 67 Internationally, measures to counter domestic violence, including violence against children, have become a particular focus of NZODA funding.

F Education and Training

Action: To ensure priority for early childhood development; universal access to basic education; reduction of adult illiteracy; vocational training and preparation for work; and increased acquisition of knowledge, skills and values through all available channels.

National Actions

Early Childhood Development

- 68 Research indicates that good quality early childhood education can make a considerable difference in later educational achievement for children who experience socio-economic disadvantage. In New Zealand an increasing percentage of preschool children are being enrolled in early childhood education services such as kindergartens, childcare centres, playcentres, Te Kohanga Reo (Maori language nests), community playgroups and Pacific Islands Early Childhood Centres and Language Groups.
- 69 In 1999 almost 59% of all children under the age of 5 were enrolled in early childhood education (ECE) services, an increase of 5.9 percentage points since 1995. The participation rate for 2 year olds in ECE increased from 45% in 1994 to 56% in 1999, and for 3 year olds from 78% to 90%. In 1999, 100% of 4 year olds were identified as attending ECE.²
- 70 Maori and Pacific children are under-represented in early childhood education to about the same extent. Their representation is about 74% of what it is in the general population. Maori children comprise 26% of the 0-4 year old population, but only 19% of enrolments in early childhood education, and Pacific children comprise 8% of the population compared to 6% of enrolments. This is an increase for Pacific children from 58% of their population in 1991. Representation of Maori children has not changed significantly over this time.

² Participation rates may be inflated as children can be enrolled in more than one type of ECE service.

Basic Education

- 71 Every person between the ages of 5 and 19 is entitled to free enrolment and education at a state school. Schooling is compulsory between the ages of 6 and 16.
- 72 Underachievement is the major issue for the education sector. Low achievement is cumulative, with disparity increasing with age. There are a number of reasons why children are not able to reach their full potential in the education system. Significant causes are:
- lack of family resources for some students;
 - disruption caused by transience, suspensions, and ill-health;
 - a mismatch between the learning needs of some students and what schools can provide;
 - factors such as bullying in schools and substance abuse.
- 73 Within the Maori student population individual achievement varies greatly, but overall:
- Maori students perform at lower levels than other students except in technology, art, music and physical education;
 - a high proportion of Maori students do not successfully complete high school;
 - there are high rates of suspensions for Maori students.
- 74 Education issues for Pacific children are:
- lower rates of achievement in the areas of early literacy, numeracy, and the attainment of school qualifications;
 - for Pacific students who have recently immigrated there is often a significant language barrier.
- 75 Approximately 8% of children have special education needs. At present there is also a need to further assist the children of refugees with intensive English language support.
- 76 The Ministry of Education has put in place a number of strategies over the past decade to raise education achievement and increase participation. Priority areas in the recent budget and legislative programme included:
- Reducing socio-economic inequalities
 - Early Childhood Education
 - Strengthening the quality of Maori language education
 - Supporting the development of Maori medium education eg Te Kohanga Reo (early childhood level); Kura Kaupapa Maori (primary level); Whare Kura (high school level); Whare Wananga (university level)
 - Literacy and numeracy
 - Quality teachers
 - Students at risk
 - Special Education – for children with special needs

- Resourcing of compulsory schooling
- Health and wellbeing
- Clarifying students' rights

Adult Literacy

- 77 An Adult Literacy Survey in 1997 found that one in five adults had poor literacy skills, and that the poor literacy was concentrated within the Maori population and amongst Pacific people and other ethnic minorities. The Government funds literacy programmes for adults and English language training for speakers of other languages.

Vocational Training and Preparation for Work

- 78 The New Zealand Curriculum Framework requires schools to deliver a curriculum that promotes lifelong learning and to emphasise the connection between learning and work.
- 79 Skill New Zealand Pukenga Aotearoa is the primary government agency responsible for developing skilled workforce potential. Its focus is on the transition from education and training to work, and on increasing access to training in the workplace. Skill New Zealand works with small and medium enterprises to set up formal training arrangements. Skill New Zealand also works with training providers to provide tertiary education and training for people with low or no qualifications.
- 80 Maori participation in Skill New Zealand training has more than doubled between 1995 and 1999 with Maori now comprising 17% of all industry trainees. While Maori participation in training has increased in the second half of the decade there is still much to be done to reduce the gap in qualification levels between Maori young people and the population as a whole.
- 81 The Government has this year introduced a modern apprenticeship programme, a supported pathway into highly valued skills and qualifications, with apprenticeships leading to trade qualifications and traineeships for non-trade occupations such as clerical, retail and hospitality;

International

- 82 New Zealand is committed to raising the standard of early childhood education amongst our development partners and the NZODA programme supports curriculum development, teacher training, policy development and resource provision in the area of early childhood education in Kiribati, the Solomon Islands, Fiji and Niue. In both the basic and secondary education sectors, NZODA has focused on teacher training, curriculum development and resource development in a number of Pacific countries (Kiribati, Tonga, Samoa, Solomon Islands and Vanuatu).

G Children in Difficult Circumstances

Action: To ensure special attention to children living under especially difficult circumstances; including by ending their exploitation through labour; and by combating drug, tobacco and alcohol abuse among young people.

National Actions

Child Abuse

- 83 Child abuse continues to cause concern in New Zealand society:
- For the five-year period 1992-1997 there were an average of 9 deaths per annum among children aged 0-14 years from injury inflicted by other persons;
 - 206 children were hospitalised in 1998 for injuries caused by other persons, of which 32% were aged less than five years, and 41% were attributed (coded) to child battering or maltreatment.
- 84 Since 1995 there have been a number of developments to address child abuse and neglect:
- additional funding for child protection services including residential services and alternative care, purchased from a range of Maori and non-Maori providers;
 - publicity campaigns (Breaking the Cycle) to raise awareness and prevent and stop the cycle of abuse in families, including neglect and anti-smacking campaigns;
 - development of the Risk Estimation System (RES), a tool to improve social work decision-making in cases of substantiated abuse and neglect;
 - focus on improving professional service including registration of social workers and training;
 - ongoing development of interagency child abuse reporting protocols with NGOs, schools, creches, health providers and any group who have access to or provide services to children and young people.

Youth

Drug, and Alcohol Risk Behaviour

- 85 The Drugs in New Zealand National Survey reported that 20% males and 15% females aged 15-17 years reported consumption of alcohol enough to feel drunk at least once per week in 1998.
- 86 The Alcohol Advisory Council (ALAC) is the Crown owned entity in New Zealand responsible for promoting moderation in the use of alcohol and for developing strategies to reduce alcohol related problems for the nation. ALAC

reported in May 2000 an increase in binge drinking amongst 14-18 year olds, with 44% reporting that they consumed five or more drinks on their last drinking occasion. The Council began a publicity campaign in April 2000 aimed at supporting parents in their efforts to keep their children safe around alcohol.

- 87 The Drugs in New Zealand National Survey reported that cannabis, in the form of marijuana, was used by 32% of males and 27% of females aged 15 to 19 in the previous twelve months. Use of cannabis on more than ten occasions in the previous month was most common among male 18-19 year olds (11%). The corresponding figure for females was much lower at 2%.
- 88 The Government has recently announced an inquiry into the use of cannabis and the health issues associated with its present legal status.

Tobacco Smoking

- 89 Nation-wide surveys of children aged 14-15 years were conducted in 1992 and 1997. They found an increase in reported smoking of 44% for girls (from 11.9% to 16.5%) and 28% for boys (from 11.2% to 13.5%) between 1992 and 1997. A repeat survey in 1998 showed a slight decrease in smoking by European, Maori and Pacific girls and boys, and an increase by Asian girls and boys, but no further increase overall.
- 90 The Ministry of Health has a number of strategies for combating drug, tobacco and alcohol abuse among young people. A multi-media "Why Start" public education campaign began in 1996. In 1997, the Smoke-free Environments Amendment Act banned sales of tobacco to people under 18. Other initiatives include the national Quit Smoking telephone line and new regulations in 1999 which required larger, stronger health warnings to appear on tobacco packets.

Youth Suicide

- 91 Suicide in the 15-24 year age group is an important public health and social issue, particularly for males among whom it accounts for approximately 112 deaths per year (1987-1997), a high figure on the international scale. The ratio is four male suicides to every female suicide. The New Zealand Youth Suicide Prevention Strategy is in place and a five-year implementation plan is currently being developed to give effect to this strategy.

Youth at Risk of Offending

- 92 Young people under 20 are responsible for a level of offending which is out of proportion to the relative size of this age group. In the 1997 Budget a crime prevention package provided funding to address the problem of youth at risk of offending, with a mixture of new initiatives, Maori community-driven initiatives, and extensions of established programmes. The Government has set a long term strategic outcome to reduce serious and persistent re-offending with the Youth Services Strategy. Particular areas of attention will be

improved access to drug and alcohol assessments and to mental health assessments.

Other Measures

- 93 The focus of the new Health and Physical Education Curriculum is on helping students to make informed decisions and act in ways that will contribute to their own and others' wellbeing – physically, mentally and emotionally, socially and spiritually. If students are well, they are more likely to achieve academic success and less likely to engage in risk-taking behaviours. The new curriculum confronts issues such as youth suicide, drug-related suspensions of school students, physical activity patterns, our high abortion rate, bullying in schools, and violence in sport.

Children with Disabilities

- 94 The 1996 Household Disability Survey found that just over 11% of new Zealand children aged 0-14 has some kind of physical, intellectual, sensory, psychiatric or psychological disability or long-term illness. Most childhood disabilities were present at birth (39%) or were due to chronic diseases (37%). Less than 4% were attributed to accidents.
- 95 The Government works in partnership with the community and voluntary sector in providing services and supporting people with disabilities. Service provision is based on comprehensive needs assessments of the individual and the family, to create the most appropriate package of services which will enhance integration into ordinary social and work environments.
- 96 The Government has created a Minister for Disability Issues who will be responsible for initiating and monitoring the national strategic plan for disability support and habilitation and rehabilitation. These functions will be carried out in close consultation with the disability sector.
- 97 A project has been established in 2000 to develop an inter-sectoral strategy to improve the services that are provided for children and young people with severe mental health problems, behavioural difficulties and disabilities.

Migrants and Refugee Children

- 98 New Zealand is now home to many different ethnic communities. Migrants and refugees arriving in New Zealand in the past few years have been facing significantly greater adjustment challenges than previously, notably in the areas of education, employment, health and welfare. The Government has initiated the development of a comprehensive and integrated immigration, settlement and ethnic affairs policy.

International

- 99 Internationally New Zealand assists children living in especially difficult circumstances both directly and indirectly through its Official Development Assistance Programme. NZODA's Good Governance Programme has funded activities in Pakistan focusing on the child labour, and workshops in Fiji and the Philippines developing domestic policies for youth at risk. New Zealand has also established an ongoing relationship with Thai officials working to promote legislation for the protection of children's rights in Thailand. Activities supported by NZODA's Voluntary Agency Support Services Programme (working through New Zealand NGOs) have included child labour awareness and advocacy campaigns in Bangladesh and India.

H Children in Conflict Zones

Action: To ensure special protection of children in armed conflict and to build a foundation for a peaceful world by promoting the values of peace, tolerance, understanding and dialogue.

- 100 New Zealand supported the development of the Optional Protocol on the Involvement of Children in Armed Conflict, signed the instrument at the Millennium Summit and is working towards its ratification. The New Zealand Official Development Assistance Programme contributed funding for the Asia Pacific Conference on the Use of Children as Soldiers in Nepal in May 2000. New Zealand participated in the Winnipeg International Conference on War-Affected Children in September 2000 and supports the Agenda for War-Affected Children. The New Zealand Government and the UNESCO National Commission have actively promoted the International Year for the Culture of Peace.

I Environment

Action: To prevent the degradation of the environment by pursuing the World Summit goals, by inculcating respect for the natural environment, and by changing wasteful consumption patterns.

- 101 The Government's Environment 2010 Strategy identifies eleven priority issues that New Zealand must deal with to maintain and improve the quality of the environment. Six are concerned with sustaining valued aspects of the environment: air; water; land; biodiversity; fisheries; transport; energy services. Five are concerned with controlling pressures on the environment: pests, weeds and diseases; climate change; ozone layer; waste, contaminated sites and hazardous substances:
- Biodiversity – the decline in biological diversity has been identified as New Zealand's most pervasive environmental issue. New Zealand has ratified the international Convention on Biodiversity, and has a strategy in place.

- Energy Services – New Zealand makes greater use of renewable water-based energy for its electricity supply than most other nations – getting up to 79% of electricity energy from hydroelectric stations. There is an environmental impact on river flows and lake levels, and efforts are being made to protect the ecological and recreational features of many of the wild and scenic rivers that remain. There is increasing investment in technologies such as wind farms and co-generation industrial plants, and in promoting energy efficiency. A national energy efficiency and conservation strategy has been developed.
- Pests, Weeds and Diseases – introduced pests, weeds and diseases pose a serious risk to biodiversity, agriculture, forestry and aquaculture. The estimated 70 million possums are currently considered the most destructive pests, eating vegetation, killing native birds and invertebrates, and helping spread tuberculosis to domestic cattle. Controlling pests and weeds is a large and costly component of nature conservation and agriculture in New Zealand.
- Climate Change – New Zealand is party to the Framework Convention on Climate Change and has signed the Kyoto Protocol. The Protocol commits New Zealand to returning emissions of greenhouse gases back to 1990 levels, on average, over 2008-2012.
- Ozone Layer – The New Zealand Government published its Ozone Protection policy in July 1989, and in October 1989 the Ozone Layer Protection Act came into force in July 1990. The legislation enables the Government to control imports and sales of chlorofluorocarbons (CFCs) and halons, associated technology, and goods made using CFCs.
- Wastes, Contaminated Sites and Hazardous Substances – Clean Up New Zealand is a national environmental event which runs in September every year, and aims to encourage all New Zealanders to clean up rubbish in their local areas, and work towards long-term solutions that reduce waste. Children are encouraged to participate.

J World Poverty

Action: To address poverty and debt; mobilise development finance; halt the net transfer of resources from developing to developed countries; establish an equitable trading system; and ensure children are given priority in economic and social development.

- 102 Although not a creditor nation, New Zealand contributed NZ\$6.4 million to the Heavily Indebted Poor Countries (HIPC) Initiative trust funds held by the IMF and World Bank in support of targeted debt relief. Through New Zealand's participation in multilateral and regional agencies such as the International Finance Corporation, we support innovative ways of mobilising development finance in addition to our traditional official development assistance.
- 103 New Zealand continues to participate in international efforts to establish an equitable rules-based trading system and provides technical assistance to countries seeking WTO accession. New Zealand sees a positive link between trade and development, and poverty reduction. Recent studies by the OECD,

WTO and the World Bank have demonstrated that trade and international investment have been beneficial for development, when accompanied by a coherent set of growth-oriented macroeconomic and structural policies, capacity-building, adequate social policy and good governance. New Zealand supported the proposal to provide duty free access in “essentially all” products to least developed countries, and supports extending this to cover all products.

- 104 The large majority of our bilateral and regional official development assistance in the Pacific is targeted to women and children.

V Lessons Learnt

- *Provide a summary of the key factors that have inhibited, or enabled progress for children, and an overview of the remaining challenges and key issues.*

- 105 New Zealand has been fortunate as a developed country to be able to provide a relatively safe, protected environment for its children, where the provision of adequate levels of basic needs such as food, shelter and health care has been taken for granted, along with access to education, and legislative protection of fundamental civil and political rights.

- 106 Nevertheless many New Zealand families with dependent children over the past decade and a half have come under considerable social and economic pressure. The pressure has increased the incidence of disadvantage and the consequent risk of poor outcomes for children. The greatest concern is the potential for a socially excluded group to emerge and become a permanent feature of New Zealand. The position is further complicated by the disproportionate number of Maori and Pacific people in the group most at risk of entrenched social exclusion, and by the concentration of disadvantage in particular areas.

- 107 Since 1995 governments have placed a greater emphasis on the importance of the family and good outcomes for children in mainstream services.

- 108 The new Government elected in 1999 has given considerable emphasis to initiatives based on local knowledge and strengths that will improve the circumstances for those children most at risk. It has particularly focused on new ways to address the disadvantaged position of many Maori and Pacific people.

VI Future Action

- *Make recommendations for future national and international action including, wherever possible, specific national commitments.*

National

- 109 This report has described a wide range of measures in New Zealand to address the problems that have been identified and to promote the health and well

being of children. It is necessary to continue monitoring the impact of these policies and programmes to assess their effectiveness.

- 110 Government is committed to developing an agenda for children's policy and research that will inform and provide a framework for work relating to children across the different sectors over the next five years. The Agenda is expected to be fully developed by August 2001. As a first step the Government brought together key people with experience and interest in children's issues at a Children's Policy Seminar in July 2000. A Children's Policy Reference Group has since been established to assist the Government with the development of the agenda, and with input into ongoing policy advice on children's issues. It is important that the framework take account of, and build on, the successful policies and programmes that are already in place.
- 111 Government has also in October 2000 approved a work programme to progress the UN Committee on the Rights of the Child's recommendations to New Zealand to advance implementation of the UN Convention on the Rights of the Child (UNCROC). As part of this work the Government is currently in the process of strengthening the role of the Commissioner for Children to give better effect to UNCROC in New Zealand.
- 112 The other major thrust of Government's initiatives for children is the focus on reducing disadvantage and disparities by building community sustainability.

International

- 113 As noted at paragraph 14, New Zealand is currently considering the implementation of a children's policy, including a reference to the "First Call for Children" to guide the administration of the New Zealand Official Development Assistance Programme. It is anticipated that NZODA will continue to support programmes and projects that have a positive effect for children in New Zealand's development partner countries.
- 114 New Zealand has signed both Optional Protocols to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict, and on the Sale of Children, Child Prostitution and Child Pornography, and is working towards ratification. The New Zealand Government has also announced its intention to ratify the International Labour Organisation Convention 182 Concerning the Worst Forms of Child Labour this year, subject to the completion of domestic constitutional processes. All three instruments contain provisions that relate to international co-operation and New Zealand will remain open to considering relevant projects for funding under NZODA.

Appendix 1

Indicators for Monitoring Progress at End-Decade

Indicators Reflecting World Summit for Children Goals

WSC Goal 1

Between 1990 and the year 2000, reduction of infant and under five child mortality rate by one third or to 50 and 70 per 1000 live births respectively, whichever is less.

Under Five Mortality Rate

Mortality for under-five year olds in 1990 and 1997

Year		Rate	Total	0-	1-	2-	3-	4-
1990								
	Male		380	299	28	23	16	14
	Female		247	208	18	10	5	6
	Total	10.42	627	507	46	33	21	20
1997								
	Male		280	219	20	26	8	7
	Female		214	173	17	14	7	3
	Total	8.56	494	392	37	40	15	10

Rate = The probability of dying per 1000 live births

Source: Ministry of Health

Infant Mortality Rate

Infant mortality by year

Year	Infant Deaths	Rate	Live Births
1990	507	8.4	60153
1991	504	8.4	59994
1992	433	7.3	59266
1993	431	7.3	58867
1994	414	7.2	57435
1995	388	6.7	57791
1996	417	7.3	57434
1997	392	6.8	57734
1998	*317	*5.7	*55521

* Provisional

Source: Ministry of Health

WSC Goal 2

Between 1990 and the year 2000, reduction of maternal mortality rate by half.

Maternal Mortality Ratio (MMR)**Maternal Deaths – WHO definition**

Year	Direct			Indirect			Total			Live Births
	No.	Rate 1	Rate 2	No.	Rate 1	Rate 2	No.	Rate 1	Rate 2	
1990	3	0.05	5.0	1	0.02	1.7	4	0.07	6.6	60153
1991	7	0.12	11.7	2	0.03	3.3	9	0.15	15.0	59994
1992	2	0.03	3.4	3	0.05	5.1	5	0.08	8.4	59266
1993	6	0.10	10.2	4	0.07	6.8	10	0.17	17.0	58867
1994	4	0.07	7.0	0	0.00	0.0	4	0.07	7.0	57435
1995	2	0.03	3.5	0	0.00	0.0	2	0.03	3.5	57791
1996	4	0.07	7.0	0	0.00	0.0	4	0.07	7.0	57434
1997	2	0.03	3.5	1	0.02	1.7	3	0.05	5.2	57734

Rate 1 = rate per 1000 live births

Rate 2 = rate per 100,000 live births

Source: New Zealand Health Information Service

WSC Goal 3

Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under five children by half.

Underweight Prevalence

- Data on malnutrition not available/not recorded

Stunting Prevalence

- Data on malnutrition not available/not recorded

Wasting Prevalence

- Data on malnutrition not available/not recorded

WSC Goal 4

Universal access to safe drinking water.

Use of Safe Drinking Water

The last report covered the 1999 year (released in October 2000):

- 85% of the population are connected to reticulated (piped) community drinking water supplies;

- of the above who are connected to community supplies, 82% could demonstrate full compliance with the NZ Drinking Water Standard (based on WHO guidelines), 7% had some contamination shown by the monitoring of their supplies, and 11% were not adequately monitored enough to comply with the standards, so that there was insufficient information to tell if they were contaminated;
- the 15% not on community supplies will have their own supply, which is usually roof tank or bore water. Legislation requires wholesome/potable water in all dwellings and all would have plumbing to comply with legislation.

WSC Goal 5

Universal access to sanitary means of excreta disposal.

Use of sanitary means of excreta disposal

- Information is not held on the % of population connected to community sewerage schemes but it is likely to be similar to that of drinking water. Again legislation requires all dwellings to have safe sanitary conditions. Where reticulation is not available, dwellings would be on septic tank or more advanced on-site systems. All would have plumbing and flush toilets. Pit latrines would not comply with our legislation.

WSC Goal 6

Universal access to basic education and achievement of primary education by at least 80 per cent of primary school age children, through formal schooling or non formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls.

Children Reaching Grade Five

- 100%

Net Primary School Enrolment Ratio

- 100%

Net Primary School Attendance Rate

- 100%

WSC Goal 7

Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy.

- Data on adult illiteracy rate not available

WSC Goal 8

Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations.

Total Child Disability Rate

- The 1996/97 Disability Survey data and the 1996 census data for children <15 years indicated that 11.6 percent of children have a disability of some description. Note this is not the percentage that require assistance. All disability types are included, as well as those children with a long-term illness.

WSC Goal 9

Special attention to the health and nutrition of the female child and to pregnant and lactating women.

Under Five Mortality Rate - provided under Goal 1

Underweight Prevalence - Female/Male

- This information is not recorded in New Zealand.

HIV Prevalence - Female/Male

- The most current data relating to HIV prevalence as follows is not specified according to age and not strictly based on gender.

Data Related to HIV Prevalence

Category	Rate per 1000 (95 percent confidence interval)			
	1992		1997	
MSM (men who have sex with men)	44	(23.5, 75.4)	17.7	(5.8, 40.7)
IDU (illicit drug users)				
Group 1*	5.6	(0.7, 20.1)*	0.0	(0.0, 13.4)*
Group 2**	3.4	(0.4, 12.1)**	3.4	(0.9, 8.6)**
Heterosexually active males	1.3	(0.5, 2.9)	0.7	(0.2, 2.2)
Heterosexually active females	1.1	(0.3, 2.8)	0.3	(0.01, 1.8)

* Sexual health centre attendees

** Needle and syringe programme users

Source: Ministry of Health

Iron Deficiency Anaemia

Proportion of women aged 15-49 with haemoglobin levels below 12g/100ml for non-pregnant women.

- 2% of women aged between 15-44 years have iron deficiency anaemia. IDA defined as ferritin <12ug/L and zinc protoporphyrin >60umol/mol and haemoglobin <120g/L. These data are from the nationally representative 1997 National Nutrition Survey, sample size 4,636 adults 15 years +. Note the age group does not correspond exactly with the request because of the age groups reported in the NNS.

Proportion of pregnant women with haemoglobin levels < 11g/100ml.

- 27% of women in a non-random sample of 504 pregnant women undertaken in 1998 had haemoglobin <110ug/L (54% of women had blood analyses undertaken). These data are not

nationally representative - however the sample included large numbers of Maori and Pacific women so ethnic comparisons are possible.

WSC Goal 10

Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late, or too many.

Contraceptive Prevalence

- New Zealand keeps records on the volumes of contraceptive dispensed but does not keep information on the prevalence of contraceptive use. The information that follows is based on a representative survey of women aged 20 – 49 years.

Type of Contraceptive Method Used in the Four Weeks Prior to the NZW:FEE Survey

Method Used	Age Group in 1995					
	20-24	25-29	30-34	35-39	40-44	45-49
	%	%	%	%	%	%
Female Sterilisation Only	---	6.11	11.47	17.07	25.52	33.77
Partner Vasectomy Only	---	4.37	15.41	26.35	36.36	40.69
Pill Only	44.07	42.79	27.96	16.67	9.79	4.33
Condom Only	18.08	17.47	15.77	11.98	5.94	6.06
Pill + Condom	12.43	3.93	2.51	1.50	.70	---
IUD Only	2.82	1.75	5.02	5.39	4.90	1.30
Injection Only	7.91	3.49	1.08	0.60	2.10	0.87
All Other Methods	5.09	4.81	8.59	9.06	6.65	6.49
No Contractive Method	9.60	15.28	12.19	11.38	8.04	6.49
Total in Age Group	177	229	279	334	286	231

Fertility Rate for Women

Fertility Rate Women 1990, 1997 and 1998

Year	Rate 15-19 yrs per 1000 estimated mean female population	Total Fertility Rate – average number of births for each woman
1990	34.4	2.15
1997	33.4	2
1998	29.8	1.9

Source: Statistics New Zealand, Demographic Trends 1991, 1998 and 1991

Type of birth by age of mother; numbers by year

		Age of mother						
Year		<20	20-24	25-29	30-34	35+	N/K	Total
1990	Live births	5037	13960	21228	14768	5160	-	60153
	Late fetal deaths	29	61	68	74	19	-	251
1997	Live births	4403	10837	17152	16688	8654	-	57734
	Fetal deaths	36	93	102	109	77	3	420

Source: Ministry of Health

WSC Goal 11

Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high risk pregnancies and obstetric emergencies.

Antenatal Care

- 100% for antenatal care

Childbirth Care

- 100% for childbirth care

Obstetric Care

- 24 facilities provide comprehensive essential obstetric care.

WSC Goal 12

Reduction of the low birthweight rate (less than 2.5 kg) to less than 10 per cent.

Birthweight Below 2.5 kg**Live births by birthweight and year 1993-1997 (birthweight in grams)**

Year	Under	500-	1000-	2500-	3000-	3500+	N/K	Total
1993	21	206	351	8279	20096	26990	27	58867
1994	10	184	342	8036	19705	26227	45	57435
1995	25	219	348	8161	19782	26301	72	57791
1996	44	207	366	8105	19545	26075	116	57434
1997	33	231	353	8306	19503	26254	74	57734

Source: New Zealand Health Information

Percentage of live births that weigh under 2.5 kg

Year	<2.5kg	Total N/k	Percentage <2.5 kg
1993	3475	58840	5.9
1994	3422	57390	6.0
1995	3475	57719	6.0
1996	3593	57318	6.3
1997	3597	57660	6.2

WSC Goal 13

Reduction of iron deficiency anemia in women by one third of the 1990 levels.

Iron Deficiency Anemia

- Not recorded nationally.

WSC Goal 14

Virtual elimination of iodine deficiency disorders.

Iodized Salt Consumption

Proportion of households consuming adequately iodised salt.

- Salt has been fortified with 40-80mg iodine/kg salt since 1939. In a regional study of 307 8-10 year-old children, data collected between 1996-1999, 83% of families used iodised salt in the home.

Proportion of population (school-aged children) with urinary iodine levels below 10ug/100ml.

- Regional study of 307 8-10 year-old children, data collected between 1996-1999. The median urinary iodine level was 6.6 ug/100ml -indicative of mild iodine deficiency.

Comment

- Iodine status will be further investigated in the planned national Children's Nutrition Survey. Results expected to be available in 2003. Policy analysis will be undertaken to determine whether salt is still the best vehicle for fortification with iodine.

WSC Goal 15

Virtual elimination of vitamin A deficiency (VAD) and its consequences, including blindness.

Children Receiving Vitamin A Supplements

Proportion of children aged 6-59 months who received a high dose vitamin A supplement in the last 6 months.

- No data available. The planned national Children's Nutrition Survey will collect data on dietary supplement intake of children aged 1-14 years. Results are expected to be available in 2003.

Proportion of mothers who receive a high-dose vitamin A supplement before the infant was 8 weeks old

- Less than 1% of women took a vitamin A supplement during pregnancy. Data from regional study of 500 pregnant women.

Proportion of children aged 6-59 months with serum retinol below 20mcg/100ml.

- No data available.
- Infants are no longer supplemented routinely with Vitamin AD & C in New Zealand.

WSC Goal 16

Empowerment of all women to breastfeed their children exclusively for four to six months, and to continue breastfeeding with complementary food well into the second year.

Exclusive Breastfeeding Rate

- 39% of infants are exclusively breastfed to 4 months. These data come from a nationally representative sample of infants collected by Plunket as part of their routine information gathering.
- Exclusive breastfeeding: the infant has had only breastmilk (from the breast or expressed) and prescribed medicines from birth.

Timely Complementary Feeding Rate

- 39% of infants aged 7-12 months are partially breastfed. Note that the age group differs from the 6-9 months requested because of Plunket data collection practices.

Continued Breastfeeding Rate

- 16% of infants 13 -15 months are partially breastfed and 3% of infants 21-24 months are partially breastfed. Note that the age group differs from the 12-15 and 20-23 months requested because of Plunket data collection practices.

Number of Baby Friendly Facilities

- NZ has established a national Breastfeeding Authority which has put in place the process for facilities to apply to be assessed as baby-friendly. Assessors have been trained. As yet no facilities have been assessed as baby-friendly.

WSC Goal 17

Growth promotion and its regular monitoring to be institutionalised in all countries by the end of the 1990's.

No indicators.

WSC Goal 18

Dissemination of knowledge and supporting services to increase feed production to ensure household food security.

No indicators.

WSC Goal 19

Global eradication of poliomyelitis by the year 2000.

Polio Cases

New Zealand as part of the western Pacific region has recently declared 'polio eradicated'.

Since 1962, the last known case of wild polio was notified in 1976, which was of a child who contracted the disease before coming to New Zealand. Other than this, the only cases of polio have been six (6) confirmed cases of vaccine acquired polio paralysis.

WSC Goal 20

Elimination of neonatal tetanus by 1995.

Neonatal Tetanus Cases

- No recorded cases.

WSC Goal 21

Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunisation levels by 1995, as a major step to the global eradication of measles in the longer run.

Under Five Deaths from Measles

Under 5's death from specified Diseases

	Year	
Disease	1990	1997
Measles	0	0
Diarrhoea	0	3
ARI	6	5

Diarrhoea has been defined here as ICD code 009 (Ill defined intestinal infections) this includes, colitis, enteritis and gastro-enteritis

Acute Respiratory Infection here has been defined as ICD code 460- 466

Source: New Zealand Health Information Service

Under Five Measles Cases

The national surveillance data does not list ages and is reported herewith in full (i.e. total cases nationally).

Total Measles Cases

Disease	July 2000 Cases	Total Year to Date	Current Rate	July 1999 Cases	Total Year to Date	Previous Rate
Measles	10	46	2.4	14	64	3.0

Source: Ministry of Health

WSC Goal 22

Maintenance of a high level of immunisation coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of childbearing age.

National Immunisation Coverage for 1988 by quarter, based on benefit claim data

% coverage levels

Vaccination	Recommended Timing (from Feb 1996)	Jan-March	April-June	July-Sept	Oct-Dec
DTPH 1	6 weeks	82.5	81.7	84.4	79.9
DTPH 2	3 months	84.1	82.7	81.2	77.4
DPTH 3	5 months	79.8	86.3	82.2	76.4
DPTH 4	15 months	80.7	80.9	76.7	76.4
Hep B 1	6 weeks	83.6	85.3	85.6	80.4
Hep B 2	3 months	84.8	86.2	82.9	78
Hep B 3	5 months	86.7	83.9	86.7	79.5
OPV 1	6 weeks	83.7	83.1	85.8	81
OPV 2	3 months	84.2	83.6	80.7	76.5
OPV 3	5 months	81.5	87.7	83.3	76.7
MMR 1	15 months	NA	NA	NA	NA
MMR 2	11 years	NA	NA	NA	NA

Source: Table taken from Ministry of Health immunisation coverage surveillance

WSC Goal 23

Reduction by 50 per cent in the deaths due to diarrhoea in children under the age of five years and 25 per cent reduction in the diarrhoea incidence rate.

Under Five Deaths from Diarrhoea

Under 5's Death from Specified Diseases

Year

Disease	1990	1997
Measles	0	0
Diarrhoea	0	3
ARI	6	5

Diarrhoea has been defined here as ICD code 009 (Ill defined intestinal infections) this includes, Colitis, enteritis and gastro-enteritis

Acute Respiratory Infection here has been defined as ICD code 460- 466

Source: New Zealand Health Information Service

Diarrhoea Cases

- Not recorded.

ORT Use

- Not recorded.

Home Management of Diarrhoea

- Not recorded.

WSC Goal 24

Reduction by one third in the deaths due to acute respiratory infections in children under five years.

Data in table under Goal 23

Care Seeking for Acute Respiratory Infections

- Not recorded.

WSC Goal 25

Elimination of guinea worm disease (dracunculiasis) by the year 2000.

Dracunculiasis Cases

- Not recorded.

WSC Goal 26

Expansion of early childhood development activities, including appropriate low cost family and community based interventions.

Preschool Development

- 1990 = 78% male; 80% female; 79% total
- 1995 = 87% male; 87% female; 87% total
- 1995 = 95% male; 95% female; 95% total

WSC Goal 27

Increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measured in terms of behavioural change.

No indicators.

Additional Indicators for Monitoring Children's Rights

Birth Registration

Children's Living Arrangements

Orphans in Households

Child Labour

Not recorded as described in UN guidelines.

Additional Indicators for Monitoring IMCI Initiative and Malaria

Home Management of Illness

Care Seeking Knowledge

Bednets

Malaria Treatment

Not recorded as described in UN guidelines.

Additional Indicators for Monitoring HIV/AIDS

Knowledge of Preventing HIV/AIDS

Knowledge of Misconceptions of HIV/AIDS

Knowledge of Mother to Child Transmission of HIV

Attitude to People with HIV/AIDS

Women Who Know Where to be Tested

Women Who Have Been Tested for HIV

Attitude Toward Condom Use

Adolescent Sexual Behaviour

New Zealand does not collect specific information related to these indicators. The incidence of HIV in the general population is comparatively low, and collection would be prohibitively expensive.

Localised studies asking women questions similar to those contained in this questionnaire have been carried out. The results of these have indicated a generally high level of awareness of HIV/AIDS among the population surveyed.

New Zealand currently has guidelines for maternity providers on testing for HIV in pregnant women. These are based upon a risk assessment made by the maternity provider. These guidelines are presently the subject of discussion within that community, with a view to changing the testing for HIV from a risk assessment to one of making a routine offer to all pregnant women.

Appendix 2

Children's Interest Groups Consulted on Report

The children's interest groups and organisations consulted on the draft national report are listed below.

- 1 Action for Children in Aotearoa
- 2 Child Protection Trust Advocacy Committee
- 3 Children's Agenda
- 4 Children's Issues Centre, University of Otago
- 5 Children's Policy Reference Group
- 6 Commissioner for Children
- 7 Early Childhood Strategic Planning Working Group
- 8 New Zealand Association for Adolescent Health and Development
- 9 Save the Children (NZ)
- 10 Te Puawai Tapu
- 11 UNICEF (NZ)
- 12 Youth Law Project

References

Social Policy Agency 1995 **Children in New Zealand in the 1990s, A Response to the World Summit for Children, New York 1990** Wellington, New Zealand

Ministry of Health 1998 **Our Children's Health: Key Findings on the Health of New Zealand Children** Wellington, New Zealand

Ministries of Health, Education and Social Policy 1999 **Strengthening Families Report on Cross-Sectoral Outcomes Measures and Targets** Wellington, New Zealand

New Zealand Government 2000 **Children in New Zealand: United Nations Convention on the Rights of the Child: Second Periodic Report of New Zealand**, December 2000, Wellington, New Zealand