

# CHILD WELFARE IN NEW ZEALAND

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*“Although the quality of life in New Zealand has improved, on average, across a number of social outcomes, children remain one of those groups in New Zealand society whose outcomes are relatively worse than other population groups.”*

*— Office of the Children’s Commissioner Statement of Intent, 2007*

## **Introduction**

Children are among the most vulnerable groups in any society. New Zealanders have long claimed that they value their children and youth highly, that theirs is a great country in which to raise children. However, this is a claim that does not hold for many children in New Zealand. While thousands of children in New Zealand grow up healthy and in secure environments, hundreds do not. In recent years, children’s rights have become policy priorities; and more countries are beginning to deal with the major issues affecting their children and youth, families, and society at large. New Zealand is not alone in confronting these problems, but it has only recently begun to deal with some of the major issues that affect this vulnerable population.

In 1993 New Zealand ratified the United Nations Convention on the Rights of the Child (UNCROC), thereby agreeing to report to the

Committee on the Rights of the Child on its compliance with the convention. (Office of the Children’s Commissioner Statement of Intent, 2007) UNCROC is about protecting the rights of children and youth by setting standards for their treatment. It was not until 2004, however, that the New Zealand government developed a five-year program designed to improve children’s welfare in UNCROC. This program consisted of 28 activities to be implemented between 2004 and 2008 by various government departments, especially the Children’s Commissioner.

Although there has been considerable government involvement to improve welfare for children and youth in New Zealand since 2003, there are still children whose human rights are violated and who live in poverty. Other pertinent problems include family violence, death from accidents and injuries, and disparities among minority children in education and healthcare.

The Children's Commissioner, in conjunction with several other government ministries, has developed and implemented a five-year plan, whose results surfaced in June 2008. In this plan a framework for dealing with and improving welfare for children was established. The main goals of the Commissioner and the New Zealand government were to "develop more effective and appropriate services for children and young people, encourage the implementation of UNCROC by government agencies, and promote the increased public awareness and legal recognition of children's rights." (Children's Commissioner Statement of Intent, 2007, p. 25) By monitoring the current situation and then systematically advocating for the welfare, interests, and rights of children in New Zealand, the government can make progress in improving the lives of its youth.

This article will first examine the history of child welfare in New Zealand and how its choice to ratify UNCROC has impacted current policy. The role of the Children's Commissioner in protecting and advocating for children is also discussed. By an examination of current programs and policies on major issues affecting children in New Zealand, such as poverty, family violence, health, and education, an overall picture of their well-being can be determined.

## **Recent History of Child Welfare in New Zealand**

New Zealand has always been a leader in implementing social welfare legislation. The country first developed the Protection of Children Act in 1906 and a National Child Welfare Program in 1907. Early on, New Zealand developed an international interest in child welfare and modeled its first major child welfare legislation, the Child Welfare Act 1925, on systems overseas. This was an act designed to "make better provision with respect to the maintenance, care, and control of children who are specially under the protection of the State; and to provide generally for the protection and training of indigent, neglected, or delinquent children." (Child Welfare Act 1925) Soon afterwards a Child Welfare Branch was established under the Department of Education, and youth justice laws pertaining to the legal responsibilities of child and youth offenders were clarified.

Throughout most of the twentieth century in New Zealand, child welfare legislation has been characterized by long delays from planning to passage. For example, there was a shift from child welfare to social welfare in the mid-twentieth century; but the next major legislation relating specifically to children did not appear until 1974 with the Children and Young Persons Act, which made a legal distinction between children and youth. Child-focused, family-centered legislation reappeared in the last quarter of the twentieth century. The Children, Young Persons & Their Families Act 1989, when introduced, was seen as a model of child welfare legislation. The act outlines proper state intervention to protect children from abuse and neglect. It also addresses the prevention of youth criminal activity, changing the way decisions are made regarding children and youth and allowing families to become more involved in the issues that directly affect their functioning. (Dalley)

Today, as a result of ratifying the United Nations Convention on the Rights of the Child, New Zealand has continued its efforts toward improving conditions for its children and youth. As required by UNCROC, New Zealand submits periodic reports to the Committee on the overall welfare of children. In October 2003, the Committee on the Rights of the Child presented its concluding observations to New Zealand; this report will be referred to throughout this chapter. The Committee made several major recommendations affecting how childhood is defined, civil rights and freedoms for children, basic health and welfare, education and leisure, and other general principles. Many of the implications of this report for New Zealand involve including children in government, providing sufficient funds to programs focusing on child services, and better coordinating services to ensure that the basic needs of all children are met effectively and efficiently. For example, the Young People's Reference Group includes youth ages 12–18. Through regular meetings, these children provide advice to the Office of the Children's Commissioner (OCC) on issues faced by their peers. The Committee specifically recommended raising the minimum age of criminal responsibility from 14 to 18, setting a minimum age for entry into employment, and implementing laws that would protect children from discrim-

ination and ensure their input in legislation. (“Concluding Observations . . .,” 2003)

## **Role of the Children’s Commissioner**

The Children’s Commissioner’s role is to work for children and young people in New Zealand, protecting and promoting their rights and interests. The main objectives of the role are to ensure that “every child is safe and nurtured, every child has adequate resources and opportunities to develop, and society’s attitudes and behavior change to become more child-focused.” (Office of the Children’s Commissioner Statement of Intent, 2007, p. 7)

The Office of the Children’s Commissioner is an Independent Crown Entity, a designation that means it functions independently with regard to government policy, working hand in hand with other government agencies, non-government organizations, and children. In addition, other services have been developed to further enhance research and development in the areas of family violence and education. (Office of the Children’s Commissioner Statement of Intent, 2007)

## **Major Issues in Child Welfare Today**

### **Poverty**

Poverty imposes constraints on children, limiting their opportunities to grow and achieve their full potential. Children growing up in households below the income poverty line are more prone to illness, emotional and social hardships, and lower educational attainment. Child poverty also has a negative impact on society at large, resulting in higher costs, both fiscally in healthcare and education and socially in lower economic growth and performance. This ongoing cycle will continue without government and program intervention on several fronts.

While child poverty rates in New Zealand have been declining, the rates are still above the average of other developed countries. Between 2000 and 2004, the percentage of children living in “severe” and “significant” hardship, referring to the family’s ability to purchase basic items, increased from 18 to 26 percent. These families lacked basic needs such as heating

and were also limited in their level of consumption. That is, they could not afford child-specific goods such as new shoes or books. Also, in 2004 there were about 185,000 children in families already receiving government benefits because they were suffering some degree of hardship, 150,000 of them experiencing severe or significant hardship. (Office of the Children’s Commissioner Statement of Intent, 2008–2011) In 2006–2007, 230,000 (22 percent) of New Zealand children were still living in poverty. Moreover, 16 percent (170,000) of these children were living below the 50-percent-of-median income threshold after taking into account housing costs.

Child poverty is unevenly distributed across New Zealand society. For example, children in households with no full-time worker are six times more likely to live in poverty than children who live in households with at least one adult in full-time work. Children in larger families also have higher poverty rates. Shockingly, almost half of all children in one-parent households, over a quarter of Maori children, and 40 percent of Pacifica<sup>1</sup> children were living in poverty as of 2004. One future consequence of child poverty is a greater likelihood of living in poverty as an adult. Only limited information on the duration of poverty in New Zealand is available, but the high number of families receiving benefits each year shows that many children suffer from long periods of poverty, increasing the likelihood of harming the child’s present well-being and future potential. In 2004, children experienced the lowest standard of living of all age groups, with 38 percent of children in some degree of hardship.

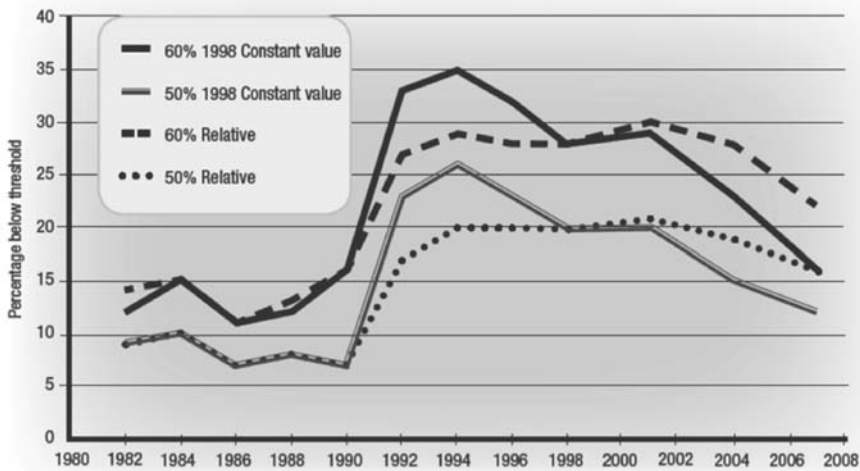
The negative effects of poverty on children are felt even before birth. Children born into poverty are more likely to be born prematurely and have low birth weight. This impacts brain development and therefore later educational achievement. Children growing up in low-income households have lower IQs and also are at greater risk of maltreatment and even death. New Zealand government services are being developed in order to ensure a good start for children. All children should be enrolled in Wellchild and general practice

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<sup>1</sup>Pacifica refers to the Pacific people in New Zealand who identify with one or more Pacific island ethnicities.

**Figure 1**

**Child Poverty Rates in New Zealand after Housing Costs**



Source: Data from Perry, 2008.

(GP) services at birth, and ought to be getting medical attention and prescriptions at any time, free of charge. Wellchild services provide early care for newborns and infants, and GP services include regular doctor visits. Currently, there is no data for New Zealand on the extent of ill health in poor families.

Figure 1 shows child poverty rates after housing costs, using selected thresholds of 50 and 60 percent of median income. The inclusion of housing costs allows for a clearer assessment of the standard of living. Both relative and constant value poverty rates are shown in the figure. Relative poverty measures compare incomes relative to that of society, and the benchmark changes as income rises or falls. Constant value poverty measures, on the other hand, are price-adjusted levels of disposable income. As Figure 1 shows, there was a large increase in child poverty from 1989–1994. Recently, there has been some improvement, but relative poverty rates still remain higher than in the 1980s.

Compared to other developed countries, child poverty rates in New Zealand are above average. According to data from 2004, New Zealand was ranked 20th out of 30 OECD countries, where a higher rank means a higher poverty rate. While New Zealand ranks better than the United States, its child poverty rate is

still higher than that of comparable nations such as Australia and the UK, and three times the average rate in Nordic countries, such as Sweden. Also in 2004, New Zealand's child poverty rate was six percentage points higher than the average European Union rate when using the 60-percent threshold. While child poverty rates in New Zealand have been on the decline, so have rates of other countries, so it is too early to tell whether its relative ranking has improved.

Both higher employment and growth in wages have contributed to the improvement in child poverty rates that New Zealand has experienced since 2001. A reduction in income inequality has contributed to the improvement as well. More is being done to help families to combine working and parenting. Also, the government is working to ensure that all families with children have adequate support through benefits and tax credits. The effort to make the child support system work better for children and parents is evident in the current benefits being awarded by the government. (Fletcher) The government first made a commitment to end child poverty in its Agenda for Children (2002). This document made children's welfare a priority in government policy making and served as an action plan for creating policies and services to benefit youth. New

Zealand has in place many programs in order to help parents provide for their children. These programs especially target groups at risk for poverty. For example, the Working for Families (WFF) Package is designed to provide tax credits to parents, helping to alleviate poverty and provide an incentive for parents to work. This assistance is only available to working adults with dependent children, the intention being to make housing more affordable and to assist with childcare costs. The package has seen many revisions since its creation in 2004, and today tax credits are of four types: family credits, in-work credits, minimum family credits, and parental tax credits. The family tax credit is given to families with dependent children who are under the age of eighteen. Families become eligible for in-work tax credits when they work a required number of hours per week, with couples having to work at least 30 hours per week and single parents at least 20. Minimum family tax credits are allotted to families to ensure that their income does not fall below \$21,860 New Zealand dollars before tax. Finally, parents with newborns can receive a parental tax credit for the first eight weeks after their child is born to help pay for the increased costs of having a baby. Parents are eligible only if they are not on paid parental leave. Recently tax credit rates have increased, providing even greater financial support to select groups of families. (“Working for Families Tax Credits”)

### **Family Violence, Child Abuse, and Neglect**

Family violence is defined in the *Government Statement of Policy of Family Violence 1995*<sup>2</sup> as a range of behaviors encompassing physical, sexual, or psychological abuse perpetrated by partners and former partners, family members, household members, and within close personal relationships. Victims of family violence include children and young people who witness it. Legally, child abuse is defined as the harming (whether physically, emotionally, or sexually), ill-treatment, neglect, or deprivation of any child or young person. (Section 2, Children and Young Persons Amendment Act

1994) Neglect is defined as any act or omission that results in impaired psychological functioning, injury, and/or development of a child or young person. It may include, but is not limited to, physical neglect, neglectful supervision, medical neglect, abandonment, and refusal to assume parental responsibility. (“Protecting Children . . .,” p. 20)

Families have a direct responsibility to keep their children safe and ensure that they grow up in a secure and nurturing environment. According to the OECD Family Database, 43 percent of all households in New Zealand have children. There are several family factors that increase the risk of child abuse, including an adult caregiver who was abused as a child, drug or alcohol abuse, mental illness of parents, and severe economic disadvantage. In addition, there is an increased risk of child abuse occurring in homes where harsh attitudes about discipline exist and where physical punishment is an accepted form of discipline. Partner violence and having young parents also increases the risk of child abuse and neglect. It is important to intervene early and encourage prevention through support and education of parents, due to the adverse impacts of violence and neglect on the developing brain. (“Protecting Children . . .,” p. 4)

Several factors put children at risk for death from maltreatment, with the majority of deaths occurring in conjunction with poverty. In addition to being poor, children with parents who are poorly educated, who are unemployed, who are young, and who have poor mental health, including alcohol or drug abuse, are all at higher risk for maltreatment. Parents who themselves were victims of abuse as children, or who have a history of offending, are also more likely to abuse or neglect their own children. Many of these risk factors overlap and interact.

There is evidence that family violence in New Zealand occurs within all ethnic and social groups, although most can be traced to Maori and Pacifica peoples. Of all the Child, Youth and Family<sup>3</sup> intakes from 2005–2006, 45.3 percent

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<sup>3</sup>Child, Youth and Family is an agency of the Ministry of Social Development whose main purpose is to create a country where child abuse is not accepted.

<sup>4</sup>Pakeha refer to New Zealanders of mostly European ancestry.

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<sup>2</sup>As cited in “Protecting Children from Abuse and Neglect . . .”

were Maori, 37.4 percent were Pakeha,<sup>4</sup> and 12.5 percent were Pacifica. (“Family Violence Fact Sheets”) About 4–10 percent of New Zealand children experience physical abuse, and 18 percent experience sexual abuse. Among OECD countries, New Zealand ranks fifth worst in child death by maltreatment. Since 2001 the number of notifications to Child, Youth and Family has been steadily increasing. While more notifications do not equal more confirmed cases of abuse, they do reflect a greater willingness to make referrals to child protection systems. Child abuse of all kinds has a significant negative impact on all aspects of development. (Office of the Children’s Commissioner Statement of Intent, 2007)

Child sexual abuse (CSA) is more common among minority females than any other group. One study of a cross-sectional sample of New Zealand women reported that 18 percent of women in this study experience CSA. Maori women were more than twice as likely to report being sexually abused as children compared to women of European or other ethnic groups. In these instances, a majority of the perpetrators were male family members. Also, in more than half of the reported cases, CSA occurred on multiple occasions. Sexual abuse has many harmful consequences for health and social outcomes of youth, including earlier consensual sexual activity, teenage pregnancy, unprotected intercourse, multiple sexual partners, sexually transmitted disease, and sexual assault. Later psychiatric adjustment problems such as increased risk of eating disorders, psychiatric problems, and sexual problems are also correlated with CSA.

The Keeping Ourselves Safe (KOS) program in New Zealand is for children in primary and secondary schools. The program teaches students to be safe in situations that may involve abuse, and it has proven to have positive effects in acquiring knowledge and skills related to personal safety. Another aspect of this program that contributes to its success is the involvement of parents in the curriculum. Furthermore, the program encourages youth already involved in abuse to seek help. Community awareness of the importance in protecting its children and youth has also increased.

Generally, death due to child maltreatment is a rare event; however, New Zealand had the

third highest rate out of 27 OECD countries in the 1990s. This rate has since been on the decline, but small changes in the numbers each year can lead to large changes in the rate. Young children under the age of four are the most vulnerable to death from maltreatment. In addition, a majority of these children are killed by a member of their own family, with most newborns who die from maltreatment being killed by their mothers.

As a result of the United Nations Convention on the Rights of the Child (UNCROC), the Committee on the Rights of the Child has expressed concern about New Zealand’s relatively high rates of child abuse and has concluded that currently services lack both funding and coordination. In 2003 the Committee recommended expanding programs aimed at helping victims of abuse, adopting more prevention programs and services targeting abuse, and improving coordination of existing services. In addition, changing legislation to ban corporal punishment in the home and educating adults on positive parenting were also suggested. New Zealand needs to focus on strengthening its child protection system by working with professionals who deal with children and by allocating more resources to children’s services.

According to New Zealand’s child discipline law, as of 2007 it is against the law for parents to hit their children as a means of discipline. While it is still legal for parents to restrain their children, police are now allowed to prosecute parents even if a child is “lightly smacked.” This change in the law is meant to reduce violence against children by giving them the same rights that adults have in protection from assault.

New Zealand is taking a “life course perspective” in preventing child abuse and neglect. In other words, by offering universal, targeted, and specialist services, it is creating prevention programs that reduce the accumulation of risk factors over time and that provide resources and support to all families in need. In 2002, the *Te Rito* New Zealand Family Violence Prevention Strategy was created under the Ministry of Social Development, setting out five goals in working toward families and *whanau* (“family” in the Maori language) living free from violence. A Taskforce for Action on Violence

within Families was established in 2004 to assist in government decision-making in preventing family violence.

The New Zealand Ministry of Social Development, through family and community services, continues to make great strides in reducing family violence and supporting stronger families. Several initiatives and programs have been implemented that support New Zealand families. These initiatives include Strategies with Kids — Information for Parents (SKIP), Parents as First Teachers (PAFT), Home Interaction Programme for Parents and Youngsters (HIPPY), *Whanau Toko I Te Ora* (WTITO),<sup>5</sup> Family Start, SAGES, Toddlers without Tears, Strengthening Families, and Early Years. All of these initiatives educate parents and provide families with resources that help to prevent various types of maltreatment. For example, the Family Start program is a targeted service that provides intensive, home-based support services, such as parent education, for families with high needs to ensure that their children have the best possible start in life. The Family Start program is aimed at the 15 percent of the population most at risk of poor life outcomes. The program is available in thirty-two locations across New Zealand. The central part of the program involves a family worker coming into the home to identify family priorities and help parents and children meet their goals.

## Health

Health is one of the key areas affecting a child's welfare and development. A report was completed in June 2006 by Auckland University of Technology (AUT) for the Children's Commissioner titled "More than an Apple a Day — Children's Right to Good Health." It identified three main health concerns for New Zealand children and youth. First, unacceptable rates of certain causes of death, illness, and impairment exist, indicating poor health. Second, there is evidence of disparities in health status for some groups of children and young people. Third, it was discovered that children and young people are often unable to access appropriate and affordable health services.

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<sup>5</sup>A parenting program for Maori *whanau* delivered by the Maori Women's Welfare League.

In 2003 a report from the UN Committee on the Rights of the Child identified several concerns about healthcare for New Zealand's children. Failure to provide universal immunization coverage and relatively high rates of infant mortality and injuries among children were pinpointed. In addition, Maori children were noted as having a generally poorer health status. The committee was also concerned about high rates of youth suicide, teenage pregnancy, and alcohol abuse among adolescents, as well as a low level of youth mental health services and the lack of integration of disabled children into services and society. Several recommendations were made to the New Zealand government to address these pressing issues. Among them, it was suggested that New Zealand fully implement the Child Health Strategy and take all preventative measures needed to ensure that the major issues mentioned above would be remedied. The Child Health Strategy was written in 1998 and outlined all that was needed to improve health services for New Zealand's children with a focus on health promotion and illness prevention. Today, the Child Health Strategy has been partially implemented in New Zealand with a plan to improve children's health and health services through 2010. The plan gives priority to four groups: *tamariki* Maori (or Maori children), Pacific children, children with high health and disability support needs, and children from families with multiple social and economic disadvantages. The need for better coordination of services and a focus on health promotion, prevention, and early intervention were also recognized. Furthermore, maternity and healthcare services for the newborn have become a key element of public health services in New Zealand.

New Zealand's child health rankings vary depending on which statistics are being compared to those of the 30 OECD countries. Overall, New Zealand ranks 10th worst in the proportion of low-birth-weight infants, with just over 6 percent of babies born weighing less than 5 pounds, which is just below average among other OECD countries. Evidence of poor health can be seen in terms of infant mortality (rank is 22nd, just below average, with 5 deaths per 1000 live births), potentially avoidable childhood mortality, and potentially avoidable childhood hospitalizations. Motor vehicle crashes, other

unintentional injury, and suicide are the leading causes of death for children in New Zealand. High rates of unintentional injury and infectious disease lead to hospital admissions that could be avoided. Teenage births are an important indicator of future child well-being and are associated with many disadvantages. With respect to the proportion of births with teenage mothers, New Zealand has a rate of over six percent. Only the United States has a higher rate. Unplanned pregnancy, high levels of sexually transmitted infections, hazardous alcohol consumption, poor diet, and lack of exercise all contribute further to the poor health of children and youth. (“OECD Family Database”)

Disparities in the status of children’s health are evident among the various ethnic groups, particularly Maori and Pacifica children, and for children in deprived socio-economic circumstances. These populations are at greater risk for injury, disease, and other health problems. District Health Boards (DHBs) are responsible for child health. Some boards do well with child and youth health plans, but others do not. Regional differences in health exist due in part to fragmented services, poor accessibility to these services, and low-quality information systems. Pediatric epidemiology services were introduced in 2004 to help DHBs attend to child and youth health needs, but improvements in the availability and provision of services are still necessary.

While children aged 5–14 have the lowest rates of intentional self-harm in New Zealand, 15- to 24-year-olds have the highest among all other age groups. Compared to other OECD countries, New Zealand has the second highest rate of suicide for males aged fifteen to twenty-four, and the third highest rate for females in the same age group. In 1998 the New Zealand Youth Suicide Prevention Strategy was developed by the Ministry of Youth Affairs, *Te Puni Kokiri* (Ministry of Maori Development), and the Ministry of Health. The plan has two parts: In Our Hands, the strategy for the general population; and *Kia Piki Te Ora o te Taitamariki*,<sup>6</sup> which specifically targets Maori needs. Recently, an action plan for suicide prevention from 2008 to 2012 has been created and implemented.

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<sup>6</sup>The Maori youth suicide prevention strategy.

Finally, the Children’s Commissioner has worked to identify several priorities for action, encouraging different health and social service sectors to work together to ensure quality healthcare for children in New Zealand. Adequate resourcing, policy analysis, and effective monitoring are required from government leaders in healthcare so that disparities can be addressed and services can be made more accessible and appropriate. With the cooperation of providers, the participation of children and youth, and the promotion of a healthy lifestyle, services can be implemented effectively. (“More than an Apple a Day . . .”)

## Education

The education system in New Zealand has improved greatly in recent years, but is still not without its problems. Furthermore, education is looked to in order to remedy most of the current problems facing New Zealand’s children and youth. According to the 2003 report of the Committee on the Rights of the Child, New Zealand may be limiting access to education for certain groups of children due to hidden costs, such as those associated with relocating a student after suspension or exclusion. It was recommended that New Zealand concentrate on eliminating disparities in enrollment and dropout rates among ethnic groups and enforcing legislation on compulsory education. (“Concluding Observations . . .”) Primary education at state schools is free to all students under the Education Act 1989; however, each school has an elected board of trustees, which can ask for small “school fees” or donations from parents. These fees are not mandatory, and schools are not allowed to discriminate against families who choose not to contribute. Extracurricular activities, such as sports or field trips, however, do come at a cost to families.

The Committee was also concerned with disparities in enrollment and dropout rates among youth. Young people who leave school early are more likely to become involved in youth crime and to experience poor social outcomes. In addition, Maori experience a significantly lower level of achievement than non-Maori students; therefore, the committee suggested that programs for bilingual education needed to be more effective.

The National Certificate of Education Achievement (NCEA) is proving beneficial in encouraging higher educational attainment. NCEAs are national qualifications for senior secondary students in New Zealand, used for assessing students in various subject areas. Furthermore, this assessment has proved useful in identifying qualifications upon graduation. The percentages of graduates (school leavers) vary greatly across different ethnic groups in New Zealand. Specifically, there is a large disparity in achievement between Pakeha and other minority groups. Graduates with no formal attainment are mostly Maori and Pacifica, while those who graduate with a University Entrance Standard or higher qualification are mostly Asian and European/Pakeha. (“NZQA . . .”)

In order to counter the high rates of youth leaving school at an early age, the government through the Ministry of Education has developed the Schools Plus package. The goal of this package is to ensure that all young people are in education or training until they are 18 by offering more options to students. The opinions of young people were taken into consideration during the creation of this policy. As a result, the government is taking a phased approach to revising secondary education and implementing a new curriculum that includes a wider range of learning options and courses of study relevant to students’ interests. Guidance on tertiary education and careers will also be put into place. In addition, youth training and youth apprenticeships will be offered to provide students with experience outside the classroom. Full implementation of this program is planned for 2011. (“Schools Plus”)

The Children’s Commissioner also has a shared role in promoting education to youth in New Zealand. Funding is given to the Office of the Children’s Commissioner (OCC) to provide an Education Advocacy Service. The key objectives of this service are to “provide positive outcomes for schools and students by maintaining students within the education system; reduce barriers to learning, which are created by conflict between schools, students, and parents; and improve relationships between the school sector and the community.” (Office of the Children’s Commissioner Statement of Intent, 2008–2011, p. 12)

Education also plays an important role in addressing the other major issues that plague New Zealand’s children and youth. Parenting education classes have been incorporated into programs that combat child abuse and neglect in order to help parents learn about children’s physical, social, and emotional development. These classes are a critical element in reducing maltreatment through promoting positive discipline techniques and helping parents develop the skills needed to raise their children. Strengthening programs on drug education in school communities is essential for reducing substance abuse problems among youth. General health education also has the power to significantly lower rates of teen pregnancy and suicide. Ensuring that children have adequate education from an early age will help keep youth invested in learning. This will in turn lead to greater participation in New Zealand’s workforce as well as to the provision of higher quality workers. People who can obtain better jobs are less likely to live in poverty. In short, education is an extremely powerful agent in dealing with issues that affect children and youth.

## Conclusion

All in all, the conditions for New Zealand’s children and youth are improving; but there are still too many who suffer from poverty, maltreatment, and poor health outcomes. New Zealand already has many programs in place and has made significant progress in improving the lives of its children and ensuring their basic rights. Much of this progress can be attributed to the ratification of the United Nations Convention on the Rights of the Child and the changes being made as a result of committee reports and suggestions. While UNCROC and child welfare may not be particularly sensitive topics, corporal punishment regarding children, youth suicide, and family violence remain contentious issues. It is difficult to fully explain why Maori and some other minority groups are much worse off in terms of overall well-being than other New Zealanders. And while considerable effort has been made toward closing this gap, there is still much to be done to ensure equal outcomes for all children.

Coordinating the services that New Zealand already has in place and raising pub-

lic awareness of these programs will be helpful in reaching out to children and their families. It is essential that different sectors continue to work together in order to ensure that the rights of all children and youth are recognized, allowing them to develop to their full potential. Furthermore, education and school programming are being well utilized as the pri-

mary solution to these problems. Involving young people has worked well for New Zealand in getting feedback and has also been beneficial to the youth who feel that their opinions matter and that they have influence on their fate. It is evident that New Zealand has a clear commitment to bettering the lives of its children and youth across society.

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